

2013 Carers Advisory Council

Annual Compliance Report

Letter to Minister from Chair

To the Honourable Minister Anthony Simpson, MLA, Minister for Local Government; Community Services; Seniors and Volunteering; Youth

Dear Minister Simpson

It gives me great pleasure to present the 2013 Carers Advisory Council's Annual Compliance Report for your consideration and tabling in Parliament, as required under Section 10 of the Carers Recognition Act 2004.

The Report summarises the major activities undertaken by the Council over the past financial year in promoting the role and interests of carers in our State. It also provides an overview of:

- the work of organisations required to demonstrate their compliance with the Carers Recognition Act 2004, and*
- the work of the Mental Health Commission which is not covered by the Act and deserves special commendation for voluntarily reporting its compliance.*

It is pleasing to note the continued improvements across all relevant service providers. Increasingly, the valuable role played by carers in our society has become publicly recognised and better supported by the organisations with whom they come into contact.

Yours faithfully



*Mary Deschamp
Chair
Carers Advisory Council*

Carers Advisory Council Members 1 July 2012 - 30 June 2013

Ms Mary Deschamp - Chairperson

Mr Charlie Rook OAM - Deputy Chairperson

Ms Karena Sherriff

Ms Fiona Cameron

Ms Glennys Marsdon

Ms Lyneve Cannon

Mr Ian Gorton

Ms Mary Linder

Ms Melissa Webb (Retired)

Ms Kristine McConnell (Retired)

Mr Atul Garg (Retired)

Mrs Shirley Fitzthum (Retired)

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Introduction

Purpose of Carers Advisory Council

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

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

Year in Review

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

Sharing Healthy Conversations Project

The Council, in conjunction with the Ministerial Advisory Council on Disability, hosted the Sharing Healthy Conversations event and online survey which explored the importance of effective communication practices between individuals with a disability, carers and health professionals.

Participation in WA Carers Conference 2012

The Council, along with the Department for Local Government and Communities, was a major sponsor of the WA Carers Conference 2012. The Council participated in the organising committee, hosted a stand and attended and participated in various sessions throughout the Conference.

Representation at various community events

Council members attended various community events to gather information about carers e.g. NDIS and My Way, Mental Health Legislation, Multi-Council networking activities, DLGC's 'Women's Work, who cares?' and Carers Future Planning Session, Palliative Care Carers' Information Session, the 'Economic effects of women's caring roles' by Siobhan Austen, University forums and Practical Matters Forums and Expo.

Purpose of the Annual Compliance Report

In accordance with the requirements of the Act each year the Council receives reports from applicable organisations to demonstrate their compliance in accordance with section 6 of the Act. The Council analyses these self-rated reports and summarises the findings which they present to the responsible Minister. Under the provisions of the Act the Minister is required to table the report in Parliament.

Contributors

The applicable organisations are WA Health and the Disability Services Commission (The Commission). The Mental Health Commission (MHC) voluntarily furnished a report on services it funds, demonstrating their commitment to the Act.

¹ Australian Bureau of Statistics, Disability, Ageing and Carers: Summary of Findings – State Tables for Western Australia, Table 31; February 2012

Method of Reporting

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

Council Ethics

Prior to allocating and analysing reports, Council members identify any potential conflicts of interest arising from their contact with services, employment or other relevant factors.

Measures of Compliance

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

Closing the Performance Loop

Once this report is tabled in Parliament the reporting organisations may seek to meet with representatives of the Council to receive feedback.

Disability Services Commission

General Comments

As in recent years, the Disability Services Commission (the Commission) demonstrated full and comprehensive compliance with the Act and the Carers Charter. Respect for the rights of carers is embedded in the culture and operations of the Commission. Carers participate actively in the development, implementation and review of the Commission's strategic directions and operational programs.

Assessment

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

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Well developed*
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Well developed*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Well developed*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Well developed*

These self-rated assessments are the same as last year's. Based on the evidence produced, the ratings are supported by the Council. The Council commends the Commission and its funded agencies on their consistent strong performance across all areas.

Good Practice

Several examples of good practice were evident across the Commission's operations in 2012-13. Initiatives of particular interest to the Council include:

- **Ongoing implementation of key strategic programs** - Under the National Disability Strategy 2010-2020, each jurisdiction is required to have a disability plan. WA's plan is the *Count Me In Disability Future Directions Strategy*. Implementation of the Strategy continued in 2012-2013, with a key focus on developing strong supportive partnerships with families and carers. In particular, *Community Connect* programs were delivered in Armadale and surrounding areas, and the *Count Me In Ambassador Program* was expanded to include the South West of the State, raising awareness of key issues affecting families and carers of People with Disability. Capacity building initiatives are also continuing. The *Family Support through Mentoring Project* has been extended beyond the metropolitan area, following positive feedback from families involved in the project. Additional funding has also been provided to support the *Self Directed Supports and Services Strategy* to support carers in a variety of important ways (e.g. to enhance their capacity to direct their family members' supports and services). This was complemented by the delivery of planning workshops for carers in four Local Area Coordination areas, exploring issues such as the emotional journey of 'letting go.'

