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

Carers Advisory Council

Carers Recognition Act 2004 Compliance Report 2024-2025

Acknowledgement of Country

The Government of Western Australia acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures; and to Elders both past and present.

Carer acknowledgement

The Carers Advisory Council acknowledge and honour unpaid carers who consistently provide care to their loved ones including those living with ageing, chronic illness, disability and other support needs. Your invaluable contribution makes life possible, dignified and connected. We value you and we thank you.

Contents

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 2024-25 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).

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, a critical step in ensuring that carers are well-informed about their rights.

Carer representation and inclusion have also advancement 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.

The Council is pleased to report on the progress made in creating carer-friendly workplaces. Recognition and support for staff and volunteers who are carers fosters supportive work environments and is crucial for the increased awareness and well-being of carers.

The Council sincerely thanks all reporting organisations 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 is still much to strive for.

This will be my final report as Chair after eleven years and I thank you for the wonderful privilege. Thank you, Minister, for your commitment to making a positive impact on the lives of carers and leadership in supporting carers for progressive changes in our State.

Yours faithfully

Esme Bowen
Chair, Carers Advisory Council to the Minister

with Council Members:

Gloria Moyle, Regional Deputy Chair
Tony Vis, Jenni Perkins, Carrie Clark, Kim Hudson, Beatitude Chirongoma, Alison Blake, Ros Thomas 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 nineteenth 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:

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

Key findings and observations

Overall, the Council found strong system-wide compliance across all four Charter Criteria. Reporting organisations and contracted service providers continue to demonstrate a high level of commitment to recognising, involving and supporting carers.

The Council is pleased to see that co-design is now a standard approach across clinical, community and policy initiatives. Programs are being developed with carers rather than for them. These initiatives emphasise holistic, family-centred models that recognise carers' expertise and cultural contexts, leading to services that are more responsive and effective.

Criterion 1: Understanding of the Charter

All applicable reporting organisations and contracted services demonstrated compliance with Criterion 1. There is a strong emphasis on building staff capability to work respectfully and effectively with carers.

Strengths observed include:

- strong organisational recognition of carers in policies and protocols
- staff induction and ongoing training on the Carers Charter
- improved access to carer information through websites, packs and liaison roles
- growing contractual expectations for service providers to demonstrate Charter compliance.

A notable development in 2024-25 is the expansion of Carer-Friendly Workplace accreditation, with four of the six reporting organisations achieving accreditation (as well as Department of Health), reflecting increased recognition of staff who are also carers.

Opportunities for improvement:

Carers cannot be included and supported effectively if they are not identified. Carer identification (especially when a carer does not self-identify) remains variable across WA health service sites and programs, with a number of health services identifying that this is a challenge they continue to work on.

Criterion 2: Policy input from carers

All reporting organisations and contracted services demonstrated compliance with Criterion 2. Policy input from carers is occurring at a program, organisational and system-wide level.

Strengths observed include:

- carer participation is becoming more formalised and normalised through frameworks and policies
- carers are increasingly embedded in:
    - governance and advisory groups
    - co-design panels and research committees
    - quality improvement initiatives
    - service planning and evaluation.

Opportunities for improvement:

While engagement is strong, there is inconsistent measurement and reporting of carer inclusion indicators, such as participation rates and representation across diverse cohorts.

Criterion 3: Carers' views and needs are considered

All applicable reporting organisations and contracted services demonstrated compliance with Criterion 3. Carers are increasingly being recognised as essential partners in health care.

Strengths observed include:

- flexible and person-centred models of care
- multiple methods for listening to carers and partnering with them in service planning and delivery
- widespread carer recognition and promotion of National Carers Week
- multiple pathways linking carers to support services.

Initiatives increasingly recognise the practical and logistical needs of carers, including accommodation, meals, transport, navigation support, respite, flexible service delivery and carer-friendly environments. Innovations such as health navigators, carer hubs, digital ordering systems, wayfinding improvements and flexible models reduce the burden on carers and improve day-to-day experience.

Opportunities for improvement:

The Council notes that although evaluation of carer initiatives is increasingly occurring, the sharing of evaluation findings and practice learnings across organisations remains limited. The Council appreciates the participation of organisations at the Carers Best Practice Roundtable (June 2025) in sharing new initiatives and good practice learnings.

Criterion 4: Complaints and listening to carers

Criterion 4 showed strong compliance, demonstrating a strengthening of consumer and carer feedback systems.

Strengths observed include:

- services are enhancing complaints processes, introducing dedicated roles, improving transparency, trending feedback data and closing the feedback loop so carers see how their input leads to change
- WA health system-wide initiatives support improvements, such as the updated WA Health Complaints Management Policy and roll out of 'What Matters to You'
- increasing integration of carer feedback into quality improvement processes.

Opportunities for improvement:

While reporting organisations can identify carer voices in complaints and feedback data, there remains variation on the extent to which carer specific data is being regularly analysed and reported on.

Council focus areas 2024–25

To deepen understanding, the Council had two focus areas for 2024-25.

1. Carer-specific data and reporting:

- identification of carers in feedback, complaints, and service indicators.

2. Strategies targeting specific carer cohorts:

- Aboriginal carers
- culturally and linguistically diverse carers
- LGBTQI+ carers[1]
- young carers.

There have been significant improvements to data collection systems in being able to identify carers. As noted previously, there is inconsistent measurement and reporting of carer inclusion indicators in engagement activities; and carer specific feedback and complaints data is not consistently being analysed and reported as a discrete cohort.

As with last year's report, the Council was impressed with the strong evidence provided on strategies to target the needs of Aboriginal and culturally and linguistically diverse carers. There is solid evidence of working towards inclusive workplaces for LGBTQI+ staff, however strategies to target the needs of LGBTQI+ carers remains less developed. Strategies to target young carers continues to be largely underdeveloped.

Conclusion

The 2024-25 compliance reporting period demonstrates that Western Australian health service organisations continue to show genuine commitment to the Carers Charter. Encouragingly, there is a strong move toward system-wide consistency and collaboration. Health services and community organisations are aligning policies, sharing frameworks, and collaborating on cross-agency initiatives.

Future improvements opportunities include:

- improved carer identification
- stronger carer-specific data analysis and reporting
- broader sharing of good practice and dissemination of evaluation outcomes
- targeted strategies for diverse carer cohorts.

The evidence reflects a maturing system that increasingly recognises carers as essential partners, values lived experience as evidence and embeds inclusion into governance, service design, workforce development and accountability. The Council commends the progress made.

[1] The acronym LGBTQI+ is used in this report, noting that some reporting organisations use the acronym LGBTQIA+SB to refer to 'Lesbian, Gay, Bisexual, Trans and/or Gender Diverse, Queer, Intersex, Asexual, Sistergirl, and Brotherboy' and some use the acronym LGBTIQA+.

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 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 nineteenth 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 2024-25 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.

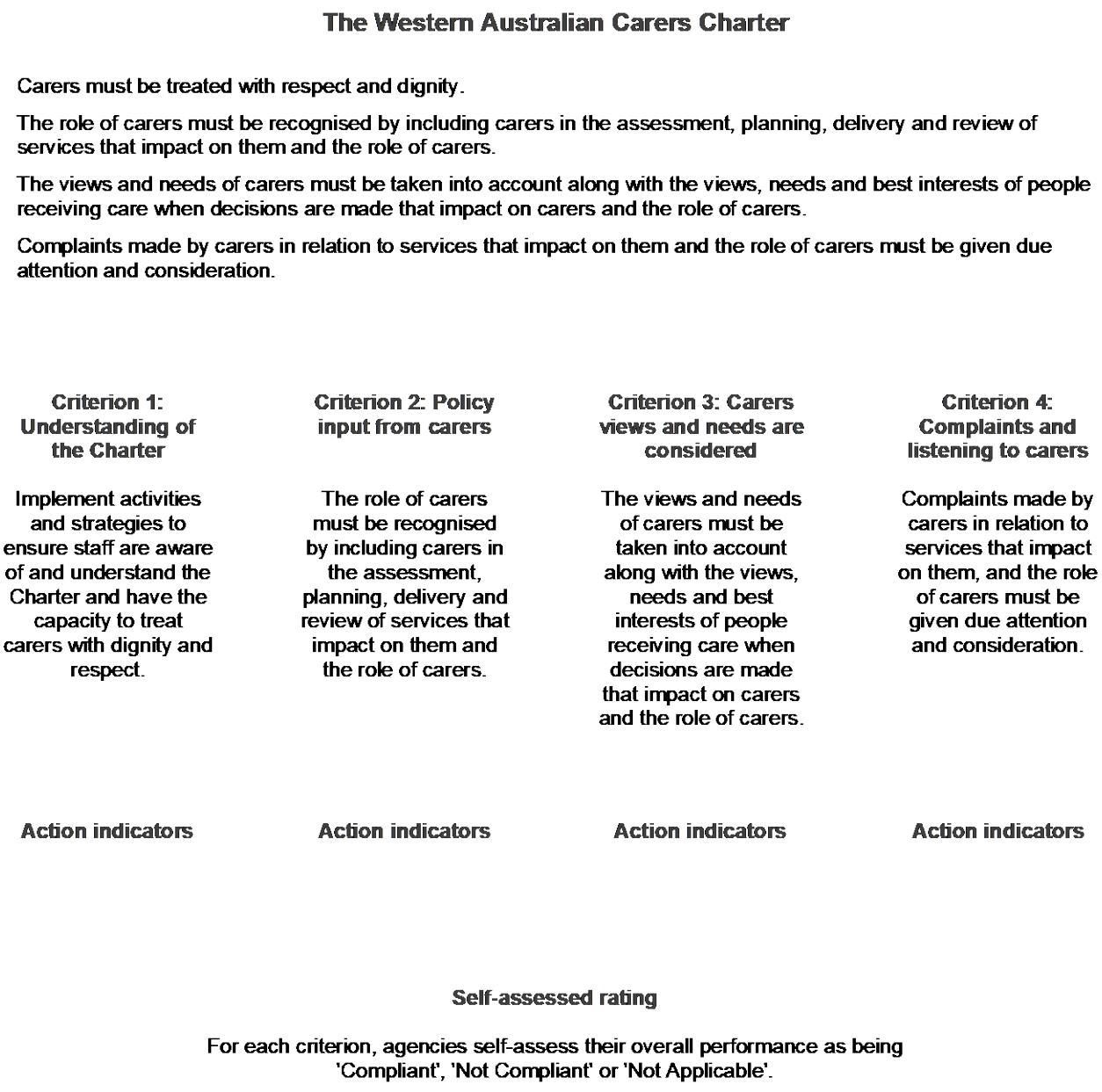
The Department of Health (DoH) is responsible for WA health system planning and in doing so applies the second principle of the Carers Charter: 'the role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers'. 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



Detail on methods of reporting and the assessment of criteria are outlined in Appendix 1.

Focus areas

In 2024-25, the Council developed two focus areas in order to gain a deeper understanding of specific dimensions of compliance with the Act:

Focus area 1	Focus area 2
Carer-specific data and reporting (identification of carer voices in inclusion indicators, feedback, complaints etc.).	Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically Diverse, LGBTQI+ and young 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.

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, including:
  - a table action indicator results by reporting organisations applicable to that criterion.
  - a graph of actions indicators aggregated across organisations. Graphs on action indicators include 2023-24 results, where applicable.
- Department of Health and Mental Health Commission findings from contracted services or funded NGOs
- practice examples of compliance (Appendix 2).

The subsequent sections of the report detail:

- a summary of new key initiatives and achievements (detailed in Appendix 3)
- Council focus areas for 2024-25 (with practice examples in Appendix 4)
- compliance summaries.

Appendix 5 provides a list of acronyms used in this report.

Criterion 1: Understanding of the Charter

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

Table 1: 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

Reporting organisations and contracted service providers demonstrate strong compliance with Criterion 1. Recognising carers in organisational polices and protocols is evidenced across services, sites and programs.

A consistent emphasis is placed on building staff capability to work respectfully and effectively with carers. This includes induction training on the Carers Charter, consumer engagement toolkits, eLearning modules, cultural awareness education and practical communication tools.

There is elevated recognition of the need to identify and link carers with support services. Organisations are providing accessible information via brochures, websites, presentations and dedicated carer packs. Carer support and liaison positions, ward walks, stalls, workshops and intake assessments are some of the strategies used to connect with carers.

For Mental Health Commission funded services, full compliance with Criterion has consistently been at 95 to 97 per cent over the past three years. Among Department of Health contracted community health services, there was an increase in the provision carer packs and/or dedicated information areas.

Service providers are increasingly requiring contracted services to comply with the Carers Charter. The examples provided by these contracted services value adds to the work done in implementing the Charter.

Carers who are staff members are increasingly being recognised and carer support in the workplace is expanding. Four out of the six reporting organisations (as well as Department of Health) have achieved Carer-Friendly workplace accreditation. This action indicator showed the largest uplift in 2024-25. The are fewer examples of Carer-Friendly workplace accreditation in contracted services.

Carers cannot be supported or included if they are not identified. System carer identification (especially when a carer does not self-identify as such) remains variable across sites and programs, with a number of services identifying that this is a challenge they continue to work on.

Findings

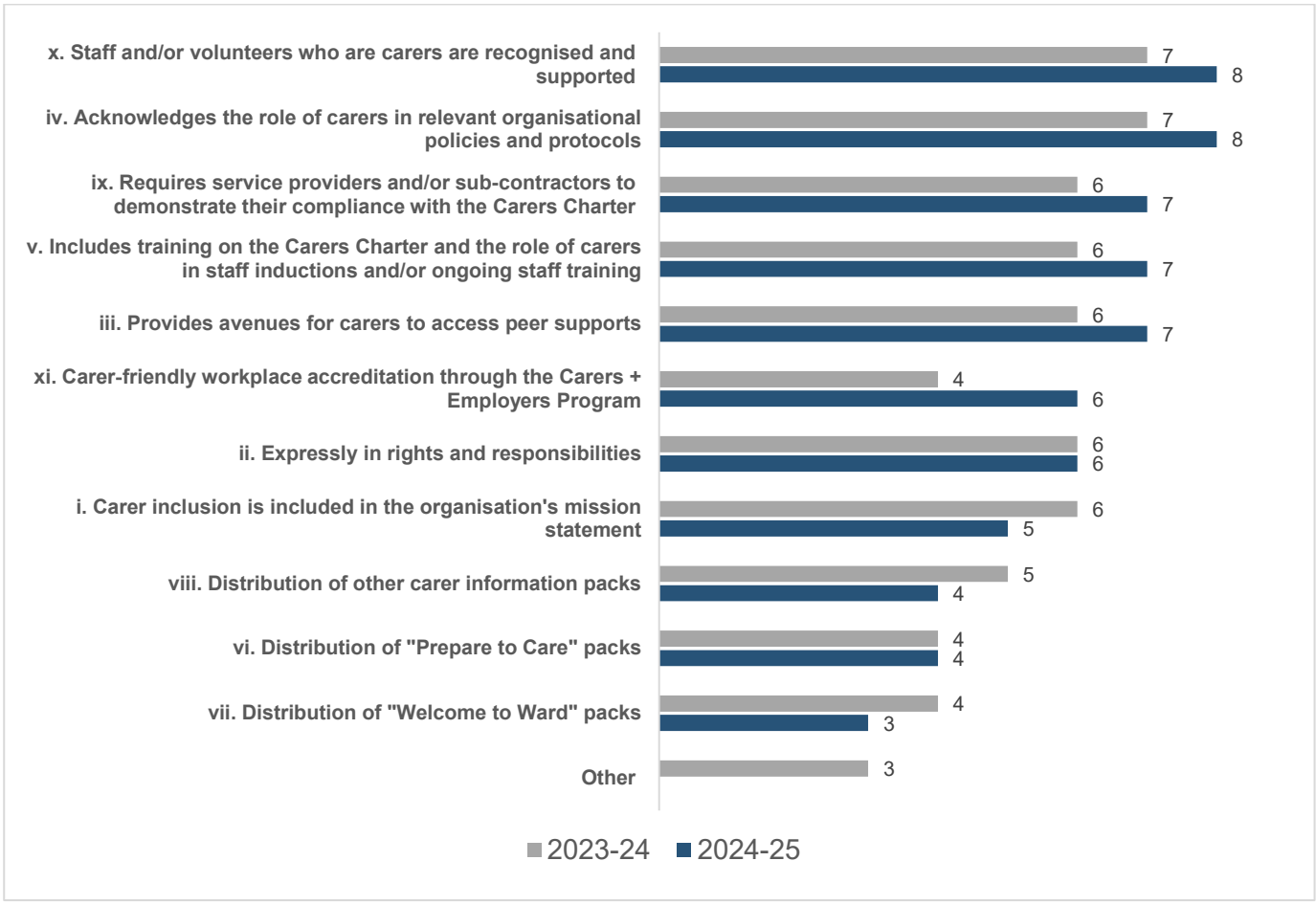
Table 2: How reporting organisations treat carers with respect and dignity

Actions	CAHS	DoH	DoH CS	DSC	EMHS	NMHS	SMHS	WACHS
i. Carer inclusion is included in the organisation's mission statement	Yes	NA	Yes	Yes	No	Yes	Yes	No
ii. Expressly in rights and responsibilities	Yes	NA	NA	Yes	Yes	Yes	Yes	Yes
iii. Provides avenues for carers to access peer supports	Yes	NA	Yes	Yes	Yes	Yes	Yes	Yes
iv. Acknowledges the role of carers in relevant organisational policies and protocols	Yes	Yes	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	NA	Yes	Yes	Yes	Yes	Yes	Yes
vi. Distribution of ‘Prepare to Care’ packs	Yes	NA	NA	NA	Yes	No	Yes	Yes
vii. Distribution of ‘Welcome to Ward’ packs	Yes	NA	NA	NA	Yes	No	Yes	No
viii. Distribution of other carer information packs	Yes	NA	NA	NA	Yes	Yes	Yes	No
ix. Requires service providers and/or sub-contractors to demonstrate their compliance with the Carers Charter as part of service contract management	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
x. Staff and/or volunteers who are carers are recognised and supported*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Actions	CAHS	DoH	DoH CS	DSC	EMHS	NMHS	SMHS	WACHS
xi. Carer friendly workplace accreditation through the Carers + Employers Program*	No	Yes	Yes	Yes	Yes	No	Yes	Yes
Other	No	NA	No	No	No	No	No	No

* New for 2023-24

Figure 2: Criterion 1 action indicators aggregated across agencies[2]



[2] n=8 applicable reporting organisations. In 2024-25, the Department of Health provided responses to relevant action indicators for Criterion 1.

Contracted services

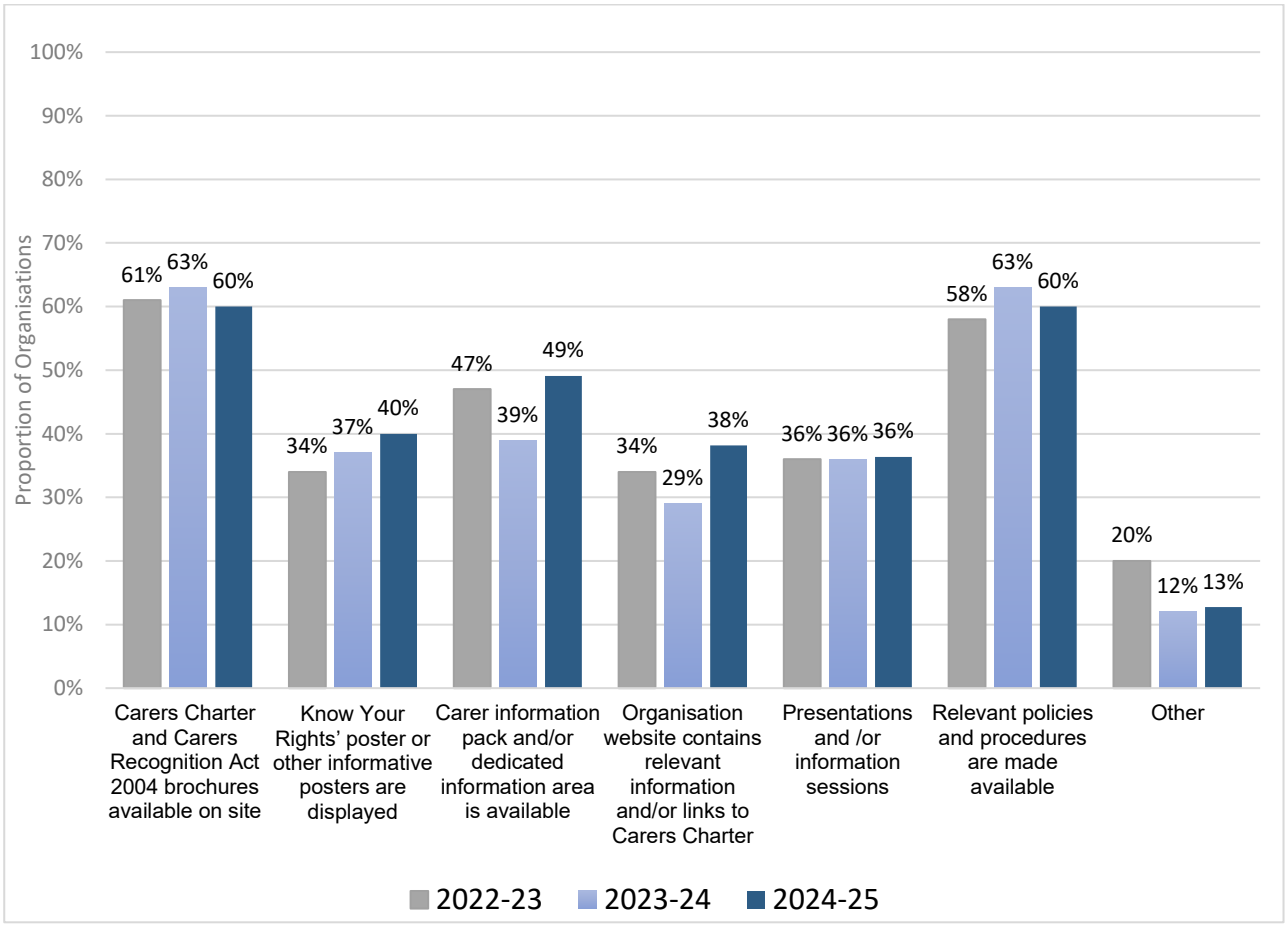
Department of Health contracted community health services

Carer awareness and knowledge

In 2024–25, 86 per cent of contracted community health services provided accessible information for carers regarding the Carers Charter, comparable with the previous reporting period (88 per cent) and above 2022–23 levels (81 per cent).

Contracted community health services continue to provide a suite of options for carers to access information. Key information distribution methods most frequently used by contracted community health service providers was via Carers Charter brochures (60 per cent) and relevant policies and procedures (60 per cent) (Figure 3). Almost half of the contracted community health service providers also offered carer information packs and/or dedicated information areas (49 per cent). Approximately, two in five displayed Know Your Rights or other informative posters (40 per cent) or included information on their organisation's website (38 per cent), while just over one-third provided presentations and/or information sessions (36 per cent).

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



Compared with prior years a steady incline can be observed with respect to the visibility of ‘Know Your Rights’ or other informative posters.

In 2024–25, 95 per cent of carers needs were acknowledged in contracted community health service providers publications, comparable with prior years. This included in policies and procedures (61 per cent) followed by webpages or social media (53 per cent), service delivery evaluations or reviews (49 per cent) and newsletters and brochures (46 per cent).

Staff awareness and education

In 2024–25, 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, consistent with the previous reporting period.

