



Improving the NDIS Experience: Establishing a Participant Service Guarantee and removing legislative red tape

Submission by Mental Health Carers Australia



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Introduction

Mental Health Carers Australia (MHCA) understands that the Australian Government has promised to develop an NDIS Participant Service Guarantee to support positive participant experiences with the National Disability Insurance Scheme, which will be in place from 1 July 2020. To develop the Guarantee, MHCA also understands that the Government has appointed an independent expert, Mr David Tune AO PSM, to lead a review of the NDIS laws and rules that will focus on opportunities to make the NDIS process simpler and more straight forward, and remove barriers to positive participant and provider experiences with the NDIS.

About Mental Health Carers Australia

MHCA is a national peak body focussed solely on the needs of mental health families and carers. We are made up of seven state and territory organisations, including one national – refer front cover for our list of members. Our aim is to work constructively with governments and service providers to improve policies, programs and practices that directly and indirectly impact the families and carers of people living with mental health issues. More information about our organisation is accessible at:

mentalhealthcarersaustralia.org.au

Mental health families and carers are everyday Australians providing significant emotional, practical and financial support to their family member or friend living with a mental health issue. There are significant, well documented impacts on mental health families and carers associated with the mental health caring and support role, including but not limited to: emotional distress, depression, financial insecurity, employment insecurity and loss of connections with their own family, friends and community.

Recommendations for a new NDIS Psychosocial Stream

In early 2019 the National Disability Insurance Agency contracted MHCA to lead on developing a set of recommendations to improve the experience of mental health families and carers in relation to the psychosocial stream of the NDIS. The *NDIS Psychosocial Families and Carers* working group project was undertaken in partnership between MHCA, Carers Australia and the Private Mental Health Consumer Carer Network (PMHCCN) (Australia), and included wide consultation with families and carers of NDIS participants.

We understand that the NDIA is currently considering the findings and recommendations made within the report – a summary of our key recommendations is at Attachment 1. We

suggest that the Review team request a copy of the report to inform any recommendations it makes that will impact people with psychosocial disability, their families and carers.

Our response to the Tune Review discussion paper focusses on those questions that directly relate to issues and recommendations raised by mental health families and carers as part of the project.

Discussion paper questions

Which of the above principles do you think are important for the NDIA to adhere to, and why?

All seven proposed service standard principles are important and relevant to the families, and carers of people with psychosocial disability. Our consultations with mental health families and carers indicated that it is important for them to feel valued and included throughout planning, implementation and review processes, including that they are: identified as early as possible, invited to relevant meetings, particularly at planning and review meetings, and that they are engaged in helping to improve the systems and processes that affect them.

We are encouraged by the recent reforms to the NDIS participant pathway, including the focus on a dedicated psychosocial stream, and this current review that will inform the establishment of a Participant Service Guarantee.

Whilst we understand the centrality of the NDIS participant, there is opportunity to incorporate and empower their families, friends and carers throughout all processes in acknowledgement of the significant levels of informal they provide that underpins the very success and sustainability of the NDIS. It is also in acknowledgement that families and carers are directly impacted by planning decisions and also have a right to a good life of their choosing, which may include access to educational, employment and social opportunities.

Engagement with families and carers is often integral to support the wellbeing and autonomy of individuals with a psychosocial disability. Engagement with families and carers can provide important insights based on years of experience in a relationship with the person. Families and carers are often heavily involved in NDIS application, planning and implementation processes and so it is important that families and carers are engaged and supported to work collaboratively to foster the individual's choice and control in NDIS processes. Failure to engage with families can undermine the participation of some people with psychosocial disability in the scheme, if their support is required for the individual to

meet administrative and other requirements, yet the NDIS often seems to treat such support as being inconsistent with participant autonomy instead of often facilitating it.

It is also important that carers and family members are supported with referrals to access carer services when the NDIS is not an appropriate avenue to meet carer specific needs. Many people living with a psychosocial disability will want to have family and carers involved if asked at a time when they are well.

