Draft Accountability Framework for Individualised Support and Funding

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1. Introduction

The Mental Health Commission (‘the Commission’) identified individualised support and funding as a contemporary and solid approach for improving the appropriateness, accessibility, responsiveness, effectiveness and efficiency of mental health service delivery in Western Australia. The Commission’s strategic policy, *Mental Health 2020: Making it personal and everybody’s business*, and the Economic Audit Committee’s Final Report, *Putting the Public First* (2009), clearly articulate the rationale for individualised support and funding, also known as self-directed supports and services, particularly the positive benefits and outcomes of this approach for vulnerable people, their families and carers and the community as a whole.

Individualised support and funding is congruent with the *National standards for mental health services 2010* and the recovery principles for mental health services embedded within the standards.

This policy document provides detail on the Accountability Framework for Individualised Support and Funding (‘Accountability Framework’). It can be read in conjunction with the relevant terms and provisions of the Commission’s Service Agreement for endorsed Service Providers (‘Service Agreement’), as well as the following Commission publications and documents: *Creating a Great Life with You - Individualised Support Policy Framework*, *Individualised Funding Policy*, and other guidelines, frameworks and/or individualised planning documents.

All individualised funding managed through an organisation will be required to be used in a manner consistent with the Accountability Framework and the relevant Service Agreement to ensure that all Government accountability measures are met. Most importantly, it will need to be utilised in a way that reflects how the person (who is receiving the funding) wishes to be supported, in order to meet his or her goals, needs and preferences.

2. Purpose and Objectives

The Accountability Framework is a communication tool that captures the essential information for key stakeholders involved with Individualised Support and Funding initiatives. It outlines the minimum expectations of good practice to which all stakeholders, particularly mental health Service Providers and staff members of the Commission, should commit. It also specifies what they are accountable for, as well as the mechanisms they should have in place for individuals, families and carers to raise concerns and provide feedback.

The Accountability Framework is designed to assist Service Providers adhere to the guiding principles of Individualised Support and Funding initiatives, while simultaneously meeting relevant Government standards of performance, probity and accountability.
3. Maintaining the Integrity of the Individualised Support and Funding Initiatives

Within recovery orientated mental health practice, planning for individualised supports focuses on close knowledge and understanding of the individual, and his or her family and carer, recognising his or her strengths, values, beliefs, preferences, and social and community networks. A person centred approach to planning and delivery of supports and services is based on acknowledgement that individuals, and those persons with whom they have important, meaningful relationships, are best placed to identify the individual’s strengths, interests, aspirations and needs.

At the completion of a personalised planning process, each individual will have a personally tailored plan. Having a personalised plan will not, however, ensure that the person’s supports and services will be provided in a person centred way. Organisations that support individuals, their families and carers will need to embed a culture of person centeredness within their organisation to ensure that all supports (formal or otherwise) and services are genuinely person centred. The Commission also aims to build the capacity of Service Providers through developing strategies that enable them to work in partnership with individuals, their families, carers and close support networks in order to provide flexible, responsive and inclusive supports and services.

The Commission has also implemented a number of quality assurance measures to ensure that the integrity of each individualised support and funding initiative is maintained. The most important of these measures is the operation of an independent panel, known as the Individual and Family Living Panel, which makes recommendations to accept, reject or defer proposals for funding in accordance with pre-determined criteria.

A further measure that will be helpful for individuals and service providers is the regular review of an individual’s personalised plan. This allows for critical reflection on areas such as the individual’s underlying values and interests, and whether the achievements being realised for the individual and his or her family and carer actually reflect those values and interests.

