



# Carer Representation Policy

---

# Contents

Contents .....	ii
Section A: Rationale for the Policy .....	1
Section B: Overarching Principles .....	6
Section C: Carer Representative Input.....	10
Section D: Payments and Allowances .....	13
Section E: Responsibilities.....	16
Appendix 1: Carers WA schedule of remuneration for Representatives .....	18
Appendix 2: Carers WA Carer Representation Program.....	20
Appendix 3: Carers WA Request for Carer Representation Form.....	28
Appendix 4: Review schedule and disclaimer .....	29

## Section A: Rationale for the Policy

### Introduction

This Carer Representation Policy (Policy) reflects the operations of the Carer Representation Program in relation to recruitment, support and remuneration. This Policy supports a growing body of evidence that acknowledges the expertise and knowledge gained through the involvement of people with lived experience in health, mental health, alcohol and other drugs, disability and ageing in services and the importance that remuneration plays in this participation.<sup>1</sup>

The views of carers<sup>2</sup> are essential to informing planning and decision making and evaluation in these service sectors in Western Australia. Remuneration acknowledges the value of the expertise, input and time representatives provide to the state and/or federal government when engaged in participation activities.

Carers WA acknowledge that there are variations within and between states as to how carers are supported and reimbursed.

### Carers WA

Carers WA is the peak body for the estimated 320,000 family carers living in Western Australia<sup>3</sup>. Carers WA are a not for-profit, community based organisation and registered charity dedicated to improving the lives of carers living in Western Australia.

### Carer Representation Program

Carers WA currently receive funding from the Mental Health Commission and WA Department of Health to recruit, develop and support Carer Representatives. The aim of the program is to achieve a high level of carer representation in policy, planning and service development in Government health, mental health and alcohol and other drug services. The Carers WA Carer Representation Program activities are governed by the contractual requirements of the funding bodies. Carers WA are supportive of funding being provided for independent Carer Representation within the Disability and Ageing sectors.

---

<sup>1</sup> National Mental Health Standards 2010, pp. 11

<sup>2</sup> Carers are defined by the Carers Recognition Act 2010 as “family members and friends who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged”. Accessed from [www.carersaustralia.com.au](http://www.carersaustralia.com.au).

<sup>3</sup> Australian Bureau of Statistics 2015, General Social Survey, Australia, 2014, cat. no. 4159.0, ABS, Canberra

## Purpose

The purpose of this Policy is to outline the processes for aged care, disability, health, mental health and alcohol or other drug services to engage carer representation for approved activities.

This Policy acknowledges and values carer participation through a variety of mechanisms including:

- Government Committees, such as steering, working, advisory and reference groups
- Where government or organisational policy is developed and/or evaluated
- Making selections as part of a recruitment panel
- Advisory functions at all levels of health and mental health services.
- Research projects, forums or focus groups
- When services are being assessed, planned, delivered or evaluated
- In development of or providing feedback on information and educational material
- As a member of a statutory body or Ministerial Taskforce.

The level of participation and responsibilities assigned to Carer Representatives may fluctuate according to what level of input is required.

**Important Note:** For the sake of readability, the term 'Committee' throughout the rest of this document may refer to any of the above ways of participating.

## Who is a Carer Representative?

First and foremost, a Carer Representative either has been or is a carer. For the purposes of this document, the definition of a carer is as follows:

*Carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged.*<sup>4</sup>

A Carer Representative is a person who voices a wider carer community perspective alongside their own lived experience and takes part in decision making and other processes. This person may be nominated by, and is associated with, an organisation who supports carers or a carer may nominate themselves to become a Carer Representative. While their own lived experience as a carer is important they are expected to take a broader perspective and represent the views of a group of carers.

---

<sup>4</sup> Carers Recognition Act 2010. Accessed from [www.carersaustralia.com.au](http://www.carersaustralia.com.au)

This may be providing input about broader experience of caring for someone with mental illness or a chronic health condition. Or they may represent a group of carers with a particular caring experience e.g. caring for someone with a mental health issue such as an eating disorder or a particular health condition such as cardiovascular disease.

Carer Representatives do not represent Carers WA. Carers WA is there to support Carer Representatives by facilitating or providing the following:

- Reimbursement of expenses, where appropriate
- Participation payments, where appropriate
- Sector updates
- Networking opportunities with other carers and informal peer support
- An independent network of carers to consult with
- Networking opportunities with Service Providers
- Orientation to and training for the role
- Ongoing professional development/education
- One to one support including coaching and mentoring.

The term “Carer Representative” does not include:

- Carer Consultants; people who are engaged under a contract to provide services.
- Individuals representing another organisation, group or council and are paid or funded as part of their recognised duties.

