

REPORT OF THE CARERS ADVISORY COUNCIL
TO THE MINISTER FOR SENIORS

ON

COMPLIANCE WITH THE
CARERS RECOGNITION ACT 2004
for the year ending 30th June 2007

Carer Recognition – Building Tomorrow's
Partnerships Today

March 2008

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CHAIRPERSON'S OVERVIEW

This is the Carers Advisory Council's second year for reporting to the Minister for Seniors as required by the *Carers Recognition Act 2004* (CRA/the Act). Under the Act, Council is to report on the performance of WA Health and the Disability Services Commission (DSC) in meeting the obligations set out in the Act, whether or not they comply with the Act and whether or not they and the contracted agencies and services comply with the Carers Charter.

WA Health and the DSC are deemed to be 'Reporting Organisations' as described in Schedule 2 of the Act and are required to report to Council by 30 September each year.

Council commends the two reporting organisations and is pleased to report that in this, the third year of the CRA's implementation, it has seen growth and improvement in strategies recognising and involving carers.

The principle intent of the legislation is to effect a cultural change amongst the service providers that operate within the Western Australian public health and disability sectors, to ensure that carers are included and considered in their decision-making processes that affect service provision where it impacts on the caring role.

Carers are usually family members, but may be friends or neighbours. Carers provide ongoing support and assistance to a child or adult who has a disability or a chronic or mental illness, or is frail and therefore requires assistance with the activities of daily living. Carers bring knowledge, expertise, skills and information to the process of service provision. These are inherently valuable and benefit decision-making processes both at macro and micro levels. Carers also add social and economic capital to the community.

Council's values lie in partnership and integrity. Council seeks to encourage the reciprocal arrangement of partnership and sharing of knowledge and expertise between service providers and carers in determining the directions for service provision at all levels.

For Council, "integrity" translates to the clear identification of those persons in the caring role. Research and anecdotal evidence shows that, to a great extent, family members are the individuals who provide ongoing support and assistance, consistently and over time. It is this extra set of responsibilities, behaviours and tasks over and beyond the norms of family roles that is being identified. This is not an effort to label or segregate individuals from the broader family context, but a means of identifying the extraordinary nature of the caring role.

The use of appropriate language, consequently, is important to identify the person in the role and ensure the spirit of the legislation is brought into reality. This means recognising carers and affording them the opportunity of participating in decision-making.

Over the past year, Council has again used a range of opportunities to become familiar with the structures, functions and means of qualitative measurement of the two reporting organisations, and notes there are significant differences between the two.

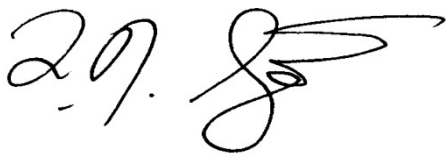
To ensure parity across such diverse structures and to facilitate the reporting process for the reporting organisations in this second reporting year, Council developed a Self

Assessment Toolkit. The Toolkit aims to set standards in line with the requirements of the CRA, and seeks information on qualitative and quantitative changes and developments. Council also developed Compliance Guidelines, which seek to give some direction and examples of the type of strategies and activities that would be consistent with meeting these standards, and prompt for the development of systems to support a continuous improvement approach.

In addition, Council has sought external expertise and drawn on the previous year's knowledge in assessing the reports provided by WA Health and DSC.

Council's interactions with the two sectors of health and disability show that, at the level of direct service provision, there is a need for greater knowledge and understanding of the intent and means of application of the legislation.

There is still a significant body of work to be done to ensure that carers themselves have knowledge of the *Carers Recognition Act 2004*, the Carers Charter and the implications of both in supporting their valuable contribution to our society. There is still much to be done to ensure that these two instruments have a practical application to carers' lives.

A handwritten signature in black ink, appearing to read 'Lois Gatley', with a stylized flourish extending to the right.

Lois Gatley
Chairperson
March 2008

EXECUTIVE SUMMARY

Council used a variety of means to assess the reports provided by the reporting organisations. These are set out in the section on methodology.

Council's conclusions on the performance of the obligations of the reporting organisations are outlined in the section on performance. The findings are listed below.

The assessment of the compliance ratings by Council concludes that:

1. In respect to their strategic directions, as in section 6(2) of the Act both WA Health and the DSC are regarded as complying with the intent of the legislation and its first objective of recognising carers.
2. In respect to compliance with the Carers Charter section 6(1) of the CRA, Council determines that, from the evidence supplied, the DSC complies with this obligation.
3. Council sees WA Health as working towards compliance with the Carers Charter.

In reviewing the performance of the reporting organisations, Council makes the following findings:

1. There was improvement in the timeliness of the reports.
2. There was improvement in the substantiating evidence provided by DSC.
3. The health system showed improvement in the number of available strategies and actions, and some of those reflect good practice to be duplicated across all service provision.
4. There is limited evidence amongst the reports that the organisations recognise their accrued benefits as a result of carers' participation. Council sees this as a crucial element in implementing the Act so that over time benefits are reaped by all – the reporting organisations, carers, service providers and care recipients.
5. The evidence from both reporting organisations relating to the Carers Charter contains output data, not outcomes for carers.
6. Across both reporting organisations, there is no evidence of an implementation plan to ensure that both the objectives of the Act and the elements of the Charter will be systematically instituted.
7. In the first reporting year, both reporting organisations made reference to future strategies to be implemented. Council charted these and found that a number are still outstanding. This information will inform Council's compliance assessment in the future.
8. There is no evidence that the existing quality assurance mechanisms of both reporting organisations are used to track trends and improvements in performance over time.

RECOMMENDATIONS

Reporting organisations need to:

- 1) Identify and articulate the benefits of systematically engaging carers, and reinforce those benefits with the contracted service providers.
- 2) Develop and internally distribute an implementation plan that will allow for a systematic approach to embed the objectives of the CRA and the Carers Charter into practice over the next 5 years.
- 3) Show evidence in future reports that they are implementing the strategies reported as undertakings in the first and now second reports
- 4) Build into their performance and quality management systems mechanisms to collect and record the evidence on trends of increased levels of carer representation and participation to substantiate compliance.
- 5) Commence work to gauge the impact of their strategies on carers.

1. INTRODUCTION

The *Carers Recognition Act 2004* (CRA) provides clear definition and direction on its objectives. These are:

- a) to recognise the role of carers in the community; and
- b) to provide a mechanism for the involvement of carers in the provision of services that impact on carers and the role of carers.

The CRA also establishes who is and is not a carer (Appendix 2), the Carers Advisory Council (the Council) and its functions (Appendix 3). In addition to those functions, Council is to report to the Minister for Seniors as soon as practicable each year on the performance, compliance or non compliance of reporting organisations with both the CRA and the Carers Charter (CRA, Section 10 - Appendix 4).

Schedule 2 of the CRA defines who must comply with the legislation. WA Health, DSC and public hospitals as public sector bodies are defined as reporting organisations, and are also deemed to be applicable organisations. Service providers contracted by reporting organisations are defined as other organisations.

CRA, Schedule 2 Appendix 5

The requirements to comply with the Carers Charter specify that the applicable organisations:

“must take all practicable measures to ensure that the organisation and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation”.

CRA Section 6 (1)

Those organisations that are public sector bodies

“must involve carers, or persons or bodies that represent carers, in any –

- a) policy or program development; or
- b) strategic or operational planning,

that might affect carers and the role of carers”.

CRA Section 6 (2)

A second requirement is that those reporting organisations must report to the Council “As soon as practicable after each 1 July and not later than 30 September, on –

- a) the performance of the organisation's obligations under this Act;
- b) the organisation's compliance or non compliance with this Act;
- c) the organisation's compliance or non compliance with the Carers Charter; and
- d) the compliance or non compliance with the Carers Charter of any person or body providing a service to others under a contract with the organisation,

during the year that ended on the preceding 30 June.

(2) The report must include –

- a) if the organisation is a public sector body, details of the organisation's compliance or non compliance with section 6(2); and
- b) any other specific information prescribed by the regulations.

CRA Section 7

It is therefore incumbent on the reporting organisations to report on their performance and compliance in relation to the inclusion of carers in policy or program development, strategic or operational planning within their own agencies and their compliance with the Carers Charter, and the compliance or non-compliance of any contracted service providers with the Carers Charter. In this context, the contracted service providers are the community-based, non-government agencies and services funded by WA Health and DSC.

The legislation requires the Council to report to the Minister for Seniors as soon as practicable in each year on:

- “a) the performance by reporting organisations of their obligations under this Act;
- b) compliance or non-compliance by reporting organisations with this Act; and
- c) compliance or non-compliance by reporting organisations with the Carers Charter,

during the year which ended on the preceding 30 June.

(2) The report must include —

- a) details on the compliance or non-compliance with Section 6(2) by reporting organisations that are public sector bodies; and
- b) any other information prescribed by the regulations.”

The legislation is silent on how compliance is to be achieved. No mechanisms are set out for the reporting organisations on the expected level of performance or compliance, and there are no benchmarks. The legislation simply states they must take all practicable measures to ensure compliance with the Carers Charter, (Section 6 (1)) and include “details of the organisation's compliance or non-compliance with section 6(2)”.

2. COUNCIL'S STRATEGIC DIRECTIONS

The Council's Strategic Plan for 2006 -2009 incorporates a vision that:

The role of carers is recognised and valued within the community.

The Council's mission is to:

Work to advance the interests of carers through the Carers Recognition Act 2004 and the Carers Charter.

The Council's objectives are to:

- promote awareness and knowledge;
- report on compliance and performance;

- provide advice on issues related to carers; and
- operate as an effective and efficient council.

The first three objectives are related to subsequent sections of this report.

