



**Australian Government**

**Department of Social Services**

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**Part C3:**

**Family Mental Health Support Services activity Guidelines  
under the Targeted Community Care (Mental Health) Program  
April 2013**

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## Preface

These guidelines provide the framework for the implementation and administration of the Family Mental Health Support Services Activity under the Targeted Community Care (Mental Health) Program (the **Program**).

The Australian Government Department of Social Services (**DSS** or the **Department**) has a suite of documents (the **Program Guidelines Suite**) which provide information relating to the Program. The Program Guidelines Suite provides the key starting point for parties considering whether to participate in the Program and forms the basis for the business relationship between DSS and the funding recipient.

The Program Guidelines Suite includes the following documents:

**Part A: Targeted Community Care (Mental Health) Program Guidelines**, which provide an overview of the Program and the activities relating to the Program.

**Part B: Information for Applicants** which provides information on the Application, assessment, selection, and complaints processes; and financial and funding agreement arrangements.

**Part C1 – Personal Helpers and Mentors Activity Guidelines**, which provides specific information on the activity, selection processes, performance management and reporting. This part should be read in conjunction with the [Terms and Conditions of the Standard Funding Agreement](#).

**Part C2 –Mental Health Respite: Carer Support Activity Guidelines**, which provides specific information on the activity, selection processes, performance management and reporting. This part should be read in conjunction with the [Terms and Conditions of the Standard Funding Agreement](#).

**Part C3 – Family Mental Health Support Services Activity Guidelines**, which provides specific information on the activity, selection processes, performance management and reporting. This part should be read in conjunction with the [Terms and Conditions of the Standard Funding Agreement](#).

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## 1. TCC Program Overview

The Targeted Community Care (Mental Health) Program (TCC Program or the Program) commenced in 2006 following a Council of Australian Governments (COAG) agreement to a whole-of-government approach to mental health. The original measures (over five years to 2010–11) are now fully implemented and the three Activities under the Program are well established and achieving good outcomes for people with mental illness, their families and carers.

The three Activities funded under the TCC Program are:

- Personal Helpers and Mentors (PHaMs);
- Mental Health Respite: Carer Support (MHR:CS); and
- Family Mental Health Support Services (FMHSS).

The TCC Program is contributing towards the Government's mental health agenda, by providing services that are designed around the support needs of people affected by severe mental illness, their families and carers, and that work together to help people with a mental illness live well in their communities.

The services delivered under the TCC Program are seen as an important component of the broader mental health service system, complementing other Commonwealth and state clinical and non-clinical services that aim to increase the ability of people with severe mental illness to be fully participating members of their communities. Ongoing feedback from community mental health sector stakeholders has confirmed the importance of these community-based programs in areas of prevention, early intervention and targeted support. Each Activity makes a substantial contribution through increasing access to services and improving service pathways and social inclusion.

In the 2011–12 Budget, the Australian Government announced a significant investment for a major expansion of all three TCC Program Activities, building on the successes of the previous five years. The Government allocated a total of \$269.3 million in its Mental Health Reform Budget measures that will see new services rolled out over the five years from 2011–12 to 2015–16. The number of FMHSS will double, the PHaMs workforce will increase by almost 50 per cent, and respite and carer support will be available for more than 1,100 additional carers of people with mental illness. The Government also introduced a new component of the PHaMs Activity to provide personal helpers and mentors to specifically help people with mental illness on, or claiming income support or the Disability Support Pension, who are also engaged with employment services.

In implementing the Budget measures, DSS will be:

- Increasing the number of intensive support services for people with severe and persistent mental illness who have complex care needs, along with their carers
- Targeting support to areas and communities that need it most, such as Indigenous communities and socioeconomically disadvantaged areas that are underserved, and
- Helping to detect potential mental health problems in early years, and supporting children and young people and families who struggle with mental illness.

## **1.1 TCC Program Outcomes**

This Program provides accessible, responsive, high-quality and integrated community-based mental health services that improve the capacity of individuals, families and carers to manage the impacts of mental illness on their lives and improve their overall wellbeing.

## **1.2 TCC Program Objectives**

The objective of the TCC Program is to implement community mental health initiatives to assist people affected by severe mental illness and their families and carers to manage the impact of mental illness. The TCC Program will provide accessible, responsive, high-quality and integrated community mental health services that improve the lives of people affected by severe mental illness, provide support for families and carers of people with a mental illness, and intervene early to assist families with children and young people affected by, or at risk of, mental illness.

## 2. Family Mental Health Support Services (FMHSS)

### 2.1 Purpose of these Guidelines

These Guidelines are for use by FMHSS providers, and by the general public.

In this document, there are references to two distinct groups of FMHSS:

- **FMHSS established before 2012:** those FMHSS funded and established prior to the 2011-12 Budget, and
- **New FMHSS:** those FMHSS funded through the 2011–12 Budget, and established from 2012.