To educate staff about the Carers Charter and the role of carers, contracted community health service providers utilised a range of educational methods comparable with prior year reporting but noting an increase in the use of Carers Charter and *Carers Recognition Act 2004* brochures (48 per cent, up from 42 per cent) and employee handbook/resource packages (58 per cent, up from 51 per cent). A total of 84 per cent of contracted community health service providers provide ongoing information or training to staff.

Carers in the workplace

In 2024–25, 97 per cent of contracted community health service providers reported offering support to staff who undertook an unpaid caring role to a family member or friend, an overall increase from the previous year (91 per cent).

Support mechanisms commonly provided include options such as flexible work hours (94 per cent), leave provisions or entitlements (80 per cent) and remote work options (77 per cent). A further 84 per cent provide access to employee assistance programs/ human resource services/employee support officer/s. Educational information and resources were accessible to 44 per cent of staff, consistent with the previous reporting period.

Accreditation as a Carer-Friendly workplace remains low, with one achieving Level 3 accreditation. One other has reported preparing to undertake the accreditation process.

Mental Health Commission funded non-government mental health organisations

The percentage of Mental Health Commission funded NGOs reporting 'Achieved compliance' with ensuring carers are treated with respect and dignity are comparable to 2023-24 figures (96.5 per cent, Table 3). The proportion of services fully compliant in acknowledging the role of carers in relevant organisational policies and protocols (Action 1) increased from 77.6 per cent in 2023-24 to 82.5 per cent in 2024-25 (Table 4). There were also increases in full compliance with Action 2, acknowledging the role of carers in relevant organisational publications, from 74.1 per cent in 2023-24 to 77.2 per cent in 2024-25. There was 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

1.2 percentage points on the previous year, the proportion of non-compliance also increased from 0 per cent in 2023-24 to 1.8 per cent in 2024-25.

Table 3: 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
2024-25	**0.0%**	**0.0%**	**96.5%**	**3.5%**
2023-24	0.0%	0.0%	96.6%	3.4%
2022-23	0.0%	3.5%	94.7%	1.8%
2023-24 to 2024-25 diff	0.0%	0.0%	-0.1%	0.1%

Table 4: 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 relevant organisational policies and protocols	0.0%	1.8%	0.0%	7.0%	82.5%	8.8%
Action 2. Acknowledge the role of carers in all relevant organisational publications	0.0%	5.3%	1.8%	3.5%	77.2%	12.3%
Action 3. Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training	1.8%	3.5%	7.0%	8.8%	68.4%	10.5%

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 5: 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

Reporting organisations and contracted service providers demonstrate strong compliance with Criterion 2. Consistent inclusion of carers in policy review and development improves the relevance and quality of health services. Organisations demonstrate ongoing efforts to formalise carer engagement via policies, frameworks and advisory structures.

Carers are increasingly embedded in governance, advisory groups, co-design panels, research committees, service planning workshops and quality improvement projects. This includes paid participation, formal committee roles, peer worker positions and leadership involvement. Carers also contribute to the development of frameworks, resources and ongoing monitoring and evaluation of services.

Variation exists in systems to identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews. The Council identifies this as an area that could be improved.

Carer engagement among Department of Health contracted community health services remains high, with 86 per cent of providers involving carers in policy and procedure development, an increase of 22 per cent from 2022–23.

For Mental Health Commission funded services recognising carers' roles in service assessment, planning, delivery and review remained strong. Significant increases over recent years were noted in informing carers of the Carers Charter (70.7 per cent to 78.9 per cent), while inclusion in strategic planning grew slightly.

The Council is pleased to see that carers' perspectives are actively shaping policies, programs and governance structures. The evidence shows systemic commitment to inclusive, patient and carer focused healthcare.

Findings

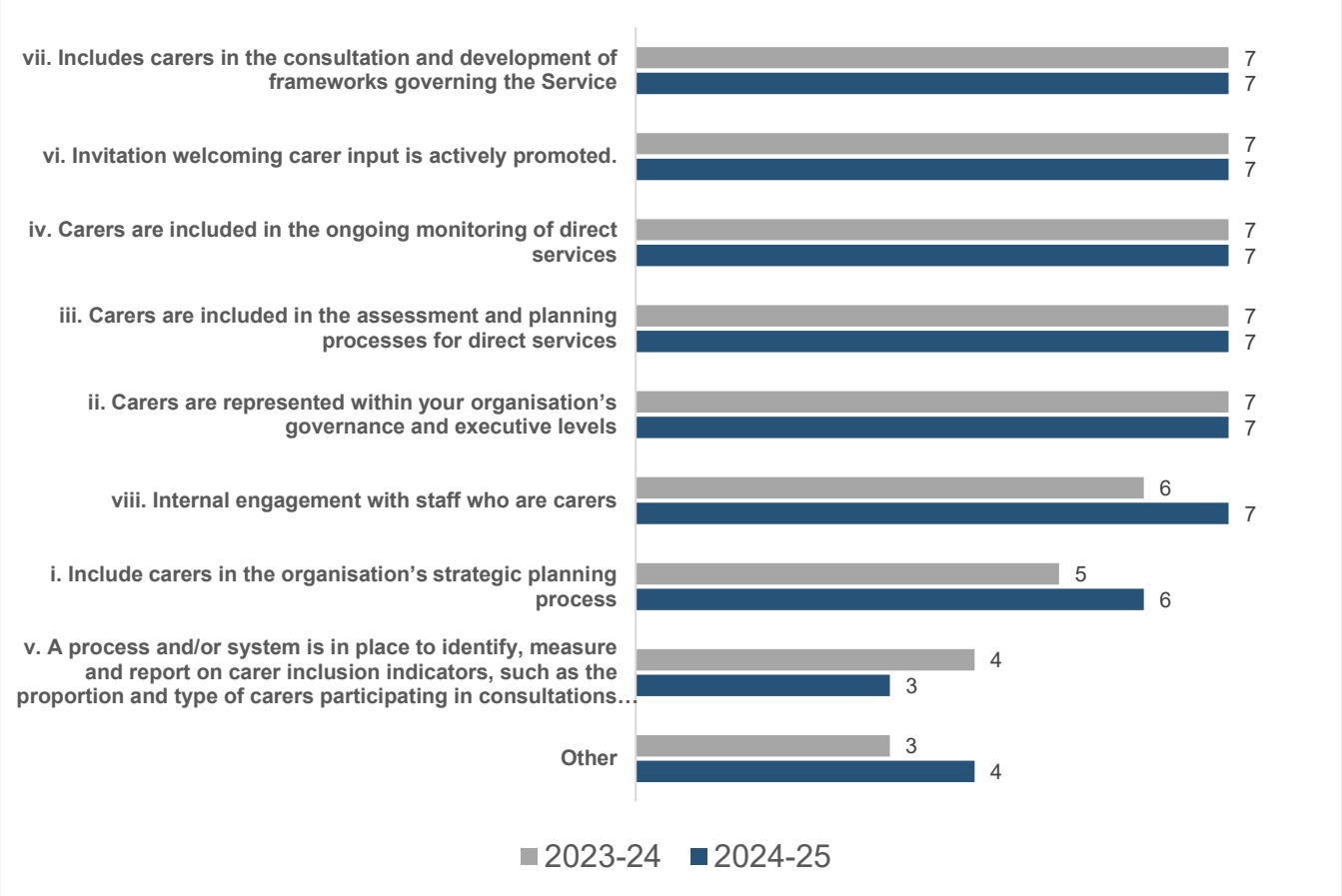
Table 6: How reporting organisations seek and include policy input from carers

Actions	CAHS	DoH	DoH CS	DSC	EMHS	NMHS	SMHS	WACHS
i. Include carers in the organisation's strategic planning process	Yes	No	Yes	Yes	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	NA	Yes	Yes	Yes	Yes	Yes	Yes
iv. Carers are included in the ongoing monitoring of direct services	Yes	NA	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	NA	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	NA	Yes	Yes	Yes	Yes	Yes
vii. Includes carers in the consultation and development of frameworks governing the Service	Yes	NA	Yes	Yes	Yes	Yes	Yes	Yes

Actions	CAHS	DoH	DoH CS	DSC	EMHS	NMHS	SMHS	WACHS
viii. Internal engagement with staff who are carers*	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Other	No	Yes	Yes	No	No	Yes	No	Yes

* New for 2023-24

Figure 4: Criterion 2 action indicators aggregated across agencies[3]



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.

[3] n=8 applicable reporting organisations. The Department of Health reports against Criterion 2.

Contracted services

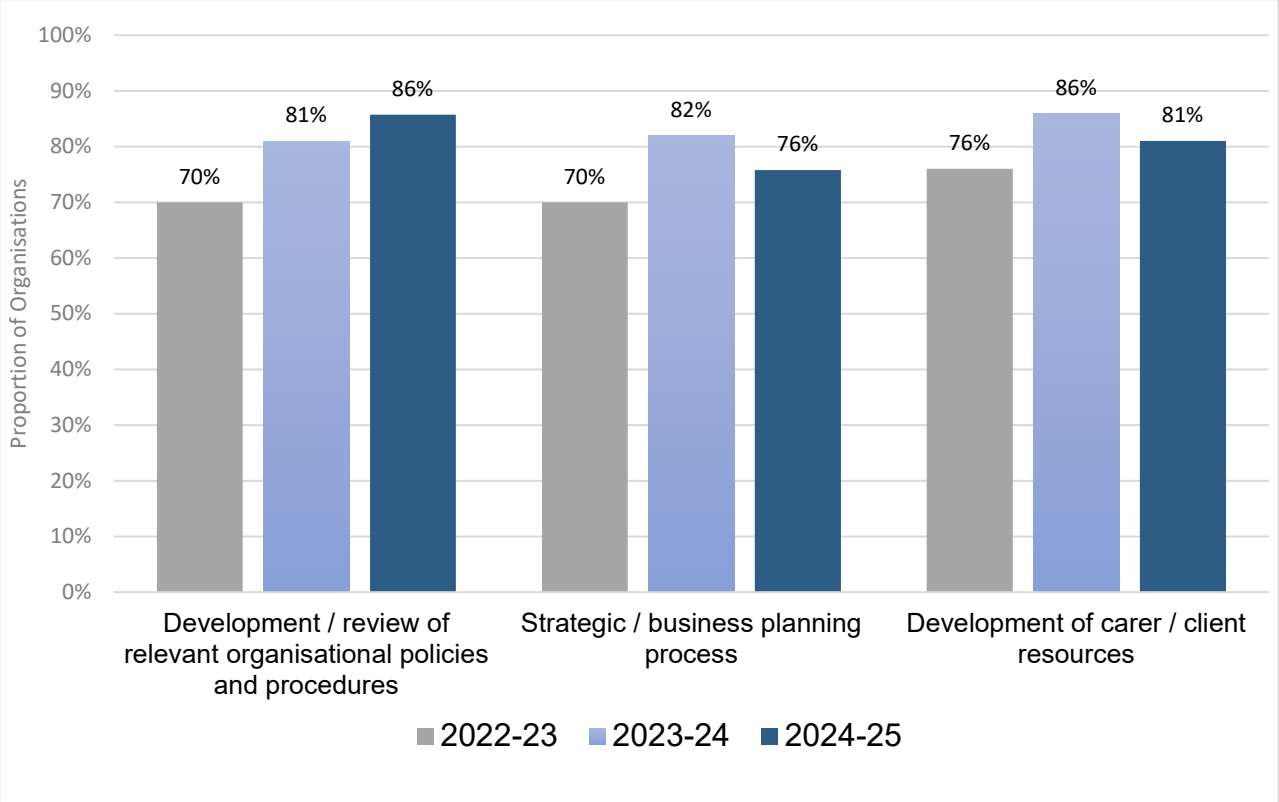
Department of Health contracted community health services

Carer involvement in organisational internal governance

In 2024–25, carer involvement remained high concerning strategic and operational planning and development (Figure 5). Just under nine in ten contracted community health service providers stated carers were involved in the development and review of relevant organisational policies and procedures, up 22 per cent from 2022–23.

While carer involvement in the development of carer/client resources (81 per cent) and engagement in strategic/business planning processes (76 per cent) remains relatively high, there was a slight decrease this year compared to 2023–24 but still remains above that of 2022–23. Annual variations are expected in strategic and operational planning and development as they are often conducted at different stages of an organisation's lifecycle and development. Similarly, development of resources is dependent on requirements and review processes.

Figure 5: Carer involvement in strategic and operational planning and development, DoH contracted community health service providers



In terms of carer representation, the existence of a client/carer advisory group or committee was reported by 70 per cent of contracted community health service providers comparable with the prior year result (72 per cent) but well above that of 2022–23 (52 per cent).

Of the 93 per cent of community health service providers who reported as having a Board/Management Committee, forty-three (64 per cent) reported having board members

who identified as having lived experience as an unpaid carer to a family member or friend. A further 20 cited the status of such representation was either not declared or unknown and this may reflect the privacy and cultural sensitivity afforded board members, particularly those from diverse backgrounds. These findings are equivalent with prior year results.

Carer views are considered in service design and delivery

Contracted community health service providers have maintained strong practices in incorporating carers' views and needs into service design and delivery. In 2024–25, the majority reported involving carers in assessment and planning processes for direct client services (95 per cent). Similarly, ongoing monitoring of direct client services saw consistently high engagement, with 94 per cent reporting carer inclusion. The existence of a formal client/carer engagement policy, procedure, or guideline remained steady at 83 per cent.

Mental Health Commission funded mental health organisations

From 2023-24 to 2024-25, there was a small increase (1.5 percentage points) 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 7).

The proportion of applicable funded NGOs that were fully compliant with informing carers of the Carers Charter and relevant organisational policies and protocols (Action 4) increased from 70.7 per cent in 2023-24 to 78.9 per cent in 2024-25 - the highest increase of compliance across all actions (Table 8).

There was a slight increase (1.1 percentage points) of NGOs fully compliant with including carers in the organisation's strategic planning process (Action 5).

Table 7: 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
2024-25	**0.0%**	**1.8%**	**91.2%**	**7.0%**
2023-24	0.0%	3.4%	89.7%	6.9%
2022-23	0.0%	3.5%	91.2%	5.3%
2023-24 to 2024-25 diff	0.0%	-1.6%	1.5%	0.1%

Table 8: 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	1.8%	0.0%	3.5%	5.3%	78.9%	10.5%
Action 5. Include carers in the organisation's strategic planning process	5.3%	7.0%	7.0%	1.8%	63.2%	15.8%

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 9: 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

Reporting organisations and contracted service providers demonstrate strong compliance with Criterion 3. Organisations are undertaking a range of initiatives to adopt flexible, person-centred approaches for carers.

There is widespread promotion of and engagement with National Carers Week, universal access to translation and interpretation services and multiple methods used to connect carers to support services. The utilisation of specific carer reference groups remains variable.

Whilst there is strong evidence of the evaluation of carer initiatives, as with previous years, the sharing of evaluation findings is less widespread, and this continues to be an improvement opportunity. The Council appreciates the participation of organisations at the Carers Best Practice Roundtable (June 2025) in sharing new initiatives and good practice learnings.

Among Department of Health contracted community health service providers, 98 per cent involve carers in care and treatment decisions, 95 per cent provide information supporting the carer journey, and cultural and diversity needs of carers are actively considered.

For Mental Health Commission funded services, 93 per cent achieved compliance in including carers in decisions impacting them, up from 89.7 per cent in 2023–24. Full compliance with related actions is highest in including carers in assessment processes (84.2 per cent) and lowest for including carers on boards/management committees (43.9 per cent), with 26.3 per cent deeming this action as not applicable.

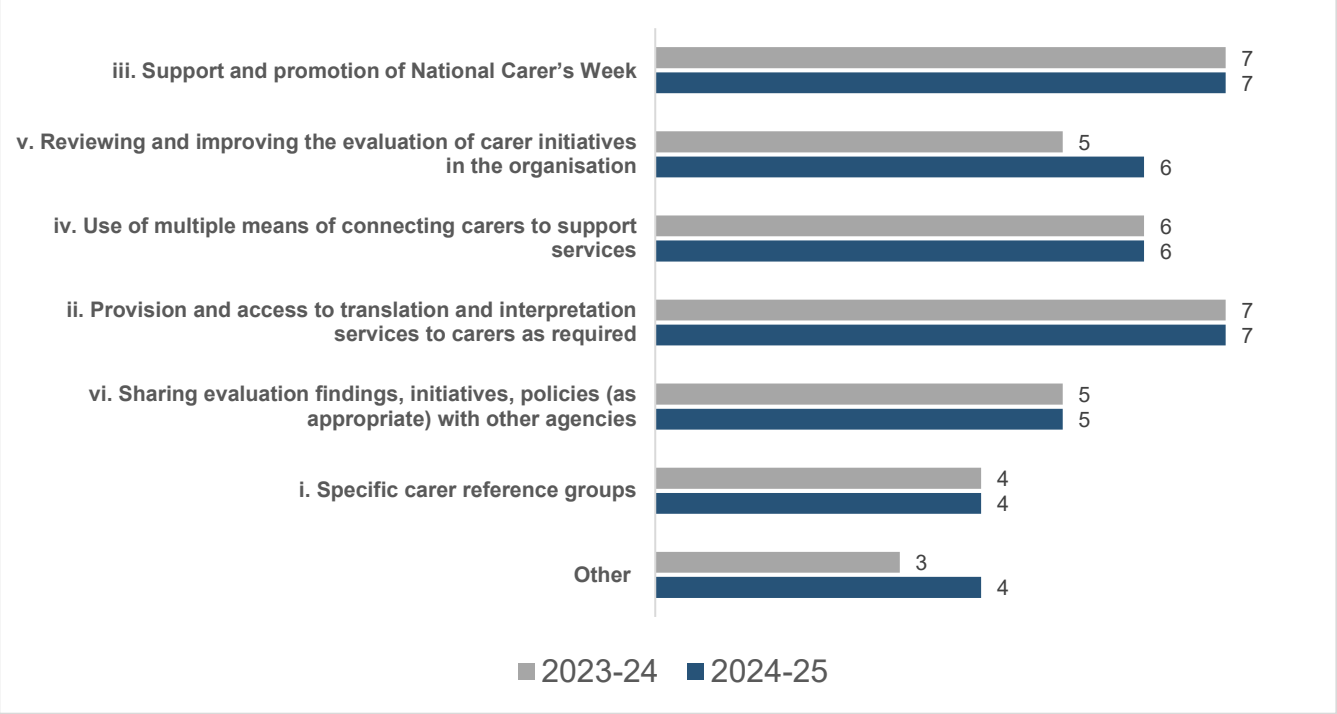
The Council can see that carers' views are increasingly integrated into care design, delivery and evaluation across health services, demonstrating a strong, system-wide commitment to considering carers' needs in decision-making.

Findings

Table 10: 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	NA	Yes	NA	Yes	Yes	No	No
ii. Provision and access to translation and interpretation services to carers as required	Yes	NA	Yes	Yes	Yes	Yes	Yes	Yes
iii. Support and promotion of National Carer's Week	Yes	NA	Yes	Yes	Yes	Yes	Yes	Yes
iv. Use of multiple means of connecting carers to support services	Yes	NA	NA	Yes	Yes	Yes	Yes	Yes
v. Reviewing and improving the evaluation of carer initiatives in the organisation	Yes	NA	Yes	NA	Yes	Yes	Yes	Yes
vi. Sharing evaluation findings, initiatives, policies (as appropriate) with other agencies	Yes	NA	NA	NA	Yes	Yes	Yes	Yes
Other	No	No	Yes	No	Yes	Yes	No	Yes

Figure 6: Criterion 3 action indicators aggregated across agencies[4]



Contracted services

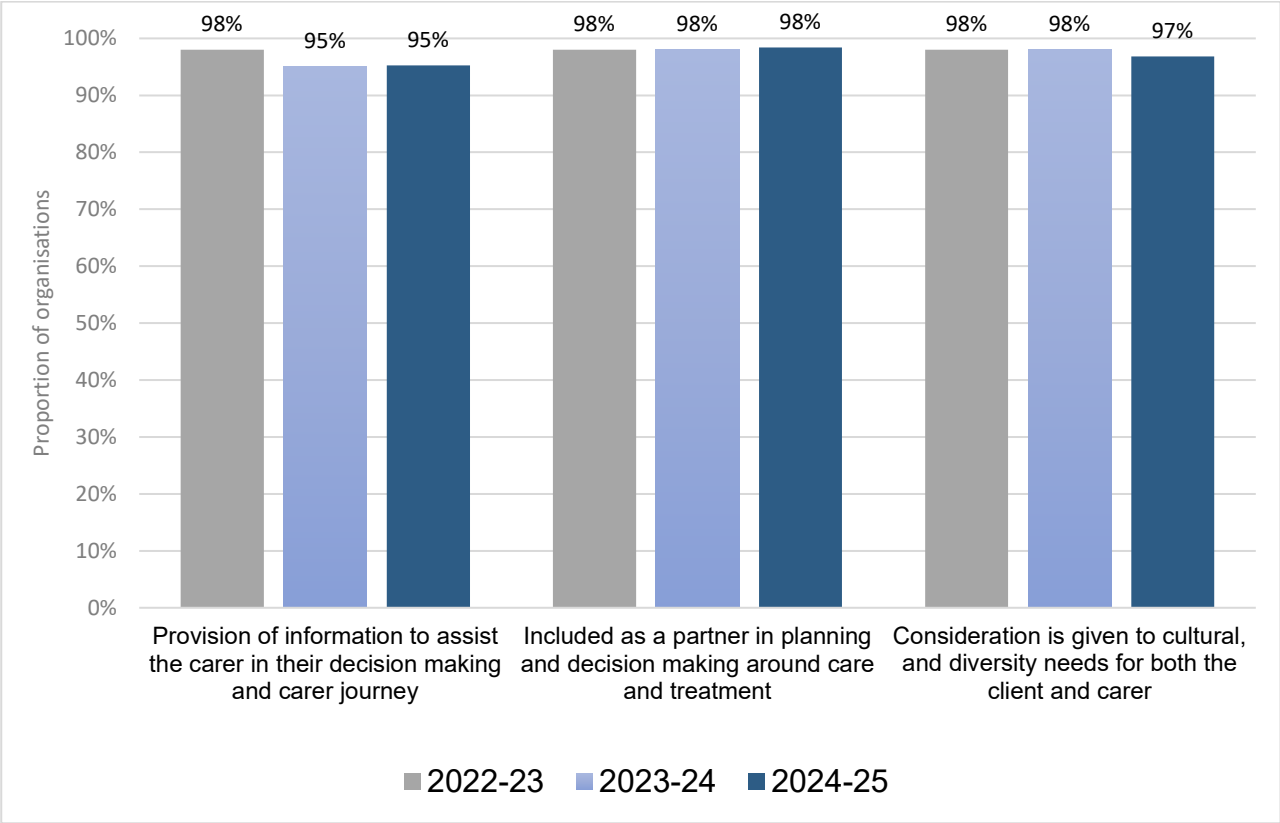
Department of Health contracted community health services

In 2024–25, the majority of contracted community health service providers partnered with carers in making decisions concerning the care and treatment of those they care for (98 per cent) and in providing information to assist their carer-journey (95 per cent), consistent with prior year reporting. Similarly, most contracted community health service providers considered the cultural and diversity needs of both clients and carers (Figure 7).

Overall, the past 3 years results reflect the ongoing emphasis placed on ensuring the views and needs of carers is considered along with the views, needs and best interests of those receiving care.

[4] n=7 applicable reporting organisations, Department of Health does not report against this Criterion.

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



Mental Health Commission funded mental health organisations

Mental Health Commission funded NGOs have maintained a strong commitment to ensuring the views of carers are included in decisions that impact on them, with 93 per cent 'Achieved compliance', up from 89.7 per cent in 2023-24 (Table 11).