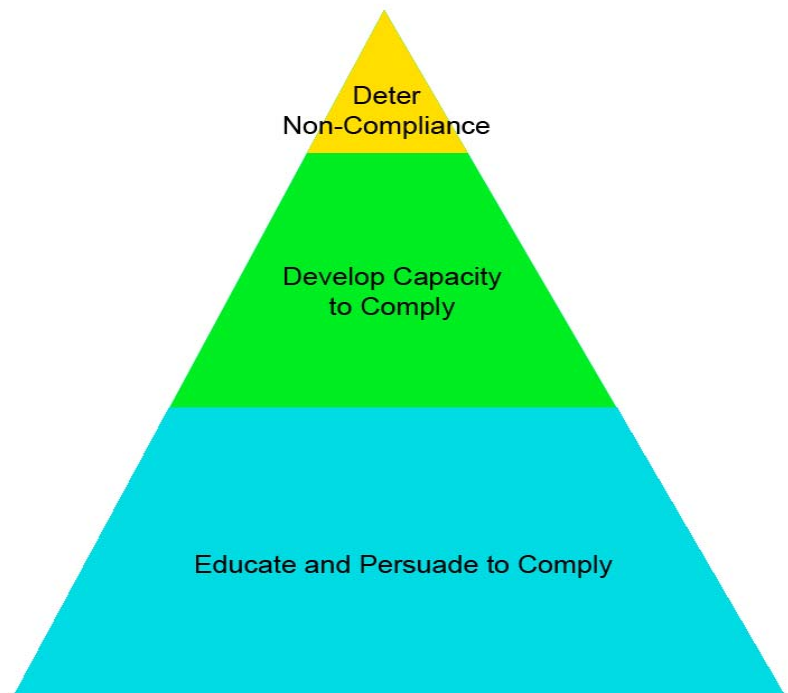
In regard to the operation of the Council, a range of instruments have been put into place to ensure the integrity of functions; compliance with the Public Interest Disclosure Act 2003; provision for the development of proper procedures; tracking of information for all members and succession planning.

3. PROMOTING COMPLIANCE AWARENESS AND KNOWLEDGE

In line with its legislative functions, the Council worked to promote compliance on many fronts and maintained its collaborative approach. The Council continues to work within a theoretical framework based on the Regulatory Enforcement Pyramid¹ which has been developed and adapted by a number of researchers and agencies involved in regulatory practice.

This framework has three elements:

1. educate and persuade to comply;
2. develop capacity to comply; and
3. deter non compliance.



3.1 EDUCATE AND PERSUADE

The engagement of carers in decision-making processes accrues benefits for organisations and service providers as well as for carers and those they care for, the

¹ Adapted from the Office of the Public Sector Standards Commission 2005 Annual Compliance Report 2004-05, p. 28

care recipients. The Council has continued to work with the reporting organisations at the executive level to provide the stimulus for both sectors to recognise this.

The Council has engaged in a significant number of educational activities over 2006/2007 by providing information to a wide range of organisations to build understanding and awareness of the implications of the CRA and the requirements of compliance. The Council's activities in 2006/2007 included:

- distribution of the Council's first compliance report, "Bringing Carers into Focus", to 690 service providers in the health and disability sectors and 400 other interested individuals;
- presentations about the CRA and the Carers Charter to:
 - executives and staff of the health and disability sectors
 - service providers' conferences forums and seminars;
- meetings with senior executives and management of WA Health and DSC to inform and develop understanding of the need to embed the legislation in the practice of service provision and strategic development;
- development of working relationships in the non-government community sector to contribute to the awareness and impact on policy and service provision of the Carers Charter;
- provision of models of good practice through:
 - examples in the Council's first report, "Bringing Carers into Focus"; and
 - referrals to the Carer Involvement Framework;
- media presence in the form of written articles and interviews across metropolitan and regional areas;
- holding displays at a number of functions and events;
- development of a core set of information materials capable of being used in a wide variety of contexts; and
- establishment of an independent website to provide information to organisations, service providers and carers.

A full outline of the Council's work is included in Appendix 6.

3.2 DEVELOP CAPACITY TO COMPLY

In its first report, the Council foreshadowed the development of a Self Assessment Toolkit to clarify requirements under the CRA. The Toolkit is designed to assist the reporting organisations with their capacity to report fully to the Council on all levels of activities of performance and compliance with both the legislative requirements and those of the Carers Charter. It provides prompts for evidence on actions taken and the timeframes to ensure those actions relate to the reporting year. The Toolkit also asks the reporting organisations to identify any gaps in their own performance and planned actions to achieve compliance. The emphasis within the Toolkit is to reinforce the notion of continuous improvement over time.

The Toolkit was offered and distributed to the reporting organisations in July 2007 to assist them with reporting on their progress for the 2006/2007 year.

The Council also developed Compliance Guidelines to accompany the Toolkit. The Guidelines provide a set of examples the Council viewed as relevant to compliance, and the opportunity for reporting organisations to show quality improvement measures. A copy of these documents is attached – see Appendix 7.

3.3 DETER NON COMPLIANCE

The Council notes that the Regulatory Enforcement Pyramid has two other faces: self-regulation by agencies, and external agents as regulator.

Self-regulation requires organisations to put in place policies and practices to comply with the legislation, and systems to monitor and report on compliance. This is inherent in the process of government enacting legislation.

External agents as regulators refer to the actions and advocacy of interested parties.

The Council operates with neither the authority to regulate, nor an agency to perform validation processes, establish benchmarks or develop accreditation or monitoring functions. As such, it is solely reliant on self-reporting process. In such instances, the only available checking mechanism is to rely on stakeholders such as organisations that represent carers, individual carers themselves, and/or complaints made or remedies sought through complaints mechanisms.

From the Council's exposure to the two sectors of health and disability, the level of carer awareness of the CRA and the Carers Charter appears to be limited. The Council, therefore, can only rely on formal processes like the complaints mechanism which is open to carers in both sectors.

The Council wrote to the Office of Health Review (OHR) requesting information about complaints made relevant to the CRA for the 2006/2007 year. OHR advised that 5 complaints had been received in that period but did not consider it appropriate to comment or elaborate on those complaints on the basis of breaching confidentiality. A follow-up discussion with OHR reinforced that the definition of carers in the CRA is relevant to their functions. It has been agreed that the Council will support the development of skills to identify carers at OHR, which will reassess its own practices to identify carer-related issues.

4. REPORTS TO COUNCIL

The Council received WA Health's report in six parts. These were:

- Department of Health/WA Health System Support and Health Reform Divisions that included:
 - WA Health Divisions
 - Contracted organisations
- North Metropolitan Area Health Service (NMAHS) that included:
 - Sir Charles Gairdner Hospital
 - Osborne Park Hospital
 - Swan/Kalamunda Health Service
 - Area Mental Health
 - Ambulatory Care Services
 - King Edward Memorial Hospital for Women
- South Metropolitan Area Health Service (SMAHS) that included:
 - Armadale Health Service
 - Bentley Health Service
 - Fremantle Hospital and Health Service
 - Rockingham Peel Health Service

- South Metropolitan Area Health Service
 - South Metropolitan Area Population Health Service
- WA Country Health Service
- Princess Margaret Hospital for Children that includes Child and Adolescent Health Service
- Drug and Alcohol Office.

The Council received one consolidated report from DSC.

5. METHODOLOGY FOR COMPLIANCE ASSESSMENT

The Council took a number of steps to assess compliance. These were:

1. Development of the Self Assessment Toolkit: in response to requests from the reporting organisations, the Council provided the Toolkit to give direction for the required content/evidence. The Toolkit provides standards determined by the compliance requirements of the legislation, including the Carers Charter, adds qualitative elements against which improvements can be measured, and allows the Council to assess the level of compliance;
2. Development of the Compliance Guidelines which provides examples of what is interpreted by the Council as being quality outcomes for carers;
3. Formulation and notification of the reporting organisations of a rating system for measuring compliance levels, which incorporates the following four levels:
 - compliance – agency has taken sufficient action in all key areas of compliance;
 - non-compliance – agency has taken some action towards complying;
 - non-compliance – agency has outlined some future actions with intent to comply; and
 - non-compliance – agency has not taken any action to comply;
4. Engagement of consultants to conduct an initial desktop review of the reports received and provide an independent assessment of them; and
5. Adoption of the procedure for all Council members to participate in the assessment to ensure the knowledge and information of each Council member was utilised.

Sole reliance on desktop assessment has obvious limitations. Without a process for validation of the statements and examples provided, there is no capacity to assess the veracity or effectiveness of documented initiatives, or their success, or otherwise, in meeting the goals and spirit of the CRA.

Assessing the quality and effectiveness of policies and the implemented processes or practices is a complex process that is not addressed by legislation or reliance on self-assessment reporting. In addition, the information supplied does not provide any measure of whether a complying (or non-complying) applicable organisation is undertaking continuous improvement.

6. PERFORMANCE

As stated in Section 10 of the CRA, the Council is required to report on:

- (1)
 - a) the performance by reporting organisations of their obligations under this Act;
 - b) compliance or non-compliance by reporting organisations with this Act; and
 - c) compliance or non-compliance by reporting organisations with the Carers Charter.

(2) a) details on the compliance or non-compliance with Section 6 (2) by reporting organisations that are public sector bodies.

Within the legislation, compliance is not defined but relates to:

- a) all practicable measures in service provision to meet the requirements of the Carers Charter, by the applicable organisations, their officers, employees or agents; and
- b) for the public sector bodies, they must involve carers or persons or bodies that represent carers in policy or program development or strategic or operational planning that affects carers and the role of carers.

The legislation is silent on how compliance may be quantified except in relation to its use of the phrase “all practicable measures” (above). Therefore Council used a working definition of compliance as:

a state of being in accordance with established guidelines, specifications, or legislation, or the process of becoming so.²

6.1 PERFORMANCE BY REPORTING ORGANISATION OF THEIR OBLIGATIONS UNDER THIS ACT

Under Section 7 of the CRA, the reporting organisations are to prepare and deliver a report to the Council after 1 July and not later than 30 September each year.

- WA Health reports were received on 10 and 15 October 2007 and therefore did not meet this obligation.
- DSC's report was received on 27 September 2007, and therefore did meet this obligation.

The Council would like to note that with respect to WA Health's report delivery, this was a major improvement on the first reporting year.