There are growing calls for contemporary policy design to focus on the relational context of a person's life as they work towards recovery¹. There are significant benefits associated with the move to individualised funding arrangements as demonstrated under the NDIS, but the presence of supportive interpersonal relationships is critically important to ensuring that people can access these benefits²

There can be clear benefits to Government, participants, their families and carers when the informal support provided by families and carers is recognised and valued, and where the needs of carers are considered alongside those of the participant as part of a relational approach to service planning.

In your experience with the NDIA, do you think they fulfilled the above principles? If not, how are they falling short?

Our consultations with mental health families and carers has found a high degree of variability of experience with NDIA processes. A number of people have experienced positive outcomes where the NDIS planners are skilled with knowledge of psychosocial disability and its impacts, including impacts on families and carers. There can be devastating impacts on participants with psychosocial disability, their families and carers when processes are implemented by NDIS planners including Local Area Coordination staff who lack knowledge or skills in psychosocial disability

In relation to the seven principles, a summary of the associated issues with their implementation is set out below:

Timely

The NDIS process will be easier to understand and use, enabling decisions about access, planning and review to happen promptly.

Families and carers of people with psychosocial disability may not receive timely advice in relation to planning or plan review decisions, particularly where notification letters have

¹ Rhys Price-Robertson, Angela Obradovic & Brad Morgan (2016): Relational recovery: beyond individualism in the recovery approach, *Advances in Mental Health*, DOI: 10.1080/18387357.2016.1243014

² Meltzer A, Davy L. Opportunities to enhance relational well-being through the National Disability Insurance Scheme: Implications from research on relationships and a content analysis of NDIS documentation. *Aust J Publ Admin*. 2019;1–15

been thrown in the bin as the participant has not understood the letter, is experiencing unstable accommodation, or there is stigma attached to becoming an NDIS participant.

In the instance of delays in receiving Access or unscheduled plan review outcomes, mental health families and carers often need to step in and provide direct supports during the review period or while seeking appropriate state-based mental health services. There is a particular impact on employment outcomes for mental health families and carers, with many experiencing unemployment or under-employment due to their caring role.

Engaged

The NDIA engages with people with disability, their family, carers and other support persons when developing operating procedures and processes.

The NDIA has improved its engagement with people with disability, their family and carers as evidenced through its engagement with peak mental health advocacy groups as part of its redesign of the NDIS psychosocial pathway. MHCA encourages the NDIA to extend this further by developing a co-production framework to guide how it engages with people with psychosocial disability, their families and carers to improve the legislation, systems and processes underpinning the delivery of the NDIS. It is imperative that the voices of families and carers are sought and heard as part of co-production processes as they are directly impacted by how effectively the NDIS guiding legislation is operationalised.

Furthermore, governments must engage with people with psychosocial disability, their families and carers to address the issues faced by individuals who are yet to test their eligibility, and those who are unlikely to test their eligibility, due to factors such as knowledge of the NDIS, stigma and episodic illness.

Expert

NDIA staff have a high level of disability training and understand the impact particular disabilities have on people's lives. They understand what supports are most effective for a person's disability.

Our consultations have shown that there continues to be great variability in the knowledge and skills of NDIA staff in relation to psychosocial disability and its impact on families and carers. A skilled psychosocial workforce is vital for the future success of the NDIS in relation to how it supports participants with mental ill health, including those with a primary and secondary diagnosis of psychosocial disability. MHCA understands that the NDIA is developing a competency and capability framework to improve knowledge and understanding of psychosocial disability within the NDIA and welcomes this initiative.

Connected

The NDIA works well with governments, mainstream services (such as health, education, justice services), disability representative groups and providers to ensure people with disability have coordinated and integrated services.

The problematic and well-documented mainstream interface issues between the NDIS and mental health service system has detrimental impacts on people with psychosocial disability due to the nature of episodic illness. Mainstream mental health services are generally poorly coordinated, a situation that is only compounded by the introduction of the NDIS.