### **Conflict of Interest**

It is important that when there is any actual or perceived conflict of interest in sitting on a Committee for the Carer Representative, these are discussed and disclosed to the Committee. Such a disclosure may simply be noted in the minutes or if it is deemed too great a conflict then the Carer Representative may not be suitable to be part of that Committee. Examples of conflict of interest are:

- For a committee that has decision making powers of a service tendering process, and the carer is also employed by or a board member of an organisation that has submitted a tender to the committee, this is an actual conflict of interest.
- When a carer is on a committee advising a health service, and the person they care for is currently being supported by that service, there is a potential perceived conflict of interest that will impact the support of the person with care needs.

## **Carers Recognition Act 2004<sup>5</sup>**

The Carers Recognition Act 2004 (Act) came into effect on 1<sup>st</sup> January 2005. The Act applies to the WA Department of Health and the Disability Services Commission and any services they fund. The object of this Act is –

- 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.

In passing the Act, the Western Australian government acknowledged an estimated 320,000 carers in Western Australia who provide informal or unpaid care to family members, friends or neighbours.<sup>6</sup>

A key part of the Act requires service providers to comply with the Western Australian Carers Charter. The Charter provides clear direction on how carers are to be treated and how carers are to be involved in the delivery of services.

### **The 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 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.<sup>7</sup>

## **Benefits of Carer Representation**

Carer Representatives provide a different view from service providers. Effective Carer Representatives can and do add value to decision-making because they can assess problems from the carer perspective and identify the consequences of both the problem and any proposed solutions.

---

<sup>5</sup> Carers Recognition Act, 2004. Accessed from <https://www.carerswa.asn.au/resources/CRA-2004.pdf>

<sup>6</sup> Ben Edwards, Matthew Gray, Jennifer Baxter, Boyd Hunter, 2009. The tyranny of distance? Carers in regional and remote areas of Australia.

<sup>7</sup> Carers Recognition Act, 2004. Accessed from <https://www.carerswa.asn.au/resources/CRA-2004.pdf>

The three key objectives of the Carer Representative are to:

- Bring a carer perspective to a consultation and decision-making processes - just as other members of the group bring theirs.
- Obtain better health, ageing, disability and mental health outcomes for the carer, the person/s they care for and other service users- this is a common goal of Carer Representatives and Service Providers.
- Ensure social justice for the more disadvantaged and marginalised members of the community. It should be noted that carers themselves are listed as being a vulnerable group.<sup>8</sup>

## **What is the difference between a Consumer and Carer Representative?**

Many times the term 'Consumer' is used to mean both consumers and carers. Committees, at times, place a number of consumer representatives on a Committee thinking that they have full representation. However consumers (or end users of a service) and carers bring valuable but differing views from their respective experience. For full representation it is important to have both of these views at the table.

Some important considerations regarding consumer and carer representatives are:

- Some (if not many) carers may also identify as consumers as well. It is acknowledged that a person's whole lived experience will inform their perspective and opinions.
1. It is important to understand that carer representatives should not be expected to represent both cohorts on a Committee. For example, a consumer representative ideally should not represent or speak from the carer perspective on the same Committee. However, some people can be a carer representative on one Committee and a consumer representative on a different Committee.

---

<sup>8</sup> WA Health Promotion Strategic Framework 2012-16

## Section B: Overarching Principles

### Key Principles

If engagement is to be genuine, it needs to be grounded in key principles. The nine principles below have been identified as consistent with other health and mental health engagement policies both locally and nationally, such as:

- WA Mental Health Commission, Consumer, Carer and Family Engagement – Interim Policy (2014)
- North Metropolitan Area Health Services, Consumer, Carer and Community Engagement Framework (2011)
- WA Health Consumer, Carer and Community Engagement Framework (2007)
- Victorian Department of Health, Doing it with us not for us Strategic Direction (2010-13).

Principle	Operation
<b>Trust</b>	Engagement works best where there is mutual agreement of the processes and assessment of the issues under consideration as developed through productive working relationships.
<b>Respect</b>	All participants need to show consideration and value each other as equal contributors to the engagement process.
<b>Openness</b>	Engagement must be built from the ground up and this can only be ensured if all participants are open to considering the ideas of consumers, carers and the community and are willing to accept change.
<b>Equal opportunity</b>	At the earliest possible time involve all those who will be affected by the decisions, inform them of the decision making process and ensure they have access to the information and the means to participate.
<b>Advocacy and support</b>	Engagement must be supported from the top and resourced so that participation is meaningful for the consumer, carer and community worker.
<b>Responsiveness</b>	The capacity to undertake engagement requires skilled organisations and benefits from multiple strategies and resources.