The Council sees performance in terms of the reporting organisations ensuring that their reports include comment on the activities they have undertaken to implement and comply with the legislation, and also how the engagement with carers at the executive and management levels, and at all levels within the sector, ensures that carers' views are heard.

In this regard, the Council appreciates that in the main, agencies have used the Self Assessment Toolkit and Compliance Guidelines in developing their reports. The Council also acknowledges the effort and attention that has been taken by some agencies in providing data and evidence to support their statements and demonstrate the breadth of this activity subsequent to the previous year's undertakings.

² <http://www.topaccountingdegrees.com/top-five-accounting-careers>

6.2 THE INVOLVEMENT OF CARERS OR THEIR REPRESENTATIVES IN POLICY OR PROGRAM DEVELOPMENT, OR STRATEGIC OR OPERATIONAL PLANNING

In relation to the requirement for public sector health and disability agencies to include carers in policy or program development, strategic or operational planning, Council used two measures for assessment. One was the review of evidence within the current report 2006/2007 by both the external consultants and the Council. The second was the scrutiny of undertakings made by the reporting organisations in their first compliance report of 2005/2006.

6.2.1 THE HEALTH SYSTEM

The current evidence shows that, despite ongoing restructure and reform, WA Health has put in place a range of mechanisms at the systems level to support the implementation and compliance with the CRA within the organisation. This indicates to the Council an improvement in the level of carer recognition in a relatively short timeframe. It appears this improvement has occurred through a combination of implementing strategies designed to meet the requirements of the CRA, independently validated accreditation processes and contract administration.

The **WA Health System Support and Health Reform Divisions** report states there are mechanisms for involving carers in strategic or operational planning that might affect carers and the role of carers. Some examples are:

- carers are able to participate in planning as members of Health Clinical Networks; review of the relevant website provided validation of this initiative;
- carers are recognised in the Consumer, Carer and Community Engagement Framework which includes evaluation measures, an action timeframe and an implementation strategy;
- public mental health services standards are outcomes-based with an emphasis on the end result for consumers and carers. Across the state they are monitored annually through the Mental Health Establishments National Minimum Data Set; and
- progressive inclusion of the compliance requirements of both the CRA and the Carers Charter in contracts with funded agencies as those contracts are renewed.

The **North Metropolitan Area Health Service (NMAHS)** report states that there is a wide range of activities that engage carers strategically. Some examples are:

- all hospitals have a Community Advisory Committee to review policy and practice guidelines and future developments that may impact on consumers and carers;
- Swan/Kalamunda Health Service (SKHS) Community Advisory Council has two carer representatives and has developed a Carers Policy. Carers' representatives have been involved in the planning of the Midland Health campus information materials and satisfaction surveys;
- The North Metropolitan Area Mental Health Plan 2003-8 recognises the importance of carer participation, and involvement of carers. Some examples include the Forensic Mental Health Community Advisory Group which is chaired by a carer; carers are involved with planning for the new Ellis Ward and Art Therapy services at Graylands;
- KEMH has a new policy on Consumer/Carer representation for Committees and Forums and uses carer focus groups when reviewing policies; and
- Sir Charles Gairdner Hospital (SCGH) Community Advisory Council includes a member with the portfolio of mapping the implementation of the CRA.

The **South Metropolitan Area Health Service (SMAHS)** report indicates the adoption of a systemic, area-wide approach which includes continuous quality improvement in the implementation of the legislation and a commitment to the intent of the CRA.

The SMAHS report provided an overview of the carer, consumer and community engagement activities that were proposed in the previous year's report and had been put in place in the reporting period.

Initiatives included the development of a draft area-wide policy to ensure a consistent approach to compliance with the CRA. Following consultation with relevant carer and consumer groups, the draft policy that has been developed, will be endorsed by SMAHS and disseminated across all hospital and service sites within SMAHS.

Some examples of involvement of carers in strategic directions are reported to include:

- carers being involved in a range of hospital-based committees that address a range of issues that impact on carers and consumers generally;
- SMAHS has recently established an Area Community Advisory Council (CAC) and facilities within SMAHS each have site-based CACs. Carers are included as a consumer group in recruitment of CAC members and the CRA has been distributed to members of CACs; and
- The SMAHS Mental Health Service has recently reviewed its Consumer and Carer Participation Policy and completed a Consumer Carer Consultation Paper compiling input to the planned Rockingham Kwinana Mental Health Inpatient facility.

The **WA Country Health Service (WACHS)** report states that there are mechanisms for consultation with carers that influence policy and program development. Some examples include:

- WACHS's development of Implementation Guidelines for the CRA, to be reviewed after two years;
- all regions have mechanisms to capture input from carers and invite them to consultations, education of carers is provided through consumer and carer groups, and an annual client and carers survey is undertaken; and
- the Draft Aged Care Plan specifying that carers be engaged in development of policy and plans.

Evidence of mechanisms for involving carers in strategic or operational planning that might affect carers and the role of carers includes:

- the Goldfields Strategic Planning 2007-10 process, involving consultation with carers and using the consumer and carer satisfaction surveys;
- Respite and Carelink Triennial and Annual planning processes, involving 12 carers and 38 agencies;
- invitations to carers to sit on District Health Advisory Committees; and
- all multi-purpose services involving carers in their consultations.

Princess Margaret Hospital for Children: In mid-2006, as part of ongoing health reform in Western Australia, PMH separated from the Women's and Children's Health Service and became part of the newly-formed Child and Adolescent Health Service

(CAHS). In addition to providing hospital-based care, CAHS provides population health and ambulatory care programs.

The Princess Margaret Hospital report provided an overview of information, together with an action plan and timeline that reflect the stage of development of the new structure. Some strategic activities include:

- a newly-drafted policy for the service on Consumer/Carer Representation on Committees and Forums;
- the Customer Service Unit's involvement in developing a whole-of-health Carer Recognition Policy; and
- the Customer Service Unit's facilitation of carer or carer representative identification by ensuring carers are being actively recruited for representation on the Community Advisory Council, and by establishing and maintaining links with relevant carer organisations.

Drug and Alcohol Office: In this, its first year of reporting to Council, DAO stated that there are mechanisms in place for consultation with carers to influence policy and program development.

- Carers have input on policy and program development that is likely to have a clear impact on carers; for example, a carer representative sits on relevant statewide strategic development committees such as the Dual Diagnosis State Reference Group.
- Relevant information has been disseminated to DAO Next Step and to all managers through the Clinical Governance Committee.

6.2.2 DISABILITY SERVICES COMMISSION (DSC)

DSC provided to the Council a large number of materials as evidence of strategic directions. This afforded the Council, and consultants, significant degree of verification of the statements. The evidence shows:

- the Consultation Policy Guiding Principles specify carers with respect to "Rights, Clarity, Coordination and Positive Consultation";
- the Intensive Family Support Funding (IFS) strategy involved 34 carers in one-to-one interviews; 32 more used the hotline and 13 others participated in focus groups;
- three carers sit on the DSC board, four sit on the Ministerial Advisory Council on Disability, and five are involved with funding assessments for three major funding programs; and
- carers were involved in the recent Strategic Planning processes for the Commission and identified as key stakeholders.

It is clear that DSC does have policies and programs that recognise the carer role and enable carer input.

By providing a diversity of means of carer input (website, hotline, interviews, focus groups and involvement of Carers WA), active steps have been taken and carers have been supported to participate in policy and program development processes. DSC has also included articles on the implications of the Act in publications such as the Disability Update and Bush Telegraph.

It is also noted that DSC has responded to the performance findings in the 2006 report of the Carers Advisory Council, by

- providing information on the number of carers involved or participating in cascading levels of policy and program operations in some instances; and
- identifying current/residual gaps and providing timelines on when these would be remedied.

6.3 COMPLIANCE OR NON-COMPLIANCE BY REPORTING ORGANISATIONS WITH THE CARERS CHARTER (APPENDIX 8)

A third obligation of the reporting organisations is in relation to the Carers Charter. The Charter establishes how carers are to be treated by service providers and included in service delivery decision-making. It also provides for carers to make complaints in regard to matters that relate to their own experience and impact of the service provision.

The measures undertaken by the reporting organisations to ensure their officers and employees comply with the Carers Charter are listed below.

6.3.1 THE HEALTH SYSTEM

WA Health Support System and Reform Divisions reports that:

- all WA Health contract managers are aware of the *Carers Recognition Act 2004*, the Carers Charter and the related responsibilities;
- the West Australian Health complaint management policy provides for carers as a separate category;
- the Consumer, Carer and Community Engagement Framework has been developed; and
- two guides promoting information-sharing between mental health clinicians and carers were published and distributed to relevant personnel, clients and their carers.

NMAHS reports that:

- it conducts staff education sessions on the need to engage with carers in patient care decision-making where the decision will have an impact on the carer;
- it audits staff on their awareness of the Carers Charter;
- it provides information on the Carers Charter to staff at orientation sessions;
- it engages carers in service development and planning through participation in committees, care plans and discharge planning;
- it has designed a sticker to include in patient records that identifies a carer.
- the Office of Patient Liaison provides a specific report detailing complaints or concerns raised by carers to Community Advisory Councils and the Office for Safety and Quality;
- carers may be involved in the planning of care through choice of admission time, procedure date and discharge time, post-discharge transport, post-procedure home care preparation and follow-up care; and
- the Older Adult Mental Health program has a dedicated Carer Support Officer.

SMAHS reports that:

- staff members have attended education sessions on the CRA;

- hospitals within SMAHS have used the Self Assessment Toolkit to undertake a gap analysis in relation to their compliance initiatives;
- pamphlets on the *Carers Recognition Act 2004* are distributed in staff induction packages and in all wards and relevant departments throughout hospitals and community facilities;
- hospital-based Carer Support Officers have been employed;
- it undertakes continuous quality improvement activities related to carer participation in care;
- carers are identified when patients are admitted and a resource pack is provided that includes information to assist both carer and patient from admission to discharge; and
- customer liaison staff across SMAHS are committed to meeting the needs of carers and providing whatever support carers require.

