



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

# Carers Advisory Council

*Carers Recognition Act 2004* Compliance Report 2022-2023



Intentionally blank - inside cover page

## Contents

|  |           |
|--|-----------|
| <b>Carers Advisory Council</b> .....   | <b>1</b>  |
| <b>Contents</b> .....  | <b>3</b>  |
| <b>Letter to the Minister from the Chair</b> .....   | <b>6</b>  |
| <b>Executive Summary</b> .....   | <b>8</b>  |
| <b>Key findings and observations</b> .....   | <b>8</b>  |
| <b>Introduction</b> .....  | <b>12</b> |
| <b>Reporting organisations</b> .....   | <b>13</b> |
| <b>Reporting and Compliance Framework</b> .....  | <b>14</b> |
| <b>Method of reporting</b> .....   | <b>14</b> |
| <b>Reporting changes in 2022-23</b> .....  | <b>15</b> |
| <b>Suggestions for improvement and focus areas</b> .....   | <b>15</b> |
| <b>Assessment of compliance</b> .....  | <b>15</b> |
| <b>Funded services reporting</b> .....   | <b>16</b> |
| Department of Health funded services .....   | 16        |
| Mental Health Commission funded services .....   | 16        |
| <b>Structure of the report</b> .....   | <b>18</b> |
| <b>Criterion 1: Understanding of the Charter</b> .....   | <b>19</b> |
| <b>Council observations</b> .....  | <b>19</b> |
| <b>Findings</b> .....  | <b>20</b> |
| Funded services .....  | 22        |
| Examples of ensuring staff are aware of and understand the Charter and treat carers with dignity and respect ..... | 24        |
| <b>Criterion 2: Policy input from carers</b> .....   | <b>29</b> |
| <b>Council observations</b> .....  | <b>29</b> |
| <b>Findings</b> .....  | <b>30</b> |
| Funded services .....  | 31        |
| Examples of policy input from carers .....   | 33        |
| <b>Criterion 3: Carers views and needs are considered</b> .....  | <b>37</b> |
| <b>Council observations</b> .....  | <b>38</b> |
| <b>Findings</b> .....  | <b>39</b> |
| Funded services .....  | 40        |
| Examples of considering the views and needs of carers .....  | 42        |

|  |           |
|--|-----------|
| <b>Criterion 4: Complaints and listening to carers .....</b>             | <b>45</b> |
| <b>Council observations .....</b>  | <b>45</b> |
| <b>Findings.....</b>   | <b>46</b> |
| Funded services .....  | 47        |
| Examples of hearing and considering complaints by carers .....           | 50        |
| <b>Compliance summaries.....</b>   | <b>53</b> |
| <b>South Metropolitan Health Service.....</b>                            | <b>53</b> |
| <b>North Metropolitan Health Service .....</b>                           | <b>54</b> |
| <b>East Metropolitan Health Service .....</b>                            | <b>56</b> |
| <b>Disability Services Commission.....</b>                               | <b>57</b> |
| <b>WA Country Health Service .....</b>                                   | <b>59</b> |
| <b>Child and Adolescent Health Service.....</b>                          | <b>60</b> |
| <b>Department of Health.....</b>   | <b>61</b> |
| Funded services .....  | 63        |
| <b>Mental Health Commission .....</b>                                    | <b>63</b> |
| <b>Highlighted and planned initiatives.....</b>                          | <b>66</b> |
| <b>Council observations .....</b>  | <b>66</b> |
| <b>Appendix 1: Council 2021-22 improvement and focus areas .....</b>     | <b>67</b> |
| <b>Appendix 2: Updates on initiatives reported on in 2021-2022.....</b>  | <b>69</b> |
| <b>South Metropolitan Health Service.....</b>                            | <b>69</b> |
| <b>North Metropolitan Health Service .....</b>                           | <b>69</b> |
| <b>East Metropolitan Health Service .....</b>                            | <b>70</b> |
| <b>Disability Services Commission.....</b>                               | <b>71</b> |
| <b>WA Country Health Service .....</b>                                   | <b>71</b> |
| <b>Child and Adolescent Health Service.....</b>                          | <b>72</b> |
| <b>Department of Health.....</b>   | <b>74</b> |
| <b>Appendix 3: New key initiatives in 2022-2023.....</b>                 | <b>75</b> |
| <b>South Metropolitan Health Service.....</b>                            | <b>75</b> |
| <b>North Metropolitan Health Service .....</b>                           | <b>76</b> |
| <b>East Metropolitan Health Service .....</b>                            | <b>78</b> |
| <b>Disability Services Commission and Department of Communities.....</b> | <b>78</b> |
| <b>WA Country Health Service .....</b>                                   | <b>80</b> |
| <b>Child and Adolescent Health Service.....</b>                          | <b>82</b> |
| <b>Department of Health.....</b>   | <b>83</b> |
| <b>Department of Health funded services .....</b>                        | <b>84</b> |
| <b>Appendix 4: Future carer-related planned initiatives.....</b>         | <b>86</b> |

|   |           |
|---|-----------|
| <b>South Metropolitan Health Service.....</b>   | <b>86</b> |
| <b>North Metropolitan Health Service .....</b>  | <b>86</b> |
| <b>East Metropolitan Health Service .....</b>   | <b>88</b> |
| <b>Disability Services Commission.....</b>      | <b>89</b> |
| <b>WA Country Health Service .....</b>          | <b>89</b> |
| <b>Child and Adolescent Health Service.....</b> | <b>91</b> |
| <b>Department of Health.....</b>                | <b>92</b> |
| <b>Appendix 5: Acronyms used .....</b>          | <b>93</b> |

## Letter to the Minister from the Chair

Hon Sabine Winton MLA

Minister for Early Childhood Education; Child Protection; Prevention of Family and Domestic Violence; Community Services

Dumas House  
2 Havelock Street  
WEST PERTH WA 6005

Dear Minister Winton

It gives me great pleasure to present the 2022-23 Carers Advisory Council's (the Council) Annual Compliance Report (the Compliance Report) for your consideration and tabling in Parliament, as required by Section 10 of the *Carers Recognition Act 2004* (the Act).

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

- Disability Services Commission, Department of Communities (Communities)
- Department of Health and their funded organisations (non-government organisations)
- WA Country Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service; and the
- Mental Health Commission (submitted on a voluntary basis).

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

The 2022-2023 period was certainly a busy year for the reporting organisations. The Council is appreciative and commends the breadth and depth of projects designed and delivered since the last Compliance Report in 2021-22.

Consumer and carer engagement strategies have been implemented by organisations, providing a crucial framework for building partnerships with carers and carer representative bodies, and an increased number of initiatives developed which are more reflective of the diverse needs and experiences of carers.

Following on from the trend identified in 2021-22, the valuable role played by carers in our society continues to be more publicly recognised and better supported by organisations. In 2022-23, this also importantly included increased recognition and support of organisational staff and volunteers who are unpaid carers themselves. We hope to further this trend in the coming year.

The Council sincerely commends the work of reporting organisations in 2022-23, confident that these will lead to better outcomes for carers and further recognition of the value of the voices of those with lived experience.

While progress is being made, and momentum certainly appears to be building, there is so much more to achieve. More advocacy is required to improve outcomes for carers, especially in the prevention of and recovery from carer burnout, respite availability, and further recognition of the carer role.

It is also imperative to develop proactive strategies to target other cohorts of carers, especially young carers, first Nations carers, carers from culturally and linguistically diverse backgrounds and LGBTQI+ carers, and important to ensure carer voices in inclusion indicators, feedback and complaints systems are identified. More lived experience of caring representation with governing boards and committees is encouraged.

As you may be aware, since 2017-18 the Council has worked with reporting organisations to continually improve the compliance measurement tool (tool).


Significant progress was made in 2022-23 in developing an improved, fit-for-purpose tool. This was made possible through a renewed collaborative approach between Communities, in its role as the lead agency for carers and executive support of the compliance process, and the reporting organisations. The Council would like to thank both Communities and the reporting organisations in this regard, for their commitment.

Such an engaged and consultative approach lays the groundwork for further improvements to the tool in 2024, with the aim of easier reporting for organisations and to assist with the interpretation, analysis, and understanding of sector-wide best practice. This will assist the Council to continue to make further recommendations to enable reporting organisations to progress sector-wide improvement.

In 2024, during which we commemorate the 20<sup>th</sup> anniversary of the Act, the Council will continue working with Communities, in collaboration with many other organisations such as Carers WA, in striving to prevent carer burnout, promoting carer wellbeing and supporting carers in the joys and challenges they face in their critical and diverse roles.

A personal thank you to you, Minister, for your passion and drive in caring for the carers in our State.

Yours faithfully



Esme Bowen

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

Gloria Moyle, Regional Deputy Chair

Ros Thomas, Metropolitan Deputy Chair

Tony Vis, Jenni Perkins, Carrie Clark, Kim Hudson and Beatitude Chirongoma

## 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 seventeenth compliance report presented to the Minister for Community Services and the Parliament of Western Australia since the enactment of the Act in 2004. It is also the third report since the Minister's suspension of reporting obligations in 2020 as the health and disability sectors operated in a State of Emergency during the COVID-19 pandemic.

The Carers Charter is made up of four pillars:

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

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

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

## Key findings and observations

The Council thanks reporting organisations for the detailed information provided by the majority of agencies on their carer related initiatives. As with the previous year's report, the Council is encouraged by the breadth and depth of initiatives being undertaken that support the Carers Charter. Examples were provided of an extensive range of innovative projects that seek to engage and support carers in multiple ways.



## **Acknowledging the role of carers**

The Council notes that:

- All applicable agencies acknowledge the role of carers in relevant policies and protocols; and that the majority of agencies have some method of articulating carers' rights. Participation in National Carers Week continues to be embraced as an opportunity to celebrate, educate and support the work of carers across Western Australia.
- Consumer and carer engagement strategies are providing a framework for building partnerships with carers and carer representative bodies. There has been an increase in examples provided of consumer engagement policies related to the recruitment, training and reimbursement of carer representatives.

## **Carer representation at governance and executive levels**

The majority of reporting organisations:

- Have carers represented at the organisation's governance and executive levels, although the proportion appears to be less so for funded services.
- Also include carers in strategic planning processes and the development of organisational frameworks, policies and procedures. There is increasing evidence of carers being involved in research priority setting and design.

## **Education and training**

The Council acknowledges that:

- The majority of reporting organisations provide education and training on the Carers Charter and the role of carers is included in staff inductions.
- In relation to the 2021-22 compliance report's suggestion that induction, education, and training related to the Charter are evaluated to measure effectiveness, all applicable reporting organisations stated that relevant resources had been reviewed in the past year or are scheduled for a review over the forthcoming year. The Council is pleased with this action.

## **Identification of carers as a specific sub-group and connecting to carers**

The identification of carers as a specific sub-group within reviews, consultations, complaints and feedback is vital to ensuring that carer voices are heard and responded to.

The lack of carer specific data and reporting has been identified by the Council in previous reports and is seen as a priority area for improvement.

The Council:

- Notes that just under one half of applicable agencies have a process and/or system in place to identify, measure and report on carer inclusion indicators. There is, however, an

uptake in initiatives to enable systems to separately identify and report on carer feedback as a sub-set of all feedback and complaints. Continued work to identify carer voices in inclusion indicators, feedback and complaints systems is encouraged.

- Notes that, as a 2022-23 focus area, the majority of agencies use multiple means to connect carers to support. There continues to be an increase in examples of peer support models, the employment of peer support workers and building the lived experience workforce.
- Recognises a particular highlight in the 2022-23 reports - evidence of agencies recognising and supporting staff and volunteers who are unpaid carers. This is an emerging trend and one which the Council encourages.

### **Evaluation of carer initiatives – building a strong evidence base and sharing learning**

A suggested area for improvement in the 2021-22 compliance report was that agencies increase their evaluation of carer initiatives in order to build a strong evidence base and share learnings.

The Council:

- Is pleased to see initiatives such as communities of practice. However, the Council also notes that less than half of the agencies reported that they are evaluating carer initiatives and sharing the findings. This is an area where further improvements can be made.
- Is pleased to see an increase in carers initiatives that reflect and support the diverse needs and experiences of carers. The Council commends all initiatives that are actively reaching out to a diversity of carers, many of whom have complex needs and additional challenges to inclusion and engagement.
- Acknowledges the imperative to develop proactive strategies that target the needs of Aboriginal and CaLD carers. This is an area where more work is needed.

### **Demonstration of compliance against national standards**

Over the past six years or so, the Council notes that a number of services are now required to demonstrate compliance against a range of national standards, all of which include some reference to working with consumers and carers - examples provided to the Council include the National Safety and Quality Health Service Standards (Partnering with Consumers), National Standards for Mental Health Services and National Standards for Disability Services (Participation and Inclusion).

The Council sees the inclusion of carers in national standards, and the accompanying accreditation processes, as a positive indication that the rights and role of carers is increasingly being acknowledged.

## **Summary of key findings and observations**

In summary, the 2022-23 reporting process demonstrated evidence across the reporting organisations of a genuine commitment to ensuring carers are valued and active partners in the consumer/patient care journey; that carers are supported in their role; and that the voice of carers is heard and responded to, at both an individual and system level.

## 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.

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 (refer page 11)
- 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 reporting 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 seventeenth 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 2022-23 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 Department of Health (DoH) is responsible for health systemwide planning and in doing so applies the second principle of the Carers Charter: 'the role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers'. The Department of Health also reports to the Council on services provided under contract with the Department.

The WA Mental Health Commission (the 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 Commission has chosen to report on compliance with the Carers Charter of Commission-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**

| <b>The Western Australian Carers Charter</b>   |   |   |   |
|--|---|---|---|
| <p>Carers must be treated with respect and dignity.</p> <p>The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.</p> <p>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.</p> <p>Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.</p> |   |   |   |
| <p><b>Criterion 1:<br/>Understanding of<br/>the Charter</b></p>  | <p><b>Criterion 2: Policy<br/>input from carers</b></p>   | <p><b>Criterion 3: Carers<br/>views and needs are<br/>considered</b></p>  | <p><b>Criterion 4:<br/>Complaints and<br/>listening to carers</b></p>   |
| <p>Implement activities and strategies to ensure staff are aware of and understand the Charter and have the capacity to treat carers with dignity and respect.</p>   | <p>The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.</p> | <p>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.</p> | <p>Complaints made by carers in relation to services that impact on them, and the role of carers must be given due attention and consideration.</p> |
| <p><b>Action indicators</b></p>  | <p><b>Action indicators</b></p>   | <p><b>Action indicators</b></p>   | <p><b>Action indicators</b></p>   |
| <p><b>Self-assessed rating</b></p> <p>For each criterion, agencies self-assess their overall performance as being 'Compliant', 'Not Compliant' or 'Not Applicable'.</p>  |   |   |   |

## 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
- updates on previously planned activities and new initiatives during the reporting period

- initiatives planned for the following year
- self-assessment of compliance.

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

## Reporting changes in 2022-23

Based on feedback from the reporting organisations, the 2022-23 reporting and compliance framework and template was significantly revised, simplified and streamlined. The review and changes reflected feedback from reporting organisations on the 2021-22 process and was an action commitment by the Council.

The 2022-23 reporting and compliance process saw a significant change to assessment ratings (see below) and simplification of evidence actions that are reported on in the template. As a result of these changes, direct comparisons between the 2022-23 reporting period data are limited.

## Suggestions for improvement and focus areas

Based on findings, the 2021-22 report included nine areas for suggested improvements (Appendix 1). The 2022-23 reporting template includes questions that had a focus on the Council's improvement areas. Where an action indicator links to a Council improvement area, the action was highlighted as a 'Council focus' in the template. This is reflected in the presented 2022-23 tables and charts.

## Assessment of compliance

Arising from the Council's reporting and compliance review, in the 2022-23 reporting period the Council has changed self-assessment ratings to 'Compliant', 'Not compliant' or 'Not applicable'. In previous years 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 other three principles of the Carers Charter are considered not applicable and are only reported for services funded by the department. In 2022-23, the department provided an assessment of compliance by funded services across all four criteria.

The WA Mental Health Commission reports on the compliance of funded non-government mental health services only. The assessment rating used by the Commission for funded services is 'Not compliant', 'Partially compliant', 'Mostly compliant', 'Almost fully compliant',

'Fully compliant' and 'Not applicable'. Non-government organisations (NGOs) contracted to provide alcohol and other drug services are currently not required to report on their compliance with the Carers 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 funded 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, along with examples of practice.

In 2022–23, organisations contracted by the department to provide community health services (n=70) reported on their compliance with the Carers Charter using an online survey. The reporting template used by the Department for 2022-23 differed from the 2021-22 reporting period to align more closely with the Council's revised reporting tool, so direct comparisons between the two reporting periods is not possible.

### WA Mental Health Commission funded services

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 organisations. The questions cover all aspects of the Carers Charter. Compliance results are included in findings under each criterion as applicable and relevant (Table 1).

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

| Council criteria  | Mental Health Commission funded service measurements   |
|---|--|
| 1. Understanding of the Charter and carers treated with | Section A: Level of Compliance with the WA Carers Charter<br>Area 1. Carers must be treated with respect and dignity.<br>Section B: Related Actions<br>Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols. |



| Council criteria                         | Mental Health Commission funded service measurements  |
|--|---|
| respect and dignity                      | <p>Action 2. Acknowledge the role of carers in all relevant organisational publications.</p> <p>Action 3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training.</p>   |
| 2. Policy input from carers              | <p>Section A: Compliance with the WA Carers Charter</p> <p>Area 2: The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.</p> <p>Section B: Related Actions</p> <p>Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.</p> <p>Action 5. Include carers in the organisation’s strategic planning process.</p>  |
| 3. Carers views and needs are considered | <p>Section A: Compliance with the WA Carers Charter</p> <p>Area 3. The views and needs of carers must be taken into account along with the views, needs and best interest of people receiving care when decisions are made that impact on carers and the role of carers.</p> <p>Section B: Related Actions</p> <p>Action 6. Include carers on the Board/Management Committee of the organisation.</p> <p>Action 7. Include carers in the assessment process for direct services.</p> <p>Action 8. Include carers in the ongoing monitoring of direct services.</p> <p>Action 11. Provide avenues for carers to access peer support.</p> |
| 4. Complaints and listening to carers    | <p>Section A: Compliance with the WA Carers Charter</p> <p>Area 4. Complaints made by carers in relation to services that impact on them, and the role of carers must be given due attention and consideration.</p> <p>Section B: Related Actions</p> <p>Action 9. Inform carers of the organisation’s complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld.</p> <p>Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.</p>   |

Results from the survey of funded services are provided in the Commission's report to the Council, along with examples of practice (deidentified). It is not compulsory for Commission funded services to provide examples of the actions they have taken in relation to the Carers Charter. In 2022-23, 57 Commission contracted NGOs were requested to report on their compliance with the WA Carers Charter. There was a 100% response rate.

## Structure of the report

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

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

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

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

For each criterion and its related action indicators:

- A table presents the results by reporting organisations applicable to that criterion.<sup>1</sup>
- A graph presents the actions aggregated across organisations and in descending order, showing which action indicators are most commonly practiced.
- Examples of practices demonstrating how organisations comply with the criterion are provided.

The subsequent sections of the report provide:

- A summation of overall compliance.
- An update of initiatives reported in the 2021-22 report.
- New key initiatives in 2022-23.
- Future carer-related planned initiatives.

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

---

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

## Criterion 1: Understanding of the Charter

Ensure staff are aware of and understand the Charter and treat carers with dignity and respect.

**Table 2: Agency self-assessment for Criterion 1**

| SMHS      | NHMS      | EMHS      | DSC       | WACHS     | CAHS      | DoH            | DoH funded services |
|-----------|-----------|-----------|-----------|-----------|-----------|----------------|---------------------|
| Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Not applicable | Compliant           |

### Council observations

The Council notes that all applicable agencies acknowledge the role of carers in relevant policies and protocols; and that the majority of agencies have some method of articulating carers' rights.

The Council acknowledges the work by all applicable agencies in providing education and support to staff to work positively and collaboratively with carers.

The Council is encouraged by the increased number of initiatives that ensure carers are provided access to peer supports.

The Council views the distribution of 'Prepare to Care' packs and other carer information packs as an important indicator of support to carers. Whilst the majority of agencies are providing some form of carer information packs, the Council notes that there is variation in how well agencies can quantify such distribution.

In relation to the 2021-22 compliance report's suggestion that all induction, education, and training related to the Carers Charter is evaluated to measure effectiveness, the Council is pleased to note that:

- The majority of applicable reporting organisations stated that carer related policies, frameworks, strategies, training manuals and education is kept relevant and current.
- All applicable reporting organisations stated that relevant documents and resources had been reviewed in the past year or are scheduled for a review over the forthcoming year.