### 2.2 FMHSS Overview

Research indicates that inadequate prevention and early intervention investment particularly for children and young people can lead to a lifetime of disadvantage associated with mental health problems. Twenty five per cent of people with mental illness have their first episode before the age of 12 years. We know that the best time for delivering support to prevent mental disorders, or to provide early intervention to minimise the impact of mental illness across the lifetime, is during childhood.

Through the Family Mental Health Support Services the Australian Government is responding to the need to provide early support to children and young people to improve their mental health outcomes later in life. FMHSS funds community organisations to provide a range of non-clinical support services to meet the needs of children and young people affected by or at risk of mental illness, and their families<sup>1</sup>.

From 2006–07 to 2009–10, a range of services were funded under the Mental Health Community Based (MHCB) initiative to deliver family-focused and community based services to assist families, carers, children and young people with a family member who has mental health issues. Seven specialist family services, a carer engagement project and 38 local projects were funded. The services particularly focused on assisting disadvantaged children and young people aged up to 24 years, Indigenous families and those from Culturally and Linguistically Diverse (CALD) backgrounds, and young carers.

The majority of MHCB providers funded prior to 2012 had their funding renewed under FMHSS (the renamed Mental Health Community Based) in 2011. FMHSS established before 2012 deliver one or both of the following:

- individual and family support, and
- community and group support.

The 2011–12 Budget allocated \$61 million over five years, to 2015–16, to establish an additional 40 New FMHSS across the country. These services will assist around 32,000

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<sup>1</sup> The definition of ‘family’ in these Guidelines is: a group of people identified by the participant as their family. This includes all familial arrangements, such as same-sex relationships, kinship, de facto, etc.

children and young people (aged up to 18 years) affected by, or at risk of mental illness, and their families through early intervention and preventative support.

This funding strengthens the focus of FMHSS on early intervention support for children and young people and their families to improve mental health outcomes.

The **New FMHSS service delivery model** has three elements which are delivered by each provider. They are:

- intensive, long-term, early intervention support, based on a Family Action Plan, specifically for children and young people, and their families<sup>2</sup>
- short-term information, referral and assistance for families<sup>3</sup>, and
- community outreach and group work.<sup>4</sup>

More information about the New FMHSS service delivery model is in sections 4.1.3 and 4.5 of this Part C3.

Thirteen of the 40 New FMHSS were funded from mid-2012, including two remote services.

At 1 July 2012, there were a total of 52 pre-2012 and New FMHSS delivering services across Australia.

From February – April 2013, DSS conducted a selection process to fund a further 20 New FMHSS from 2013. This selection process has closed.

## **2.3 FMHSS Aims and Objectives**

The aim of FMHSS is to improve mental health outcomes for children and young people, and their families.

New FMHSS provide flexible and responsive services for children and young people up to the age of 18 who are affected by, or at risk of mental illness, and their families. Services identify risk factors or issues which may lead to poor mental health outcomes for children and young people later in life. They work with children, young people and families to address these issues, and strengthen protective or positive factors. Risk factors could include a history of trauma in the family, domestic violence, or substance abuse issues.

FMHSS established before 2012 provide flexible, responsive options for families, children and young people up to the age of 24 (especially young carers), impacted by mental illness or at risk of developing mental illness.

The Department is seeking the following outcomes with FMHSS:

- children and young people have improved emotional health and wellbeing
- children and young people are better able to manage the different aspects of their lives

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<sup>2</sup> These interventions over 6–12 months are based on a Family Action Plan (see section 4.5.1 and New FMHSS Resource Kit), and can include targeted and therapeutic group work.

<sup>3</sup> Short-term assistance can involve up to a handful of sessions, no more than six, and will tend to be less complex and not require a Family Action Plan.

<sup>4</sup> This community work can include general group work for children, young people and families.

- families and carers are able to get help to support their children and young people, and
- communities have a better understanding of, and response to, mental health issues that affect children and young people.

### 3. Selection Processes for Providers of FMHSS

There are no selection processes currently open. There are also no open processes planned for the remainder of 2012–13. When opportunities to apply for funding become available, they will be announced on the DSS website.

### 4. FMHSS activity in detail

This section 4 contains detailed information about the FMHSS activity, including:

- general information about how all FMHSS are required to operate, including successful Applicants from previous funding rounds
- information about how New FMHSS are required to operate, including services funded in 2012 and successful Applicants from the funding round that closed on 4 April 2013, and
- information about how FMHSS established before 2012 are required to operate. These requirements will not be incorporated in the funding agreements for successful Applicants from the funding round that closed on 4 April 2013.

#### 4.1 FMHSS Participant Eligibility and Target Groups

New FMHSS work with children and young people (up to the age of 18 years) affected by, or at risk of mental illness, and their families.

