



Recognising the Importance of Carers Policy

1. Background

A carer is someone who provides unpaid care and support to family members and friends who are living with a disability, mental health challenge, long term health condition (including a chronic condition or terminal illness), an alcohol or other drug dependency, or who is frail aged. Recognising and identifying the role of carers is fundamental to the provision of person-centred, safe and inclusive healthcare.

Western Australia has an ageing population, with people aged 65 years and over predicted to increase by 139% between 2000 and 2030. (ABS, 2004), with this trend being more pronounced in regional areas. This, combined with advancements in technology, means that many people are being cared for at home, resulting in a greater reliance on carers to support the needs of their loved ones and family members.

The Western Australian [Carers Recognition Act 2004](#) (the Act) formally recognises the important role of carers in the community and outlines through the Western Australian Carers Charter how carers (and/or persons or bodies that represent carers), are to be treated and involved in the planning and delivery of services by agencies that provide services that impact carers.

The Act applies to the WA Country Health Service (WACHS) including hospital and non-hospital services and any organisations funded by WACHS to provide health and disability services.

2. Policy Statement

The WA Country Health Service (WACHS) acknowledges and supports the principles outlined in the Western Australian [Carers Recognition Act 2004](#) (the Act) and the associated Western Australian Carers Charter.

This policy serves to recognise the fundamental role of carers in supporting the WA Country Health Service (WACHS) to provide safe, high quality healthcare and affirms the commitment of the organisation to:

- Recognise and identify carers
- Involve and include carers in decisions that may impact them
- Support the rights of carers in alignment with the principles of the WA Carers Charter.

2.1 Recognise and identify carers

Carers are diverse, ranging in their age gender, ethnicity and religion. Whilst there is no distinct profile of what a carer looks like, in regional and remote Western Australia, carers are more likely to be younger than those in metropolitan areas, and are more likely have lower rates of employment ([WA Carers Strategy](#)). People who identify as Aboriginal or Torres Strait Islander background are more likely to be carers, and are also more likely to care for more than one person. ([WA Carers Strategy](#))

Recognising and identifying carers is important and necessary, to provide the appropriate support, access to services, resources and interventions for both the carer and the patient. However, identifying carers is not always straightforward, as most carers, regardless of the extent of support provided, do not self-identify as such. The motives of carers are often very often altruistic or linked to a sense of responsibility for their loved one (McMahan & Carson).

People who are least likely to self-identify as carers are those who have previously experienced prejudice or discrimination from the health service, and those who see their role as a carer as a familial or cultural responsibility. This includes (but is not limited to) carers who:

- come from an Aboriginal or Torres Strait Islander backgrounds
- are aged 25 years and under
- identify as LGBTQI+
- are from culturally, linguistically and religiously diverse backgrounds.

2.2 Involve and include carers in decisions that impact them

The inclusion of carers in the planning, development and provision of health services that impact them is essential to provide safe, person centred care- a key component in providing safe and quality healthcare.

Carers often have a unique insight into the health history of the person receiving care and can provide valuable input to support positive health outcomes. Carers must be included in conversations around treatment, to the extent that confidentiality allows, and in decisions that impact them. It is important to note that a patient may have more than one carer. Once a carer/s has been identified, steps should be taken to:

- Obtain consent from the patient to disclose personal information in line with the [WA Health MP 0010/16 Patient Confidentiality Policy](#).
- Identify if carers require translation or interpreting services to support communication with the health service. The [MP 0051/17 WA Health System Language Services Policy](#) supports WACHS' commitment to providing accessible services to people living in country WA. The associated [WA Health System Language Services Policy Guidelines](#) guides how to assess the need for an interpreter and provide qualified and/or credentialed interpreters
- Liaise with Social Work and/or [Carers WA](#) to identify other resources that may support the carers specific needs. (For example [Patient Assisted Travel Scheme](#))
- Communicate how to [provide feedback](#) on the service.

2.3 Support the rights of carers in alignment with the principles of the WA Carers Charter

The [Western Australian Carers Charter](#) (Schedule 1, page 13 of the Act) states that:

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

3. Definitions

Carer	<p>A carer is someone who provides unpaid care and support to family members and friends who have:</p> <ul style="list-style-type: none"> • A disability • mental illness • chronic condition • terminal illness • an alcohol or other drug issue, or • who are frail aged. (Carers WA) <p>Carers may also be patients, and active users of the health service.</p>
LGBTIQA+	<p>Lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and questioning communities (Australian Institute of Family Studies)</p>

4. Roles and Responsibilities

Policy Developers and/or Program Manager

- It is the responsibility of the policy document developers, program manager or health service planners to ensure that carers (or persons or bodies that represent carers) are involved in any policy or program development, or strategic or operational planning that might affect carers or the role of carers, and document evidence of this involvement.
- All endeavours must be made to obtain the views and ascertain the needs of carers (or persons or bodies that represent carers). There are various engagement models that may be used by employees to guide the inclusion of carers e.g. WACHS [Consumer and Carer Engagement Policy](#) and WACHS [Partnering with Consumers Guideline](#).

