



Australian Government
Department of Social Services

Disability, Mental Health and Carers Programme

Community Mental Health

A Better Life Operational Guidelines

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Preface

The Department of Social Services (DSS) has a suite of Programme Guidelines which provide information about each Programme that provides grants funding, and the Activities that contribute to that Programme. They provide the key starting point for parties considering whether to participate in a Programme and form the basis for the business relationship between DSS and the grant recipient.

These Operational Guidelines are to assist organisations delivering services under the Recovery Support Workers Activity, within the Community Mental Health component of the Disability, Mental Health and Carers Programme. They should be read in conjunction with the Disability, Mental Health and Carers Programme – Community Mental Health Guidelines Overview. These documents form the basis of the business relationship between DSS and service providers.

DSS reserves the right to amend these Operational Guidelines, and other documents in the Programme Guidelines suite, from time to time by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.

Amendments made to this document will be notified by email to the contact person named in the Grant Agreement within 20 business days of any change.

It is the responsibility of each service provider to ensure that it is familiar with this document's content and requirements of the Operational Guidelines as detailed in the current version on the DSS website.

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1 Community Mental Health

1.1 Overview

Under Community Mental Health (CMH), the Department of Social Services funds eligible non-government organisations to deliver:

- **Family Mental Health Support Services:** to assist families with children or young people who are affected by or showing early signs of mental illness.
- The **Carers and Work** initiative: for carers of people with a mental illness whose capacity to participate in the workforce has been impacted by their caring role.
- Assistance to **Communities under Stress:** targeted funding for specific geographic locations or communities of interest to alleviate the mental health impacts of: trauma; natural disaster; dislocation of community networks and services; or, social or economic crisis.
- The **Individual Placement Support Trial:** to test the 'place and support approach' to achieving education and employment outcomes for young people with mild or moderate mental illness.
- **A Better Life:** to provide increased opportunities for recovery for people with mental health conditions that include drug or alcohol misuse and/or gambling disorders.

1.2 Aims and objectives

CMH aims to assist people with mental illness and their families and carers to:

- develop their capabilities, resilience and coping skills
- increase their wellbeing
- actively participate in community and economic life.

The objective of CMH is to provide accessible, responsive, high-quality and integrated community mental health services that:

- intervene early to assist families with children and young people affected by, or showing early signs of, mental illness
- address barriers to participation in education and employment for carers of people with a mental illness whose wellbeing and mental health are impacted by their caring roles
- increase the level and intensity of community mental health service provision to address mental health issues experienced by people living in communities under stress
- assist young people with mild or moderate mental illness to achieve and maintain sustainable participation in education and the workforce
- improve the lives and community participation of people severely affected by mental illness.

2 Community Mental Health – A Better Life (ABLE)

2.1 Background

The Commonwealth Government is looking at the best ways to support people, families and communities, in places where a higher than average proportion of people are on welfare, and where alcohol misuse, gambling and drug misuse are causing harm.

The Government is introducing a trial of a commercially-delivered, cashless debit card in a small number of locations. The trial is testing ways to support people, families and communities, where high levels of welfare dependence co-exist with high levels of community harm due to alcohol and drug misuse and/or gambling disorders. The objective of the trial is to reduce alcohol or drug misuse or gambling disorders in the community. Participants in the trial will receive a cashless debit card, which will be connected to the normal funds transfer platform at point of sale.

The trial will apply to all people living in trial communities receiving a working age income support payment, for example, Newstart, Disability Support Pension, Parenting Payment or Carers Payment.

2.2 Overview of ABLe

As part of the support package for the cashless debit card trial, ABLe services will support people with mental illness that includes drug and alcohol use disorders and/or gambling disorders¹.

ABLe provides increased opportunities for recovery for people aged 16 years and over whose lives are affected by mental illness, by helping them to overcome social isolation and increase their connections to the community. Participants are supported through a recovery-focused and strengths-based approach that recognises recovery as a personal journey driven by the participant.

Support workers will assist people with mental health conditions that include drug or alcohol misuse and/or gambling disorders.

Support workers will provide practical assistance to:

- help people achieve their personal goals
- address the impact of the alcohol misuse, drug misuse and/or gambling disorders, which are having detrimental effects on their lives
- improve participants' relationships with family and friends and increase their participation in the community
- manage their everyday tasks.

Support workers will assist participants to access specialist alcohol or drug and/or gambling services as needed.

DSS may also fund organisations to improve access to mental health or other support services, via telecommunication. This includes funding for infrastructure to support

¹ Gambling disorder and drug and alcohol use disorders are classified as mental health conditions by the International Standard Classification of Diseases, Injuries and Causes of Death – Classification of Mental and Behavioural Disorders (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM 5)

participant access to e-mental health, phone counselling, crisis services, and other support services such as financial capability services, to assist their recovery.

2.3 Aims and objectives

ABLE aims to improve the independence, participation and lifetime wellbeing of people affected by mental illness that includes drug and alcohol misuse and/or gambling disorders. This includes building personal resilience and supporting programme participants to sustainably manage the impacts of their mental illnesses.

The objectives of ABLe are to:

- support recovery for people impacted by mental illness that includes conditions such as alcohol and drug misuse and/or problem gambling disorders
- reduce the social isolation of participants
- build resilience within individuals, families and communities living in trial locations
- increase personal capacity, confidence and self-reliance
- improve participants' ability to manage daily activities.