WACAHS reports that it has:

- distributed copies of the *Carers Recognition Act 2004* to all regional managers through Regional Executive meetings for distribution to all staff in 2006;
- developed education sessions for staff; and
- sent copies of the Carers Charter to all staff.

CAHS – PMH reports that:

- information on CRA and the Carers Charter is provided by Customer Service Unit staff to new staff at orientation training; and
- hospital executive group and heads of department are provided with the Carers Charter for circulation to their staff.

6.3.2 THE DISABILITY SERVICES COMMISSION (DSC)

The **DSC** report includes information on:

- formal monthly orientation programs that are held for new and/or returning Commission staff, which include content on carers, the CRA and the Charter;
- staff are advised regularly about the CRA; and
- DSC's publications (Disability Update, Cheers, LAC newsletters and Bush Telegraph) and website are primary means of raising awareness.

6.4 COMPLIANCE OR NON-COMPLIANCE WITH THE CARERS CHARTER OF ANY PERSON OR BODY OR AGENT PROVIDING A SERVICE TO OTHERS UNDER A CONTRACT WITH THE ORGANISATION

The fourth obligation for the reporting organisations is in relation to the compliance of the contracted agencies with the Carers Charter. WA Health provided some information with respect to its funded contract services, and commented on its limited capacity to monitor the reported activities.

6.4.1 THE HEALTH SYSTEM

WA Health Support System and Reform Division reports that:

- inclusion of CRA and Charter compliance requirements are included in contracts as those contracts are renewed with contracted agencies. A small sample of the reporting by those agencies was provided to the Council;
- contracted agencies are reviewed against mental health service standards, HACC standards and the Council's legislative standards; and
- publications have been developed for operational units to inform carers of CRA and the Carers Charter.

NMAHS reports:

- education sessions for specific carer groups;
- provision of pamphlets at admission phase; and
- a dedicated officer in one service.

SMAHS reports that:

- CRA is part of governance policies for the Clinical-Continuity program;
- a senior officer is to provide compliance information each year and information to contracted agencies; and
- a reporting format has been developed for those agencies.

WACAHS reports that:

- contracts with agencies require obligation to comply with the CRA;
- the CRA is regularly an agenda item with community groups; and
- carers' feedback is captured in satisfaction surveys.

6.4.2 DISABILITY SERVICES COMMISSION (DSC)

DSC reports that:

- all DSC and non government-funded disability service providers received several packages of relevant information in 2006-07, including:
 - a copy of the Carer Involvement Framework;
 - the CRA brochure; and
 - a follow-up copy of the Carer Involvement Framework.
- the funding agreement between DSC and service providers contains a clause requiring service providers to comply with legislation (this includes the CRA);
- DSC held a statewide forum of contracted service providers that included an interactive session dedicated to CRA; and
- DSC requires all DSC and funded service providers to provide annual information on their compliance with the Carers Charter. Of the 113 contracted agencies 100 completed a pro-forma document. All stated that they complied with all elements of the Charter.

7. FINDINGS

In reviewing the performance of the reporting organisations, the Council makes the following findings.

1. There was improvement in the timeliness of the reports.
2. There was improvement in the substantiating evidence provided by DSC.
3. The health system showed improvement in the number of carer-related strategies and actions, and some of those reflect good practice to be duplicated across all service provision.
4. There was limited evidence amongst the reports that the organisations recognised the benefits that accrue to the organisations as a result of carer participation. The Council sees this as a crucial element in implementing the Act so that over time benefits are reaped by all – the reporting organisations, carers, service providers and care recipients.
5. In relation to the evidence relating to the Carers Charter, these contain outputs data, not outcomes for carers.
6. Across both reporting organisations, there is no evidence of an implementation plan to ensure that both the objectives of the Act and the elements of the Charter will be systematically instituted.
7. In the first reporting year, both reporting organisations made reference to future strategies to be implemented. The Council has charted these and finds that a number are still outstanding. This information will inform the Council's compliance assessment in the future.
8. There is no evidence that the existing quality assurance mechanisms of both reporting organisations are used to track trends and improvements in performance over time.

8. COMPLIANCE

8.1 DISCUSSION

In considering the issue of compliance and determining the associated compliance ratings, the Council has been mindful of the history of the WA public health and disability sectors, and the contexts in which they operate.

DSC was established largely through the advocacy and lobbying of families of people with intellectual disabilities. Over time, therefore, DSC has developed a history of engaging with family members in working towards an improved quality of life for people with a range of disabilities, and in maintaining those family supports for their clients. As a result, DSC (as established by the *Disability Services Act 1993*) draws inherently on the expertise of families, and consults with families as consumer advocates and representatives in its decision-making on the needs of the care recipient.

The WA public health system has followed national trends in social health policy and commenced processes for increased consumer participation in consultative processes, which, in the main, have similarly developed through the need to identify consumer and patient advocates and supports. Again, the impact of the decision-making processes has not been identified from the perspective of the impact on the person in the caring role.

The purpose of the CRA is to require that those in caring roles are extended further consideration; that the decision-making processes include how those decisions may

impact on carers and the caring role, not only how decisions may impact on those needing care.

For this reason it is important that those family members with a caring role are identified and their expertise, knowledge and skills are acknowledged, so that the benefits they bring to decision-making at all levels of reporting organisations be recognised, and that at service provision level, carers be encouraged to engage in decision-making processes.

8.2 COMPLIANCE RATINGS

1. With respect to their strategic directions, as in section 6(2) of the Act, both WA Health and the DSC are regarded as complying with the intent of the legislation and its first objective of recognising carers.
2. With respect to the compliance with the Carers Charter, as in section 6(1) of the CRA, from the evidence supplied, the Council determines that DSC has complied.

WA Health is seen as working towards compliance with the Carers Charter.

9. FUTURE WORK

The Council's intentions are to:

- continue to work with the reporting organisations to identify opportunities for the practical application of the Act and the Charter, and their impact on the lives of carers; and
- to assist those organisations to identify opportunities to build into existing mechanisms the means of gathering qualitative information, and to work towards a program of continuous improvement.

In the coming years, the Council will seek support from the reporting organisations to focus on specific areas, via strategies that will test/evaluate specific actions and strategies and assess outcomes at a service delivery level for carers. Case studies or focus groups, for example, could be a useful means of encapsulating experiences of carers within the Prepare to Care programs, focusing on the involvement of carers in the Community Advisory Councils of the metropolitan hospitals, and those carers included on the Clinical Networks, to assess outcomes for carers. In relation to the disability sector, an example could be to assess the impact of carer participation in the public consultation processes of the Ministerial Advisory Council for Disability and the DSC Board.

Via such strategies, the Council is seeking information not only on outputs of the organisations, but on the results for carers.

The Council commits itself to continue mapping the undertakings by reporting organisations into the future, and, in the first instance, to seek further information (outside of the reporting process) in order to gain a fuller understanding of actions previously committed to by the organisations, to ensure this information is not lost in subsequent reports.

One of the intentions of the Act is for carers to be involved in representative roles across a range of committees and government instruments; for example, the clinical networks of the health system and the consultative processes of DSC. The Council considers that the reporting organisations will need to be creative to identify people with a caring role who hold knowledge of those structures and processes. That may mean identifying people within their parallel structures.

It is understood by the Council that WA Health and DSC do not distribute their own compliance report internally. The Council sees this as a lost opportunity to educate their own workforce on the executive-level commitment to progress the intent of the CRA, the actions currently being undertaken as part of this work and within varying parts of the system to cross-fertilise strategies.

In the current year the legislation will be reviewed, in accordance with Part 4 Section 22 of the Act. This offers the opportunity to inform all stakeholders on the effectiveness of the operations of the Act.

10. RECOMMENDATIONS

The legislation requires the Council to advise and make recommendations to the Minister on fostering compliance with the Carers Charter by applicable organisations.

The Council recognises that the compliance requirement of the CRA is one of many regulatory laws within State and Federal legislation.

The Council is of the view, however, that the central and critical issue of the legislation — the benefits that will be imparted to the organisations by engaging carers in decision-making at both a strategic and operational level — is still not being appreciated, recognised and articulated by the reporting organisations.

The Council recommends that the reporting organisations:

1. identify and articulate the benefits of engaging carers systematically and reinforce those benefits with the contracted service providers;
2. develop and internally distribute an implementation plan that will allow for a systematic approach to embed the objectives of the CRA and the Carers Charter into practice over the next five years;
3. show evidence in future reports that they are implementing the strategies reported as undertakings in the first and now second reports;
4. build into their performance and quality management systems mechanisms to collect and record the evidence on trends of increased levels of carer representation and participation to substantiate compliance; and
5. commence work to gauge the impact of their strategies for carers.

APPENDIX 1:**Current membership of the Carers Advisory Council****Chairperson**

Lois Gatley	Carer for the past 28 years for her husband who has a progressively disabling illness. Re-appointed August 2007
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Deputy Chairperson

Ellen Walker	Carer for parents who have disabilities as a result of acquired brain injury. Re-appointed November 2007
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Members

Allan Golledge	With his wife, carer of a child with a disability; also employed in mental health service. Re-appointed November 2007
Viv Hansen	Carer for her mother-in-law who is frail aged. Appointed to Council February 2007
Clare Masolin	With her husband, cares for her 12-year-old son who has cerebral palsy. Re-appointed November 2007
Jim McKiernan	Past carer for a relative with a mental illness. Appointed to Council February 2007
Charlie Rook	Carer for his adult son with a disability Appointed to Council January 2008
Khim Chooi Teo	Carer for her adult son with a disability Appointed to Council January 2008
Judy Waymouth	Service provider Appointed to Council January 2008

Past members and contributors to this report

Caitlin Ambrose	Carer since she was a child for mother and brother with mental illnesses. Resigned February 2008
Patrica Bushby	Past carer of her mother and grandparent, currently employed in a health service. Term completed November 2007
Diedre Timms	Extensive experience in management in the community care sector. Term completed November 2007

APPENDIX 2: Definition of the term ‘carer’

Carers Recognition Act 2004 Part 1 section 5

5. Meaning of “carer”

- (1) Except as provided in subsection (2), a person is a carer for the purposes of this Act if he or she is an individual who provides ongoing care or assistance to —
 - a) a person with a disability as defined in the *Disability Services Act 1993* section 3;
 - b) a person who has a chronic illness, including a mental illness as defined in the *Mental Health Act 1996* section 3;
 - c) a person who, because of frailty, requires assistance with carrying out everyday tasks; or
 - d) A person of a prescribed class.
- (2) However a person is not a carer if he or she —
 - a) provides the care or assistance under a contract for services (other than an agreement entered into under the *Disability Services Act 1993* section 25) or a contract of service; or
 - b) provides the care or assistance while doing community work as defined in the *Volunteers (Protection from Liability) Act 2002* section 3(1).
- (3) A person is not a carer for the purposes of this Act only because —
 - a) the person is a spouse, de facto partner, parent or guardian of the person to whom the care or assistance is being provided; or
 - b) the person provides care to a child under an arrangement with the chief executive officer of the department principally assisting the Minister administering the *Child Welfare Act 1947* in the administration of that Act.