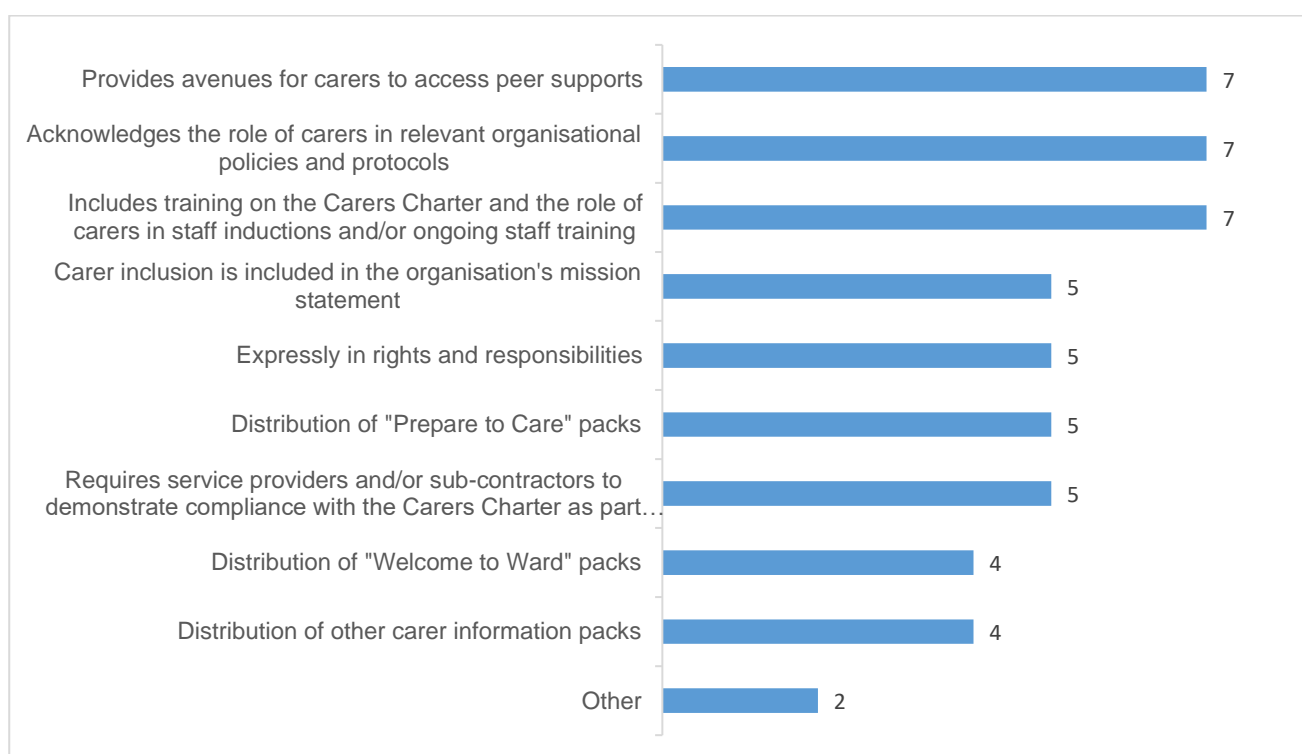
## Findings

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

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

| Actions                        | SMHS | NMHS | EMHS | DSC | WACHS | CAHS | DoH | DoH FS |
|--------------------------------|------|------|------|-----|-------|------|-----|--------|
| of service contract management |      |      |      |     |       |      |     |        |
| Other                          | No   | No   | No   | No  | Yes   | No   | N/A | Yes    |

**Figure 2: Criterion 1 action indicators aggregated across agencies, n=7 applicable agencies**



SMHS, NMHS, EMHS and WACHS distributed 4,449 Prepare to Care packs, 8,391 carer information packs and 70,950 Welcome to Ward packs.<sup>2</sup> Packs are distributed in-person, posted to carers as requested or available on wards.

**Relevancy and currency (COUNCIL FOCUS)**

The majority of applicable reporting organisations stated that carer related policies, frameworks, strategies, training manuals and education are kept relevant and current.<sup>3</sup> All applicable reporting organisations stated that relevant documents and resources had been reviewed in the past year or are scheduled for a review over the forthcoming year.

<sup>2</sup> SMHS and WACHS data on Welcome to Ward packs is not available. Prepare to Care pack in CAHS are distributed by the NGO Kiind and quantity of packs distributed is not available. Similarly, CAHS is not able to quantify the number of Welcome to Ward packs distributed. EMHS distributed 70,000 Welcome to Ward packs, which includes online access of the pack.

<sup>3</sup> The Department of Health does not provide direct services to patients or carers, and as such does not have carer specific policies, training, or educational resources.

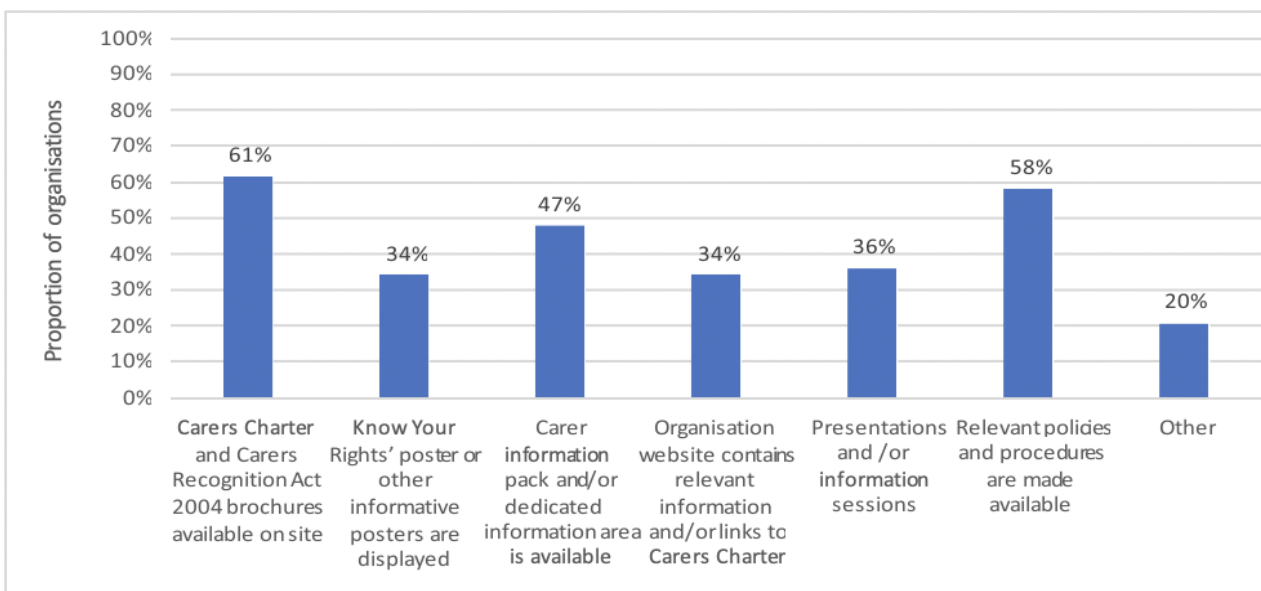
## Funded services

### Department of Health funded services

#### Carer awareness and knowledge

In 2022–23, 81 per cent of contracted community health services provided ease of access information for carers on site concerning the Carers Charter (Figure 3). This included brochures, posters, information packs and/or dedicated information areas. Approximately one third of all organisations provided information via the Web and 58 per cent of organisations made relevant policies and procedures available to carers. Overall, 71 per cent made available three or more choice options for carers to obtain the required information.

**Figure 3: Source information available to inform carers about the Carers Charter, DoH funded services**



During 2022–23, 96 per cent of contracted community health services acknowledged the role of carers and their needs in organisational publications, comparable with prior year reporting. Organisational publications of choice included service delivery evaluation or review (68%), strategic or corporate plan (59%) and annual report (36%). A total of 23 per cent of organisations used all three source publications to acknowledge and inform carers.

#### Staff awareness and education

In 2022–23, 98 per cent of contracted community health service providers stated staff were informed about the Carers Charter and the role of carers at induction. Ninety-one per cent provide ongoing information and training to their staff. To inform staff of the Charter and the role of carers, a range of educational methods are used by contracted community health service providers. Training of staff via in house or through mandatory industry training was provided by 38 per cent and 26 per cent of organisations respectively. Approximately, one in

two organisations discuss the Act and Charter with staff (53%) and provide staff with a copy of the Charter (52%), whilst approximately one in four organisations (23%) use carer representatives as keynote speakers. Approximately 62 per cent of service providers utilised three or more methods to inform staff.

### WA Mental Health Commission funded services

Commission funded services report a high level of compliance with ensuring carers are treated with respect and dignity with nearly 80 per cent acknowledging the role of carers in relevant organisational policies and protocols. There is less evidence of acknowledging the role of carers in relevant organisation publications and the provision of staff training on the Carers Charter and the role of carers.

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

| Year                    | Not compliant | Working towards compliance | Achieved compliance | Not Applicable |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| <b>2022/23</b>          | <b>0.0%</b>   | <b>3.5%</b>                | <b>94.7%</b>        | <b>1.8%</b>    |
| 2021/22                 | 0.0%          | 0.0%                       | 96.6%               | 3.4%           |
| 2020/21                 | 0.0%          | 0.0%                       | 100.0%              | 0.0%           |
| 2019/20                 | 0.0%          | 3.4%                       | 96.6%               | 0.0%           |
| 2021/22 to 2022/23 diff | 0.0%          | 3.5%                       | -1.9%               | -1.6%          |

**Table 5: Compliance with related actions to Criterion 1 from Mental Health Commission funded service providers**

| 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%                | 3.5%             | 7.0%                   | 78.9%           | 8.8%           |
| Action 2. Acknowledge the role of carers in all relevant organisational publications.           | 1.8%          | 3.5%                | 7.0%             | 3.5%                   | 70.2%           | 14%            |
| Action 3. Include training on the Carers  | 0.0%          | 7.0%                | 5.3%             | 12.3%                  | 64.9%           | 10.5%          |

| Related actions  | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|--|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Charter and the role of carers in staff inductions and going staff training. |               |                     |                  |                        |                 |                |

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

### South Metropolitan Health Service

The SMHS Carers Policy states all SMHS staff must comply with Western Australian Carers Charter, as stipulated in the *Carers Recognition Act 2004*. The health service's website 'Support for carers pages' defines carers and includes links to the *Carers Recognition Act 2004* and links to further support. Carers support services such as Carers WA and Carers Gateway are promoted across the health service.

All SMHS hospitals participate in the 'Prepare to Care' program delivered by Carers WA. The program educates and encourages staff to identify and support carers. During the reporting period, SMHS sites distributed 1,080 Prepare to Care packs and 3,062 carer information packs. Information packs included condition specific brochures for carers.

### North Metropolitan Health Service

All new staff starting at NMHS complete the NMHS Induction Module which includes information on the Act and the WA Carers Charter.

The NMHS Carers Policy outlines the minimum requirements for the recognition and involvement of carers in service provision across NMHS sites and services, as specified in the *Carers Recognition Act 2004*. The NMHS Strategic Plan 2020-2025 priority of 'People-centred care' places consumers' and their carers' best interests and experience at the core of all we do with key measures of success including increased carer satisfaction and increased involvement of carers in design, delivery and evaluation of health services.

A dedicated staff intranet page was developed to provide a central point of information for staff working with carers, including the Carers Charter, annual Carers Compliance report, relevant policies and resources available to support both staff and carers.

Lower West Community Mental Health Service has a 'welcome letter' to new carers to the service, which are also available in the carers' welcome pack. This letter is proposed to be included in all carers pack in all clinics by December 2023.

Joondalup Health Campus (JHC) provides training on the Carers Charter regularly at departmental and ward-based training sessions with Carers WA and is mandatory for all new staff.



During the reporting period, NMHS sites distributed 1,989 Prepare to Care, 950 Welcome to Ward packs and 828 carer information packs. Information packs included condition specific brochures for carers.

### **WA Country Health Service**

The WACHS Recognising the Importance of Carers Policy describes WACHS' obligations in accordance with the *Carers Recognition Act 2004* and the inclusion of carers in decisions that impact them. The policy supports the identification and recognition of carers. The role and rights of carers is also embedded in the WACHS Consumer and Carer Engagement Policy and the WACHS Consumer and Community Engagement Strategy 2021-2026.

All WACHS staff are required to complete the Person-centered Care on-line learning package as a part of the mandatory training for all staff on commencement of working in WACHS. The package includes referencing to the Act and Carers WA and is required to be completed every three years. Staff orientation guides include information on the Carers Charter and resources for new staff about providing care in accordance with the Charter.

The new WACHS Patient Admission Forms and Comprehensive Care Plan (in trial phase) have improved carer status signifiers for completion by staff at the time of admission and development of the patient's care plan and reflects shared decisions with patients, families, carers and other support people.

WACHS is building upon the Aishwarya's CARE Call that was first implemented in 2021-22. Research is also underway in select WACHS hospitals to strengthen and sustain systems and processes to detect deterioration in children in hospital. In conjunction with this, research is also taking place in relation to identifying factors that impact on Aboriginal family involvement and co-design solutions.

WACHS has several programs where carers can access and/or be referred to peer supports. These include Mental Health, Palliative Care, Cancer Care Child Health, the Commonwealth Home Support Program, Residential Aged Care and Acute Care Services. Consultation is underway for the creation of Mental Health Peer Support Coordinators across WACHS.

Kimberley Aged Care Services (KACS) provides support and care planning with input from carers. KACS actively advocates for carers in remote areas, identifying gaps in service availability and modelling for remote and culturally safe supports. The KACS assessment and support plan documentation includes specific questions relating to carers.

The Goldfields Multi-Purpose Site and Aged Care Orientation Guides include information for new staff about providing care and services in accordance with the Carers Charter. Carers are included in the Graduate Nurse Study Days to ensure that newly qualified staff commencing work in the Goldfields understand the consumer and carer perspective.

In the Great Southern, three in-person carers workshops are scheduled each year and assistance is provided to carers in accessing Advocare, Carers WA and Carer Gateway internet resources.

In the Midwest, Aboriginal Liaison Officers and the Chaplaincy Program provide support to carers, and family meetings for complex patients include their carers. Multi-Purpose Sites in the Midwest identify carers through Emergency Department presentations and offer support and relevant resources to carers. The Midwest are exploring a reporting mechanism for determining when and how carers are receiving supports and/or resources.

During the reporting period, WACHS sites distributed 680 Prepare to Care and 1,501 carer information packs. The Carers WA Prepare to Care Hospital Program is embedded in health care sites in Albany, Denmark, Mt Barker, Kojonup, Katanning and the Plantagenet Health Service, where Prepare to Care packs are provided to carers upon discharge and ward level. With the support of Carers WA, WACHS is hoping to further its reach with the potential inclusion of the Prepare to Care Program in the Kimberley in 2024. To support this initiative, a member of the PEaCE team visited Broome with Carers WA.

### **Child and Adolescent Health Service**

The CAHS Carer Recognition Policy outlines how CAHS staff and operations will align with the WA Carers Charter and the *Carers Recognition Act 2004*. This policy is referenced in other relevant CAHS wide policies. The CAHS Strategic Plan 2023-2025 includes a carer focus under 'person-centred care', inclusivity, 'diversity and equity', 'prevention and early intervention', 'contemporary models of care' and 'external partnerships'.

Staff training on the Act and Charter is mandatory. Information about the Act and Charter is available to staff on the HealthPoint intranet. Carers are involved in staff inductions and a key focus area for CAHS is to increase the engagement of carers in training days across the service.

CAHS works in partnership with Kiind (formerly Kalparrin) to support, include and represent parents and carers. Kiind have an on-site presence at the Perth Children's Hospital (PCH). In 2022-23, Kiind supported 5,620 WA families (8,823 carers). The Prepare to Care packs are distributed via Kiind when they conduct intake interviews with families and carers and via Kiind's e-newsletter.

Envisage Families Australia is a free peer support program that empowers, supports and connects parents and anyone caring for children aged 0-8 with disability or developmental concerns. CAHS works with both Envisage Community and Kiind to host a free series of workshops at PCH that support parents and carers' understanding on strength-based health and development, communication and collaboration with service providers; and connects carers to other carers in similar situations. The workshops are guided by a clinician, early child development professional and a carer offering peer support.

### **Department of Health funded services**

At the Harold Hawthorne Community Centre, an in-home file is provided to carers that includes information on the Carers Charter and Act. All new clients receive a home visit for a service commencement meeting with a Coordinator who goes through the Carers Charter. In client reviews, a Coordinator reminds clients and their carer/s of the Carers Charter.

Quality management processes including internal audits to monitor compliance in informing carers about the Charter. The Centre refers to the Carers Charter in job descriptions and undertake internal audits to assess staff understanding of the Charter and to identify any further training requirements.

The City of Cockburn has discussions with carers during onboarding assessments and ongoing reviews. Comfort Keepers Australia - South of the River have discussions with carers during the assessment and planning of care provision. Mediserve Pty Ltd provides information on the Carers Charter to all carers during registration and orientation. Mediserve's Quality Management System Manual, Corporate Policy and Procedures Manual includes the rights and responsibilities of all staff in relation to carers. Volunteer Home Support provides information related to the Carers Charter at the time of face-to-face service implementation.

The Silver Chain Group's 'My Guide' is a comprehensive document provided to all clients and their families on admission. It includes a section on carers' rights and the Support for Carers Company Policy: Consumer and Carer Partnerships and Engagement. The City of Swan provides online access to information and resources, links to the Carer Gateway and other carer related services.

Carers Plus Australia Pty Ltd ensure staff are informed about the Carers Charter through an online induction. Palmerston Association's Delivery of Service Policy (which includes the Carers Charter) is included in staff inductions.

### **WA Mental Health Commission funded services**

[NGO] Assertive Outreach workers work with individuals and their carers where one is identified. [NGO] have recently created a Disability Inclusion Plan and this has identified gaps in policies around recognition of carers under the *Carers Recognition Act 2024*. [NGO] is updating a number of areas, to take into account the role and views of carers.

Part of the National Network of Carers Associations, [NGO] is the peak body recognised by both State and Federal governments as the voice of family carers. Their role is to work in partnership with carers, people with support needs, health professionals, service providers, government and the wider community to achieve an improved quality of life for carers.

Through [NGO]'s overarching Carers Recognition Policy, providing carers with a Welcome Pack and including a dedicated rights and responsibilities document, [NGO] commits to ensuring that carers are provided with the necessary information and support.

To ensure that carers receive the information they need and that this is documented as evidence that it has occurred, [NGO] has strengthened its Client File Quality Audit tool to ensure that there is evidence that the client's family/carer participated in planning.

A focus on education is vital in [NGO's] multicultural setting, where language and cultural barriers often lead to a lack of awareness about available services and rights. The primary objective is to promote physical, emotional, and mental well-being through various well-being activity sessions. Additionally, [NGO] organises outings to foster a sense of

community and relaxation. Responding to the requests of carers, [NGO] has introduced a "coffee and chat" session for women to socialise and freely express themselves.

During the report period, [NGO] increased the Family Carer Peer (FCP) from a 0.8 FTE to a 1.2 FTE. Since its inception in 2017, the FCP position has been in high demand and has assisted hundreds of family members with system navigation of the mental health and carer support.

## Criterion 2: Policy input from carers

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

**Table 6: Agency self-assessment for Criterion 2**

| SMHS      | NHMS      | EMHS      | DSC       | WACHS     | CAHS      | DoH       | DoH funded services |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------|
| Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant           |

### Council observations

The majority of reporting organisations have carers represented within the organisation’s governance and executive levels, although the proportion appears to be less so for funded services.

The majority of agencies include carers in strategic planning processes and there is increasing evidence of carers involvement in research priority setting and design. There has been an increase in examples provided of consumer engagement policies and procedures related to the recruitment, training and reimbursement of carer representatives.

The Council is pleased to note that all applicable agencies include carers in the assessment, planning and ongoing monitoring of direct services.

Suggested areas of improvement in the 2021-22 compliance report were that reporting organisations are better able to centrally identify, measure and report on carer representation and carer inclusion indicators in consultations and policy reviews. The Council notes that just under one half of applicable agencies have a process and/or system in place to identify, measure and report on carer inclusion indicators. This is an area where the Council encourages further improvement.