- **Engagement of carers in policy/program development and delivery** - The high level of carer involvement in Commission decision-making at both a strategic, operational and local level is to be commended. By way of example, carers are represented on the Commission's Board, its Ministerial Advisory Council on Disability, its Quality Management Framework Reference Group, and the Count Me In Advisory Group.

Carers were also directly involved in the development of the Commission's new *Lifestyle Planning Tool* for people living in accommodation supported by the Commission and in the design and implementation of the *Positive Behaviour Framework*. The Framework is aimed at increasing the capacity of the sector to meet the needs of people who exhibit challenging behaviours and their families and carers. The Council is pleased to note that a recent evaluation of the *Positive Behaviour Framework* Team's approach to people from culturally and linguistically diverse (CaLD) backgrounds and Aboriginal people, found that families and carers from these two groups received high levels of assistance and that additional service improvements are being informed by the evaluation.

By way of example of carer engagement at a local level, the Kalgoorlie Local Area Coordination district has developed a citizens' advocacy group for People with Disability and their families and carers.

- **Programs Supporting Carer Groups** - A variety of programs are in place to support particular groups of carers (including mothers, fathers, young carers, older carers, regional carers, and Aboriginal carers), recognising the unique issues of each different group. In addition, two initiatives commenced in 2012-13 to support families with young children - a *Play in the Park* initiative in Fremantle and a coffee group in Gosnells. Carers are supported in other practical ways, such as the provision of information sessions to assist carers with their Combined Application Process (CAP) applications.
- **Respite Centres** - Three new out-of-home respite centres catering for the needs of carers were opened in 2012-13 in Rockingham, York and Gosnells.

Service Delivery - The Commission's service delivery models continue to emphasise the important role of carers. For example, the *Team around the Child* model and the associated *Individual and Family Service Plans* enable carers to be actively involved in the planning, delivery and evaluation of early childhood intervention services. In 2012, 85 per cent of families and carers consulted during an evaluation of the model reported being satisfied or very satisfied with the service they were receiving and feedback from the evaluation has resulted in minor service improvements being made to further improve services and satisfaction levels.

- **Service User Satisfaction** - This year the Commission surveyed a random sample of 463 carers caring for a person with disability receiving services from the Commission and its funded agencies. Several survey questions related directly to the Carers Charter. The results were very positive, indicating (for example) that:
 - 93 per cent of carers felt they had been treated with respect by staff who help the person with disability,
 - 90 per cent believed they were included in the way services were delivered by staff, and
 - 85 per cent felt their needs were considered by staff.

Organisations funded by the Commission are required to have complaints management processes in place and are comprehensively evaluated every three to four years. This evaluation includes asking carers about their concerns. In addition, the Commission conducts six-monthly seminars for funded organisations, including a presentation on complaints management and organisations' responsibilities under the Act. Moreover, an annual carers' survey is conducted. The 2013 survey indicated that 81 per cent of carers were aware of their right to complain, however 84 per cent indicated they had nothing to complain about.

28 formal complaints were lodged with the Commission in 2012-13. Of those, 21 were lodged by a family member and eight related to the family member's rights under the Act and Charter. All were resolved. Information about the complaints process is widely available and accessible in different formats.

- **Staff Training** - The Commission has comprehensive and longstanding practices in place to ensure new and existing staff, together with funded organisations, are well educated on carer issues and their perspectives. The Commission's Consumer Liaison Officer delivers much of the training, but many sessions involve direct engagement with carers. For example, a panel of carers delivers sessions at orientation workshops for all new Local Area Coordinators. Other training, such as 'Caring Together', is delivered online. See page 40 of the Commission's 2012-2013 Annual Report for 'Family and carers support - Three years at a glance' www.disability.wa.gov.au/about-the-commission/about-the-commission1/corporate-publications/. The Commission also continues to make widespread use of its website - both Intranet and Internet - to ensure that the needs of carers are clearly conveyed to all stakeholders.

In addition, during 2012-13, some targeted training was conducted. Two sessions on supporting working carers were presented by Carers WA to Commission staff and managers, and over 500 carers, family members and professionals attended a series of workshops on technologies and strategies for supporting people living with Autism.

Future Directions

The Commission's strategic plan for 2011-15 contains five strategic directions, two of which are of particular relevance to carers:

- People with Disability, their families and carers are at the centre of decision-making about disability issues and services, and
- Communities are welcoming of People with Disability, their families and carers.

The 2012-2013 State Budget has increased the funding to support People with Disability, their families and carers by over 10 per cent, enabling the Commission to fund new initiatives and expand existing projects, many of which are expected to directly benefit carers.

The recent agreement between the State and Federal Governments on disability reform will see the launch of the *National Disability Insurance Scheme* on 1 July 2014, running for two years. Two approaches will be launched - one using the Western Australian *My Way* model and one following the NDIS Australia model.