APPENDIX 3: Functions of the Council

Carers Recognition Act 2004 - Part 3 Clause 9

Functions of the Council

- (1) The functions of the Council are —
 - a) to work to advance the interests of carers and promote compliance by applicable organisations with the Carers Charter;
 - b) to make recommendations to the Minister on fostering compliance by applicable organisations with the Carers Charter;
 - c) to provide general advice to the Minister on matters relating to carers;
and
 - d) to carry out other functions as directed by the Minister.

APPENDIX 4: Reports to the Minister by the Carers Advisory Council

Carers Recognition Act 2004 - Part 3 section 10

- (1) As soon as practicable in each year, and whenever directed by the Minister to do so, the Council must prepare and deliver to the Minister a report on –
 - (a) the performance by reporting organisations of their obligations under this Act;
 - (b) compliance or non-compliance by reporting organisations with this Act; and
 - (c) compliance or non-compliance by reporting organisations with the Carers Charter,

during the year which ended on the preceding 30 June.

- (2) The report must include –
- (3)
 - (a) details on the compliance or non-compliance with section 6(2) by reporting organisations that are public sector bodies; and
 - (b) any other information prescribed by the regulations.

APPENDIX 5: Applicable Organisations

Carers Recognition Act 2004 Schedule 2

Division 1 Reporting organisations

- (1) The provider as defined in paragraph (c) of the definition of that term in the *Health Service (Conciliation and Review) Act 1995* section 3(1).
- (2) The Disability Services Commission referred to in the *Disability Services Act 1993* section 6.
- (3) A hospital board constituted under the *Hospitals and Health Services Act 1927* section 15, or the Minister in relation to any public hospital controlled by the Minister under the *Hospitals and Health Services Act 1927* section 7.
- (4) Any other person or body prescribed for the purposes of this Division.

Division 2 – Other organisations

- (5) A person or body providing a service to others under a contract with a reporting organisation.
- (6) Any other person or body prescribed for the purposes of this Division.

APPENDIX 6: Council activities

STRATEGIC ACHIEVEMENTS

The Council's Strategic Plan describes objectives that are in line with the Council's legislative functions as stated in the *Carers Recognition Act 2004*. The information below relates to the actions and tasks taken by Council from July 2006 to June 2007 to act in accordance with its legislative functions and Council's articulated objectives.

CRA Part 3 s9

(a) to work to advance the interests of carers and promote compliance by applicable organisations with the Carers Charter

OBJECTIVE 1: PROMOTE AWARENESS AND KNOWLEDGE

Strategy

1.1 *Provide applicable organisations (Division 1 reporting organisations and Division 2 other organisations) with information about the Act and their obligations under the Act.*

- Council has overseen the development of publications and materials on the CRA and Carers Charter
- The Council's first compliance report distributed to 550 service providers in the health sector and 140 in the disability sector
- Council contributed to service providers conferences with presentations on the CRA and the Carers Charter, for the Transcultural Mental Health Conference; Neurological Council
- Contributed to Carers WA Practical Matters forums in Perth and northern suburbs; WAMHA National Standards for Mental Health service providers workshop; ACAT professionals; Alzheimers Assoc consumers meeting; ACSWA forum.
- Provided awareness raising seminar to: the Independent Standards Monitors of DSC; DSC Local Area Coordinator training seminars
- Contributed to general public awareness via articles in print media eg Rural Remote and Regional Women's newsletter; Carers WA newsletter; MS Society Bulletin; PWD Inc Advocate; DSC disability update; Western Australian Newspaper. Radio interviews both ABC and commercial in Bunbury and Perth
- Presented information on the impact of the implementation of the CRA to the WA Health Work/Life Balance Taskforce; WA Aged Care Advisory Council

Outcomes

Pamphlets and Carers Charter posters have been and continue to be distributed to government and non government agencies since early 2006

1.2 *Target forums for service providers*

- Council made presentations on the CRA and the implications for service provision to:
 - Health executives – Director General and SHEF, WACHS, Contract managers
 - Health services providers – Mental Health Standards workshop with community sector service providers
 - SCGH Carers Forum, WACHS videoconference, ACAT

Outcomes

Increased levels of awareness of the intent and compliance requirements of the CRA by

	<p>Team conference</p> <ul style="list-style-type: none"> • HCC District Community Consumers Advisory Councils conference • DSC senior management metropolitan Services Directorate - managers of districts and regions • DSC service providers- statewide LACs • MS Society service providers and carers • Aged and Community Services WA • Public forum for carers in Kingsley via Judy Hughes MLA Member for Kingsley 	<p>staff and executives in the health and disability sectors</p>
<p>1.3 <i>Identify and publicise best practice examples of compliance with the Act</i></p>	<ul style="list-style-type: none"> • Particular examples of the reporting organisations performance strategies and initiatives have been incorporated into the Council's first compliance report as models of actions that comply with the CRA and that could be adapted by other organisations required to comply • Council promotes the Carers Involvement Framework and the Creating Carer Friendly Workplaces documents at forums and to service provider organisations as opportunities arise 	<p>Increased levels of awareness of the legislation and its intent by carers and their representative organisations</p> <p>Applicable organisations are provided with models of best practice</p>
<p>1.4 <i>Promote inclusion of compliance requirements in all contracts between Division 1 reporting organisations and Division 2 other organisations</i></p>	<ul style="list-style-type: none"> • Council has raised this issue in discussions with executives from the reporting organisations and included the example of the HACC and Mental Health service contract clauses in its first Compliance Report 	<p>Reporting organisations are prompted to develop systems to monitor the compliance by their contracted service providers</p>
<p>1.5 <i>Implement Communications Plan</i></p>	<p>Council developed an Awareness Raising Strategy for the May 2006 – December 2007 period which has included the following measures:</p> <ul style="list-style-type: none"> • identifying key targets for Council actions for that timeframe; • focusing the Council's energies to contribute to events, forums, publications etc organised by other agencies. • presenting information and an outline of the CRA at the forums conducted by People with Disabilities Inc which targeted carers; and • established electronic means of providing information about the legislation and the Council 	<p>Website was developed in house via DCD staff working with external contractors</p>

CRA Part 3 s9

b) make recommendations to the Minister on fostering compliance by applicable organisations with the Carers Charter

OBJECTIVE 2: REPORT ON COMPLIANCE AND PERFORMANCE

<i>Strategy</i>	<i>Outcomes</i>
<p>2.1 <i>Assess reports received from reporting organisations</i></p> <ul style="list-style-type: none"> • In the first reporting year seven reports were received of varying lengths and complexities • Reports were received between 28 September 2006 and 22 February 2007 • Discussions were held with senior executives from WA Health and DSC regarding evidence-based reports from the reporting organisations 	<p>Reporting organisations are assisted in developing compliance reports</p>
<p>2.2 <i>Identify and analyse barriers to compliance with the Act and Carers Charter</i></p> <ul style="list-style-type: none"> • None of the reporting organisations commented in their reports on barriers to compliance. Council's position is one of collaboration to promote a change of culture, and to allow for the development of policies strategies and practice over time • Council has adopted a theoretical framework based on the Regulatory Enforcement Pyramid which has three elements (a) educate and persuade to comply, (b) develop capacity to comply (c) deter non compliance. Council has aligned its work and approach to (a) in this year • The Compliance report included five recommendations to guide the reporting organisations in compliance • Council wrote to and met with the Office of Health Review to explore the scope of complaint matters • In the reporting period 2006/2007 Council compiled two documents – the Self Assessment Toolkit and the Compliance Guidelines - for reporting organisations to provide direction for outcomes to gauge quality improvements and examples of compliance for both WA Health and DSC for the following reporting years 	<p>Council continues to raise awareness of the benefits to organisations in implementing strategies to engage with carers</p>
<p>2.3 <i>Analyse identified performance issues</i></p> <ul style="list-style-type: none"> • Council's analysis of the performance strategies and initiatives of reporting organisations identified instances of good practice which were highlighted in the Compliance report in order to further educate service providers in the field 	<p>Performance issues used to illustrate good practice</p>
<p>2.4 <i>Prepare a report to the Minister</i></p> <ul style="list-style-type: none"> • On completion of the assessment phase, Council prepared a report and presented it to the Minister on 26 March 2007. The report was tabled in the two houses of Parliament on 9 May 2007 	<p>Report finalised March 2007 and presented to the Minister</p>

CRA Part 3 s9**(c) to provide general advice to the Minister on matters relating to carers****OBJECTIVE 3: PROVIDE ADVICE ON ISSUES RELATED TO CARERS***Strategy***3.1** *Record and analyse issues for Carers related to obligations under the Act of reporting organisations*

- Issues relating the obligations under the Act are outlined in the Council's Discussion Paper to the Minister

Outcomes

Issues are recorded in the Discussion Paper

3.2 *Identify other issues relevant to Carers.*

- An outline of issues articulated by carers through participating in community forums and advice from NGOs in the sector are described in that document

Issues are recorded in the Discussion paper

OBJECTIVE 4: OPERATE AS AN EFFECTIVE AND EFFICIENT COUNCIL*Strategy***4.1** *Develop and refine resources for Council members.*