Over four in five NGOs are fully compliant with the actions to include carers in the assessment process for direct services (84.2 per cent, Action 7), showing an uplift of 4.9 percentage points from 2023-24 (Table 12).

There has been a drop of 2.1 percentage points in those NGOs fully compliant with including carers in the ongoing monitoring of direct services (Action 8). There has been an increase in the number of funded NGOs that are fully compliant with providing avenues for carers to access peer support (Action 11), from 72.4 per cent in 2023-24 to 77.2 per cent in 2024-25.

There remains less evidence of carers being included in boards or management committees (Action 6), with a drop of 4.4 percentage points from 48.3 per cent in 2023-24 to 43.9 per cent in 2024-25. Action 6 has consistently had the highest rating of 'not applicable' across the past four years. In 2024-25, one in four service providers did not think that it is applicable to include carers on the board or management committee of their organisation (26.3 per cent).

Table 11: 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
2024-25	**0.0%**	**0.0%**	**93.0%**	**7.0%**
2023-24	0.0%	3.4%	89.7%	6.9%
2022-23	0.0%	5.3%	89.5%	5.3%
2023-24 to 2024-25 diff	0.0%	-3.4%	3.3%	0.1%

Table 12: 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	10.5%	8.8%	3.5%	7.0%	43.9%	26.3%
Action 7. Include carers in the assessment process for direct services	0.0%	0.0%	1.8%	3.5%	84.2%	10.5%
Action 8. Include carers in the ongoing monitoring of direct services	1.8%	0.0%	3.5%	5.3%	77.2%	12.3%
Action 11. Provide avenues for carers to access peer support	0.0%	0.0%	3.5%	3.5%	77.2%	15.8%

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 13: 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

Reporting organisations and contracted service providers demonstrate very strong compliance with Criterion 4, supported by system-wide policy and systems, such as the updated WA Health Complaints Management Policy.

In addition to formal feedback and complaints processes, organisations utilise a range of service wide and program specific carer experience surveys and forums.

Whilst all reporting organisations have an ability to identify carer voices in feedback and complaint data; there is variation in the extent to which carer specific data is being regularly analysed and reported on. Additionally, there is no health system-wide reporting of carer data within feedback and complaints. The Council identifies this as an improvement opportunity.

Among Department of Health contracted community health service providers, there was a notable increase in the provision of information about the feedback process in carer packs (67 per cent in 2024-25, up from 43 per cent in 2023-24).

For Mental Health Commission funded services, there was a slight increase in services fully compliant with Criterion 4 (94.7 per cent in 2024-25) and the related actions of informing carers about complaint procedures and ensuring carers have an opportunity to provide feedback on their experiences.

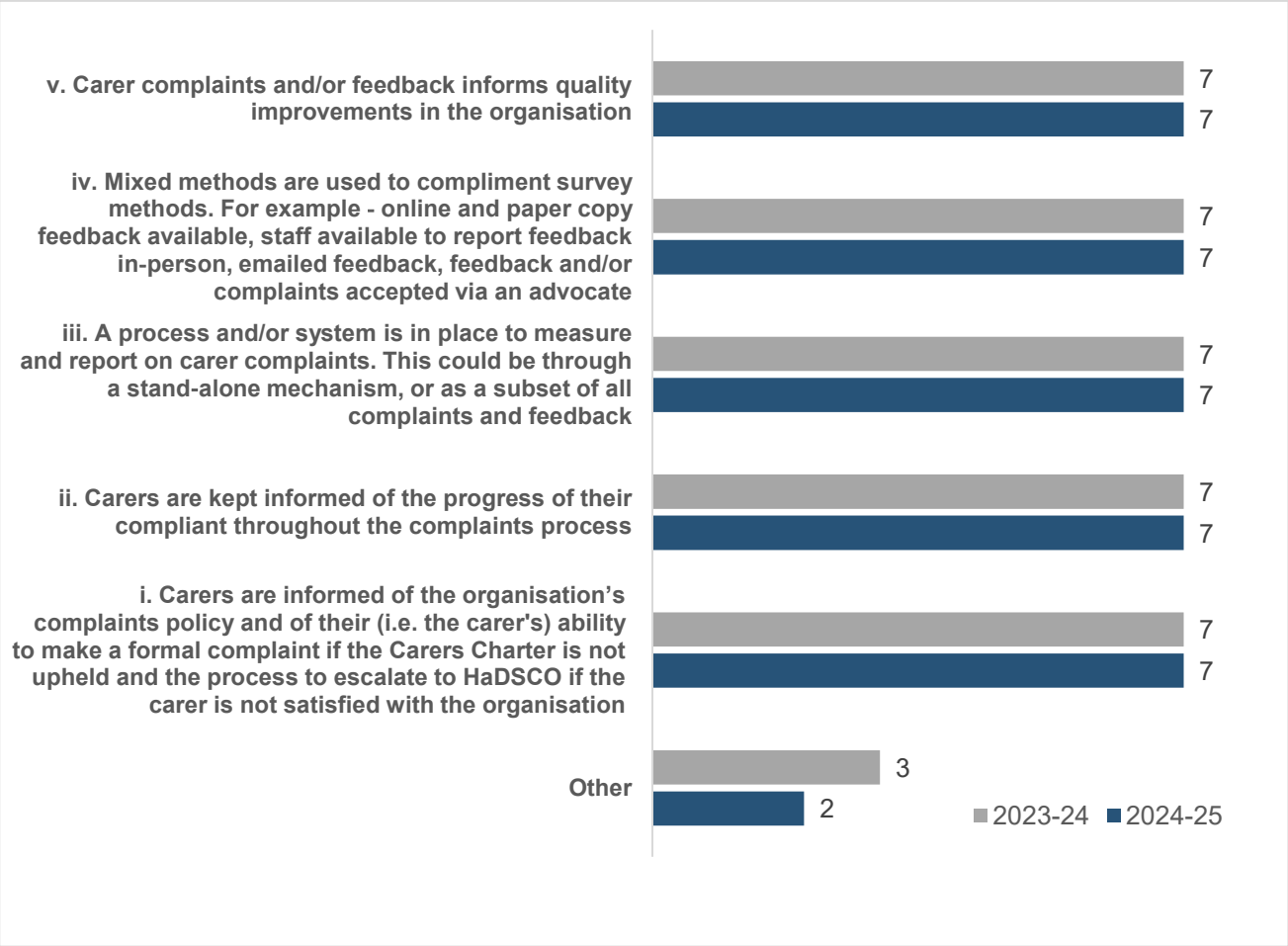
The Council notes growing evidence of robust systems to ensure carers' complaints are heard, monitored and acted upon. Carer feedback is increasingly integrated into quality improvement initiatives, staff development and service delivery, reflecting a strong commitment to listening to carers.

Findings

Table 14: 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	NA	Yes	Yes	Yes	Yes	Yes	Yes
ii. Carers are kept informed of the progress of their compliant throughout the complaints process	Yes	NA	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	NA	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	NA	Yes	Yes	Yes	Yes	Yes	Yes
v. Carer complaints and/or feedback informs quality improvements in the organisation	Yes	NA	Yes	Yes	Yes	Yes	Yes	Yes
Other	No	No	Yes	No	No	Yes	No	No

Figure 8: Criterion 4 action indicators aggregated across agencies[5]



Contracted services

Department of Health contracted community health services

Feedback and complaints management

In 2024-25, all contracted community health service providers ensured carers were afforded the opportunity to provide feedback including complaints, consistent with 2023-24 and 2022-23. Staff advice on how to provide feedback or raise a complaint remained the most common method of communication (87 per cent) followed by client reviews and surveys (78 per cent).

Compared to the previous year, there was a notable increase in the provision of information about the feedback process in carer packs (67 per cent in 2024-25, up from 43 per cent in 2023-24). The availability of information online was comparable with the previous reporting period at 66 per cent, followed by the availability of 'How to have your Say' or 'Your Rights' brochures (52 per cent) and via carer forums or engagement sessions (34 per cent).

Ninety-seven per cent of contracted community health service providers reported the existence of a current complaints management policy and/or procedure, and that staff are

[5] n=7 applicable reporting organisations. The Department of Health did not report against Criterion 4.

inducted in compliant management processes, including responding to complaints. This is consistent with prior year findings.

Methods of providing feedback and complaints

Various methods were made available to carers to provide feedback, including complaints (Table 15). The majority of contracted community health services enabled feedback via e-mail or letter (97 per cent), by speaking to a person by phone or in person (97 per cent) and via a paper based or online feedback/complaint form (93 per cent).

Table 15: Methods available to carers to provide feedback, including complaints, DoH contracted community health services, 2024-25

Available methods to provide feedback, including complaints	Proportion of organisations (n=67)
Ability to speak to a person by phone or in person	97%
Ability to directly correspond via email or letter	97%
Feedback / complaint form (paper based or online)	93%
Regular evaluation / feedback / satisfaction survey	82%
Process available to escalate complaint requiring urgent resolution	81%
Liaison Officer or dedicated staff member/s available to manage feedback and complaints	45%
Suggestion / complaints box	40%
Dedicated application or online portal available to consumers and carers	39%
Social media and digital channels	37%
Ability to correspond with Health and Disability Services Complaints Office	34%
Dedicated feedback line available to consumers and carers	13%
Other	6%

Complaint monitoring and quality improvement

All contracted community health service providers reported that all complaints were monitored and recorded, and that complaints informed quality improvements. This result is consistent with prior years reporting.

A range of methods were used to monitor, analyse and report complaints (Figure 9). The most common approaches in 2024–25 included having dedicated staff members to oversee the progress of complaints handling (83 per cent), holding regular review meetings to

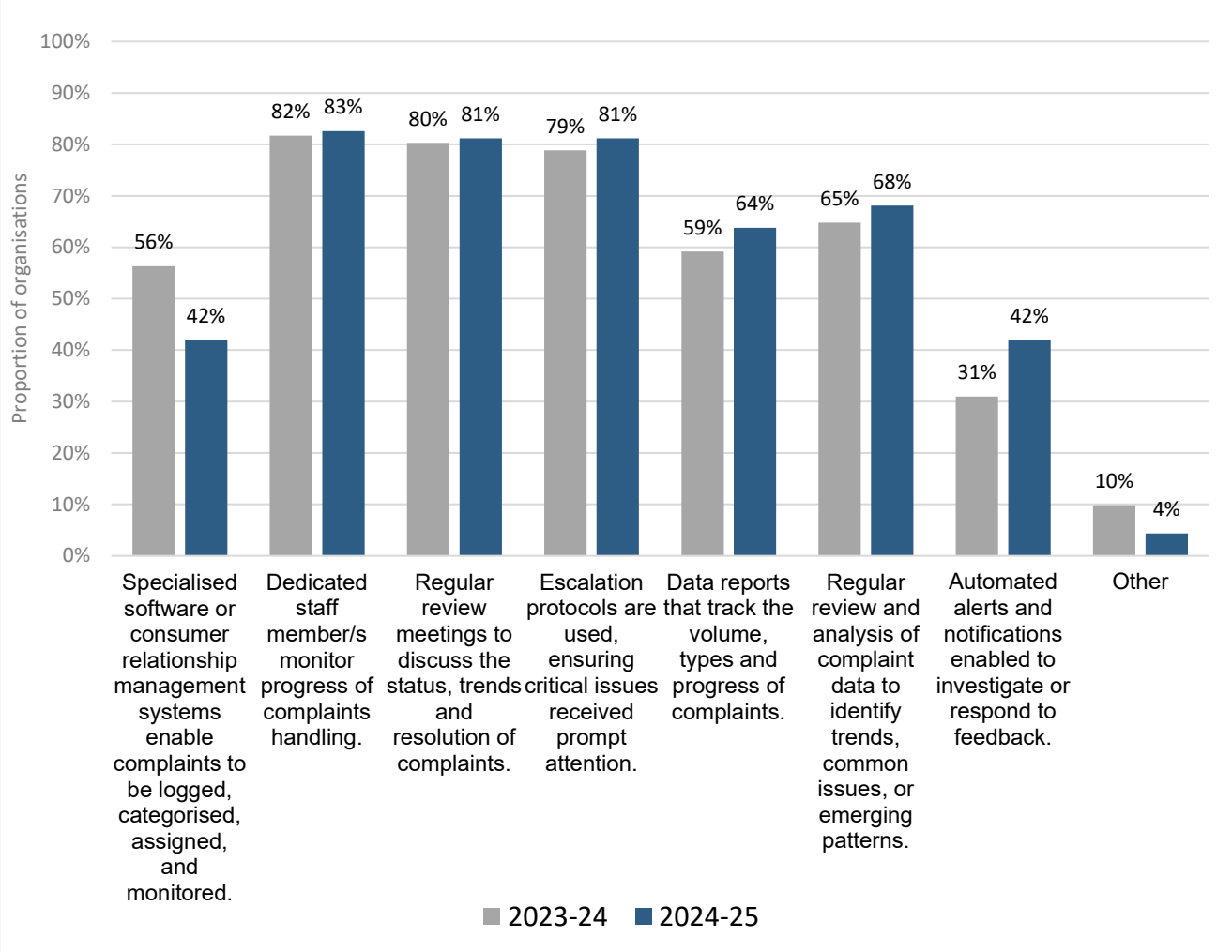
discuss the status, trends and resolution of complaints (81 per cent), and using escalation protocols to ensure critical issues receive prompt attention (81 per cent).

The adoption of information technology through specialised software or consumer relationship management systems (42 per cent) and automated alerts and notifications (42 per cent) are also being used to investigate and respond to feedback.

Importantly, contracted community health service providers are also conducting regular review and analysis of complaint data to identify trends, common issues, or emerging patterns (68 per cent), and producing data reports that track the volume, types and progress of complaints (64 per cent).

The significant variation in specialised software or consumer relationship management systems usage between 2023–24 to 2024–25 is due to incongruence in reporting by 14 organisations, and caution is to be observed regarding interpretation.

Figure 9: Types of methods used to monitor and record complaints, DoH contracted community health service providers



Mental Health Commission funded mental health organisations

There has been a slight increase (1.6 percentage points) in the percentage of the Mental Health Commission's funded NGOs reporting 'Achieved compliance' with ensuring carer complaints are given due attention and consideration, with all applicable NGOs reporting 'Achieved compliance' (Table 16). The majority of NGOs (87.7 per cent) are 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 17), increasing from 84.5 per cent in 2022-24. Most applicable NGOs (93 per cent) are fully compliant with ensuring carers have the opportunity to provide feedback on their experience of the organisation (Action 10), up from 89.7 per cent in 2023-24.

Table 16: 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
2024-25	**0.0%**	**0.0%**	**94.7%**	**5.3%**
2023-24	0.0%	1.7%	93.1%	5.2%
2022-23	0.0%	5.3%	91.2%	3.5%
2023-24 to 2024-25 diff	0.0%	-1.7%	1.6%	0.1%

Table 17: 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%	1.8%	1.8%	3.5%	87.7%	5.3%
Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation	0.0%	0.0%	0.0%	3.5%	93.0%	3.5%

New key initiatives and achievements 2024-25

The Council applauds all reporting organisations and contracted services on the rich and diverse new initiatives and achievements of 2024-25 that support the Carers Charter.

This year shows a significant uplift in the number and range of new initiatives, demonstrating the genuine commitment of services to partner with carers.

Summarising such an extensive collection of examples is challenging, but the following key themes have been identified:

- Building staff capability and Charter awareness: Initiatives that further embed the Carers Charter into induction, training, professional development and organisational culture.
- Strengthening carer voices in service design: Expanding co-design approaches so carers shape programs, resources, models of care and reforms.
- Increasing carer representation in governance and policy: Growing the number of advisory groups, committees and leadership roles that include carers in decision-making.
- Improving support for carers: Responding to carers' needs for practical support, accessible resources, flexible services wellbeing tools and system navigation. Connecting carers to services and peer support.
- Enhancing feedback, complaints and listening systems: Strengthening listening forums, surveys, complaints pathways, consumer experience teams and closing the loop with carers.
- Promoting inclusion, equity and cultural safety: Improving culturally appropriate engagement and care, translated resources and targeted support for diverse carer communities.
- Engagement and health literacy: Expanded outreach through community consultations, carer information sessions, kitchen table discussions and toolkits designed to improve carers' ability to navigate health systems.
- Specialist support pathways: Initiatives at a specialist/program level such as palliative care, aged care, disability, mental health and chronic health conditions.
- System level strategy and collaboration: statewide policy frameworks, toolkits, engagement hubs and system-wide projects demonstrate growing alignment across health systems in recognising carers as essential partners.

In order to celebrate and showcase all the new initiatives shared with the Council, brief initiative descriptions are provided in Appendix 3.

Council focus areas 2024-25

In 2024-25, the Council developed two 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: Strategies to target the needs of specific carer cohorts – Aboriginal, culturally and linguistically diverse, LGBTQI+ and young 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.

Council observations

The WA Health Datix Consumer Feedback Module (Datix CFM) is used across the public health system for complaint and feedback management. The 'Carers Charter' is one of the complaint categories that can be selected by the complaint case manager, with options for: unsatisfactory complaint handling of carer's compliant, failure to consider the needs of a carer, failure to consult a carer and failure to treat a carer with respect and dignity.

The Department of Health Complaint Management Policy has a requirement to capture Care Opinion complaints into Datix CFM. A Consumer Feedback Dashboard is available on the Department of Health intranet to all staff across the WA health system. The dashboard includes monthly data sets from Datix CFM, including those related to the category of Carers Charter complaints. Aggregated information about complaints received is also reported to the Health and Disability Services Complaints Office (HaDSCO) on an annual basis by each Health Service Provider. In addition to Datix CFM, all reporting organisations are using additional means to hear carer voices through methods such as MySay, Care Opinion, program specific surveys and consultations.

As with last year's report, the Council was impressed with the strong evidence provided on strategies to target the needs of Aboriginal and culturally and linguistically diverse carers. These include advisory councils, Aboriginal liaison teams, Community Ambassadors, partnerships, colocations and culturally co-designed resources and publications.

There is solid evidence of working towards inclusive workplaces for LGBTQI+ staff. Strategies to target the needs of LGBTQI+ carers remains less developed but appears to be growing. The newly launched Lesbian, gay, bisexual, transgender, intersex, queer and asexual plus (LGBTIQA+) Inclusion Strategy 2025-2035 will no doubt help drive further change. The Council notes that the LGBTIQA+ strategy references the WA Carers Strategy and looks forward to seeing more developments in the LGBTIQA+ carer space.[6]

[6] The acronym LGBTQI+ is used in this report, noting that some reporting organisations use the acronym LGBTQIA+SB to refer to 'Lesbian, Gay, Bisexual, Trans and/or Gender Diverse, Queer, Intersex, Asexual, Sistergirl, and Brotherboy' and some use the acronym LGBTIQA+.

Strategies to target young carers continues to be largely underdeveloped.

It is anticipated that system-wide strategies, such as the new WA Aboriginal Health Dashboard, implementation of Health Equality Impact Statements and the updated Patient Administration System (webPAS) data on ancestry, ethnicity, languages, gender identity and pronouns), will act as enablers for further work to enhance inclusion.

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

Table 18: 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	Well developed	Developing	Developed	Developed	Developed

Focus area 2: Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically diverse, LGBTQI+ and young carers

Table 19: 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	Developed	Developed	Developed	Developed	Developed[7]	Developed
Culturally and linguistically diverse carers	Well developed	Developed	Developed	Developed	Developing	Developed	Developing[8]	Developed
LGBTQI+ carers	Developing	Developed	Developing	Developed	Developing	Developing	Developing[9]	Developed
Young carers	Developing	Developed	Developing	Developed	Not yet developed	Developing	Developing[10]	Developed

[7] Developing rating for SMHS Community Services.
[8] Developed rating for PHC and SMHS Community Services. Not yet developed rating for SMHS Mental Health.
[9] Not yet developed rating for SMHS Mental Health.
[10] Not yet developed rating for SMHS Mental Health.

Compliance summaries

Child and Adolescent Health Service

Table 20: 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 report that shows strong compliance across all aspects of the Carers Charter and a commitment to continuous improvement. Of note is the multiple mechanisms used to engage carers and the active involvement of carers in co-designing services and developing staff training programs.

The updated Carer Recognition Policy included input from carers and signifies a more comprehensive understanding of carers and alignment with the Carers Charter.

The Council congratulates CAHS on a significant improvement in complaint resolution timelines from the previous reporting period - from 73.8 per cent of complaints resolved in a 30 working day timeframe to over 93.6 per cent of complaints resolved in this timeframe.

It is positive to see that CAHS were successful in receiving scholarships through the Consumer and Community Involvement Scholarship Program to support research that actively involves carers and consumers, including funding for their participation.

The Council commends CAHS that, as an improvement area identified in last year’s report, work has been undertaken to enhance the inclusion of young carers in service planning and improvement initiatives. The Community Ambassador Program continues to grow in its utilisation and value as a CaLD inclusion strategy.

CAHS tends to use the terms 'family' or 'parent' in its information materials, rather than carer. Including the term 'carer' can help people identify themselves as a carer and potentially increase access to carer resources and support services.

The Council notes that at this stage CAHS does not indicate any steps towards carer-friendly workplace accreditation.

CAHS's report was a comprehensive demonstration of what CAHS is achieving and continues to show a significant uplift in activities to identify, support, celebrate, listen to and partner with carers.

Department of Health

Table 21: 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 thanks the Department of Health for a report that was clear and detailed. The Council notes that the department does not generally report against Criteria 1,3 and 4, however, this year has provided a response against action indicators in Criterion 1, where they apply. This is appreciated.

The department's report showed increased examples of direct carer representation in a broad range of advisory and working groups. Examples include the Mental Health-themed Quality Surveillance Group, Older Person Health Network Expert Advisory Group, Falls Management Special Interest Group and Sustainable Health Review Recommendation 4 Steering Group.

The Council is pleased to see that in 2024-25, the department focused on increasing the Working with Consumers and Carers Toolkit's uptake and integration through staff learning and development and notes that, as of April 2025, the Toolkit’s public facing website 'Working with Consumers and Carers Toolkit' has received over one thousand visits. Also in 2024-25, the Consumer Engagement hub was launched to support department staff in consistent, effective and meaningful engagement with carers and consumers.

The Council congratulates the department on achieving Level 1 (Activate) Carer Friendly Workplace accreditation and launch of its Carers Support Portal.

System-wide inclusion strategies, such as the WA Aboriginal Health Dashboard, Health Equality Impact Statements and the updated webPAS data are commended. The Council notes that there were no distinct young carer policy or strategy areas identified during this reporting period and looks forward to an uplift in this space.

The Council welcomes the strengthened Complaints Management Policy as setting system standards.

Department of Health contracted community health services

Table 22: 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.

The existence of a client/carer advisory groups or committees was reported by 70 per cent of contracted community health service providers in 2024-25 compared with 72 per cent in 2023-24 but well above that of 2022-23 at 52 per cent.

The Council is pleased to see an uplift in services promoting 'Know Your Rights' and other information posters and a significant increase in carer information packs and/or dedicated information areas, after a decline in 2023-24 from the previous year, 2022-23. Referencing of the Carers Charter in publications and websites also continues to climb.

The Council commends the finding that 96 per cent of contracted community health services report that their staff are informed about the Carers Charter and the role of carers during induction. The Council notes a small increase in services seeking or considering Carer Friendly Workplace accreditation, although it is pleasing to see that 97 per cent report offering support to staff who undertake unpaid caring roles.

Significant progress continues to be made in community health service providers involving carers in the development and review of relevant organisational policies and procedures - 86 per cent in 2024-25, up 22 per cent from 2022–23. Also of note is the increase in the provision information about feedback processes in carers packs (67 per cent in 2024-25, up from 43 per cent in 2023-24).