<b>Shared ownership and accountability</b>	All involved share ownership of the process and decisions and are responsible for monitoring and evaluating the impact and outcomes. How the responsibility is distributed should be defined as part of the engagement plan.
<b>Dissemination</b>	The decisions made and how consumers, carers, or community members participation influenced those decisions should be communicated to all those involved and affected by the decision.
<b>Evaluation</b>	Lessons learnt from the participation process should be identified and communicated as widely as possible.

## National Standards

In alignment with the National Standards for Mental Health Services 2010 (MHS) and the National Safety and Quality Health Service Standards 2012 (NSQHSS), there is now broad support, in health and mental health across Australia, for participation activities, including the reimbursement for carers who are involved.

The National Standards for Mental Health Services (MHS) 2010, Standard 3, Consumer and Carer Participation, Criteria 3.7 states:

*The MHS has policies and procedures to assist consumers and carers to participate in the relevant Committees, including payment (direct or in-kind) and/or reimbursement of expenses when formally engaged in activities undertaken for the MHS.*

The National Safety and Quality Health Service Standards 2012 (NSQHSS), Partnering with Consumers Standard 2 states<sup>9</sup>:

*Leaders of a health service organisation implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce use the systems for partnering with consumers.*

The Consumer and Carer Participation Policy developed by the National Mental Health Consumer and Carer Forum (2004), Best Practice Principle 4 states:

*Unless otherwise agreed by consumers and carers, consumers and carers will receive payment for their representative participation ("That is, participation where the individual is providing a consumer perspective or a carer perspective; rather than participation in the management of treatment for their mental health problem or mental illness") and reimbursement of expenses (e.g. travel and meals) incurred during their recognised active participation in externally organised mental health activities and processes that affect their lives.*

The following principles for carer participation have been adapted from those developed by a National Consumer and Carer Forum held in 2004<sup>10</sup>. The following standards establish a set of benchmarks for services to aspire towards:

---

<sup>9</sup> Please note that these standards are currently under review (November 2015)

<sup>10</sup> National Consumer and Carer Forum of Australia, Consumer and Carer Participation Policy: A Framework for the Mental Health Sector, National Consumer and Carer Forum, Canberra 2004.

- Carers will be remunerated for representative duties.
- Carer Representatives will receive relevant and necessary ongoing support, education, training and resourcing.
- Health and Mental Health organisations may utilise carers as educators.
- Health and Mental Health organisations will ensure adequate information flow and feedback mechanisms.
- Review and evaluation of carer participation will occur annually.

## Section C: Carer Representative Input

### Qualities of an Effective Carer Representative

Effective Carer Representatives are able to:

- Address relevant issues from the perspective of the carer
- Develop and maintain relationships with the people and groups they represent
- Use well developed communication skills, or develop those skills with the appropriate training and support
- Respect diversity
- Work effectively in a team environment
- Understand, commit to and maintain confidentiality when it is required
- Maintain an interest in current health/mental health issues and developments - especially those issues relevant to carers and to the Committee(s) on which they sit
- Participate in community activities that are relevant to their interests, e.g. network meetings and other relevant gatherings
- Have independent broad community networks with which to consult regularly
- Be accessible to the carer groups they represent and
- Bring to the Committee some understanding of the issues faced by carers
- Newly appointed Carer Representatives may bring these attributes to the role or may be committed to developing these skills and abilities in order to effectively represent carers.

In order to gain maximum benefit of working with Carer Representatives, services need to acknowledge that:

- Carer Representatives may require regular education, training and ongoing support
- Carer Representatives will need to be able to provide a representative view and have access and mechanisms available to them to ensure communication and feedback occurs with other carers independently to the service where they are providing representation.
- Carer Representatives will require a contact person within the service at Committee or other level to liaise with in regards to issues around their participation.

## **Carer Representative Networking**

Carer Representatives' input benefits from the knowledge and experience of the people they represent. Therefore, it is important that Carer Representatives are allowed the opportunity to consult with an independent peer network, peak bodies and other community based organisations where appropriate. There will be occasions when the Carer Representative will need to consult with a wider group to inform their opinion.

## **Confidentiality Requirements**

For any role that a Carer Representative undertakes, confidentiality may need to be considered. To enable Carer Representatives to consult with other carers, potential conflict between the need for confidentiality and the need to consult can be avoided if it is clarified at the meeting what matters can be discussed publicly and what needs to be kept confidential. Similarly carers may wish to consult with other carers regarding issues pertinent to their participation to canvas a broader view. Those carers may request that any information they provide is de-identified when fed back (e.g. they cannot be identified by the information provided)

## **Participation timeframes**

Adequate time should be allowed in the planning, development and implementation of services to allow for recruitment of and engagement with Carer Representatives. This should be factored into any new services, review of services and development of any other resources to allow meaningful engagement.