- Council met monthly over the period July 2006 to June 2007
- A Strategic Plan for 2006 to 2009 has been developed
- An Operational Plan has been developed to articulate the work to put strategic directions in place.
- Powerpoint presentation materials have been developed for use by members presenting at forums, expos and conferences.
- Members have participated in 11 internal working groups to complete specific tasks, for example:
Development of and revising Code of Conduct and Procedure Manual
Development of Strategic Plan
Development of Operational Plan
Development of reporting format
Development of the Self Assessment Toolkit and Compliance Guidelines for reporting organisations.
Awareness Raising Plan
Website Development
Transcultural Mental Health Conference
Parliamentary Report

Outcomes

Presentations have been made at Council meetings by representatives from DSC, WA Health, State Solicitors Office, Red Cross Respite Program

Total of 11 Council Working Groups have completed a range of specified tasks and achieved desired outcomes

4.2 *Develop and maintain productive working relationships with relevant organisations.*

- Over the 2006/2007 year Council has had three Ministers holding the Seniors' portfolio for varying periods of time. Council has held meetings with :-
Hon David Templeman Minister for Seniors (6)
Hon Sue Ellery MLC Parliamentary Secretary to the Minister for Health (2)
Hon Sue Ellery MLC as Minister for Seniors (2)
- In addition Council has met with:
Hon Tony McCrae MLA Minister for Disability Services (1)
Hon Sheila McHale Minister for Disability Services (1)
Judy Hughes MLA Member for Kingsley (1)
Carol Martin MLC Member for the Kimberley(1)
- A series of meetings with senior executives and management of WA Health and DSC have sought to inform and develop

Total of 15 Meetings held to brief Members of Parliament

	<p>understanding on the need to embed the legislation in practice of service provision and strategic developments for example: WA Health – Health Reform division Dr Fong, Dr Colin Xanthis, and SHEF; Osborne Park Hospital Steering committee; Bunbury Regional HACC Manager, Bunbury Regional Hospital Manager; WACHS – Bronwyn Scott; Clinical Network Support Unit; DoH Statewide Contracts – John Fryer;</p> <p>DSC – Total of 5 meetings with executives: Dr Shean and Corporate Executive; A/Director General Dr Chalmers, Jenni Perkins and Judith Chernysh</p> <ul style="list-style-type: none"> • The Council has accepted invitations from various non government community organisations to provide visibility of the Council and its role.; Carers WA Board, HCC Board, Transcultural Mental Health Conference convenors, Alzheimers Consumer Group, Pilbara and Kimberley Home Care, Yaandina Home and Community Care • Working relationships have been developed in the community sector with Carers WA; Health Consumers Council, PWD Inc, to contribute to the body of awareness and policy and service provision debate • Council has reviewed/contributed/participated in dialogue on documents formulating public policy for example the then titled Consent to Medical Treatment Bill; Consumer, Carer and Community Engagement Framework; Privacy legislation; HREOC report 'It's about time'; plus reviewed numerous research documents and papers eg Caregivers Decline Study- Health Risks, Australian Institute of Health and Welfare; A profile of known young carers; ILC health risks for carers research • Council made a presentation to the Ministerial Advisory Council on Disability on CRA plus held a meeting with the Chairperson and Executive Officer • To enhance Council's visibility and influence recognition of the CRA, Council members have attended launches and events including: <ul style="list-style-type: none"> Consumer Guidelines by DOCEP Opening of Carers Week 2006 and 2007 Working Together: involving community and stakeholders in decision making ILC Research Safe Caring Carers WA AGM (2) Office of Health Review's 10th anniversary Department of Health/Carers WA launch of guidelines on confidentiality in Mental Health service provision • Council has held displays at a series of functions and events such as: <ul style="list-style-type: none"> NAIDOC Family Day TOP launch by Perth Home Care Carers Expo Mandurah <p>Chairperson conducted a hypothetical at the Carers Expo Mandurah</p> <p>4.3 <i>Continuously improve administration and operating procedures.</i></p> <p>Council has developed systems for recording business both internal and external; its documents and records are retained, archived and</p>	<p>Total of 10 meeting held with senior officers at executive level and management level</p> <p>Total of 20 meetings with non government organisations and groups to inform carers and service providers of the CRA</p> <p>Total of 7 events attended representing Council</p> <p>All persons and organisations interacted with have been sent a full copy of the Council's compliance report.</p> <p>Council maintains a full and</p>
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	<p>disposed of as scheduled in the Department for Community Development's Record Keeping Plan 2003 (now the Department for Communities) and in accordance with the requirements of the State Records Act 2000. In addition Council has</p> <ul style="list-style-type: none"> • developed a format for recording monthly Council meetings; • developed a mechanism for recording meetings of Council members extraordinary meetings such as Working Groups; • developed Information Policy and Procedure Manual as a means to guide Council practice and to effectively induct new members; and • developed a report format to record external meetings and forums as a means of informing all members and to provide a mechanism for disseminating the information. <p>4.4 <i>Refine reporting process following the first reporting period.</i> Council has, as stated earlier:</p> <ul style="list-style-type: none"> • developed for the reporting organisations thea Self Assessment Toolkit and • Compliance Guidelines for the reporting organisations <p>4.5 <i>Identify training needs of the Council in areas directly relevant to the functions of the Council.</i></p> <ul style="list-style-type: none"> • Training has occurred in compliance assessment and development of the Toolkit and Guidelines for reporting organisations <p>4.6 <i>Develop and recommend a succession plan to ensure effective ongoing operation of the Council.</i></p> <ul style="list-style-type: none"> • Terms of office for each position on the Council have been identified • Since its inception the Council has had a role in recruiting an additional Indigenous member and inducting another member from the disability sector • Consultations and written requests have been made to the relevant CALD NGOs to assist in identifying a CALD carer to fill the existing vacant position on the Council <p>4.7 <i>Monitor and record issues relevant to the administration of the Act for consideration in the review of the Act.</i></p> <ul style="list-style-type: none"> • The Council has identified that the needs of young carers should be considered in relation to the education system • There is a need to explore the relativity of public health legislation with the CRA and ensure all service providers are incorporated in the compliance requirements of the CRA • The timeframe for the legislative review of three years is regarded as problematic as is the review of the effectiveness of the Council given: <ul style="list-style-type: none"> ○ the difficulties inherent where compliance depends on a culture change; 	<p>coherent record of its activities.</p> <p>Council is working in partnership with reporting organisations to improve the efficiency and effectiveness of the reporting process. Council members are gaining skills relevant to the Council's functions</p> <p>Recommendation s on filling the Council vacancies is provided to the Minister</p> <p>Council is collecting information on issues to be considered in the review of the CRA</p>
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<ul style="list-style-type: none">○ the limitation of reporting organisations completing only two reporting years;○ the need for extensive educational strategies across decision makers, service providers and individual carers;○ the limited time for outcomes to be implemented given the scope of the Council's functions; and○ lack of secretariat resources <p>4.8 <i>Negotiate and secure an appropriate level of resourcing.</i></p> <ul style="list-style-type: none">● Regular meetings have been held with executives of OSIC, the new A/DG of Dept for Communities and respective Ministers regarding an appropriate level of resourcing for the Carers secretariat	<p>Unsuccessful to date</p>
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APPENDIX 7: Self Assessment Toolkit and Compliance Guidelines

REPORTING ORGANISATIONS SELF ASSESSMENT TOOLKIT

CARERS RECOGNITION ACT 2004

Introduction

The intent of *Carers Recognition Act 2004* (CRA) is to recognise the role of carers in the Western Australian community and to provide a mechanism for the involvement of carers in the provision of services that impact on carers and the role of carers. It sets out compliance requirements and clear directions as to how carers are to be engaged with and included in decision-making where those decisions impact on the caring role.

The CRA requires that all State government funded or administered health and disability service providers have to take all practicable measures to ensure that they comply with the Western Australian Carers Charter (see Attachment 1).

In addition, public sector bodies must involve carers, or persons or bodies that represent carers in any policy or program development, or strategic or operational planning that might affect carers and the role of carers.

These organisations are known as applicable organisations and include the agencies in the non-government sector and contracted bodies which are funded to provide public health and disability services.

In addition, the legislation deems that WA Health, public hospitals and the Disability Services Commission are “reporting organisations” and must provide an annual report to the Carers Advisory Council on their compliance or non compliance with the provisions of the Act. The reporting organisations must also report to the Council on how their contracted agencies/service providers comply with the Western Australian Carers Charter.

The Carers Advisory Council is required to assess the reporting organisations’ annual reports and in turn provide a report to the Minister for Seniors for tabling in both houses of the Western Australian Parliament.

A background document detailing the requirements of the legislation and models of engagement is set out in Attachment 2.

Reports to the Council

The annual reports to the Council are to be provided by 30 September of each year for the year that ended on the preceding 30 June.

The Carers Advisory Council has designed this **Self Assessment Toolkit** and the set of **Compliance Guidelines** to assist reporting organisations to consider and assess how they and the agencies within their sector have embedded the intent of the legislation into practice. The Council has not prescribed a reporting template given that the operational environments of health and disability are varied.

Self Assessment Toolkit

The Self Assessment Toolkit has been designed to assist reporting organisations assess compliance or non compliance of their respective sectors.

Within the Toolkit, standards have been developed to align with the compliance requirements of the legislation along with the outcomes that the Council has identified as leading to the engagement of carers.

Using the Toolkit requires an organisation to provide valid meaningful evidence that demonstrates practices and shows how current performance results in compliance within the relevant reporting year. Hence there is the opportunity to highlight particular strategies or initiatives which demonstrate good practices.

In addition, the Toolkit prompts an organisation to self identify any gaps and planned actions that need to be taken in the future. This provides a mechanism for the organisation to assess progress towards compliance within the specified reporting year.

If your agency is participating in an accreditation process or a quality assurance process against prescribed standards this is likely to assist in meeting the requirements of complying with the *Carers Recognition Act 2004* (see Attachment 2).