The Council is delighted to see the Youth Affairs Council of WA acknowledging young carers with an award category in their annual gala.

Examples provided of new initatives to support the Carers Charter continues to grow each year, showing the many creative and meaningful ways in which community health service providers recognise, support and include carers.

Disability Services Commission

Table 23: 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 Disability Division for what continues to be much improved reporting. The increase in evidence examples, including how carers are involved in service delivery areas, is appreciated, as is the inclusion of list of common acronyms.

The Disability Division does not have specific carer reference groups. However, it is congratulated on its newly established Lived Experience Advisory Panel. In the reporting period, five of the nine members of the Disability Services Commission Board identified as carers and three of the eight members of the Ministerial Advisory Council on Disability, including the Chairperson and Deputy Chairperson.

The Council appreciated the Ministerial Advisory Council on Disability inviting the Carers Advisory Council to provide advice on issues that impact carers (April 2025).

The Council notes with interest that the Disability Division is exploring references to the Carers Charter for new service agreements.

The Council commends the inclusion of carer recognition in the National Disability Insurance Scheme Full Scheme Bilateral Agreement and the establishment of the WA Community Advisory Council for the NDIS.

Apart from person-centred service planning at an individual level and referrals to Carers WA, there was not a lot of evidence on strategies to target the needs of specific carer cohorts. The Council looks forward to hearing more about inclusion strategies in future reports.

The commencement of the Communities Inclusion Connection Team (September 2024) is a promising initiative for supporting carers and assisting them to navigate and better understand systems and services. Information on the initiative was presented to the Carers Roundtable in early June 2025.

East Metropolitan Health Service

Table 24: 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 for its report. Overall, the EMHS report is light in examples of compliance and new initiatives, and the Council encourages EMHS to include more evidentiary detail in future compliance reports.

It is encouraging to see the development of new EMHS Patient Experience Strategy, including an expanded consumer and carer network to inform site-based planning and EMHS strategic decision making. Also to be commended is auditing within the EMHS Quality Improvement system to include data around identification and involvement of carers; and participation in the state-wide program to implement 'What Matters to You' across all sites.

Other highlighted achievements include:

- Greeting service implemented at the Armadale Kelmscott Group to improve access to patients, their families and carers.
- St John of God Midland Private Hospital consulted with carer representatives about their Carers Hub to ensure their views and needs with regards to the content provided.
- The Consumer and Community Advisory Council at St John of God Midland Private Hospital are involved in the assessment, planning and review of services impact on them and the role of carers.

- Implementation of wayfinding and signage changes in response to carer and patient feedback.

The Council congratulates EMHS on achieving Level 2 (Commit) Carer Friendly Workplace accreditation and Rainbow Tick Accreditation.

Mental Health Commission

Table 25: 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
96.5%	91.2%	93.0%	94.7%

The Council acknowledges the Mental Health Commission's continued commitment to carers by voluntarily reporting on compliance with the Charter and thanks the many non-government Mental Health Organisations who contributed to the report.

The Mental Health Commission's report shows continued high levels of 'Achieved Compliance' across the four criteria (91 per cent and above). It is encouraging to see that compared to 2023-24 data, there were small increases in the proportion of NGOs reporting 'Achieved Compliance' across:

- 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' (1.5 percentage points).
- Area 3 'The views and needs of carers must be taken into account along with the view, needs and best interest of people receiving care when decisions are made that impact on carers and the role of carers' (3.3 percentage points).
- 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' (1.6 percentage points).

The evidence shows increases in the proportion of NGOs reporting they were 'Fully Compliant' across seven Actions, with the greatest increases reported for:

- Action 4 'Inform carers of the Carers Charter and relevant organisational policies and protocols' (8.2 percentage points).
- Action 1 'Acknowledge the role of carers in all relevant organisational policies and protocols' and (4.9 percentage points).
- Action 7 'Include carers in the assessment process for direct services' (4.9 percentage points).

The Council notes that all Commission-contracted NGOs providing mental health services are required to maintain formal accreditation against the National Standards for Mental Health Services from an approved accreditation body. This accreditation includes:

- Standard 7: Carers: ‘The Mental Health Service recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness’ and
- Standard 3: Consumer and Carer Participation: ‘Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.’

Through the external accreditation process, NGOs delivering mental health services are required to demonstrate how they respect, value and support the importance of carers in the wellbeing, treatment and recovery of people with mental illness.

Similar to 2023-24, the wealth of examples provided for the 2024-25 reporting period indicates a strong desire amongst NGOs to include carers in all aspects of service delivery, planning and review.

North Metropolitan Health Service

Table 26: 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 thanks North Metropolitan Health Service for its work in reporting across multiple organisational groups and sites; and appreciates the inclusion of examples from contracted, non-government health services in its 2024-25 report.

Examples provided of compliance were extensive, with highlighted new initiatives being:

- The NMHS Multicultural Action Plan 2025-2027 was launched, guided by a working group inclusive of culturally and linguistically diverse consumers and carers.
- The NMHS Complaints Management Improvement Project to improve the overall quality of complaint responses. This includes training, an audit of complaint responses and a review of resourcing to meet complaint management demands.
- Work on refreshing the Community Partnership Network and a planned recruitment drive with a focus on priority groups such as carers, people with disability and people from culturally and linguistically diverse backgrounds.
- The Dental Health Service met accreditation under the National Safety and Quality Primary and Community Healthcare Standards, which included formally acknowledging a patient's carer and including the carer in all aspects of the patient's care.
- Development of Lived Experience Advisory Groups in Adult Community Mental Health services and the appointment of Carer Consultants.
- The Goldfields Women’s Health Care Centre achieved Carer Friendly Workplace accreditation (Level 1) - the first of NMHS' regional agencies to achieve accreditation.
- Mental Health Services and the Older Adult Mental Health Services achieved Carer Friendly Workplace accreditation (Levels 3 and 2 respectively).

The Council commends Youth Mental Health Services on the extensive work they are doing to better identify, include and support carers, after this was identified as an area requiring improvement in 2023-24. Also noted is the work commencing in the newly established North Metropolitan Eating Disorders Specialist Service to include carers.

The Council notes that feedback data analysis and reporting in relation to carers specifically is not routinely reported at the NMHS area level and suggests that this is an opportunity for future improvement.

Overall, NMHS demonstrates a strong commitment to the Carers Charter and a genuine commitment to partnering with carers.

South Metropolitan Health Service

Table 27: 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 thanks South Metropolitan Health Service for a detailed and comprehensive report and appreciates the inclusion of the Peel Health Campus, as well as other site-specific reporting, in the 2024-25 report.

Examples provided of compliance were extensive, with highlighted new initiatives being:

- SMHS Mental Health have developed a Lived Experience Council, which was formed and developed with representatives of existing consumer and carer advisory groups.
- Carer booklets have been created for inpatient and community mental health.
- SMHS trialled a Carer Experience Survey as part of the MySay suite. The survey is currently being evaluated to determine how it will be implemented moving forward.
- As part of the SMHS Consumer Feedback Strategy working group, an eLearning package to improve how staff respond to consumer feedback has been launched.
- The Rockingham Peel Group developed a new Partnering with Consumers committee, with membership including a Consumer Advisory Council representative and a carer representative. The committee reviews consumer and carer data and reporting.
- Rockingham Peel Group CAC members conduct consumer buzz surveys. These are face to face surveys with current patients/families and carers.
- Expansion of the Hidden Disability Sunflower to Rockingham General Hospital and over 1,100 staff trained across the Fiona Stanley Fremantle Hospitals Group and Rockingham General Hospital.
- Peel Health Campus transition initiatives that include the recruitment of consumer and carer representatives and facility-wide implementation of the 'What Matters to You?'.

Of note, all SMHS hospitals participate in the Prepare to Care Hospital Program delivered by Carers WA. In the 2024-25 reporting period, this program reached 1,196 staff through in-services and inductions.

The Council congratulates SMHS on achieving Level 1 (Activate) Carer Friendly Workplace accreditation and commends the planned progress towards Level 2. A newly established intranet page provides links to resources to support carers within the organisation.

SMHS is working towards improved recognition and identification of carers in data collection systems. An opportunity to enhance engagement with carers has been identified in SMHS Community Services and planning for a SMHS Community Services Consumer Engagement Advisory Group is currently underway.

The SMHS report demonstrates a strong commitment to carers, the Carers Charter and continual improvement.

WA Country Health Service

Table 28: 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 for a very comprehensive report. As in previous years, WACHS demonstrates consistently strong leadership and innovation in upholding the Carers Charter. Of special note is the range of diversified initiatives that are developed locally with local knowledge and people.

The WACHS Planning, Service Development and Evaluation Policy 2024 commits to embedding consumer and carer engagement in project planning, design, delivery, measurement and evaluation of systems and services.

Examples provided of compliance were extensive, with highlighted new initiatives being:

- In June 2025, the Consumer and Carer Feedback Management Policy was released after extensive internal and external consultation including with staff at Carers WA.
- Inclusion of cultural leave and flexibility for staff who are carers, recognising kinship and community roles in Aboriginal culture.
- Geraldton Health Campus and Carnarvon Health Campus are updating their wayfinding to enable consumers and carers to better locate services.
- Recruitment for the role of Mental Health Carer Consultant within WACHS Goldfields, with the role to assess, plan and deliver mental health services through the carer's lens.
- As part of the WA Health 'Improving Safety and Quality in Health Care Operational Plan 2024-26', WACHS is working towards the implementation of 'What Matters to You?' (WMTY). The WACHS WMTY working group is working in collaboration with the statewide WMTY Steering Group to ensure consistency in relation to key messaging and resource development.
- Child Development Services are developing the Entry to Service Clinical Guide. The Entry to Service aims to create a welcoming environment and establish the foundation for clinicians and families to work in partnership.

- Extended services of telehealth palliative care doctors (PalDOCS) service to rural and remote areas and the numerous examples of palliative care initiatives in relation to supporting carers.
- Cultural navigators and Aboriginal Liaison Officers help carers raise concerns in a supported way, as well as the use of Aboriginal artwork and language to enhance a welcoming environment.
- The sunflower tool to support the provision of person-centred care for hospitalised older people with cognitive impairment or dementia.

The Council congratulates WACHS on achieving Level 1 (Activate) Carer Friendly Workplace accreditation.

In keeping with strategies to target the needs of specific carer cohorts, the Council commends WACHS in exploring the potential to establish a Young Consumer Advisory Panel consisting of young consumers who are involved in the planning and review of relevant services and resources WACHS-wide.

As with previous years, WACHS continues to demonstrate a high level of commitment to carers and the Carers Charter.

Appendix 1: Methods of reporting and assessment of compliance

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
- Council focus areas.

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

From the 2022-23 reporting period, the self-assessment ratings against each criterion are: '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 2024-25, 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 2024–25, organisations contracted by the department to provide community health services (n=72) reported on their compliance with the Carers Charter using a department developed online survey. Results for 2024–25 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.

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	Section A: Level of Compliance with the WA Carers Charter Area 1. Carers must be treated with respect and dignity. Section B: Related Actions Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols. Action 2. Acknowledge the role of carers in all relevant organisational publications. Action 3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training.
2. Policy input from carers	Section A: Compliance with the WA Carers Charter 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.

Council criteria	Mental Health Commission funded NGO measurements
	Section B: Related Actions Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols. Action 5. Include carers in the organisation's strategic planning process.
3. Carers views and needs are considered	Section A: Compliance with the WA Carers Charter 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. Section B: Related Actions Action 6. Include carers on the Board/Management Committee of the organisation. Action 7. Include carers in the assessment process for direct services. Action 8. Include carers in the ongoing monitoring of direct services. Action 11. Provide avenues for carers to access peer support.
4. Complaints and listening to carers	Section A: Compliance with the WA Carers Charter 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. Section B: Related Actions 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. Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.

Results from the survey of contracted services are provided in the Mental Health Commission's report to the Council, along with examples of practice (de-identified). In 2024-25, the response rate for services to report on their compliance was 98 per cent (57 NGOs).

Appendix 2: Practice examples of complaince with the Carers Charter Criteria

Criterion 1: Understanding of the Charter

A selection of the many practice examples provided.

Child and Adolescent Health Service

CAHS maintains formal service level support agreements with key organisations such as Kiind, Redkite, and Heart Kids to ensure carers are supported with compassion, practical resources, and emotional care throughout their child's health journey. These partnerships reflect CAHS's commitment to treating carers with dignity, ensuring they have access to specialised support services that recognise and respond to their needs.

In 2024, the Child and Adolescent Mental Health Service Lived Experience Advisory Group led a collaborative Mental Health Week event at Perth Children's Hospital, bringing together key organisations including ADHD WA, Youth Focus, Autism Association of WA, and Headspace. The event featured interactive activities and conversations with carers and young people who have accessed mental health services. These activities fostered connection, reflection and feedback on how CAHS can continue to improve care for families.

During National Carers Week 2024, CAHS hosted a stall in the Perth Children's Hospital atrium to recognise the invaluable contributions of carers. Staff from Carers WA joined the event, offering resources and support while carers shared their stories and experiences. The event highlighted the critical role carers play and reinforced CAHS's commitment to treating carers with dignity and respect.

Department of Health

In June 2025, the department achieved Level 1 (Activate) Carer Friendly Workplace accreditation. This achievement reflects a department-wide commitment to recognising and supporting staff with unpaid caring responsibilities.

To further support these efforts, the department launched a Carers Support Portal on its intranet. This portal is designed to assist staff to identify as a carer and provides comprehensive access to workplace supports, including information about flexible work arrangements, employee entitlements and external support services. A staff webinar, 'The Guilt-Free Parent or Carer: Strategies for Juggling Work and Home', addressed common challenges faced by unpaid carers with balancing work and caregiving duties and provided practical advice on improving communication with colleagues and family, identifying sources of carer guilt, and developing strategies to reduce stress and enhance wellbeing.

Department of Health contracted community health services

The Youth Affairs Council of Western Australia holds an annual WA Youth Awards gala ceremony. An award category includes 'The Carers WA Milestone Award' that recognises

and honours the achievements of young people who have successfully pursued their personal goals while fulfilling caring duties.

A contracted community health service provider has established a new employee support network with training underway in preparation of roll out in the later part of 2025. Another, recognising that everyone's circumstances are different, offers tailored assistance to ensure staff can effectively balance their professional and personal responsibilities.

Palliative Care WA's 'My Palliative Care' booklet has been written in two formats, one for the person with the life limiting illness/condition and the other for the carer.

Disability Services Commission

The Department of Communities Strategic Directions Statement 2022-2025 applies to the Disability Division and references the Department's responsibilities including supporting better outcomes for carers.

Communities' Learning and Development team ensures the perspectives and needs of families, carers and guardians are integrated throughout all staff induction and ongoing training. Divisional staff, particularly in the service delivery area, have undertaken the Person-Centred Practices course which explicitly addresses the role of families, carers and guardians as central to the lives of people receiving services

Communities is a Level 1 Accredited Carer-friendly workplace.

The Regional Intensive Support planning framework specifies that 'Local Area Coordinators build a respectful and trusting relationship with individuals, their families and carers, to support and work alongside in developing their goals, that is driven by what is important and meaningful to the individual'.

The Neurodevelopmental Disability Assessment Service clinicians encourage carers to seek necessary supports through Carers WA as a standard recommendation for all people caring for an individual who has received a diagnosis for intellectual disability or Autism Spectrum Disorder.

East Metropolitan Health Service

Carers are members of EMHS site Consumer Advisory Committees across all sites, in partnership with Carers WA. This representation ensures that the Carer voice is heard and respected in the planning and delivery of services.

EMHS is committed to the annual celebration of Carers Week across all sites, where staff and patients are reminded of the crucial role of carers and are prompted to consider if they may be fulfilling this role themselves. Resources and supports are provided to carers during these events.

Provision of the Prepare to Care program is a staple part of training and resource delivery. Delivered by Carers WA, the program ensures that staff are equipped to identify and respond to the needs of carers and resource them available supports.

Mental Health Commission non-government mental health organisations

Information on the [NGO] service provided is provided in booklets for people in caring roles. Information includes carer rights and responsibilities; comments, suggestions and complaints processes; privacy and confidentiality; program information and crisis helplines.

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 the tenants needs are met. Tenants have the option of having their carer with them at any time in a representational or advocacy role.

[NGO] is committed to fostering meaningful engagement and connection between consumers and their families, always prioritising the preferences and consent of each consumer. During the intake process, consumers are encouraged to identify key people in their lives, such as family members and carers. [NGO] documents whether the consumer consents to share information with family or their nominated carer, and to what extent.

North Metropolitan Health Service

All new staff starting at NMHS complete the NMHS Induction Module which includes information on *Carers Recognition Act 2004* and the Carers Charter. A dedicated staff intranet page provides 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.

In Mental Health Services (Inpatient), carer consultants are engaged via leadership committees and working groups to ensure carers needs are reflected in current and planned service delivery. A carer representative is employed to attend meetings and undertake carer and patient related projects and initiatives.

The North Metropolitan Eating Disorder Specialist Service (NMEDSS) established in October 2024 practices carer involvement by encouraging clients to involve carers at every stage of their treatment with the service, unless contraindicated, and the value of carers' input to their recovery is explained from the outset. Carers are invited to meetings with their loved ones, from assessment to discharge (with the client's permission) and have input to providing information, developing treatment goals and developing skills to support the client.

At the Women and Newborn Health Service, 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 assessment completed and are then referred to social work department for ongoing support as required.

The Fremantle Women's Health Centre (FWHC) has a long-term partnership with Carers WA, which includes a formal agreement under which FWHC provides facilities to Carers WA to deliver weekly counselling at FWHC premises. Additionally, FWHC actively engages with both counselling and management teams at Carers WA for ongoing professional development and collaboration on policy and best practice.

The Goldfields Women's Health Care Centre is developing a Carers Pack to provide essential information to carers at the beginning of service engagement. Once finalised, the Carers Pack will be provided during intake or initial appointments to ensure carers are informed from the outset.

Relationships Australia has expanded carer peer support group offerings, both in-person and online and collaborates with external agencies (e.g. Carers WA) to improve information and referral pathways for carers.

South Metropolitan Health Service

The SMHS Carers policy states that all SMHS employees or agents must comply with the Western Australian Carers Charter. The policy was reviewed and updated in May 2025 with consultation with staff, consumer and carer representatives and Carers WA.

The SMHS website 'Support for carers pages' defines carers and includes links to the *Carers Recognition Act 2004*, in addition to links to further support networks including Carers WA and Carer Gateway.

SMHS met the requirements for Level 1 Activate of the Carers + Employers Accreditation Program in June 2025 and is currently working towards demonstrating compliance with Level 2 Commit. A newly established intranet page has been established providing links to resources to support carers within the organisation.

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.

The Fiona Stanley Fremantle Hospitals Group 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

Mental Health Emergency Telehealth Service acknowledges the rights of a 'personal support person', which includes carers, such as close family members, guardians, enduring guardians, parents or legal guardians of children, and nominated persons like friends, neighbours or partners. Mental Health ETS is committed to ensuring that all carers are treated with respect and dignity, recognising carers as essential to the wellbeing and recovery of people experiencing mental illness.

The Midwest Palliative Care Service offers a 'Caring Cuppa' service where carers are invited to attend monthly catch ups to share stories and support each other. All families and carers are invited to attend. Carers are invited to an annual memorial church service in collaboration with St John of God Geraldton Hospital to honour loved ones who have passed away. The Midwest Palliative Care team also remain in contact with families and carers to check in while they are caring for a loved one and for a period of time after their loved one has died.

Carers are invited to attend Residential Aged Care meetings in Dongara and Northampton to provide feedback identify areas for improvement.

Hospital Avoidance Program and Older Patient Initiative clinicians advocate for carers, provide education and support carers to link in with appropriate supports such as Carers WA, Carers Gateway and carer support groups.

Criterion 2: Policy input from carers

A selection of the many practice examples provided.

Child and Adolescent Health Service

CAHS has recently updated its Carer Recognition Policy, with direct input from carers. The collaborative approach has resulted in a more comprehensive and inclusive definition of carers, designed to guide staff in understanding the diverse roles carers play in supporting infants, children and young people. The updated policy strengthens alignment with the WA Carers Charter and reinforces CAHS' commitment to embedding carer perspectives in the planning and delivery of services. It also serves as a valuable resource for staff, helping them to better recognise, engage with, and support carers as essential partners in care.

Foster carers contribute to decision-making through their membership on both the Health Navigator Pilot Program Operational and Advisory Groups, ensuring the voices of carers supporting vulnerable children in care are heard and valued.

Efforts to embed inclusive leadership and lived experience are reflected in the Disability Access and Inclusion Advisory Group (DAIAG), which brings together carers, consumers, and staff from across Perth Children’s Hospital, Neonatology, Community Health, and Mental Health, as well as departments such as Consumer Engagement and People, Capability & Culture. The DAIAG includes carers as active members, ensuring their perspectives are heard and valued. In 2024, a carer and consumer representative was appointed as the group’s co-chair.

Department of Health

Throughout 2024-25, carers were routinely involved in a range of departmental advisory councils, working groups, and department managed State Government Boards and Committees. For State Government Boards and Committees, reference is made to prescribed membership requirements that may specify inclusion of a carer or carer representative.

In 2024-25, the department actively engaged carers to participate in working/advisory groups and consultation activities to inform policy development, plans and strategies, health service planning, complaints management, quality improvement and research. Examples include: the Mental Health-themed Quality Surveillance Group, Older Person Health Network Expert Advisory Group, Falls Management Special Interest Group and Sustainable Health Review Recommendation 4 (SHR4) Steering Group.

Carers informed development of the 'Guiding Principles for Patient Reported Measures' via a targeted survey involving carers and carer representatives. The principles have been developed to guide WA Health's approach to the selection, collection, use and reporting of Patient Reported Measures that includes both Patient Reported Experience Measures and Patient Reported Outcome Measures.

Carers supported the independent review of the From Hospital to Home (FH2H) program that supports people with disability while awaiting long-term care arrangements to be secured. The review included interviews with carers and independent assessments of all FH2H contracted community health service provider policies, procedures and systems for managing carer feedback and complaints. Carer input also directly informed the evaluation process, with findings used to develop recommendations for improvement.

Carers supported the development of the Mental Health Transitions of Care Guidelines via a carer workshop and in-depth interviews.

Disability Services Commission

Carers WA is a member of the Community Partnerships Roundtable which was consulted in the development of the Department of Communities Strategic Directions Statement 2022-2025.

In the reporting period, five of the nine members of the Disability Services Commission Board identified as carers, as well as three of the eight members of the Ministerial Advisory Council on Disability, including the Chairperson and Deputy Chairperson. It is a requirement that the Council has at least two carers as members. In April 2025, the Council hosted the Carers Advisory Council to provide advice on issues that impact carers.

Divisional reference groups, while focused on people with disability, facilitate carer perspectives. Carers are included, for example, in the Lived Experience Advisory Panel.

Mental Health Commission non-government mental health organisations

A [NGO] '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 shaping service delivery more broadly.

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 Consumer Engagement maintains a register of committees with carer representatives across the health service.

A pilot project for consumer representation in clinical incident investigations has been conducted. The consumer/carer representatives attended the clinical incident investigation training to help fully inform and comprehensively prepare to participate in the panel. If the

pilot is successful, NMHS sites and services will be encouraged to recruit their own consumers/carers to participate in serious clinical incident investigation panels.

The new NMHS Policy Governance Framework was published in March 2025, which provides the structure and tools to ensure a consistent, effective and efficient approach to policy development and governance across NMHS. It requires staff to consider the interests of the potential impacts on, and opportunities for groups such as carers during policy development and review. It also sets out minimum requirements around stakeholder engagement and includes information on how to engage with consumers and carers.

