

# Executive Summary

**The ARAFEMI Victorian Carer Advocate Program was implemented in September, 2009 as a pilot program. The aim of the program has been to provide an independent, service-neutral, state-wide Carer Advocacy Program in Victoria with a view to improving the responsiveness of the mental health system to Carers and mental health consumers alike. The development of a model for service delivery and project outcomes will be presented in this 18 month evaluation report.**

## Overview:

The state-wide Carer Consultation conducted by ARAFEMI in 2007 revealed that many carers felt they were not able to advocate successfully at all times. They identified that the impact of caregiving, the dual nature of dealing with the behaviors/symptoms of mental illness *and* trying to access services was at times overwhelming and exhausting - they felt unable to advocate and be heard.

Systemic gaps in advocacy for carers, paucity of available individualized advocacy supports and service boundaries on access to carer supports (service/ region specific) were further seen as limiting carers ability to have their needs heard<sup>1</sup>. In summary, there was a strong desire and need for available, independent, individualised support and casework advocacy to assist mental health carers with complex advocacy issues. Further support was needed to:

- *advise, support or 'walk alongside' carers when needed.*
- *provide voice to the concerns and issues experienced by carers and families.*
- *provide specific advice in relation to rights & advocacy.*

Consequently, ARAFEMI, with strong consultation with carers and the carer field implemented a pilot Carer Advocate position that sits within a broader multi-faceted range of carer supports (Helpline, Support Groups & Carer Education) and builds on multiple levels of carer involvement.

## Model for Carer Advocacy Program:

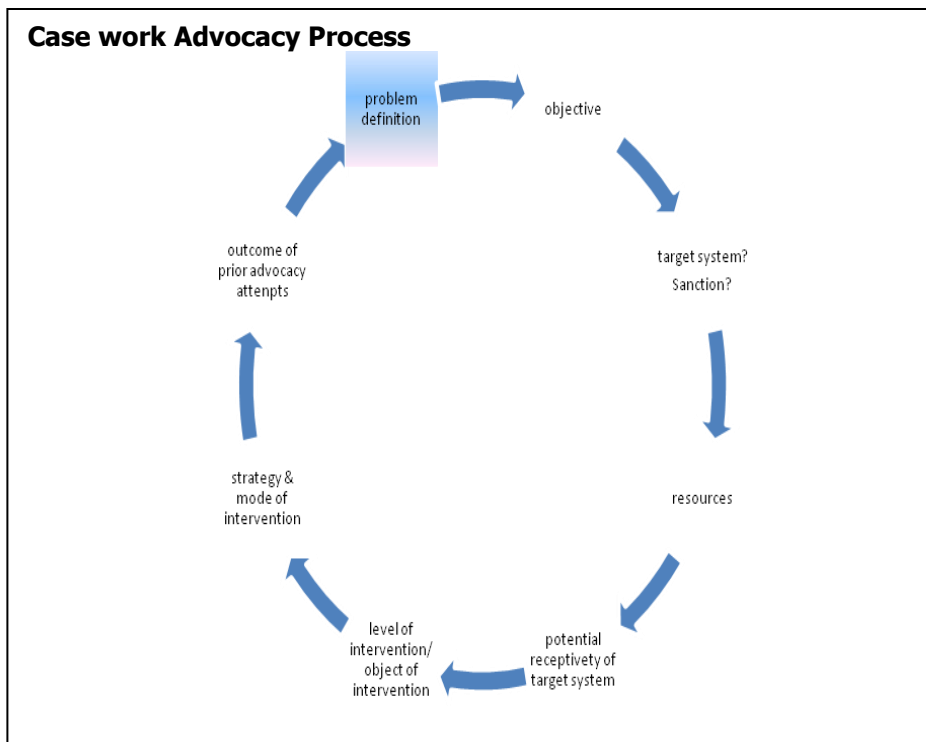
**The program provides a free state-wide casework advocacy service to carers across all areas of mental health and includes both the public and private system. The role is service-neutral, in that ARAFEMI is not**

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<http://www.arafemi.org.au/uploads/downloads/CarerConsultationFinalReport2.pdf>

**attached to any particular public or private mental health service, and provides an objective perspective with few opportunities for conflict of interest.**

## Case work Advocacy Process



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**It enhances - existing systemic advocacy structures and compliments group, individual and systemic advocacy approaches by offering access to a service neutral carer advocate who is able to provide individualised case work services and supports to mental health carers.**

The following flexible casework model of advocacy has been adopted. The model has evolved over the past eighteen months, based on practice learnings, research, feasibility data and input from the expert reference group that guided the project. Whilst the model incorporates key goals of the initial research brief, components were incorporated as different advocacy issues emerged. Not all components of the model are utilised at any one time. The flexible model provides a 'tool box' to be accessed when addressing particular advocacy issues. Some components such as the human rights/social justice framework underpin the model at all times.