This is contributed to by inflexible NDIS plans and difficulties experienced by participants, their families and carers (or support coordinators) in successfully contacting a NDIA representative to request an unscheduled plan review. This unresponsiveness can also mean people with psychosocial disability needlessly remain in the acute public mental health system due to the lack of appropriate alternative forms of support and associated NDIS funding to purchase such support.

For mental health families and carers specifically, it is also critical that the interface between the NDIS and the Integrated Carer Support Service is given special attention.

Valued

Participants, their families, carers and other support persons feel valued in their interaction with the NDIS and know where to go if they need further assistance.

As part of our consultations with mental health families and carers, we have heard that they can feel locked out of access and planning processes. We have also heard that participants, families and carers are not provided with assistance to identify alternative sources of appropriate support in the instance of an unfavourable access decision.

While many NDIA staff have positive interactions with participants, their families and carers, there is a widely held view that the correspondence issued by the NDIA uses overly complex language, is bureaucratic in nature and written in such a way that many participants, their families and do not understand their contents, and in some cases, have thrown them in the bin leading to lengthy delays in establishing appropriate support services.

MHCA strongly advocates for a more person-centred approach, including face to face interactions and correspondence written in plain English with clear information on next steps, particularly at the juncture of access decisions. For example in the instance of an unfavourable access decision, participants, their families and carers would feel more valued if they received direct contact from the NDIA (by phone call or in person) to explain the decision and in the case of an unfavourable access decision, be provided with information

and points of referral to access alternative forms of support. This communication would ideally be facilitated by a mental health carer peer worker.

Decisions are made on merit

The NDIA acts in a transparent, informative and collaborative spirit so that participants understand why decisions are made.

It is not clear how the NDIA operationalises Division 2, Section 34 (e) of the NDIS Act 2013. There is lack of transparency around how the NDIA assesses what is reasonable to expect families, carers, informal networks and the community to provide. MHCA would like to see clearer, published definitions of what is reasonable for families and carers to provide, including across age and cultural cohorts e.g. ageing, young, forensic, CALD and ATSI mental health carers.

Assessing what informal supports are provided and how sustainable they are is a significant issue for the administration of the NDIS. It is not enough to document them without examining how reasonable they are (in a relational context) but also in relation to the capacity of the families or carers providing support. This cannot be achieved without full disclosure and transparency in relation to the assessment and consideration of informal supports provided to the participant as part of planning processes.

MHCA also recommends that this principle is amended to the following: *“The NDIA acts in a transparent, informative and collaborative spirit so that participants, **their families and carers** understand why decisions are made”*.

Accessible

All people with disability can understand and use the NDIS, and the NDIS ensures its services are appropriate and sensitive for Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, LGBTQIA+ and other individuals.

We have heard the language of the NDIS described as ‘impenetrable’. People with psychosocial disability, their families and carers are finding it challenging to understand the new lexicon of the NDIS, and in fact, some don’t know the NDIS exists at all. There is a lack of mainstream outreach and information activities to build awareness of the NDIS, including what it does and doesn’t fund, across the entire community.

Negative media coverage and poor experience of other NDIS participants with psychosocial disability also acts as a barrier to participation. This is particularly true for people from marginalised communities such as Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, LGBTQIA+ and other individuals.

We have heard positive comments about the Reimagine Today website, which has been described as a good example of an informative and accessible resource for people with psychosocial disability, their families and carers to find out more about the NDIS.

What other key principles are important for the NDIA to follow, that could be included in a Participant Service Guarantee

MHCA has identified two possible additional principles that could be included in a Participant Service Guarantee:

Relational	The NDIA implements a relational approach to empower and enable successful outcomes for participants, their families, carers, friends and wider community
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Choice	All people with disability, their families, carers and friends are actively supported by the NDIA to make choices and decisions in relation to the NDIS
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MHCA supports the above principles and urges that the NDIA is adequately funded to implement them. Service principles will be no more than lip service if there is not adequate resourcing to ensure that people with disability, their families and carers receive timely access to a skilled and competent NDIS workforce, and in particular, a skilled peer workforce.