Work on refreshing the Community Partnership Network was undertaken with approval to use consumer recruitment software Better Impact. A recruitment drive is planned with a focus on priority groups such as carers, people with disability and people from culturally and linguistically diverse backgrounds. The growth in numbers and diversity within the Community Partnership Network will provide greater consumer and carer engagement opportunities for NMHS staff across all sites and services.

Consumers from Carers WA form part of the Joondalup Health Campus Consumer Action Group. Members sit on the Quality Action Group and some subcommittees.

The Sexual Health Quarters Parent and Carer Reference Group plays a vital role in shaping and guiding services by ensuring the perspectives of carers are heard.

South Metropolitan Health Service

Carers are members of site-based CACs and Groups, with dedicated membership for a carer representative. Consumers representatives from the FSFHG CAC, RkPG CAC, PHC CAC and SMHS Mental Health Lived Experience Councils are also members of 51 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.

SMHS Mental Health have developed a Lived Experience Council, which was formed and developed with representatives of existing consumer and carer advisory groups. The council works in partnership with SMHS to ensure that the diversity of consumers, carer, family/kin and community voices inform the development and delivery of services.

An opportunity to improve engagement with consumers and carers has been identified in SMHS Community Services and planning for a SMHS Community Services Consumer Engagement Advisory Group is currently underway. Membership of this committee will include the opportunity for carer membership, ensuring carer input on service development and process/policy input.

Within 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.

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.

FSFHG CAC members collaborated with the SMHS Research team to co-design a SMHS Framework for Involving Consumers in Research. The framework, released in November 2024, is intended to be a source of information and support for both SMHS researchers wanting to involve health consumers and carers in research and for consumers themselves. A consumer representative with carer experience was involved in this project.

WA Country Health Service

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 Recognising the Importance of Carers Policy describes WACHS obligations in accordance with the *Carers Recognition Act 2004*. The policy describes involvement and inclusion of carers in decisions that impact them and the responsibilities of WACHS policy developers and/or program managers to ensure carers are involved in any policy development, strategic or operational planning.

District Health Advisory Councils are made up of local health consumer, carers, and community members, as well as health service representatives, who work together to improve and inform health service planning, access, safety, and quality in their area.

Designated carer representative positions are included on the Mental Health Executive Advisory Group and in other governance groups e.g. Mental Health Safety and Quality. Carers are included as a standard target group for all mental health service planning and evaluation activities, and where possible included on Project Working Groups. The WACHS Mental Health Consumer and Carer Registry specifically identify members who are carers and WACHS can target their needs and input with consumer engagement activities. Carers are included on Mental Health Consumer and Carer Advisory Groups and the Mental Health Clinical Governance Group that monitor service performance and consumer/carer feedback results.

The Patient Experience and Community engagement (PEaCE) program oversees and contributes to the development and review of new resources and policies when requested seeking consultation from carers and stakeholders, such as Carers WA.

In Palliative Care, the expansion of the innovative PalCATS into patients' homes and private residential aged care facilities, PalCATS and PalDOCS have played a pivotal role in supporting patients and their families and carers with symptom management and holistic care. Between July and December 2024, the Palliative Care Outcomes Coordination Report highlighted that PalCATS and PalDOCS met 100 per cent of benchmarks for anticipatory care for families and carers. Notably, 85 per cent of community-based patients' carers and families received direct support through the service.

Criterion 3: Carers views and needs are considered

A selection of the many practice examples provided.

Child and Adolescent Health Service

Carer and consumer feedback was actively incorporated into the design of the 2025 Winter Weekend Feeding Service and the formation of the Feeding Assessment and Support Team. Feedback models were used to identify gaps and improve service accessibility and responsiveness for families managing complex feeding needs.

The Emergency Department Physiotherapy Advanced Scope Practitioner Pilot was developed in consultation with the Parent and Carer Advisory Group, ensuring that carer perspectives were considered in shaping the model of care.

The upcoming implementation of the Audiology Advanced Scope Practitioner model in Otolaryngology is based on national research incorporating consumer and carer feedback. A carer satisfaction survey will be rolled out pre- and post-intervention, ensuring carer perspectives are captured and used to evaluate service impact.

Department of Health

The department is responsible for the strategic direction, oversight, management, and performance of the WA health system. As the department does not provide direct services to patients or carers, self-assessment has not been completed against this principle of the Carers Charter. However, the department does support and promote the National Carer's week each year with the conduct of awareness raising activities for staff.

Disability Services Commission

Disability Division has a person-centred approach to its work, which means communications and connecting people with disability, their families and carers to information follows the preference of the individual. Multiple communication means are available as required, such as email, telephone or face to face advice.

Examples of carer inclusion across service delivery areas include:

- Supported Community Living: carer involvement includes consultation, feedback and input into service design through formal and informal monthly meetings.
- Continuity of Support Arrangement: includes carers throughout their individualised planning process.
- Bridging Supports Program: carers are included and involved in all aspects of the program as key decision makers for their child.
- NDAS assessments ensures carers choose a time and location of their choice and can bring a support person. A post-assessment survey is provided to enable feedback.
- Communities Inclusion Connection Team: includes carers in plan developing and reviewing client plans through regular contacts.

East Metropolitan Health Service

The Royal Perth Bentley Group (RPBG) have delivered a patient-engaged handover program that includes patients and their loved ones in the transfer of information about their care. The program aims to empower the patient, their loved one and/or their carer to contribute information that is handed over, as well as raise questions about their care.

EMHS is participating in the statewide program to implement 'What Matters to You' across all sites, as part of the Comprehensive Care standards, a program that seeks to understand what matters to patients and their carers, to inform care decisions.

Mental Health Commission non-government mental health organisations

The role of carers and significant others is recognised and incorporated into the [NGO] service delivery model where there is an explicit request by individual consumers to do so. This is supported by documented processes which are compliant with the National Mental Health Service Standards and the Western Australian Carers Charter. 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.

The [NGO] Family and Carer program is driven by feedback from the quarterly Carers Advisory Group. Carers request for a combination of therapeutic and respite activities has been taken into account in planning groups, outings, information sessions, community events and advocacy to navigate the system.

[NGO] is organising a meeting open to all carers including legal guardian, providing an opportunity for them to share feedback, express their views, and let the service know how involved they would like to be. This input will help shape future plans to better support and engage carers.

North Metropolitan Health Service

At the Dental Health Service, clinical records identify if the patient has a carer and when identified, ask for contact details so their views and needs are considered at all levels of the treatment process along with the patient. When carers are included in the clinical consultations, this is documented in the clinical record.

Graylands Hospital has developed a 'Carers in Crisis' information/resource pack that contains additional information on services that they can access online, in person and by phone. An information sheet on coercive control and keeping carers safe is being developed.

The Women and New Health Service have developed a Multidisciplinary Care Pathway where patients with complex care needs - including where the needs of a patient who has a carer or is a carer are included in the clinical care plan. The Breastfeeding Centre undertakes a full review of patients identifying as carers prior to discharge and provides

additional community supports and an extended service with the family/carer to enable infant feeding as appropriate.

At Joondalup Health Campus, resources available to staff outline a range of diversity support services for carers, including a link to Carer Gateway translated and accessible carers support information.

Relationships Australia carers' stories or case studies (shared with consent) are included in relevant communication materials, highlighting their experiences and contributions. The agency has introduced a regular Carers Roundtable Forum to gather lived experience insights for continuous service improvement.

At Luma, carers are involved in stakeholder consultations for both new program development and feedback on existing programs, contributing valuable insights to planning and quality improvement efforts. Their input is reported quarterly and incorporated into Quality Improvement plans, which in turn informs strategic planning.

South Metropolitan Health Service

Across health sites, 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.

A RkPG Partnering with Consumers Committee was established in January 2025. The agenda includes a standing ‘Carers’ agenda item to allow oversight of carer initiatives occurring within RkPG by the committee for review and information sharing. RkPG have been actively seeking to recruit a Carer Representative for the committee.

The Peel Health Campus CAC provides recommendations and advice on consumer or carer related matters and participates in the planning or evaluation of initiatives, projects and services that impact consumer or carers. There is a designated position for a carer representative in this group.

Consumer and carer representatives undertaking FSFHG CAC Ward Walks are supplied with Prepare to Care booklets to distribute to carers they may identify on their walks.

To support connections with external services, SMHS Mental Health co-locates with Helping Minds for monthly carer support groups.

Intake processes within SMHS Community Services involve the identification of carers. Carer stress is assessed by staff and appropriate pathways followed to provide support such as printed information regarding Carers WA service and providing direct assistance in helping the carer call Carers WA.

WA Country Health Service

Palliative Care Outcomes Collaboration data is utilised for quality improvement and education. A component of the clinical assessment includes a dedicated domain for assessing family/carer distress.

The Inpatient Telehealth Service and GP workforce place a strong emphasis on carer welfare, demonstrated by recognising carer stress as being a valid reason for patient hospital admission and conducting regular phone ‘check ins’ to carers/family members to provided support. In addition, supporting patients who require respite care, can be facilitated through the Multi-Purpose Services (MPS) program to provide carers with relief.

Mental Health works closely with Community Mental Health teams to identify kinship systems that support Aboriginal patients and their carers, ensuring culturally responsive care and inclusive support.

Aged Care rehabilitation clients have an initial needs interview which is a comprehensive interdisciplinary assessment and addresses carer needs. Any indication of carer needs at the time of assessment automatically triggers linkages with Carers WA / Carers Gateway with printed material provided in person or by mail after the assessment.

The WACHS Patient Assistance Travel Scheme (PATS) supports carers to travel with loved ones to receive required medical assessments and treatment, reducing the financial stress for carers. In the last 12-month period, PATS has provided accommodation and/or travel subsidies for support persons to accompany PATS recipients on 57,900 occasions.

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.

A Partnering with Consumers Working Group was recently established in WACHS Goldfields, which is actively promoting the role of carers. WACHS Goldfields partners with the Aboriginal Medical Service, Bega Garnbirringu, regarding health care services and carer involvement such as National Disability Insurance Scheme (NDIS) team.

Criterion 4: Complaints and listening to carers

A selection of the many practice examples provided.

Child and Adolescent Health Service

In the most recent financial year, the Complaints Team resolved over 93.6 per cent of complaints within the 30-working day timeframe, a significant improvement from 73.8 per cent in the previous year. This achievement reflects an ongoing commitment to ensuring that all complainants, especially carers, feel heard and supported throughout the process.

Beyond resolution, CAHS takes a proactive approach to learning from complaints. Feedback received from carers is regularly directed to consumer and carer advisory groups for further discussion. These groups play a vital role in identifying opportunities for service

improvement, ensuring that carer voices continue to shape how CAHS delivers care. This collaborative approach helps move beyond simply addressing issues; it allows services to evolve in ways that better support carers and the children they care for.

In collaboration with the Consumer Engagement Team, the Child and Adolescent Community Health Learning and Development team has reviewed consumer feedback, including complaints, concerns, and compliments, with input from carers. This data has been themed and quantified for inclusion in the Child Health Clinical Practice Update. The aim is to support Child Health Nurses in reflecting on carer feedback and considering how it applies to their own practice.

Department of Health

The department is responsible for the strategic direction, oversight, management, and performance of the WA health system. As the department does not provide direct patient care services, self-assessment has not been completed against this principle of the Carers Charter. However, the department directs and has oversight concerning complaints management across the WA health system. In 2024−25, informed by statewide stakeholder consultation and aligned with evidence-based best practice, the recently updated Complaints Management Policy requires all health service providers to have systems and processes in place to support a consistent approach to the management of consumer feedback. This includes reporting feedback about a patient's experiences and outcomes of care that may be received from the patient, or their carer, family, representative or advocate. Review of consumer feedback, complemented by learnings from other safety and quality programs, helps to identify trends and support service improvements.

Real-time consumer feedback mechanisms continue to be established. WA is the first state to have all public hospitals and health services subscribe to the nation-wide Care Opinion platform. The moderated website facilitates feedback about personal experiences of care, good or bad, in a safe, public, transparent, and meaningful way, enabling consumers to engage promptly and directly. The department monitors Care Opinion to stay aware of the conversations and potential areas of focus for health service improvement. This information is also relayed to the WA Health Executive Committee Safety and Quality.

Advocacy services also form part of the feedback processes. In partnership with organisations such as the Health and Disability Services Complaints Office, the Health Consumers' Council and the Mental Health Advocacy Service, the department supports consumers to provide feedback and navigate the health system. This includes providing information, guidance and representation to resolve a problem or issue.

Department of Health contracted community health services

The Harold Hawthorne Community Centre maintains ongoing and regular contact with dedicated Care Partners (Coordinators). Internal audits include the quality and compliance manager contacting clients and carers and asking them about their level of understanding concerning feedback and complaints.

The Silver Chain Group's 'Your Guide To Our Care' is a detailed handbook that explains how to provide compliments, complaints and suggestions, and provides advice on future care planning.

Disability Services Commission

A carer can make a complaint about any service or support they have received from Communities by completing an online form, by telephone (toll free) or by sending an email. The ‘Making a Complaint Fact Sheet’ and Easy Read versions are provided to carers and available on Communities website.

Complaints regarding Communities-delivered disability services and program are managed by the department’s Complaints Management Unit (Unit). The Unit prioritises complaints from carers as it does with other vulnerable complainants. The Unit reported no complaints by people identifying as carers in the reporting period.

The Communities Inclusion Connection Team and Regional Intensive Support send surveys to carers when services end. This is anonymous and an opportunity for carers to voice complaints openly.

East Metropolitan Health Service

Implementation of wayfinding and signage changes in response to carer and patient complaints/enquiries, inclusive of universal pictorial representation in response to advice from the EMHS Multicultural Advisory Group.

Improvements have been made to the provision of comfortable sleeping options for 'Boarders' in response to carer feedback.

Development of a new EMHS Patient Experience Strategy, including supporting action and an expanded consumer and carer network to inform not only site-based planning and delivery but EMHS strategic decision-making.

Mental Health Commission non-government mental health organisations

With the employment of a Quality and Compliance Officer in the 24/25 financial year, [NGO] has been able to do a deeper dive and better analysis of their systems and processes leading to changes in responses from prior years.

North Metropolitan Health Service

The NMHS Complaints Management Improvement Project has a range of strategies to improve quality and consistency across NMHS sites/services as well as compliance with Department of Health Complaints Management Policy. For example, a new template complaint response includes information for complainants that they can contact HADSCO if they are unhappy with the complaint management process.

The Goldfields Women’s Health Care Centre distributes regular carer satisfaction surveys to gather feedback on service quality, communication, accessibility, respect, and overall experience. These may be distributed alongside client surveys or as standalone tools

specifically designed for carers. Carers are invited to participate in exit interviews or provide feedback when services conclude. This helps the organisation evaluate the entire service journey and identify opportunities for improvement.

At Ishar Multicultural Women's Health Service a survey is conducted monthly for all clients across the organisation, and additional surveys are administered twice per term specifically within the Carer's Program.

South Metropolitan Health Service

FSFHG, RkPG, PHC and SMHS Mental Health provides information throughout its sites about how to provide feedback, including compliments and complaints. Feedback forms are widely available onsite and can also be made by phone, email, writing, via an online feedback form or in person to the Patient and Family Liaison Service.

SMHS uses the state-wide application Datix CFM to log and manage complaints in accordance with the WA Health Complaints Management Policy. Committees across the organisation utilise this information to review and analyse trended data relating to consumer and carer feedback, including complaints. This information is also available via a Consumer Feedback Dashboard and allows staff to interrogate current, ward level data.

In 2024 SMHS trialled a Carer Experience Survey as part of the MySay suite of WA health-wide agreed surveys. Carers, identified through the patient administration system, receive an SMS message four days post discharge of the person they care for, inviting them to provide feedback about their experience. The survey tool was trialled across FSFHG and RkPG in October 2024 and has been running continually since. During this time, 991 surveys were distributed, with 78 responses received. The carer experience survey is currently being evaluated to determine how the survey will be implemented moving forward.

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. There is a working group to help drive initiatives related to the strategy and this group includes a consumer/carer representative.

WA Country Health Service

In September 2024, the WA Health Patient Safety Surveillance Unit released their updated Complaints Management Policy. In alignment with this, in June 2025 the WACHS Consumer and Carer Feedback Management Policy was released after extensive internal and external consultation including with Carers WA. Included within this new approach are new consumer and carer feedback posters and brochures displayed across WACHS sites.

The online, public-facing platform, Care Opinion, enables patients, families and carers to share their experience with WACHS services, which is used to improve services and recognise staff and teams who go above and beyond in the care they provide.

The MySay Healthcare Survey is a tool designed to capture the experiences and perspectives of patients, families and carers who have accessed health services. MySay is

used across all areas of WACHS. In 2024-25, WACHS heard from 11,645 admitted patients.

The FAMCARE tool is used within Great Southern palliative care services to assess family satisfaction with care delivery. It provides structured feedback and is a valuable mechanism for identifying areas for improvement and ensuring carers' voices are heard.

The carer/consumer representative on the Wheatbelt Aged Care Safety and Quality Network continues to visit Wheatbelt Multi-Purpose Service (MPS) sites to interview aged care residents and carers/families on their care experience and receive feedback and suggestions to improve service delivery. This allows a greater depth of response from carers about their needs and the needs of the person for whom they are caring.

Appendix 3: New initiatives and achievements

Child and Adolescent Health Service

Transition to Practice & Understanding Paediatrics in Allied Health (UPAH)

CAHS has developed two foundational training programs for allied health staff: Transition to Practice and Understanding Paediatrics in Allied Health (UPAH). These programs were co-designed with consumers, including carers, to ensure the training reflects real-world experiences and challenges faced by families. A key feature of UPAH is the inclusion of a 'Day in the Life' video, which follows a child with complex needs and their family through a typical day. The training also focuses on improving communication with carers, recognising their expertise, and fostering respectful partnerships. All new allied health staff at Perth Children's Hospital are enrolled in UPAH within three months of starting, ensuring that carer-centred values are instilled early in their professional journey.

Mental Health Week

Mental Health Week promotes social connection, raises awareness of mental health issues, and works to reduce the stigma. At CAHS, this week was also an opportunity to recognise and honour the vital role carers play in supporting children and young people through mental health challenges. A highlight of the week in 2024 was the launch of a new video, 'Creating a Mini Mindful Garden', developed by the Lived Experience Advisory Group (LEAG). The video and accompanying handout offers carers and families a practical tool to support wellbeing of their child or young person. In addition, the LEAG designed and distributed thank-you cards to CAMHS staff, reflecting the consistent feedback from carers that staff are one of the most valued aspects of the service. This gesture of appreciation helped reinforce the importance of compassionate, carer-centred care.

Harmony Week

The CAHS Multicultural Access and Inclusion Advisory Group coordinated a series of vibrant activities during Harmony Week to celebrate Western Australia's cultural richness. Highlights included a 'Taste of Harmony' morning tea at Perth Children's Hospital, a staff Iftar for Ramadan, and a family-friendly Harmony Week stall. The event also featured a powerful personal reflection from a CAHS Community Ambassador and founder of the Hazara Women Support Network, who shared her lived experience navigating the health system as a carer and member of the CaLD community.

International Day of People with Disability

The International Day of People with Disability (IDPwD) was observed across CAHS, reinforcing CAHS' commitment to equity and inclusion. IDPwD activities highlighted the importance of Easy Read communication and inviting feedback from carers and people with disability through the CAHS Disability Access and Inclusion Advisory Group.

Supporting Carers of Children with ADHD and Related Challenges – ARC project

In September 2025, CAHS will be launching the Attention, Regulation, Concentration (ARC) Project, which exemplifies a commitment to treating carers with respect and dignity. This initiative will provide a suite of free, online, evidence-based resources designed specifically for caregivers of children with ADHD or those experiencing challenges with attention, regulation, and concentration. The project recognises the critical role carers play and seeks to empower them with accessible, practical and culturally relevant information. Over 30 carers and family members with lived experience, including Aboriginal families and those from Culturally and Linguistically Diverse backgrounds, were actively involved in shaping the content. To further uphold respect and inclusion, selected resources have been translated into 10 languages.

Consumer Buddy

The Consumer Buddy initiative was successfully piloted in the Neurology Department at Perth Children's Hospital. Through this program, a member of the Parent and Carer Advisory Group, who brings lived experience as a carer of children accessing neurology services, was partnered with the Neurology Program Manager. This collaboration enabled the carer to contribute meaningfully to service improvement efforts, including reviewing consumer communications, co-facilitating focus groups to explore nursing support for families, and providing direct feedback from the community.

YES/CES Roadshow – Embedding Consumer Voice in CAMHS

In the mental health space, CAHS has taken steps to embed carer voices through the YES/CES Roadshow. Between March and May 2025, the CAMHS Consumer Engagement Coordinator and members of the CAMHS Lived Experience Advisory Group co-facilitated sessions across 13 metropolitan service sites. These sessions focused on enhancing staff engagement with the Your Experience of Service (YES) and Carer Experience Survey (CES) tools. By addressing barriers to participation and promoting a culture of feedback-informed care, the Roadshow empowered carers to share their experiences and influence service improvements. LEAG members played a key role in co-delivering the sessions, offering practical suggestions and personal insights to ensure that both consumer and carer voices remain central to CAMHS service development.

Learning and Development Initiatives

CAHS is developing a series of eLearning modules based on previously delivered Child Development Service parent information workshops. These modules will be available online and are being co-designed with carers, who are contributing to content development, feedback, and filming. Initial planning has begun, with carers already recruited to support the Mealtimes eLearning module, and up to four additional packages in development.

Health Navigator Teams

Health Navigator teams are actively engaging with foster carers across the state. The South-West Health Navigators presented at the South-West Foster Carer Association meeting on 5 September 2025, while the Mirrabooka Health Navigators presented at a Carers Morning Tea on 31 July 2025 as part of WA Foster and Family Carers Week.

Consumer and Community Involvement Scholarship Program

In 2025, multiple allied health staff at CAHS were successful in receiving scholarships through the Consumer and Community Involvement Scholarship Program. These scholarships support research that actively involves carers and consumers, including funding for their participation. The initiative strengthens the role of carers in shaping research priorities and outcomes that directly impact their families.

Move to Improve Project

The Move to Improve project was co-designed with carers and consumers, ensuring that their lived experience informed the development of strategies to enhance mobility and physical activity for children and young people. Carer input was central to shaping the model of care and identifying practical supports.

Community Ambassador Program

In 2024-25, eight multicultural community leaders were recruited and trained by the CAHS Consumer Engagement Team. These Ambassadors play a pivotal role in identifying community concerns and advocating for service improvements. Their contributions include hosting Kitchen Table Consultations, co-facilitating focus groups, supporting research and resource development, and co-designing the CAMHS Cultural Conversations Forum.

While the program is broad in scope, it has had a significant impact on carers. Many of the community events led by Ambassadors focused on health literacy and education, with clinical staff presenting on topics identified by the community. These sessions have reached hundreds of multicultural consumers, the majority of whom are carers, and have surfaced key insights that are now informing the development of culturally appropriate strategies.

Staff with Disability and Allies Network

The Staff with Disability and Allies Network was recognised with the WA Health Excellence Award in Workplace Wellbeing and Culture. This achievement highlights CAHS’s broader commitment to fostering environments where carers and staff with lived experience are empowered to lead, influence, and shape the future of health services.

