Targeted Community Care (Mental Health)
Services for Families and Carers - Mental Health Respite: Carer Support
Part C2 - June 2011
Preface

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA or the Department) has a suite of documents (the Program Guideline Suite) which provide information relating to the program. They provide the key starting point for parties considering whether to continue participating in the program and form the basis for the business relationship between FaHCSIA and the funding recipient.

They are:

- **Part A: Program Guidelines** which provides an overview of the Targeted Community Care (Mental Health) Program and the Activities relating to the Program;

- **Part B: Information for Applicants** which provides information on the Application, Assessment, Eligibility, Selection and Complaints processes; Financial and Funding Agreement arrangements. Any special conditions to this information will be noted at Section 4 of Part C of the Program Guideline suite.

- **Part C 1 – Services for People with Mental Illness, Part C2 – Services for Families and Carers - Mental Health Respite: Carer Support, Part C3 – Services for Families and Carers - Family Mental Health Support Services** provides specific information on the Activity, Renewal process, Performance Management and Reporting. This part should be read in conjunction with the Funding Agreement for the Activity and the Standard Terms and Conditions.

FaHCSIA reserves the right to amend these documents from time to time by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.
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1 Program Overview

1.1 Program Outcomes

Provide accessible, responsive, high quality and integrated community mental health services that improve the lives of people with episodic and persistent mental illness, provide support for families and carers, and promote early intervention for children and youth at risk.

1.2 Aims and objectives

The aim of the Targeted Community Care (Mental Health) Program is to enable vulnerable people, their families and carers, whose lives are affected by mental illness to be accepted and participate in the Australian community and to improve the capacity for prevention and early intervention of mental illness that includes an increased awareness and understanding of mental health issues in the community. Under the TCC Program, funding is provided to non-government organisations to deliver community mental health services as follows:

1.2.1 Services for People with Mental Illness

To provide increased opportunities for recovery for people whose lives are impacted by severe mental illness by helping them to overcome social isolation and increasing their connections to the community.

Specific information about this activity for providers delivering PHaMs services is provided in Part C1 of the Program Guidelines.

1.2.2 Services for Families and Carers

To provide flexible support that is responsive to families, carers, children and young people affected by mental illness or at risk of mental illness through access to a range of support services that are linked to other services and supports that enable:

- Families and Carers to better cope with their caring role, improve their relationship with the person they support and balance their caring role with other parts of their life; and
- Intervention and support for children and young people through strength-based and early intervention strategies that are holistic and family-centred.

2 Activity Overview

Services for Families and Carers of People with Mental Illness - Mental Health Respite: Carer Support

Service providers will be expected to deliver innovative, flexible services to mental health carers and families. This may be through individualised responses, family, group and/or community based activities. Activities which support early intervention and prevention, or are aimed at reducing the impact of mental illness are all acceptable activities under the Program.

Activities can include carer support, counselling, advocacy, mental health education and community awareness raising activities that have a focus on early intervention and prevention.

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1 Services for Families and Carers has two service types under the one funding stream.
For respite and carer support services up to 25% of service activities can be aimed at providing respite support to families and carers of people with an intellectual disability where such an intervention is assessed as providing a preventative response to mental health needs of families and carers.

Families and carers of people with an intellectual disability do not need a formal clinical assessment of their mental health needs to be able to access this service.

2.1 Aims and objectives

The aim of Services for Families and Carers of People with Mental Illness are to provide flexible, responsive options for families, carers, children and young people impacted by mental illness or are at risk of developing mental illness.

2.2 Participant Eligibility

Families and Carers of people who are affected by severe mental illness by providing respite and support services to better manage their caring role.

Children and young people who are at risk of developing a mental illness and their families through strategies that include early intervention, family support, education and community awareness raising.

Priority of access should target people who are the most disadvantaged in the community including Indigenous Australians (including Stolen Generations) people from Culturally and Linguistically Diverse backgrounds, and older and young carers.