This is achieved by:

- providing intensive one-to-one support focusing on the multiple needs of the individual based on a shared belief that people can recover
- facilitating better access to appropriate services including alcohol and other drug rehabilitation, and financial capability services
- offering increased community participation opportunities (both social and economic).

3 Participant eligibility, target groups and access to services

3.1 Participant eligibility

To be eligible to access services, people must:

- be aged 16 to 65 years
- reside in the trial location, and have a mental illness that includes drug and alcohol misuse and/or problem gambling disorders (a formal diagnosis is not required)
- be willing to participate in the service voluntarily and able to make an informed decision to participate
- be willing to comply with health and safety policies of the service
- agree to address drug or alcohol misuse or problem gambling during the course of participation, through an Individual Recovery Plan
- not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g. be in prison or a psychiatric facility²)
- not be receiving non-clinical community support similar to ABLe through state or territory government programmes.

A formal diagnosis of mental illness is not required to access ABLe. The decision that a person has a mental illness can be established by any one of the following:

- a formal diagnosis of mental illness by a mental health clinician
- the opinion of an education, health or community services professional (employed by organisations such as a health care provider, a government agency including drug or alcohol services, or a community support program such as ABLe) that a person has a mental illness.

Funded service providers may encourage people to seek assistance through clinical mental health services if appropriate, but cannot exclude participants who decide not to engage with clinical services.

3.2 Ineligible persons

People who are not eligible for ABLe services are:

- those who do not reside in trial locations
- those only with mental illness that does not include drug or alcohol misuse and/or gambling disorders
- those whose residential settings limit, restrict or reduce their ability to participate fully in the community such as in prison, or a residential mental health service³.

² This does not preclude participants who undergo short-term residential rehabilitation or detoxification

³ See Footnote 2

3.3 Priority target groups

The highest priority for access to ABLe services is to be given to people who meet the ABLe eligibility criteria and are in receipt of the cashless debit card issued as part of the Cashless Debit Card Trial.

DSS has also identified groups of people who can face additional social and environmental risk factors that can exacerbate existing mental health conditions. ABLe services are required to prioritise access for people who meet the eligibility criteria and are members of one or more of the following groups:

- Indigenous Australians, including members of the Stolen Generations
- people with culturally and linguistically diverse backgrounds, including humanitarian entrants and recently arrived migrants and refugees
- young people aged 16 to 24 years
- people who are homeless or at risk of homelessness
- people who have previously been institutionalised (including Forgotten Australians, care leavers and child immigrants)
- young people leaving out-of-home care
- people who have been previously incarcerated.

Services are required to prioritise and actively target these special needs groups, or others identified locally, for which there are significant populations in their coverage area, or who are inadequately supported. The Department expects services to develop the relevant expertise to be able to focus on these special needs groups and to manage their caseloads to ensure that uptake is representative of special needs groups in the local community.

The following considerations will assist with promoting and targeting services to special needs groups:

- become known in the community – people need to understand the service provided and see the value in accessing the service
- ensure services are accessible – have an open-door approach, use outreach, not just drop-in or appointment services
- be accepting – non-discriminatory, be relevant to the local community and reflect its ethnic and cultural values
- provide good case management – use bottom-up approaches to plan and deliver services based on the needs and strengths of individual participants
- continuity – provide support and enable a relationship to develop.

3.4 How people access ABLe

Funded providers are required to maintain open referral and access pathways into ABLe. Potential participants are able to access support through a broad range of entry pathways including self-referral, referral by friends and family, Centrelink or other community services.

A formal referral from community mental health or clinical services is not required.

Workers must ensure that assessment and intake procedures are person-focused, non-threatening and conducted at a pace that is comfortable for potential participants. This includes using outreach for initial meetings and assessment in familiar places such as a local libraries or community centres.

It is not acceptable for ABL e services to rely solely on office-based intake or limited access points. Services are required to actively target potential participants who are difficult to reach or may not otherwise seek assistance.

3.5 Fees

Services must be provided free-of-charge to participants. While services may recover costs associated with delivery of activities (for example, consumables used for a social activity), no potential participant should be turned away because he/she cannot afford to pay these costs.

3.6 What participants can expect

Participants can expect support to be provided according to the ABL e practice principles listed in **Section 5.1**. In addition, all services must adopt a recovery approach.

Recovery approach: services must support participants using recovery-focused and strengths-based approaches. In ABL e, recovery is about a personal journey that is driven by the participants' points of view. It focuses on their strengths, hopes, wishes, goals and achievements, provides ways for them to cope better within the confines of their illness. It equips them to overcome difficulties and challenges that they face along the way.

Recovery means that participants learn ways to manage the difficulties in their lives, regain control, make choices and decisions for themselves, strive to achieve their goals, and develop skills to help them overcome future challenges.

DSS expects that each service will be tailored to meet the needs of the individual participants who engage with the service. Services should be designed to take into account not just mental illness, drug and alcohol misuse and gambling but also any additional issues faced by people because of past experiences, trauma or disadvantage. Recovery services must aim to:

- provide reassurance of safety
- restore hope, meaning, confidence and motivation
- build connections and community strength and reduce sense of isolation
- promote human dignity
- reinforce capacity to problem solve and take control.

ABL e workers should:

- demonstrate understanding and caring
- maintain a respectful and accepting attitude
- provide opportunities to share experiences
- look for, and identify, strengths that can raise self-esteem
- set realistic goals
- provide links with groups or agencies that will provide ongoing or intermittent support when needed
- facilitate coping and problem-solving skills.