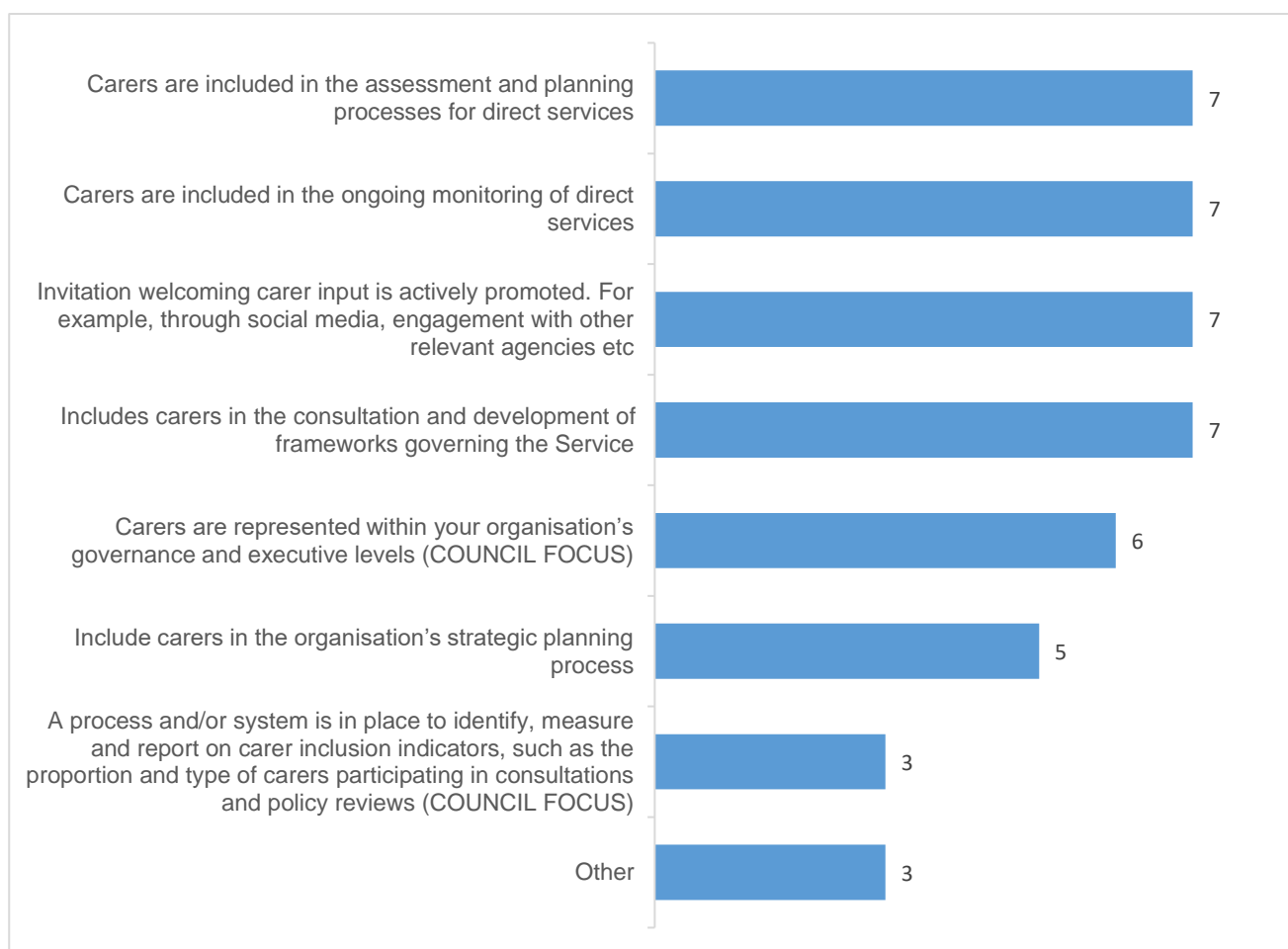
## Findings

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

| <b>Actions</b>  | <b>SMHS</b> | <b>NMHS</b> | <b>EMHS</b> | <b>DSC</b> | <b>WACHS</b> | <b>CAHS</b> | <b>DoH</b> | <b>DoH FS</b> |
|---|-------------|-------------|-------------|------------|--------------|-------------|------------|---------------|
| i. Include carers in the organisation’s strategic planning process  | No          | Yes         | Yes         | No         | Yes          | Yes         | No         | Yes           |
| ii. Carers are represented within your organisation’s governance and executive levels (COUNCIL FOCUS)   | No          | Yes         | Yes         | Yes        | Yes          | Yes         | No         | Yes           |
| iii. Carers are included in the assessment and planning processes for direct services   | Yes         | Yes         | Yes         | Yes        | Yes          | Yes         | No         | Yes           |
| iv. Carers are included in the ongoing monitoring of direct services  | Yes         | Yes         | Yes         | Yes        | Yes          | Yes         | No         | 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 (COUNCIL FOCUS) | No          | Yes         | No          | Yes        | No           | Yes         | No         | No            |
| vi. Invitation welcoming carer  | Yes         | Yes         | Yes         | Yes        | Yes          | Yes         | Yes        | No            |

| Actions  | SMHS | NMHS | EMHS | DSC | WACHS | CAHS | DoH | DoH FS |
|--|------|------|------|-----|-------|------|-----|--------|
| input is actively promoted.  |      |      |      |     |       |      |     |        |
| vii. Includes carers in the consultation and development of frameworks governing the Service | Yes  | Yes  | Yes  | Yes | Yes   | Yes  | No  | Yes    |
| Other  | No   | No   | Yes  | No  | Yes   | No   | Yes | Yes    |

**Figure 4: Criterion 2 action indicators aggregated across agencies, n=8**



## Funded services

### Department of Health funded services

#### Carer involvement in organisational internal governance

In 2022–23, 70 per cent of contracted community health services cited that they included carers in the development/review of relevant organisational policies and procedures, and strategic/business planning processes (Table 8). A total of 76 per cent involved carers in the development of carer/client resources. Approximately one in two (51% of applicable organisations) cited carer representation on their Board/Management Committee, and a similar proportion (52%) have established client/carer advisory groups or committees.

**Table 8: Carer involvement in organisational internal governance, DoH funded services**

| Carer involvement  | Organisational compliance (n=70) |    |     |
|--|----------------------------------|----|-----|
|  | Yes                              | No | N/A |
| Development / review of relevant organisational policies and procedure | 42                               | 18 | 10  |
| Strategic / business planning process                                  | 43                               | 18 | 9   |
| Development of carer / client resources                                | 45                               | 14 | 11  |
| Representation on Board/Management Committee                           | 39                               | 31 | 0   |
| Established client/carer advisory group or committee.                  | 33                               | 31 | 6   |

#### Carer views are considered in service design and delivery

Carers views and needs were considered by contracted community health services via carer involvement in the assessment and planning processes for direct client services (92%), and ongoing monitoring of direct client services (95%). Approximately 80 per cent of contracted community health services have a client/ carer engagement policy, procedure or guideline.

### WA Mental Health Commission funded services

Commission funded services report a high level of compliance with ensuring carers are included in the assessment, planning, delivery and review of direct services. There is less evidence of carers being included in strategic planning processes.



**Table 9: 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 |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| <b>2022/23</b>          | <b>0.0%</b>   | <b>5.3%</b>                | <b>89.5%</b>        | <b>5.3%</b>    |
| 2021/22                 | 0.0%          | 0.0%                       | 91.5%               | 8.5%           |
| 2020/21                 | 0.0%          | 3.5%                       | 93.0%               | 3.5%           |
| 2019/20                 | 0.0%          | 6.9%                       | 86.2%               | 6.9%           |
| 2021/22 to 2022/23 diff | 0.0%          | 5.3%                       | -2.0%               | -3.2%          |

**Table 10: Compliance with related actions to Criterion 2 from Mental Health Commission funded service providers**

| Related actions   | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|---|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols. | 0.0%          | 1.8%                | 7.0%             | 3.5%                   | 77.2%           | 10.5%          |
| Action 5. Include carers in the organisation's strategic planning process.                        | 3.5%          | 8.8%                | 3.5%             | 10.5%                  | 56.1.0%         | 17.5%          |

## Examples of policy input from carers

### South Metropolitan Health Service

The SMHS Consumer and Carer Engagement Strategy embeds the involvement of consumers and carers in the planning, delivery and evaluation of services. The SMHS Consumer and Carer Participation Policy outlines the requirements for the recruitment, selection, appointment, training and reimbursement of consumer and carer representatives to support effective partnerships.

The SMHS Carers Plan outlines initiatives that have been identified to advance the goal of becoming a health service that respects the knowledge and experience of carers and

ensures they are included as key partners in care. During the 2022-23 reporting period, SMHS piloted a Carer Experience Questionnaire. The results of the engagement will be used to further develop the SMHS Carers Plan

The Fiona Stanley Fremantle Hospitals Group Consumer Advisory Council Operational Plan 2021- 2024 prioritises the consideration of consumer and carer perspectives in service planning, design and evaluation. During the development of the SMHS Patient Experience Strategy, carers were engaged via workshops with the FSFHG and Rockingham Peel Group (RkPG) Consumer Advisory Councils.

The SMHS Policy Framework requires that all SMHS policies are reviewed every three years unless circumstances warrant an earlier review. Compliance with this framework is monitored through the SMHS Area Executive Group ensuring all SMHS policy documents are kept relevant and current. Training programs are reviewed annually.

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

### **WA Country Health Service**

The WACHS Strategy, Planning and Service Development Policy outlines carer engagement in strategy, planning and change as required in accordance with the National Safety and Quality Health Service (NSQHS) Standard Two, Partnering with Consumer. WACHS continues to increase consumer and carer involvement in service planning, clinical governance groups and formal feedback groups across WACHS.

Members of the 18 WACHS District Health Advisory Councils (DHACs) are made up of local consumers, carers and community members, DHACs connect with community and groups, sharing information and providing advice to WACHS about the needs of local communities. The WACHS Patient Experience and Community Engagement (PEaCE) team conduct quarterly DHAC Chair forums (via Teams), which provides the opportunity for DHAC Chairs to have conversations with key WACHS staff, stakeholders and other DHAC Chairs.

The Kimberley Regional Clinical Governance Committee has carer representation to provide oversight and guidance for policy creation, implementation and evaluation. In the Southwest, carers are involved in the development and review of all WACHS-SW consumer publications and are members on the Southwest Executive Committee, the Bunbury Hospital redevelopment and the Regional Consumer and Carer Network. The Goldfields is developing a standard administrative procedure to provide direction and guidance around engaging carers in NSQHS Governance meetings. The Midwest NSQHS Standard Two Plan now includes carers as well as consumers.

WACHS is broadening its capacity and capability to provide accessible and inclusive platforms where people can share stories and have open discussions in a relaxed environment. Community Cafes (held in libraries, coffee shops or community centres) bring people together and serve as a hub for social interaction, community understanding, trust

building and community empowerment. In the last twelve months Community Cafes have been held in Bunbury, Karratha, Esperance and Boddington. The WAHCS PEaCE Manager attended and contributed to the Department of Communities Carer Community Conversations event in Northam in July 2023. A WACHS Great Southern Consumer and Carer Representative Forum took place in Mt Barker in April 2023.

In August 2022, the Australian Patients Association awarded the 'Most Outstanding Regional Hospital' to Bunbury Regional Hospital. This national award is particularly significant because the nominations are made by patients, families and carers.

### **Child and Adolescent Health Service**

Carers are represented on various CAHS consumer advisory councils and consumer committees that have escalation pathways to influence discussions at leadership levels. These include the Consumer Advisory Council (CAC) which is involved in providing strategic advice; has oversight of consumer engagement activities; monitors reporting to improve safety and quality; identifies policies for consumer review; and co-delivers staff training and education initiatives. The Chair of this Committee attends Board and Corporate Executive meetings where issues raised by the CAC can be discussed with leadership staff for further escalation. As part of CAHS' policy review cycle, policy documents must get sent to the CAC (and CAMHS LEG when mental health focused) for review. Carers were involved in the five phases of consumer engagement that informed the development of the CAHS Strategic Plan in 2022.

The Partnering with Children and Families Committee consists of staff, carers and consumers and is involved in monitoring and reviewing CAHS' alignment with the NSQHS Standard 2 requirements. The Multicultural Action Plan Committee was formed to support and monitor the implementation of the 37 actions within the CAHS Multicultural Action Plan 2022-2027, as well as identify and advocate for improvements to the experiences of consumers and carers from CaLD backgrounds. It consists of carers, consumers and staff. The Committee can escalate issues or concerns to the Safety, Quality and Innovation and People, Capability and Culture directorates.

The Child and Adolescent Mental Health Service (CAMHS) Lived Experience Group (LEG) includes young people, parents and carers who provide advice from a lived experience perspective to services. Four in ten members are a carer and the group has linkages to CAMHS governance and service areas. The Disability Access and Inclusion Committee (DAIC) acts as an advisory committee for CAHS and has responsibility for monitoring the implementation of the CAHS Disability Access and Inclusion Plan (DAIP) and consists of carers, consumers and staff. The newly established Community Health Research Advisory Group consists of consumer representatives (including carers) who will be involved in planning and advising research projects with a focus on children and adolescents.

Carers have been involved in the review of the CAHS Consumer Induction Training presentation to identify areas for improvement and ensure that information provided is

relevant. This training is completed by all consumer representatives that are successfully recruited onto CAHS Consumer Advisory Councils and committees.

### **Department of Health**

An independent evaluation of the Aboriginal Community Controlled Health Services Transition Care Program Pilot was conducted via group and one-on-one carer feedback interviews.

A total of 108 carers of consumers affected by cancer were consulted to better understand the cancer information needs of people from culturally and linguistically diverse backgrounds.

Carers and consumers were invited and attended the End of Life and Palliative Care Strategy Collaborative Workshop in June 2023. The work undertaken at the workshop and feedback gathered formed the basis for Implementation Plan 2 for the WA End of Life and Palliative Care Strategy 2018-2028.

Carer needs were identified and actioned in implementation of the Health Navigator Pilot Program to assist children in out-of-home care, their parents, carers and child protection workers to connect to timely health, mental health and disability services.

Carers WA is a member of the Sustainable Health Review Recommendation 13 Working Group and provide both advice and input into the development of various initiatives to support people with complex conditions who are frequent presenters to hospital.

### **WA Mental Health Commission funded services**

Following this year's [NGO] YES (Your Experience of Service) and CMO (Community Managed Organisation) findings, the CSRUs (Community Supported Residential Units) will be holding a quarterly morning/afternoon tea and asking consumers to invite carers and any other stakeholders along to find out more about [NGO's], services and how they can be involved.

[NGO] collaborative working with Carers WA includes warm referral pathways between the co-located services, clinical consultation on client matters and policy and governance advice and discussions.

As the first commitment to a Consumer and Carer Engagement Framework, [NGO] appointed a Lived Experience Consultant to the [NGO] Clinical Governance Committee in June 2022 and additionally, to the [NGO] Board in October 2022.

[NGO] has a designated family and friend participant position on the Clinical Governance Committee. This is an externally filled, paid position aligned to the consumer participation framework. Each of four mental health services also have a designated Family and Friend Peer Support Worker role that works alongside recovery workers and peer support workers.

A whole of organisation [NGO] 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.

The [NGO] board of management currently includes members who are either carers or have lived experience as a carer. The [NGO] hosts a fortnightly carer support group and routinely provides information on carer services, such as Carers WA.

[NGO] has established a Consumer Advisory Committee (CAC) and this committee consists of clients, carers and family members with lived experiences of [NGO] services. Carer participation and engagement is actively encouraged by [NGO] from the time of referral. As part of the Family and Carer Support Program, the [NGO] has increased carer engagement and there has been a significant increase in one-on-one carer support.

Within the 2022-2023 reporting period [NGO] has developed the 'Diversity and Inclusion in Our Services' policy, now nationally recognised. The policy is [NGO's] commitment to providing a diverse and inclusive service that is respectful of cultural and other differences, ensuring equal opportunity in the provision of services to tenants, families, carers and the community. In complementing this, [NGO] conducted a wider review of policies and procedures within the [NGO] suite of policies.

## 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 11: Agency self-assessment for Criterion 3**

| SMHS      | NHMS      | EMHS      | DSC       | WACHS     | CAHS      | DoH            | DoH funded services |
|-----------|-----------|-----------|-----------|-----------|-----------|----------------|---------------------|
| Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Not applicable | Compliant           |

### Council observations

The Council is pleased to see the widespread utilisation of carer reference groups and a continued uptake in support for National Carers Week.

As a 2022-23 focus area, the Council notes that the majority of agencies use multiple means to connecting carers to support. A particular highlight was evidence of agencies recognising and supporting staff and volunteers who are unpaid carers. This is an emerging trend and one which the Council encourages.

A suggested area for improvement in the 2021-22 compliance report was that reporting organisations are better able to identify, measure and report on carer responses as a subset of all survey or consultation findings. There appears to be increased evidence that this is occurring, and the Council supports continued improvement in being able to identify the specific voices of carers in consultation and feedback mechanisms.

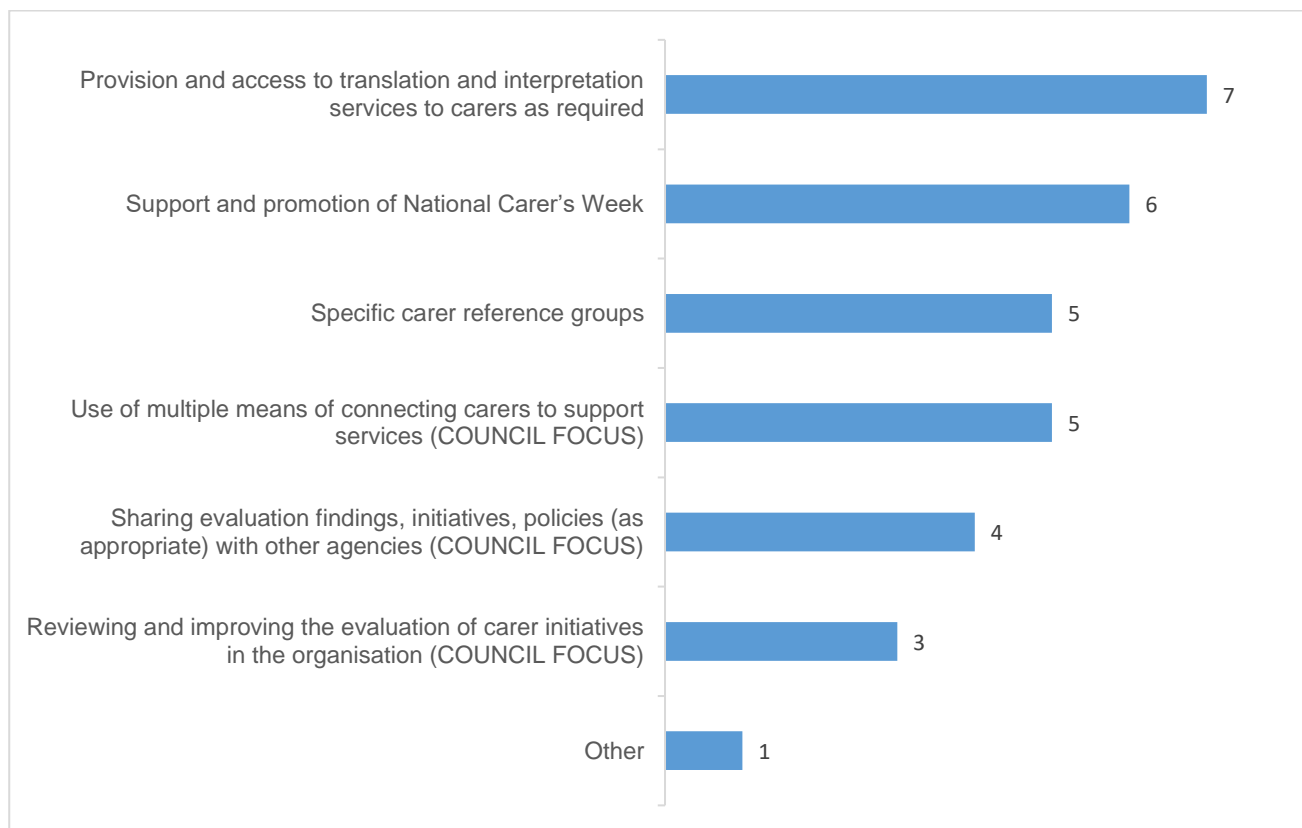
Another suggested area for improvement in the 2021-22 compliance report was that agencies improve their evaluation of carer initiatives in order to build a strong evidence base and share learnings. The Council notes that just under half of agencies are evaluating carer initiatives and sharing findings. This is an area where further improvements can be made.