One way to measure these principles is through a set of ‘Service Standards’. Some ideas for what these Service Standards could be are listed in Attachment A. Do you think these Service Standards are fitting? Are there other standards you believe should be included?

The sustainability and success of the NDIS relies heavily on the informal supports provided by family, friends, carers and the broader community and accordingly there are significant references to families and carers in the guiding NDIS legislation. Despite this, MHCA notes that while the ‘Engaged’ principle includes a requirement that “ *The NDIA engages with people with disability, their family, carers and other support persons when developing operating procedures and processes*”, the Service Standards listed in Attachment A do not include standards related to family and carer engagement and inclusive practice.

The NDIS Review team could consider recommending the adoption of the *Practical Guide for Working with Carers of People with a Mental Illness*³ to support NDIA staff and Local

³ Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia and Mental Health Australia (2016) *A practical guide for working with carers of people with mental illness*

Area Coordination partner staff to effectively engage with mental health families and carers. The Guide includes six partnership standards that can easily be incorporated into a set of Service Standards and its associated tools and resources can be easily adapted to measure how well they have been implemented by the NDIA. A summary of the six partnership standards is at Appendix 2.

Do you have any ideas on how we can measure how well NDIA has delivered on each of the principles?

As described above the *Practical Guide* provides a foundational basis for a set of Service Standards associated with family and carer inclusive practice. The resources attached to the *Practical Guide* include tools for self-assessment. A scheme, similar to the Approved Quality Auditors scheme that provides the framework for auditing NDIS providers could be created using co-production methodologies, where independent auditors assess the performance of the NDIA against these key criteria. The independent assessment could include conducting interviews with participants, their families and carers to understand their experience of NDIS accesses and planning processes.

What are some of the significant challenges faced by NDIS participants in the access process?

MHCA understands that Nous has been contracted by the Department of Social Services to better understand the access barriers faced by people with psychosocial disability. MHCA has participated in consultations undertaken as part of this project.

The challenges faced by people with psychosocial disability, their families and carers in accessing the NDIS are also well documented in Mental Health Australia's NDIS Psychosocial Pathway report⁴.

MHCA recommends that the Review team considers the factors highlighted in MHA's report when making recommendations regarding the access process. Recommendations could include strategies to:

- proactively increase the number of people with psychosocial disability who are approved for NDIS plans
- improve the engagement of people with psychosocial disability, their families and carers in pre-planning processes so that they have adequate time to consider how the NDIS could benefit their lives and reduce stigma associated with applying for the NDIS

⁴ Mental Health Australia, National Disability Insurance Scheme: Psychosocial Disability Pathway, May 2018

- ensure that key family members and carers are identified at the access request stage of the participant pathway
- adopt a relational approach to access and planning processes in acknowledgement that people with psychosocial disability do not live in isolation of their family and friendship networks. Examples of an applied relational approach include: the identification of the person's personal networks at the earliest opportunity, proactive outreach to the person's personal networks so they are actively encouraged and supported to attend relevant meetings, planning discussions that include participant goals related to family, friends and community as well as the goals of the primary family members and carers to ensure their own needs are taken into account when developing the NDIS plan.
- Indicators of complexity in a family situation, informed by known indicators such as age of the family member/carer, risk of burnout of carer, diagnostic factors, etc. could form a component of the initial assessment phone call to ensure appropriate streaming at the access point. In psychosocial disability this may include factors such as difficulty engaging / accessing / maintaining services prior to plan, perhaps the volume of (or absence of due to difficulties) of service providers and systems involved before NDIS involvement.
- The new Evidence of Psychosocial Disability Template which was recently added to the NDIA webpage, present difficulties for carers in both articulating the purpose and appropriate language for clinicians to use in support of their access process, and burden families with educating health professionals who may unwittingly write contradictory or less thorough information against various NDIS domains leading to exclusion.

Is the NDIA being transparent and clear when they make decisions about people's access to the NDIS? What could the NDIA do to be more open and clear in their decisions?

