

2. METHODOLOGY

A variety of mechanisms were used to obtain information to fulfil the terms of reference leading to the following deliverables.

(A) Draft nationally consistent identification policies and good practice protocols.

(B) Draft nationally consistent information packages for carers

Mechanisms included the following.

- An international literature search to examine both current policies for identification and good practice protocols in regard to the process of identification. A search to determine the nature of the information sought by carers at the time of admission to services was also covered.
- Identification of current policies and practice in regard to identification of carers.
- Examination of current policy and practice in the public and private hospital sector regarding identification of carers.
- Identification of Australian examples of 'good practice' regarding information currently provided to carers at the time of admission.
- Development of a draft policy and clinical practice protocols for consultation.
- Consultation to ensure the necessary input of both the public and private sector, support of key peak carer organizations, service provider and consumer input. Issues examined in consultations included the following.
 - Areas to be covered by identification policies and protocols.
 - Who should be responsible for identification?
 - What processes should identification involve?
 - Timing, eg at referral, admission, discharge.
 - How should this information be recorded?
 - Processes for maintaining information up to date.
 - Process for managing situations where consumer permission is not given.
 - Content of permission forms.
 - Suggested areas to be included in information packs required by carers.

Face-to-face focus groups were held in Melbourne (17 February, 2010), Adelaide (23 February, 2010), Brisbane (2 March, 2010) and Launceston (5 May, 2010). Specific invitations were provided to carers identified as having interest and expertise in pursuing this topic as well as carer focused non-government organisations. Service providers and consumers from both public and private services were also invited to participate in this process to achieve balanced views.

Telephone consultation was undertaken with carer groups in other States and Territories and specifically identified individuals with a long history of working with carers.

In recognition of their time and expertise, participants were paid a per diem rate for their participation in the focus groups.

The focus groups were conducted by the Project Officer with the assistance of the Chair of the Network.

In addition, individual meetings were held with representatives from the Australian Divisions of General Practice, Medicare Australia, Australian Council of Health Care Standards (ACHS), senior staff from MIND in the United Kingdom and representatives from relevant professional and non-government organisations such as the RANZCP and the Association of Relatives and Friends of the Mentally Ill.

The personal and emotional needs of carers were acknowledged. However, participants were encouraged during consultation to focus on the process of identification, and requirements for information at the time of admission, as much as possible.

All participants had an opportunity to comment on draft policy and protocols developed on the basis of information obtained from the consultations and the literature search.