Draft Safeguards Framework for Individualised Support and Funding

May 2013
Contact Information

For further information, please contact the Mental Health Commission on:

Telephone: (08) 6272 1200
Fax: (08) 6272 1299
Email: contactus@mentalhealth.wa.gov.au
Website: www.mentalhealth.wa.gov.au

Level 5, 81 St Georges Tce, Perth, Western Australia 6001
Post: GPO Box X2299, Perth, Western Australia 6847
Please contact us to request alternative formats
## Contents

1. Introduction ..................................................................................................................... 2

2. Individualised support policy framework .................................................................... 3

3. Safeguards Background ............................................................................................... 3

4. Objectives ....................................................................................................................... 4

5. Safeguards framework .................................................................................................... 4

5.1 What are safeguards? .................................................................................................. 4

5.2 Who is involved in informal or natural safeguards? .................................................. 7

5.3 What is dignity of risk? .............................................................................................. 8

5.4 What is duty of care? ................................................................................................. 8

5.5 Balancing choice, dignity of risk and duty of care ................................................... 8

6. Outcomes ....................................................................................................................... 9

7. Implementation ............................................................................................................. 10

8. Evaluation and review ................................................................................................. 11

9. Communication ........................................................................................................... 11

10. Training ....................................................................................................................... 11

11. Policy and legislation ................................................................................................. 12

12. Glossary of Terms ..................................................................................................... 13

13. References ................................................................................................................... 15
1. Introduction

The Mental Health Commission (Commission) is driving change to improve mental health services and supports for Western Australians. The directions for mental health have been outlined in the Commission’s strategic policy, *Mental Health 2020: Making it personal and everybody’s business*.

The policy initiatives in *Mental Health 2020* have been informed through extensive consultations and are also cognisant of the reform agendas at both State and National levels. This includes the *National Standards for Mental Health Services 2010* and the principles of recovery oriented mental health practice embedded in the standards.

In line with the Western Australian Government report, *Putting the Public First*¹, which recommends the piloting of self directed services across the human services sectors, a key activity of the Commission is to promote and implement a self directed approach within the mental health sector in Western Australia.

A self directed approach empowers people with mental illness and/or mental health problems, along with their families and carers, to be in charge of planning how they are supported and to have choice and flexibility in what supports and services they receive and how these are delivered.

A new Mental Health Bill which will enshrine dignity, equality, compassion and freedom from discrimination for people with mental illness is currently progressing through the Parliament of Western Australia.

This climate of law and policy reform establishes the context whereby people with mental illness and/or mental health problems are empowered to participate in decisions about their care, support and treatment in a way that upholds their dignity and human rights.

Throughout this safeguards policy document, a person with mental illness and/or mental health problems will be referred to as the ‘person’ or ‘individual’. This also includes an infant, child or youth who has significant emotional and behavioural symptoms that would indicate the potential for, but has not yet received, a mental health diagnosis.

The terms ‘families and carers’ are also used throughout the document. In this context, a carer is a person, who (without being paid) provides ongoing care or assistance to another person who has mental health challenges.²

Further definitions of terms used in this document can be found in the Glossary.


There are many individuals whose families and carers play a supporting role in their lives. It is acknowledged however, that there are also many individuals who do not have families and carers, or choose to not have close contact or involve family or carers in their lives. For these individuals, it is recognised that the reference to families and carers may not be applicable.

2. Individualised support policy framework

The Commission is implementing new individualised support strategies and initiatives that have as their basis, recovery oriented mental health practice and specifically, a person centred approach. This ensures that individualised supports and services are planned, and arrangements are put in place to support each person’s unique needs, goals, preferences and family circumstances and to develop and utilise her/his talents, strengths, interests and potential. Individualised funding is one mechanism that enables individualised support. It can be read in conjunction with the following Commission documents:

- Creating a Great Life with You - Individualised Support Policy Framework;
- Individualised Funding Policy;
- Accountability Framework for Individualised Support and Funding; and
- Individualised planning documents.

3. Safeguards Background

The Commission has identified establishing appropriate safeguards, by and with individuals, and where relevant, families, carers and others in the person’s network, as a key component of implementing individualised support and funding initiatives.

The Safeguards Framework for Individualised Support and Funding has been developed to provide guidance on the inclusion of appropriate safeguards in individualised plans. This framework provides information to facilitate a shared understanding and enhance current practice in safeguards development and their application.