Cultural Conversations Forum

The Cultural Conversations Forum was held to support culturally and linguistically diverse (CaLD) communities in accessing child and youth mental health services. Over 80 per cent of participants identified as parent/carers, and their contributions provided valuable insights into the unique challenges faced by CaLD carers. The event featured three CaLD parent/

carers, two of whom facilitated discussion groups focused on key issues affecting CaLD carers, while the third served as MC and shared reflections throughout the day.

Bereavement Service Co-Design

CAHS Allied Health is currently co-designing a Bereavement Service to better support carers who experience the loss of a child. This sensitive and collaborative approach ensures that the service reflects the emotional and practical needs of grieving families.

Behavioural Health and Neurodevelopmental Conditions Project

This project includes the co-design of a model of care for young people presenting in crisis to the Perth Children's Hospital Emergency Department. A dedicated consumer reference group has provided extensive input, ensuring the service meets the needs of both young people and their carers. The Neurodevelopmental Conditions Rapid Access Multidisciplinary Clinic is part of this initiative, offering timely, coordinated care for families.

Carer Accommodation Project

As part of the 7 Day Hospital Report, CAHS has requested an increase in Welfare Officer FTE to support carer accommodation and transport coordination. This includes expanding approved hotel options and continuing collaboration with Ronald McDonald House as they plan a major extension to accommodate an additional 100 families per day by late 2028.

Meals on Demand Project

The MySay patient surveys show a recurring theme of dissatisfaction with hospital meals. In response, CAHS launched the Meals on Demand Service - an Australian-first initiative in paediatric hospital care. This patient-focused service transforms the mealtime experience for children and their families by offering greater flexibility, choice, and convenience. Using the CBORD Patient App, carers can now order meals in advance from anywhere—whether at home, at work, or by the bedside. A QR code on in-room posters provides quick access to the web app, and menu assistants are available to support families with ordering.

Child and Adolescent Mental Health Service initiatives

CAMHS is committed to working in collaborative partnerships with carers as part of its ongoing reform, recognising their essential role in delivering holistic, child and family centred mental health care. Key initiatives for 2024–25, include:

- The CAMHS Intensive Day Program has been co-designed in partnership with carers and consumers from the Lived Experience Advisory Group, ensuring that lived experience informs every stage of development. Carers actively contributed to consultation sessions held in March and April 2025 to help shape the Model of Care, and their involvement continues through ongoing input from Lived Experience Coordinators. As part of this commitment, CAMHS plans to employ a Carer Peer Worker to further embed carer perspectives into service delivery.
- As part of the Acute Care and Response Team expansion, carers and consumers contributed to eight dedicated working group meetings. Their insights directly shaped

key elements of the initiative, including the integration of carers' rights, alignment with the Carers Charter, and improved consumer experience surveys.

- During the Statewide Crisis Connect expansion, a carer representative on the Project Working Group played a key role in shaping regional engagement planning. Additionally, members of the LEAG contributed to the visual design of the revamped CAMHS Crisis Connect service.
- Through the Ward 5A refurbishment and development of its Model of Care, carers were actively involved in co-designing tools such as information packs. Their contributions also shaped the creation of therapeutic spaces and family-inclusive facilities.
- Carers were actively engaged in the development of Nickoll Ward through the LEAG and wider consultation processes, contributing to the design of referral pathways, policies, and the physical ward environment. Their involvement extended to scenario testing, helping to ensure the planning process remained responsive to lived experience.
- In developing the new Community CAMHS Model of Care, the LEAG, including carer representatives, was consulted prior to the formation of working groups to ensure early input from those with lived experience. Carers then actively participated in all three working groups, helping to shape the direction and design of the new model to better reflect the needs of families and young people.

Department of Health

Working with Consumers and Carers Toolkit

The Working with Consumers and Carers Toolkit (Toolkit) was developed to support staff across the department to adopt best-practice approaches when it comes to working with consumers and carers. The Toolkit is based on six guiding principles that should be taken into account any time staff work with consumers and carers.

In 2024–25, the department focused on increasing the Toolkit's uptake and integration through staff learning and development. Three tailored training workshops were delivered to 25 staff, and the toolkit was embedded into existing project management training programs, reaching an additional 23 participants. These sessions equipped staff with practical knowledge and resources to support meaningful partnerships with carers and consumers.

In September 2024, the Toolkit was released more broadly to prescribe the basic minimum standards of engagement and planning that all WA health staff are encouraged to achieve. As of April 2025, the Toolkit's public facing website 'Working with Consumers and Carers Toolkit' has received over one thousand visits, demonstrating its growing relevance across the WA health system. The toolkit was also widely promoted during Patient Experience Week 2024 and regularly featured at internal and external meetings, as well as in responses to stakeholder engagement enquiries, reinforcing its role in supporting best-practice engagement. A new eLearning module is currently in development to extend accessibility and ensure that carer-inclusive practices are embedded from the outset of health projects across the health system.

Department of Health Consumer Engagement Hub

In 2024-25, the Consumer Engagement hub was launched to support department staff in consistent, effective and meaningful engagement with carers and consumers. The hub offers a comprehensive suite of practical resources and guiding materials including the Working with Consumers and Carers Toolkit and Paid Participation in Engagement Policy and guidelines. Cultural diversity, LGBTIQ+ policy and consumer engagement information is also available. The hub is actively promoted through training and internal communications to ensure widespread awareness and engagement across the department.

Central Referral Service

The Central Referral Service (CRS) team processes referrals for patients first appointments at most specialist outpatient services within the WA public health system. Recently updated telephone scripts provided in the CRS training manual for staff, together with informal customer care training, promote respectful and inclusive communication with carers. CRS staff are also required to document carer information that is included when the referral is sent to a hospital specialty. This may include carer requirements such as wheelchair access, Auslan or specific interpreter, or other supports.

Carer-related information is now more visible through prominent displays of the Carers Charter and although informal customer care training is provided, the development of a formal training module is under review by the department.

Shared interests and collaboration

With shared interests and complementary strategies, policies and initiatives, the department has collaborated with other public sector agencies on cross-government actions that contribute to supporting carers. Examples include:

- Department staff attended the Carers WA Networking Open Day (April 2025).
- Staff from the Older Person Health Network participated in the Delirium Care Forum (April 2025), exploring how carers can help with improved outcomes.
- The department attended the inaugural Carers Best Practice Roundtable (June 2025). This event focused on cross-sector collaboration and showcased examples of carer engagement. An integrated departmental approach to recognising, promoting and engaging with carer voice, views and experience is planned.
- The department presented at the Ageing Australia WA State Conference 2025 on older adult integrated health care that highlighted the complex challenges faced by carers who support and care for older people when navigating the health and aged care landscape.

Complaints Management Policy

The department directs and has oversight concerning complaints management across the WA health system. In 2024−25, informed by statewide stakeholder consultation and aligned with evidence-based best practice, the recently updated Complaints Management Policy requires all health service providers to have systems and processes in place to support a consistent approach to the management of consumer feedback. This includes reporting feedback about a patient's experiences and outcomes of care that may be received from the patient, or their carer, family, representative or advocate. Review of consumer feedback, complemented by learnings from other safety and quality programs, helps to identify trends and support service improvements.

Department of Health contracted community health services

Service	Key initiatives or achievements
Access Care Network Australia (ACNA)	ACNA's Client and Service Quality Advisory Committee provides input on the views of carer's that are considered during program development and as part of ACNA's continuous improvement processes.
Aegis Aged Care Group	Stakeholder engagement including with carers is now routinely conducted for clients of the Transition Care Programme, which provides short-term care for older people recovering after a hospital stay.
Amana Living	Amana Living has an active Consumer Advisory Group that has carer representation. The group has contributed significantly with respect to the development of guidance publications to assist families in navigating the aged care process, and guiding handbooks aimed to assist clients re day-to-day concerns.
Astley Care	All new staff completed a revised induction module that includes a dedicated section on the Carers Charter, with real-life scenarios to reinforce respectful engagement with carers. Carers were invited to be members on governance committees and working groups ensuring their perspectives were considered at all levels of decision-making. Carers were also invited to provide feedback on their experience with staff, that informed continuous improvement and recognition of best practice. Service planning frameworks were updated to explicitly include both the carer's and the care recipient's needs, ensuring balanced decision-making. Feedback from carers led to the introduction of more flexible respite and support services, tailored to the needs of both parties.
Bethesda Healthcare	A consumer representative sits on the Hospital's Quality, Risk & Safety Committee who meet with the Board of Directors annually. Bethesda has a

Service	Key initiatives or achievements
	Partnering with Consumers Committee creating effective partnerships at all levels of the organisation, promoting positive consumer experiences, and contributing to the delivery of high-quality health care and improved safety. Feedback information including making a complaint are featured on the Bethesda Health Care website and in other prominent places within the organisation. Complaints are analysed and responded to individually within designated time frames and trended and reported to the Quality, Risk & Safety Committee and the Board. In 2024–25 Bethesda introduced a dedicated complaints officer. An annual Facility Satisfaction Survey is now conducted with carers concerning the level of care and support provided.
Brightwater Care Group	A Consumer Advisory Body has been established, providing insight into the experience of residents, carers and their families, and advice concerning planning and policy development. Complaint system enhancements have included the redesign of the Customer Experience Team. Younger onset dementia co-design consultation included carer views and needs.
Broome Regional Aboriginal Medical Service	Carers were actively involved in the development of the Consumer Voice Framework that outlines how feedback from carers is sought and used in shaping service policy and direction. Carer perspectives were included in the review of several key organisational policies concerning access, consent, and supported decision-making. Strengthened the complaints process to better support carers to provide feedback, including clear pathways to raise concerns and dedicated staff to respond. Carer feedback and complaints are monitored and used to inform service reviews and staff development. The Consumer Advisory Group, that includes carer representation, were consulted during the development of the Consumer Experience Framework. This framework specifically highlights the importance of including carers in care planning, communication, and service design. Several program areas now formally record carer involvement as part of case planning processes.
Carers WA	Carers are actively involved in the planning, design, and evaluation of Carers WA services, ensuring their voices are heard and reflected in policy development, service standards, and legislation. At the highest level, carers played a pivotal role in shaping Carers WA's Strategic Plan. This included a dedicated workshop held with carers to gather their insights and input on key elements, including the Vision and Mission statement, service priority areas, and strategic objectives.

Service	Key initiatives or achievements
Comfort Keepers	The Complaints Feedback Loop has been improved by ensuring carers are informed of the outcomes of their complaints and how their input has influenced change. Complaints and feedback are addressed weekly at management meetings. All staff undertake induction training and have created learning bites, a clinical initiative, that focuses on client/carer support.
Cystic Fibrosis Western Australia	Established a regular young carers online connect program, and a parent connect program, to meet the needs of both cohorts. These groups are regularly consulted concerning new and updated initiatives to support carers.
Friends At Home	Have implemented cultural awareness training on induction in addition to already established measures of providing staff with information on the Carers Charter. Established the internal Carers Advisory Committee who regularly meet and participate in reviewing organisational policies and procedures.
Harold Hawthorne Community Centre	Continued to strengthen staff understanding of the Carers Charter via toolbox training sessions that have been delivered at staff meetings. Strengthened staff and volunteers understanding of carer rights by ensuring handbooks contain the Carers Charter and is discussed at induction. Ensured questions regarding the Charter are added to annual performance appraisals and are present in all position descriptions. Placed fresh copies of the Carers Charter around the office buildings. Have audited the resource library content to ensure there is applicable information available to staff and volunteers.
Health Consumers' Council (WA)	Stronger Voices, Better Care, provides practical tools for consumers and carers and builds the skills needed to advocate effectively in healthcare settings.
Home and Lifestyle Options (Halo)	Halo’s Consumer Advisory Group has recently advertised for additional members, specifically encouraging carers and men to join, to help ensure diverse representation and to capture a broad range of views and needs to support service planning and improvement.
Homeless Healthcare	The Carers Charter has recently been included in the induction program for staff. A Patient Advisory Committee has been re-established. New complaints system implemented that allows for a more comprehensive response and feedback.
Juniper	Carer's rights and the Carers Charter have been incorporated into a refreshed induction program for new staff.

Service	Key initiatives or achievements
	Carers are represented on the Quality Customer Advisory Group and the Customer Advisory Group. Easy-read policy documents have been produced based on input from carer representative forums.
Mercy Community Services	Staff mandatory training has recently been reviewed and updated with a renewed focus on the rights of people, specifically respect and dignity.
Moorditj Koort Aboriginal Corporation	Dedicated carer yarning sessions and culturally adapted carer information packs have been developed. Integrated carer support referrals have also been developed and are designed to assist carers in managing their challenges and maintaining their well-being. Carers are included in care planning and ongoing care communication that includes the use of yarning and cultural practice to capture carer input. Carer input has occurred concerning quality improvement processes and in the design of staff training.
MSWA	Introduction of a new Complaint Liaison and Compliance Coordinator. Client and Carer input is gathered through the Client Co-Design Committee and Working Groups, enabling a platform for clients, their carers and members of the community to provide input into service delivery models, processes and communications.
Neurological Council of Western Australia (NCWA)	NCWA has strengthened its relationship with Carers WA and expanded the focus to ensure NCWA can support carers by providing appropriate resources, support and navigation tools for staff through ongoing training and development, including presentations from Carers WA. The new Clinical Governance Framework was successfully implemented this year. Principle 2 specifies that 'Client and carer centred care will be evident at all levels of the organisation and throughout all services'. NCWA has strong carer representation and inclusion on its board and executive, and a growing lived experience workforce, ensuring carer views are considered and valued in its mission and decision-making. Enhanced and embedded carer recognition and carer friendly workplace policies and frameworks. This has included supporting staff as carers. In collaboration with the Perron Institute, NCWA convened a Consumer Register Co-design Workshop that explored strategies to enhance patient and carer involvement in neurological health and medical research.
Ngaanyatjarra (NG) Health Service	The NG Council Group has commenced an organisational renewal to focus on creating a more integrated and collaborative approach across all services aimed at better supporting members of the Ngaanyatjarra Lands, including

Service	Key initiatives or achievements
	carers. As part of this process staff induction and work health and safety training is being reviewed.
Parkinson's WA	Instituted a regular consumer survey this year that has included feedback from carers as well as those living with Parkinson's. This feedback will be incorporated into programs and support networks. Members of the Parkinson's WA Board of Directors changed in 2024–25 such that five of the seven Directors are either living with Parkinson's or playing a major role in the care of a family member with Parkinson's.
People Who Care	For staff orientation, have developed a graphic outlining the key legislation that wrap around a client. This includes the *Carers Recognition Act 2004.* Client Advisory Committees for Perth and Peel were established acknowledging the role some individuals play as carers.
Rise	Rise has recommenced a Quality Client/Carer Advisory Group to help inform organisational improvements.
Sexual Health Quarters (SHQ)	SHQ convenes a Parent and Carers Reference Group, which provides regular input into service planning, delivery, and policy development to ensure services reflect the needs and perspectives of parents and carers. In July 2024, SHQ launched its new Strategic Plan 2024–2027 developed in consultation with consumer groups including carers.
Silver Chain Group	A Welcoming Client Feedback module is now incorporated into induction training and in the annual refresher training for all frontline staff. Carers representatives of the Best Care Committee play a crucial role in shaping the care and services offered by Silver Chain.
Umbrella Multicultural Community Care Services	Commenced the Carer Friendly Workplace initiative via Carers WA and expect to be accredited this financial year. Carers are formally represented on the Consumer Advisory Committee, that meets regularly to provide input on operational and strategic matters. Increased the number of carer representatives on the Board in 2024-25, strengthening their voice in governance and policy decisions. Planning for the new website includes dedicated carer-focused pages, shaped by feedback from carer representatives and consultation groups. The site will offer ease of access to translated resources, FAQs, and tailored navigation support and will include a dedicated section outlining carer rights, supports, and how to act as the registered person on My Aged Care under the new *Aged Care Act 2025*.

Service	Key initiatives or achievements
Volunteer Home Support	With the new digital system, carers can submit feedback including a complaint and be contacted directly by staff. This information is used for improvements within the organisation.
WA AIDS Council	People with lived experience of caring are represented on WAAC's Board and on the LGBTQI+ and HIV consumer advisory groups.
Youth Affairs Council of Western Australia	All staff are provided with the opportunity to have input on internal and external policy. Young carers are consulted on youth policy where appropriate.

Disability Services Commission

Communities Inclusion Connection Team

The Communities Inclusion Connection Team (CICT) commenced in September 2024. Staff support individuals, families and/or carers, with services available to anyone within WA. One of the motivators in establishing this service was in response to meeting the need of carers in assisting them to navigate and better understand the systems and services that may impact the individual they support. CICT delivered a presentation on the program to the Carers Roundtable in early June 2025.

NDIS Full Scheme Bilateral Agreement

The Disability Division has led work on the National Disability Insurance Scheme (NDIS) Full Scheme Bilateral Agreement (Full Scheme Agreement), leading to the June 2025 announcement of the State and Commonwealth Governments signing the Full Scheme Agreement. The Minister for Disability Services acknowledged carers in her announcement. Built into the Full Scheme Agreement, all parties agree to engage with people with disability, their families and carers. The signed Full Scheme Agreement also includes the establishment of the WA Community Advisory Council for the NDIS to provide a voice for WA to shape the operations of the NDIS in WA. An Expression of Interest process will be progressed later in 2025 and people with disability in WA, their families and carers, people with lived experience will be encouraged to apply.

Kiind What’s on Guide

Kiind (formerly Kalparrin) was funded to deliver a project to promote inclusive communities by connecting children and young people with disability and their parents and/or carers with recreational, cultural, sporting and community organisations in their local area. Kiind consulted with families, most of whom were carers, to identify areas of interest with them and to establish what content they would like in the guide They hosted a focus group and delivered over 5000 weekly letters based on feedback from families and launched the What’s On Guide webpage that has attracted over 10,000 views.

Consultation on the WA Disability Royal Commission Implementation Roadmap

The WA Disability Royal Commission Implementation Roadmap was developed in close consultation with both the DSC Board and Ministerial Advisory Council on Disability, which provided input from August to October 2024. This included shaping the overall approach, stakeholder engagement principles and establishment of a Lived Experience Advisory Panel to ensure the voices of people with lived experience of disability, including carers, continue to be prioritised.

Lived Experience Advisory Panel

The Lived Experience Advisory Panel (LEAP) is a new initiative established on a trial basis to provide timely and specific advice from lived experience to inform policy, strategy and program considerations within the Division. LEAP is chaired by a parent and carer of a NDIS participant with complex support needs. Eight members were selected via a targeted process. Five identify as carers or family members who support someone with disability.

LEAP has advised the Disability Division on ways to engage with people who need the support of carers for communication and decision-making. In January 2025, Disability Division engaged with LEAP to seek input on community engagement approaches around the Disability Royal Commission recommendations related to supported employment.

Western Australian Network of Disability Advocacy

The Disability Division continued to facilitate Western Australian Network of Disability Advocacy (WANDA) meetings, which include 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 four times in 2024-25 to explore key issues impacting people with disability, their families and carers. These meetings provided organisations working with carers with opportunities to promote and share information regarding their work.

Service Delivery Complaints Review

As part of the commitment to continuous improvement, the Effective Engagement, Communication and Consultation Policy and Procedures and the Compliments and Complaints Procedures are currently under review. Satisfaction surveys for individuals in receipt of services and families/guardians are in development and are anticipated to be finalised in August 2025.

East Metropolitan Health Service

EMHS Clinical Service Plan 'Towards 2035' was developed and includes recognising the role of carers.

The EMHS Flexible Work Practices Policy has been updated to provide better support for carer employees.

The EMHS Disability Access and Inclusion Plan 2025-2030 was completed, which states EMHS' commitment to creating an environment that enables people with disability, their families, carers and workforce (including staff carers) to have full access to all services and resources, and having an inclusive organisational culture based on equity and respect.

The Hospital Welcome pack has been translated into top 5 languages and accessible at bedside (via QR code). All sites continue to maintain Carers Hubs to provide updated information.

A Greeting Service has been implemented at the Armadale Kalamunda Group to improve access to patients, their families and carers. Continued provision of support for dementia patients and their family through the 'Forget me not' program.

The Bidi Wungen Kaat Centre is an evidence-based, innovative approach to mental health care delivered within the Town of Victoria Park. The model is a partnership between community mental health teams, on-site clinical support services (medical, nursing and allied health) and a peer and carer consultant workforce.

Home Hospital was established to support patient flow, reduce pressure on bed demand and provide patients with multidisciplinary care in the safety and comfort of their own home. By prioritising a holistic, patient-centred approach, Home Hospital aims to support continuity of care, empower patients and enhance the consumer and carer experience.

St John of God Midland Public Hospital (SJGMPH) continues to develop a strong relationship with Carers WA and seek ways to support carers through this relationship, acknowledging the role that carers play in supporting the wellbeing of patients and for people living with chronic conditions. Other SJGMPH initiatives and achievements include:

- Consultation with carer representatives about the Carers Hub to ensure carers views and needs are taken into account when considering the content provided.
- Securing carer representation on the membership of the Consumer and Community Advisory Council. Members of this committee are involved in the assessment, planning and review of services that impact them and the role of carers.

There has been improved planning around carers week promotion across EMHS. Carers weeks hosted across EMHS sites, including SJGMPH, who hosted a 'Carers Week-Mindfulness and reflection morning tea' which was well attended by Carers from the community.

North Metropolitan Health Service

NMHS

NMHS operates three Community Advisory Councils (CACs) across all sites and services. In 2024-25, a single NMHS Terms of Reference was created by the CAC Chairs and Executive Sponsors committee, to replace site specific ones, following extensive consultation with carers and consumers. These initiatives ensure greater consistency in the operation of site CACs and the onboarding of new members, including carer representatives. They also promote greater collaboration to ultimately strengthen the consumer/carer voice across NMHS. Examples of carer involvement in the CACs includes ward walks and wayfinding exercises at SCGH and a review of the King Edward Memorial Hospital creche service. Carers were also involved in Model of Care workshops with Mental Health Services.

The NMHS Disability Access and Inclusion Committee reviewed its Terms of Reference and reappointed a carer representative alongside a new consumer representative and staff representative.

NMHS Multicultural Action Plan 2025-2027 was launched, guided by a Working Group inclusive of culturally and linguistically diverse consumers and carers from NMHS.

NMHS implemented the NMHS Complaints Management Improvement Project to improve the overall quality of complaint responses. This includes training, an audit of complaint responses and a review of resourcing to meet complaint management demands.

The NMHS Consumer Feedback and Complaints Management Policy Working Group included a carer representative to help develop the new policy that was introduced in January 2025. The policy outlines the minimum requirements for the collection, recording, reporting and management of consumer feedback to ensure a consistent approach across NMHS sites/services.

Mental Health, Public Health and Dental Services

Dental Health Service

The Dental Health Service met accreditation under the National Safety and Quality Primary and Community Healthcare Standards which included formally acknowledging a patient's carer and include the carer in all aspects of the patients' care as per NMHS Carer's Policy.

The Quality and Risk Committee includes a consumer/carer representative who reviews complaints made by carers in relation to services that impact on them.

Community

Development and implementation of a Lived Experience Advisory Group (LEAG) for Butler and Wanneroo Adult CMHS (Subiaco Adult CMHS already have a LEAG). Development of Carer Consultant Positions. Carer Consultants were subsequently recruited and appointed to program and service level leadership meetings.

State Forensic Mental Health Service

The introduction of the *Criminal Law (Mental Impairment) Act 2023* introduced multiple changes that impacted the level of understanding for both patients and carers. Community forensic services provided advocacy and joint meetings with decision making authorities to ensure a seamless transition and clear understanding of the new obligations of the new act.

Specialities

Youth Mental Health Service

The Family and Support Networks Portfolio was established, specifically to address the gaps in compliance with the Carers Charter.