WA Health

WA Health is divided into six Health Services, all of which report to WA Health who then report to the Council. Each report is reviewed separately.

WA Country Health Service

General Comments

The Western Australian Country Health Service (WACHS) is continuing to expand its engagement with carers, particularly in health service planning. New health accreditation standards now include specific reference to carers.

Assessment

WACHS' self-assessment rating is *Well Developed* in one area and *Satisfactory Progress* in three areas:

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Well developed*
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Satisfactory progress*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Satisfactory progress*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Satisfactory progress*

These ratings are the same as WACHS' 2011-12 ratings. Based on the evidence produced, these ratings are supported by the Council.

Good Practice

Examples of good practice were:

- It is mandatory for all new staff to undertake an induction process, which includes reference to the *Carers Recognition Act 2004* and the WA Carers Charter.
- EQUIP National Standards for the Australian Council on Healthcare Standards were expanded this year to include a new standard called 'Partnering with Consumers'. The standard requires:
 - (a) governance structures to be in place to form partnerships with consumers and/or carers
 - (b) consumers and/or carers to be supported by the health service to actively participate in the improvement of the patient experience and patient health outcomes, and
 - (c) consumers and/or carers to receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

WACHS is currently participating in a periodic review survey including this new standard for the first time.

- WACHS Consumer Engagement Guidelines have recently been developed and are awaiting Executive endorsement. Carers as consumers are integral to these guidelines.
- The *Healthier Country Communities Plan* states up-front that “Our aim is to put the needs of our patients and their carers first in all that we do”. The Plan goes on to say that WACHS staff will “work closely with other health providers and our country communities to deliver high quality, accessible and safe services for everyone, closer to home where possible” and “work with the community in the planning, design, review and evaluation of country health services and facilities.”
- In residential and community care service provision, carers and family are included in care planning and meetings. This requirement is included in manuals and service guidelines.
- Consumer or community members of District Health Advisory Councils and forums are expected to “...talk with health service consumers, carers, and community members and groups about important health issues” and “present the views and opinions of consumers, carers and community members to the WACHS Governing Councils.”
- In all WACHS sites, mechanisms are in place to allow carers to access complaints forms to improve service delivery (e.g. when carers lodge complaints they are asked what could be done to improve the situation and avoid a repetition of the event).
- All WACHS’ contracts with Non-Government Organisations (NGOs) providing services on WACHS’ behalf require those NGOs to comply with the *Carers Recognition Act 2004* and the Carers Charter.

Future Directions

WACHS is planning further regional community consultations as part of its ongoing health service planning. The Council would encourage WACHS to ensure specific representation of carers in those consultations.

WACHS will be contributing to the development of the *State-wide Mental Health Services Plan*, which is expected to involve extensive carer consultation.

North Metropolitan Health Service

General Comments

The North Metropolitan Health Service (NMHS) is the largest health service in the metropolitan area, covering a population of almost one million people, or 40 per cent of the State's population.

The NMHS hospital/health services comprise:

- NMHS Mental Health Services
- Osborne Park Hospital
- PathWest Laboratory Services
- Public Health and Ambulatory Care
- Sir Charles Gairdner Hospital
- Swan Kalamunda Health Service
- Women and Newborn Health Service.

Assessment

The NMHS' individual self-assessment ratings across six major hospitals and health services indicates that compliance is varied, with a mixture of ratings, some indicating satisfactory progress and some well-developed. The trend, however, is towards well developed compliance.

Based on the evidence produced, the Council supports these ratings.

Good Practice

Some examples of systemic good practice across NMHS include:

- Ongoing review of carer-related policies to ensure compliance (e.g. the NMHS Carers Recognition Policy was reviewed in December 2012 and endorsed by the Area Executive Group). Carers were included in the review's consultation process.
- Continued representation of consumers/carers on a wide range of decision-making bodies (e.g. Community Advisory Councils, NMHS Policy Coordination Committee).
- New National Safety and Quality Health Service Standards were introduced on 1 January 2013 and will require NMHS hospitals to provide evidence of achievement of consumer and carer participation and engagement.
- NMHS is progressing with the development of a Consumer, Carer and Community Engagement Framework that will provide a policy framework for the development of site/service based strategies.
- Solid partnerships have been forged between NMHS hospitals/health services and Carers WA - and carers continue to play an integral role in Hospital/Health Service policy and service development.

Additional examples of good practice at each of the NMHS hospitals/health services include:

- **Mental Health Service** - Each carer referred to the *Older Adult Program* was provided with a comprehensive assessment based on their needs and issues. This year the Program conducted 30 carer workshops and two weekend retreats, along with a carer/consumer survey. The *Eating Disorders Program*

regularly runs carers' groups. In the treatment of mental illness in the Aboriginal community, a whole of family approach is taken. Neurosciences have trained carers in the use of alternative communication devices (e.g. iPads). Carer contact stickers have been implemented to enable staff to readily identify patients who have carer involvement in their care.