The findings from our conversations with family and mental health carers indicates a need for more transparency about decisions, particularly as it relates to how decisions are made about what is reasonable for families and carers to provide (refer our commentary above under the principle *Decisions are made on merit*).

What are some of the significant challenges faced by NDIS participants in the planning process?

Families and carers of people with psychosocial disability have reported that they experience challenges in understanding the language of the NDIS, particularly the notion of permanent disability as opposed to the language of recovery as used across the mental health sector. Planning processes can become challenging when:

- Participants with psychosocial disability are unable to describe the impact of their disability on their day to day lives due to the barriers associated with terminology as described above
- Families and carers of people with psychosocial disability may not be invited to planning meetings and the functional impact of the person’s disability may not be adequately described to the NDIS planner, resulting in a sub-optimal NDIS plan.

Are there stages of the planning process that don’t work well? If so, how could they be better?

Below is a summary of the top issues and suggested improvements related to the planning process:

Issues	Impacts	Improvements
Unpredictable planner competency and knowledge around mental health	<ul style="list-style-type: none"> • Causes stress to the participant, their families and carers • Results in NDIS plans that do not reflect the needs of the participant with psychosocial disability, and take into account the nature of episodic illness 	<ul style="list-style-type: none"> • Build workforce capability in psychosocial disability and mental health family and carer inclusive practice. • Urgently incorporate mental health family and carer inclusive practice service standards for NDIS planning staff, and introduce a scheme to independently assess compliance
Families and carers of people with a psychosocial disability may view their caring load as normal, may be locked out of planning processes or lack the skills to advocate effectively at planning meetings	<ul style="list-style-type: none"> • NDIS plans may not meet the needs of the participant and/or do not take into account the needs of families e.g. employment/social goals of their own 	<ul style="list-style-type: none"> • Fund mental health consumer and carer peer workers to support people at planning meetings • Ensure identification of families and carers occurs at the earliest opportunity e.g. at Access • Fund capacity building projects to build self-advocacy skills of families and carers
Mental health families and carers fear that if planners build a perception that there is strong ‘informal support’ available, that there will be a poor NDIS plan as an outcome of the planning process	<ul style="list-style-type: none"> • Families and carers needing to step in (often having to leave or downgrade employment) to provide supports when the NDIS plan does not sufficiently meet the participant’s needs 	<ul style="list-style-type: none"> • Effectively operationalise the NDIS Act - Division 2, Section 34 (e) “ the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide”. This would include: <ul style="list-style-type: none"> ○ Providing transparent information about how ‘reasonableness’ is calculated ○ Introducing a standard assessment of the amount and type of supports provided by

Issues	Impacts	Improvements
		<p>mental health families and carers, if the provision of these informal supports can be sustained, and if the family/carer has personal goals (such as employment or social goals) that need to be considered when developing the plan.</p>

In addition, processes within the planning and review stages lack transparency in outlining the range of options available for carers to receive support in their own right as they support their family member within the plan. Ensuring the participant has support to fulfil what would typically be their share of household duties for a person of comparable age is increasingly omitted within the discussion and assumed to fall on the mother, wife, daughter in most instances. Gender bias has been observed in the language around describing support received from family in the 'goals' section of an NDIS plan.

Is the NDIA giving people enough, and the right type of information, to help them prepare for their planning meetings? If not, what else could they provide?

MHCA endorses and supports the use of the Reimagine Today website and advocates for its expansion to include mental health family and carer specific content.

MHCA has also advocated for a skilled mental health peer workforce (consumers and their families and carers). We believe that an appropriately resourced peer workforce, combined with a high degree of face to face contact will result in an improved experience for people who are preparing for their planning meeting.

There is insufficient information about how the NDIS can support people with psychosocial disability, including assistance to maintain their tenancies, create new community connections and develop new life skills. There should be increased information about the tangible and relatable aspects of support that can be funded under a plan for people with psychosocial disability. There should be proactive outreach to participants, but equally important, their families and carers, to provide clear information in plain English about the options available in the NDIS and the potential benefits to people's lives.