Often when people think of safeguards, they think only about laws or policies such as the Mental Health Act 1996 (WA) or Guardianship and Administration Act 1990 (WA). While these are especially important, this framework takes a broader approach to safeguards and considers safeguards as a fundamental component of person centred planning and practice.

This framework emphasises informal or natural, intentional safeguard arrangements. These intentional safeguards can be central to an individual’s ongoing enjoyment of good health and wellbeing and contribute to ensuring their safety, care and treatment as agreed in their individualised plan. These informal or natural safeguards can be invaluable in strengthening the good things in the lives of individuals and assist in preventing or reducing the impact of the negative things.
When safeguards are understood in this way, there is a need to develop a collective appreciation of what safeguards are and how they can be implemented to have the maximum positive impact in the lives of individuals.

4. Objectives

The objectives of the Safeguards Framework are to:

- Support the implementation of recovery oriented, person centred support;
- Ensure that safeguards are not considered as an afterthought and are routinely embedded in the development and ongoing review of personalised plans;
- Encourage individuals and organisations to develop a safeguarding mentality and adopt preventative rather than corrective safeguards wherever possible; and
- Promote the full involvement of individuals and relevant others in identifying, discussing and recording safeguards.

Informal intentional safeguards for individuals should be developed in a way that:

- ensures they are meaningful and relevant;
- upholds the dignity of individuals;
- ensures individuals are treated with respect;
- are cognisant of and fully align with the person’s culture and background;
- maximises the involvement of family/carers, friends and supporters
- promote sustained recovery;
- enhances social inclusion; and
- build in regular review to reassess their currency, quality and relevance.

5. Safeguards framework

5.1 What are safeguards?

Western Australia has many safeguards that have been formalised through legislation, regulation or policy to keep citizens safe and minimise harm or misadventure. Over and above these, are formal safeguards that provide further targeted protection for people who are vulnerable. These include: Service Standards for mental health service providers, police checks and other workforce screening measures, funded independent advocates such as Guardians and the Office of the Public Advocate, advocacy organisations, the Health and Disability Services Complaints Office, the Ombudsman (both State and Commonwealth), and the Office of the Chief Psychiatrist.

There are also safeguards in the form of mechanisms that organisations need to put in place in order to deliver personalised, appropriate and quality supports and services to individuals, their families and carers. These include: complaints processes, organisational values that align with recovery oriented mental health practice, person centred thinking and practice, organisational evaluation practices, organisational governance arrangements that include individuals, families and carers, workforce recruitment and screening practices, and workforce and Board training and development.
This Safeguards Framework recognises that in addition to the ‘formal’ safeguards referred to above, specific attention should be given to developing, maintaining and reviewing informal or natural safeguard arrangements that are tailored to each individual.

Informal or natural safeguards include: relationships with family, friends, personal networks and wider members of the community. These relationships and connections often need to be intentionally developed, as some people have become socially isolated over time, and have lost these natural connections.

In the context of individualised supports and funding, informal safeguards are individualised precautions and safety measures that are put in place to protect individuals 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.

There is increasing recognition of the positive impact of informal intentional safeguard arrangements for vulnerable people. People with these vulnerabilities can still also have great strength and resilience however, recognising and discussing individual’s particular vulnerabilities helps to consciously identify exactly what safeguards will help to reduce those vulnerabilities and who can be involved in safeguarding.

It should be noted that:
- Formal safeguard systems should not interfere with the flexibility and creativity of informal safeguards.
- Formal safeguards should be able to respond to concerns raised by people in informal safeguarding roles.
- The people involved in formal and informal safeguards should understand and respect each other’s roles.
- Everyone involved in safeguarding should be open to evaluating how safeguards are working, and changing things that are not going well.

As safeguards will be developed on a person by person basis and will be unique to those individuals, it is difficult to prescribe a standard package of safeguards to apply to everyone. However, everyone’s safeguards should include previously agreed actions or supportive measures for a person’s care that are required should the person become unwell or is faced with unexpected circumstances or challenges.

Conscious and deliberate informal safeguards that support individual’s specific choices and circumstances will be put in place for each person. In many instances these informal safeguards may initially include the intentional development of one or more important friendships for each individual. These friendships will help individuals to get to
know and become part of their community. Each friendship can also have a key role in recognising the signs and triggers associated with their friend becoming unwell and can contribute to ensuring that supports are accessed early, before their friend becomes very unwell.

Paula, Mick and Ali’s stories below show how informal safeguards can work in daily life:

Paula has moved from state to state and has spent significant periods of time sleeping rough. Several months ago, Paula moved into her own home. Paula has no family in Western Australia and was excited but apprehensive about living in a new neighbourhood and not knowing anyone.