2.2.1 Who is not eligible for Mental Health Respite: Carer Support?

Carers and families of people with conditions other than a severe mental illness are ineligible for support under this initiative. Non-qualifying conditions include Acquired Brain Injury, neurological conditions, Alzheimer’s disease and physical disabilities.

Carers who are already receiving respite services under other existing Australian Government or state and territory programs and carers who are not within the target groups are ineligible for support under this initiative.

2.3 Funding for the activity

The Australian Government remains committed to improving the lives and experiences of all Australians through better mental health by providing a responsive community mental health service delivery system. Funding is generally for a three year funding period and is allocated annually.
2.4  Eligible activities- Mental Health Respite: Carer Support

Flexible support services that meet the individual needs of carers of people with severe mental illness, autism or intellectual disability. Activities that are eligible for funding are:

- **Respite** including short term breaks from the caring role;
- **Brokerage services** for carers, families and young people based on needs assessment;
- **Educational programs** that increase knowledge, understanding and acceptance with the aim of increasing the carers capacity to better manage the impacts of mental illness such as mental health first aid, and carer capacity to engage in employment;
- **Counselling** to decrease anxiety and depression and promote self care;
- **Peer support** through groups or one on one support to sharing learnings about the nature of mental illness crises and behaviours associated with them, leading to relief for carers and building resilience;
- **Advocacy services** that strengthen and empower carers such as assisting carers maintain employment and support for young carers to stay in school;
- **Information and referral** to other community supports such as Indigenous and CALD services that are underpinned by service providers developing and maintaining strong collaborative networks in their community; and
- **Social and recreational activities** aimed at increasing the carer and care recipients social participation.

2.5  Rural, Remote and Targeted Services Model

This model of service builds on the mainstream model principles and aims. It recognises that services delivered in rural and remote localities as well as those that target Indigenous and Culturally and Linguistically Diverse communities require additional flexibility in order to promote the cultural, mental and physical healing for individuals and families living with mental illness.

These services will be funded as either Mental Health Respite: Carer Support or Family Mental Health Support Services but will have the additional capacity to engage in outputs from both service types to achieve the aims of the program. Particularly to encourage the development of suitable activities to enable social inclusion and strengthening of family and community relationships for people participating in the service.

3  Activity links and working with other agencies and services

Funded service providers will be expected to work and have referral processes in place with a wide range of mental health, family support, community and other services. This approach is designed to build on existing coordination arrangements and ensure coordinated services that provide holistic and flexible support to meet the needs of families and carers of those with severe mental illness and children and young people at risk of mental illness.
Commonwealth initiatives which would be useful for families and carers of people impacted by mental illness include the Reconnect Program that 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, Money Management services that provide practical and essential support to help people build longer-term capability to manage their money better and increase financial resilience, the Family Support Program, National Respite for Carers Program, the National Carers Counselling Program, the Young Carers Respite Program and the Commonwealth Respite and Carelink Centres.


In keeping with the government’s emphasis on improving social and economic participation for all vulnerable Australians, providers are also encouraged to develop and maintain close links with Centrelink, housing, employment and other family support services which can assist families and carers to achieve a greater sense of social inclusion, safety and stability. These services will also work closely with local clinical services.

3.1 Specialist requirements (e.g. Legislative requirements)

Service Providers funded under the Targeted Community Care (Mental Health) Program are to ensure that services are delivered in accordance with all relevant Commonwealth and state and territory legislation. These include, but are not limited to the:

- State and Territory Mental Health Acts;
- Privacy Act 1998 and the National Privacy Principles (NPPs);
- Racial Discrimination Act 1975;
- Sex Discrimination Act 1984;
- Disability Discrimination Act 1992;
- National Standards for Disability Services (1993);
- Any applicable state or territory law relating to discrimination; and
- Any state or territory laws regarding young people who are under 18 years of age such as mandatory reporting requirements, working with children registration and police checks.