## **What should not be expected of a Carer Representative**

Carer Representatives should not be expected to conduct work which is the remit of a paid employee. Many times carers will have their own professional skills and knowledge of the community sector which they also bring to the table. However the primary purpose of having a Carer Representative engaged should be for their lived experience.

It is the responsibility of the Committee Chair to ensure that carers are supported to participate in the engagement process. It is not reasonable to expect the Carer Representative to have a high level of understanding of the sector or service that they are having input to without being provided with adequate training and support in developing this knowledge.

It is also important that carers are supported in understanding 'jargon' or acronyms used by the service and the Committee Chair is responsible for ensuring that

clarification of jargon and acronyms is provided. An example of good practice would be providing a list of abbreviations and their meaning for the Representative to refer to during meetings.

## Section D: Payments and Allowances

### Reports and Pre-Reading

Carer Representatives are expected to read meeting agenda and minutes as part of their role and will not be separately reimbursed for this time. Where information is noted to be confidential, Representatives must treat all reading material, including minutes and agendas, with the strictest confidentiality ensuring they are securely stored when not required and not shared with anyone outside of the group they are working in.

Representatives will be reimbursed for additional reading and preparation time (separate to reading agenda and minutes) as required subject to approval of the Chair or Convener of the Committee. Up to one hour reading time can be reimbursed as part of the standard participation payment process, and the nature of the preparation/reading must be reported. If more than one hour and up to three hours preparation/reading time is required, this requires verification from the Committee Chairperson by providing their signature on the payment form.

### Participation Payments

All Carer Representatives who attend or participate in approved meetings, Committees, working groups, networks, advisory groups, selection panels or forums (this may include via video or telephone), should be offered payment for their services in the form of a participation payment. The following conditions may apply:

- These payments are to facilitate the participation of Carer Representatives in the planning, implementation and evaluation of health and mental health services.
- Such payments need to be underpinned by the principle of equity but may be limited by budgetary constraints of the service.
- Payments are calculated on an hourly rate with a minimum payment of one hour, from the commencement to conclusion of the meeting.
- Travel time is not included in the calculation of hours.
- Carer Representatives have the option to decline any form of reimbursement for their participation and travel expenses.

Carer Representatives are not reimbursed to attend Carers WA internal Carer Representation Network meetings or Service Provider or other Network meetings.

These meetings are offered to enable the Carer Representative to be part of an independent peer network.

## **Travel Reimbursement**

Where available and when practical, public transport should be used as the first option when travelling to and from approved meetings. Travel by taxi is not encouraged or supported, unless under circumstances where there is no other option available including if the carer has special requirements requiring use of taxis (e.g. disability or distance to public transport).

There may be a cap placed on reimbursement for transport by a private vehicle, where it is over 100km for a return journey to any approved meeting. This will ensure sustainability of the service, and help to promote a change of culture towards public transport use. For further details of an indicative schedule of payment, see Appendix 1 on page 18.

## **Public Transport**

Carers WA and the Western Australian Government support the use of Transperth services. With a Senior, Carer, Aged and Disability Support Pensioner SmartRider, travel is free at the following times:

- From first service until 6am
- From 9am until 3.30pm
- From 7pm until last service
- All day Saturday, Sunday and public holidays
- Concession fares at other times.<sup>11</sup>

## **Video/Teleconferencing**

The use of technology, where available and appropriate in regional or remote areas, via teleconferencing or videoconferencing, is encouraged.

---

<sup>11</sup> Available from <http://www.transperth.wa.gov.au/SmartRider/Types-of-SmartRider>.



## **Taxation, Centrelink and Veterans Affairs Payments**

All Carer Representatives are responsible for ensuring that they are aware of their legal obligations to inform relevant government departments such as Centrelink<sup>12</sup>, the Department of Veterans Affairs<sup>13</sup> and the Australian Tax Office<sup>14</sup> of any income received. Carers WA is not able to provide any information or advice in relation to financial implications.