## Findings

**Table 12: 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**

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

**Figure 5: Criterion 3 action indicators aggregated across agencies, n=7 applicable agencies**



## Funded services

### Department of Health funded services

In 2022-23, the majority of contracted community health services providers (98 per cent) informed and involved carers in decision making that may impact on the carer and the caring relationship (Table 13).

A total of 52 per cent of applicable contracted community health services cited the existence of client/carers advisory groups or committees within the organisation.

**Table 13: Carer involvement in decisions concerning provision of care, DoH funded services, 2022–23**

| Carer involvement in decisions concerning provision of care                             | Organisational compliance (n=70) |    |     |
|---|----------------------------------|----|-----|
|   | Yes                              | No | N/A |
| Provision of information to assist the carer in their decision making and carer journey | 62                               | 1  | 7   |
| Included as a partner in planning and decision-making around care and treatment         | 60                               | 1  | 9   |



| Carer involvement in decisions concerning provision of care                            | Organisational compliance (n=70) |    |     |
|--|----------------------------------|----|-----|
|  | Yes                              | No | N/A |
| Consideration is given to cultural and diversity needs for both the client and carer   | 63                               | 1  | 6   |
| Supported by staff to access peer support and/or referral to carer support and respite | 59                               | 1  | 10  |
| Established client/carers advisory group or committee                                  | 33                               | 31 | 6   |

### WA Mental Health Commission funded services

Commission funded services have maintained a strong commitment to ensuring the views of carers are included in decisions that impact on them, although the last two years show a slight decrease in compliance. Whilst being included in the assessment, planning and monitoring of direct services, there is less evidence of carers being included in boards or management committees, although compliance has increase slightly (3.2%) from the previous year (2021-22).

**Table 14: 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 |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| <b>2022/23</b>          | <b>0.0%</b>   | <b>5.3%</b>                | <b>89.5%</b>        | <b>5.3%</b>    |
| 2021/22                 | 0.0%          | 1.7%                       | 89.8%               | 8.5%           |
| 2020/21                 | 0.0%          | 3.5%                       | 94.7%               | 1.8%           |
| 2019/20                 | 0.0%          | 3.4%                       | 93.1%               | 3.4%           |
| 2021/22 to 2022/23 diff | 0.0%          | 3.6%                       | -0.3%               | -3.2%          |

**Table 15: Compliance with related actions to Criterion 3 from Mental Health Commission funded service providers**

| Related actions   | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|---|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Action 6. Include carers on the Board/Management Committee of the organisation. | 5.3%          | 8.8%                | 3.5%             | 5.3%                   | 45.6%           | 31.6%          |
| Action 7. Include carers in the assessment process for direct services.         | 1.8%          | 3.5%                | 10.5%            | 3.5%                   | 71.9%           | 8.8%           |
| Action 8. Include carers in the ongoing monitoring of direct services.          | 1.8%          | 3.5%                | 8.8%             | 0.0%                   | 73.7%           | 12.3%          |
| Action 11. Provide avenues for carers to access peer support.                   | 3.5%          | 1.8%                | 3.5%             | 7.0%                   | 73.7%           | 10.5%          |

### Examples of considering the views and needs of carers

#### South Metropolitan Health Service

SMHS recognised National Carer's Week in 2022 with a focus on staff who are carers. Staff who are in unpaid caring roles outside of work shared their stories on being a carer to their loved one.

The 'support for carers' page on the SMHS, FSFHG and RkPG websites provides links to both Carers WA and Carer Gateway. At Rockingham General Hospital, carers attend family meetings, where they are given the opportunity to express views and receive information, including access to Carers WA. Located in ward areas at FSFHG, Carer Corners provide information about the support services available to those who are caring for loved ones.

#### Disability Services Commission

The Carers WA Conference is hosted by Carers WA and generally occurs every four years. Communities sponsored the 2022 Carers Conference which included an advert for the conference program and an article to be included in an email sent to Carers WA subscribers. A daily average of 230 people attended in person and 60 attending online.

## **WA Country Health Service**

The Palliative Care Carer Support Needs Assessment Tool (CSNAT) was released in October 2022 and is an intervention for supporting carers, using a five-stage person-centred process of assessment and support. The tool enables carers to identify, express and prioritise domains where they need more support.

In 2023 National Carers week activities were planned in the Kimberley, Southwest, Pilbara and Goldfields. The premise of the event is that wherever a carer is on that day, they can attend the event at the hospital nearest to their location.

The PEaCE team regularly attend the Carer Participation in Health Forums which provide the opportunity to share information amongst members of the Carers Network in the interests of WA carers in the health system, along with providing relevant education opportunities and updates relating to any systemic advocacy issues.

The WACHS Director of Psychiatry provides complimentary workshops to Carers WA, which empowers carers in developing skills such as mindfulness, coping strategies, providing advice about support services and addressing questions about mental health and mental health systems in WA.

Carers are involved in conducting the '15 Step Challenge' - tool to help staff, patients and others to work together to identify improvements that will enhance the patient experience. The tool promotes opportunities to obtain feedback that is then used as training for staff.

In the Great Southern, any indication of carer needs at the time of Aged Care Assessment Team (ACAT) or Community Rehabilitation assessment automatically triggers linkages with Carers WA, Carer Gateway and/or Advocare as appropriate.

The Katanning Multicultural District Health Advisory Council (MDHAC) reports and makes recommendations to the Standard Two NSQHS Committee. The purpose of the MDHAC is to work together with culturally and linguistically diverse people and communities is to make sure health policies, programs and services are culturally appropriate and inclusive.

The Katanning Multicultural Men Community Consultation workshop was undertaken to increase male engagement in health services, with participants involved from South Korea, Afghanistan, Malaysia and Sri Lankan backgrounds. The workshop was facilitated by a member of the Katanning MDHAC and provided the opportunity for men to talk about and share their experiences using health services.

## **Child and Adolescent Health Service**

The 2023 review of the CAHS Consumer Feedback Policy as part of the Complaints Improvement Management Project has included strengthening of the policy requirements to engage interpreting and translating services upon the identification of additional language needs. This project has also involved the development of resources (e.g. a script and a decision-making tree) to be used by staff to effectively identify when interpreters need.

The CAMHS Lived Experience Group members hosted an event at PCH, offering an opportunity to talk with consumer representatives. This event was held in collaboration with Helping Minds, an organisation which offers free support to the family, friends and carers of people living with mental health challenges across WA.

The CAHS Transition Service supports children with complex and chronic health medical conditions and their families to plan, prepare and move to youth and adult health services. Significant progress has been made this year in standardising the transition process across CAHS, including reportable data collection, new medical record forms and questionnaires outlining young person and family needs at transition points. A full-time position has been established for a Transition in Care Coordinator to support young people, families and carers as they move from paediatric to adult-based care.

The CAHS Consumer Engagement Team were invited by the Office of Multicultural Interests to present at the November 2022 WA Multicultural Policy Framework Interagency Network. The presentation shared achievements and learnings relating to the implementation of the 2021-2022 MAP at CAHS. Initiatives included installing welcome signage in different languages, implementing CaLD indicators in feedback reporting and the development of a set of CaLD indicators and carer experience measures.

PCH has published research highlighting how easing parental stress can improve the health outcomes of children with a chronic condition and is the first of its kind in WA to document the significant caring load on parents and carers of children with a chronic condition. The research team, which includes researchers from Edith Cowan University, Curtin University, PCH Nursing Research, Kiind and a consumer representative, is now building on this work by trialling a 'distress thermometer' to measure parent and carer stress and considering what support pathways are available for families.

### **WA Mental Health Commission funded services**

[NGO] undergoes a formal accreditation program and is compliant against the following nationally recognised quality standards: National Safety and Quality Health Service Standards (NSQHS), National Standards for Mental Health Services (NSMHS) and Rainbow Tick Standards.

[NGO] is commencing its journey towards accreditation towards Safeguarding Children Standards through the Australian Childhood Foundation, which further expands on [NGO's] commitment to delivering high quality services and the importance of carers.

The [NGO] Tenancy Star goal setting tool encourages discussion about supports and carers and whether the consumer would like additional supports/carers involved in their care planning and tenancy engagement. Rights and responsibilities are provided for carers in the sign-up pack for new tenants. Carers are also invited to [NGO's] engagement activities and events such as the Tenant Advisory Forum, workshops and coffee club.

## 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 16: Agency self-assessment results for Criterion 4**

| SMHS      | NHMS      | EMHS      | DSC       | WACHS     | CAHS      | DoH            | DoH funded services |
|-----------|-----------|-----------|-----------|-----------|-----------|----------------|---------------------|
| Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Not applicable | Compliant           |

### Council observations

The Council is pleased to note that all applicable reporting organisations and DoH funded services have complaints and feedback mechanisms in place that inform carers of how they can complain, keep carers informed of complaint progress and use complaint feedback to inform quality improvements.

There is an uptake in initiatives to enable systems to separately identify and report on carer feedback as a sub-set of all feedback and complaints. As a suggested area of improvement in the 2021-22 compliance report, continued work to identify carer voices in feedback and complaints systems is encouraged.

The Council notes that mixed methods are used to complement survey methods as a way of enhancing inclusion strategies and capturing the views of diverse carers.

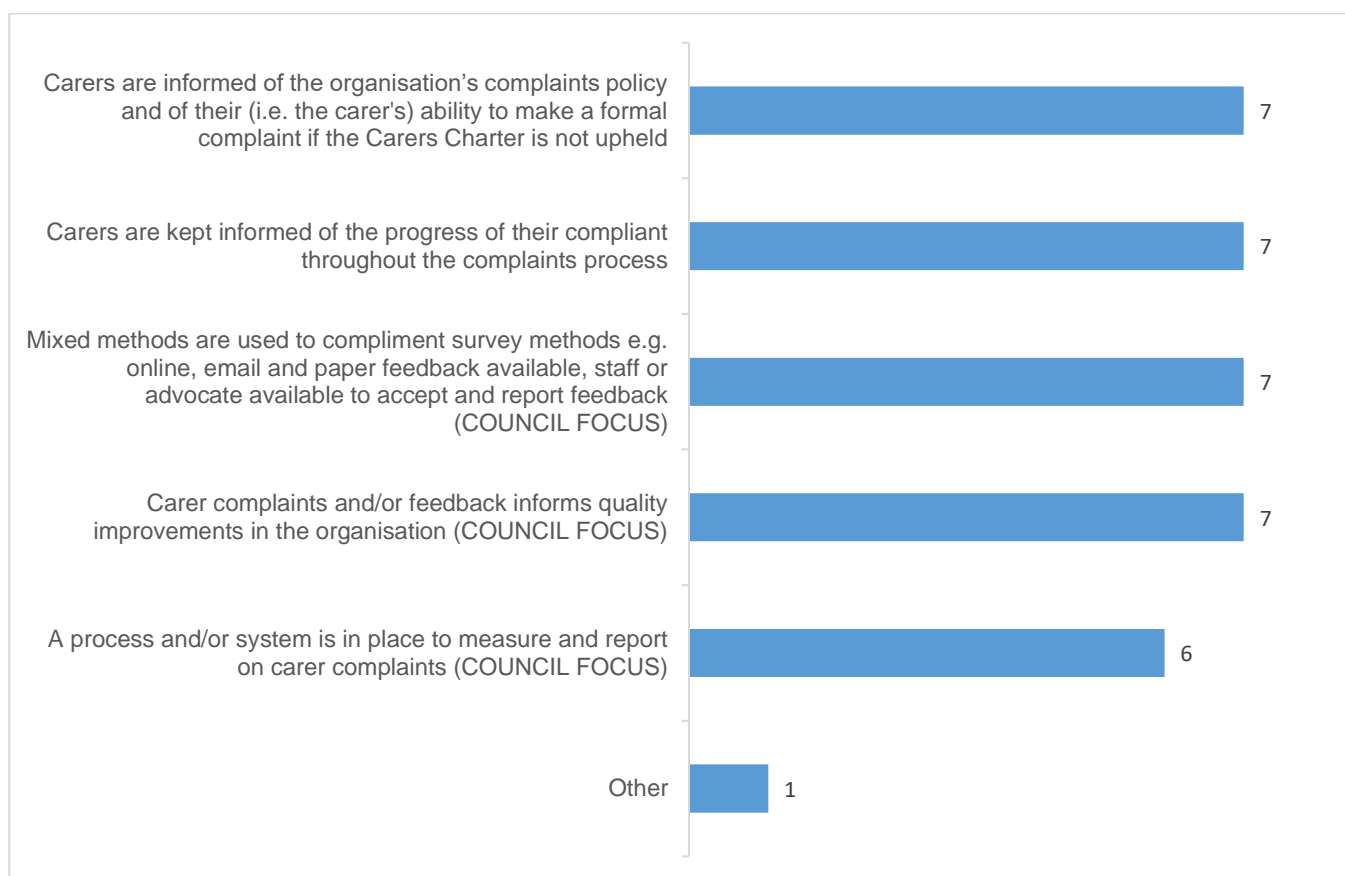
## Findings

**Table 17: 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**

| <b>Actions</b>   | <b>SMHS</b> | <b>NMHS</b> | <b>EMHS</b> | <b>DSC</b> | <b>WACHS</b> | <b>CAHS</b> | <b>DoH</b> | <b>DoH FS</b> |
|--|-------------|-------------|-------------|------------|--------------|-------------|------------|---------------|
| 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         | Yes         | Yes         | Yes        | Yes          | Yes         | N/A        | Yes           |
| ii. Carers are kept informed of the progress of their complaint throughout the complaints process  | Yes         | Yes         | Yes         | Yes        | Yes          | Yes         | N/A        | 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 (COUNCIL FOCUS) | Yes         | No          | Yes         | Yes        | Yes          | Yes         | N/A        | 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,                 | Yes         | Yes         | Yes         | Yes        | Yes          | Yes         | N/A        | Yes           |

| Actions  | SMHS | NMHS | EMHS | DSC | WACHS | CAHS | DoH | DoH FS |
|--|------|------|------|-----|-------|------|-----|--------|
| feedback and/or complaints accepted via an advocate (COUNCIL FOCUS)                                  |      |      |      |     |       |      |     |        |
| v. Carer complaints and/or feedback informs quality improvements in the organisation (COUNCIL FOCUS) | Yes  | Yes  | Yes  | Yes | Yes   | Yes  | N/A | Yes    |
| Other  | No   | No   | No   | No  | No    | No   | N/A | Yes    |

**Figure 6: Criterion 4 action indicators aggregated across agencies, n=7 applicable agencies**



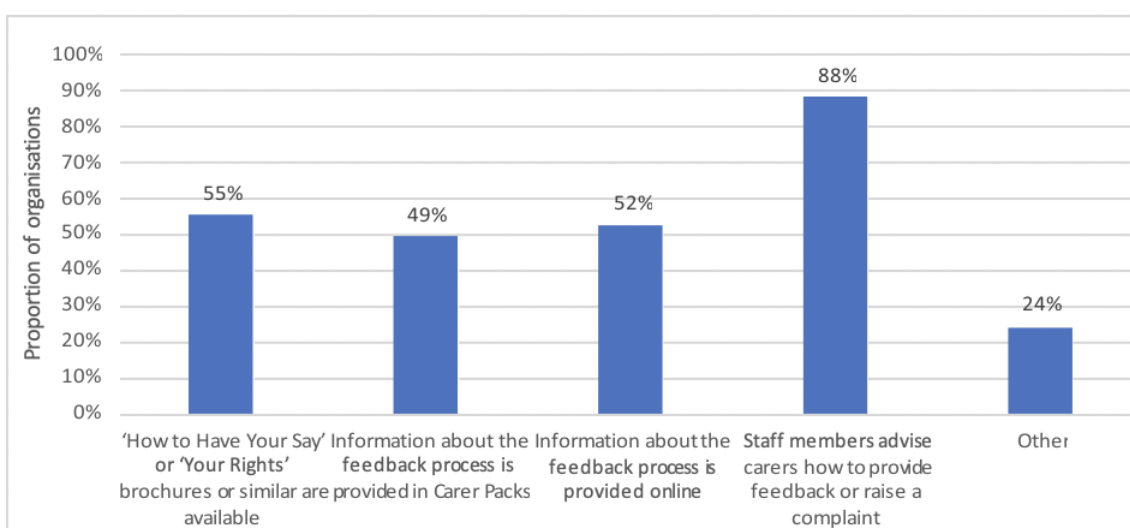
## Funded services

### Department of Health funded services

#### Feedback and complaints management

In 2022–23, all contracted community health services had a current complaints management policy and/or procedure and approximately 96 per cent cited that staff are inducted in complaint management processes, including responding to complaints. All applicable contracted community health services ensured carers were afforded the opportunity to provide feedback, including complaints. The most commonly used methods for informing carers about feedback or complaints processes were advise from staff members and available hard copy or online information (Figure 7).

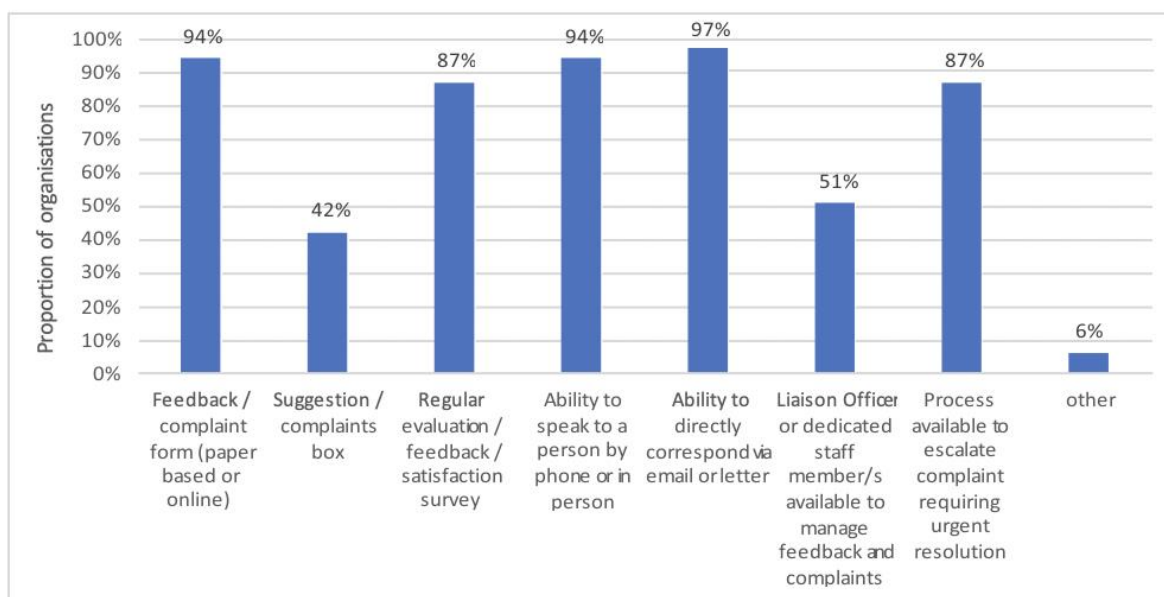
**Figure 7: Types of methods used to inform carers about providing feedback or making a complaint, DoH funded services**



Various methods were made available to carers to provide feedback, including complaints. The majority of contracted community health services enabled feedback via e-mail or letter (97%), by speaking to a person by phone or in person (94%), and via a paper based or online feedback/complaint form (94%). Approximately 90 per cent contracted community health services conducted regular evaluations/surveys and had a process available to escalate a complaint requiring urgent resolution (Figure 8).



**Figure 8: Methods available to carers to provide feedback, including complaints, DoH funded services, 2022–23**



All contracted community health services stated that complaints were monitored, recorded, analysed and used to inform quality improvements. Methods include complaint tracking software, dashboard reporting, review meetings, escalation protocols, trend analysis, feedback channels and automated alerts.

**WA Mental Health Commission funded services**

There has been a slight decrease in the percentage of Commission funded services reporting compliance with ensuring carer complaints are given due attention and consideration, although the level of compliance remains high.

**Table 18: 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 |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| 2022/23                 | 0.0%          | 5.3%                       | 91.2%               | 3.5%           |
| 2021/22                 | 0.0%          | 0.0%                       | 93.2%               | 6.8%           |
| 2020/21                 | 0.0%          | 0.0%                       | 98.2%               | 1.8%           |
| 2019/20                 | 0.0%          | 3.4%                       | 91.4%               | 5.2%           |
| 2021/22 to 2022/23 diff | 0.0%          | 5.3%                       | -2.0%               | -3.3%          |

**Table 19: Compliance with related actions to Criterion 4 from Mental Health Commission funded service providers**

| 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%          | 3.5%                | 5.3%             | 0.0%                   | 86.0%           | 5.3%           |
| Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.                                       | 0.0%          | 5.3%                | 1.8%             | 0.0%                   | 89.5%           | 3.5%           |

## Examples of hearing and considering complaints by carers

### South Metropolitan Health Service

SMHS complies with MP 0130/20 Complaints Management Policy. The policy is relevant to the management of complaints lodged by a consumer of a public health service in WA, or their carer. The SMHS ‘support for carers’ webpage provides a link to information that outlines the multiple ways that carers can provide feedback at each of the hospital sites.