Compliance Guidelines

The Compliance Guidelines have been designed to promote the type of actions and initiatives the Council considers will meet the legislative objectives and assist organisations in self identification of compliance strategies.

Assessment processes

The position taken by the Council in conducting desk top assessments of the public sector agencies is that the implementation of the *Carers Recognition Act 2004* needs to be attended to by those agencies as all other compliance processes of the state government.

The Council's approach to the compliance requirements is that this is a developmental process. The Council also recognises the varying environments of service provision across the two fields of health and disability. The Council is therefore interested to learn of implementation challenges.

The Council's wish is to work collaboratively with the reporting organisations to meet the overarching objective of engaging carers at both an individual level and strategic level.

Carers Advisory Council Objectives:

The Carers Advisory Council has identified the following broad objectives:

- Carers are clearly identified by applicable organisations (all agencies within the WA public health and disability sectors).
- Carers are offered a range of opportunities to engage with agencies.
- Carers are better informed and more involved in shaping decisions on policies, programs and services from assessment, planning to implementation and evaluation where those decisions impact upon carers.
- Carers can contribute information about individual service provision issues that affect them and are confident that their input is valued.

- Carers are respected and valued for their information, skills, expertise and knowledge. Information that is appropriate, relevant and timely is shared between carers and others and enables better and more informed decisions to be made.
- Agency policy, programs and service decisions take into account the impact on carers and the caring role.

Ratings

The Council will assess reports using the following rating scale:

C = compliance – agency has taken sufficient action in all key areas of compliance

NC/TC = non-compliance - agency has taken some action towards complying

NC/ITC = non-compliance - agency has outlined some future actions with intent to comply

NC = non-compliance – agency has not taken any action to comply.

Examples of good practice will also be noted and the Council is interested to learn of implementation challenges.

Ratings will be published in the report to the Minister for Seniors tabled in both houses of Parliament.

Lois Gatley
Chairperson
Carers Advisory Council

STANDARD Carers, or persons or bodies that represent carers must be involved in any policy or program development that might affect carers and the role of carers.
CRA Part 2 s6(2)(a)

OUTCOMES Policies and programs recognise the role of carers.
Carers/representatives are involved in relevant policy and program development/review and understand the impact of the policy/program on the caring role.
Carers are satisfied that the development /review of policies and programs takes into account the impact on carers.
Carers and their representatives are enabled and supported to be effective participants in policy and program development processes.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>New policy or program The policy/program development framework to include a process which covers consultation and agreement of carers/ representative groups to ensure there is:</p> <ul style="list-style-type: none"> a) a meaningful statement of the intent of the new policy and how it impacts on the caring role; and b) the perspective of carers is included. <p>Existing policy review The policy review framework should include an opportunity for carers/ representative groups to review the policy in the same context as for new policy and to be able to make recommendations for improvements.</p>			

STANDARD Carers, or persons or bodies that represent carers must be involved in any strategic or operational planning that might affect carers and the role of carers.
CRA Part 2 s6(2)(b)

OUTCOMES The caring role is clearly identified as of value to the strategic directions of the organisation.
Carers are recognised within strategic planning processes as key stakeholders, that their participation in decision making is valued and that they can contribute in an effective and meaningful way.
The organisation is committed to involving carers or their representatives in strategic and operational planning.
Carers and/or their representatives contribute to strategic and operational planning where there is an impact on the role of carers.
Carers understand the impact, intent of strategic and operational planning objectives, particularly where those objectives and strategies impact on their role as a carer.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>Strategic and/or operational plans reflect the importance and value of the involvement of carers or their representatives' participation in setting strategic directions.</p> <p>The Strategic and Operational Planning frameworks utilise similar consultative processes to that used in policy and program development and review.</p> <p>There is a policy outlining the purpose and representative role of carers/representatives' participation in the development of strategic directions and operational planning.</p> <p>Strategic objectives and initiatives and actions take into account the carers and the impact on the caring role.</p>			

STANDARD As soon as practicable after each 1 July and not later than 30 September, reporting organisations must prepare and deliver to the Council a report on –

(d) the compliance or non compliance with the Carers Charter of any person or body providing a service to others under a contract with the organisation
During the year that ended on the preceding 30 June.
CRA Part 2 s7 (1)(d)

OUTCOMES Funded agencies/services are aware of the requirements for complying with the Carers Charter.
Funded agencies/services have implemented procedures to guide their practise in complying with the Carers Charter.
Reporting organisations can report on the level of compliance by funded agencies/service with the Carers Charter.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>Agents Contracted or funded agencies/service providers are to be informed by funding bodies of their obligation to comply with the Carers Charter.</p> <p>The reporting organisation monitors the contracted or funded service providers on their compliance with the Carers Charter.</p>			

STANDARD The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.
CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter

OUTCOMES Increasing levels of staff awareness of and compliance with the Carers Charter, is reflected in practise
Carers have increased levels of awareness and understanding of the Carers Charter and how it applies to them.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>Staff training The organisation to have formal training programs to ensure staff:</p> <ul style="list-style-type: none"> ○ can identify carers; ○ know and understand the value of carer participation; ○ know and understand their obligations under the Act; ○ implement effective carer engagement practises; and ○ know the requirements for complying with the Carers Charter. <p>Carer Support The organisation to establish a means of developing awareness-raising strategies/programs to ensure carers know and understand the Carers Charter.</p>			

STANDARD The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.
CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter

OUTCOMES Carers report a partnership approach is experienced; their knowledge, expertise, skills and information are recognised and valued.
Consultative processes engage carers along all steps of the service/treatment/response practise.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>1) Carers must be treated with respect and dignity.</p> <p>The culture of the organisation is to actively use the values of respect and dignity in relation to carers and the caring role.</p> <p>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>Carers to be included in decision making processes about services at both the individual and macro level.</p>			

STANDARD The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.
CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter

OUTCOMES Outcomes for people receiving care and their carers are reflective of carer engagement and partnership approaches in service delivery.
Carers report that their views and needs have been heard in decision-making processes.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>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.</p> <p>Procedures are in place to ensure that carers are consulted and that this informs decision making. Consumer survey processes to provide for carer input.</p>			

STANDARD The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.
CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter

OUTCOMES Information is accessible and disseminated broadly which encourages input, feedback and issues to be raised by carers and their representatives that relates to compliance with the Carers Charter.
Carers report that their complaints have been given due consideration.

Requirements	Evidence	Timelines	Gaps identified and planned action
<p>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>A process/procedure is in place for informing carers and their representatives of the internal and external complaint mechanisms and the ability of carers being able to complain about non-compliance with the Carers Charter.</p> <p>A process/procedure is in place to record and consider complaints which specifically involve a carer and how these are to be analysed and incorporated into quality control mechanisms.</p>			

COMPLIANCE GUIDELINES

CARERS RECOGNITION ACT 2004

Introduction

To provide guidance on compliance with the *Carers Recognition Act 2004* (CRA), the Carers Advisory Council has produced two instruments for the reporting organisations to consider.

The instruments are 1) these Compliance Guidelines and 2) the accompany Self Assessment Toolkit. The Self-Assessment Toolkit is for reporting organisations to consider using in assessing their own practices as to whether or not they comply with each element of the legislative requirements.

Compliance Guidelines

These Compliance Guidelines are designed to indicate the type of arrangements that need to be in place in order to meet the objectives of the CRA and demonstrate how the two sectors of health and disability engage carers in decision making processes on both a macro strategic basis and on the micro individual service delivery level.

These guidelines have been developed in two parts. **Part One** relates to the standards and compliance requirements for applicable organisations that are public sector bodies as set out in the *CRA Part 2 section 6 (2) (a) and (b)* AND the requirements of WA Health and the Disability Services Commission as reporting organisations as set out in section 7 (d).

Part Two relates to the standards and requirements of complying with the Carers Charter that are relevant to all applicable organisations including the public sector bodies noted above and "other organisations" as specified in Schedule 2 Division 2 of the *CRA*, -: *A person or body providing a service under contract with a reporting organisation*. In effect this means WA Health and the Disability Services Commission and all their contracted service providers which includes all the non government community based agencies and services they fund.

Carers Advisory Council Objectives

The Carers Advisory Council has identified the following broad objectives:

- carers are clearly identified by Applicable Organisations (all agencies within the WA public health and disability sectors);
- carers are offered a range of opportunities to engage with agencies;
- carers are better informed and more involved in shaping decisions on policies, programs and services from assessment, planning to implementation and evaluation where those decisions impact upon carers;
- carers can contribute information about individual service provision issues that affect them and are confident that their input is valued;
- carers are respected and valued for their information, skills, expertise and knowledge. Information that is appropriate, relevant and timely, is shared between carers and others and enables better and more informed decisions to be made; and
- agency policy, programs and service decisions take into account the impact on carers and the caring role.

Lois Gatley
Chairperson
Carers Advisory Council

Part One the standards and compliance requirements for Applicable Organisations that are public sector bodies as set out in the *CRA Part 2 section 6 (2) (a) and (b)* and the requirements of WA Health and the Disability Services Commission as reporting organisations as set out in section 7 (d).