FMHSS established before 2012 deliver services as outlined in their funding agreements. This includes providing services for families, children and young people up to the age of 24 years (especially young carers) impacted by mental illness or who are at risk of developing mental illness.

##### 4.1.1 FMHSS Participant Eligibility Criteria

	<b>New FMHSS</b>	<b>FMHSS established before 2012</b>
<b>Target groups</b>	Work with children and young people (up to the age of 18 years) affected by, or at risk of mental illness, and their families.	Deliver services as outlined in their funding agreements. This includes providing services for families, children and young people up to the age of 24 years (especially young carers) impacted by mental illness or who are at risk of developing mental illness.
<b>Participants</b>	Participants must be children or young people affected by, or at risk of mental illness, and must have an adult family member willing and able to work with them and the New FMHSS.	Participants must be children and young people at risk of developing mental illness, and/or their families.

	New FMHSS	FMHSS established before 2012
	Services will consider the interplay of risk and protective factors for the children and young people when assessing eligibility, to ensure support is targeted to the most disadvantaged in the community.	
<b>Highest priority</b>	Highest priority is given to vulnerable <sup>5</sup> children, young people and their families, including those from an Indigenous or CALD background, children and families in contact with the child protection system <sup>6</sup> , and young people transitioning from out-of-home care <sup>7</sup> .	Highest priority is given to the most disadvantaged in the community including Indigenous Australians, people from CALD backgrounds and young carers.

A formal diagnosis of mental illness is not required to access any FMHSS, whether a New FMHSS or a FMHSS established before 2012. Funded service providers may encourage children, young people and families or carers to seek assistance through clinical mental health services if appropriate, but cannot exclude participants who decide not to engage with clinical services.

#### 4.12 How Participants can Access FMHSS

Potential participants are able to access any FMHSS through a broad range of entry pathways including self-referral, referral by friends and family or through other community services, such as schools. They do not require a formal referral from a community mental health or clinical service.

Participation in FMHSS is voluntary. Potential participants are able to contact services directly and can find FMHSS service provider details through the [DSS website](#).

#### 4.1.3 What Potential Participants can Expect

Potential participants can expect FMHSS service providers to deliver holistic services that are responsive to individual needs as well as family and community needs.

Participants can expect FMHSS providers to offer screening, assessment and intake procedures that are person-focused, non-threatening and conducted at a pace that potential participants are comfortable with. This includes using outreach and assessment in familiar places, such as a person's home or a local library/community centre.

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<sup>5</sup> In these guidelines, the term 'vulnerable' refers to children, young people or families that have a high number of risk factors and a low number of protective factors.

<sup>6</sup> Children and families in contact with the child protection system may be eligible for New FMHSS. Children and families under the care of the child protection system (that is those children under Child Protection Orders and where the State has total or shared parental responsibility) are not eligible for New FMHSS.

<sup>7</sup> Young people leaving out-of-home care (arranged through the relevant child protection agency) may be eligible for New FMHSS if they are at risk of or affected by mental illness and have a family or carers willing to work with them to improve their mental health outcomes (e.g. this could be their biological or foster family, or other significant adult.)

Participants can expect FMHSS providers to use processes that ensure participants’ rights, including privacy, are recognised and protected.

Participants can expect not to pay a fee for services provided by FMHSS. However some providers may ask participants for a contribution to cover some costs. For example, craft materials to be used in an activity. No person will be denied a service because of an inability to pay.

For **New FMHSS** participants can expect to be asked to sign a form to give consent for de-identified data to be collected by the provider and accessed by DSS.

	<b>New FMHSS</b>	<b>FMHSS established before 2012</b>
<b>Levels of support</b>	<p>Participants can expect services to offer the three levels of support outlined below:</p> <ol style="list-style-type: none"> <li>1. Intensive, long-term, early intervention support for children, young people and their families which may include: assessment and identification of needs; practical assistance and home-based support; linking with other relevant services; and, targeted therapeutic groups.</li> <li>2. Short-term immediate assistance for families which may include: assessment of needs; information or referrals; and, limited support.</li> <li>3. Community outreach, mental health education and community development activities which may include: organisation of and participation in community events; and, general group work in the community.</li> </ol> <p>See section 4.5.1 for more details of these three levels of support.</p>	<p>Participants can expect services to offer one or both of the following:</p> <ol style="list-style-type: none"> <li>1. Individual and family support: <ul style="list-style-type: none"> <li>• information and referral for families to other community supports such as parenting programs and behavioural services</li> <li>• supportive counselling for families, children and young people which could include working with <a href="#">COPMI</a> (Children Of Parents with a Mental Illness) services</li> <li>• peer support for families, children and young people (telephone or in person)</li> <li>• advocacy (e.g. mediating for a young carer in the school environment), and</li> <li>• family interventions (e.g. conflict resolution, communication).</li> </ul> </li> <li>2. Community and group support: <ul style="list-style-type: none"> <li>• psychosocial activities for young people (e.g. using digital technology to make a YouTube production on mental health)</li> <li>• education and personal skills development for families, and/or</li> <li>• community awareness and development focused on the promotion of mental health issues in the community.</li> </ul> </li> </ol>

#### 4.1.4 What FMHSS cannot provide

There are services that all FMHSS cannot provide, including:

- clinical services or specialist medical services, although FMHSS may assist participants to access appropriate services
- crisis services
- purchase of goods and services for participants and their families, with limited exceptions<sup>8</sup>, and
- personal care and domestic help for participants and their families.