What are some of the significant challenges faced by NDIS participants in using the supports in their plan?

The top issues raised by mental health families and carers relating to challenges for people with psychosocial disability in using the supports in their plan include:

- Issues in relation to thin markets, including providers with limited experience or expertise in working with people with psychosocial disability. This also includes thin markets in rural and remote areas, which is already well understood by the NDIA to be a significant barrier to achieving the full potential of the NDIS.
- Not having sufficient support to 'get started'. When the participant is not allocated a local area coordinator or support coordinator with expertise and skill in psychosocial disability, activating a plan with service provider(s) can be delayed or not happen at all.
- Participants, their families and carers are concerned about cash flow across the life of the plan, and due to the nature of episodic disability, they may be reluctant to use the plan in the fear that it will run out before their plan review is due. This is leading to significant stress to both participants, and their families and carers.

Discussion paper questions related to 'Removing the red tape from the NDIS'

MHCA fully supports efforts to reduce or remove red tape from the NDIS, where this will not impact on the existing quality and safeguard arrangements for people with disability. Our recommendations related to reducing red tape include:

Carer identification

Mental health families and carers have repeatedly told us that one of the primary aspects of where the NDIS legislation is not working relates to how and when key family members, carers and significant others are identified, engaged and involved in all aspects of access and planning decisions. Poor engagement with families and carers due to limiting legislative or operational requirements of the NDIS leads to variable outcomes for participants, their families and carers. Families and carers report having to 'step in' when the plan doesn't fully meet the needs of the participant. This may include having to provide the support or spend considerable time organising a review of the participant's plan.

The NDIS and proposed Participant Service Guarantee needs to recognise that families and carers have distinct needs of their own, that their lives are not simply defined by their caring role and that this role is not simplistically perceived as an adjunct to paid supports. There have been numerous reported cases where families and carers have not been adequately identified or asked about the amount and type of informal support they provide to the participant leading to NDIS plans that fail to take into account the age and employment/life circumstances of the family member or carer and whether it is reasonable for them to continue providing the same level and type of support.

Tangible recommendations that the NDIS review team could consider to improve the relational aspects of the NDIS include:

- Revise the Plan Nominee and Correspondence Nominee sections of the NDIS legislation to ensure that these do not present barriers to effective family and carer engagement in the NDIS. MHCA understands that the NDIA has commenced asking participants questions about the sharing of information and supports this move. However, it remains true that the vast majority of NDIS participants significantly rely on support and advice from their families and carers when making decisions about their NDIS plans. The Plan Nominee provision within the legislation is restrictive and is not operationalised effectively for participants who lack capacity to make decisions leading to extremely poor outcomes for participants, their families and carers.
- Introduce a standardised carer assessment tool that captures current supports provided by mental health families and carers, including if the carer wishes to, or can sustain providing the same level of support and their current and desired level of participation in employment and other life opportunities. This tool would be used by NDIS planners in plan creation and review to ensure consistency in planning decisions to improve equity of outcomes for NDIS participants with psychosocial disability.
- NDIS applicants are asked about the sharing of information with their nominated family members or carers at the earliest opportunity i.e. at the access request stage of the NDIS pathway.

Flexible and longer term NDIS plans

There are significant negative impacts on people with psychosocial disability, their families and carers associated with the current restrictive approach to the approval, scheduled and unscheduled review of NDIS plans. This is particularly relevant to the impact of episodic illness and the associated fluctuating need for formal supports through the NDIS e.g. during periods when the participant may need to temporarily increase access to mainstream mental health services, including acute care services.

The impacts on families and carers when supporting participants with psychosocial disability to navigate mainstream mental health services and the NDIS is profound. We have heard of family members and carers giving up work or reduce their working hours to manage periods of episodic illness. These impacts include:

- time spent seeking and engaging in the plan review process

- time spent supporting the NDIS participant with psychosocial disability to find and obtain the relevant acute mental health services they need when unwell
- time and effort spent coordinating services when the NDIS Support Coordinator lacks the skills to do so.