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

Youth MHS is in partnership with Carers WA to recruit to recently vacated Lived Experience (Support Person) Consultant roles at leadership committees.

A draft Support Person and Family Inclusion Framework has been developed, and the process for finalisation and approval has been initiated. These include a Key Contacts List quality improvement initiative that will enhance the service's ability to identify carers and provide training and guidelines to support staff in working respectfully with carers.

Older Adult Mental Health Service

Carer representatives have been involved in Model of Care changes.

North Metropolitan Eating Disorders Specialist Service

An initial survey regarding carers' needs resulted in a monthly evening-based carers' meeting being initiated. Feedback is sought from carers regarding their experience and service improvement at the end of each session. Taking carers' feedback into account this way, is then used to improve how NMEDSS delivers support for carers. Carer-specific sessions look at the value of the caring role, carer self-care and support services.

Adult Inpatient

Family/Carer/Patient engagement meetings provide an opportunity for carers/family to meet with their consumer's treatment team. A Lived Experience Peer Coordinator (for carer and consumer consultant/ representatives) position commenced in July 2024.

A dedicated area that is commonly used by carers in Fitzroy House has been set up to promote information available to support carers. All visitor rooms also display carer-specific information and contacts.

2024-25 has seen carer consultations in:

- Ward enrichment project and Smith Ward reconfiguration.
- Communication letters to families regarding all new projects occurring.
- Hospital Extended Care Service evaluation project (ongoing).

- Montgomery Ward at Graylands Hospital visitor's room improvements.

The Mental Health's Good Practice Guidelines for Engaging with Families and Carers in Adult Mental Health Services provides guidance for staff in engaging with support persons, while also recognising and respecting the rights of individuals with mental illness to decide who will be involved in their care.

Public Health

The Western Australian Tuberculosis Control Program has added a 'Carer understanding' option to select on medication charts.

Sir Charles Gairdner Osborne Park Health Care Group

The Carers Recognition sub-committee continues its purpose to escalate risks, issues, or concerns to the SCGOPHCG National Standard Two Committee, Partnering with Consumers. The group's function is to monitor and maintain organisational wide systems for the recognition and inclusion of carers. Collaborating with Carers WA, since September 2024, quarterly carer stalls have been held to help identify and support carers.

In 2024-25, the Carers Recognition sub-committee supported the Carers WA Project Officer for SCGOPHCG to access education sessions for clinical areas to ensure staff are aware of the Act, Carers Charter and the Prepare to Care program. To date there has been 33 education sessions delivered by Carers WA to staff across SCGOPHCG.

The re-establishment of Carers Corners continues. These spaces form part of the Prepare to Care program and are designed to ensure carers are well-informed, supported, and acknowledged as integral partners in care.

SCGOPHCG supported and promoted National Carers Week 2024 through a range of activities aimed at recognising and valuing the vital role of carers. As part of the week's events, a staffed information stall was held and the 'What Matters to You?' initiative was promoted, inviting carers to share feedback on their experiences within the health service. Feedback showed that many individuals do not identify themselves as carers, despite fulfilling that role. This highlights the importance of ongoing inclusion of the carer identification in hospital admissions; and the need for continued staff education to ensure carers are appropriately identified and connected with the resources and support they need.

SCGOPHCG has completed a number of Quality Improvement projects including:

- To develop and evaluate occupational therapy high level carers training videos.
- To explore the Occupational Therapist role in providing early supported discharge for patients and carers.
- Family Carers and Occupational Therapy development of a delirium prevention resource.

A number of quality improvement projects are in development that seek carer input, including:

- An audit of the geriatric wards, including MDT, on correct carer identification.

- A comparison of carer satisfaction of Early Supported Discharge for Delirium and Hospital in the Home programs.
- Determining acceptability, utility and user experience for stroke survivors and carers of an artificial intelligence peer support platform.
- Patient and carer understanding of FAST (Face, Arm, Speech, and Time).

Occupational Therapy at Osborne Park Hospital have created a 'Supporting Carers and people with Disability' page on the external website.

The SCGOPHCG Disability and Inclusion committee undertook a strategy to actively encourage involvement of people with disability and carers in NMHS committees and advisory groups. The aim was to assist with designing disability friendly materials for recruitment to Consumer Advisory Council to increase diversity of membership.

The Osborne Park Hospital Stroke Rehabilitation Unit Service undertook strategic planning with consumer participation to develop a model to educate, onboard and involve people with lived experience of stroke and their caregivers in the strategic operations of the Unit.

Women and Newborn Health Services

The regular contribution from carers occurs through a range of governance committees. During 2024-25, an additional carer consumer representative was onboarded to the 'Communicating for Safety' governance committee.

Ongoing liaison with Carers WA has been established via quarterly meetings to review the current WNHS inclusion of carers at a governance level and to identify methods moving forward of improving interaction with carers as consumers.

South Metropolitan Health Service

Community Services Leadership Education

Education was provided to SMHS Community Services leadership staff on the importance of partnering with consumers in all aspects of service planning and delivery. This education promoted the development of a Community Services specific Consumer Advisory Group as a mechanism to enable carers to provide input into service planning and delivery.

Multicultural Action Plan

The development of the next SMHS Multicultural Action Plan is underway, seeking consumer and carer engagement to help inform actions. SMHS are collaborating with Ethnic Communities of WA to engage with consumers and carers in the wider community.

Community Services 'Teach back'

A process to develop education on 'Teach back' is underway. This is a consumer feedback tool to ascertain how much a consumer and/or carer has understood of what a clinician has told them. This process will also assist clinicians to deliver information to consumers and carers in a way that suits their needs, ensuring they are treated with respect and dignity.

Consumer Feedback Strategy

As part of the SMHS Consumer Feedback Strategy, an eLearning package to improve how staff respond to consumer feedback has been launched. The package helps staff to understand feedback processes, give a meaningful apology, write a complaint response and know where to go for further information. New posters were also developed for each of the hospital sites.

An easy read version of the consumer feedback brochure has been developed for FSFHG, RkPG and PHC. This will support patients and carers to better understand and use complaints processes.

Community Services Complaints reporting

In addition to directly addressing complaints from carers and patients, SMHS Community Services has begun a formal process of reporting and trending complaints and compliments data via their quarterly Safety Quality and Risk Committee.

Mental Health Carer Information Packs

'Carer Frequently Asked Questions' booklets have been created for inpatient and community mental health. They include information regarding carer rights, service provision and supports. Consultation was taken with carers around what information they wanted included. These resources are available in hard copy or online.

Statewide 'What Matters To You?' Implementation Working Group

Embedding 'What Matters To You?' (WMTY) into clinical practice is one of the initiatives from the 'Improving safety and quality in health care - A strategic plan for action in WA 2024 - 2026'. SMHS chairs the statewide working group, of which there is a quarantined carer representative position. To better understand consumer perspectives on the WMTY program and how best to embed it, a consumer and carer survey was launched. There were 73 responses recorded, which were used to inform resource development.

Rockingham Peel Group patient care boards

Rockingham Peel Group 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. The new design allows carers to provide additional information to enhance patient care and recognise carers as part of the care planning and goals setting. New boards were installed in May 2025.

Rockingham Peel Group Nursing Grand Round

Rockingham Peel Group ran a nursing grand round April 2025 to increase staff awareness of the importance of 'What Matters To You?' and involving carers in the information collection process.

Rockingham Peel Group Operational Plan

Rockingham Peel Group released its new operational plan in March 2025, which identifies strategies for partnering with consumers and carers, including to develop a framework for involvement of consumers, carers and other relevant stakeholders where appropriate.

Rockingham Peel Group 'Improving the Patient Experience' workshop

A multidisciplinary educational workshop titled 'Improving the Patient Experience' was run in September 2024. The workshop based on consumer and carer feedback that identified a need to improve communication between clinicians, patients, carers and Next of Kin.

Rockingham Peel Group Consumer Buzz Survey

The CAC members conduct consumer buzz surveys - face to face surveys with current patients/families and carers. A new survey was developed in 2024 to audit patient/carer involvement with asking WMTY. The staff WECAN patient surveys were updated in March 2025 to further assess compliance with WMTY and planning of care.

Expansion of the Hidden Disabilities Sunflower program

Fiona Stanley Fremantle Hospitals Group joined the global initiative to become a Hidden Disability Sunflower friendly organisation in December 2023. The program aimed to help staff know how to support people with hidden disabilities accessing services. Staff who have completed the training are identified through a sunflower badge or lanyard. As of 2025, over 1,000 FSFHG staff completed the training, wearing a sunflower badge or lanyard with pride.

In December 2024, this program was expanded, with Rockingham General Hospital now registered as a Hidden Disability Sunflower Friendly site. To date over 100 staff have completed the training.

Peel Health Campus has introduced a new Disability Access and Inclusion Committee, which is currently working on initiatives to support persons with a hidden disability, including the Hidden Disabilities Sunflower scheme.

Fiona Stanley Fremantle Hospitals Group PhD Project - escalation of care

A PhD project at the Fiona Stanley Fremantle Hospitals Group (FSFHG) is ongoing, aiming to support patients and carers from CaLD backgrounds to activate an escalation of patient care for clinical deterioration. An advisory group will help co-design an intervention strategy to address challenges associated with CaLD patients and carers when escalating care for clinical deterioration. The project is now progressing to wider community engagement to understand patient and carer experience in trying to escalate care. This project provides regular updates to the FSFHG Partnering with Consumers Committee.

Parkinson's Carers Education Program Review 2025

The Parkinson's Senior Social Worker recently conducted a review to ensure that the Carer Education Program continues to run effectively and benefits carers. The outcomes of the

review were positive. As a result, is it recommended the Carer Education Program continues to run 2-3 times per year.

Peel Health Campus transition

A challenge for, and an achievement of Peel Health Campus (PHC) during this reporting period involved successful transition from being a privately operated facility to public under the governance of SMHS. PHC has prioritised activities to build a strong foundation for the delivery of safe, respectful care that is responsive to the views, needs and best interest of its consumers including the impact of decisions on carers and the role of carers. Since transition on 13th August 2024, the following activities demonstrate some of the work that has been done to optimise individualised person-centred care:

- Carers attending committees provide feedback to the Consumer Advisory Council, which reports directly to the Hospital Executive Committee, chaired by PHC's Executive Director. PHC successfully recruited, trained and supported several consumers to attend ten governing committees to provide input into discussions and decision-making.
- The number of Carers WA interactions, brochures and Prepare to Care books issued has increased significantly for PHC. PHC and Carers WA have re-established a partnership to promote, support and connect carers. Carers WA regularly visits PHC to provide education and check if ward managers require further information.
- Facility-wide implementation of the 'What Matters to You?' initiative involving interdisciplinary education and training and consumer facing resources.
- Recent appointment of a second Aboriginal Health Liaison Officer to improve access to care and support if required by patients and their carers. Revised membership of the Aboriginal Health Advisory Group to include several Aboriginal consumers.
- A new Pastoral Care Service was launched in June 2025.
- Peel Health Campus has recently refurbished their Carers Corner. There is designated seating, and many local and state resources available for carers. The Carers Charter is prominently displayed, and resources are replenished regularly.

WA Country Health Service

Entry to Service Clinical Guide

Child Development Services are developing the Entry to Service Clinical Guide, which aims to create a welcoming environment and establish the foundation for clinicians and families to work in partnership. Entry to Service will help orientate parents/guardians, provide information, initiate information sharing and set broad service goals.

Consumer and Carer Feedback Management Policy

In June 2025, the Consumer and Carer Feedback Management Policy was released after extensive internal and external consultation including with staff at Carers WA. This included new consumer and carer feedback posters and brochures at prominent site areas.

‘What Matters to You?’

As part of the WA Health ‘Improving Safety and Quality in Health Care Operational Plan 2024-26’, WACHS is working towards the implementation of ‘What Matters to You?’ (WMTY). WMTY improves communication and builds rapport between staff, patients and carers. The WACHS WMTY working group is working in collaboration with the statewide WMTY Steering Group to ensure consistency in messaging and resource development.

Mental Health Consumer and Carer Registry

Consumers and carers can register their interest in participating in a range of mental health engagement activities including consultations, publication reviews, review of policies and procedures, working groups, training, research projects and volunteer opportunities.

Sunflower Tool and MyLife Tree

Carers are involved in the planning of care and assist with completing the sunflower tool or MyLife Tree that informs staff how their leisure and lifestyle activities are designed to meet their needs. The sunflower tool is used to support the provision of person-centred care for hospitalised older persons with cognitive impairment or dementia and is completed with the person, their family, carers or both. This approach, grounded in narrative therapy, provides a safe, non-threatening way to uncover hidden knowledge and build resilience, even in the face of difficult experiences like trauma or systemic challenges.

Wayfinding and welcoming

Geraldton Health Campus and Carnarvon Health Campus are updating their wayfinding to enable consumers and carers to better locate services.

As part of the Welcoming Environment project for Midwest, consultation is underway with Aboriginal consumers and carers to improve the welcoming environment. To date, a number of local artists have provided artwork to enhance the welcoming environment.

The Northam chemotherapy unit waiting area and the front area of reception have WACHS approved Aboriginal graphics, with the Northam Cancer Accommodation re-named as Mia Mia Oakover (shelter or home in Noongar language).

WACHS Bereavement Support Framework

WACHS is currently developing a WACHS-wide Bereavement Support Framework. This initiative is designed to provide strategic guidance for palliative and end-of-life care services in supporting families and carers following an expected death. The framework ensures that

bereaved carers are not left unsupported during one of the most vulnerable periods of their lives. Key objectives of the framework include:

- Strengthening of staff capacity, confidence, and competencies in supporting families and carers through grief and bereavement during and after palliative care involvement.
- Improving access to bereavement services for people in regional and remote WA, ensuring equity of support regardless of location.
- Enhancing quality of life for carers and families through the prevention and relief of suffering associated with grief and loss.
- Provision of tailored, culturally appropriate bereavement models.

To ensure consistent and regionally relevant implementation of the framework, a range of tools are being developed. A reporting and monitoring process will be established to identify carers at risk of complex or prolonged grief, ensure timely referral to services and support continuous quality improvement across WACHS services.

Culturally Appropriate Palliative Care

WACHS recognises that culturally appropriate palliative care is essential to supporting Aboriginal and Torres Strait Islander patients and their families. The role of carers in these communities is deeply embedded in cultural practices that have supported end-of-life care for over 60,000 years.

In partnership with Palliative and Supportive Care Education and the Indigenous Program of Experience in the Palliative Approach, WACHS has initiated a grassroots project to improve access to culturally safe palliative care in regional WA. The initiative is led by Regional Palliative Care Aboriginal Health Liaison Officers and local Aboriginal community members, ensuring that carers are actively involved in co-design of region-specific resources, education and awareness-raising within communities and the development of culturally appropriate resources.

The WACHS Palliative Care Program, in collaboration with the Program of Experience in the Palliative Approach and Indigenous Program of Experience in the Palliative Approach WA teams, launched the newest Aboriginal palliative care brochures in May 2025. This collaborative project involved Aboriginal community members and regional Aboriginal Health Liaison Officers to partner and co-design a brochure that reflects cultural connections through appropriate language and regionally inspired artwork. Local artists contributed unique pieces that represent what palliative care means to their communities.

Palliative Paediatric Model of Care

The WACHS Paediatric Palliative Care Model of Care project is committed to building an equitable and integrated care system for infants, children and adolescents across country WA. Central to this model are carers, families, parents and community members whose insights and experiences are valued and actively included in care design and decision-making. The project will foster collaboration by partnering with carers and communities to co-design care pathways, while also providing education, resources, and emotional support

to empower carers throughout the journey. Innovative approaches such as telehealth and outreach will be used to ensure flexibility and accessibility, especially in remote areas.

Goldfields initiatives

The Goldfields Aboriginal Staff on Call Service provides cultural advice to support staff and consumers across the Goldfields by telephone with a primary purpose to ensure Aboriginal and Torres Strait Islander patients and consumers feel culturally safe in the health care setting. The service is to ensure support outside of business hours where an Aboriginal Liaison Officer may not be available to provide advice or support.

WACHS Goldfields has established a Partnering with Consumers working group to discuss and implement initiatives, including the importance of carers in health care.

WACHS Goldfields has completed the updating of the community mental health waiting room TV to provide health literacy, which will include Carers WA information and other relevant Carer information.

Recruitment has occurred to the role of Mental Health Carer Consultant within WACHS Goldfields.

The Goldfields Mental Health team has commenced audits on the Psychiatric Services Online Information System. This enables up to date, streamlined communication to carers.

Client and/or carer satisfaction surveys are offered for every Aged Care Assessment Team assessment conducted in the Goldfields, with feedback being discussed at the Aged Care Unit staff meetings quarterly. Surveys and audits are conducted at intervals throughout the year. Feedback from this is reviewed and quality improvements are created, if required.

Other initiatives

Inclusion of cultural leave and flexibility for staff who are carers, recognising kinship and community roles in Aboriginal culture.

Inclusion of carers as a separate registration category of the Mental Health Consumer and Carer Registry, which will allow carer specific issues and viewpoints to be raised within consumer engagement activities.

As part of the admission process, printed copies of the Aged Care Charter Rights, residential care agreement, and resident welcome pack are provided to new residents and their carers. Posters are also displayed in appropriate areas.

Appendix 4: Practice examples of Council focus areas 2024-25

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

Child and Adolescent Health Service

CAHS' feedback and complaint resolution processes allow for identification of carers. CAHS also has a complaint escalation pathway for consumer advisory groups. All clinical service streams offer carer specific experience surveys, providing an opportunity to give feedback on the support received across all stages of the continuum of care. Survey results are outputted in real time to a Power BI dashboard accessible by CAHS staff and used to inform service improvement initiatives. Carer feedback data and trends are reported to clinical governance committees and Safety and Quality Executive Committee.

Carers are invited to participate in the MySay and MyVisit surveys via SMS following their child's attendance at the Emergency Department or after an inpatient or day procedure. Survey data is regularly reviewed by both the Consumer Engagement Team and PCH clinical teams to inform service improvements. The 'You Said, We Did' initiative publicly shares examples on the CAHS website of how feedback, often from carers, has led to tangible changes across CAHS services.

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 enables carers to provide feedback in ways that suits their preferences and needs.

Eighty-one per cent of contracted community health service providers hold regular review meetings to discuss the status, trends and resolution of complaints. Regular review and analysis of complaint data is undertaken by 68 per cent of contracted community health service providers to identify trends, common issues or emerging pattern, and 64 per cent produce data reports to track the volume, types and progress of complaints.

Feedback and complaints data are routinely shared with safety and quality management staff, senior management teams and/or board members to inform and support operational improvements, service planning and enhanced carer inclusion practices.

Disability Services Commission

Complaints regarding Communities-delivered disability services and programs are managed by the department's Complaints Management Unit, prioritising complaints from carers as it does with other vulnerable complainants. The Unit reported no complaints by people identifying as carers in the reporting period.

In addition to the formal complaints procedures outlined above, Supported Community Living involves individuals' families/guardians in consultation, feedback and service design as part of service delivery through formal/informal meetings including monthly individual meetings. This ensures progress on any complaints is followed through.

The Communities Inclusion Connection Team and Regional Intensive Support send surveys to carers when services end. This is anonymous and an opportunity for carers to voice complaints openly. Additionally, the Disability Division adopts a range of methods to gather feedback as part of person-centred practice to ensure individuals have choice and control to provide feedback in a way that suits them.

East Metropolitan Health Service

EMHS has the ability to identify carers within complaint/feedback platforms in Datix and Care Opinion platforms. There is regular reporting to Consumer Advisory Committees on how consumers rate services (Datix CFM and MySay data). Implementation of auditing within the EMHS Quality Improvement system, Cobra, will include data around identification and involvement of carers in care, and be reported to relevant management committees.

St John of God Midland Public Hospital has systems in place-such as inclusion indicators, structured feedback mechanisms, and accessible complaints pathways to ensure carers are actively identified, their voices are heard and valued, and their feedback informs service delivery and quality improvement across all levels of care.

North Metropolitan Health Service

The WA Health Datix CFM is implemented across all NMHS sites. However, data relating to the relationship of the reporting individual is not routinely reported at the NMHS area level. High level reporting of all feedback occurs quarterly. In the MySay Consumer Experience Dashboard and the Sentiment Analysis Dashboard users can filter data by 'Family/Carer'. Within Care Opinion storytellers can identify themselves as a 'Carer'.

The Dental Health Service utilises the NMHS Consumer Experience Dashboard and can separate responses from carers of children receiving care in the School Dental Services. The DHS Quality and Risk Committee reviews all feedback. At the State Forensic Mental Health Service, Carer feedback is collated and reported via the Consumer Liaison Office.

In the Community Mental Health Service, Wanneroo Butler Lived Experience Advisory Group (LEAG) members (including carer representatives) provide feedback annually via the LEAG Self-Assessment survey.

The Youth Mental Health Service is undertaking work to better identify carers. Initiatives being developed will include guidance on identification, engagement, feedback and consultation of carers at all levels in the service.

The Older Adult Mental Health Service has embedded practices of significant consultation with carers throughout the patient journey and works closely with Carers WA in providing training sessions for carers with formal feedback.

With the new position of Lived Experience Peer Co Ordinator in Adult Inpatient (MHSDHS), information regarding carers voices and their representation will be developed further and documented.

The New Women and Babies Hospital Project team will seek consumer feedback from Carers to inform models of care for the new hospital in relation to carers.

South Metropolitan Health Service

SMHS is continuing to develop accurate identification of carers within patient administration systems. Updates to the system now allows for dual identification of both next of kin and carers. These updates, allowed for the trial of a carer experience survey through the MySay surveys. Feedback forms include the ability to identify feedback received from carers.

The SMHS Safety, Quality and Consumer Engagement department supports all sites in managing all consumer and carer feedback. Carer representation on consumer groups facilitates input into decision making, quality improvement and the way the hospital partners with carers and those they care for.

This reporting period, RkPG developed a new Partnering with Consumers committee, which started January 2025. Membership includes a Consumer Advisory Council representative and a Carer representative. This committee reviews consumer and carer data and reporting.

SMHS Mental Health has a feedback system for both consumers and carers in place. All feedback is collated and presented in the Monthly Report Card to senior management. SMHS Community Services consumer feedback is reviewed at a whole of service level as well as at site. Specific carer feedback information is analysed and noted in reporting.

WA Country Health Service

The Datix CFM provides detailed standardised reporting of complaints and issues across broad complaint categories, including the Carers Charter. Regional consumer feedback meetings occur between operational and required Executive members to discuss complaints and required areas for service improvements.

WACHS Mental Health has designated Carer Feedback forms in the 9-17years age bracket service experience questionnaire, and the results can be separated from aggregated data. In future, a Mental Health Carers survey will be designed and implemented in the adult and older adult age bracket.

Focus area 2: 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

CAHS has established Aboriginal health teams providing culturally sensitive and holistic care to Aboriginal children, young people and families include:

- Statewide Specialised Aboriginal Mental Health team (CAMHS)
- Aboriginal Health Team (Community Health)
- Aboriginal Liaison Officers (Perth Children's Hospital and Neonatology)

CAHS has two established consumer advisory groups bringing together the voices of Aboriginal consumers, carers, Elders and community representatives to support CAHS delivering culturally appropriate health care:

- Aboriginal Community Advisory Group (CAHS-wide)
- Aboriginal Cultural Reference Group (CAMHS specific)

The Koorliny Moort program is exploring ways to create culturally appropriate feedback mechanisms for Aboriginal families, with the aim of better capturing carer experiences and using this insight to inform service improvements. Aboriginal carers have been engaged through targeted projects such as the WA Children's Hospice Project Working Groups and the QEII Site Consultation led by the North West and Borderline Health Partnership.