#### 4.1.5 Ineligible Persons

Persons not eligible for FMHSS are those who are:

- not able to access services in the community because of their residential setting (residential care) or legal conditions imposed on their activities (detention).

In addition, for **New FMHSS**, persons not eligible also include children and young people who are:

- not able or willing to engage an adult family member in at least the assessment of need and development of a Family Action Plan
- under the care of (as distinct from in contact with) the child protection system (see section 4.1.1 in this Part C3), and
- living outside the boundaries of the designated Coverage Area.<sup>9</sup>

#### 4.1.6 Participant Rights and Responsibilities

FMHSS is delivered in accordance with the National standards for mental health services, applying to all mental health services, including government, non-government and private sectors across Australia.

The Standards include a clear articulation of the rights and responsibilities of mental health consumers and carers.

Rights: Standard 6 of the national standards lists rights applying to consumers of mental health services. They include that participants must be treated with respect, have their privacy protected, and receive services appropriate to their needs, subject to the informed consent of the voluntary consumer, in a safe and healthy environment.

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<sup>8</sup> New FMHSS may dedicate a small part of their budgets (up to 10 per cent) to support program participants and families to access practical and material assistance if all other options have been exhausted and the assistance is required to meet the goals of the Family Action Plans. FMHSS may not purchase services from other providers.

<sup>9</sup> Up to 10 per cent of a New FMHSS provider's caseload can come from outside a site's Coverage Area, without the need for specific DSS approval. These clients are referred to as 'out-of-area' clients. Servicing someone from outside the site's Coverage Area should be considered on a case-by-case basis. A service provider must seek the approval of their DSS funding agreement manager to service more than 10 per cent of their caseload outside their defined Coverage Area.

Responsibilities: Participants have a responsibility to provide accurate information about their needs and circumstances so that they can receive quality services, are required to comply with the rules and regulations for engaging with services (e.g. no smoking in service premises) and behave in a manner that does not compromise the health and safety or privacy of others.

#### **4.1.7 Exiting FMHSS**

As FMHSS is voluntary, individuals or families may exit the service at any time by declining any further participation.

Service providers are expected to ensure that children and young people exiting FMHSS have adequate alternative supports in place should the family require them. This may include access to relevant mainstream services, family support, and agreed strategies to deal with potential crises. The family should be given assurances they can seek to return to FMHSS at a later time, if appropriate.

## 4.2 Funding for the activity

Over \$56 million was allocated to FMHSS across Australia from implementation in 2007 to 30 June 2011. In the 2011–12 Budget, the Government announced \$61 million over five years to June 2016 to establish an additional 40 FMHSS sites.

The first New FMHSS commenced in mid-2012. All 40 new FMHSS announced in the 2011–12 Budget will be established by mid-2015.

**New FMHSS** must meet the following annual targets:

- intensive, long-term, early intervention support – a minimum of 50 children and young people per year
- short-term information, referral and assistance – a minimum of 100 families per year, and
- community outreach and group work – a minimum of 150 participants per year.

For **FMHSS established before 2012**, annual targets to be delivered through the funding are detailed in the funding agreement.

FMHSS service providers are generally funded under funding agreements of up to three years duration. Funding is adjusted each year in line with the indexation rate applying to the TCC Program Appropriation. Payments under the agreements are generally six-monthly, in January and July each year.

For **New FMHSS** funding is the same across all mainstream sites, with a variation for remote sites. The New FMHSS Coverage Areas are based on Local Government Areas (LGAs). Funding for FMHSS established before 2012 varies according to Coverage Area and type of activity.

## 4.3 Eligible and Ineligible Activities for FMHSS Funding

### 4.3.1 Eligible Activities

Activities that FMHSS funding may be used for include:

- staff salaries and on-costs which can be directly attributed to the provision of FMHSS in the identified Coverage Area as per the funding agreement
- employee training for paid and unpaid staff, Committee and Board members, that is relevant, appropriate and in line with the delivery of FMHSS (this includes compulsory DSS training or workshops)
- operating and administration expenses directly related to the delivery of FMHSS, such as:
  - telephones
  - rent and outgoings
  - computer/IT/website/software
  - insurance
  - utilities
  - postage
  - stationery and printing
  - accounting and auditing
  - travel/accommodation costs, and

- assets as defined in the [Terms and Conditions](#), including motor vehicle purchase or lease. Acquittals for all assets must be in accordance with the Australian Accounting Standards.