To improve outcomes for people with psychosocial disability their families and carers and provide a greater degree of flexibility, we recommend:

- Longer duration of NDIS plans i.e. up to three years to reduce the amount of time spent managing cash flow and attending plan review meetings, particularly when a participant's support needs are stable
- Plans are flexible and include funding that can be accessed during periods of episodic illness i.e. plans that can be 'dialled up or down' by the participant, their families and carers as required
- Specialist support coordination is funded for all people with psychosocial disability who are identified as experiencing with episodic illness, and who have multiple interactions with the acute, mainstream mental health system
- Specialist mental health teams within the NDIA who understand psychosocial disability and who can provide 24-hour assistance and advice during periods of crisis, including providing emergency short term funding.

Appendix 1: NDIS Families and Carers Working Group NDIS Psychosocial Pathway Report: Summary of Recommendations

<p>1. Information and outreach Provide information resources in formats that all mental health carers can understand, including accessible case-studies and scenarios</p>	<p>2. Workforce capability Design systems to attract, train and retain a skilled NDIS mental health workforce with expertise in recovery-oriented practice, episodic illness and mental health carer inclusive practices</p>	<p>3. A consistent point of contact Provide a consistent point of contact throughout the NDIS pathway, including access to consumer and carer peer workers</p>	<p>4. A relational approach Introduce a relational and family-centric approach to identify person-centered supports that complement and strengthen relationships between consumers, their families, friends and supporters</p>	<p>5. Co-production develop co-production methodologies to involve mental health carers in designing pathway improvements that improve outcomes for carers and consumers</p>
<p>Recommended Initiative: 1.1 Reimagine Today website for Carers 1.2 Proactive outreach to carers and consumers via mainstream services 1.3 National carer awareness campaigns</p>	<p>Recommended Initiative: 2.1 Psychosocial workforce development 2.2 Peer workforce - including carer peer workers</p>	<p>Recommended Initiative: 3.1 Consistent NDIS points of contact 3.2 Intensive face to face support for consumers and carers with complex needs</p>	<p>Recommended Initiative: 4.1 Develop a framework to support a relational approach to planning 4.2 Carer inclusive practice guidance 4.3 Replace carer statement with standardised assessment of support provided by carers 4.4 Carer employment outcomes</p>	<p>Recommended Initiative: 5.1 Develop a framework to support co-design and co-production 5.2 Use of the NDIS Mental Health Carer Blueprint (Appendix B) for critical pathway touchpoint redesign</p>

Appendix 2 – Mental Health Family and Carer Partnership Practice Standards

Partnership Standards in Practice

The six Partnership Standards are designed to improve outcomes for consumers by combining the knowledge and skills of staff with the knowledge and lived experience of family and other carers in a partnership approach to service delivery across all settings.

The Six Partnership Standards

1. **Carers and the essential role they play are identified** at first contact, or as soon as possible thereafter.
2. **Staff are carer aware** and trained in carer engagement strategies.
3. **Policy and practice protocols regarding confidentiality** and sharing of information are in place.
4. **Defined staff positions are allocated** for carers in all service settings.
5. **A carer introduction to the service and staff** is available, with a relevant range of information across the care settings.
6. **A range of carer support services** is available.

The Partnership Standards can be applied across all settings and incorporate age-related and cultural needs.

The processes associated with identifying carers and providing basic information to them can be broken down into simple actions that can be undertaken by all staff at:

- an organisational level
- an individual staff level

All services are required to undertake a process of accreditation, either by individual professional bodies such as service agreements for CMOs responsible for service delivery or by organisational surveys via accreditation agencies against specifically agreed standards such as National Safety and Quality Standards, Australian Commission on Safety and Quality in Health Care. These processes require services to demonstrate evidence of partnering with carers in service delivery.

Implementation of the Partnership Standards will provide a framework for demonstrating organisational commitment to working in partnership and to meeting the various requirements of the accreditation processes.