---

<sup>12</sup> <http://www.humanservices.gov.au/>

<sup>13</sup> <http://www.dva.gov.au/>

<sup>14</sup> <https://www.ato.gov.au/>

## Section E: Responsibilities

### Carer Representatives

It is the responsibility of Carer Representatives to:

- Have a broad understanding of the issues faced by carers
- Have some experience and understanding of the matters dealt with by the Committee in which they participate
- Be willing to represent and articulate the carer perspective at a Committee level
- Be prepared to work with relevant networks to consult more widely with carers as appropriate to the work of the Committee in which they participate
- Be prepared to work with a wide range of service providers, consumers and other stakeholders in a perceptive, understanding and constructive manner
- Have some understanding of the Australian and Western Australian caring sectors or be willing to develop knowledge/skills in this area
- Have some understanding of the Carers Recognition Act (2004)
- Have experience of, or be familiar with, meeting processes or be willing to develop knowledge/skills in this area
- Understand their rights as a Carer Representative
- Work in a manner that is safe for themselves, other volunteers, paid staff and members of the public
- Have previous experience of acting as a Carer Representative or be willing to participate in appropriate training
- Take part in any technical and workplace or other health and safety training that is required
- Report any accident or injury to the Committee Chair as soon as practicable, but within 48 hours of it occurring.
- Advise the Committee chair if they cannot attend a meeting
- Not to disclose confidential information to any person apart from for the purposes of seeking feedback from other carers and Carer Representatives in which case the information needs to be de-identified or not be attributable to a particular individual, Committee or it's work
- Support a non-discriminatory and harassment-free environment

- Must be able to commit to meetings/Committee schedules; however, allowances are made for non-attendance due to the caring role, illness or other unforeseen circumstances.

## **Committee Chair/Secretariat**

To support the Carer Representative, the Chair should provide:

- An initial briefing on the Committee and its work
- Sufficient and appropriate notification of meetings including time/date changes or cancellations
- An inclusive process for out of session decisions
- Provision of relevant minutes, agenda and other documentation in a timely manner
- An explanation of acronyms used during meetings and/or a list.
- Respect for the carer
- The opportunity and encouragement of Carer Representatives to speak at meetings
- Time for Carers Representatives to consult with other carers on issues within the bounds of confidentiality
- Ensuring the Carer Representative has opportunity to actively participate
- Accessibility to information relevant to their role, e.g. if the Representative does not have internet, the Secretariat to post documents as required or provides an interpreter or other support if required.

## Appendix 1: Carers WA schedule of remuneration for Representatives

### Participation Payment Rates

Participation Payment from Carers WA is available for Carer Representatives who attend approved Committee meetings, working groups and perform other approved activities auspiced by the WA Department of Health, Area Health Services or Mental Health Commission<sup>15</sup>. Payments are calculated on an hourly rate with a minimum payment of one hour. Payments are calculated from the commencement to the conclusion of the meeting.

### Remuneration Rates

Activity Type	Description	Payment Rate
<b>Meetings</b>	Appointment as Carer Representative to participate in formal consultation groups or meetings	<b>\$30.00 per hour</b> (or any part thereof)
<b>Preparation/reading</b> <sup>16</sup>	Preparation required to read documentation related to a meeting	<b>\$30.00 per hour</b> (or any part thereof)
<b>All special projects</b>	Non meeting related activities as requested	<b>\$30.00 per hour</b> (or any part thereof)
<b>Forum attendance</b>	Attendance at open public forum, meeting or consultation	No payment
<b>Discussions</b>	Ad hoc communication and discussions with the WA Dept. of Health or Mental Health Commission	No payment

<sup>15</sup> The Mental Health Commission recruit and pay representatives according to their own policy; "Mental Health Commission, 2014. *Consumer, Carer and Family Engagement – Interim Policy*"

<sup>16</sup> Up to one hour reading time can be reimbursed as part of the standard Carers WA Participation Payment process, and the nature of the preparation/reading should be indicated on the form. If more than one hour and up to 3 hours preparation / reading time is required, the Participation Payment form will need to include the printed name and signature of the Committee chair.

## Other payment methods

Carers WA may consider payment in-kind (for example movie tickets, gift vouchers) as more appropriate in some circumstances e.g. participation by children or younger people.

## Out of pocket expenses

People should not be unreasonably left out of pocket when participating in engagement activities. It is important to clarify with people which out of pocket expenses will be reimbursed before engagement takes place.

### Travel costs

Carers WA will endeavour to meet all reasonable travel costs associated with agreed paid participation activities.

#### Public transport

Public transport should be used as the first option when travelling to and from approved paid participation activities.

#### Parking fees

Parking fees will be paid only upon submission of parking voucher/receipt.

#### Private vehicles

Alternative transport by use of private vehicles is acceptable and mileage will be reimbursed as per table below. Reimbursement for these transport methods must be documented on the Participation Payment forms.

Engine capacity	Rates per kilometre
All Vehicles	68 cents

### Printing

Carers WA will offer to provide hard copies of electronic documents to Carer Representatives, for information that is provided by Carers WA, leaving a reasonable amount of time to read the material.

Where a Carer Representative chooses to receive information by email and prints this material, no reimbursement for printing expenses will be provided.