The [Terms and Conditions](#) outline how funds must be spent, acquitted and repaid (if necessary).

### 4.3.2 Ineligible Activities

Activities that FMHSS funding cannot be used for include:

- costs that are not directly related to FMHSS service delivery
- emergency financial assistance for participants
- overseas travel
- purchase of goods and services for clients, except in limited circumstances (see footnote to section 4.1.4)
- costs incurred in the preparation of an application or incurred in providing information additional to the information in an application, or
- profits, dividends, etc. to directors or other stakeholders.

## 4.4 Requirements for all FMHSS

### 4.4.1 Target groups

All FMHSS are required to give priority to the most vulnerable groups in their local area.

These include:

- Indigenous Australians
- people from CALD backgrounds, including humanitarian entrants and recently arrived migrants and refugees, and
- families experiencing homelessness, unemployment, drug and alcohol abuse, domestic violence, history of trauma, etc.

**New FMHSS** identifies two additional groups of vulnerable children, young people who face complex disadvantage that puts them at increased risk of developing mental illness. These two groups are:

- children in contact with the child protection system, and
- young people leaving out-of-home care.

New FMHSS are required to prioritise and actively target these two vulnerable groups, as well as the targeted groups relevant for all FMHSS, and others identified locally that may form a significant population in the Coverage Area, or for whom there are limited support services.

The Department expects services to develop the relevant expertise to be able to focus on the target groups and to manage their caseloads to ensure that uptake is representative of the vulnerable groups in the local community. Targets for vulnerable groups will be negotiated with service providers on a case-by-case basis and specified in funding agreements.

### 4.4.2 Duration and Intensity of Support

For **New FMHSS**, long-term intensive support is expected to require at least weekly contact initially and continue for a period of 6–12 months, with the requirement that the Family Action Plan must be reviewed at least once every three months. The Department recognises that some children,

young people and families may require longer term support. Therefore there is no requirement to formally exit participants after 6–12 months.

Short-term assistance may be offered to families for up to a few sessions (no more than six), does not require a Family Action Plan, and should be outcomes/goals-focused.

There are data collection requirements for both the long-term and short-term support offered through New FMHSS. See the [New FMHSS resource kit](#) for more details.

For **FMHSS established before 2012**, there is no specific limit placed on the duration or intensity of support offered to participants. The support offered to children, young people and their families is flexible, negotiated with each participant, and adjusted from time to time as needed.

#### **4.4.3 FMHSS links and working with other agencies and services**

FMHSS providers are required to develop and maintain close links with other services including: family support services; ‘First-to-know’ agencies, such as childcare centres, schools and general practitioners; child protection agencies; Centrelink; housing agencies; and youth services. FMHSS providers also work closely with local clinical services.

This approach is designed to build on existing arrangements and ensure services are coordinated to provide holistic and flexible support to meet the needs of children and young people and their families.

Commonwealth initiatives which could be useful for children, young people and their families include:

- [Family Support Program](#) which is a suite of Commonwealth funded services to support families, and improve child wellbeing and development, safety and family functioning through the provision of integrated support
- [Communities for Children](#) services which provide prevention and early intervention to families with children up to 12 years, who are disadvantaged or at risk of disadvantage
- [headspace](#) which helps young people aged 12 to 25 with a broad range of issues around mental health and substance abuse
- [kidsmatter](#) which is a mental health and wellbeing framework for primary schools and early childhood education and care services
- [Children Of Parents with Mental Illness](#) (COPMI) which promotes better mental health outcomes for children of parents with a mental illness
- [Reconnect](#) which uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless, or at risk of homelessness, and their families
- [Building Australia’s Future Workforce](#) (BAFW) and Local Connections to work ([Local Connections](#)) which improve social and economic participation for all vulnerable Australians, including children and young people
- [Young Carers Respite and Information Services](#) which assists young carers up to the age of 25 years, who need support because of the demands of their caring role, to complete their secondary education or vocational equivalent

- [Mental Health Respite: Carer Support](#) (MHR:CS) which provides a range of flexible respite and family support options for carers of people with severe mental illness or psychiatric disability and carers of people with an intellectual disability
- [Personal Helpers and Mentors](#) (PHaMs) which assists people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness, and
- [Money Management](#) services which provide practical and essential support to help people build longer-term capability to manage their money better and increase financial resilience.