Health Professionals

- Health professionals are to identify if patients have a carer, or a family member or loved one who supports them to manage their health. Health professionals should have open conversations to determine the extent of support provided by family members or friends who the patient, or individual, may not identify as a carer. If required, health professionals should contact the patient's General Practitioner to establish potential carers who may require support.

- Carers are to be involved where there is patient permission in the planning, delivery and review of individual patient care provided by health professionals. Where the patient has a decision making disability or is not able to provide permission, the carer is still to be involved where any decisions made have an impact on the carer. Evidence of this involvement is to be documented in relevant patient assessment and planning records. Where patients are unable to provide consent, substitute decision makers can be identified in line with the [OD 0657/16 WA Health Consent to Treatment Policy](#).

Chairs of WACHS Reference Groups

- A carer representative is to be included in reference groups established by WACHS to plan disability, chronic disease, aged or mental health services.
- All carers who need assistance with English or who are deaf or hearing impaired are provided with access to appropriate interpreting and translating assistance as per the [MP 0051/17 WA Health System Language Services Policy](#).

Managers

- All staff members are to be given information on the intention and obligations of the Act including the Carers Charter, at commencement of their employment as part of an orientation program by their line manager.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This policy is a mandatory requirement under the [Carers Recognition Act 2004](#) and the [Mental Health Act 2014](#).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System in line with the [Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation of this policy is to be undertaken by the Patient Experience and Community Engagement (PEaCE) team every five years, or earlier if required, ensuring alignment with other established guidelines and recommendations.

8. Standards

[National Safety and Quality Health Service Standards](#) - 1.1b, 1.11, 1.13a, 1.14, 2.7, 2.10, 5.14, 5.20, 5.30, 5.31, 5.34, 6.3, 6.8, 6.9, 8.6,
[Australian Aged Care Quality Agency Accreditation Standards](#) - 1.3cii, 4.3, 6.2, 6.3,
[National Standards for Mental Health Services](#) - 1.12, 3.1, 3.2, 3.3, 3.4, 3.7, 5.1, 5.3, 6.5, 6.11, 7.1, 7.2, 7.3, 7.5, 7.6, 7.10, 7.11, 7.12, 7.14, 7.17, 10.1.2, 10.1.6, 10.1.8, 10.4.3, 10.6.4.
[National Standards for Disability Services](#) - 1.3, 1.8, 2.4, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 6.7.

9. Legislation

[Carers Recognition Act 2004](#) (the Act)
[The Western Australian Carers Charter](#) - schedule 1, page 13 of the Act
[Mental Health Act 2014](#)
[Health Services Act 2016](#)

10. References

1. Australian Bureau of Statistics (ABS), 2004. Population Projections Australia 2004 - 2101, (3222.0). ABS: Canberra.
2. Australian Commission on Safety and Quality in Health Care. 2019. [Australian Charter of Healthcare Rights](#) ACSQHC (accessed 25 February, 2021).
3. Australian Institute of Family Studies. [LGBTIQA+ communities. Glossary of common terms](#). (accessed 24 February 2021)
4. Department of Communities (2019). [WA Carers Strategy](#). (accessed 25 February, 2021)
5. McMahan J. & Carson R. (2010). Identifying the Carer Project. Private Mental Health Consumer Network.

11. Related Policy Documents

[WACHS Consumer & Carer Engagement Policy](#)
[WACHS Partnering with Consumers Guideline](#)
[WACHS Records Management Policy](#)
[WACHS Health Record Management Policy](#)
[WA Carers Strategy](#) (Department of Communities)

12. Related WA Health System Policies

[MP 0010/16 WA Health Patient Confidentiality Policy](#).
[MP 0051/17 WA Health System Language Services Policy](#)
[WA Health System Language Services Policy Guidelines](#)
[MP 0130/20 WA Health Complaints Management Policy](#)
[OD 0657/16 WA Health Consent to Treatment Policy](#).

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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