3.1 Review of personalised plans

The review of personalised plans on a bi-annual basis is integral to ensuring that there is a high standard of accountability in achieving the financial goals and outcomes reflected within the individual’s plan. Where possible, the review process is also an opportunity to review whether funding is still required to meet the person’s desired goals and, in turn, whether an existing plan should continue beyond the initial 12 month period. Alternatively, a new plan may be collaboratively developed in line with any changes in the person’s life or circumstances, and his or her new goals.
The review should be fully documented by the Service Provider, and assess the extent to which the funded supports meet the Individualised Support and Funding Principles at Appendix 1; the Principles of Recovery at Appendix 2; and the Five Dimensions of Inclusion at Appendix 3. In addition, any review documentation should be retained with the personalised plan, in the file that has been created for the individual.

The Commission’s Individualised Support and Funding Team will also seek feedback from individuals, their families and carers, as well as Service Providers, regarding the achievement of each individual’s goals. The feedback from the plans will be reviewed by the Team’s members, along with revised plans for the following year, as part of the process for initiating further allocation of funding and provision of supports1.

### 3.2 Changes to the personalised plan and proposed expenditure

While a formal review will be undertaken by the Service Provider, the individual and his or her close networks on a bi-annual basis, personalised plans should be reviewed as often as needed. This ensures that there is flexibility for the parties to make changes to the plan, as appropriate, in line with its original purpose and proposed expenditure.

In circumstances where an informal review process may result in significant changes to a person’s plan and a variation to what was originally approved by the Commission (e.g. a request for an increase in allocated funding), Service Providers must seek permission from an authorised officer of the Commission to incorporate these changes, as outlined in the Commission’s delegations policy. It may be necessary to alter a plan in situations such as an individual being re-hospitalised or to accommodate a person’s changing needs.

### 4. Service Delivery and Development

The Service Provider2 should possess the necessary skills and experience to meet the stipulated service requirements of Individualised Support and Funding initiatives. Organisational capacity, fiscal viability and sustainability (to manage services in the long term) are equal in importance to the organisation’s ability to embed a culture that supports a recovery and person centred approach, and aligns with the principles and outcomes of Individualised Support and Funding initiatives.

The Service Provider (and any other subcontractors providing support services) is required to comply with all relevant legislation, including those

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1 Service Providers are to lodge a personalised plan(s) they are administering with the Commission, at least six weeks before the term of the current personalised plan(s) is due to cease, in accordance with relevant internal procedures.

2 Service Providers may also engage another person or persons as a subcontractor, in order to supply the required services.
under which the organisation is established and those to which the Service Agreement is subject\(^3\), as well as ensure compliance with the Commission’s Disability Access and Inclusion Plan (prepared under the Disabilty Services Act 1993) and the Western Australian Carers Charter (specified in the Carers Recognition Act 2004).

A commitment by the Service Provider to enhancing the learning and development of staff members, particularly their understanding and practice of recover and person centred approaches and individualised support and funding models, will also enable it to develop its full potential and deliver a service that could have long-term sustainability\(^4\).

### 4.1 Service quality

The Commission has assumed responsibility for monitoring standards of care in non-government organisations (NGOs\(^5\)). Future reporting requirements for all NGOs will be against the Mental Health Outcome Statements and the National Standards for Mental Health Services 2010 (NSMHS).

To support its role in monitoring standards of care, the Commission has developed a comprehensive Quality Management Framework to ensure that mental health service providers continuously improve the way people with mental illness, their families and carers are supported, in order to experience a better quality of life.

The quality management framework for NGOs includes:
- an annual self assessment completed by NGOs, this includes a 12 month continuous improvement plan;
- improved reporting, tracking, management and investigation (as required) of Notifiable Incidents by NGOs; and
- independent evaluations that will be conducted by a panel of independent evaluators (including carers and people with a lived experience of mental illness) that will assess NGO service quality by seeking evidence (that either supports or fails to support) of the quality of the service through direct feedback, observations and documentation that;
  - actively support individuals, and / or their families and carers, to achieve their personal goals (as they relate to the Mental Health Outcomes); and
  - address the intent of each NSMHS in practice.

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\(^3\) This includes the Mental Health Act 1996 (WA), Freedom of Information Act 1992 and Financial Management Act 2006.