#### 4.4.4 FMHSS Practice Principles

FMHSS must operate within the set of practice principles, outlined below, which underpins delivery of support to vulnerable children, young people and families impacted by or at risk of mental illness. The principles are:

- **Early intervention** – an approach that ensures support is offered early in life to children and young people, and early in a situation where mental health risk factors may be emerging for a child or young person. This approach seeks to address personal, family and environmental factors to reduce the risk of onset, or the impact, of mental illness.
- **Child and young person centred** – services place children and young people at the centre of the service delivery model and ensure their voices are heard and responded to.
- **Family focus** – while children and young people are at the centre of the service delivery model, it is also required that services work within a family context. It is essential to acknowledge that different members in a family have different perspectives and needs, and may require different responses. The family focus needs to be strengths-based and build resilience in the family.
- **Flexibility** – an approach that ensures services meet the broad needs of children, young people and families and offer a range of tailored supports to achieve this. Support should take into account an individual’s cultural and lifestyle context. Flexibility can be supported through outreach, variable working hours and technology.
- **Accessibility and responsiveness** – services should be accessible to children, young people and their families according to their needs and capacity, provided in ways that reduce the stigma of mental illness and be responsive to individual circumstances. Services need to be respectful of the range of different cultural and lifestyle contexts and how different people understand concepts such as ‘mental illness’ and ‘wellbeing’, and strive to remove barriers. Services should ensure people within the target groups have information that enables them to access the service regardless of where they live or their level of income. Services should have crisis information available at all times, including outside office hours.
- **Partnerships** – includes working with children, young people and families to plan and deliver services that meet their needs. Working in partnership requires a good understanding of the local service system and capacity to engage constructively and collaboratively. It also requires sound and collaborative working relationships with other

organisations to ensure there is a 'joined up' service system to meet the wide range of needs identified for children, young people and families.

- **Integration** – providers ensure that support delivered for children, young people and families is 'joined up' and linked with other services to ensure an holistic approach to their support needs. This includes ensuring that any services are culturally appropriate through behaviour and language.
- **Continuous improvement and quality of service** – FMHSS providers are required to engage in an ongoing process of reviewing and refining their service delivery to achieve positive outcomes, to meet the intent of their funding, and to ensure their services are high quality and appropriate for the local area. Services must meet standards of quality appropriate to the service type, as specified in legislation, by professional associations, and in the funding agreement.

#### **4.4.5 National Standards for Mental Health Services**

FMHSS is delivered in accordance with the National standards for mental health services, applying to all mental health services, including government, non-government and private sectors across Australia. The National Standards were endorsed by the Commonwealth and state and territory Health Ministers in 1996. They have since been revised with a particular focus on their implementation in the community mental health sector. The National Standards focus on recovery and are based on values related to human rights and dignity. They promote the empowerment of consumers of mental health services, their carers and families. They emphasise practices which support continuous improvement in service quality.

It is anticipated that the National Standards will be incorporated into relevant accreditation programs, and states and territories will make their own decisions on whether accreditation will be mandatory for non-government community mental health service providers.

The National Standards have been tailored for use by non-government mental health services such as FMHSS, and services are expected to familiarise themselves with the Implementation Guidelines for Non-Government Community Services.

#### **4.4.6 Incident Reporting**

Service providers must notify DSS within 24 hours of any incidents such as accidents, injuries, damage to property, errors, acts of aggression, unnatural death of participant/staff, potential for negative media coverage, etc. that may adversely impact the delivery of services to FMHSS participants or the reputation of the Department. A template for reporting incidents is available in the [New FMHSS resource kit](#).

Incident reporting can also contribute to service improvement through analysis of critical incidents to inform the implementation of preventative measures and responses to adverse events.

#### **4.4.7 Volunteer Support Worker Support**

The National Volunteering Strategy was released in 2011. It sets out the vision for volunteering, including supporting those who are currently volunteers and encouraging more Australians

to participate in their communities through volunteering. The Strategy will set the direction for volunteering in Australia for the next ten years and will support organisations to adapt to changes in the ways Australians want to volunteer.

If FMHSS employ volunteer workers they are required to have operational policies and procedures in place for volunteer involvement. The policies and procedures need to be understood, implemented and maintained at all levels of the organisation. [The National Standards for best practice in the management of volunteers](#), available on [Volunteering Australia's website](#), provide a sound basis for the engagement and oversight of volunteers, and should form the basis of the operational policies and procedures developed by FMHSS providers. They cover the following elements:

- the work of volunteers is documented and regularly reviewed
- the work of volunteers is controlled and supported by agreed processes and procedures
- information is gathered about work satisfaction
- appropriate support is available, including access to professional debriefing
- effective channels of communication with volunteers are established, and
- appropriate processes are established to monitor, identify and address all health, safety and work satisfaction issues.

#### **4.4.8 Compliance with Legislation**

Service providers funded under the TCC Program are to ensure that services are delivered in accordance with all relevant Commonwealth and state and territory legislation, regulations and standards.