Tailored resources are also being developed, such as through the Child Health Magazine Review Project, which seeks to ensure that health information is accessible, relevant, and respectful of Aboriginal families and carers.

The Department of Health has released Aboriginal Data Governance training, which covers key concepts such as strengths-based approaches and the importance of Aboriginal-led data practices. The development of an Aboriginal employment dashboard will help track progress in building a more culturally representative and responsive workforce.

Culturally and linguistically diverse carers

As noted under new initiatives, in 2024/25, eight multicultural community leaders were recruited and trained by the CAHS Consumer Engagement Team as Community Ambassadors. In collaboration with the Community Ambassadors, the Consumer Engagement Team has progressed the development of a cultural safety measure aimed at improving accessibility and cultural responsiveness for CaLD families. Carers have played a vital role in this process, participating in Kitchen Table Consultations and co-facilitating focus groups.

The Cultural Conversations Forum was a key event aimed at educating and empowering CaLD communities to break stigma and access child and youth mental health support. Over 80 per cent of participants identified as parent/carers, and many shared insights directly related to their caregiving roles. These conversations surfaced critical challenges faced by CaLD carers in the mental health space, which are now informing the development of culturally appropriate resources and outreach strategies. The event was co-developed with the Cultural Conversations Working Group, which included three identified CaLD parent/carers.

To continue building engagement, CAHS is producing a series of videos featuring Community Ambassadors, targeting multicultural families and encouraging them to provide feedback and get involved in consumer engagement opportunities.

CAHS has organised and participated in a number of multicultural celebration events and ambassador launches designed to support carers through culturally appropriate education, health literacy and information sharing.

Throughout early 2025, CAHS translated a wide range of resources into multiple languages and formats to better support carers from diverse backgrounds. New consumer feedback posters, now displayed at community sites, have also been translated to inform carers of their right to provide feedback and help shape the services they rely on.

CAHS delivered a Lunch and Learn: Cultural Conversations staff training session within CAMHS, aimed at building cultural awareness and promoting inclusive practice among staff.

LGBTQI+ carers

CAHS recognises fostering an inclusive workplace and health service for the LGBTIQ+[11] community as a key strategic priority. Positive steps continue to be made towards recognising the achievements, unique barriers and challenges faced by LGBTIQ+ carers, however it is also acknowledged that this is an area requiring further development.

With two in every three LGBTIQ+ youth experiencing abuse due to their identity, its vital that health services offer a safe, affirming environment. CAHS's International Day Against Homophobia, Biphobia and Transphobia (IDAHBOIT) Lunch and Learn event brings together staff, consumer representatives, and carers to share knowledge and lived experience. Importantly, CAHS also uses this day to support its own staff and volunteers who identify as LGBTIQ+, recognising that a respectful and inclusive workplace culture directly benefits the care provided to families.

CAHS proudly joined the vibrant celebrations of PrideFEST 2024, participating in both Fair Day and the Pride Parade. At Fair Day, staff connected with carers to share information about CAHS services, how to access them, and where to find child health support.

Young carers

CAHS recognises that young carers bring unique perspectives and experiences that are vital to shaping inclusive and responsive health services. As an improvement space identified in last year's carer compliance report, their voices are starting to be more actively included in service planning and improvement initiatives.

Through the Community Ambassador Youth Program, CAHS has recruited a young carer who has contributed to a range of initiatives, including a youth project priority setting session with the Youth Advisory Group, helping to inform service design from a dual perspective as both a young person and a carer. The ambassador also recently presented to the Disability Access and Inclusion Advisory Group alongside the Carers WA Young Carers Program, bringing lived experience to the conversation by sharing their personal story.

[11] The acronym LGBTQI+ is used in this report, noting that CAHS use the acronym LGBTQIA+SB to refer to 'Lesbian, Gay, Bisexual, Trans and/or Gender Diverse, Queer, Intersex, Asexual, Sistergirl, and Brotherboy'.

Department of Health

Aboriginal carers

In 2024–25, Aboriginal carers were considered in a number of areas:

- Involved as subject matter experts on the Falls Prevention and Dementia Special Interest Sub-Groups of the Older Person Health Network.
- Developed specialised educational material concerning the Transition Care Programme for Aboriginal patients and their carers.
- Informed the development of the Genetic Health WA Service Plan.
- Involved in project co-design and service planning via engagement with Aboriginal Community Controlled Health Organisations, peak bodies and community partners.
- Released the WA Aboriginal Health Dashboard that reports routinely on a range of measures to aid WA Health staff in strategic planning, implementing quality improvement initiatives, and addressing health system responsiveness for Aboriginal people within WA.
- Tested additional questions in the MySay Healthcare Survey related to experiences of discrimination, including validation with Aboriginal health consumers.

Culturally and linguistically diverse carers

In 2024–25, CaLD carers were considered in a number of areas:

- Updated the webPAS to capture patient ancestry and ethnicity and main languages spoken at home, plus languages other than English spoken at home by next of kin (including carers).
- Implemented the Health Equity Impact Statement and Declaration Policy to provide oversight on how the health system is improving access and equity for consumers and carers from priority groups including CaLD and Aboriginal people.
- Updated the Multicultural Health Services Directory, including addition of a new section for pregnancy and childbirth.
- Continued to translate written information into languages other than English.
- Informed the development of the Genetic Health WA Service Plan.

LGBTQI+ carers

While no LGBTIQ+ specific carer initiatives were detailed in the reporting period the following are noted:

- The department in partnership with the Department of Communities, Education and Mental Health Commission is contributing to the development of the new whole-of government LGBTQIA+ Inclusion Strategy.
- The department's Consumer Engagement hub offers a comprehensive suite of practical resources and supporting and guiding materials for staff including LGBTIQ+ policy and consumer engagement information.

Young carers

There were no distinct young carer policy or strategy identified during this reporting period.

Department of Health contracted community health services

Overall, 38 contracted community health service providers had well developed or developed strategies, programs or initiatives that recognise and support the unique needs of CaLD carers and 30 reported that they recognised and supported Aboriginal carer needs. For LGBTQI+ and young carers 23 and 14 contracted community health service providers respectively had well developed or developed strategies, programs or initiatives that recognise and support the unique needs of these carer cohorts.

These findings indicate Aboriginal and CaLD carer needs appear the most consistently embedded with many contracted community health service providers reporting established frameworks, advisory groups, and culturally safe practices. However, the results for LGBTQIA+ carers and young carers indicates a less mature areas of focus with consultation, partnerships or early-stage training noted as being progressed, but most acknowledge these are priority areas for future planning and expansion. For those who have yet to develop strategies, program or /initiatives for LGBTQIA+ (n=13) and young carers (n=16) they tend to be short-term transitional care services and home and/or community care support services for those aged 65+ years where engagement with young and LGBTQIA+ carers may be less frequent.

Table 29: Number of DoH contracted community health service providers that recognise and support the unique needs of key carer cohorts, 2024–25

Key carer cohorts	Development status of strategies / programs / initiatives that recognise and support key carer cohorts				
	Well Developed	Developed	Developing	Not yet developed	Not applicable
Aboriginal carers	8	22	17	10	4
CaLD carers	11	27	16	4	3
LGBTQI+ carers[12]	5	18	23	13	2
Young carers	5	9	17	16	14

[12] Department of Health uses the term LGBTQIA+.

Disability Services Commission

Aboriginal carers

Aboriginal Practice Leaders across the department are consulted around cultural appropriateness practice and associated training requirements. The Disability Justice Services area has a Senior Aboriginal Liaison Officer who works collaboratively with families/guardians and residents of the Bennett Brook Disability Justice Centre to ensure supports and services are culturally appropriate.

Staff from the Disability Practice Support Directorate attended the Deadly Ways of Working training to further develop understanding in Aboriginal or CaLD cultures.

Culturally and linguistically diverse carers

Planning, reporting and engagement are person-centred and take into account individual diversity. Across all programs as required or requested, interpreters and translators are arranged for CaLD carers. Where appropriate, a CaLD carer may be referred to Carers WA or staff may contact directly on their behalf.

LGBTQI+ carers

Planning, reporting and engagement are person-centred and take into account individual diversity. A factsheet is available on the Communities intranet with information about LGBTQI+ and services to assist. Where appropriate, an LGBTQI+ carer may be referred to Carers WA or staff may contact directly on their behalf

Young carers

Planning, reporting and engagement are person-centred and take into account individual diversity. Where appropriate, a young carer may be referred to Carers WA or staff may contact directly on their behalf.

East Metropolitan Health Service

Aboriginal carers

An Aboriginal specific wellbeing program was delivered during Carers Week. A welcome pack has been designed to target Aboriginal consumers and carers. Work is continuing with Aboriginal Health Liaison Officers to develop and implement feedback forms that are specific to Aboriginal consumers and carers.

At St John of God Midland Public Hospital, the Aboriginal Health Team and Moort Boodjari Mia (Aboriginal Maternity service) offer Aboriginal carers culturally appropriate support.

Culturally and linguistically diverse carers

Promotes the use of interpreter services and/or sourcing documents translated to non-English options. Utilisation of interpreters for key contacts with patients and carers. Translation of Welcome Pack into each EMHS Hospitals top five languages. Caring for

Carers resources available for culturally and linguistically diverse groups. Appointment of carers onto the EMHS Multicultural Advisory Groups.

LGBTQI+ carers

EMHS has Rainbow Tick Accreditation, showing EMHS is committed to welcoming and supporting carers who identify as LGBTIQ+, creating a safe space for them. RPBG have a Diverse and Vulnerable Groups Committee which has LGBTQI+ issues as a priority area.

Young carers

Committed to supporting young carers through identifying individual needs and linking them into appropriate community supports and programs, for example Carers WA.

North Metropolitan Health Service

Aboriginal carers

Regular reporting on key targets and outcomes for Aboriginal people to the NMHS Executive Team and Board.

Dental Health Services partner with Aboriginal Medical Services to provide care in a culturally appropriate setting where carers and patients feel safe. Mental Health Community Services have an Aboriginal Liaison Officer at Wanneroo, Butler and Stirling, with recruitment underway at Subiaco. Aboriginal Aishwarya's Care Call posters are displayed in reception areas. There is a focus on events such as NAIDOC week. Ongoing liaison and support are offered to Aboriginal carers via the Aboriginal Liaison Service and Aboriginal Mental Health Services.

Community Forensic Mental Health Service refers to Wungen Kartup for consumer and carer support. Youth Mental Health Services have a number of Aboriginal Mental Health Officers. These staff have informed the long-term engagement of First Nations carers. The Older Adult Mental Health Service uses existing support available via the Aboriginal Health Liaison Officer network. In the Adult Inpatient service, the Aboriginal Mental Health Liaison Service provide input and advice, supporting patients, their carers and their family.

The SCGOPHCG Aboriginal Hospital Liaison Program is available to provide support and guidance to Aboriginal carers. Staff can also refer onto Carers WA Aboriginal Engagement team who can follow up engagement in the community. Support is also provided through the Aboriginal Liaison Service. Additionally, the recently opened Aboriginal Family Room offers a welcoming and culturally safe space for families to gather, rest, and receive support. The Aboriginal Health Wellbeing Committee initiates, supports and promotes initiatives and events which align with the WA Aboriginal Health and Wellbeing Framework. Aboriginal Health Champions walk side-by-side with the SCGOPHCG Aboriginal workforce to identify and implement culturally safe practices for Aboriginal patients, their families/carers and support people. There are Aboriginal related clinical resources and education material available for patients' families /carers.

The WNHS Aboriginal Liaison Service works in collaboration with the social work team when a carer needing additional support is identified. Aboriginal patients have access to a healthy tucker menu.

Culturally and linguistically diverse carers

The NMHS Population Health Profile 2025-26 was released in the reporting period. The profile provides staff with information about the NMHS population, including demographics, cultural diversity and language spoken, to support data-driven decision-making.

NMHS offers interpreters for assessments, planning, and complaint processes; and provides translated materials and multilingual support staff to support the needs of CaLD carers. The 2025-2027 NMHS Multicultural Action Plan was launched in the reporting period. It highlights a number of strategies to identify, develop and implement initiatives that support CaLD communities. The Diverse WA - Cultural Competency training and CaLD Equity Diversity Inclusion eLearning packages are promoted to staff, and the CaLD Equity Diversity and Inclusion eLearning package has now also been included in the new onboarding checklist for NMHS employees.

The Dental Health Service partner with the Humanitarian Entrant Health Service to provide referral pathways for humanitarian entrants and their carers to receive dental care. The Service provides translated services for patients and carers and the website enables the translation of the consumer feedback in scores of languages. The Early Childhood Dental Program consumer group conducted a review of all oral health and promotional presentations, documents and resources for CaLD consumers.

MHS Community utilise local networks with CaLD services at each clinic. Community Development Officers are building a relationship with Multicultural Futures to identify CaLD populations to improve services provided to CaLD consumers and their carers. The North Metropolitan Eating Disorders Specialist Service have been developing resources to support carers for CaLD and LGBTQIA+ clients.

Public Health works with the Western Australian Refugee Health Advisory Council, an interagency group chaired by the NMHS Executive Director PHCE. CaLD carers are identified early in the WNHS patient journey and supported with language services. Halal meals are available to in-patients at King Edward Memorial Hospital.

SCGOPHCG carers have access to an interpreter service - face-face, telephone based or via the Interpreting app. The Language Service Coordinator has undertaken a range of activities with staff to increase cultural competence and inclusive communication. The hospitals provide access to chaplaincy services, supporting a range of religious and spiritual needs. Where specific religious practices are requested, SCGOPHCG engages with relevant community groups or faith leaders to provide appropriate support. The catering service is equipped to accommodate various dietary requirements.

LGBTQI+ carers

NMHS supports LGBTQIA+ consumers, carers and staff, lead primarily by the work of the NMHS Pride Network. NMHS celebrates LGBTQIA+ events, such as IDAHOBIT, Wear it Purple Day, Pride Parade and Pride Fair. Other initiatives include:

- Use of gender-neutral and affirming language in all communications.
- Ensure forms and systems allow for diverse identities and relationships.
- Training staff in LGBTQIA+ inclusion and trauma-informed care
- Partnering with LGBTQIA+ organisations to co-design services and outreach.

The Dental Health Service have staff who participate in LGBTQI+ committees, celebrations, events and programs and champion the needs of LGBTQI+ patients and carers. A LGBTIQ+ learning module is available for staff. At MHS Community, staff are encouraged to identify as allies with rainbow stickers on doors.

Youth MHS does not have anything targeted or formal in place for LGBTQIA+ carers, however the existence of the Gender Pathways Service and the significant progress made in LGBTQI+ inclusion across the service assists in working effectively with such carers.

At Adult Inpatient, whilst staff receive training relevant to working with people who identify as LGBTQIA+, the service recognises there is more to be done. This may include Rainbow Tick accreditation or similar whilst also ensuring that LGBTQIA+ carers voices and views are specifically included in such developments.

Sir Charles Gairdner Hospital MHS ensures staff are informed on how to use and display pronouns and is replacing the naming of public toilets with images/signs that respect inclusive labels. This service is considering asking patients about their pronouns upon admission and recording these in the medical record and is considering implementing a consumer feedback questionnaire to gather consumer input/suggestions for improvements.

The SCGOPHCG LGBTQIA+ Allied Health Committee was recently formed.

WNHS has introduced use of pronouns and in doing so has raised awareness regarding transgender patients and carers and why using the correct language is important.

Young carers

NMHS actively embeds child safety into organisational culture, policies and practices, guided by the National Principles of Child Safe Organisations and the NMHS Child Safeguarding committee. NMHS works with young people to provide flexible learning arrangements and carer-friendly policies. NMHS provides age-appropriate counselling and emotional support. The service also promotes access to recreational activities and respite care. Social media channels are utilised to connect, reach and support young carers.

Adult Inpatient does not have data which reveals the extent of the young carer demographic in relation to patients. This is an area that will require ongoing development and support. Similarly, as for LGBTQIA+ carers, the views and voices of young carers will be sought and welcomed as the service evolves to recognise, value and include young carers interfacing

with the service. At Youth MHS strategies to better improve engagement with young carers remain in development at this stage.

As a new and developing service, the North Metropolitan Eating Disorders Specialist Service has undertaken a great deal of work into transitions from paediatric service settings and supporting carers through this transition, with a strong focus on parental/guardian involvement for carers of consumers under 18 years.

Young carers at WNHS are identified early and supported by the Social Work team to access relevant supports. Those who attend the adolescent obstetric clinic and become young mums are connected to community supports. Those who care for a parent attending Gynaecology or Gynae-Oncology are identified early and supported to access Young Carers WA.

South Metropolitan Health Service

Aboriginal carers

As part of the development of the SMHS Community Services Consumer Advisory Group, representation from diverse populations will be actively pursued.

Aboriginal carers identified within the Fiona Stanley Fremantle Hospitals Group are linked to the Aboriginal Health Liaison Service. The Carers WA Aboriginal Engagement Team support Aboriginal Carers, with details of these services available in the ‘Come have a yarn with us’ brochure.

The Rockingham Peel Group have Aboriginal Health Liaison Officers, and an Aboriginal Health Practitioner is employed to support culturally appropriate care in the emergency department. Wards and departments have a Carers Corner with resources from Carers WA, including a culturally sensitive booklet for Aboriginal carers. A ‘Yarning about blood’ poster is displayed to inform Aboriginal consumers and their carers about blood management and a consumer feedback poster was designed through the Aboriginal Health Strategy team to encourage and support Aboriginal consumers and carers to offer feedback.

Peel Health Campus Aboriginal Health Liaison Officers support consumers and carers. The Carers WA Aboriginal Engagement Team are accessible to carers and their brochure titled ‘Come have a yarn with us’ available in the Carers Corner and on the wards. The CAC and Disability Access and Inclusion Committee includes representation by an Aboriginal carer. PHC has established a relationship with community networks such as Nidjalla Waangan Mia Aboriginal Health and Wellbeing Centre who provide maternal support, outreach programs and integrated care services to Aboriginal people.

SMHS Mental Health is developing an overarching Aboriginal Advisory Group. It has also commenced the Lived Experience Council with designated Aboriginal, Youth and CALD positions. The Youth Advisory group is in development and will be inclusive of young carers. Rockingham and Peel Adult service have Aboriginal Liaison Officers. The Yidarra Group brings Aboriginal staff members and senior management together on a regular basis to discuss current and emerging needs.

Culturally and linguistically diverse carers

Provision and access to translation and interpretation services for carers as required. An easy read version of the consumer feedback brochure has been developed for FSFHG, RkPG and PHC. This will support patients and carers to better understand and use complaints processes in an easy-to-read format. The learning management system for staff has a suite of learning modules for Language Services and Equity, Diversity and Inclusion, including a module for CaLD.

LGBTQI+ carers

The SMHS learning management system for staff has a suite of learning modules for Equity, Diversity and Inclusion, this includes a module for LGBTIQ+. FSFHG displays the LGBTIQ+ version of the Australian Charter of Health Care Rights resources to align with diversity and inclusion policies.

The main reception area of PHC includes a poster that promotes QLife Australia as a service that is accessible for LGBTIQ+ peer support and referral for people in Australia wanting to talk about sexuality, gender, bodies, feelings or relationships.

Young carers

The Carers WA Young Carers brochure 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 hub page for staff to access and distribute to young carers. RkPG has ordered the publication for young carers, with brochures to be available across the hospitals. Acknowledging young carers was tabled at the CAC meeting in June 2024 to investigate additional ways to support young carers.

WA Country Health Service

Aboriginal carers

Consumers and carers are invited and encouraged to be part of Aboriginal Reference Groups. Regional Aboriginal Health Coordinators are available to assist Aboriginal carers, including support with providing feedback. Consumer information is regularly reviewed to ensure it meets the needs of Aboriginal patients, carers and families. Artwork from local Aboriginal artists is displayed throughout WACHS sites with a description of the artwork meaning displayed for each artwork.

Mental Health have Peer Workers that work with Aboriginal consumers and carers. The Midwest Cancer Centre has an Aboriginal Cancer Nurse Coordinator who supports patients and carers. Welcoming environment projects across the Wheatbelt include increased local Aboriginal information, increased numbers of Aboriginal staff and access to Aboriginal Liaison Officers and poster promotion of Aboriginal language interpreters.

Culturally and linguistically diverse carers

WACHS draws on the WA Department of Health and Carers WA resources that are available in various languages and staff are educated on how to use these. Interpreter services are available and staff are educated to know how to contact and use interpreter services. Posters in multiple languages promoting interpreter services are displayed across WACHS sites. The WA Department of Health Cultural Diversity Unit has invited WACHS to join the WA Health Language Other Than English (LOTE) register. The register includes migrant language Aboriginal languages and Auslan. WACHS staff who are registered can help deliver health messages and information in other languages.

LGBTQI+ carers

Across WACHS, resources have been developed to promote access to local LGBTQIA+SB inclusive services.

The Midwest Mental Health Team are undertaking education with staff on ways to be more inclusive of people who identify as LGBTQIA+ SB. Kalbarri Health Centre held LGBTQIA+SB ‘Wear it Purple Day’ on 30 August 2024 and provided staff education.

The Midwest Mental Health and Community Alcohol and Drug Service is continuing with the Pride in Health + Wellbeing program. The committee has various LGBTQIA+SB staff members and allies with representation from Mental Health, Community Alcohol Drug Service, Suicide Prevention, Lived Experience and Safety and Quality.

To celebrate and acknowledge International Day Against Homophobia, Biphobia, Interphobia, and Transphobia (IDAHOBIT), Geraldton Hospital held a morning tea, including a display board and information about the origin and reasoning for IDAHOBIT.

Young carers

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

Protea Lodge is accommodation available at the Geraldton Health Campus Midwest Cancer Centre for patients, families and carers to stay in while undertaking cancer treatment or visiting for specialist appointments. The accommodation is family friendly to support carers and their families.

WACHS is currently exploring the potential to establish a Young Consumer Advisory Panel consisting of young consumers who are involved in the planning and review of relevant services and resources WACHS-wide.

Appendix 5: Acronyms used

ACAT	Aged Care Assessment Team
ACP	Advance Care Planning
ACRT	Acute Care and Response Team
CAC	Consumer Advisory Council
CACH	Child and Adolescent Community Health
CAHS	Child and Adolescent Health Service
CAMHS	Child and Adolescent Mental Health Service
DoH CS	Department of Health contracted community health services
MAIAG	Multicultural Access and Inclusion Advisory Group
CaLD	Culturally and linguistically diverse
CACH	Child and Adolescent Community Health
CAMHS	Child and Adolescent Mental Health Service
LEAG	Lived Experience Advisory Group
CAHS CLC	Child and Adolescent Health Service Consumer Leadership Council
CAC	Consumer Advisory Council
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
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
NMEDSS	North Metropolitan Eating Disorders Specialist Service
NMHS	North Metropolitan Health Service
NSQHS	National Safety and Quality Health Service Standards
OPH	Osborne Park Hospital
PARROT	Paediatric Acute Response and Recognition Observation Tool
PCH	Perth Children's Hospital
PCAG	Parent and Carer Advisory Group
PEaCE	Patient Experience and Consumer Engagement
PHC	Peel Health Campus
PPEET	Public and Patient Engagement Evaluation Tool
RkPG	Rockingham Peel Group
SCGH	Sir Charles Gairdner Hospital
SCGOPHCG	Sir Charles Gairdner Osborne Park Health Care Group
SDAP	State Disability Advocacy Program
SFMHS	State Forensic Mental Health Service
SJGMPH	St John of God Midland Public Hospital
SMHS	South Metropolitan Health Service
SQRM	Safety Quality and Risk Management
WACHS	Western 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