\(^4\) The Mental Health Commission, through its Performance Development Policy, will actively work to develop, maintain and improve employee skills and knowledge in areas that will enhance the collaborative work between Service Providers and the Commission.

\(^5\) NGOs include all Commission funded not-for-profit and for-profit non-government organisations, including licensed psychiatric hostels, but excluding private hospitals.
4.2 Portability of funding

An important element of individualised funding is the right of an individual to choose which service provider will administer their funding and the ability to be able to move their funding between preferred service providers should the need arise.

Guidelines informing the portability of funding are outlined in the Mental Health Commission’s ‘Request for Individualised Community Living Strategy’, which is the document that forms the basis of the support provider’s Service Agreement with the MHC.

Key policy considerations incorporated in the Service Agreements include: the promotion of individual choice and control; recognition of the circumstances surrounding the individual’s decision; flexibility; timeliness and responsiveness to a request for transfer; smooth transfer of funding and continuity of the delivery of services and supports; consideration of the viability and capacity of service providers; and clear conflict resolution processes identified surrounding the individual’s decision.

5. Complaints and Notifiable Incidents

5.1 Complaints management and processes

Service Providers must have an established complaints management policy and process in place, and provide information to the individual and his or her family and carer about this policy and any supporting processes.

Wherever possible, individuals and their families and carers should make complaints directly to the Service Provider in the first instance, and the parties should make every effort to resolve complaints among themselves.

If the parties are unable to resolve complaints together, the Commission can assist in identifying possible solutions. This may include referring matters to the Health and Disability Services Complaints Office’s (HaDSCO) complaints resolution service, in relevant situations, or suggesting referrals to alternative organisations.

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6 As specified in Part B of the Service Agreement.
7 HaDSCO is able to receive complaints about individuals or organisations that provide, or claim to provide, a health service; as well as receive complaints about any services provided specifically for people with disabilities. This complaints mechanism could be utilised in situations where the Service Provider is also providing a service (or sub-contracting another organisation to provide a service) that could be the subject of a complaint; or if the individual making the complaint has a dual disability. Carers are also able to make complaints, in accordance with the specified criteria, when a provider has failed to comply with the Carers Charter. Further information is available at www.hadsco.wa.gov.au
In circumstances where the Service Provider wishes to complain about a decision, action or otherwise of the Commission, it can do so in accordance with the Commission’s established complaints process. If the matter cannot be resolved with the Commission, in the first instance, the Service Provider also has the right to lodge a complaint with the office of the Ombudsman Western Australia. 

5.2 Notifiable incident reporting

The Service Provider must comply with the requirements for reporting notifiable incidents, which includes serious complaints, incidents and deaths, as outlined in the Service Agreement.

6. Financial Reporting and Responsibilities

Whilst the responsibility of ensuring that funds are being spent appropriately and that adequate records are being kept lies primarily with a Service Provider, the Commission plays an equally important accountability role throughout the funding process.

For all individualised funding provided, a Service Provider must retain and, if requested, provide adequate evidence to demonstrate that the funds have been used as outlined in each individual’s personalised plan. The Service Provider is principally responsible for ensuring that there is appropriate evidence to demonstrate that payments have been used for the intended purpose.

The Service Provider is also required to furnish a fully audited set of financial statements. These statements should be contained in the Service Provider’s Annual Report or provided directly to the Commission.

While the Service Agreement specifies reporting conditions, these requirements may vary according to the type of funding and the degree of risk that the provision of funding to a Service Provider places on the Commission. In situations where the Commission becomes aware that funding is not being used in accordance with the agreed purpose or exceeds the allocated amount, a higher level of reporting requirements may be enforced, regardless of the amount of the funding provided.

In exceptional circumstances, the Commission may seek to have a financial audit performed to assess the integrity of the Service Provider’s financial statements.