With encouragement from her support worker, Paula began a walking routine in the local area. Paula has now met several neighbours and others from the wider neighbourhood, particularly those who walk their dogs. Paula now walks daily with her neighbour and they have become friends, sharing a coffee at each other’s home most weeks.

One day when Paula didn’t turn up for their usual walk, her neighbour phoned her to make sure everything was OK. When Paula didn’t answer, her neighbour called at her home and got no response. A quick call to Paula’s support worker revealed that Paula had an appointment and had forgotten to mention it to her neighbour. Paula’s neighbour was relieved to know that Paula was safe and Paula appreciated her neighbour’s care and support. They both agreed to keep their communication open and walk a bit longer the next day to make up for the exercise they missed.

Mick has spent the last two years in hospital away from his local community. During his last few months in hospital, Mick was introduced to Janine and Bob, an Aboriginal couple who will be supporting Mick when he moves back into the community. For several months while Mick was in hospital, Janine and Bob spent a lot of time getting to know Mick, and now that a new home in the community has been found for him, they will become a bigger part of his life.

Mick is very happy for Janine and Bob to share his new home with him and in exchange, they will help Mick to re-establish existing, and develop new relationships within his community. Sharing household tasks will also help to increase Mick’s independence.

This living and sharing arrangement will minimise the risk of exploitation by others, something that has happened to Mick in the past. Janine and Bob will also help Mick to rebuild connections to his country and people. They also plan to enjoy shared interests such as fishing, and help Mick to test out new things he might enjoy.

As Janine and Bob come to know Mick more, they will be very aware of the early warning signs of any deterioration in Mick’s mental health and assist him to seek the necessary support when it is needed.
Ali and her three school age children recently moved into their new home from previous overcrowded accommodation. A number of services are involved in monitoring and supporting the family including the Department for Child Protection and Family Support. At the moment, these structured services are Ali’s main contacts outside her home. She has infrequent contact with the children’s father.

Joint meetings with services have been held to look at ways to establish a network of support for the family. In addition to government agency involvement, the children have now been linked in to COPMI (Children of Parents with Mental Illness) support from a non-government organisation.

Increased community connections are being developed for the whole family and to allow Ali to develop strategies for daily challenges in her life and importantly, to feel part of her new community. Ali has a good relationship with her GP who has linked Ali in to a Women’s Health Centre and activities such as parenting discussions/information, relaxation techniques, and peer and mentoring support.

Ali is also keen to join the local basketball team but is very nervous about doing this as she hasn’t played since high school and doesn’t know anyone on the team. The organisation supporting Ali through Individualised Community Living has matched Ali with a woman in the local community who will support Ali to achieve this goal.

5.2 Who is involved in informal or natural safeguards?

People involved in informal safeguards for individuals are family, friends and other supporters within the community who take an active interest in the individual’s health, wellbeing and support their involvement in their community. The supporters can include neighbours, people in shops where the individual is a customer, people who go to the same church or share the same interests such as going to the gym or cycling. It is of course up to individuals and those with whom they connect to determine whether they are happy for their connection to develop into an informal safeguarding role or to retain a simple friendship.

The most significant qualities that people who provide informal or natural safeguards have are that they know, respect and value individuals for who they are and are keen for them to each reach their potential. They are dependable and committed to each person’s best long-term interests and they offer their unconditional support which may be emotional, practical or moral support.

Service providers have a role in liaising with people who provide relevant, informal safeguards. This is not to make their role a formal one but to exchange information and ensure that everyone is working in the best interest of the individual. This occurs with the informed consent of the individual.
5.3 What is dignity of risk?
People with mental illness want opportunities for choices and to live, meaningful, satisfying and purposeful lives and be valued member of the community. The world is not always predictable and everyone takes risks in life. The important issue is that at the same time as taking a risk, people do everything possible to reduce the risk and have a back up plan and support in place in case things don’t go the way they had intended.

It follows that people with a mental illness and/or mental health problems should have the same opportunities and not be denied the chance to have dreams and goals and do whatever it takes to achieve them, including doing things that they have never done before. People with a mental illness want support to take positive risks and make the most of new opportunities. This is ‘dignity of risk’. Individuals should be treated with dignity and have their right to take risks, make mistakes and learn from those mistakes, and have their lifestyle choices respected. This can help the person to develop, grow, be more independent and it can also be a valuable part of their journey of recovery.