Service providers should be aware of any case-based law that may apply or has an effect on their service delivery. Providers must also 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.
3.1.1 National Standards for Mental Health Services

As part of the key priority area of service quality improvement and innovation, the National Standards for Mental Health Services provide a framework for how services respond to people with a mental illness, their families and carers and children and young people at risk of mental illness. The National Standards are also an important component of a quality service environment which values continuous improvement. Six supporting principles underpin the National Standards:

- Uniqueness of the individual;
- Real choices;
- Attitudes and rights;
- Dignity and respect;
- Partnership and communication; and
- Evaluating recovery.

FaHCSIA recognises that providers would already apply aspects of these standards to their services as they underpin the core principles applicable to Services for Families and Carers including:

- **Partnership** – people with mental illness, their carers/families, and the service provider should all be involved in the planning and delivery of services wherever relevant. Mental health professionals should take a family approach where possible and include the carers/families of people with mental illness.

- **Integration and coordination** – services should be ‘joined up’, and linked with other appropriate services in the area, with particular attention given to building and maintaining strong relationships with the clinical service sector. Services need to be provided in a holistic manner and work wherever possible within the context of the family.

- **Accessibility and responsiveness** – services should be accessible to people with mental illness 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 different cultural concepts of ‘mental illness’ and ‘wellbeing’ and strive to remove barriers for people from Culturally and Linguistically Diverse (CALD) backgrounds. Services should ensure that people within the target groups have information that enables them to access the program regardless of where they live or their level of income. Crisis services should be available at all times, including outside office hours, and be able to offer a rapid response.

- **Flexibility and choice** – services should be person-centred in design and delivery, tailored to individual requirements, and appropriate to the individual’s cultural and lifestyle context.

- **Social inclusion** – services provided should be particularly inclusive of people from vulnerable groups, including CALD and Indigenous backgrounds. Services will assist people with mental illness, and their carers and families to negotiate the ‘system’ and advocate on their behalf where possible.
• **Quality of service** – services must meet standards of quality appropriate to the service type, as specified in legislation, by professional associations, and in the Funding Agreement.

Services will therefore reflect the following characteristics:

• the rights and dignities of people with mental illness will be protected and promoted;

• service providers will ensure access for people with complex needs and challenging behaviours;

• services will be provided in a culturally appropriate manner and will accept differing cultural conceptualisations of ‘mental illness’ and ‘wellbeing’;

• services will be coordinated and planned and promote supportive partnerships that ensure ‘wrap-around’ service provision;

• service providers will recognise the needs of individuals within the context of family and other support networks as relevant;

• services will be provided within a context of respect for the role of carers and family members as co-experts and provide opportunities for them to make contributions to the support plans for people with mental illness;

• services will be planned, but flexible enough to respond to emergency situations;

• services will be appropriate for the type of support required; and

• service providers will provide information about the range of services, eligibility criteria and access requirements in formats that are appropriate to the needs of service recipients.

3.1.2 **Service Agreements for Direct Respite Services**

FaHCSIA acknowledges that a large number of subcontractors are used to provide the services specified under the Activities and authorise service providers to engage them or purchase goods/services from them without seeking FaHCSIA’s approval.

FaHCSIA acknowledges that providers under Services for Families and Carers subcontract or broker services from other providers to best meet the needs of families and carers. Approval from FaHCSIA to broker or subcontract services in this context is not required.

Providers are strongly advised to seek their own legal advice before subcontracting services. This is to ensure that those services also providing Commonwealth Respite Care Centres obligations under the service agreement are not compromised and that all other providers have ensured that they have appropriate ‘duty of care’ arrangements in place. The subcontracting arrangement must include at least the same obligations as those that apply to FaHCSIA service providers under the service agreement. This includes any provision relating to confidentiality, permitted disclosure, insurance requirements and privacy information. For example a service provider may ask the sub-contractor to sign a deed of confidentiality to reflect the subcontractors requirements, as outlined in its service agreement.

3.2 **Information technology**

Services will receive support to assist them in complying with FaHCSIA reporting requirements including:

• telephone support on IT matters; and
• telephone support on data collection activities.