All complaints are logged using a state-wide consumer feedback management system. Committees across the organisation receive and review regular reports that include trended data relating to consumer and carer feedback, including complaints.

The SMHS Consumer Feedback Strategy 2023-2027, which has been developed in consultation with carers, includes initiatives to enhance the use of feedback to drive improvement in the delivery of healthcare. Priorities for the strategy include the establishment of flexible and equitable access for consumers to provide feedback; improving consumer feedback recording and reporting processes; and using consumer feedback to drive improvement in the safety and quality of healthcare.

### WA Country Health Service

In 2022-23, WACHS received a total of 1,280 complaints. The top four complaint issues remain similar over the last four years and include quality of clinical care, communication, access and rights and respect and dignity. In the 2022-23 reporting period, over 97

recommendations/actions have been lodged related to complaints received, which include improvement actions, training/education of staff and procedure/practice modified.

The MySay Healthcare Survey (MySay) is one way that WACHS enables patients and their families and carers to share their feedback to support WACHS in identifying and prioritising areas for improvement. The survey is used to assess a patient's (or family/carer) experience during their hospital stay and, along with other consumer feedback mechanisms, helps identify improvements. WACHS consistently receives a Net Promotor Score of 'world class' and an 'excellent' ranking from patients and their families and carers.

Care Opinion is an online platform that facilitates open and transparent communication between patients and their families and carers and staff, enabling the sharing of experiences that they or a loved one has received. Care Opinion is firmly embedded across WACHS, reaching a significant milestone in May 2023 with a total of 4,000 stories shared by patients and their families and carers, which have been read more than 1,715,250 times. Care Opinion feedback is enabling WACHS to understand some of the key drivers that contribute to positive patient, family and carer experiences and supports the development of service improvements and/or organisational changes. Since the implementation of Care Opinion across WACHS, in excess of 285 changes have been planned or made to improve the services provided. The WA Health Care Opinion Activity Report Financial Year 2022/2023 highlights that WACHS continues to exceed all other health service providers in relation to the number of stories posted, the number of staff listening, and the number of changes planned/made as a result of feedback.

WACHS has recently implemented the quality improvement web platform Life QI, which brings together tools to register, monitor and report quality improvement activities across WACHS. The recently developed standardised WACHS Quality Improvement (QI) Activity Proposal Form includes a data field for consumer engagement, that requires details of patient, carer and family involvement in the activity. The Life QI platform will enable WACHS to register, monitor and report on improvements recommended by patients and their carers.

### **Child and Adolescent Health Service**

The CAHS Consumer Feedback process allows for carer status to be established and reported against. The written consumer feedback forms have a section for the person lodging the complaint to establish carer status. Consumer Liaison Officers also indicate carer status upon receipt of complaints in a drop-down menu for reporting purposes.

Complaints information is provided in a number of ways, including information websites, television screens in the hospital and posters in community sites. Information is also provided in key organisational documents for consumers and given in the closing paragraph of the consumer experience text surveys. In the current review of the CAHS Consumer Feedback Policy, the opportunity to videoconference has also been suggested for inclusion. Links to complaints forms are included in electronic copies of the welcome pack, QR codes in the hard copies. Information packs provide a link to Care Opinion, an independent site where carers can share their stories about their experience of care.

CAHS implements the Carers Experience Survey (CES) alongside the Your Experience Survey (YES). An invitation to complete the YES and CES can be offered to consumers and carers by any member of CAHS staff. These surveys can be completed online or in hardcopy paper form. A guide to administering these surveys is available to staff.

CAHS recognises that feedback from children, young people and families is a valuable component of the quality improvement cycle, and this is enabled through effective feedback management. Executive Directors, Co-Directors and the Child and Family Liaison Service are responsible for ensuring that feedback data is made available, as appropriate to relevant wards, departments and services in order to address quality improvement opportunities identified by such feedback and for sharing of lessons learnt.

### **Department of Health funded services**

Albany Community Care provides information on ways carers can provide feedback or make a complaint by on assessment of the client and in the client pack. Carers are present at assessment/s and meetings if the client has provided permission.

Live Life Inc conduct two yearly surveys to gain carer feedback. The City of Cockburn conducts Customer Satisfaction Surveys regularly as part of the continuous improvement system. Cystic Fibrosis WA seeks regular carer feedback following events and program delivery. Palliative Care WA Inc clients and carers can feedback via the Helpline, available 7 days a week. People Who Care Inc. provide information on feedback or complaints processes in the Client Handbook and Carer Handbook. At Volunteer Home Support, satisfaction surveys are conducted, and Coordinators contact the carer after the initial visit to provide feedback on the service.

Southcare Inc has developed a Southcare Connect App, available to consumers and families. At Starcode, electronic and paper-based feedback and suggestions are provided online through the family portal and client in home file. Astley Care also utilises a portal for client/family direct access to lodge a complaint, feedback, or compliment.

Harold Hawthorne Community Centre provides information on feedback and complaints in the client handbook and a Useful Contacts Sheet is included in the client in home file outlining who to contact internally and the various ways of making contact. Information includes external complaints handling and advocacy organisations available for clients/carers. Client surveys check on the level of understanding that clients/carers have on the complaints process and identify if further information is required.

### **WA Mental Health Commission funded services**

[NGO] services provide support, counselling, and information to carers of program participants and seek their involvement in treatment and exit planning. [NGO] has recently engaged a lived experience coordinator who will provide support in establishing appropriate and ongoing carer and consumer feedback mechanisms to better enable carer views to be incorporated into treatment and service planning.

## Compliance summaries

### South Metropolitan Health Service

Table 20: SMHS self-assessed ratings across all criteria

| SMHS site                                       | Understanding the Carers Charter | Policy input by carers | Carers views and needs considered | Complaints and listening to carers |
|---|----------------------------------|------------------------|-----------------------------------|------------------------------------|
| Fiona Stanley Fremantle Hospitals Group (FSFHG) | Compliant                        | Compliant              | Compliant                         | Compliant                          |
| Rockingham Peel Group (RkPG)                    | Compliant                        | Compliant              | Compliant                         | Compliant                          |
| Peel Health Campus (PHC)                        | Compliant                        | Compliant              | Compliant                         | Compliant                          |

The Council thanks SMHS for its detailed report and notes the Council's appreciation that SMHS provided compliance summaries for each of its hospital sites. The 2022-23 report gave a comprehensive overview of the policies and initiatives in place across SMHS to support and include carers. There is evidence of a genuine commitment to working with carers as key partners. Carers are directly included in SMHS' vision and values.

SMHS provided strong evidence that the role of carers is acknowledged in relevant organisational policies and protocols and that carers are represented on key committees and involved in research, quality improvement and governance processes.

SMHS' demonstrates commitment to connecting carers to support services and that there are strong links evident with Carers WA and support of the Carers Gateway.

SMHS has put in place several ways of capturing the views and needs of carers, including in the assessment, planning and ongoing monitoring of direct services; as well as the development of frameworks governing the service. The Council notes that whilst SMHS has in place ways to include carers in consultation and policy reviews, there is not a formal system in place to identify and measure carer inclusion indicators.

Carer feedback is welcomed by SMHS as part of a mix of consumer and community engagement methods, which is commendable. Carers are informed of the complaints policy and process and offered multiple methods for providing feedback or complaints. The Council is pleased to see how carer feedback informs quality improvement. Carers are involved in the review and analysis of evaluative data, consumer related incidents and consumer feedback.

Highlighted achievements across SMHS include:

- Development of a Toolbox session for nursing staff at Fiona Stanley Hospital Emergency Department to improve the identification and inclusion of carers.

- The CAC has collaborated with Emergency staff to ensure that prepare to care booklets are available in the Emergency Short Stay Unit at FSFHG.
- The re-establishment of ward walks after a hiatus during COVID.
- Incorporation of an audit of Carers Corners into implementation of the SMHS Disability Access and Inclusion Plan 2022-27.
- Inclusion of carers in the identification of research priorities for the SMHS Nursing and Midwifery Research Unit.
- Launch of the SMHS Carer Experience Questionnaire.
- Acknowledgement of staff who undertake unpaid caring roles outside of work, as part of SMHS's National Cares Week 2022 program.
- Staff participate in the Prepare to Care programme delivered by Carers WA, incorporating requirements of the Act and Carers Charter.
- Trial on training and participation of consumers and carers in clinical incident investigations, as is relevant and appropriate.

The Council notes that in accordance with contractual obligations relevant SMHS funded service providers are required to report carers compliance activity annually. This information informs the yearly SMHS submission to the Council outlining the SMHS' overall compliance with the Act. Unlike the 2021-22 report, the 2022-23 report from SMHS did not include specific examples of initiatives undertaken by funded services.

The Council encourages SMHS to continue to explore ways of capturing and reporting carer feedback as a specific sub-group, where possible; and formally measuring carers consumer indicators. The Council looks forward to hearing more on the planned showcase day at Fiona Stanley Hospital and implementation the Carer Experience Questionnaire.

## North Metropolitan Health Service

**Table 21: NMHS self-assessed ratings across all criteria**

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

NMHS provided significant primary evidence documents in its 2022-23 report to the Council, which is noted and appreciated. There were extensive examples provided of NMHS's commitment to working with carers as key partners and clear details on current and planned initiatives.

Council is delighted to see that there are carer representatives on sixteen NMHS working groups and that carers with relevant experience are invited to participate in reviews of policies alongside subject matter experts. The Council commends the planned initiative to

review NMHS governance and committee structures. The review will identify where carers and consumers currently sit within committee structures and identify gaps to ensure carer voices are embedded across the health service.

The Council congratulates NMHS on its new Partnership Model, co-created over 18 months with consumers, carers and staff from NMHS, and notes the model's inclusion of the Public Patient and Engagement Tool (PPEET) and consumer engagement community of practice. Both initiatives reflect a Council focus are that reporting organisations build a strong evidence base for carer initiatives and share learnings.

From August 2023, NMHS will provide quarterly reports of all carer and consumer engagement activity, which will assist in the measurement of carer inclusion indicators. The report will be tabled at all hospital executive committees, the Executive Team and the NMHS Board.

Other highlighted achievements across NMHS include:

- The Community Partnership Network is a voluntary register of consumers and carers who are interested in working together with NMHS.
- Development of payment toolkit as part of the Partnership Model to ensure that consumers and carers are recognised for their contributions.
- NMHS has drafted a 'welcome' letter to new carers at the Lower West Community Mental Health Service and is proposing the letter is included in all carer packs in all clinics by December 2023.
- Introduction of a Patient Health Questionnaire for all elective patients prior to admission, which includes discharge planning relevant to patients with a carer and links to Carers WA.
- Graylands Hospital undertook a 'quality improvement' in the provision of the Carer Engagement in Adult Inpatient Mental Health Services initiative.
- The pilot and launch of the MySay Visit Survey (began Sept 2021) has now been adopted state-wide.
- Introduction and adoption of the NMHS policy flexible work arrangements, which will assist staff who identify as a carer to balance their work and their personal life to support their wellbeing.
- Carers will be invited to undertake clinical incident investigation training and participate in clinical incident investigations, as is relevant and appropriate.
- A dedicated staff intranet page to be a central point of information for staff working with carers that includes the Charter, annual compliance reports and resources available to support both staff and carers.
- A target set by Joondalup Health Campus to increase in carer representation on committees is planned for 2023-24 period.

The Council is pleased to see that planned initiatives include a staff survey on the Carers Charter, the identification of carers as responders of complaints and feedback and an audit of carer experience feedback. The Council looks forward to hearing how the implementation of these important initiatives progress.

The Council notes that applicable service providers by funded by NMHS are required to complete an annual carers compliance report as per their service contract management agreements. This information informs the yearly NMHS submission to the Council outlining the NMHS' overall compliance with the Act.

The Council congratulates NMHS on its excellent work in recognising, including and supporting carers. Many of its initiatives provide a model for other health services and the sharing of evaluative learnings with other reporting organisations is encouraged.

## East Metropolitan Health Service

**Table 22: EMHS self-assessed ratings across all criteria**

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

The Council thanks EMHS for their report and feedback on the work that is done with and for carers. The Council is pleased to see that carers are acknowledged in the EMHS service delivery principles.

The 2022-23 report did not provide extensive examples of how compliance against the Charter is met and in many cases Council reviewers had to independently find information (website and social media) to verify claims of carer acknowledgement and inclusion. The Council requests that future reports provide a higher level of evidence on how compliance and action indicators are met. For example, it is not clear how staff are informed of the Carers Charter or how carers are linked to support services.

Council was pleased to see that all EMHS service areas included a link to the complaints procedure on the landing page for the Carer's Charter. The Council notes implementation of new state-wide complaint management system that enables reporting on feedback that comes from carers, as opposed to from the patient themselves. This initiative is to be commended and links with the Council's focus areas.

Highlighted initiatives demonstrating compliance with include:

- The inclusion of consumer/carers representation on current and planned committees, including the Armadale Kalamunda Group Executive.
- Progression of work on a new Welcome pack, including in additional languages and formats and incorporating the feedback of carer representatives.
- Engagement with Carers WA to recruit additional carer representatives.



- The Armadale Health Services and Kalamunda Hospital supported websites have links to Carers WA and Helping Minds.
- There is increased connection between certain services at EHMS with Carers WA, with staff participating in carer education programs.
- Participation in National Carers Week by the social work department.

Whilst the language of consumers and family members is evident on social media posts, the Council recommends that the term 'carers' is explicitly included. The omission of using the language of carers can prevent carers from self-identifying and recognising their care role, thus preventing access to necessary resources and support services.

The Council notes that no future carer initiatives were noted as being planned. The Council suggests that a dedicated carers webpage would be a welcomed initiative, with all relevant information and links for carers provided.

EMHS's report states that funded services have their own mechanism to conform to the Charter. However, there is no information detailing what these mechanisms might be and a statement of EMHS oversight of compliance is not provided. EMHS' response under criterion 1 was that they do not require service providers to demonstrate compliance.

Overall, the EMHS report on support for and inclusion of carers was minimalistic and light on details. The Council encourages EMHS to increase public-facing information on current and planned carers involvement and avenues of support. Such detail would support future compliance processes and assessments.

## 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 notes that the 2022-23 report was produced by the Department of Communities as a whole, as opposed to the Office of Disability (under the Disability Services Commission). As such, the report incorporates both the work that the Department of Communities, Strategy and Partnerships Group has been doing in the carers' portfolio, as well as the work of the Office of Disability. The Council thanks the department for its report.

The Council notes advice from the Office of Disability that providers registered under NDIS are not obliged to comply with the *Carers Recognition Act 2004* for that portion of their business. Nevertheless, the Council encourages the Office to provide more detailed evidence on engagement with carers in general and those that do interface with the Office.

For those services still funded by the Office, a statement of oversight of compliance with the Act has not been provided and the DSC response under criterion 1 was that the Office does not require service providers to demonstrate compliance.

Whilst the role of the Office of Disability has changed and it no longer oversees service providers to the extent it once did, the Council notes the continued importance of the Office as a champion of carers within the ecosystem of disability. The Council requests that future reports provide greater detail on initiatives supporting the Charter. For example, there was no information provided in the 2022-23 report on carer representation, such as on the Disability Services Commission Board and Minister's Advisory Committee of Disability.

Highlighted achievements include:

- Finalisation of an Authorisation of Restrictive Practices model, expected by the end of 2023.
- The State Disability Advocacy Program and funding for advocacy on behalf of young children and young adults with disabilities and their families.
- The West Australian Disability Legislation Reform Project to develop new legislation to replace the *Disability Services Act 1993*.
- Inclusion of carers in developing an evaluation framework for the State Disability Strategy.
- Carer story videos capturing the experiences, challenges and triumphs of carers across the state.
- The Yagan Square media compilation, reaching over 16,000 people.
- The lit up landmark initiatives that included metropolitan locations and those in Kununurra, the East Kimberley, Albany Town Square and Kalgoorlie-Boulder for National Carers Week 2022.
- Sponsorship of the 2022 Carers WA conference, which assisted the conference to attract almost 300 delegates (in person and online).
- Implementation of recommendations from the review of the *Carers Recognition Act 2004*.
- Extension of the Supporting Communities Forum for six months, with a focus on the *Carers Recognition Act 2004*.

The Council wishes to acknowledge that the Department of Communities has undertaken a significant body of work to raise the profile with carers in WA. The Council also appreciates the support provided by the Community Strategy and Partnership division to develop the Council's new reporting template, collect reports and assist with analysis and reporting.

Going forward, the Council is looking forward to hearing more on carer engagement with implementation of the Authorisation of Restrictive Practices model and development of new legislation.

## WA Country Health Service

**Table 24: 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 congratulates WACHS on the quality and completeness of its 2022-23 report. Clear and comprehensive evidence was provided of compliance with the Charter and uplift on Council focus areas, such as representation, connecting carers to support, the evaluation of carer initiatives and the sharing of applied learnings.

A range of examples were provided of where featured carers feature prominently within practice, policy, planning and quality improvement.

WACHS is developing a digital engagement system to manage consumer and carer representative cohorts, which will support the identification and measurement of carer inclusion processes and indicators, which is a Council focus area. The Council notes that WACHS is working on ways to better identification of carer specific feedback and complaints. The recently implemented Life QI platform will enable WACHS to register, monitor and report on improvements recommended in feedback provided by patients and their families and carers.

Highlighted achievements include:

- The Carers WA Prepare to Care hospital program is embedded in healthcare sites in Albany, Denmark, Mount Barker, Kojenup, Katanning and the Plantagenet Health Service. There are plans for the Prepare to Care program to be rolled out in the Kimberley in 2024.
- The strong use of and support for peer support for carers across multiple service areas.
- The ongoing work being undertaken in the Kimberley on carers recognition and support.
- Inclusion of carers in Graduate Nurse Study Days in the Goldfields.
- Carers engagement events in Midwest, Goldfields and the Great Southern.
- 'Outside the box' innovation, such as the use of experiential learning and plays ('Hear Me'), the Gathering of Kindness approach and the 'Power of Tea' project.
- Building on the Aishwarya CARE process to strengthen systems and processes to detect deterioration in children in hospital, including identifying factors that impact on Aboriginal family involvement and co-design solutions.
- The WACHS Executive Round Program.

The Council appreciated the reporting of related to WACHS as a whole, as well as region examples. The Council would be keen to hear further of Pilbara examples, which did not feature highly in the report.

The Council notes that WACHS ensures funded service providers are compliant with the Carers Charter through a clause in WACHS contracts that requires a carers compliance report. This information informs the yearly WACHS submission to the Council outlining WACHS' overall compliance with the Act.

The Council applauds future planned initiatives that show innovation, such as the Open Disclosure Initiative and digital engagement application to support and manage consumer and carer representation. Both initiatives align with Council focus areas. WACHS is commended on its application to join the National Carers+ Employers program. The Council looks forward to hearing more on how these important initiatives progress.

## Child and Adolescent Health Service

**Table 25: CAHS self-assessed ratings across all criteria**

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

The Council thanks CAHS for its detailed report and notes the Council's appreciation for the time taken to so clearly provide evidence against compliance and the reporting template. It is pleasing to see that Child and Adolescent Health Services remains committed to continuous improvement in the delivery of care and engagement with family and carers. The 2022-23 report provided strong evidence of compliance with the Carers Charter, particularly in the areas of rights, carer engagement, co-designed care and carer support.

CAHS continues to provide multiple opportunities and structures to engage with carers to oversee the development of models of care and implementation of reforms. CAHS also demonstrates a continued commitment to provide training and support for carer representatives.

The Council applauds CAHS' strong commitment to peer-based support, as evidenced in the Peer and Family Support Worker model of practice and increased employment of carer support workers.

In alignment with Council focus areas, it is commendable to see that CAHS consumer feedback systems allow for carer status to be established and reported against. It is encouraging to see examples of improvement projects undertaken in response to consumer feedback. CAHS is also congratulated on its work to improve the consumer feedback process for culturally and linguistically diverse communities.