- **Osborne Park Hospital** - Patient/carers education was expanded from one Rehabilitation and Aged Care ward to all three wards. The Hospital's 'Welcome' poster was updated to include reference to carers. The pharmacy introduced a new patient/carers satisfaction audit to gauge the level of satisfaction with pharmacy services, and discharge medication counselling is now always conducted in the presence of carers. Data collated by Carers WA on behalf of the Hospital shows a 23 per cent increase in the number of interactions between staff and Carers WA (including in-service education) and a 16 per cent increase in the number of carers identified and supported with information packs.
- **Public Health and Ambulatory Care (PHAC)** - Dental Health Services and Wounds West conducted patient satisfaction surveys, including consumers and carers. PHAC is making it easier for carers to lodge complaints by allowing oral and email complaints. Carers WA present sessions on the Carers Charter at all new staff orientations. Patient forms have been revised with carers' interests in mind. PHAC has undertaken a gap analysis on the EQulP National Standard relating to carers and is implementing an action plan to address the gaps identified.
- **Sir Charles Gairdner Hospital** - A 'Carers Corner' has been created in one ward, with the intention of replicating it throughout the hospital. 986 new staff attended education sessions involving Carers WA. Carer feedback helped inform the design of the Discharge Ward. The Hospital distributed 1 660 *Prepare to Care Resource Packs* during the year and 3 378 *Carer Information Packs*.
- **Swan Kalamunda Health Service** - The Carers Charter is displayed throughout the health service. Staff training throughout the year addressed consumer participation, including carers. The training highlighted the important role of carers in the recovery of patients and emphasised that any complaint lodged by a carer was to be treated as if it was a complaint from the patient. Pre-admission and admission paperwork identified if the patient has a carer and obtained carer information to facilitate contact through the hospital stay and discharge process.
- **Women and Newborn Health Service** - The *Prepare to Care Hospital Program* was re-launched in May 2013 at King Edward Memorial Hospital with a strengthened commitment from senior staff. New *Prepare to Care Resource Packs* will support the implementation of the new National Standard on Partnering with Consumers and Carers. A stronger internal network supports a closer working relationship with Carers WA. A Carers Recognition Working Group ensures the Act is understood across the health service. Carers WA and the Customer Service Unit staffed an information display in the Hospital entrance and ran an event to raise staff awareness of carers' roles and needs. All contractors are provided with copies of the Carers Charter and asked to display it publicly. New and amended contracts include a clause requiring compliance with the Charter.

Future Directions

Some NMHS organisations identified areas of future focus:

- The Mental Health Service is working to increase carer representation on governance committees across the Adult Program and has established a partnership with Carers WA to facilitate this. Also, strategies are being developed at Area level to promote a culture that is more responsive to, and inclusive of, carers in clinical service delivery.
- Sir Charles Gairdner Hospital will soon audit carer engagement in bedside handover and is also planning to provide some assisted parking to carers.
- The Women and Newborn Health Service identified a range of initiatives planned for 2013, e.g. the Consumer Advisory Council has provided two members to coordinate the Council review of all consumer pamphlets developed or reviewed and a Carers Recognition Policy is to be developed.

The Council was particularly pleased that some NMHS organisations were proactive in identifying issues of concern and successfully addressing them. This gives hope to carers that their contributions are valued in the achieving positive patient outcomes.

The Council notes that there is room for improvement in relation to NMHS' inclusion of carer input into service delivery, but commends the NMHS on its improved performance in respect of staff understanding of carers.

South Metropolitan Health Service

General Comments

The South Metropolitan Health Service (SMHS) is the fastest growing health service in Western Australia, covering a population of 840 000 people. The SMHS comprises:

- Armadale Health Service and Armadale Kelmscott Memorial Hospital
- Bentley Health Service
- Fremantle Hospital and Health Service
- Rockingham Peel Group
- Royal Perth Group

Assessment

SMHS's self-assessment indicates that compliance across its hospitals/health services is varied, with one reporting *Satisfactory progress* in all four areas, another reporting *Well developed* compliance in all four areas, and the remainder reporting a mixture of ratings. The trend, however, is towards *Well developed* compliance. SMHS's self-reported ratings were *Well developed* in three areas and *Satisfactory progress* in one area:

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Satisfactory progress*
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Well developed*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Well developed*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Well developed*

This self-assessment represents a significant improvement on last year's self-assessment, particularly in respect of policy and service input. Based on the evidence provided, these ratings are supported by the Council. The Council commends the SMHS on this improvement.

Good Practice

Some of the initiatives contributing to SMHS's positive results this year include:

- Improved governance arrangements for the management of issues identified by the Council of Official Visitors in respect of mental health carers. The new processes ensure senior staff at the relevant site are alerted to issues early and that all issues are referred to the SMHS Safety Quality and Risk Unit in order to ensure systemic concerns are identified and addressed.
- Across all SMHS sites, processes are now in place for all policies, information and organisational changes to be reviewed by carers.

- Continuing regular evaluation (both internal and external) of Health Service complaints management. Complaints from all sources, including carers, are regularly reported to senior management.