“In the past we have found clever ways to build avoidance of risk into the lives of persons… Now we must work equally hard to help find the proper amount of risk people have the right to take. We have learned that there can be healthy development in risk taking…and there can be crippling indignity in safety!”
Robert Perske, Cited in A Few Words About Dignity of Risk.

5.4 What is duty of care?
The law imposes a general duty of care on everyone to take reasonable care and avoid harm or injury to other people as a result of our action or inaction. Duty of care is important but does not exist to create restrictions for people with a mental illness.

Duty of care encompasses the rights of the person to self-determination, independence and dignity, and generally is seen as including the responsibility to ensure that the full range of the person’s rights is upheld. These rights need to be considered alongside other issues raised by the duty of care, for example, physical safety of the person or others and the need to break confidentiality. Individuals and organisations need to understand what duty of care means for them in their specific circumstances.

5.5 Balancing choice, dignity of risk and duty of care
Promoting independence, choice and control and enabling positive risk taking can be balanced with duty of care and ensuring that people stay safe. It is an area that will require skill and judgement by individuals and professionals working together as equal partners.

For individuals who are vulnerable, making choices that involve risk taking may cause some concern for them and for others around them. The challenge for everyone is to find the right balance between choice and protection. As everyone’s situation is unique,
safeguarding arrangements should be kept under close review particularly as people’s support needs or circumstances change over time.

Individuals are often well placed to identify their own risks and the steps necessary to minimise risks can be put in place in conjunction with family, friends, carers and professionals. The most effective way to manage risk and enable positive risk taking is for individuals, people who support them and professionals to work closely together to work out risk enablement and appropriate safeguarding arrangements. Working as a team and discussing and debating issues will result in the best outcomes for everyone. It is important within that team context, to empower individuals to make informed decisions and be able to communicate their choices.

6. Outcomes

The Safeguards Framework can assist in the understanding and implementation of a blend of formal and informal safeguards that will make a significant contribution to achieving better outcomes for individuals, families and carers. Desired outcomes are as follows:

The outcomes for **individuals** are that:
- their choices and decisions are genuinely listened to, heard and implemented as far as possible;
- they feel empowered and safe in times of good and poorer health;
- their network of support is widened and includes people in their community; and
- they are active, valued and participating members of their community.

**Families and carers** will:
- have been fully involved in the planning of the person’s care and support in the community;
- be part of the development of a wider circle of support for the individual;
- be assured as far as possible that their family member/friend is being afforded all opportunities to live a full life of their own choosing; and
- know that everyone is working together to support the best interests of the person.

**Service providers** will be confident that the supports they are providing are:
- personalised, flexible, inclusive and responsive;
- culturally appropriate and respectful of individuals’, families’ and carers’ beliefs and values;
- congruent with the recovery oriented, personalised plans of the individual and their family/carer;
- developed and delivered in partnership with individuals, families, carers and supporters; and
- include a balance of structured and informal safeguarding arrangements.
7. Implementation

This framework will be implemented in accordance with the National Standards for Mental Health Services 2010 and associated guidelines. These assessable standards focus on how services are being delivered and monitored.

The framework will also be implemented in line with the following six Mental Health Commission Outcome Statements that focus on the result areas that identify what people with a mental health problem/mental illness need to live a good and full life:

7.1 Mental Health Commission Outcome Statements

Health, wellbeing and recovery
People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery.

A home and financial security
People have a safe home and a stable and adequate source of income.

Relationships
People have enriching relationships with others that are important to them such as family, friends and peers.

Recovery, learning and growth
People develop life skills and abilities, and learn ways to recover that builds their confidence, self esteem and resilience for the future.

Rights, respect, choice and control
People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.

Community belonging
People are welcomed and have the opportunity to participate and contribute to community life.

7.2 Implementation of the Safeguards Framework

The Safeguards Framework will be implemented in the following ways:

- At the Commission level, the Principal Project Manager of the Individualised Supports and Funding Team under the directorship of the Director, Services Purchasing and Development will lead the implementation of initiatives and programs that are based on an individualised support approach.

- At the individual level, the Individualised Support Plans “My Plan-determining a good life and setting goals” includes a section for individuals to record their safeguards information.
At the organisational level, “Our Plan-Turning plans into actions” includes a section for organisations to record safeguards information. Organisations will also ensure that their policies and practices are aligned with delivering high quality individualised support underpinned with a person centred approach.

Individual plans will be reviewed on a bi-annual basis which will provide an opportunity to review and revise safeguards as necessary.