<sup>2</sup> NASW (1987),p.92

Core components of the model include:	Tool Kit:
<ul style="list-style-type: none"> <li>Conflict resolution framework</li> <li>Non-adversarial approach</li> <li>Human rights/social justice framework</li> <li>Empowerment approach</li> <li>Strengths-based approach</li> </ul>	<ul style="list-style-type: none"> <li>Independent representational advocacy</li> <li>Casework advocacy</li> <li>Supportive counselling</li> </ul>

Main Identified Issues for Carers:	Carers N=
Communication difficulties with mental health service	22
Lack of carer involvement in discharge planning	11
Formal complaints against services	10
Accessing appropriate supported accommodation (for consumers)	10
Accessing appropriate services (for consumers)	10
Centrelink difficulties	10
Carer financial difficulties	10

### Method:

The evaluation of the pilot period draws data from the following sources:

- Statistical analysis of service data
- Thematic grouping of presenting issues
- Post-vention service satisfaction survey (carer)
- Community survey / evaluation (service network)
- Reflective analysis and supervision

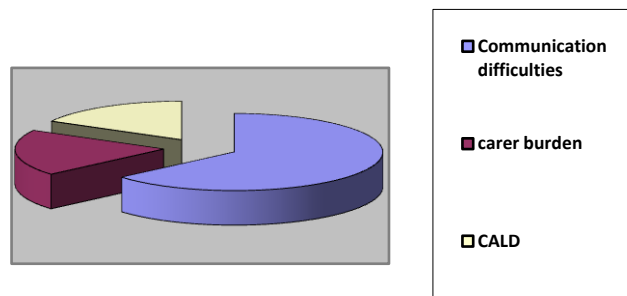
Additionally, project progress and systemic outcomes were monitored and evaluated against key project performance indicators.

### Results:

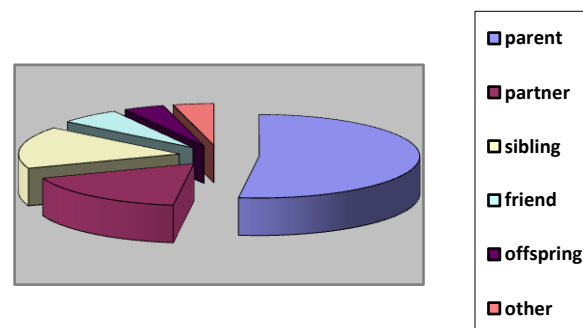
Achievements against key project performance indicators:

- ✓ *Research and development of an articulated advocacy model for Victorian Carer Advocate*
- ✓ *Implemented and evaluated a 1:1 service neutral Carer Advocate program in Victoria*
- ✓ *Enhanced access to advocacy to carers using lifespan approach*
- ✓ *Development of a set of recommendations to inform the mental health, carer and policy sector about carer needs for advocacy*
- ✓ *Build and strengthen cross sectoral dialogue & partnerships*
- ✓ *Reduce stress / conflict in carer – service conversations*
- ✓ *Developed reporting processes to inform statewide systemic work*

### Carer experience of issues



### Relationship of carer



### Findings and Recommendations in brief:

- The results support a service neutral casework advocacy service that provides individual assistance with complex issues
- Clinical mental health services also experienced positive benefits in resolving complex carer issues
- Interventions were not limited to mental health services. Interventions in other service systems included Centrelink, the Education Department, the criminal justice system, VCAT, State Trustees and the Victoria Police. Capacity to work across service systems essential
- The ability for services to make referral provided positive engagement and better outcomes for carers
- Identified benefits at individual level and improving workforce capacity of services
- Early intervention utilizing a non – adversarial model generally reduced the need and costs associated with involvement at higher levels.
- Advocacy models employed mediation over adversarial models – these enhanced outcomes from service and carer perspectives – reducing conflict, distress and cost.
- In contrast to expected beliefs - Carers and consumers are often aligned with agreed advocacy needs – therefore flexibility to work with the carer and the consumer, or consumer bodies is essential to the role
- Referral flow data supports that the Carer Advocate is best placed within a suite of carer support services to enhance appropriate use of services and further support to improve carer wellbeing.
- Placement of a service neutral carer advocate within a statewide carer support service, best utilizes resources to ensure targeted and cost effective interventions