3.7 Consent

Workers are required to gain written consent from participants for the release of information to specific agencies or organisations they are referring participants to, and separate consent for the service to release de-identified participant data to DSS for Government reporting purposes.

3.8 What ABLe cannot provide

There are services that ABLe cannot provide, including:

- clinical services or specialist medical services, although ABLe may assist participants to access appropriate services
- crisis services
- purchase of goods and services for participants and their families, with limited exceptions⁴
- personal care and domestic help for participants and their families.

3.9 Participant rights and responsibilities

Services are to be 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.

Rights: [Standard 6 of the National Standards for Mental Health Services](#) lists rights applying to consumers of mental health services. They include that participants must

- be treated with respect
- have their privacy protected
- receive services appropriate to their needs, in a safe and healthy environment.

Responsibilities: Participants have a responsibility to provide accurate information about their needs and circumstances so they can receive quality services, are required to comply with the rules and regulations for engaging with services and behave in a manner that does not compromise the health and safety or privacy of others.

⁴ ABLe services may dedicate a small part of their budgets (up to 10 per cent) to support 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 Individual Recovery Plan. ABLe services may not purchase services from other providers.

4 Service delivery

4.1 Overview

ABLE service providers are funded to:

- undertake community outreach activities to identify and connect with potential participants and build strong referral networks
- manage entry to ABLe through eligibility assessments
- work with participants to develop Individual Recovery Plans which focus on their goals and recovery journeys
- provide intensive one-to-one assistance to support participants to achieve the priorities and goals identified in their Individual Recovery Plans. This can include:
 - assisting participants to access required support including from health, mental health, drug and alcohol, employment, financial counselling and accommodation services
 - helping participants to navigate mental health and community support services
 - collaboration with relevant service providers and agencies to ensure a coordinated response to needs and goals identified in each participant's Individual Recovery Plan
 - helping participants to better manage their daily activities such as making and attending appointments, domestic routines and self-care
 - assisting participants to attend rehabilitation or other clinical services by arranging or providing transport where necessary
 - counselling, personal support and family interventions (for example conflict resolution or interpersonal skills development)
 - provision of information in relation to mental health and help to develop strategies to maintain wellness
 - social inclusion and community engagement activities.
- assist participants to review and report progress against their Individual Recovery Plans.

4.2 Individual Recovery Plans

ABLE provides one-to-one support to people with diverse and complex needs, directed by Individual Recovery Plans developed with each participant. Support is focused on providing practical assistance, facilitating increased community participation and ensuring access to required services in line with goals and priorities identified by the participant and documented in his/her Individual Recovery Plan.

Providers must ensure that an Individual Recovery Plan is developed with each participant accepted into the service.

The Plan identifies:

- the person's strengths and recovery goals (what strengths the participant wants to build on and what he/she wants to achieve)
- the activities and support required to achieve recovery goals
- a care/crisis plan in the event that the participant becomes unwell or a crisis occurs
- expectations for any out-of-hours contact

- the date for review (Individual Recovery Plans must be reviewed at least once every three months).

Participants will be asked to commit to working towards achievement of goals in their Individual Recovery Plans as a condition of entry and participation in ABLe.

4.2.1 Developing an Individual Recovery Plan

A sample Individual Recovery Plan template is provided at **Attachment A**. This template is simple and can be modified to make it more interesting and engaging for participants, depending on their ages, cultural background, level of literacy and personal interests. Some providers have modified plans to be graphic and picture-based while others have included cultural and spiritual elements

DSS asks providers to base their modified Individual Recovery Plan on the content contained in the template. Regardless of presentation or format, there are key elements that should be contained in any Individual Recovery Plan developed for ABLe.

An Individual Recovery Plan can also include:

- what the participants can do to help themselves
- identify people who can help the participant, including the assistance the participant would like
- identify people who will not be involved in the participants care recovery
- indicators for knowing participants are finding it easier to manage their issues
- indicators for knowing participants are finding it more difficult to manage their issues
- what participants can do if they start finding it more difficult to manage their issues.

Interpreting services might be required in order to assist participants develop a plan.

4.2.2 Individual Recovery Plan principles

The Individual Recovery Plan is central to ABLe effectiveness and success, as it underpins the delivery of all assistance. Every participant in ABLe must have an Individual Recovery Plan tailored to his/her needs and circumstances. The Individual Recovery Plan is central to the principle of participant empowerment. The following principles must be followed when working with participants to develop recovery plans.

- The ABLe participant is central to all planning processes and his/her voice must be heard and recorded in the Individual Recovery Plan.
- Discussions between participants and their ABLe workers should be based on the participants' life goals, not on what other people think their goals should be, or only on their mental illness.
- The Individual Recovery Plan should focus on a participant's goals, aspirations and preferences and affirm the strengths, talents and capacities of the person.
- Other people involved in the development of the Individual Recovery Plan need to be personally invited by the participant.
- The Individual Recovery Plan is a living document and can and should be regularly reviewed to reflect the participant's recovery journey. It should be updated three-monthly at a minimum. At this time, ABLe workers are encouraged to seek feedback from the participant on his/her experiences of the service and any recommendations he/she may offer.

- The Individual Recovery Plan is owned by the participant and not the ABL e service. It is considered as '*Mary's Individual Recovery Plan*' rather than '*the Individual Recovery Plan for Mary*'. Participants should always have a copy of their Individual Recovery Plans and know exactly what is in them. Nothing should be in the Individual Recovery Plans that the participants did not agree to.
- The Individual Recovery Plans should use the participants' language or way of expressing their needs and goals, and not sector or clinical language.
- The process of planning and developing an Individual Recovery Plan is a shared responsibility between an ABL e worker and the participant. It is not something prepared without the participant.
- The plan should be directed by the participant. The participant should have all options presented and explained, and be allowed to make choices that are always to be respected.

