



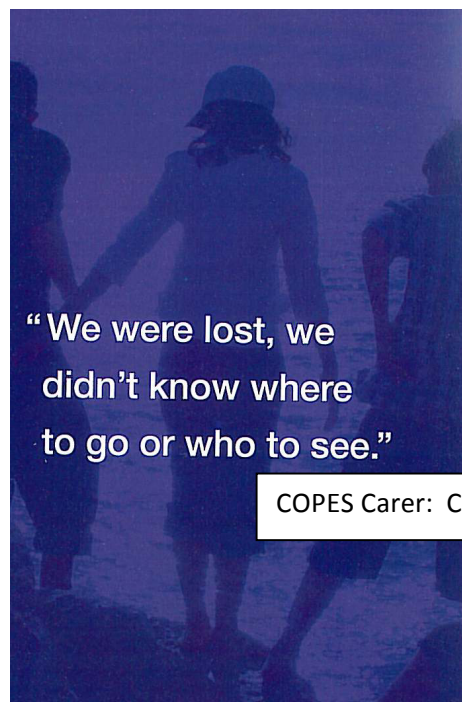
# COPES:

## Carers Offering Peers Early Support.

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A Decade of an Evolving Model of Carer Peer Support within a Clinical Service.

Cate Bourke, Rebecca Allchin, Bronwyn Sanders, Shannon Lang & Peter McKenzie



“We were lost, we didn’t know where to go or who to see.”

COPES Carer: COPES 2001 Evaluation

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## COPES: A Decade of an Evolving Model of Carer Peer Support within a Clinical Service

### 1. Acknowledgements

This COPES Report has been developed by the following people:

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Information in this publication can be photocopied and used for training and educational purposes, with acknowledgement to the source.

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## 2. Executive summary

This 10 year review draws together the various publications that have been developed to describe the COPES (Carers Offering Peers Early Support) program over the years into one concise report. It particularly focuses on the enhancers that have assisted this program, and the challenges we have faced as a clinical service (Adult Mental Health Service {AMHS}).

This 2009 report updates the descriptive information on the COPES program. The report includes information about systemic and strategic processes in addition to detailed procedures and formats developed over the years with the aim of compiling in a format that may be useful to services looking to develop a COPES like model. It is also hoped that this report may serve as a tool for Carer Consultants to consider in their peer support work, and for managers of other services to consider models of peer support, complementary to the Carer Consultant role, within clinical services.

While the external and internal carer support landscape at clinical sites has changed, in particular, Carer Consultants being employed across the state, carers needs have essentially not changed. The COPES role and the need for individual peer support is a constant. This changing landscape has contributed to many positive developments, such that carers and families may now experience more support and acknowledgement, less blame and fewer stigmas. These developments in turn may mean that carers seek only short term support and can then move on.

Of the enhancers and challenges, which are listed for each section of this report, a key challenge relates to the consistency of the volume of referrals, with a correlation between 'public relations' and referral numbers. One of the most pivotal enhancers has been around management and service willingness to hold and embed the COPES program, such that it and in turn carer support, is viewed as core business.

In looking towards the future, locally, there is merit in investigating extending COPES into other age range elements of mental health service provision at Eastern Health (Child and Adolescent and Aged Person's Mental Health Services). On a wider level, the concept of an Enhanced Carer Support Program, the model used by Eastern Health Adult Mental Health Service, is put forward – where dedicated Carer Peer Support positions complement Carer Consultant roles. It is also suggested that services review the consistency of role for Carer and Consumer Consultants if these roles are to be utilised to enable and facilitate change in the mental health service system. Currently the focus for Consumer Consultants is largely on systemic work, while the role for Carer Consultants is to undertake both systemic and peer support work, which poses the challenge of maintaining a dual focus, usually in a part time capacity. While it is agreed that peer support for Carer Consultants is instrumental to the role, it is also suggested that dedicated Peer Support positions, particularly at Inpatient settings and created through partnerships, be considered.

### 3. Background

#### National and State Policy Context

From its inception COPES has strived to put into practice policies and recommendations for best practice. On a national level, in 1999 COPES developed in line with key themes of the Second National Mental Health Plan, notably:

- Prevention of mental health problems in carers
- Partnerships in Service Reform, combining community and mental health agencies
- Quality and Effectiveness – program evaluation

This Plan's key strategies, in relation to consumers, carers and community organisations emphasised:

- The development of partnerships between agencies
- The piloting of carer programs which provide support and education

The 2004 Caring Together Action Plan articulates principles that underpin the Plan, including: 'Carers should be respected and empowered in their relationship with mental health services, through a positive partnership that recognises...carer needs'.

In 2009, COPES central tenants reflect the directions set by the State Government Strategy Paper. The Victorian Mental Health Reform Strategy 2009-2019 'Because Mental Health Matters' promotes an approach based on genuine consumer and carer participation in all parts of the service system, illustrated as follows:

'A particular need exists for mental health services to embrace a stronger culture of consumer and family/carers respect and involvement in decision-making.... Finding ways to protect and promote consumer rights in an increasingly complex service environment is a major imperative for any real progress.' and

'...outcomes for consumers are significantly enhanced through partnerships between carers and mental health professionals'<sup>1</sup>

'Taking strategic development forward will require continuing collaboration across government, service sectors, the general community, consumers, carers and the research community'

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<sup>1</sup> Because Mental Health Matters Consultation Paper, 2008.