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[9] The requirement for Service Providers to report Notifiable Incidents has now transferred from the Office of the Chief Psychiatrist to the Mental Health Commission. Licensed hostels and accommodation services are required to report to both the Commission and Chief Psychiatrist.
statements and/or operations, which culminates in a report providing assurances regarding that integrity. This may be required in circumstances such as when an independent audited financial statement has not been furnished by the Service Provider, or the audited financial statement is deemed to have insufficient detail for the Commission to be able to make a full evaluation.

7. Governance

The Service Provider must comply with relevant legislation and any associated reporting obligations, as outlined in the Service Agreement. This includes maintaining compliance with the legislative requirements under which the Service Provider is established, and providing notification to the Commission of any changes to the composition of the Service Provider’s Board and Executive.

7.1 Relevant legislation

Relevant legislation includes, but is not limited to:

- Mental Health Act 1996 (WA)
- Associations Incorporation Act 1987 (WA)
- A New Tax System (Goods and Services Tax) Act 1999 (Commonwealth)
- Carer Recognition Act 2010 (Commonwealth)
- Carers Recognition Act 2004 (WA - which specifies the provisions of the Western Australian Carers Charter)
- Disability Services Act 1993 (WA)
- Financial Management Act 2006
- Freedom of Information Act 1992
- Occupational Safety and Health Act 1984 (WA)

7.2 Relevant policies and strategies

Individualised Support and Funding initiatives are guided by the following policies and strategies:

- Delivering Community Services in Partnership Policy, which applies to all Public Authorities that provide funding for, or purchase community services from, not for profit organisations
- National standards for mental health services 2010

They are also guided by the following Commission documents:

- Creating a Great Life with You - Individualised Support Policy Framework
- Individualised Funding Policy
• Individual and Family Living Panel Handbook
• Notifiable Incident Reporting Policy
• Various planning documents, as follows -
  o Planning Framework
  o Determining a good life and setting goals – Planning Guide
  o Planning support materials and resources
  o My Plan
  o Our Plan
  o Individual Funding Portability Policy (To be developed)
  o Safeguards Framework for Individualised Support and Funding. (Consultation Draft available)
• Quality Assurance Framework¹⁰.

8. Other Requirements
As outlined in the Service Agreement, the Commission may choose to conduct further investigations if any reports furnished by the Service Provider raise sufficient concern; and/or the Commission may request information in relation to services provided to individuals, in order to fulfil Commonwealth, State and Commission reporting requirements.

8.1 Retention and storage of information and data
In accordance with the Commission’s Recordkeeping Plan, any documentation pertaining to personalised plans/proposals (along with the actual plans/proposals, or copies thereof) will be held in secure onsite or offsite storage facilities.

The electronic and hard copy files are the property of the Commission and must be preserved in accordance with the State Records Act 2000 and the Freedom of Information Act 1992¹¹.

Electronic records containing personal information (held on a database or otherwise) will be subject to restrictions of access, depending on delegations assigned to staff within the Commission.

It will also be the responsibility of each endorsed Service Provider to inform every individual (with whom they have developed a personalised plan) that their data and personal information will be held on file in secure onsite or

¹⁰ See Section 4 for more information.
¹¹ The Commission shall also keep a file of the records of the meetings of the Individual and Family Living Panel.
offsite storage facilities, and may also be sent to the Commission (from time to time). Furthermore, individuals will have rights of access to their own file.

**8.2 Maintaining an individual’s right to privacy, dignity and confidentiality**

Service Providers should have written policies and procedures that recognise and respect an individual’s right to privacy, dignity and confidentiality. The development and/or amendment of such policies and procedures could also be done in consultation with individuals, families and carers.

The Service Provider should only collect information that is necessary to provide the service effectively, and each individual should be informed of the type of personal information being held and the reason for holding this information. In addition, an individual’s consent should be obtained before any personal information is released by the Service Provider, and details provided to him or her on when and why personal information is being accessed as well as by whom.