Additional examples of good practice at each of the SMHS hospitals/health Services are outlined below:

- **Armadale Health Service** - Carers WA are now involved in the monthly induction process for all new staff and in the identification of performance indicators to help with monitoring the effectiveness of new carer information. A carer representative has been included in the *Allow a Natural Death Project* to help with processes associated with Advanced Health Care Directives. A Carers Recognition Week display was held in the front foyer to inform staff of the Carers Charter. Information is available in several languages and display boards strategically located to ensure multiculturally diverse people have access to information. Complaints are tabled monthly and audited every two months.
- **Bentley Health Service** - A patient satisfaction survey was conducted with reference to carers. 71 per cent of patients considered that families and carers were included in treatment and follow-up care; only 8 per cent indicated they were not and the balance stated that this was not relevant to them. Importantly the Service also now has clinical pathways which include carers in discharge education and requires carer sign off to acknowledge they have been advised of the treatment plan. In addition, staff training on the Act was introduced to mental health nursing staff in January 2013. The Bentley Health Service is currently conducting a re-audit of its compliance with the Act. Observation charts include a section advising the carer to notify the clinical staff if they have concerns. Complaint reports are reviewed monthly and audited every 2 to 3 months.
- **Fremantle Hospital and Health Service** - A Carers WA Council Project Officer has further developed the relationship between the Hospital and Carers WA. A *Carers' Champion Program* has also been introduced, involving staff who self-nominated to lead the education of other staff on carer issues. Carer prompt cards have been provided by Carers WA to Fremantle Hospital staff for attachment to identification lanyards to help with the carer recognition and referral process. Ongoing liaison with Carers WA has resulted in Noticeboards in hospital entrances and lift wells plus Information Boards in wards.
- **Rockingham Peel Group** - Carer representation on its Advisory Council saw the introduction of a number of initiatives including Gold Standard Auditor training. In addition, the Peel and Rockingham Kwinana (PaRK) Mental Health Consumer and Carer Participation program was a finalist in the 2012 WA Health Awards. The Carer Resource Pack was launched to staff. They also have carer participation in the annual Facility (observation) Audit.
- **Royal Perth Group** - The *Prepare to Care Program* has been very successfully implemented, with staff distributing 1 680 information packs and 261 resource packs to carers - a considerable increase on the preceding two years. In addition, there has been an increase in the reviews and audits undertaken by carers' representatives at the Hospital, and 102 staff attended education sessions provided by Carers WA. Complaints are de-identified, the information categorised and improvements undertaken based on these complaints. They also recently released a 'RPH Customer Service Improvement Video'.

Future Directions

Overall, SMHS has made considerable progress in its compliance - in particular at the Rockingham Peel Group and the Royal Perth Group. The Council commends SMHS's efforts to improve its overall performance.

The Council would encourage continued efforts across SMHS Hospital and Health Services in the area of in ensuring staff awareness of carers' rights and the treatment of carers.

The Council commends SMHS's efforts in reviewing complaints in a timely (e.g. monthly), period.

Child and Adolescent Health Service

General Comments

The Child and Adolescent Health Service (CAHS) has significantly improved its compliance in 2012/13. The level of involvement of carers in service planning and program development has been impressive, particularly in respect of the new Perth Children's Hospital and Aboriginal Health. Carers are actively supported and engaged at both an operational and systemic level, and the important role of carers in children's health is well understood by staff.

Assessment

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

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Well developed*.
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Well developed*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Well developed*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Well developed*

This self-rated assessment is considerably higher than last year's. In 2011/12 CAHS considered it had made only 'Satisfactory Progress' in three areas and was 'Well Developed' in only one area (Carers' Views). Based on the evidence produced, this year's assessment is supported by the Council. The Council commends CAHS on making such significant improvements in practice and compliance.

Good Practice

Numerous carer initiatives were undertaken in 2012-13, building on the good work of previous years:

- One very useful initiative is the development of the CAHS Carers' website which is due to be launched in coming months. The website is designed to support carers and to provide information for both carers and staff on the role of carers. It includes links to the Carers Charter.
- The third annual CAHS Carers' Day was conducted, with the theme 'Your Rights as a Carer and My Child's Future'. Carers were addressed by, *inter alia*, the Minister for Mental Health and Disability Services and the Chair of the Disability Services Commission.
- Carers Week provided the catalyst for additional staff training on legislation and policies concerning carers. A 'quick reference' brochure with helpful links to carer resources was developed and a carers' crossword produced to quiz staff on the Carers Charter.