4.2.3 Monitoring Individual Recovery Plans

Individual Recovery Plans should be reviewed at least every three months. At each review, the participant is to consider progress against each of the goals, update the activities to be undertaken to achieve goals, and identify successes. The participant may also choose to modify or change his/her Individual Recovery Plan.

4.3 Supporting families and carers

Because of the significant role of family members and carers in supporting people with mental illness, ABL e services should also support families and carers through:

- engaging them as early as possible in the development of Individual Recovery Plans (provided the participant has consented)
- making information about mental health, drug and alcohol or other support services available
- providing assistance when the ABL e participant is acutely unwell so the family is better able to support him/her
- informing family/carers of respite service and other carer support options to ensure carers are able to deliver effective care and sustain the caring role.

ABL e workers must have the appropriate skills to work with families and carers and if required, staff should be trained in working sensitively with families and carers.

4.4 Caseloads for ABL e workers

Caseloads for each full-time equivalent (FTE) worker should not exceed 20 active participants requiring intensive support. Higher caseloads are permitted where several participants require lower levels of support. This upper limit recognises the complexity of support needed and longer-term relationships required to assist participants in their paths to recovery as well as ensuring the quality of service provided is maintained at a high standard.

ABL e workers may have additional participants on their caseloads, who require intermittent or periodic support. This recognises the episodic impacts of mental illness and that people may only require occasional support.

4.5 ABLLe workers

There is a high level of flexibility around service delivery.

The ABLLe rationale is based on support workers providing intensive one-to-one assistance and support to participants, based on a personal relationship of trust and confidence between worker and participant. Each participant must be able to identify his/her own ABLLe support worker.

ABLLe workers must have the skills and experience to work with people who are affected by mental illness that includes gambling and/or alcohol or drug misuse disorders.

Ideally, each ABLLe service should have an experienced manager (not necessarily an ABLLe worker) responsible for providing direction and support to ABLLe workers and to facilitate ABLLe connections with the local community and clinical services.

4.6 Duration and intensity of support

There is no limit on how long a participant can be supported by an ABLLe service. However, DSS expects that most people will participate for up to 12 months.

The intensity of support provided to participants is flexible, negotiated with each participant, and adjusted from time-to-time as part of the Individual Recovery Plans. This recognises the varying levels of support often needed, due to the episodic nature of mental illness.

Generally, intensive support is provided to participants until they have stabilised their situations and are progressing towards the priorities and goals identified in their Individual Recovery Plans.

Providers are responsible for managing their caseloads to ensure they can meet the needs of participants requiring intensive support, as well as those requiring less intensive periodic or intermittent support.

Definitions of levels of support:

intensive support – high frequency of contact is needed with the participant. Contact may be several times per week, to weekly. Generally, intensive support is provided until participants have stabilised their situations and made a good start at addressing the priorities and goals identified in their Individual Recovery Plans.

continuing support – the frequency of contact decreases to fortnightly or even monthly. This level of support may be in place for some time. The focus is on building skills and confidence and on putting what has been learnt into practice.

role reduction – the frequency of contact decreases to every six weeks to two months. The participant is becoming more confident, exploring a range of activities and achieving goals set out in his/her Individual Recovery Plan.

occasional/episodic assistance – contact becomes infrequent. The participant has achieved his/her Individual Recovery Plan goals, and only needs contact occasionally for support and to maintain the gains made. It is at this point that the process of exiting the service should commence.

inactive – participants can have an inactive status but still be considered participants of ABL_e. Re-assurance will be given that they can activate higher levels of support if, and as, required. This recognises the episodic nature of mental illness.

4.7 Links and working with other agencies and services

ABL_e providers are required to develop and maintain close links with other services including Personal Helpers and Mentors, Centrelink, employment services, housing agencies, and problem gambling, financial support and drug and alcohol services. ABL_e providers are also required to develop close working relationships with local health providers (including GPs), and clinical and community-based mental health services.

Over time, DSS expects funded services to develop more formal partnerships and arrangements with a range of local networks, services and stakeholders, which may include:

- structured referral pathways to manage referrals to and from other services, particularly with drug and alcohol rehabilitation, financial counselling services, and problem gambling services
- inter-agency and inter-sectoral case coordination
- collaboration with other Commonwealth- and State Government-funded mental health services, such as Partners in Recovery, to establish more effective local area coordination of services.

This approach is designed to build on existing arrangements and ensure services are coordinated to provide holistic and flexible support to participants.

4.8 Mental health crisis response

Arrangements should a participant become unwell or have a crisis, are to be documented in each participant's Individual Recovery Plan.

ABL_e is not a crisis service and workers are not expected to be the contact for mental health emergencies or to manage participants through such an event.

However, it is expected that service providers will establish linkages with local health and mental health services and will have equipped participants and their families and carers with crisis action plans, including relevant services and contact details, should crises or emergencies eventuate.

4.9 Exiting ABL_e

Participation in ABL_e is voluntary and participants may exit the service any time they choose. There is an expectation that ABL_e workers, as part of their ongoing work with participants, will ensure that appropriate alternative support mechanisms are in place when people exit the service. This may include access to relevant community-based mental health and/or other support services, family supports and strategies to keep well and deal with crises.