Access to personal information and activities by Service Providers is privileged, and this should be communicated (and reinforced) in other workplace-related procedures (e.g. recruitment and selection procedures), as required.

**8.3 Managing risks**

Risk management should be fully integrated into the Service Provider’s planning, management, and operational processes. It can assist the Service Provider to identify what is essential to achieve the desired outcomes contained in the individual’s personalised plan, as well as the known factors or risks that could adversely impact on the planning and implementation phases.

Financial and other risks to the organisation can be mitigated through mechanisms such as Government procurement policies and processes, which cover matters such as whether an organisation has the required insurances, as well as assessments undertaken by Commission staff regarding whether or not organisations meet different evaluative criteria (e.g. suitability of proposed services, pricing schedules, and so forth).

In addition, there are specific policies that can provide protections for individuals, by outlining particular measures that a Service Provider should adopt. For instance, the Commission’s Safeguards Framework for Individualised Support and Funding provides guidance on the individualised precautions and safety measures that a Service Provider should have in place.
8.4 Access to funding

All individuals seeking to access the Commission's Individualised Support and Funding initiatives must meet eligibility criteria for mental health services and any criteria specific to the source of funding. The criteria are outlined in the Commission’s Individualised Funding Policy.

Where a person has received financial compensation from other sources, or is receiving or seeking funding from a similar initiative\textsuperscript{12}, a determination may be made by the Commission that the person is not eligible for either full or part funding.

9. Review of this Document

The Accountability Framework is to be reviewed approximately every three years. However, it is also a dynamic document that relates to new and emerging policies and initiatives; and it will need to be reviewed to align with such policies and initiatives as they are developed.

10. Communication

The Commission will actively promote the Accountability Framework to relevant stakeholders through a range of mediums including face to face meetings with Service Providers, letters and newsletters, via peak organisations and the Internet. The Accountability Framework and other related documents will be available on the Commission website, at www.mentalhealth.wa.gov.au

\textsuperscript{12} An example is the Partners in Recovery (PIR) initiative developed by the Department of Health and Ageing, which provides coordinated support and flexible funding arrangements for people with severe and persistent mental illness. More information on the PIR initiative is available at http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pir
11. Glossary of Terms

This Glossary contains terms that are common to some of the related documents, such as the Individualised Support Policy Framework. The Accountability Framework does not, however, contain all of the terms listed in the Glossary.

**Carer:** In line with the *Carers Recognition Act 2004*[^13], a carer refers to a person, who (without being paid) provides ongoing care or assistance to another person who has a disability, chronic illness or a mental illness, or who is frail.

**Generic sources of support:** Are services, supports, treatment or resources that are available to the general public. For example hospitals, community recreation programs etc.

**Individualised funding** and **self directed funding:** Are both funding mechanisms that promote person centred approaches where the funding is based on the support needs and identified solutions for individuals, families and carers. It is based on the principle that individuals and families are best placed to determine their own needs and solutions to those needs, and therefore have control over the purchasing of services and supports that they require. In some self directed models, the funding is provided directly to the person with a mental health problem and/or mental illness or his or her family.

**Individualised supports:** Are the supports that have been identified to meeting the support needs and solutions of a person with mental health problems and/or mental illness and their families and carers. Individualised supports include paid supports as well as informal community supports and generic supports.

**Informal and community supports:** Are those supports available to the person with a mental health condition and their families from people they interact with in their community. These supports are provided outside of government funded services. This can include support provided by extended family, friends, neighbours, church, clubs and associations etc.

**Mental health services:**[^14] Refers to services in which the primary function is specifically to provide clinical treatment, rehabilitation or community support targeted towards people affected by mental illness or psychiatric disability, and/or their families and carers. Mental health services are provided by organisations operating in both the government and non government sectors, where such organisations may exclusively focus their efforts on mental health service provision or provide such activities as part of a broader range of health or human services.