- A Chronic Care Coordination Senior Registered Nurse position was created for a two year period to help coordinate services and support for families and carers of children with chronic respiratory disease and a tracheostomy. As a result, various related initiatives are now underway.
- CAHS' Consumer and Carer Engagement Policy was finalised during the reporting period (August 2012) and has been progressively implemented since that date. It commits CAHS to ensuring that carers "have an opportunity to participate in the planning, delivery, development and evaluation of healthcare services with due regard to privacy and confidentiality requirements and regulatory frameworks."
- A Consumer Advisory Committee has also been established to advise the State Government on improving the experience of patients, their families and carers at Princess Margaret Hospital. Its first meeting was held in June 2013.
- Other existing committees and advisory groups continue to give carers a voice (e.g. the Aboriginal Health Advisory Group and the Community, Disability and Carers Advisory Committee). Throughout this past year, there has been a particular focus on consultation for the new Perth Children's Hospital. Carers have helped contribute to decisions about aspects of hospital design (e.g. the removal of interstitial nursing stations) and the selection of hospital furniture and equipment (e.g. parent beds).
- CAHS coordinates carers' panel discussions attended by staff from all disciplines, their families and carers. These panels address emerging themes or a specific service area with a view to improving health outcomes. At this stage, no changes have resulted from the panel discussions, but it is anticipated that some will occur as the process develops.

Future Directions

It is pleasing to see that CAHS has recently entered into a partnership with Carers WA to provide networking opportunities and workshops for carers about their rights and available supports. Two workshops have been delivered and other partnerships are being considered to help carers in all facets of their role.

Several in-house education workshops are planned with medical staff to highlight the role of the Liaising Informing and Networking for Carers (LINC) Coordinator and the assistance and support available to carers.

Aged and Continuing Care Directorate

General Comments

The Aged and Continuing Care Directorate (ACCD) administers WA's Home and Community Care (HACC) Program. This program contributes to ACCD's goal of delivering the "...best achievable health and well-being outcomes for older people and other members of the WA community who require aged and continuing care services".

The ACCD has a strong record of supporting and engaging carers in service development and delivery. The Council is appreciative of the ACCD's continuing good work in this area, particularly as WA's ageing population will result in an increasing number of carers supporting our older people.

Assessment

ACCD's self-assessment rating is *Well Developed* - the highest rating available - in all four areas:

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Well developed*
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Well developed*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Well developed*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Well developed*

The ACCD monitors the compliance of HACC service providers via an annual self-evaluation, complemented by verification visits conducted triennially by the independent CommunityWest Quality Team. The number of HACC service providers reporting on compliance has increased from 85 per cent in 2011 to 96 per cent in 2013. ACCD and the HACC service providers are to be congratulated on this improvement.

Based on the evidence provided, ACCD's self-rated assessments are supported by the Council.

Good Practice

The ACCD provided a range of positive examples in support of its compliance claims:

- **Carer Feedback** - 90 per cent of the carers surveyed in the *HACC Quality of Life Survey 2013* indicated they were satisfied with the level of support they received from the HACC Program.
- **Carer Engagement in Planning, Review and Decision Making** - The ACCD's Aged Care Network comprises several advisory bodies, each of which includes a representative from Carers WA. In addition, the WA Dementia Working Group chaired by the ACCD includes a representative of Carers WA.

- 99 per cent of HACC service providers reported that they recognise the role of carers in the review and development of services.
 - 93 per cent reported that they had a carer representative on their board of management.
 - Community consultations including carer and consumer representatives were conducted in all metropolitan and regional HACC planning regions in 2013 to inform future program planning. 88 per cent of carers surveyed in the above survey indicated they had been involved in service planning (an improvement of 6 per cent over the previous year).
 - The Complex Needs Coordination Team (*CoNeCT*) conducted an evaluation of its service during 2012/13 in which personal interviews with carers were conducted. *CoNeCT* reported feedback about the service to be very positive.
- **Carer Involvement in Service Delivery** - The *CoNeCT Program* uses a case management approach that addresses the needs and goals of the client and their carers, and helps them navigate the health and community care systems.
 - **Training and Awareness** - ACCD funds Carers WA through the HACC Program to provide staff awareness training to HACC service providers, with a minimum of 20 presentations per year. 100 per cent of HACC service providers reports that carers are treated with dignity and respect - a finding which aligns with an independent evaluation by the CommunityWest Quality Team.
 - **New Initiatives** - The WA Assessment Framework was implemented in the Kimberley and Southwest Regions of WA from 1 July 2013. This incorporates a service to help eligible people access HACC support services.
 - **Complaints Processes** - 99 per cent of HACC service providers have complaints processes and policies in place and ACCD provides carer specific funding to Advocate to support carers wishing to lodge complaints.

Future Directions

The ACCD has indicated its commitment to continuing its external verification of HACC service providers' compliance with the Carers Charter. The Council applauds this commitment and commends the ACCD on its continued focus on ensuring that high standards of carer engagement and support are delivered by HACC service providers.

Department of Health - Funded Services

General Comments

The Department of Health (the Department) contracts a wide range of Not-for-Profit organisations to deliver health services across the State. Reporting on compliance with the Carers' Charter is part of the community service contract for every service having dealings with carers. A total of 50 organisations reported for the year ending June 2013. The reports are collated and summarised by the Community Services Procurement Directorate (CPSD) at the Department.