Highlighted achievements include:

- Extensive consultation and engagement with families and carers in developing the new Consumer Engagement Plan 2023 – 2026 (with feedback from over 25,000 parents and carers).
- Review of the Transition of Adolescents/Young Adults to Adult Health Services Policy, which emphasises the importance of working together with parents/carers to facilitate the transition journey.
- The establishment of working groups, inclusive of carers, to support the implementation of reforms following the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents.
- Carer involvement in initiatives such as the Language Badges for Volunteers.
- The ongoing partnerships with Kiind (formerly Kalparrin) and Envisage Families Australia to support parents and carers.
- Actions to ensure culturally appropriate guidance to support Aboriginal carers to be actively involved in their or their child’s care.
- Research that has a focus on the value of carers and importance of easing carer stress to help improve health outcomes for children.

As an indicator of supporting compliance with Criterion One, the Council would like to see CAHS develop mechanisms for quantifying the number of care information packs are provided to carers. It is also noted that examples provided of future carer related initiatives was limited to the continuation of current initiatives. The Council would have appreciated hearing examples of new actions that are planned for over the next year or so.

The Council notes that applicable community services that receive funding from CAHS are required to comply with the principles of the Carers Charter, depending on the nature of their service. Funded service providers can be required to submit a compliance report for CAHS. This information informs the yearly CAHS submission to the Council outlining the CAHS' overall compliance with the Act.

CAHS commitment to recognising and supporting carers, and developing genuine partnerships with carers is evident, as is the work undertaken to develop robust frameworks and system to enable partnerships. Planned initiatives to reach out to specific carer cohorts (Aboriginal people, culturally diverse people and LGBTIQ+ people) are to be commended.

## Department of Health

**Table 26: 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 their comprehensive compliance report, noting that due to the department's role as the entity responsible for WA health system-wide planning, only the second principle of the Carers Charter is applicable. The Council also commends the way the department has sought to ensure compliance with the Charter in funded services and the detail of reporting provided.

The Department of Health continues to engage with carers through carer representation on multiple advisory and working groups, with membership by carers often incorporated into the committee terms of reference. A wide range of examples evidencing carer representation were included in the 2022-23 report.

It was pleasing to note the application of multiple consultation methods and engagement strategies with carers to inform reviews and development of new programs and resources, including engagement with Aboriginal consumers and people from culturally and linguistically diverse backgrounds.

Effective engagement with carers in discharge planning is essential and is an area of concern often raised by carers. The release of the updated Hospital Stay Guidelines to improve the hospital experience of people with disabilities is noted along with the development of resources including information sheets, tools for collaborative discharge planning and patient-centred communication, all of which were co-designed with people with disability and their carers.

Other highlighted achievements include:

- The Manage My Care application, which is now supporting almost 100,000 patients and carers.
- The development of a suite of new resources produced to support consumers in their engagement in Advance Care Planning and completion of Advance Health Directives.
- Evaluation of the pilot Transition Care Program for Aboriginal people.
- Membership of Carers WA in the Sustainable Health Review Recommendation 13 working group.
- The National Roadmap for improving the health of people with intellectual disabilities.

As a champion of system-wide initiatives, the Council invites the department to consider initiatives that support employees with unpaid caring responsibilities.

Council notes the development of the Partnership Suite resources to support new approaches for partnering with stakeholders. Council would welcome an update on the development of these resources and their implementation, along with an understanding of the enhanced approaches to be adopted to engage with and include carers.

## Funded services

**Table 27: DoH self-assessed rating for funded services**

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

In 2022-23 the Department of Health reported on compliance with the Carers Charter by 70 organisations contracted by the department. Compliance was reported through the completion of an online survey administered by the Department of Health.

It was pleasing to note the high level of reported staff awareness and education (98% of contracted community health service providers reported staff were informed about the Carers Charter and the role of carers at induction).

The relatively low level of carer representation on boards/management committees (56%), or carer advisory groups (52%) is disappointing. Against this backdrop, it was encouraging to note a number of examples whereby organisations reported plans to form carer advisory groups. The Council encourages funded services to identify ways of increasing carer representation in advisory and decision-making groups.

Whilst carer representation at a governance or executive level was low, the Council notes that 70 per cent of contracted community health services cited that they included carers in the development or review of relevant organisational policies, procedures and planning processes; and 76 per cent involved carers in the development of carer/client resources. The Council is pleased to see that 92 per cent of organisations reported involving carers in service design and delivery of direct client services.

The Council appreciates the many examples provided of carer focused initiatives within funded services.

## WA Mental Health Commission

**Table 28: Percentage of Commission funded services' self-assessed rating of 'Achieved Compliance' against the Councils' Compliance Framework criteria for 2022-23**

| 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 |
|--|------------------------|-----------------------------------|------------------------------------|
| 94.7%  | 89.5%                  | 89.5%                             | 91.2%                              |

The Council thanks the Mental Health Commission for its comprehensive and easy to read report. The Commission reports to the Council on compliance with the Charter by

Commission funded mental health services. The Commission undertakes compliance reporting voluntarily in acknowledgement of the importance of carers in the mental health field and the Council applauds this commitment.

It is noted that the Commission uses its own reporting tool to demonstrate and assess compliance. The Council also notes that services contracted to provide alcohol and other drug services are currently not required to report on their current compliance with the Carers Charter.

Analysis of compliance by the Commission shows that in 2022-23 compliance scores ranged from 89.5% to 94.7% across the four areas of the WA Carers Charter. When compared to 2021-22 data, there is a decrease (-2.0% or less) in the number of NGOs reporting 'Achieved Compliance' across all four areas, with a corresponding increase (3.5% - 5.3%) in NGOs reporting 'Working towards compliance', with the greatest increases for Area 2 (Policy input from carers) and Area 4 (Complaints and listening to carers). The Council is pleased to see that the data also indicates a decrease (between -1.6% to -3.3%) in the number of NGOs reporting 'Not Applicable' across all four areas.

The Commission data indicates some marginal increases in the 'Fully Compliant' ratings across seven related Actions<sup>4</sup>, with the greatest increases reported for Action 4 'Inform carers of the Carers Charter and relevant organisational policies and protocols' (4.3%) and Action 8 'Include carers in the ongoing monitoring of direct services' (4.2%).

Four related Actions (1, 5, 7 and 10) indicate marginal decreases in 'Fully Compliant' ratings, most notably Action 5 'Include carers in the organisation's strategic planning process' (-4.9%), Action 7 'Include carers in the assessment process for direct services' (-4.4%) and Action 1 'Acknowledge the role of carers in all relevant organisational policies and protocols' (-4.2%). The Council wishes to emphasise the need to maintain the acknowledgement of carers in organisational planning process and policies. It is concerning that there has been a decrease in those NGOs that are fully compliant with including carers in service assessment processes, but notes that the four-year trend showed an overall increase in compliance.

The Council notes with support that Commission contract officers will follow up to determine whether individual Actions reported as 'Not Applicable' or 'Not Compliant' are reasonable responses from the NGOs they contract manage.

Like 2021-22, the overall information provided for the 2022-23 reporting period represent a strong desire amongst NGOs to include carers in all aspects of service delivery, planning and review.

Highlighted achievements include:

- References to and support of the Act and Charter in organisational policies and documents.

---

<sup>4</sup> Marginal increases in 'Fully Compliant' for Actions 2, 3, 4, 6, 8, 9, and 11



- Strong examples of support for the inclusion of family and carers in the recovery.
- Acknowledgement of the need to support carer well-being to achieve positive client outcomes.
- Numerous examples of funded organisations working with Carers WA to recognise and support carers.
- Examples of carer engagement strategies, using a variety of approaches.

Since 2019, all Commission contracted NGOs providing mental health services are required to maintain formal accreditation against the National Standards for Mental Health Services (NSMHS) from an approved accreditation body. The most relevant of the NSMHS in relation to the WA Carers Charter and the questions asked in Sections A and B are:

- 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.'

The Council is reassured that through the external accreditation process, Commission funded services delivering mental health services will continue to be required to demonstrate evidence of how they respect, value, include, support and listen to carers.

## Highlighted and planned initiatives

Reporting organisations are asked to provide an update on planned initiatives that had been flagged in the 2021-22 report, other new key initiatives of the 2022-23 year, and future carer-related planned initiatives. Details of initiative updates, new initiatives and planned initiatives from each reporting organisation is provided in Appendices 2, 3 and 4. Variation in how initiatives are reported in both 2021-22 and 2022-23 means it is not always possible to distinguish a project update from a new initiative.

## Council observations

The Council thanks reporting organisations for the detailed information provided by the majority of agencies on their carer related initiatives. As with the previous year's report, the Council is encouraged by the breadth and depth of initiatives being undertaken that support the Carers Charter. Examples were provided of an extensive range of innovative projects that seek to engage and support carers in multiple ways.

There is an uptake in initiatives that seek to acknowledge and support staff and volunteers in their role as unpaid carers. The Council encourages reporting organisations to support carers in the workplace and endorses accreditation models, such as the Carers + Employers Program.

The Council acknowledges the imperative to develop proactive strategies that target the needs of Aboriginal and CaLD carers. This is an area where more work is needed. However, the Council is pleased to see an increase in carers initiatives that reflect and support the diverse needs and experiences of carers. The Council commends all initiatives that are actively reaching out to a diversity of carers, many of whom have complex needs and additional challenges to inclusion and engagement.

NMHS and SMHS are trialling the inclusion of carers in clinical incident reporting and the Council looks forward to hearing how these trials progress.

A number of examples were provided of carers being included in the prioritisation and design of research projects, which the Council supports.

There continues to be an increase in examples of peer support models, the employment of peer support workers and building the lived experience workforce.

The Council is pleased to see initiatives such as communities of practice that facilitate evidence-based learning. However, the Council also notes that less than half of the agencies reported that they are evaluating carer initiatives and sharing the findings.

## Appendix 1: Council 2021-22 improvement and focus areas

| Improvements areas from 2021-22 report  | Council focus areas in 2022-23 reporting template  |
|---|--|
| 1. That all induction, education, and training related to the Carers Charter is evaluated to measure effectiveness.   | <p>Does your Reporting Organisation ensure policies, frameworks, strategies, training manuals, education et al applicable to carers is kept relevant and current?</p> <p>All relevant induction, education, frameworks, strategies and training related to the Carers Charter has been evaluated in 2022-23 to measure effectiveness.</p>                              |
| 2: That reporting organisations are better able to centrally identify, measure and report on carer representation at a governance and executive level.  | Carers are represented within your organisation’s governance and executive levels (COUNCIL FOCUS)  |
| 3. That reporting organisations are better able to centrally identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews. | <p>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 (COUNCIL FOCUS)</p> <p>Records are kept, and reviews undertaken for improvements regarding, of carer participation in policy-related activities (COUNCIL FOCUS).</p> |
| 4. That organisations use multiple means to connect carers to support services.   | Use of multiple means of connecting carers to support services (COUNCIL FOCUS)   |
| 5. That reporting organisations are better able to identify, measure and report on carer responses as a sub-set of all survey or consultation findings.   | 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 (COUNCIL FOCUS)   |
| 6. That mixed methods are used to compliment survey methods as a way of   | Mixed methods are used to compliment survey methods. For example - online and  |

| <b>Improvements areas from 2021-22 report</b>  | <b>Council focus areas in 2022-23 reporting template</b>  |
|--|---|
| enhancing inclusion strategies and capturing the views of diverse carers.  | paper copy feedback available, staff available to report  |
| 7. That reporting organisations are better able to identify, measure and report on carer complaints and feedback as a subset of all complaints and feedback. | A process and/or system is in place to measure and report on carer complaints.                          |
| 8. That reporting organisations are better able to evidence how carer complaints and feedback inform quality improvements.                                   | Carer complaints and/or feedback informs quality improvements in the organisation (COUNCIL FOCUS)       |
| 9. That reporting organisations improve their evaluation of carer initiatives in order to build a strong evidence base and share learnings.                  | Reviewing and improving the evaluation of carer initiatives in the organisation (COUNCIL FOCUS)         |
|  | Sharing evaluation findings, initiatives, policies (as appropriate) with other agencies (COUNCIL FOCUS) |

## **Appendix 2: Updates on initiatives reported on in 2021-2022**

### **South Metropolitan Health Service**

#### **Carers education for FSH Emergency Department staff**

A carer representative from the FSFHG Emergency Department (ED) Consumer Advisory Group has worked with the Carers WA Hospital Program Educator to help present a series of Toolbox sessions. The sessions were targeted at nursing staff in the ED and focused on identifying and involving carers. Toolbox sessions are run every two months.

#### **Ward walks**

Ward walks at FSFHG have been re-established following a hiatus during COVID restrictions. Consumer and carer representatives undertaking ward walks are now supplied with Prepare to Care booklets to distribute to anyone who identifies as a carer.

#### **Carers Corners audit**

The FSFHG Disability Access and Inclusion Committee have incorporated an audit of Carers Corners into the plan to implement the SMHS Disability Access and Inclusion Plan 2022-2027. The annual audit will review Carers Corners to ensure they are a welcoming and informative space for carers.

### **North Metropolitan Health Service**

#### **Development of NMHS Partnership Model**

The new Partnership Model was co-created over 18 months with consumers, carers and staff from NMHS through a series of workshops, forums and engagement activities. The Partnership Model was created to provide guidance on ways to work together to design, deliver and evaluate health services to enhance the patient experience. The Partnership Model provides the strong foundations needed to support consumer engagement activities across NMHS and is designed to evolve and continuously improve as we evaluate and learn from our experiences working together.

#### **Development of the new Disability Access and Inclusion Plan 2022-27**

A new NMHS Disability Access and Inclusion Plan 2022-2027 was developed following community consultation with consumers, carers and staff. A two-year implementation plan was also developed for 2022-2024. All Strategies and Actions in the plans target people with disability and carers to acknowledge the crucial role of carers in this space.

#### **Development of MySay Healthcare Survey dashboards**

Following the launch of the MySay Healthcare Survey (consumer and carer experience survey sent to inpatients, outpatients and Emergency Department visitors), the MySay

Dashboards are now available. The dashboards enable NMHS sites and services to filter and view experience feedback from family/carers.

### **MHPHDS Carer Engagement Quality Improvement Activity**

Graylands Hospital undertook a quality improvement activity 'Carer Engagement in Adult Inpatient Mental Health Services'. It requires every acute stream patient that has an admission for 14-days or longer to have a family/carer meeting. The family member/carer completes a survey prior to the meeting, and the same survey after the meeting.

### **MHPHDS carers involvement in NDIS applications and planning meetings**

Neuroscience consumers and carers are provided information on Carers WA services and supports. NMHS staff regularly support clients and carers with National Disability Insurance Scheme planning and reviews.

### **SCGOPHCG staff survey to identify knowledge and understanding of Carers Charter**

This initiative has been carried forward to be undertaken in 2023-24.

### **SCGOPHCG complaints and feedback to identify carers as responders**

This initiative has been carried forward to be undertaken in 2023-24.

### **WNHS Patient Health Questionnaire**

The Patient Health Questionnaire (completed by all elective patients prior to admission) was introduced in the current report period. This included discharge planning relevant to patients with a carer and linking with supports from Carers WA. The Patient Health Questionnaire includes questions on patients with carers in order to prompt a response from staff to manage any additional needs.

### **Joondalup Health Campus inclusion of carers in assessment and discharge planning**

The importance of carers in assessment and discharge planning is an ongoing improvement area with updated tools for social work carer assessment, patient cognition assessment, rehabilitation care planning and palliative care planning all including carer input.

## **East Metropolitan Health Service**

### **Staff understand the charter /carers treated with respect and dignity**

A New Welcome Pack is in progress, however there have been delays in translation of materials (external organisation to progress). Dashboard implemented to capture efficacy and compliance with Comprehensive Care Record has been completed.

### **Policy input from carers**

Engagement with Carers WA to recruit additional carers to the carers pool is in progress, with additional committees to recruit to. Action has been carried over to next reporting cycle.

### **Carers' views and needs are considered**

EMHS has implemented plans to increase access and availability to Carers WA Education programs with staff presentations delivered twice. National Carers Week education delivered to Social Work department and other key stakeholders. EMHS has successfully progressed strategies outlined in the new Patient Experience Strategy.

### **Complaints and listening to carers**

EMHS has implemented improved reporting of feedback (including complaints, compliments and contacts) through to established governance committees, including coding of feedback to enable ease of data collation.

## **Disability Services Commission**

### **State Disability Strategy Action Plan**

The Office of Disability consulted with agency stakeholders responsible for their identified actions to meet the WA State Disability Strategy outcomes, which were informed by extensive consultation with people with disability, their families and carers.

### **Authorisation of Restrictive Practices**

The outcomes of consultations in 2021 informed the development of the Authorisation of Restrictive Practices model, which is now being finalised. This input included how the views of carers can be taken into account to inform decisions about that care.

## **WA Country Health Service**

In the Wheatbelt, community information/consultation sessions aimed at improving community understanding of Aged Care Services are being reinvigorated in 2022/2023.

Community Engagement Cafe events commenced in the Wheatbelt in February 2023 and have been held in Cunderdin, Boddington, with one planned in Northam in October 2023. Wheatbelt Executive staff attend each Cafe, which aims to improve communication and information sharing between consumers, carers and health service staff.

A community engagement event occurred in August 2023 in Dalwallinu with members of the Dally Forward Progress Association and Filipino Elders/community members.

The Wheatbelt PEaCE sub-committee is well embedded in committee governance and structures. Membership includes two consumers who identify as carers. In March 2022, the membership and terms of reference were revised to re-focus involvement of patients, their families and carers in the co-design, planning, implementation, and evaluation of services effectively meeting patient, family and carer needs. Several projects have been proposed for the PEaCE sub-committee which will impact carers, including review of the Wheatbelt consumer feedback processes, development of community surveys and service evaluations, and development of a Consumer Hub.

A whole of Wheatbelt project to install nine televisions in waiting rooms in the Northam Hospital, the Wheatbelt Mental Health Service, Dalwallinu Hospital, Pingelly Hospital, Wyalkatchem Hospital, Merredin Hospital Reception and Emergency Department and Narrogin Emergency Department and Ambulatory Care will be complete by the end of 2023. Televised content will be targeted to assist with community and carer engagement, community information, education and increase health literacy and health promotion.

A pilot project is in progress at Northam Emergency Department (ED) to establish an Electronic Messaging Board in the waiting room. This Messaging Board aims to reduce the high number of Did Not Waits and Discharged Against Medical Advice in ED by displaying a dashboard to provide information around estimated wait times, with the inclusion of simple health messages and information. Consumer and stakeholder consultation for development of the board is in progress and will be operational by the end of 2023.

In the Goldfields consumers and carers are updated about any changes related to access to health services and support available. These updates have been supplied by WACHS Goldfields in the form of written letters, posters, via social media platforms and verbally. The Goldfields Multi-Purpose Site and Aged Care Orientation Booklets, which include information about the *Carers Recognition Act 2004*, continue to be utilised and updated regularly to ensure staff remain aware of the importance of carers in their caring role.

The Goldfields was successful in receiving grants to involve consumers and carers in Involvement in Service Delivery Reviews. A consumer/carers will be included in the WACHS Goldfields Project Working Group. Carers, residents and community members were involved in the development of the scope of works through consultation and focus groups.

The Goldfields has increased staff knowledge and awareness of the *Carers Recognition Act 2004* by ensuring that staff can easily locate and access information for carers.

The Goldfields will celebrate National Carers Week 2023 with a morning tea, promoting the week and the event through posters and social media. Other events where carers have been celebrated are the Esperance Consumer Cafe; NAIDOC Week 'For Our Elders' - Inaugural Aged Care Expo morning tea; and Aboriginal Mental Health Roadshow Norseman and Esperance.

Carer groups and community members have been engaged to review planning related to Goldfield's health service infrastructure developments to ensure cultural safety and creating a facility design that would meet the community needs.

Consumer and carer packs containing brochures are provided throughout Goldfields sites. The Goldfields has established a partnership with Carers WA to support carers and staff.

## **Child and Adolescent Health Service**

### **CAHS Consumer Engagement Strategy 2023-2026**

Feedback from over 25,000 parents and carers was considered in the development of the CAHS Consumer Engagement Strategy 2023-2026. Specific consultations using surveys,



focus groups, committee meetings and consultations hosted by external NGOs were used to further understand the needs of consumers and staff, and led to the development of the actions and goals. The range of methods employed were tailored to the needs of diverse consumers, including the use of interpreters, visiting community venues rather than expecting consumers to come to CAHS premises, and online and social media methods.

### **CAHS Disability Access and Inclusion Plan 2022-2025**

Parents and carers were involved in the development of the CAHS Disability Access and Inclusion Plan (DAIP) 2022-2025. Feedback was sought through advertisement place in the West Australian newspaper, promoted through social media, shared with NGO networks, distributed by PCH volunteers to PCH inpatients and outpatients and via the CAHS website.