5 Practice standards and principles

All services must operate according to the principles outlined in the '[National Standards for Mental Health Services 2010](#)' and the '[National Practice Standards for the Mental Health Workforce 2013](#)'.

5.1 ABLLe practice principles

Professor Anthony Williams Ph.D (1993) described eight principles as important in understanding a recovery-based approach to serious mental health problems. These principles underpin delivery of ABLLe services:

- each person's recovery is different
- recovery requires other people to believe in and stand by the person
- recovery does not mean cure. It does not mean the complete disappearance of difficulties
- recovery can sometimes occur without professional help. People hold the key to their own recovery
- recovery is an ongoing process. During the recovery journey there will be growth and setbacks, times of change and times where little changes
- recovery from the consequences of mental distress (stigma, unemployment, poor housing, loss of rights, etc.) can sometimes be as difficult, or more difficult, than recovery from the mental health issue or illness itself
- people who have, or are recovering from, mental health issues or illness have valuable knowledge about recovery and can help others who are recovering (peer support)
- a recovery vision does not require a particular view of mental health problems.

All ABLLe services must operate with a strengths-based recovery-focused orientation and subscribe to a set of practice principles that guide the development and operation of ABLLe services.

Principle 1: respect, trust and understanding – *each participant will be made to feel welcome and valued by his/her ABLLe worker and treated with respect, dignity and understanding as a unique person.*

- Service providers have knowledge and understanding of mental illness and the impact it has on people's behaviours and lives
- The lived experience of mental illness and the consumer perspective of the recovery process are valued and respected by service providers and incorporated into service delivery. Service providers build meaningful relationships with participants based on openness and trust
- Service providers take all practical and appropriate steps to prevent abuse and neglect of participants and to uphold participant legal and human rights
- Protect the health and wellbeing of participants and their families and carers
- Service providers promote tolerance and respect for each participant's personal needs and circumstances.

Principle 2: empowerment – *participants are empowered to gain the knowledge, skills and attitude needed to cope with the changing circumstances in which they live, regain control of their lives, and undertake valued and meaningful activities in the community.*

- Participants have the opportunity to participate as fully as possible in making decisions about the events and activities of their daily lives in relation to the services they receive
- Service providers develop Individual Recovery Plans with participants guided by the participants' choices, goals and aspirations
- Service providers foster a sense of hope for the future and help participants to improve self-image and overcome stigma
- Service providers assist participants to access appropriate services and supports so that participants can develop the skills they need to achieve their personal goals
- Service providers work with participants, their families and carers to understand the needs and choices of participants in their recovery journeys
- Service providers promote the beliefs and abilities of participants to fulfil valued roles in the community
- Service providers build relationships and collaborate with other community and clinical services to provide participants with the support they need to achieve their goals and lead meaningful and rewarding lives
- Service providers support participants by developing or finding meaningful activities or opportunities for participants to improve their quality of life, participation and involvement in the community.

Principle 3: privacy and confidentiality – *each participant's right to privacy, dignity and confidentiality in all aspects of life is recognised and respected.*

- Service providers comply with the *Privacy Act 1988* in order to protect and respect the rights of ABLe participants
- Service providers only collect necessary information and use it for the purpose for which it was collected. Information is only released to others with the written consent of the participants
- Service providers ensure the protection of information and data from unauthorised access or revision, to ensure that the information or data is not compromised through corruption or falsification
- Service providers store information and records in a secure place and dispose of them in an appropriate manner.

Principle 4: accessibility – *services are delivered in a way that ensures all potential participants in the ABLe target group are able to access them. This includes delivery through outreach and in participants' homes.*

- Service providers actively seek out and maintain broad referral and entry pathways for participants
- Service providers have effective strategies for promoting ABLe to people who are traditionally more difficult to engage, such as those who are homeless or transient, or who do not wish to access traditional mental health services

- Service providers enable people without a formal diagnosis of mental illness to access ABL_e by testing their eligibility
- Service providers are non-discriminatory in respect of age, gender, race, culture, religion or disability
- Entry and exit procedures are fair and equitable and consistently applied
- Service providers promote ABL_e, and engage with other community and clinical services to open up referral pathways and service options for participants
- Service providers promote awareness of mental illness, community acceptance and the reduction of stigma for people with mental illness.

Principle 5: flexibility, choice and appropriateness – *services are designed to meet the individual needs and personal recovery goals of participants.*

- Services are delivered flexibly through a tailored case management approach which prioritises need and early intervention strategies
- Recovery goals are established objectively to reflect the participant's individual needs and aspirations
- Each participant's recovery goals are recorded in an Individual Recovery Plan and used as the basis for service provision, with the service provider undertaking a process of planning, implementation, review and adjustment to facilitate the achievement of these goals
- Service providers ensure that participants only undertake activities of their choice and participate in the service voluntarily
- Service providers use strengths-based recovery approaches in delivering services
- Services build on individual strengths and promote capability and self-reliance
- Service providers deliver outreach support to ABL_e participants in an environment that is safe and comfortable for both participants and ABL_e workers
- Service providers work collaboratively with other programmes, services and agencies and help participants to navigate the complex range of services and support available
- Service providers manage caseloads effectively to ensure the best support and outcomes for participants
- Service providers actively tailor services to meet the needs of special needs groups
- Service providers engage with, and support, the family and carers of participants to achieve the best possible outcomes for participants

Principle 6: cultural competency – *services are culturally appropriate (see Glossary for definition).*

- Cultural competence is embedded in the philosophy, mission statement, policies and key objectives of service providers
- Service providers have a strong understanding of the cultural profile of their sites and where possible, culturally and linguistically appropriate workers are recruited
- Cultural competency resources are readily available to ABL_e workers

- ABLe workers are flexible in their approaches and seek out information on specific cultural behaviours or understandings
- ABLe workers receive appropriate cultural competency training.