### **4.5 Special requirements for New FMHSS**

#### **4.5.1 Intent and delivery of New FMHSS**

**New FMHSS** offer a range of flexible supports to meet the needs of children and young people at risk of or affected by mental illness, and their families. DSS has developed a number of tools and processes to support New FMHSS providers deliver the program. Please see [New FMHSS Resource Kit](#).

**New FMHSS** are child-centred and work in a family context from a holistic and strengths-based perspective. This approach reflects the Common Approach to Assessment, Referral and Support ([CAARS](#)<sup>10</sup>).

**New FMHSS** are required to use the CAARS approach to deliver their service and inform their practice. The Department will liaise with New FMHSS providers about the availability of tools to support this approach.

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<sup>10</sup> As part of the work involved with the National Framework for Protecting Australia's Children, CAARS has been developed by the Australian Research Alliance for Children & Youth ([ARACY](#)) to support universal service providers to identify children who may need help and to help connect them to the support they need. It encourages all professionals who work with children to think holistically about the strengths and needs of children and their families and help them access the support they need. It is not a formal risk assessment or screening tool.

As noted in 4.1.3, the New FMHSS model has three elements to cover the range of individual, family and community services when providers are working to improve the mental health outcomes of children and young people.

The three elements of New FMHSS are:

1. Intensive, long-term, early intervention support for children, young people and their families or carers which may include:

- assessment of child, young person and family risk factors, protective factors and needs, and identification of goals from which a Family Action Plan can be developed. Family Action Plans are reviewed and revised at least once every three months
- practical assistance and home-based support for children and young people and their families (e.g. developing family activities and routines)
- supportive counselling and family interventions (e.g. conflict resolution and communication skills)
- referrals to alternative services as appropriate for individuals or the family
- collaboration and coordination with relevant services and agencies (e.g. schools) to ensure an holistic and integrated response to needs and goals identified in the Family Action Plan
- advocacy, and
- targeted, therapeutic groups for children, young people or their families.

2. Short-term immediate assistance for families which may include:

- assessment of needs which indicates only one or a few sessions are required
- information and referrals
- limited practical assistance and home-based support, and
- advocacy.

3. Community outreach, mental health education and community development activities which may include:

- organisation of community events for mental health education related to understanding and responding to mental health issues of children and young people
- participation in mental health related community events
- community development activities to promote mental health and wellbeing for children and young people, and
- facilitation of general group work with children, young people and their families, open to the community, to assist participants understand and respond to broad mental health issues of children and young people.

New FMHSS are required to work with children, young people and their families to identify significant risk factors that may be impacting on their lives and any protective or positive factors that may be moderating or have the potential to moderate the effect of the risk factors. We know that a history of childhood trauma, being exposed to domestic violence, and living in a family with

substance abuse issues are some of the key factors that may increase the risk of children and young people experiencing poor mental health outcomes later in life. New FMHSS work with children and young people living in environments where risk factors are present, to identify the positive or protective factors in their lives, and to strengthen these factors to reduce the impact of issues that may produce poor mental health outcomes later in life.

New FMHSS receive referrals from a wide range of sources, including self-referrals, and have a 'no wrong door' approach in responding to referrals. Once a referral is accepted, providers undertake initial screening and assessment to ensure the person is eligible for New FMHSS and to begin the process of identifying their needs. A decision is made about the level of support required by the person and their family: long term and intensive or short term and limited. There are data collection requirements associated with the steps after screening. See [the New FMHSS Resource Kit](#) for more information about these processes and data requirements.

If accepted for intensive long-term support, providers work with the children or young people and their families to develop a Family Action Plan that identifies the needs, goals and strengths of the individuals in the family and also outlines what needs to happen for the children and young people to achieve their goals. These goals can include improved relationships with family and friends, better family functioning, or greater involvement in school or community activities. See the [New FMHSS Resource Kit](#) for more information about Family Action Plans.

Providers also deliver community outreach and community development activities, including group work, to support communities to better understand and respond to the mental health needs of children and young people, and to reach out to vulnerable children, young people and families.

#### **4.5.2 Compulsory Training**

Service providers funded to establish New FMHSS are required to attend at least two training sessions or workshops run by DSS. Funding for this will be provided in the establishment budget.

The training sessions are to ensure all New FMHSS providers understand the intent of the measure and are familiar with and confident to use the range of tools, processes and systems in place to support the delivery of FMHSS.

#### **4.5.3 Annual Targets**

New FMHSS must meet the following annual targets:

- intensive, long-term, early intervention support – a minimum of 50 children and young people per year
- short-term information, referral and assistance – a minimum of 100 families per year, and
- community outreach and group work – a minimum of 150 participants per year.