## **Appendix 2: Carers WA Carer Representation Program**

The Carers WA Carer Representation Program activities are governed by the contractual requirements of the funding bodies. The details in this appendix outlines the operations of the Program, as can be accessed by the community, service providers and government representatives. The contents of this section are:

- Carer Representative appointment
- Training and support
- Responsibilities
- Participation payments.

### **Carer Representative Appointment**

#### **Selection and Recruitment Process**

To ensure a transparent selection process, expressions of interest or invitations to nominate for membership of Committees and working groups should be provided to Carers WA from the requesting party allowing enough time to source suitable carers to apply for roles.

Carers WA will promote the opportunity to an existing pool of trained Carer Representatives and to an extensive network of carer members and service providers. This is done via the Carers WA website, social media, and various publications and e-Bulletins to attract carers with relevant skills and lived experience.

Carers wishing to be considered for nomination/appointment as a Carer Representative as part of Carers WA Carer Representation Program need to be:

- A member of Carers WA or willing to become a member
- Have undertaken or be willing to undertake Carer Representative Orientation run by Carers WA
- Agree to abide by and have signed the Carers WA Carer Representative Code of Conduct – this must occur prior to undertaking any activity via the Carers WA Carer Representation Program.
- Agree to provide feedback on carer issues discussed at meetings (within the bounds of confidentiality) and any participation issues to Carers WA
- Participate when possible in service provider and representative meetings facilitated by Carers WA; the Carer Representative Network (CRN), Mental Health Carer Issues Network (MHCIN) or Carer Participation in Health Forum (CPiHF) meetings.

It is a requirement of the recruitment process that applicants are made aware as to whether they are appointed directly onto a Committee at the discretion of Carers WA or one or more carers be nominated by Carers WA to an external party. If the Carer Representative is appointed directly by a Committee they will be notified by the Committee Chair or secretariat and provided with the relevant information and documentation.

### **How to make a request for a Carer Representative?**

Organisations requesting that Carers WA nominate or appoint a Carer Representative should supply the following information:

- Terms of reference of the Committee
- A completed Request for Committee Form (Appendix 3), which includes:
  - Frequency and venue of meetings
  - Expertise and/or experience required for the Committee
  - Time, date and venue of next meeting
  - Name and contact details of Committee Chairperson.

In addition Carers WA will provide a copy of this policy to the requesting organisation.

Upon receipt of a request for a Carer Representative, expressions of interest will be called from all members who have:

- Indicated a willingness to be a Carer Representative
- Interest in or experience of the particular health or mental health area requesting a Carer Representative (this information is held on the Carers WA Database)
- Undertaken Carers WA Carer Representation Orientation.

### **Organisations directly appointing Carer Representatives**

At times organisations will directly recruit and appoint Carer Representatives. In this case Carers WA would encourage organisations to make Carers Representatives aware of support provided by Carers WA and the opportunity to be a part of the Carer Representation Program (for Health and Mental Health Representatives). Information is available from Carers WA to provide to carers by emailing [carer.representation@carerswa.asn.au](mailto:carer.representation@carerswa.asn.au) or calling 1300 227 377 and speaking with the Carer Representation Advisor.

## **Leave of Absence**

Carer Representatives can apply to the Chairperson/Secretariat for a leave of absence from their Committee should personal circumstances require the member to be unavailable for particular periods. The arrangement allows Carer Representatives to take time out if needed with the security of knowing that this leave will not exclude them from future participation.

Carers WA should be notified of any application for leave by a Carer Representative, and will attempt to arrange a suitable proxy for any meetings missed. This will be discussed with the Committee by Carers WA prior.

## **Resignation**

If a Carer Representative is unable to continue their work on a Committee and does not want to apply for a leave of absence then they should advise both Carers WA and the Chairperson or Secretariat as soon as practical. If they would prefer for Carers WA to notify on their behalf they can request this at the same time that they make Carers WA aware.

Following confirmation of the resignation with the Committee, Carers WA will commence recruitment for another Carer Representative to the vacant role and, where possible, arrange a proxy (an alternate attendee) for the interim period.

## **Training and Support**

Individual and peer support and referrals to other support services are available to Carer Representatives through Carers WA, this includes counselling, social and peer support and a carer information support service telephone line (Advisory service) if carers need support in relation to their caring role.

Carers WA's support of Carer Representatives is available to carers irrespective of whether Carers WA is completing participation payments for the Committee or not.

## **Ongoing support**

Carer Representatives are able to speak to a Carer Representation Advisor for support in relation to their Representative role. Individual mentoring is available to Carer Representatives, who may request the Carer Representation Advisor, a staff member or another Carer Representative to accompany them on their first meeting or at another time. The decision as to whether this occurs however will be based on staff availability, time and location of the meeting and the individual Carer Representative as well as the receptiveness of the Committee to this proposal.