Performance is varied across this wide range of organisations. On balance, there is a pleasing trend towards recognition of the importance of carers in the achievement of positive health outcomes.

Assessment

Overall, the Department's self-assessment rating of funded organisations is *Satisfactory Progress* in two areas and *Well Developed* in the other two areas:

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Well developed*
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Satisfactory progress*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Satisfactory progress*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Well developed*

These ratings are an improvement on last year's ratings in the two areas of *Understanding the Carers Charter* and *Complaints and listening to carers*.

While there was considerable variation in reported compliance between organisations, the Council is particularly pleased that all organisations reported being compliant with the Carers Charter. Positive results of note were:

- 94 per cent of organisations reported compliance with the requirement to treat carers with respect and dignity;
- 75 per cent of organisations reported compliance with the requirement that the role of carers be recognised by including them in the assessment, planning, delivery and review of services that impact on them and the role of carers;
- 83 per cent of organisations reported compliance with the requirement that the views and needs of carers 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; and

- 91 per cent of organisations reported compliance with the requirement that complaints made by carers in relation to service that impact on them and the role of carers must be given due attention and consideration.
- 68 per cent fully compliant in terms of ensuring carers have the opportunity to provide feedback on their experiences, and
- No organisations submitted a self-assessment of 'not compliant'. The reasons given for not being fully compliant were a need to review procedures, the organisation was in the process of collecting carers' feedback for evaluation purposes, the organisation was currently completing a strategic planning process or need to continue Carers Charter training for new and existing staff.

Areas for improvement include the inclusion of carers on Board and Management Committees, including carers in strategic planning processes and including training on the Carers Charter and the role of carers in staff inductions and ongoing training.

Based on the evidence provided, the Department's self-rated assessments are supported by the Council.

Good Practice

Several organisations demonstrated outstanding commitment to carers and provided a wide range of impressive examples. Some of the initiatives of interest include:

- Carer counselling services and discussion groups
- Community advisory groups for strategic planning (with carer representation)
- High degree of carer membership on some Boards of Management (one organisation has three carer representatives on a board of eight while a second has a carer as the Chair of the board)
- Consumer Advisory Groups (with carer representation)
- Parents' and siblings' retreats
- In-patient respite care
- Blokes' days out and Ladies Support Dinner
- Country outreach services open to all carers
- Support and celebration dinners, morning teas etc.
- Hospital 'survival bags' for carers
- Distribution of new member packs to carers of children and a 'What Now' publication, plus a follow up call after joining
- Volunteer manuals (includes a copy of the Carers Charter)
- Carer peer support groups
- A carer recreational camp
- Dedicated web pages for carers
- Provision of support to carers wishing to lodge a complaint
- Annual feedback surveys
- In-home assessments, education and training for carers
- Bereavement service for carers
- Provision of legal and financial advice to carers.

Future Directions

A number of funded organisations indicated that the self-assessment process had highlighted areas in which they intend to take action (e.g. to inform staff of the Carers Charter and to train new and existing staff in the formal complaints process relating to the Charter). The Council commends these organisations for their proactive approach.

The Council also commends the two thirds of organisations who were fully compliant with providing opportunities for carers to give feedback.

The Council noted that there is room for improvement in carer representation on boards and committees with 26 per cent of organisations not compliant and a further 19 per cent only partially compliant, and in the strategic planning processes of many organisations with 14 per cent of organisations not compliant and 8 per cent only partially compliant. It is pleasing that some organisations have identified these issues and are looking to rectify them.

The Council congratulates the many organisations that have demonstrated their strong commitment to partnering with carers to deliver improved services and encourages all organisations to continue supporting their carers.

Mental Health Commission - Funded Health Services

General Comments

The Mental Health Commission (MHC) funds 80 non-government organisations across the State to provide people who experience mental health problems with accessible, high quality services and supports. With 75 per cent of all severe mental illness beginning before the age of 24 years² and some 45 per cent of all Australians likely to suffer mental illness at some point in their lives,³ large numbers of Western Australians are likely to be carers for people with mental health problems.

Since its establishment in March 2010, the MHC has acknowledged carers as an integral part of an effective mental health sector. The MHC is committed to increasing the involvement of carers in the design of policy, planning and service delivery within WA's mental health services and systems.

Assessment

The Commission voluntarily reports on its funded organisations' compliance using a modified reporting template that identifies whether compliance has been achieved or not achieved. This year, 73 per cent of its 80 funded organisations provided data for the assessment - a marginal improvement over 2012 at 71 per cent. The self-assessment for those organisations indicates *Achieved Compliance* in all four areas:

- Understanding the Carers Charter: Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness training) - *Achieved Compliance*
- Policies and plans relating to receiving input from carers: Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies, relevant initiatives with carers) - *Achieved compliance*
- Carers' views: Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role - *Achieved compliance*
- Complaints and listening to carers: Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard (e.g. overview of process, management of timeliness and accessibility, and promotion of process) - *Achieved compliance*.

