



THE SENATE

SELECT COMMITTEE ON WORK AND CARE

Answers to questions taken on notice

Public Hearing

Monday 31 October 2022, Brisbane

Answer from Irene Clelland, Chief Executive Officer, Arafmi

Question:

Senator O'NEILL: Could I put one on notice, Chair?

CHAIR: Yes.

Senator O'NEILL: The 'Standardised practices recognising the carer role' was one of the attributes in the four paradigm shifts. Could you explain, on notice, in writing what that actually looks like? Thank you.

Ms Clelland: Will I get that question in writing?

Senator O'NEILL: Yes, absolutely.

Answer:

Arafmi Ltd is a member of Mental Health Carers Australia, and part of a national movement advocating that carer involvement and consultation become standardised practice across systems and services Australia-wide.

There are many national standards that cover the experience of carers, and a mapping of them and their coverage would be a very useful research project at some point. Two of the foundational standards are:

- *National Safety and Quality Health Service Standards - 2017.*
- *National Standards for Mental Health Services - 2010.*

Such standards have done the work to benchmark evidence based good practice. If widely implemented, they would make a real difference in the lived experience of consumers and carers.

They have spawned more specific guidance in recent years. For example, the *Mental Health Safety and Quality Engagement Guide*, published by the National Mental Health Commission in early 2021, gives service providers and planners guidance on evidence-based practices for engaging mental health consumers and carers.

The difficulty is that many smaller organisations interacting with carers do not have the capacity or experience to identify how they can use these 'foundational' standards to improve their practices. There is a small but growing body of work bridging this gap.

A good current example is the *National Safety and Quality Mental Health Standards for Community Managed Organisations*, launched in November 2022 by the Australian Commission on Safety and Quality in Health Care.

Our own contribution was the publication by Mind Australia in 2016 of *A practical guide for working with carers of people with a mental illness*. It was developed by a national coalition of mental health carer organisations, including Arafmi Ltd. It is available, but not as easy to implement and widely utilised as we would like.

So there is still a big gap. We would also like to see standardised practices for identifying carers and considering their needs across services, systems, and organisations in Australia.

Identifying carers in intake, induction, and other 'commencement' processes

What that might look like is a small cascade of questions on intake, assessment, or enrolment. For example:

- Are you involved in the ongoing care or support of someone in your immediate family, your extended family, or your circle of friends?
- What support might we be able to offer you in that caring role?
- Would you like to discuss your particular circumstances further, with a staff member who can help us to understand and respond to your needs?

Some Australian organisations who are leading the way on this are asking these kinds of questions more and more, but not in ways that are consistent or formalised. We would like to see them used across the spectrum of Australian organisations that often unwittingly impact carer's ability to provide care. These would include:

- intake into social housing
- needs assessment in social services
- intake to job seeking and employment support services
- applying for Centrelink payments
- accessing health or medical services
- assessment for drug and alcohol services
- admission to hospital
- enrolment in education (adult education, but also schools, recognising that young carers are often 'hidden')
- enrolment in early childhood education and care
- workplace induction for employees

- arrest, imprisonment, incarceration, and community corrections
- sign-on for sporting or social clubs
- application for membership of business associations.

Considering ongoing needs of carers as they change over time

Some Australian organisations are also leading the way on putting in place the supports needed by the carers they have ongoing engagement with. This looks like:

- Supportive conversations - e.g. checking in with how the caring is going.
- Flexibility as caring responsibilities ebb and flow over time - e.g. extensions on assignment due dates.
- Supportive expectations and practices - e.g. short term relaxations on rent, or jobseeker requirements.
- Accommodations for the needs of the person being cared for - e.g. short term allowances for a carer looking after a pet or assistance animal;
- Awareness, acknowledgement, and appreciation - e.g. sports team acknowledging a player missing a game, or a coach expressing that some players "have a lot on, just now".
- Supportive response to sudden, unexplained, or prolonged absence - e.g. appreciation from service and social clubs, mutual interest associations, chambers of commerce and business networks, that sometimes caring responsibilities can become urgent, compelling, and consuming for some of their members.
- Supportive employment arrangements - e.g. ongoing review of employee's needs; and having others in a team able to step in to take carriage of particular tasks or responsibilities at short notice, enabling 'guilt free' leave of absence, which is fundamental to workplace wellbeing for carers.

We would like to see more knowledge, understanding and awareness of the needs of carers.

We would like to see resources, learning experiences and workplace training available so people who find themselves supporting carers, in various settings, can be confident in their understanding of and responses to those carers' needs.

We would like to see all of that anchored in foundational, evidence based, standards of good practice - so carers begin to experience consistency across settings, and the responses they encounter are useful to them and effective in meeting their needs.