## **Training**

Carers WA conduct regular Orientation sessions to prepare individuals to be effective Carer Representatives. Courses are promoted through Carers WA publications, social media, the Carers WA website, the Non-Government sector and to carer members. Carer Representatives training sessions are provided free of charge. The aim of the Orientation session is to develop the skills of effective Carer Representation by providing information regarding:

- The Carers Recognition Act 2004 & The Carers Charter
- The Health sector in Western Australia
- Mental Health and Drug and Alcohol sector in Western Australia
- The role of a Carer Representative
- Being a Committee Member

Carers WA also offers regular professional development for Carer Representatives, as well as regular sector updates and information about external training opportunities.

## **Peer Networking**

Carers WA facilitate a Carer Representation Network, which includes agendas and systemic advocacy actions decided by the group. Carer Representatives are invited to attend for peer networking and gather feedback on carer issues.

Carers WA host additional meetings where Carer Representatives are able to gain insight from Health and Mental Health providers.

## **Emotional Support**

Where a meeting or activity has resulted in personal distress to the Carer Representative due to their lived experience, the Representative can contact the Counselling line direct (8am to 5pm, Monday to Friday) or Lifeline all hours/days on 13 11 14 for Crisis Counselling. If the distress was due to a participation issue or was in relation to the conduct of the Committee or other participation activity, this should be reported to the Carer Representation Advisor.

Carer Representatives also have access to the Carers WA external Employee Assistance Program provided by OPTUM. Carer Representatives are provided with information on what services OPTUM can offer when they attend the Orientation session.

## **Video/Teleconferencing**

Carers WA has videoconferencing equipment, and is used for regional carers to join the networking meetings. These facilities, hosted in East Perth, can be booked by external

organisations where practicable. The equipment and a meeting room needs to be booked in advance before this can be made available. To make a booking, call 1300 227 377.

## **Responsibilities**

### **Carer Representatives**

It is the responsibility of Carer Representatives to:

- Have a broad understanding of the issues faced by carers
- Have some experience and understanding of the matters dealt with by the Committee in which they participate
- Be willing to represent and articulate the carer perspective at a Committee level
- Be prepared to work with Carers WA and other relevant networks to consult more widely with carers as appropriate to the work of the Committee in which they participate
- Be prepared to work with a wide range of service providers, consumers and other stakeholders in a perceptive, understanding and constructive manner
- Have some understanding of the Australian and Western Australian health and/or mental health system or be willing to develop knowledge/skills in this area
- Have some understanding of the Carers Recognition Act (2004) and its implications for the WA Department of Health, public hospitals and mental health services or be willing to develop knowledge/skills in this area
- Have experience of, or be familiar with, meeting processes or be willing to develop knowledge/skills in this area
- Accept the responsibilities and limits set out in the Carer Representative Role Description
- Understand their rights as a Carer Representative, as outlined in the written information given in the Carer Representative Kit (provided to carer on request or on joining the Carer Representative Program)
- Work in a manner that is safe for themselves, other volunteers, paid staff and members of the public
- Have previous experience of acting as a Carer Representative or be willing to participate in Carer Representative training provided by Carers WA

- Be willing to provide feedback to Carers WA on carer-related issues that arise from their participation, within the bounds of required confidentiality
- Participate in orientation and professional development programs provided by Carers WA as required
- Take part in any technical and safety training that is required
- Report any accident or injury to the Committee chair and Carers WA as soon as practicable, but within 48 hours
- Advise the Committee chair if they cannot attend a meeting
- Not to disclose confidential information to any person apart from for the purposes of seeking feedback from other carers and Carer Representatives in which case the information needs to be de-identified or not be attributable to a particular individual, Committee or it's work
- Support a non-discriminatory and harassment-free environment
- Abide by Carers WA Code of Conduct for Carer Representatives
- Must be able to commit to meetings/Committee schedules; however, allowances are made for non-attendance due to the caring role, illness or other unforeseen circumstances.
- Must be able to attend Orientation session and ongoing workshops
- When possible, attend Carer Representation Network Meetings at Carers WA
- Allow Carers WA to seek a Police Clearance if required.