These self-rated assessments are the same as last year's. Based on the evidence produced, the ratings are supported by the Council and the Council commends the MHC on its continued willingness to promote the importance of complying with the Act to its funded organisations.

Good Practice

There was evidence of marked improvements in MHC funded organisations' approaches to carers.

Compliance across the funded organisations improved in all four areas with:

- 94 per cent of organisations reported having achieved compliance in the areas of treating carers with respect, compared to 91 per cent last year

² Commonwealth of Australia, 2004. 'Responding to the mental health needs of young people in Australia: discussion paper, principles and strategies'. Canberra.

³ Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing: Summary of Results, 2007.

- 94 per cent of organisations reported compliance with the requirement that complaints made by carers be given due attention and consideration, compared to 86 per cent last year
- 82 per cent of organisations reported compliance with the requirement that the role of carers be recognised by including them in the assessment, planning, delivery of services that impact on them and the role of carers, compared to 71 per cent last year
- 81 per cent of organisations reported compliance with the requirement that the views and needs of carers be taken into account when decisions are made that impact on carers and the role of carers, compared to 74 per cent last year.

Of particular note were significant improvements in:

- Acknowledging the role of carers in all relevant policies, protocols and publications,
- The involvement of carers in strategic planning processes and Board and Management committees, and
- The opportunity for carers to provide feedback on their experience of the organisations.

Individual Agency Initiatives: Funded organisations provided a wide range of examples to demonstrate their approaches to engaging and supporting carers -

- One mentioned a holistic tool for mental health consumers which actively encourages them to re-connect with family and reflect on the role of carers in their lives.
- Another indicated it had recently partnered with Carers WA to support the recruitment of a Carer Consultant for its organisation.
- A third organisation reported conducting bi-annual satisfaction surveys for all consumers and carers, as well as mini-surveys every two months focusing on topics of interest.
- A fourth organisation spoke about its new *Carers Pack*, which provides details about carer supports, access to peers and the complaints process.
- A fifth organisation had established a Carer Consultative Committee attended by the Chief Executive Officer.
- A sixth organisation now provides parent support evenings for families of their consumers and increased their family counselling services.
- Another organisation conducted a gap analysis of all policy and procedures to ensure compliance to the National Mental Health standards pertaining to carers.

Future Directions

The Council acknowledges the strong commitment of the MHC and its funded agencies to improve both the recognition of carers of people with mental health problems and carers' involvement in the design and delivery of services. The challenges will be to increase the number of funded organisations reporting on compliance and building on the MHC's early successes.

Conclusion

This is the eighth Compliance report to be presented to Parliament since the inception of the *Carers Recognition Act 2004*. It is most encouraging to note that a review of all eight reports indicates strongly the growth over time of the recognition and inclusion of carers in all reporting agencies.

The data from Table 1 overleaf shows that, of the 16 organisations reporting, eight recorded the same assessments (many of which were Well Developed already) and six recorded improvements.

Even in those organisations reporting the same ratings as last year, advances have been made - organisations reporting 'Well developed' have become even further developed and are either trialling new initiatives or extending and improving existing initiatives).

Council is most encouraged by this trend and commends the Department of Health, the Disability Services Commission and the organisations funded by the Mental Health Commission for their continuing development of the recognition of carers at all levels in these organisations. Council looks forward to continuing to advance carers interests and to working with reporting organisations to continue the development of the recognition of carers.

TABLE 1: Comparison between years 2011/12 and 2012/13 of Self-Rated Compliance with the *Carers Recognition Act 2004*

REPORTING ORGANISATION		STAFF UNDERSTANDING		POLICY INPUT		SERVICE INPUT		COMPLAINTS	
		2011/12	2012/13	2011/12	2012/13	2011/12	2012/13	2011/12	2012/13
Disability Services Commission		W	W	W	W	W	W	W	W
WA Health									
WA Country Health Service		W	W	S	S	S	S	S	S
North Metropolitan Health Service	NMHS Mental Health Service	W	W	S	S	W	W	W	W
	Osborne Park Hospital	S	S	S	S	S	S	S	S
	Sir Charles Gairdner Hospital	S	W	S	W	S	S	S	S
	Public Health & Ambulatory Care	S	S	S	S	S	S	S	W
	Swan Kalamunda Health Service	W	W	W	W	W	W	W	W
	Women and Newborn Health Service	W	W	W	W	S	S	W	W
South Metropolitan Health Service	Armadale Health Service	W	W	W	W	W	W	W	W
	Bentley Health Service	S	S	S	S	S	S	S	S
	Rockingham Peel Group	S	S	S	W	S	W	W	W
	Fremantle Hospital and Health Service	W	W	S	S	W	W	W	W
	Royal Perth Group	S	S	S	W	S	W	S	W
Child and Adolescent Health Service		S	W	S	W	W	W	S	W
Aged and Continuing Care Directorate		W	W	W	W	W	W	W	W
Department of Health Funded Organisations		S	W	S	S	S	S	S	W
Mental Health Commission									
Funded Organisations		W	W	W	W	W	W	W	W

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