#### **4.6 Information Technology**

Service providers will receive telephone and email support on IT matters and on data collection activities to assist them in complying with DSS reporting requirements. The Mental Health Helpdesk [mentalhealth@dss.gov.au](mailto:mentalhealth@dss.gov.au) is closely monitored to ensure prompt responses to requests for IT assistance. Service providers will be advised of the expected timeframes for responses if they are likely to take more than two working days.

A **Targeted Community Care Collaborative Workspace** has been set up on [Govdex](#). Service providers are encouraged to use this workspace to share good practice and other relevant information. DSS also uses this workspace to make research and other documents available to service providers. Access details are provided to all funded service providers. Enquiries can be made through the Mental Health Helpdesk [mentalhealth@dss.gov.au](mailto:mentalhealth@dss.gov.au). Please see the [New FMHSS Resource Kit](#).

## 4.7 FMHSS Activity Performance and Reporting

Reports are to be submitted electronically. Providers should therefore ensure they have internet access and compatible IT (Windows 2000 or later and Adobe Reader 7.0.5 or later).

**New FMHSS** providers are required to submit:

- Establishment Plans to their funding agreement manager within six weeks of signing their funding agreement (guidelines and templates will be provided).
- client level and aggregate data into an online system that will be collected every three months. Please see the [New FMHSS Resource Kit](#) for more information.
- annual audited financial reports, and
- other reports as required by DSS.

For **FMHSS established before 2012**, DSS notifies service providers electronically through the DSS Online Funding Management System (FOFMS) when reports are due, and provides reporting templates. Providers are required to submit:

- biannual progress reports by 31 January and 31 July each year. These reports reflect aggregate data and are submitted online via a 'smart form'
- annual audited financial reports, and
- other reports as required by DSS.

For all FMHSS providers, reports are required on the due dates as specified in funding agreements, unless otherwise negotiated with DSS and approved in writing.

### 4.7.1 DSS's Performance Indicators

DSS's Performance Indicators focus on three key questions:

- Did it make an immediate / lasting difference?
- How well did we do it?
- How much did we do?

This is reflected in the following TCC Program Key Performance Indicators:

- Percentage and number of mental health participants maintaining progress against relevant goals
- Percentage and number of participants who report that they are satisfied that the service they received was appropriate to their needs
- Percentage and number of participants from Indigenous backgrounds, and
- Percentage and number of participants from culturally and linguistically diverse backgrounds.

DSS is currently reviewing the Targeted Community Care (Mental Health) Program performance framework.

## **5. Contact Information**

Organisations and members of the public wanting to make general program enquiries should contact: [mentalhealth@dss.gov.au](mailto:mentalhealth@dss.gov.au) or check the [DSS website](#).

Funded Service providers should contact the Funding Agreement Manager nominated in their Targeted Community Care (Mental Health) Program Schedule of their funding agreement.

## 6. Glossary

**Applicant** – an organisation submitting an application for funding for a New FMHSS site.

**Assessment** – an initial conversation, after screening has occurred, to determine the reason a child or young person has come to the FMHSS, to gain a preliminary understanding of the life circumstances (risk factors and protective factors) of a child or young person and their family, and to gain a level of insight into the needs and strengths of the child or young person and their family and start to develop a Family Action Plan.

**Coverage Area** – refers to the geographically defined area in which a particular FMHSS is delivered and in which participants of FMHSS must reside in order to qualify for services from that service provider.

**Culturally and Linguistically Diverse (CALD)** – people who identify as having a specific cultural or linguistic affiliation. This may be due to their birthplace, ancestry, ethnicity, religion, preferred language or languages spoken at home, or because of their parents' identification on a similar basis. (Paraphrased from Victorian Multicultural Strategy Unit (2002) in Australian Psychological Society Ltd 2008)

**Establishment Plan** – a plan that New FMHSS providers are required to submit within six weeks of signing their funding agreement to demonstrate how they intend to implement FMHSS over the first 12 months of funding.

**Family Action Plan** – The Family Action Plan is negotiated between child, young person and family and the practitioner to record the goals, needs and strengths of the referred child or young person, and each significant person in their family who will also be working with the provider. These are reviewed every three months.

**'First to know' agencies** – the agencies that are often the first to have concerns that a child or young person may be experiencing difficulties. They include schools, child care centres, general practitioners, and hospitals.

**Indigenous** – person who is of Aboriginal or Torres Strait Islander descent, identifies himself or herself as an Aboriginal person or Torres Strait Islander and is accepted as such by the Indigenous community in which he or she lives.

**New FMHSS** – those FMHSS funded through the 2011–12 Budget, and established from 2012.

**Program Guidelines** – the guidelines applicable to FMHSS. The Program Guidelines have three parts – Part A Targeted Community Care (Mental Health) Program Guidelines, Part B Targeted Community Care Mental Health Information for Applicants and this Part C3.

**Terms and Conditions** – the terms and conditions of the standard funding agreement between the Department and organisations that are funded. For further details see [Terms and Conditions](#).