### **Carers WA Responsibilities**

It is the responsibility of Carers WA to:

- Provide Carer Representatives with orientation to and training for the role.
- Provide Carer Representatives with ongoing training and professional development opportunities
- Facilitate the participation payment and travel reimbursement for Carer Representatives who are engaged in approved WA Department of Health or Mental Health Commission auspiced Committee or similar group
- Liaise with WA Department of Health and Mental Health Commission staff in relation to information about placement of Carer Representatives
- Maintain a database of Committee vacancies, placements and contact details

- Maintain a Carer Representative database which indicates areas of knowledge, expertise and interest, and availability of Carer Representatives
- Provide support to the Carer Representative so they can raise questions, concerns and / or complaints about their participation activity
- Provide feedback to the Carer Representative regarding their role
- Ensure that Carer Representatives match the stated requirements of the Committee as closely as possible, as per the information provided in the Request for Committee Form (Appendix 3)
- Promote the Carer Representation Program through Carers WA publications, social media, the Carers WA website, the Non-Government (NGO) sector and to all new members.
- Provide insurance for Carer Representatives whilst undertaking participation activities
- Provide information to enable access to OPTUM Employee Assistance Program – our confidential employee support and counselling service

## **Participation payments**

Participation payments for Carer Representatives who participate in activities approved by the WA Health or Mental Health Commission will be facilitated by Carers WA under the terms of current contracts with WA Health and the Mental Health Commission.

### **When people will be paid for participation?**

Payment of fees will be provided for paid participation activities where individuals:

- Are selected as the Carer Representative for any Committee, working party, steering group, etc. approved by the WA Department of Health or Mental Health Commission; and
- Are not funded by another organisation, group or council.

### **When people will not be paid for participation?**

Payment for participation will not apply where activities are not defined as paid participation. Examples include:

- Ad-hoc communication and discussions with the WA Health or Mental Health Commission;

- Where an individual represents another organisation, group or council and are funded as part of their recognised duties to engage with the WA Health or Mental Health Commission; and
- Where an individual is a professional consultant, contracted to advise on and/or facilitate other health, mental health or drug and alcohol activities or matters.

### **Carer Representation for Other Organisation, Group or Councils**

Where an organisation external to the WA Department of Health or Mental Health Commission seeks carer representation for any Committee or similar, that organisation is responsible for providing payment to the Carer Representative. This may be done in accordance with this policy document, see Appendix 1.

There is provision for Carers WA to facilitate payment direct to the Carer Representative under prior agreed terms and then invoice the organisation directly to recover these payments. Agreements on payments according to this method will be decided on a case-by case basis, at the discretion of the relevant Carers WA Program Manager.

### **Travel Reimbursement**

Where available and when practical, public transport should be used as the first option when travelling to and from approved meetings. Travel by taxi is not encouraged or supported, unless under exceptional circumstances.

There may be a cap placed on remuneration for transport by a private vehicle, which is 100km for a return journey to any approved meeting. This will ensure sustainability of the Carer Representation Program, and help to promote a change of culture towards public transport use. This cap may be negotiated with approval from the Program Manager.

## Appendix 3: Carers WA Request for Carer Representation Form

<b>Date of request</b>	
<b>Name of Activity</b>	
<b>Name of Agency / Organisation / Service</b>	
<b>Contact person</b>	
<b>Contact number</b>	
<b>Email address</b>	
<b>Time requirements</b> (e.g. 2 hours weekly or 4 hours quarterly)	
<b>Term of Committee</b> (ongoing or time limited – e.g. 6 months)	
<b>When did the Activity begin</b>	
<b>Location that the Activity will mostly occur</b> (e.g. 182 Lord St, Perth or Online only)	
<b>Purpose of the Activity</b> <i>(more space for this field over the page):</i>	
<b>Please detail the Carer Representative's experience required:</b>	
<b>Is computer/email access required for participation:</b> <span style="margin-left: 200px;">YES <input type="checkbox"/></span> <span style="margin-left: 100px;">NO <input type="checkbox"/></span>	
<b>Secretariat will forward:</b> <span style="margin-left: 20px;"><input type="checkbox"/> hard copies of all meeting material direct to representative</span> <span style="margin-left: 40px;"><input type="checkbox"/> e-copies of all meeting material direct to representative</span>	

*The information on this form is for the program use only and will be treated as confidential.*

## Appendix 4: Review schedule and disclaimer

### Review schedule

The Policy is scheduled for a biennial review commencing June 2016.

Review date	Endorsed by
31/05/2016	Stephanie Fewster, Program Manager, Carers WA
23/03/2017	Interim Review – Stephanie Fewster, Program Manager, Carers WA
04/04/2017	Interim Review – Stephanie Fewster, Program Manager, Carers WA
14/08/2018	Interim Review – Sean Gardyne, Program Manager, Carers WA
01/06/2020	

### Disclaimer

Carers WA reserves the right to change its Policy and Procedures at any time subject to changes to Carers WA's Policy and Procedures and funding changes or other contractual requirements from external funding bodies.