### **Workforce training**

In early 2023 the CAMHS Learning and Development Team brought together staff, consumers and carers to create a Learning and Development Steering Committee (LDSC). The purpose of this group is to develop, review and implement workforce training and other learning and development activities, with an aim to ensure CAMHS staff are supported to deliver high quality and safe care to families. The CAMHS Learning and Development Team continues to review and update the Clinical Skills Training suite for staff members in collaboration with consumers from the CAMHS Lived Experience Group. This past year a focus has been on the Formulation and Treatment Planning Handbook which is provided to all new clinical staff in CAMHS and serves as an ongoing reference point when working with families.

Consumers and carers are a valued part of the CAMHS Learning and Development Team and they continue to co-facilitate aspects of staff training. This training supports staff to develop skills and knowledge in engaging with children, young people and their families and build confidence in completion of standardised assessment documentation.

### **Recruitment of CAMHS peer support workers to increase lived experience workforce**

The CAMHS Community Services Directorate has recruited their first ever Carer Peer Worker at Rockingham CAMHS. A Carer Support Worker is also available on Ward 5A at PCH. This is in line with the Peer and Family Support Worker model of practice. A Peer and Family Support Worker is a specialised, non-clinical position integrated into the multi-disciplinary team, using the knowledge and skills gained through personal or family-carer experience to foster a collaborative working relationship. Peer and Family Support Workers can play a key role in providing recovery-oriented support to families navigating the mental health system, acting as a positive role model and inspiring hope for the future.

### **Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents**

In March 2022 the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents (ICA) aged 0-18 years in WA was released with eight key actions and 32 recommendations proposed. In July 2022 the ICA

implementation program, a collaboration between CAHS, WA Country Health Service and Mental Health Commission was launched to lead these reforms. Engagement with consumers with lived and living experience was identified as essential to ensure the system meets the needs of children and families. In the final quarter of 2022, fifteen working groups were established. CAHS received 170 expressions of interest from consumers and carers to be a part of these working groups, with 45 participants selected, trained and supported by the CAHS Consumer Engagement Team and CAMHS Lived Experience Group.

## Department of Health

As part of the National Partnership Agreement for Palliative Care in Aged Care, several focus groups were conducted to understand the consumer and carer journey with respect to end of life and palliative care provided to residential aged care facility residents, their families and carers. This research will inform the development of bespoke models of care to improve end of life and palliative care within aged care facilities.

Implementation of the WA Cancer Plan 2020–2025 continues and includes a focus on providing reliable information to empower consumer decision making. The department was proud to receive the Public Sector Award at the WA Multicultural Awards for work undertaken to better understand the cancer information needs of people from culturally and linguistically diverse (CaLD) backgrounds. As a part of this project, the department consulted with 175 CaLD consumers affected by cancer and 108 carers. The resulting report identified a wide spectrum of cancer information needs. Work has commenced to increase the availability of resources.

To ensure continued consumer and carer input into the Emergency Access Reform (EAR) program, the department included a Health Consumers' Council representative on the EAR Program Control Group and a Carers WA representative on the EAR Consumer Advisory Group. In addition, the department undertook targeted engagement with Residential Aged Care Facilities (RACF) and aged care peak bodies on the development of new initiatives that provide alternative pathways to emergency department attendance and or admittance for RACF residents.

The Partnership Suite was developed to support new approaches for partnering with consumers, citizens, clinicians and other key stakeholders. The department engaged with a working group of key stakeholders inclusive of carer representatives to determine and agree on Partnership Suite resources.

The updated Hospital Stay Guidelines were launched at the International Day for People with Disability event held on 30 November 2022. The goal of the guidelines is to improve the hospital experience for people with disability and to empower people to have more say in their healthcare. The guidelines were developed through a co-design process with people with disability and their carers, disability service providers, peak bodies and health staff.

## **Appendix 3: New key initiatives in 2022-2023**

### **South Metropolitan Health Service**

#### **Carer Experience Questionnaires**

In November 2022, SMHS launched Put it to the People, an online community engagement platform. The membership scheme allows the community, including carers, to be part of the conversation regarding the delivery of health services across SMHS, leading to increased collaboration around priority issues. During the 2022-23 reporting period, SMHS piloted a Carer Experience Questionnaire. Adapted from the Mental Health Carer Experience Survey, the questionnaire is directly related to a carer's experience and is designed to be completed by a carer. The results of the survey have been shared to relevant committees for review and action and will be used to further develop the SMHS Carers Plan.

#### **Consumer Feedback Strategy 2023-2027**

Carers, through the site CACs, have provided input into the SMHS Consumer Feedback Strategy 2023-2027. Priorities for the strategy include the establishment of flexible and equitable access for consumers to provide feedback; improving consumer feedback recording and reporting processes; and using consumer feedback to drive improvement in the safety and quality of healthcare.

#### **Carer involvement in the review of serious clinical incidents**

SMHS trialed and implemented the participation of consumers, including carers, in the review of serious clinical incidents.<sup>5</sup> Consumers were trained in the systems approach to clinical incident investigation. The initiative supports a patient centric approach to incident review, encourages reports to be produced in plain language and the development of recommendations for sustainable improvement.

#### **Prepare to Care**

The FSFHG CAC have collaborated with Emergency Department staff to ensure that Prepare to Care booklets are available to give to patients and/or their carers. Booklets are held in the Emergency Short Stay Unit, where patients are likely to be for a longer period of time compared with the other areas of ED.

#### **Carers included in research planning**

The SMHS Nursing and Midwifery Research Unit conducted an inaugural Research Priorities Project to determine priorities for nursing and midwifery research across SMHS. The project approach of collaboration ensured that topics identified will meet the needs of people using and working in the health services. A steering group representing a diverse range of consumers and clinicians helped to plan and conduct research across multiple phases. A survey was used to find out what was important to nurses, midwives, consumers

---

<sup>5</sup> Not every review will require the involvement of a consumer or carer.

and across SMHS. Results of the survey were summarised into a list of potential research topics that were then discussed at a consensus workshop to agree on the final top 10 research priorities. Consumers included carer representation.

### **Parkinson's Carers' Education**

A program of education sessions was delivered by the Parkinson's Service at the Comprehensive Care Centre at Fremantle Hospital in 2023. Topics included the importance of carers, support for carers and maintaining carers' wellbeing.

## **North Metropolitan Health Service**

### **NMHS Patient Experience and Consumer Engagement Community of Practice**

The Patient Experience and Consumer Engagement (PEaCE) Community of Practice is a forum for staff who share a passion for working together with consumers, carers and their families, and are interested in developing their engagement skills' and learning from others' experiences. The CoP will provide opportunity to raise awareness and understanding of the role of carers, how to work together and share lessons learnt.

### **NMHS Consumer and Carer Participation Payment policy**

The NMHS Consumer and Carer Participation Payment Policy was updated following significant consultation through the Partnership Model activities. The new policy recognises the various roles that carers and consumers can take on when working in partnership with the health service. The policy also provides an alternative payment pathway that can be used to remunerate specific groups in more appropriate ways. Carers participated throughout the review and development of this policy. A supporting Payment Toolkit was developed to assist staff.

### **NMHS Case Study program**

NMHS Consumer Engagement has developed a Case Study program as part of its new Patient Experience and Consumer Engagement Community of Practice. Staff are invited to share lessons learned of working in partnership with carers via the program.

### **Partnership Model**

Implementation of the Partnership Model across NMHS commenced in April 2023. A planned launch and event to thank all who contributed, raise awareness and understanding of the model, and plan for sustainable implementation is due to occur in November 2023.

### **CAC Model Redesign**

The NMHS Consumer Engagement team worked with carers and other consumers from its Community Advisory Councils to co-create and redesign its CAC model to one with clear purpose, priorities and functions. The membership composition of the new model prioritises representation that is inclusive, diverse and reflective of the community served. Following recruitment against the new CAC model, over 20 new representatives, inclusive of several

carers, were appointed to the CACs. The recognition of carer's role in the health care journey and experience is reflected throughout all aspects of the CAC Model.

### **Community Partnership Network**

Through the development of the Partnership Model, carers and consumers expressed that they would like other ways to work with NMHS that suit their interests and availability. An online NMHS Community Partnership Network has been established. The Network is a register of interested carers and consumers who want to work with the health service. Staff across all NMHS can access this group based on their interest, skills and availability.

### **Flexible Work Arrangements policy**

The introduction and adoption of the NMHS Policy: Flexible Work Arrangements will assist employees who identify as a carer to request flexible work arrangements to manage the balance between work and their personal life to support their wellbeing.

### **SCGOPHCG research**

SCGH has commenced research on 'Can early referral to Allied Health improve outcomes for high-grade glioma (brain tumour) patients?' This is a study to identify the need for early Allied Health intervention as referrals are either late in the patient and carer's journey, at crisis point or upon hospital admission. This project is on-going, and it is expected that the report will be available late 2023 or early 2024.

### **SCGOPHCG guide to support transitioning home with delirium**

The guide informs carers and family members what to expect when their loved one is discharged home with delirium, providing guidance on communication, home safety, follow-up and where more information can be obtained.

### **SCGOPHCG Social Work Memory Groups**

This project aims to improve service delivery for patients experience memory and thinking difficulties. A carers and consumer survey was developed to identify what information was important for carers to enable them to support a loved one with a memory impairment.

### **Living with Aphasia: A Guide for Carers**

A SCGOPHCG carer survey was conducted to establish if the 'Living with Aphasia: A guide for carers' book is meeting the needs of the carers and how it can be improved. The guide is currently in the process of being updated to reflect this feedback.

### **WNHS Comprehensive Care Plan**

The WNHS Comprehensive Care Committee and DAIP Management Sub-Committee in conjunction with the Safety, Quality and Performance team are developing a Comprehensive Care Plan. This document and associated processes will identify carers accessing inpatient services. The review will also include the current process for identifying carers on the patient administration system, WebPAS. Identification of carers on WebPAS will also be used to identify outpatients and carers presenting to the Emergency Centre.

## **East Metropolitan Health Service**

### **Staff understand the charter /carers treated with respect and dignity**

Continued work to increase access to the new Welcome Pack including in additional languages and formats. Will be delivering an electronic format specifically off the back of feedback provided by carer representatives who indicated that the electronic format could provide further information (that is not in the physical copy).

### **Policy input from carers**

Continued working towards establishing carer presence on central governance committees and other groups. Through this membership carers will have direct mechanisms to influence policy to ensure consideration of carers. This is already established in the Patient Experience Governance Committee, with carer representatives engaging in policy content.

### **Carers' views and needs are considered**

Ongoing presence of carers resources on site and continued implementation of strategies as outlined in the new Patient Experience Strategy.

### **Complaints and listening to carers**

Continued to increase the number of governance committees whereby reporting of feedback is achieved (inclusive of themes as they relate to the Carers Charter). Implementation of new state-wide complaint management system that enables reporting on feedback that comes from carers, as opposed to from the patient themselves. Continued to advocate for patient satisfaction surveys with the opportunity for surveys to be sent to both consumer and their carer, with result differentiation achieved.

## **Disability Services Commission and Department of Communities**

### **Authorisation of Restrictive Practices**

The development of the ARP model is expected to be finalised in 2023 and will include consideration of how the views of carers can be taken into account to inform decisions about care (based on the feedback from carers in the consultation period in 2021).

### **State Disability Advocacy Program**

As part of the State Disability Advocacy Program, the State Government provides Kiind with funding for a period of three years to undertake systemic advocacy on behalf of children and young adults with disability and their families.

### **WA Disability Legislation Reform Project**

The Office of Disability is undertaking a reform process to develop new legislation to replace the *Disability Services Act 1993*. The first stage of this process included significant consultation with the community throughout 2023, including engagement individuals and services providers linked to carers, the Carers Council and Carers WA. The input from

carers will inform the recommendations for the legislation relating to carers and the work they do in the disability sector as it relates to legislation.

### **National Carers Week 2022**

Communities undertook a range of initiatives to raise awareness of National Carers Week including digital media, social media, community engagement and internal communications. Communities produced four videos of carers sharing their stories. Filming was undertaken in the carer's homes and a representative of Carers WA was present for support. The videos were showcased at the Carers WA Conference, on the Yagan Square digital screen and on Communities' social media platforms receiving excellent feedback. It is estimated that the video screening had a reach of 16,000 people per day.

Regional Executive Directors were provided up to \$500 and a toolkit to hold their own National Carers Week events within their regions. Events were held in the Great Southern, Goldfields, South West, Mid West Gascoyne and the Wheatbelt.

Communities liaised with the relevant organisations to have numerous Perth landmarks lit up aqua blue in recognition of carers. In 2022 regional landmarks were also invited to participate including landmarks in the Kimberley, Albany and Kalgoorlie.

A combination of social media collateral was shared across Communities social media platforms to promote National Carers Week. National Carers Week social media posts were Communities' top performing posts for the month of October. One of the successful Facebook posts had a reach of 22,823 with an average engagement rate of 5.41 per cent.

### **Implementation of recommendations from the review of the *Carers Recognition Act 2004***

The Act Review Report provided a summary of 13 findings and made 12 recommendations for increasing carer involvement and carer recognition. Throughout 2022, Communities consulted Carers WA and the Council on actions and initiatives to inform the implementation of the Act Review Report. Implementation of the recommendations was completed by end June 2023. Actions implemented to meet the recommendations include:

- The design and development of a Carers Charter Poster and Carers Charter 'business cards'.
- The development of supplementary resources and plain English guidelines that clearly explain the Act and Carers Charter.
- Ongoing annual Statewide campaign to celebrate National Carer's Week - including encouraging other public sector agencies to participate.
- Hosting of a Carer Community Conversation event in Kalgoorlie.
- Development and refresh of the Carers webpage – will be renamed to the Carer's Information Hub (the Hub).
- Development of factsheets and resources, which will be published on the Hub.

- Extension of the Supporting Communities Forum for six months (to end 2023) (Department of the Premier and Cabinet-led), with a focus for the additional six months including on how NGOs and agencies without statutory reporting obligations under the Carers Recognition Act 2004 can better identify and support unpaid carers.

### **Development and publication of an online compliance reporting tool**

2022-23 saw a refinement of the Carers Council's online reporting tool in extensive consultation with reporting agencies.

## **WA Country Health Service**

### **WACHS Consumer and Community Engagement Strategy 2021-2026**

The WACHS Consumer and Community Engagement Strategy 2021-2026 supports WACHS to further embed a person-centred health care culture in alignment with the WACHS Strategic Plan 2019-24 and broader WA Health priorities. A number of elements within the Strategy are intended to strengthen support for carers and are being or will be progressed over the next 12 months. These include:

- Mechanisms to support consumer and carer involvement in adverse event investigations.
- Establishment of dedicated committees to support patient experience and community and carer engagement.
- PEaCE team engagement with other Health Service Providers to promote networking and sharing of share lessons learned.
- Promotion of the Australian Charter of Healthcare Rights and the WA Carers Charter of Rights across various mediums.
- Digital platforms and technologies to enable mapping of consumer and carer representatives across all WACHS services.
- Review workforce education and training programs to support skills and knowledge around culturally competent consumer and carer engagement practices.

### **Gathering of Kindness**

WACHS is continuing to strengthen its approach of using the art and science of kindness to enable positive culture change, safety and wellbeing at work by enhancing its alliance with the Hush Foundation movement, the Gathering of Kindness (GoK). The Hush Foundation is internationally renowned for its pioneering approach in combining the latest research with the creative arts (original music, theatre, literature, dance, audio-visual and narrative), using the power of the arts as a tool for supporting wellbeing and learning. The WACHS Executive Director of Clinical Excellence and Medical Services, the WACHS Director of Mental Health Services and Manager of PEaCE are attending the 2023 GoK in Melbourne in October.



## **Executive Rounding**

The WACHS Executive Rounding Program (the Program) commenced across WACHS in February 2022 and is a process whereby senior leaders intentionally and purposefully engage with patients and carers (and staff) to obtain direct feedback and a better understanding of their experiences of healthcare. The Program is an important shared governance strategy that forges relationships grounded in trust and assurance and strengthens WACHS' approach to increasing accountability, transparency and responsiveness across the organisation.

## **WACHS Intranet - dedicated carers page**

The PEaCE team has developed a dedicated intranet page that contains information about carers so that staff have practical and informative information about recognising and supporting carers in their caring role. The intranet page will also include information in relation to annual Carers Compliance Survey Report and the Carers Advisory Council.

## **Other examples**

- The Kimberley Aged and Community Services (KACS) is implementing the Carefinder Program, which enables case management supports for individuals and carers seeking access to services.
- For Carers Week 2023, KACS is undertaking a focus on 'hidden carers' ensuring this cohort are supported and aware of available resources.
- A multi-disciplinary panel discussion about carers is currently being planned in the Kimberley, which will involve staff from Population Health, Mental Health, Aged Care and Human Resources.
- Bunbury Hospital recently advertised for input from consumers and carers for clinical working groups. Bunbury Hospital held a Carers Week afternoon tea at the Blue Wren Cafe Courtyard in October 2022. The event was featured in the Bunbury Hospital newsletter, with a total of eight carers in attendance.
- Representatives from the Aged Care Unit attended various community events, such as Darkan Seniors Day, Wyalkatchem Community forum and Dowerin Field Day to provide information on Commonwealth aged care services, My Aged Care navigation, referrals, respite care, different types and levels of aged care and support available to older people and their carers in the Wheatbelt.
- Following a recruitment drive, an additional carer has been recruited to the Wheatbelt Mental Health Service Consumer and Carers Advisory Group (CCAG), which now has two carer representatives. Members of the CCAG review any new initiatives within the Mental Health service.
- The Wheatbelt Mental Health Service actively promotes and encourages consumer and carer involvement in policy, safety, quality and risk committees, providing feedback at various levels of governance.

- The Laverton Community Liaison Group has been established in Laverton to improve consumer feedback and has carers on the membership.
- The Goldfields Aboriginal Health Strategic Direction and Action Plan 2023-26 is currently being developed and will consider how to further implement the Carers Act 2004 into Aboriginal Health Services.
- The Aboriginal Staff on Call Service is available if carers need support and advocacy across all sites in the Goldfields.

## **Child and Adolescent Health Service**

### **Neurodiversity Celebration Week**

CAHS was proud to support Neurodiversity Celebration Week in 2023. The CAHS Communications Team met with members of the CAHS Youth Advisory Council and the CAMHS Lived Experience Group. A video was created with consumers and carers which was shared on CAHS social media and had over 24,000 views.

### **Neurodiversity Care Plan**

Earlier this year, the PCH Emergency Department launched its new Neurodiversity Care Plan, with a series of initiatives to help children with autism and other neurodivergent conditions have a more positive experience when requiring care. The Plan was developed in response to consumer and family feedback and in consultation with Autism WA and the CAHS Youth Advisory Council.

### **Language Badges for Volunteers Project**

The Language Badges for Volunteers Project was launched during Refugee Week 2023 and aims to address the important role language plays in creating a safe and welcoming service for consumers and carers from multicultural backgrounds (particularly those who have recently migrated to Australia). To date, CAHS has 114 volunteers that speak 41 languages equating to one in three volunteers speaking a language other than English. Volunteers who wear the badges can only provide non-clinical information in language.

### **National Carers Week**

In October 2022 during National Carers Week, CAHS officially launched their Disability Access and Inclusion Plan 2022-2025 with a video created for the community by the Disability Access and Inclusion Committee co-chairs and a CAHS Board member.

### **Improvement to parking facilities**

An improvement project in response to consumer feedback has been changes to parking facilities at the PCH basement carpark. ACROD bay signage has been reviewed and identified pillars have been painted in the underground carpark at PCH, now clearly showing parents and carers where accessible parking is located. In addition, the updated Perth Children's Hospital Parking Map indicates to families the location of ACROD parking across the Queen Elizabeth II Medical Centre and height allowances for vehicles.

### **Engaging carers from CaLD backgrounds in consultation**

The CAHS Complaints Management Improvement Project aimed to improve awareness of the consumer feedback process among consumers and families/carers of CaLD background (including those with limited English language proficiency). The Office of Multicultural Interests, the CAHS MAP Committee and Ishar Multicultural Women's Health Services were consulted as part of this process. In partnership with Ishar, bicultural health workers and mothers of CaLD background were consulted to understand barriers to accessing the feedback process and how awareness of the service can be improved. The consultation involved nine bilingual health educators from Burundian, Filipino, Iranian, Indian, Sri Lankan, Vietnamese and Chin cultural backgrounds.