Standard	Requirements	Examples of Evidence	Outcomes
<p>Carers, or persons or bodies that represent carers must be involved in any policy or program development that might affect carers and the role of carers</p> <p>CRA Part 2 s6(2)(a)</p>	<p>New Policy or Program The policy/program development framework to include a process which covers consultation and agreement of carers/ representative groups to ensure there is:</p> <ul style="list-style-type: none"> c) a meaningful statement of the intent of the new policy and how it impacts on the caring role; and d) the perspective of carers is included. <p>Existing policy review The policy review framework should include an opportunity for carers/ representative groups to review the policy in the same context as for new policy and to be able to make recommendations for improvements.</p>	<ul style="list-style-type: none"> • A policy/program development framework that details consultation process(es) which provides for the identification and engagement of carers/ representatives • A description of formal pathways that exist for including carers' views • Evidence of carers' participation in formal decision making bodies. • Examples of policies/programs which include reference to carers and the impact on caring role. • Data on the involvement of carers/representatives in consultative meetings, networks. • Any written policy outlining the organisations commitment to inclusion of carers or their representatives and the support mechanisms such as payment of costs (eg sitting fees, respite costs, travel costs). • Training on development and review methodologies for carers. 	<p>Policies and programs recognise the role of carers</p> <p>Carers/representatives are involved in relevant policy and program development/review and understand the impact of the policy/program on the caring role.</p> <p>Carers are satisfied that the development /review of policies and programs takes into account the impact on carers.</p> <p>Carers and their representatives are enabled and supported to be effective participants in policy and program development processes.</p>

Standard	Requirements	Examples of Evidence	Outcomes
<p>Carers, or persons or bodies that represent carers must be involved in any strategic or operational planning that might affect carers and the role of carers</p> <p>CRA Part 2 s6(2)(b)</p>	<p>Strategic Plans and/or Operational Plans reflect the importance of and value of the involvement of carers or their representatives participation in setting strategic directions.</p> <p>The Strategic and Operational Planning frameworks utilise similar consultative processes to that used in policy and program development and review.</p> <p>There is a policy outlining the purpose and representative role of carers/representatives participation in the development of strategic directions and operational planning.</p> <p>Strategic objectives and initiatives and actions take into account the carers and the impact on the caring role.</p>	<ul style="list-style-type: none"> • Statements, Legislative requirements, Policies, Frameworks, Terms of Reference or any documents that include carers/representatives role and purpose. • Published statements that acknowledge the caring role and its benefit to the organisation and sector. • Evidence that shows carers/representatives are consistently participating in the setting of strategic directions/objectives and development of strategies/actions through participation in boards, membership of advisory councils, committees or working parties etc. • Documents detailing objectives and strategies to improve carers/representatives participation levels in strategic and operational planning. • Information or training that has been provided to carers or their representatives on strategic and operational planning methods. 	<p>The caring role is clearly identified as of value to the strategic directions of the organisation</p> <p>Carers are recognised within strategic planning processes as key stakeholders, that their participation in decision making is valued and that they can contribute in an effective and meaningful way.</p> <p>The organisation is committed to involving carers or their representatives in strategic and operational planning.</p> <p>Carers and/or their representatives contribute to strategic and operational planning where there is an impact on the role of carers.</p> <p>Carers understand the impact, intent of strategic and operational planning objectives, particularly where those objectives and strategies impact on their role as a carer.</p>

Standard	Requirements	Examples of Evidence	Outcomes
<p>As soon as practicable after each 1 July and not later than 30 September, a reporting organisations must prepare and deliver to the Council a report on –</p> <p>(d) the compliance or non compliance with the Carers Charter of any person or body providing a service to others under a contract with the organisation, During the year that ended on the preceding 30 June.</p> <p>CRA s7 (d)</p>	<p>Agents Contracted or funded agencies/service providers are to be informed by funding bodies of the requirement to comply with the Carers Charter.</p> <p>The reporting organisation monitors the contracted or funded service providers on their compliance with the Carers Charter</p>	<ul style="list-style-type: none"> • Directives or clauses within funding agreements which require agents to comply with the CRA, and the Carers Charter. • Documentation of the information and supports being made available to assist funded agents to understand the compliance requirements. • Descriptions of mechanisms used to collect, analyse and report data on compliance eg assessments, monitoring, surveys etc and the results. • Copy of Information material distributed to carers which includes the Carers Charter and explains how this is being incorporated into organisations/agencies practices 	<p>Funded agencies/services are aware of the requirements for complying with the Carers Charter.</p> <p>Funded agencies/services have implemented procedures to guide their practise in complying with the Carers Charter.</p> <p>Reporting organisations can report on the level of compliance by funded agencies/service with the Carers Charter.</p>

The following section - **Part Two** - of this document relates to the standards and requirements set out in the CRA s6 (1) relating to compliance with the *Carers Charter - Schedule 1* of the CRA and is relevant to all applicable organisations including the "other organisations" as determined by Schedule 2 Division 2 of the CRA. "Other organisations" are the persons or bodies providing a service under contract to a reporting organisation. In effect, this means that the compliance requirements for WA Health and the Disability Services Commission and all the non-government, community-based agencies and services funded by them in complying with the Western Australian Carers Charter.

Standard	Requirements	Evidence	Outcomes
<p>The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.</p> <p>CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter</p>	<p>Staff training The organisation to have formal training programs to ensure staff:</p> <ul style="list-style-type: none"> ○ can identify carers; ○ know and understand the value of carer participation; ○ know and understand their obligations under the Act; ○ implement effective carer engagement practises; and ○ know the requirements for complying with the Carers Charter. 	<ul style="list-style-type: none"> • Material used in induction /orientation programs which includes information on the organisations' obligations under the <i>Carers Recognition Act 2004</i>, information on carer participation strategies and policies that support the implementation of the legislation. • Records of staff participation in education /information programs about their obligations to comply with the Carers Charter, the role of carers and the benefits of engaging with carers. • Copy of Information material distributed to carers which includes the Carers Charter and explains how this is being incorporated into organisations'/ agencies' practices. 	<p>Increasing levels of staff awareness of and compliance with the Carers Charter is reflected in practise.</p>

	<p>Carer Support</p> <p>The organisation to establish a means of developing awareness raising strategies/programs to ensure carers know and understand the Carers Charter.</p> <p>Programs are in place to train and support carers/representatives in participatory roles.</p>	<ul style="list-style-type: none">• Records of opportunities made available to carers to be engaged in stakeholder consultations, and learn about organisational processes.	<p>Carers have increased levels of awareness and understanding of the Carers Charter and how it applies to them.</p>
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Standard	Requirements	Evidence	Outcomes
<p>The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.</p> <p>CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter</p>	<p>Western Australian Carers Charter</p> <p>2) Carers must be treated with respect and dignity</p> <p>The culture of the organisation is to actively use the values of respect and dignity in relation to carers and the caring role</p> <p>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>Carers to be included in decision making processes about services at both the individual and macro level.</p>	<ul style="list-style-type: none"> • Examples of statements, policies, program or procedure manuals and guidelines which reflect the valuing of carers and the caring role. • Examples of care plans, admission forms, assessment tools, discharge/exit plans etc that record carer involvement. • Records of carer participation, decisions made in agreement with carers, how carers are informed of decisions and processes for ongoing or further discussion. 	<p>Carers report a partnership approach is experienced; their knowledge expertise and skills and information are recognised and valued.</p> <p>Consultative processes engage carers along all steps of the service/treatment/response practise.</p>

Standard	Requirements	Evidence	Outcomes
<p>The organisation must take all practicable measures to ensure that it and its officers, employees or agents comply with the Carers Charter in providing a service of that organisation.</p> <p>CRA Part 2 s6(1) and Schedule 1 – the Western Australian Carers Charter</p>	<p>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.</p> <p>Procedures are in place to ensure that carers are consulted and that this informs decision making.</p> <p>Consumer survey processes to provide for carer input.</p> <p>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>A process/procedure is in place for informing carers and their representatives of the internal and external complaint mechanisms and the ability of carers being able to complain about non-compliance with the Carers Charter.</p>	<ul style="list-style-type: none"> Documentation showing that carers' views and needs are to be recorded and considered as part of decision making processes at both the individual and macro levels. Examples of how decisions have balanced the views and needs of carers along with the views, needs and best interests of people receiving care. eg intervention and exit plans, discharge procedures etc Copies of documents or records of information sessions provided to carers which encourage feedback, the raising of concerns, plus formal complaint mechanisms that articulate the carers ability to complain on their own behalf about non-compliance with the Carers Charter Document showing carers involvement in group processes and how systemic issues relevant to carers are identified and considered 	<p>Outcomes for people receiving care and their carers are reflective of carer engagement and partnership approaches in service delivery.</p> <p>Carers report that their views and needs have been heard in decision-making processes.</p> <p>Information is accessible and disseminated broadly which encourages input, feedback and issues to be raised by carers and their representatives that relates to compliance with the Carers Charter.</p>

	A process/procedure is in place to record and consider complaints which specifically involve a carer and how these are to be analysed and incorporated into quality control mechanisms.	<ul style="list-style-type: none">• Data recording the issues and numbers of complaints made by carers and how these were addressed.	Carers report that their complaints have been given due consideration.
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APPENDIX 8: Carers Charter

Carers Recognition Act 2004

Schedule 1 — 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 in relation to services that impact on them and the role of carers must be given due attention and consideration.

GLOSSARY

Agent A person or body providing a service to others under a contract with a reporting organisation. In the context of both the health and disability sectors this means any community non government service provider, funded for a service or program by WA Health and/or the Disability Services Commission.

Applicable organisations

WA Health, the Disability Services Commission, agents, and agencies/service providers they contract to provide services.

Carer/s Carers are usually family members (but they may be a friend or neighbour) who provide ongoing support and assistance to a person, who may be a child or adult, who has a disability, a chronic illness, a mental illness or is frail and requires assistance with daily activities. A detailed definition is contained in the *Carers Recognition Act 2004* s5.

***Carers Recognition Act 2004 (CRA)* –**

Western Australian legislation that came into effect on 1 January 2005.

Carers Advisory Council

The Council is established by the *Carers Recognition Act 2004*. It is made up of 10 individuals with experience and or knowledge of the caring role. Members are appointed by the Minister for Seniors in consultation with the Ministers for Health and Disability.

Compliance Within the CRA it is inferred to relate to – ‘all practicable measures’. Council’s working definition: A state of being in accordance with established guidelines, specifications, or legislation, or the process of becoming so.

Performance The actions and strategies by applicable organisations to meet their obligations under both the Act and the charter, and how well those actions and strategies meet their obligations.

Reporting organisations

The provider defined under the *Health Services (Conciliation and Review) Act 1995*; The Disability Services Commission as in the *Disability Services Act 1993*. A hospital board constituted under the *Hospitals and Health Services Act 1927* or the Minister in relation to any public hospital controlled by the Minister under the *Hospitals and Health Services Act 1927*.

Western Australian Carers Charter

Schedule 1 of the Carers Recognition Act 2004.