[^13]: The explanation of the word ‘carer’ is adapted from Section 5 of the Act.
[^14]: Department of Health and Ageing, *Fourth National Mental Health Plan*, Australia
**Mental health problem**\(^{15}\): Diminished cognitive, emotional or social abilities but not to the extent that the criteria for a mental illness are met.

**Mental illness**\(^{16}\): A clinically diagnosable disorder that significantly interferes with an individual’s cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

The **person centred approach** puts the person with a mental health mental health problem and/or mental illness at the centre of planning and decision making on how they would like to see their lives unfold. Supports and services provided to each person are based on their unique wishes, interests, strengths, goals and needs.

**Person centred approach to planning**: Is planning that is tailored to the unique circumstances of each person with a mental health problem and/or mental illness and distinguishes between what is important “to the person” as well as “for the person”.

**Personalised Plan**: Refers to the individual support plan completed by the service provider in conjunction with the individual and any other related parties, which will be submitted to the Mental Health Commission and reviewed by an Independent Panel.

**Proposal**: The proposal includes the request for funding, as required, along with the individual support plan.

**Recovery**: Gaining and retaining hope, understanding of one’s abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self\(^{17}\).

**Safeguards**: Are individualised precautions and safety measures that are put in place to protect the person with a mental health condition from exploitation and harm, and provide protection against foreseeable unintended events, while at the same time enabling the person to make choices, take considered risks and live a life that reflects their personal preferences. An important safeguard is the building and supporting of relationships in a person’s life as this increases the number of people who care about the safety and wellbeing of the person.

**Service Agreement (for endorsed Service Providers)**: The Service Agreement comprises:


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\(^{15}\) See footnote 16

\(^{16}\) See footnote 16

\(^{17}\) Australian Government, National Standards for Mental Health Services 2010 p.42
(ii) Request for Individualised Community Living Strategy;
(iii) Response Form; and
(iv) Acceptance of Offer.

Social Inclusion: Is a sense of belonging, sharing responsibility, contributing, having one’s differences respected, and being seen to be of value regardless of one’s circumstance. Social inclusion also refers to policies and practices which lead to the experience of being socially included for people who may otherwise be excluded because of disability, mental illness or disadvantage.
12. References


APPENDIX 1

Individualised Support and Funding Principles

Planning, delivery and review of individualised supports and services should be undertaken in accordance with the following principles:

**Personalised**
Individualised supports and services are person centred and developed one person at a time with each person’s individualised support arrangements being planned and developed to support their unique needs, goals, preferences and family circumstances and to develop and utilise their talents, strengths, interests and potential.

**Planning**
Planning of individualised support occurs in an environment which is supportive of the individual, uses a strengths-based and holistic approach that offers hope to individuals, families and carers, and includes opportunities to create higher expectations for what individuals can have in their lives. It also includes identifying how the individual wants clinical intervention and/or supports provided when they are not well.

**Choice and self direction**
Individuals, families and carers are recognised as being assets rather than passive recipients of support. Their expertise in determining their own needs and solutions, and their authority to self direct their individualised supports is recognised and supported.

**Promotion of family and friends**
Having friends and family and being part of a network of people who are mutually caring and supportive is an important part of people’s lives and contributes to an individual’s health and wellbeing. Individualised support builds and promotes personal networks for the individual and strengthens and forges links to the broader community.

**Recovery focus**
Individualised support helps to promote sustained recovery and social inclusion of individuals.

**Dignity of risk and safeguards**
Individuals are treated with dignity and their right to take risks, make mistakes and learn from these is respected. Identifying appropriate safeguards that allow for individual choice, risk taking, self development and growth is an integral part of planning for individualised supports and should align with the Commission’s *Individualised Support and Funding Safeguards Framework*. 
Portability
Individualised Funding is attached to the individual and is portable, that is, it can be transferred from one community based organisation to another, consistent with the Commission’s portability policy and processes.

Family resilience
While ensuring that optimal outcomes for the individual is a central focus of individualised support, it can also respond to the needs of families and carers and can be used to strengthen and support family resilience and connection to the community.