Principle 7: appropriate staff – *ABLe workers have appropriate attitudes, backgrounds, experiences and qualifications to meet the needs of participants in their sites and receive appropriate training, support and supervision.*

- Service providers provide ABLe workers with appropriate training, support and supervision to perform their roles well
- Service providers ensure that ABLe workers have appropriate attitudes and the relevant skills and competencies to undertake their roles
- Service providers ensure the provision of appropriate and relevant training and skills development for each ABLe worker
- Service providers ensure that ABLe workers have the resources and equipment to do their jobs effectively, efficiently, lawfully and in a fair and reasonable way.

Principle 8: service development and improvement – *service delivery practices are regularly reviewed and revised to meet the needs of participants.*

- ABLe services are accountable to ABLe participants and the Australian Government
- ABLe participants and their families and carers are aware of the service providers' procedures for complaints handling
- ABLe participants and their families and carers are encouraged to raise, and have resolved without fear of retribution, any issues, dissatisfaction, complaints or disputes they may have about the service providers or the services they receive
- Complaints and feedback are taken seriously by the service providers, and are investigated, addressed and used to improve ongoing services
- Service providers have quality management and financial systems in place to ensure standards of service and optimal outcomes for participants are met
- Service providers foster a flexible and learning culture to ensure improved outcomes for participants
- Service providers understand the community and environment that they service
- Service providers identify and address any issues and risks that might impact on service delivery
- Service providers have mechanisms in place to plan future service delivery and set objectives or goals to improve service delivery
- Service providers have strong and effective leadership to provide strategic direction and uphold and exemplify the ABLe values and standards
- Service providers perform effectively against goals and standards, and annual service plans
- Service providers are accountable for their decisions and actions and comply with legislation, policies, guidelines, instructions and standards
- Service providers ensure activities are delivered effectively, efficiently, lawfully and in a fair and reasonable way.

6 Eligible and ineligible activities

6.1 Eligible activities

Grant funding may be used for:

- staff salaries and on-costs
- employee training for paid and unpaid staff, that is relevant, appropriate and directly related to the delivery of ABL
- operating and administration expenses directly related to the delivery of ABL, such as:
 - telephones
 - rent and outgoings
 - computer/IT/website/software
 - insurance
 - utilities
 - postage
 - stationery and printing
 - accounting and auditing
 - travel expenses and allowances
 - accommodation costs (such as costs incurred where ABL workers are required to travel to distant locations to transport participants to rehabilitation or other support services), and
 - assets as defined in the Grant Agreement, including motor vehicle purchase or lease.

6.2 Ineligible activities

This grant funding cannot be used for:

- the purchase of land
- purchase of goods and services for participants, e.g. paying participants' medical bills or accommodation costs
- major construction/capital works
- funding to cover retrospective costs
- costs incurred in the preparation of a funding application or related documentation
- overseas travel
- profits, dividends or other forms of remuneration paid to directors or shareholders.

7 Communication and promotion

Providers are free to name or brand their particular ABLe service in such a way that it is relevant and welcoming for people in their local area.

The name A Better Life (ABLE) is to be included in any advertising or promotion of the service, as is acknowledgement that funding is provided by the Australian Government Department of Social Services.

For example:

“(Name of the organisation) is launching its new ABLe service called (own brand name). This service is funded by the Australian Government Department of Social Services.”

8 Compliance with relevant legislation

Service providers are required to deliver services in accordance with relevant legislation and industry standards, including relevant legislation regarding police checks for staff working with children and vulnerable persons.

Service providers should be aware of any case-based law that may apply or has an effect on their service delivery. Providers must ensure that the services meet health and safety requirements and all licence, certification and/or registration requirements in the area in which they are providing services.

9 Information technology

Services must have information technology systems in place to allow them to meet their data collection and reporting obligations outlined in their Grant Conditions.

10 Performance and reporting

DSS monitors and evaluates programme performance to ensure activities and service providers have a focus on outcomes for beneficiaries through effective and efficient use of funds and resources.

DSS's Performance Indicators focus on three key questions:

1. Are we achieving what we expected?
2. How well is it being done?
3. How much is being done?

Service provider performance will be measured against benchmarking of other organisations funded for this programme and compare a provider's service delivery performance against national benchmarks. Benchmarking will take into consideration the delivery of similar services, scale of funding, locality of service location and other relevant characteristics.

Reporting will be done using the DSS Data Exchange that has been developed as a simple and easy-to-use reporting tool for participant-based activities.

Performance information including participant characteristics and service delivery information will be required to be collected at the participant level and entered into the DSS Data Exchange.

The Data System protocols and requirements are available at the [DSS website](#).

This funding will be monitored closely and providers may be asked to submit qualitative information such as de-identified case studies, and information about the impact the funding is having in communities.

11 Financial reporting

The grant will be managed to ensure the efficient and effective use of public monies. This will be consistent with 'best value in social services' principles, the DSS grant agreement, and will aim to maintain viable services and act to prevent fraud upon the Commonwealth.

Acquittal documents must be provided to DSS as outlined in the grant agreement.

Funding must only be used for the purposes for which it was provided.