As part of the review of the CAHS Consumer Feedback Policy, the need for Consumer Liaison staff (and other relevant staff) to collect CaLD data indicators and clearly identify additional needs (including interpreter use) when engaging with consumers and carers from CaLD background, was strengthened. A script-based resource for Consumer Liaison Officers and staff involved in feedback processes was developed to effectively collect CaLD demographic data and follow the process to engage interpreters.

### **Department of Health**

To inform the revision of the Advance health directive form and subsequent amendment to the Guardianship and Administration Amendment Regulations 2022, carers were represented on the Advance Care Planning (ACP) Education for Health Professionals, the Community Reference Group, and the Consumer/ Carer ACP Resources Subgroup. Engagement with key stakeholders including carers was conducted to determine and agree on ACP resources. The Graylands Reconfiguration and Forensics Taskforce (GRAFT) was established to oversee development of a contemporary model of care for forensic services in WA and to inform the design of the future forensic mental health facility on the Graylands Hospital site. The development of the model of care completed in 2022-23 involved a diverse working group, including carers, individuals with lived experience in mental health, those with experience delivering forensic and other mental health services, and other government agencies. To help inform the GRAFT ongoing work, the Lived Experience Advisory Group (LEAG) was also established to facilitate engagement with consumers, carers and clinicians with lived experience. The LEAG is co-chaired by a carer representative.

The department partnered with three regional Aboriginal Medical Services to establish a pilot Transition Care Program for Aboriginal people aged over 50. This post-acute hospital service aims to improve the physical, cognitive and psychosocial functioning of older Aboriginal people leading to improved capacity in activities of daily living. Longer term this will minimise premature admission of older Aboriginal people to residential care and reduce rates of readmissions to hospital. An independent evaluation of the Pilot conducted in 2022-23 included one-on-one and group interviews with carers of clients who have accessed the program.

The National Roadmap for Improving the Health of People with Intellectual Disability aims to address serious health inequities faced by people with intellectual disability. The roadmap has been informed by detailed consultations with stakeholders, including people with intellectual disability, family members and other carers. The Roadmap Implementation Governance Group oversees the implementation of the roadmap and further consultation with people with intellectual disability and their carers will occur concerning planning and evaluation of specific actions under the roadmap.

## Department of Health funded services

| Provider                                   | Key initiatives or programs achieved in 2022-23  |
|--|--|
| Avivo: Live Life Inc                       | Avivo's Practice Support team have employed a new advisor in family and carer support. The advisor is working on a Carer's Support Improvement Plan to ensure that Avivo continues to deliver exceptional support and services to families and carers. The advisor is also working on educating Avivo teams about carers, carer services and their rights. |
| Carina of Bicton                           | The orientation process was recently updated to include the provision of the Carers Recognition Act Brochure and reference to the Carers Charter in the Employee Handbook.   |
| Brightwater Care Group                     | Recent roll out of information sessions for residents and family. Meetings with staff to reintroduce the charter and how they can assist carers in their caring journey.   |
| City of Stirling - Stirling Community Care | Recent review and update of the Client/Carers Resource File followed by discussion and updates for staff.  |
| City of Swan Community Care Services       | The conduct of the Community Care Services 2022 Annual Survey (sent to all stakeholders) showed high satisfaction ratings among respondents. Respondents who provided contact details and advised that they were unsatisfied were contacted for more information and the findings were reviewed for improvement opportunities.                             |
| EverAbility Group Limited                  | A new learning system for staff has been implemented that will include training on the Carers Charter.   |
| Harold Hawthorne Community Centre          | Formalised a new staff induction process that includes an overview of the Carers Charter and one-on-one training with the Quality Coordinator.<br>Developed a new internal audit tool for Standard 1 and 2 of the aged care quality standards that includes interviews with staff conducted by   |

| Provider  | Key initiatives or programs achieved in 2022-23  |
|---|--|
|   | <p>the Quality Coordinator to ascertain individual levels of understanding and training needs around respect, dignity and choice.</p> <p>Introduced a new role, Support Worker Team Leader, responsible for mentoring and undertaking competency checks of support workers, that includes ensuring their work demonstrates support of the Carers Charter and that clients/carers are being treated with dignity and respect during service delivery.</p> |
| <p>Neurological Council of Western Australia Home and Community Care Services</p> | <p>A new induction program has been implemented that clearly explains the charter and the important role of carers in supporting people with neurological conditions.</p> <p>Monthly clinical development meetings are conducted to discuss case studies involving clients and carers and includes guest speakers such as Carers WA.</p>   |
| <p>Palliative Care WA Inc.</p>  | <p>The services provided are for both the person with the life limiting illness and their carers, including the provision of information to allow them to make informed decisions on the nature of their care. Progress is underway to update and improve publication material suitable for both the person with the life limiting illness and the carer.</p>  |
| <p>People Who Care Inc.</p>   | <p>Initiated a new staff handbook which includes the Carer Charter of Rights.</p>  |
| <p>Sexuality Education Counselling and Consultancy Agency</p>                     | <p>The Charter and the Carers Recognition Act were addressed at a staff meeting to enable staff to brainstorm additional ways to implement the Charter within the organisation.</p>  |
| <p>Starcode PTY LTD</p>   | <p>Induction process has been revised to highlight the carer role in all services provided, and to work in collaboration both carer and client.</p>  |
| <p>WA AIDS Council Inc. (WAAC)</p>  | <p>Correspondence to all staff was circulated to create awareness of the Carers Charter. A request was also made to staff to highlight any change to WAAC policies, procedures and work processes that may be required to align with the Charter. A representative from Carers WA was engaged to upskill staff across the organisation.</p>  |

## **Appendix 4: Future carer-related planned initiatives**

### **South Metropolitan Health Service**

#### **FSFHG CAC Showcase day**

The FSFHG CAC are planning a CAC 'showcase' day for both Fiona Stanley Hospital and Fremantle Hospital. It is anticipated the day will be held towards the end of 2023 and will include information about the CAC's role in advocating for carers. Prepare to Care booklets will be available for distribution on the day.

#### **SMHS Carer Experience Questionnaire**

The MySay Healthcare Steering Committee, chaired by the SMHS Executive Director Safety, Quality and Consumer Engagement, is exploring the implementation of the Carer Experience Questionnaire using the same methodology as MySay surveys.

### **North Metropolitan Health Service**

#### **Review of governance structures**

A review of the NMHS governance and committee structures is planned. This review will identify where carers and consumers currently sit within committee structures to identify gaps and ensure Carer voices are embedded across the health service.

#### **Quarterly reporting of carer and consumer engagement**

A quarterly report of all carer and consumer engagement activity across NMHS sites is to commence from August 2023. The report will be used to identify activity occurring at sites, representation in committees, participation in policy development and quality improvement, and actions taken as a result of feedback. This report will be tabled at all hospital Executive Committees, the North Executive Team and the NMHS Board.

#### **CAC forum**

An opportunity for all CAC representatives to get together, network and undertake training is planned for late 2023. This will provide a chance for carers involved in the health service to connect and support one another. Members will be invited to identify training opportunities, priorities and celebrate achievements.

#### **Clinical Incident Investigation training**

CAC members including carers, will be invited to undertake Clinical Incident Investigation training, should they wish to participate in a panel investigation of a clinical incident at a NMHS hospital. Training is scheduled for July and October 2023.

#### **Carer Experience of Service Survey online**

NMHS is working collaboratively with the WA Health Service Providers to implement an online version of a Carers Experience Survey which has been adapted from the Mental Health Commission's YES Survey and MySay Healthcare Surveys.

### **Review of accessibility of feedback mechanisms**

A review of the accessibility of all NMHS feedback mechanisms is under way. A workshop will be held specifically with carers to understand if current process meets their needs and what improvements may be required. Improvements will be implemented.

### **Auditing of carer experience**

An audit of experience feedback (MySay Surveys, Care Opinion, complaints) received from carers will be added to the existing experience audit schedule. Results from the audit are used to identify improvement strategies for these cohorts.

### **National Carers Week**

Carers and staff at the Older Adult Lower West Community Mental Health Service will come together to celebrate National Carers Week with a shared morning tea. National Carers Week 2023 to be promoted across SCGOPHCG including a carers morning tea. An information stall will also be readily available during Carers Week to provide information, guidance and support to carers and staff. This will also provide the opportunity to promote and seek feedback on 'What Matters to You' survey as a carer.

### **MHPHDS Carer Peer Support worker**

Inpatient adult SCGH MHS will put forward a business case to establish a Carer Peer Support worker position.

### **MHPHDS carer representatives**

Work has commenced to contract a carer representative to the Stirling catchment area and Wanneroo and Butler Community Mental Health Services are in the process of recruiting consumer and carer consultants to join leadership meetings and to participate in local policy, procedure development and building designs/improvement projects. The Subiaco Carers group will be reconfigured in partnership with a community managed organisation.

### **Osborne Community Mental Health Services**

With the finalisation of the Mental Health Lived Experience Framework, functions of the organisation that impact on consumers and the roles of the carers will resume again when the positions have been recruited to.

### **SCGOPHCG Carers Charter staff survey**

This initiative has been carried forward to 2023-24 from last year. The aim of the staff survey is to better understand staff knowledge of Carers Charter

### **SCGOPHCG carer complaints and feedback**

This initiative has been carried forward to 2023-24. Complaints and feedback process to be reviewed and reconsidered to enable identification of carers as survey respondents.

### **SCGOPHCG education and training**

The Carer Recognition Working group is working on identifying clinical areas where there has been reduced activity relating to the provision of 'Prepare to Care' book. A staff survey will identify knowledge gaps and training opportunities to increase awareness of the Carers Recognition Act, Carers Charter and the 'Prepare to Care' book. Support will be provided to the Carers WA project officer to re-establish bi-annual education sessions to all clinical areas in relation to the Act, Charter and 'Prepare to Care' book.

### **Women and Newborn Health Service Relocation Project**

In 2023-2024, the Women and Newborn Health Service Relocation Project will ensure a carers representative is an integral part of the planning meetings for the development of the new Women and Newborn Health Service.

### **Joondalup Health Campus carer representation**

An increase in carer representation on committees is planned for 2023-24 period. The opening of the new Mental Health Unit at JHC will further strengthen peer support partnerships. Ongoing education across multiple formats and for the varying staff groups will continue, and Carers WA continue to be a support in this area. Networking opportunities between JHC Consumer Liaison officers, Carers WA, Helping Minds and carer representatives will be established.

## **East Metropolitan Health Service**

### **Staff understand the Charter /carers treated with respect and dignity**

Continue work to increase access to the new Welcome Pack including in additional languages and formats. EMHS will be delivering an electronic format specifically off the back of feedback provided by carer representatives who indicated that the electronic format could provide further information that is not in the physical copy.

### **Policy Input from Carers**

Continue working towards establishing carer presence on central governance committees and other working groups. Through this membership carers will have direct mechanisms to influence policy to ensure consideration of carer needs.

### **Carers' views and needs are considered**

Ongoing presence of carers resources on site and continued implementation of strategies as outlined in the new Patient Experience Strategy.

### **Complaints and Listening to Carers**

Continue to increase the number of governance committees whereby reporting of feedback (including complaints, compliments and contacts) is achieved (inclusive of themes as they relate to the carers charter). Implementation of new state-wide complaint management system that enables reporting on feedback that comes from carers, as opposed to from the



patient themselves. Continue to advocate for patient satisfaction surveys with opportunity for survey to be sent to both consumer and their carer, with result differentiation achieved.

## **Disability Services Commission**

### **Authorisation of Restrictive Practices**

Once the ARP model is finalised, the legislation to support the model will be developed. In accordance with the model, the legislation is expected to include consideration of how the views of carers can be taken into account to inform decisions about that care (based on the feedback from carers in the consultation period in 2021).

### **State Disability Strategy – Evaluation Framework**

The Office of Disability is intending to form a consultation group, including people with disability, families and carers for development of the Evaluation Framework.

### **WA Disability Legislation Reform Project**

The development of new WA disability legislation will involve further consultation with the community prior to the draft legislation being finalised, and this will include targeted consultation with carers as a key stakeholder.

## **WA Country Health Service**

### **Open Disclosure initiative**

WACHS recognises the importance of supporting patients and their families and carers when harm occurs as the result of care and treatment. Open Disclosure is the open discussion of adverse events that result in harm while receiving health care with the patient, their family and carers. WACHS is exploring the use of experiential learning as an effective tool for professional development for staff and is consulting with the writers and producers of the innovative health play called 'Hear Me', which focuses on the aftermath of a young patient's death from the perspective of the patient's carer.

### **Digital Engagement**

WACHS is investigating the procurement of a digital software application to manage consumer and carer representative cohorts across WACHS. WACHS is currently exploring a mechanism for determining when and how carers are receiving supports and/or resources and to support a centralised governance process for capturing and supporting carer representatives. The mechanism will make managing requirements for potential carers representatives as seamless as possible. The digital approach will support the identification of current and potential carer representatives making it possible to streamline and manage recruitment; track screening requirements; onboard, train and communicate with carer representatives using one platform; and enable carers access to and management of their rosters.

## **The Carers + Employers Program**

WACHS supports workplace environments that are supportive and inclusive of carers. In this regard, WACHS has made application to join the Network component of the National Carers+ Employers program. This enables WACHS to be part of discussions and with other Network members in organisations both intra and interstate and have access to educational resources and toolkits. WACHS will consider involvement in becoming an accredited carer-friendly workplace for supporting staff with caring responsibilities over the next 12 months.

## **Mental Health Carer Information Pack**

The Mental Health Carer Information Pack project is in development and aims to provide carers and support people with mental health and/or alcohol and other drug issues with information that supports and guides them at critical points in their journey, including discharge from Emergency Departments and referrals to Mental Health Services. This initiative has developed from feedback from consumer and carer advisory groups to improve signposting to additional help and support. It is expected that where carers are provided with information, it reduces uncertainty and anxiety, which reduces the likelihood of carer distress and discomfort.

## **Care Inclusion Measures**

WACHS is contributing to discussions with the Department of Communities, the Carers Advisory Council and other Health Service Providers in relation to indicators to measure carer inclusion in healthcare activities and initiatives. WACHS is currently looking at a reporting mechanism for determining when and how carers are receiving supports and/or resources and specific inclusion measures in the next WACHS Strategic Framework. In addition, discussion is taking place in relation to the addition of a question relating to carer inclusion in the Combined Bedside Risk Assessment Country audit tool to support the WACHS guiding principle of delivering safe quality care.

## **Other examples**

- The Kimberley is planning to involve carers in the review of staff training needs.
- In the Kimberley, planning and consideration is currently being given to implementing the Hospital Avoidance Program (HAP), which is a multi-disciplinary service that works collaboratively to identify eligible patients within the Emergency Department and directs these patients to appropriate nursing and/or allied health in the home or community-based services. This HAP is likely to indirectly support carers through greater levels of access to appropriate non-hospital services.
- In the Southwest, a meeting has been arranged with the local Carers WA representative in relation to presenting to staff on the Carers Charter and the services provided by Carers WA.
- The Carers WA representative for the Southwest has been invited to attend the Boyup Brook Multi-Purpose Site Open Day event for community members.

- The Wheatbelt is planning three to four Community Cafes over the next 12 months.
- The Health and Wellness Service Directories for all communities where the Wheatbelt has a physical presence, is being progressively rolled out over the next 12 months. This will provide carers and other community members with information about services in their local communities that support health and wellness.
- From September 2023, the carer/consumer representative on the Wheatbelt Aged Care Safety and Quality Network will commence visiting Wheatbelt Multi-Purpose Service sites to interview aged care residents and carers and families about their care experience and canvass feedback and suggestions to improve service delivery.
- The Goldfields are working with Carers WA to implement the *'Prepare to Care Program'* at Kalgoorlie Health Campus.
- The Goldfields are in the process of updating phone holding messages and waiting room television messaging to include information about support and services available for carers.
- Leonora Hospital are planning to establish the Leonora Community Liaison Group (with carers on the membership) in the next 12 months to improve consumer feedback.

## Child and Adolescent Health Service

Carers Week celebration scheduled for October 2023

Mental Health Week celebration scheduled for October 2023

International Day of People with Disability event in conjunction with the Disability Health Network in November 2023, which includes keynote speakers, panel discussion, celebration of key initiatives, with staff and consumers invited to attend.

Review of information and resources for families and carers on CAHS website, particularly those caring for children and young people with disability.

Working with Families Framework for Ward 5A (mental health) to be published and implemented.

Broader work will focus on:

- Establishing a dashboard of indicators to capture consumer profiles that access our services and better understand those involved in our consumer engagement and feedback processes.
- Establishing CAHS-wide standards for development of communication and information tools that are accessible and easily understood by parents/carer from diverse backgrounds
- Creating formal connections for the purposes of consumer engagement with community service organisations and groups representing families (including carers) from Aboriginal backgrounds, culturally and/or linguistically diverse backgrounds (including those with

refugee experiences and limited English language proficiency), LGBTQIA+ communities, those with disability or those who are neurodivergent

- Improving support for CaLD consumer engagement at CAHS including staff resources and guides, cultural safety and inclusivity framework for consumers from CaLD background and identifying satisfaction measures for consumer committees.
- Implementing a process to publicly demonstrate changes made at CAHS based on consumer feedback, including that received from carers.

## Department of Health

The department will seek to involve carers in the:

- review of the requesting road-based transport for mental health patients subject to the Transport Orders Policy
- development, design and testing of cancer information resources for culturally and linguistically diverse consumers
- statutory review of the operation and effectiveness of the *Voluntary Assisted Dying Act 2019*
- process to re-baseline the WA Health Digital Strategy 2020–2030
- implementation of the Partnership Suite toolkit to guide staff when partnering with consumers, citizens, clinicians and other key stakeholders
- development of Advance Care Planning resources or information specifically for carers
- evaluation of the Aged Care Hub to assess the success of the service in providing information concerning aged care transition care options for patients on discharge from hospital.

## Appendix 5: Acronyms used

| Term   | Meaning   |
|--------|---|
| ACAT   | Aged Care Assessment Team                             |
| ACP    | Advance Care Planning                                 |
| CAC    | Consumer Advisory Council                             |
| CAHS   | Child and Adolescent Health Service                   |
| CaLD   | Culturally and linguistically diverse                 |
| CAMHS  | Child and Adolescent Mental Health Service            |
| CCAC   | Community Advisory Council                            |
| CCAG   | Consumer and Carer Advisory Group                     |
| CCPG   | Consumer and Carer Partnerships Group                 |
| CECoP  | Consumer Engagement Community of Practice (NMHS)      |
| CEQIP  | Carer Engagement Quality Improvement Project          |
| CFW    | Carer-Friendly Workplace                              |
| CGC    | Clinical Governance Committee (NMHS)                  |
| 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                             |
| ED     | Emergency Department                                  |
| EMHS   | East Metropolitan Health Service                      |
| FH     | Fremantle Hospital                                    |
| FSFHG  | Fiona Stanley Fremantle Hospitals Group               |
| FSH    | Fiona Stanley Hospital                                |
| HaDSCO | Health and Disability Services Complaints Office      |
| HSP    | Health Service Provider                               |
| JHC    | Joondalup Health Campus, includes Joondalup Hospital. |
| KEMH   | King Edward Memorial Hospital                         |
| LEAG   | Lived Experience Advisory Group                       |

| <b>Term</b> | <b>Meaning</b>                                       |
|-------------|--|
| LGBTI       | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex |
| MHPHDS      | Mental Health Public Health Dental Service           |
| MPS         | Multi-purpose Service                                |
| NCW         | National Carers Week                                 |
| NDIS        | National Disability Insurance Scheme                 |
| NDS         | National Disability Services                         |
| NGOs        | Non-Government Organisations                         |
| NMHS        | North Metro Health Service                           |
| NPS         | Net Promoter Score                                   |
| NSQHS       | National Safety and Quality Health Service Standards |
| OPH         | Osborne Park Hospital                                |
| PAS         | Patient Administration System                        |
| PCH         | Perth Children's Hospital                            |
| PEaCE       | Patient Experience and Consumer Engagement           |
| PHC         | Peel Health Campus                                   |
| PPEET       | Public and Patient Engagement Evaluation Tool (NMHS) |
| RACF        | Residential Aged Care Facilities                     |
| RkPG        | Rockingham Peel Group                                |
| SCGH        | Sir Charles Gairdner Hospital                        |
| SCGOPHCG    | Sir Charles Gairdner Osborne Park Health Care Group  |
| SMHS        | South Metropolitan Health Service                    |
| SQRM        | Safety Quality and Risk Management                   |
| WACHS       | West Australian Country Health Service               |
| WNHS        | Women and Newborn Health Services                    |
| YES         | Your Experience of Service                           |