FaHCSIA will electronically notify service providers when reports are due and provide reporting templates. Reports are to be electronically submitted.

FaHCSIA will also provide IT support through the mental health helpdesk mailbox: mentalhealth@fahcsia.gov.au which is monitored to ensure prompt response (same day where possible). Service providers will be advised of the expected timeframe for a response if it is likely to take more than two working days.

FaHCSIA will not provide specific funding for IT system upgrades. However, your IT requirements should be considered in the budget you submit with your application.

A GOVDEX site has been set up as a shared collaborative workspace. Access details will be provided to all funded Targeted Community Care (Mental Health) Program service providers.

### 3.3 Activity performance and reporting

Providers of Services for Families and Carers will be required to electronically submit:

- Monthly data reports;
- Incident Reporting;
- Biannual Progress Reports; and

Templates will be provided. Reports will be required on the due dates as specified in the Funding Agreement unless otherwise negotiated with FaHCSIA and approved in writing.

FaHCSIA’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?

**Targeted Community Care (Mental Health) Program Key Performance Indicators:**

- Percentage and number of clients, families and carers maintaining progress against individual goals;
- Percentage and number of clients who report that they are satisfied that the service they received was appropriate to their needs; and
- Percentage and number of clients from Indigenous and Culturally and Linguistically Diverse backgrounds.

FaHCSIA is currently reviewing the Targeted Community Care (Mental Health) Program Performance Framework.

**Funding Agreement**

The Funding Agreement articulates the formal agreement between FaHCSIA and service providers funded under the Services for Families and Carers service types. Service providers are
required to undertake all activities relating to the management, administration and delivery of the services specified in the Funding Agreement, in accordance with relevant guidelines.

This includes ensuring that:

- appropriate governance structures, policies and processes are in place to support service delivery;
- key management and staffing roles are functional and appropriate to service requirements;
- performance monitoring and reporting meets requirements specified in the Funding Agreement; and
- legal responsibilities, risk management policy and quality standards are met.
4 Glossary

**Autism** - autism spectrum disorders have been variously classified as mental illness, intellectual disability or as a classification of their own. For the purposes of the carer support service activities, autism spectrum disorders are considered a subcategory of mental illness.

**Brokerage** - procuring support and respite services on behalf of targeted carers.

**Carer** - a person who is actively caring for a person with a mental illness, with whom they have an on-going relationship

**Child** – a child is defined for the purpose of this Program as a male or female aged between 0 to 15 years.

**Community capacity building** – being involved in community development activities to improve community wellbeing through collaborative projects with community groups such promoting mental health awareness and first aid, stigma reduction.

**Family** - is a relative, friend or neighbour who has a family-like relationship with the person with mental illness.

**Intellectual disability** – is associated with impairment of intellectual functions in a range of daily activities with limitations and restrictions in participation in various life areas. Support may be needed throughout life, the levels of support tending to be consistent over a period of time but may change in association with changes in life circumstances (AIHW).

**Mental illness** - Mental illness is a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.

**Non-qualifying ‘conditions’** for the purposes of Services for Families and Carers are conditions which are not regarded as mental illness. If the care recipient has a dual diagnosis which includes mental illness or intellectual disability (not Acquired Brain Injury) they may qualify their carer for the services under the Targeted Community Care (Mental Health) Program.

- **Acquired Brain Injury** arising from damage to the brain acquired after birth. It results in deterioration in cognitive, physical, emotional or independent functioning which is the result of an accident, stroke, brain tumour, infection, poisoning (including substance abuse), lack of oxygen, degenerative neurological disease etc;
- **Neurological conditions** apply to impairments of the nervous system occurring after birth, including epilepsy and organic dementias;
- **Alzheimer’s disease** as well as such conditions as Multiple Sclerosis and Parkinson’s Disease; and
- **Physical Disability**.
**Peer Support** worker is someone with a lived experience of mental illness, who is living well and is able to support others experiencing mental illness to work towards their own recovery.

**Young person** - A young person is defined for the purpose of this program as a male or female aged between 16 to 24 years.