12 Privacy and handling complaints

12.1 Confidentiality and privacy

ABLE workers will have access to personal and sensitive information. Personal information should only be shared with other services with the written consent of participants, and should be kept safe and secure from access by others.

It is critical that service providers understand and adhere to privacy and confidentiality obligations. DSS expects providers to meet their obligations under the *Privacy Act 1988* and any other relevant state or territory privacy legislation.

12.2 Complaints

ABLE services must have Internal Complaints Procedures (ICPs) and they must be prominently displayed for participants.

A complaint is defined as: “Any expression of dissatisfaction with a product or service offered or provided”. Complaints, queries and feedback are considered a valuable opportunity for providers and DSS to review and improve processes and the quality of services provided.

The ICP should respect the participant’s confidentiality in order for issues to be raised in a constructive and safe way without any fear of their issues affecting the support or assistance they receive.

Service providers must refer their complaints to DSS if the complainants are dissatisfied with the providers’ internal handling of the complaints. Complaints can be lodged through the following channels:

Telephone: 1800 634 035

Fax: (02) 6204 4587

Email: DSSfeedback@dss.gov.au

Mail: Department of Social Services Complaints
GPO Box 9820
Canberra ACT 2601

If the complainant is at any time dissatisfied with DSS’s handling of a complaint, he/she can contact the Commonwealth Ombudsman <http://www.ombudsman.gov.au/pages/making-a-complaint/>, or by phoning 1300 362 072.

13 Incidents

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 participants/staff, potential for negative media coverage, etc., that may adversely impact the delivery of services to participants or the reputation of the Department.

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.

All incidents are to be reported to DSS via completion of an Incident Report Form (refer template at **Attachment B**) and emailed to the Grant Agreement Manager in the service's State or Territory office of DSS.

14 Contact information

For enquires regarding current grant agreements, service providers should contact their DSS Grant Agreement Managers. Contact details are listed in grant agreements.

For general programme enquiries contact Program.help@dss.gov.au or phone 1800 020 283. Information is also available on the DSS website at www.dss.gov.au.

Glossary

Caseload – the number of participants that each ABL worker may be supporting at any given time.

Co-morbidity – the co-occurrence of one or more diseases or disorders in an individual. Co-morbidity of mental disorders and substance use disorders is widespread and often associated with poor treatment outcomes, severe illness and high service use.

Cultural competence – the ability to interact effectively with people of different cultures, particularly in the context of non-profit organisations and government agencies whose employees work with persons from different cultural/ethnic backgrounds.

Culturally and Linguistically Diverse (CALD) – people who identify “...as having a specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, language(s) spoken at home, or because of their parents’ identification on a similar basis” (from *Victorian Multicultural Strategy Unit (2002) in Australian Psychological Society Ltd 2008*).

Cultural sensitivity – the quality of being aware and accepting of other cultures and cultural beliefs.

Family – is a relative, friend or neighbour who has a family-like relationship with the participant.

Forgotten Australians – people raised in institutional or other out-of-home care in Australia in the 20th century.

Homelessness – homelessness does not simply mean that people are without shelter. It can also mean that people are without stable or permanent accommodation. A stable home provides safety and security as well as connections to friends, family and a community.

There are three kinds of homelessness:

- primary homelessness, such as sleeping rough or living in an improvised dwelling
- secondary homelessness including staying with friends or relatives and with no other usual address, and people staying in specialist homelessness services, and
- tertiary homelessness including people living in boarding houses or caravan parks with no secure lease and no private facilities, both short and long-term.

Humanitarian entrants – people who are subject to substantial discrimination amounting to gross violation of their human rights in their home country, are living outside their home country and have links with Australia. (*Dept of Immigration and Border Protection*)

Incarceration – where a person is detained in a prison, remand centre or other corrective institution for being suspected of, or having committed a criminal offence.

Indigenous – a 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.

Informed Decision Making – is the two-way communication process between a participant and one or more service providers that is central to client-focused service delivery. It reflects the ethical principle that a participant has the right to decide what is appropriate for them, taking into account their personal circumstances, beliefs and priorities. This includes the right to accept or to decline the offer of certain services and to change that decision. In order for a patient to exercise this right to decide, they require the information that is relevant to them.

Institutionalisation – the term ‘institutionalisation’ generally refers to the committing of an individual to a particular institution. However, it is also used to describe both the treatment of, and damage caused to vulnerable people, when a person becomes accustomed to life in an institution so that it is difficult to resume community life.

Mental health – a state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

Mental illness – a diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The brochure [‘What is mental illness?’](#) on the Department of Health website provides more information.

Mental disorder – a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Out-of-home care – refers to foster care, kinship care and therapeutic residential care. It focuses on those children and young people with Children's Court ordered care arrangements, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive. It does not refer to young people who just happen not to be living at home.

Gambling disorders – persistent and recurrent maladaptive gambling behaviour that disrupts personal, family and vocational pursuits

Attachment A:

Individual Recovery Plan SAMPLE

Case Example:

Fred is a 36-year-old man regularly misusing alcohol. Fred's first experience of this was during his teenage years when he was living with his family, and it interfered with his schoolwork. Fred and his family sought assistance at school and through a local mental health service.

Over the next twenty years, Fred's condition has progressively worsened. He has been unable to find employment, now suffers depression and is often homeless. He has become alienated from family and friends. His ex-wife is refusing him access to his children, fearful that he is a poor role model.

He has been living rough, or sometimes stays with his girlfriend.