At the independent governance level, individual plans will be reviewed by an Independent Individual and Family Living Panel whose job is to make recommendations to accept or defer proposals for individualised funding. The panel will pay particular attention to ensuring that plans explicitly record what safeguards are in place to keep individuals safe and well while ensuring individual choice, decision making and dignity of risk.

8. Evaluation and review

The Commission is committed to the continuous improvement of its programs and initiatives. Mechanisms will be put in place for regular review and evaluation of the individualised support Safeguards Framework to ensure that individuals and families and carers achieve optimal long term outcomes.

These mechanisms will include seeking feedback from the Independent Individual and Family Living Panel on making safeguards clear in individual and organisation’s plans to identify and share good practice in this area.

The Commission may ask individuals and organisations to provide comments on the Safeguards Framework and how it has worked for them in light of operational experience. Individuals and organisations are welcome to approach the Commission at any time to ask questions or make any comments about the Safeguards Framework.

9. Communication

The Commission will undertake an active role in informing the public of the suite of Individualised Support policies through newsletters, publications, the internet, sector and public forums and via peak organisations and public and community based mental health services.

10. Training

As part of the strategy of embedding the mental health reforms within Western Australia, the Commission will continue to invest in learning and development on individualised and self directed supports and practices, and the values and concepts that underpin these.
11. Policy and legislation

The current legislation and policy environment provides the context for individualised supports and safeguards. The pertinent legislation and policy includes:

- *Mental Health Act 1996 (WA)*
- *Guardianship and Administration Act 1990 (WA)*
- *Disability Services Act 1993*
- *Commonwealth Disability Discrimination Act 1992*
- *Carers Recognition Act 2004 (WA)*
- *Carers Recognition Act 2010*
- *The Equal Opportunity Act 1984*
- *United Nations Convention on the Rights of Persons with Disabilities*
- *Creating a Great Life With You: Individualised Support Policy Framework*
- *Individualised Funding Policy*
- Mental Health Commission’s evolving framework for individualised support.
- *Accountability Framework for Individualised Support and Funding?*
- *National Standards for Mental Health Services 2010*
12. Glossary of Terms

Carer: In line with the Carers Recognition Act 2004, 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.

Dignity of risk: This means that all people with a mental illness have the right to be treated with dignity and respect in relation to their individual needs and circumstances and all aspects of their lives. It refers to the ability of a person to decide to take a safe risk, and to the balance between taking risks and independent choice.

Duty of Care: Is a legal concept meaning the responsibility to take reasonable care to avoid causing harm to another person. A duty of care exists when it could reasonably be expected that a person’s actions, or failure to act, might cause injury or harm to another person.

Family: those people with whom an individual has meaningful and important relationships, who provide freely given care and support and who are extremely important people in a safeguarding context. This can include parents, partners, grandparents, children, siblings, extended families, blended families, and alternative families. In some cases, family is a self-identified group of people who may not have a ‘blood relationship’ with the person, but who have very strong bonds with the person.

Individual and Family Living Panel: Is the independent Panel who make recommendations to accept or defer Individual Proposals where funding for support needs is being considered.

Individual Plans: My Plan: Is a document completed by individuals as part of the Individual Proposal that is submitted to the Individual and Family Living Panel where individualised support and funding is being considered. It is the opportunity for individuals to set and record their goals and how these will be achieved.

Individual Plans: Our Plan: Is a document completed by organisations as part of the Individual Proposal and submitted to the Individual and Family Living Panel where individualised support and funding is being considered. It is the opportunity for organisations to record the range of health and community supports that will be put in place to enable individuals to achieve their goals.

Individual Proposal: Is the documentation that forms the full submission to the Individual and Family Living Panel where individualised support and funding is being considered. It comprises: necessary personal information; My Plan; Our Plan; and other supporting information.

---

**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/carers. Individualised supports include paid supports as well as informal and community supports.

**Informal and community supports:** Are those supports available to the person with mental illness and/or mental health problem 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 problem**\(^5\): Diminished cognitive, emotional or social abilities but not to the extent that the criteria for a mental illness are met.

**Mental illness**\(^6\): 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 condition 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 condition and distinguishes between what is important “to the person” as well as “for the person”.

**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\(^7\).

**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.

**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.

---

\(^5\) Department of Health and Ageing, *Fourth National Mental Health Plan*, Australia

\(^6\) Department of Health and Ageing, *Fourth National Mental Health Plan*, Australia

\(^7\) Australian Government, *National Standards for Mental Health Services* 2010 p.42
13. References