Culturally sensitive
Individualised supports are planned, designed, delivered and reviewed in ways that are inclusive, culturally sensitive and respectful of each individual’s and their family’s and carer’s beliefs and values.

Flexible and responsive supports
Individualised supports are outcomes focused and aim to increase health and wellbeing, and are flexible and responsive to meet each individual’s and their family’s and carer’s changing needs and circumstances, providing the right level of support when it is needed and for as long as it is needed.

Self-reflective process
A culture of reflection and critique is embedded within services and practices.

This includes:
• critical reflection on the values, interests, motives and thinking that underpin the everyday decisions that are made around supporting an individual, his or her family and carer.
• ongoing critique of how each individual’s support plan is being implemented and what is being achieved for the person and his or her family and carer.

Accountability
The delivery of individualised supports and services should meet the minimum expectations of good practice to which all stakeholders, particularly Service Providers, should commit. This includes having mechanisms in place for individuals, families and carers to raise concerns and provide feedback.
Principles of Recovery

Within the National Standards for Mental Health Services 2010, the principles for recovery oriented mental health practice are defined as:

From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one’s abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

The purpose of principles of recovery oriented mental health practice is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers. This includes:

Uniqueness of the individual
Recovery oriented mental health practice:
• recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community
• accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life
• empowers individuals so they recognise that they are at the centre of the care they receive.

Real choices
Recovery oriented mental health practice:
• supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored
• supports individuals to build on their strengths and take as much responsibility for their lives as they can at any given time
• ensures that there is a balance between duty of care and support to take positive risks and make the most of new opportunities.

Attitudes and rights
Recovery oriented mental health practice:
• involves listening to, learning from and acting upon communications from the individual and their carers about what is important to each individual
• promotes and protects individual’s legal, citizenship and human rights
• supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to the individual
• instils hope in an individual’s future and ability to live a meaningful life.

**Dignity and respect**
Recovery oriented mental health practice:
• consists of being courteous, respectful and honest in all interactions
• involves sensitivity and respect for each individual, particularly for their values, beliefs and culture
• challenges discrimination and stigma wherever it exists within our own services or the broader community.

**Partnership and communication**
Recovery oriented mental health practice:
• acknowledges each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them
• values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement
• involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

**Evaluating recovery**
Recovery oriented mental health practice:
• ensures and enables continuous evaluation of recovery based practice at several levels
• individuals and their carers can track their own progress
• services demonstrate that they use the individual’s experiences of care to inform quality improvement activities
• the mental health system reports on key outcomes that indicate recovery including (but not limited to) housing, employment, education and social and family relationships as well as health and well being measures.
APPENDIX 3

Five Dimensions of Inclusion

In addition to being guided by the aforementioned principles as part of the planning, delivery and review of supports, Service Providers need to be cognisant of the importance of fulfilling the ‘Five Dimensions of Inclusion’\(^\text{18}\). The Five Dimensions of Inclusion are based on the notions of:

- *Contributing* – The extent to which each of us can make a contribution to other people or society in general is an important measure of having a good fulfilling life.
- *Being someone* – Individuals have the right to be noticed and valued by others, to be seen as equals, and to have other people care what they think of them.
- *Belonging* – Belonging is about personal, not professional, relationships, and individuals feeling that they are part of the community.
- *Sharing ordinary places* – Individuals should have ample opportunities to share ordinary places with other members of the community, if they are to have opportunities to have a good life and to begin to make the kinds of relationships with people that they want.
- *Choice and control* – Enabling people to maintain or develop the range and scale of choices they can make in their lives.

\(^{18}\) The Five Dimensions of Inclusion are adapted from the work of John and Connie Lyle O’Brien and Beth Mount, with additional input from Steve Coulson of the Edinburgh Development Group and Robert Weetman at Capacity Thinking (UK).