Fred is a participant in the cashless debit card trial.

Fred was referred to an ABLe worker, agreed to an assessment and was found to be eligible. The discussion with the worker highlighted a number of areas Fred might focus on for his recovery journey. Fred has discussed these with his ABLe worker and prioritised his goals and considered his next steps. Fred, in discussion with the ABLe worker has identified the following plan which he would like to follow for the next three months.

ABLE

Individual Recovery Plan – SAMPLE

Client Name Fred

Areas of need identified in assessment

Nowhere to live

Sometimes can't control urge to drink, especially after arguments with his ex-wife

No money, usually benefit goes on alcohol

Difficulty changing lifestyle because can't access help

Loss of contact with supportive people who can help recovery

My strengths

Good sense of humour

A relaxed attitude towards self and others, used to be a good mate to others

Previously had a strong relationship with family

Able to survive when homeless

My goals and aspirations

Find somewhere to live

Stay well for longer, to get to see my children more

Find a job

Planned activities – Refer to planning worksheet at the end of this document

What I can do to stay well

Get some help when I notice I am becoming depressed.

Have more time with my children as this makes me feel better.

Limit alcohol.

Slowly become more involved with activities and people that I enjoy which will support recovery.

People who can support me

Who	Phone number	What I need them to do
Toby – ABLe worker	55501555	Help me get to rehab; reassure me that I can manage this; remind me of the steps to take. Help me get the assistance I need; including food and

		payments; help me find out about housing options.
Jenny – Homeless Centre Worker	55015555	Listen to me and help with getting assistance if Toby is not available
Nathan – Friend	55555501	Tell me if I am losing it; help me phone Toby and Mary; make sure my bills are paid and I stay in touch with people.
Mary – Drug and Alcohol Counsellor	55550254	Help me limit my drinking

I do not want the following people involved in any way in my care (list names and (optionally) why you do not want them involved)

Joanne – girlfriend. Do not want her involved because she convinces me to drink more.

Signs that I may be beginning to feel worse: depression, anxiety

Urge to drink; worried that I haven't got enough money for beer.

What I can do if I am starting to feel worse: mark those that you must do-the others are choices

*Tell Toby and Nathan what is happening.

*Follow the directions of Toby and Mary.

What I want from my supporters when I am well

Listen to me and respect that I know what I am doing and what I need to do.

Help with moving towards my goals.

Encourage me.

What I don't want from my supporters when I am unwell

To make decisions about me and what I should do.

To talk to others about me without my agreement.

How I want disagreements between my supporters settled

I will decide what will happen for me.

If I am unwell I trust Jenny to settle the disagreement because she has known me a long time.

Things I can do for myself

I can speak to others on my own behalf, although at times I may need someone to help me connect with services.

I can judge when I am becoming unwell.

Record of referrals

Name of Agency referred to	Date referred	Date accepted	Ongoing assistance/support required	Contact
SAAP/Community Housing			Priority access for housing	
Drug and alcohol service			Help to get drinking under control	
Centrelink			Application for benefits	
Budget adviser			Discuss options for managing money and gaining bond money	
Community centre			Look at sporting activities	

This plan was completed on / /

This plan will be revised on or before / /

Client name

Original to Client

Signature

Copy on file

Planning Worksheet (SAMPLE)

Task or Responsibility	Step	When you would like to take this step
Get to know Toby	Meet Toby twice a week for two weeks at the Community Centre for coffee and a talk. Decide in 2 weeks if ABLe is right for me.	Immediately
Apply for assistance to gain accommodation	Appointment with Housing to apply for private housing assistance. Toby will come with me.	Next week
Money for rental bond	Appointment with budget counsellor to help with letter of support. Appointment afterwards with Centrelink for rental assistance. Toby will come with me.	Next week
Get better control of alcohol	Appointment with alcohol counsellor to talk about strategies and rehab programme and organise transport.	Two weeks
Reconnect with others that will help maintain health	Take up a sport that may make my wife believe I am changing.	Starts next month

Attachment B

A Better Life (ABLE) incident report

ORGANISATION: _____

SITE: _____

DETAILS OF INCIDENT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

NO. OF INDIVIDUALS INVOLVED: _____ GENDER OF INDIVIDUALS INVOLVED: _____

AGE OF INDIVIDUALS INVOLVED: _____

STATUS OF INDIVIDUALS INVOLVED (STAFF, PARTICIPANTS ETC): _____

WHERE DID THE INCIDENT TAKE PLACE? _____

WHAT OCCURRED? (DESCRIPTION OF INCIDENT) _____

RESPONSE TO THE INCIDENT: _____

ACTION THAT HAS BEEN TAKEN OR CAN BE TAKEN TO PREVENT THE INCIDENT FROM HAPPENING AGAIN: _____

HAS THERE BEEN OR IS THERE LIKELY TO BE MEDIA COVERAGE OF THE INCIDENT; _____

NAME OF SITE MANAGER: _____ DATE: _____

SIGNATURE OF SITE MANAGER: _____

GUIDELINES FOR REPORTING INCIDENTS

Providers should report incidents to their DSS grant agreement manager within 24 hours of occurrence/discovery. Reportable incidents include:

- Death, injury or abuse of a participant while in a provider's care
- Death, injury or abuse of staff or volunteers undertaking delivery of ABLe
- Inappropriate conduct between a participant, especially a child or young person, and employee
- Significant damage to or destruction of property impacting service delivery
- Adverse community reaction to the ABLe activities
- Misuse of ABLe funding.