Eastern Health AMHS, via COPES has maintained a strong, vibrant and respectful collaboration with PDRSS (Psychiatric Disability Rehabilitation Support Service) provider EACH and has recently commenced a COPES partnership with ARAFEMI in the Box Hill region.

### Local Peer Support and Systemic Carer initiatives

Eastern Health AMHS has developed a different suite of Carer Supports to most other Area Mental Health Services. This has evolved in part due to this services early inroad to specifically support carers in our region. In 1998 our service received a Departmental Innovative Practice Grant to fund a 12 month Rural Carers Project. The projects' three key recommendations were:

1. **Continuation of the Carer Portfolio to better address the needs of carers and families in the Region.** This led to the development of the Carer Support Coordinator role in 1999, which currently coordinates the COPES program.
2. **Formulation of a shared vision between carers and services.** This led to the development of the Eastern Carers Network in 1998, which provides a forum for carers to have input into service development and delivery. The Network has now expanded and continues to provide opportunity for carers, Eastern Health MHS, PDRSS's and support agencies to network. In the early days of COPES program development, the program was a standing agenda item on the Eastern Carers Network agenda. Today, COPES workers continue to attend these meetings.
3. **Greater support provided in situations and settings which families report as traumatic.** This led directly to the development of the formalised carer peer support program - Carers Offering Peer Early Support (COPES), initially on the inpatient unit in 2000, now across the region, in collaboration with EACH (Eastern Access Community Health) and, more recently, ARAFEMI.

The Rural Carers Project consultations with carers, families and carer support groups identified a need for greater carer and family support at the time of a relative or friend's admission to the then Maroondah Hospital Adult Mental Health Service (MHAHMS), Adult Inpatient Unit.

Carer Group Convenors, particularly the then Convenor of the (then) Schizophrenia Fellowship of Victoria - Ferntree Gully Carer Support Group, put forward the concept and need for one-to-one carer peer support, especially for those families who were unfamiliar with mental health services or mental illness.

The COPES program was subsequently developed and implemented by the MHAMHS in collaboration with EACH. After the recruitment process, this was undertaken largely by EACH - as the employing organisation, the program commenced in August 1999, initially with a four week orientation and training of the COPES workers. The training was coordinated by the then Carers Project Worker.

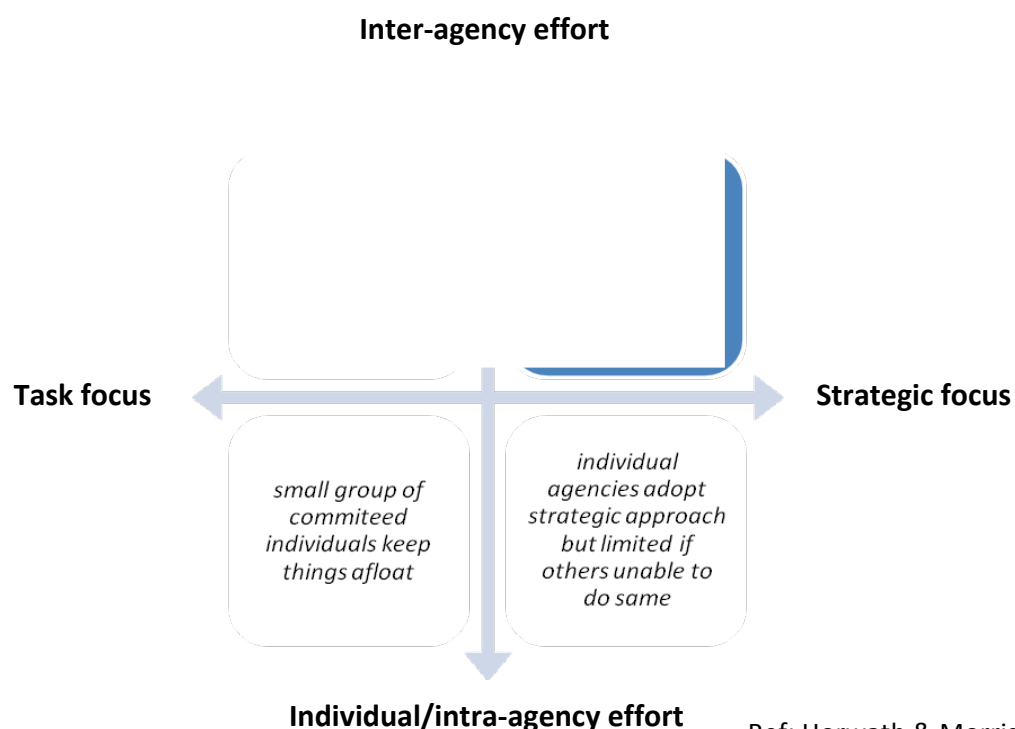
The culture of family work at Eastern Health AMHS further assists COPES. This includes the FaPMI initiatives, CHAMPS Camps, previous Carer Involvement Program, current Carer Consultant and more recent Families and Carers Workgroup, which together ensure that COPES workers are not operating in isolation but rather are part of a broader system of working with families.

Today COPES provides direct peer support to carers with four paid COPES workers over two key locations – almost 1 EFT.

#### 4. Rationale for Partnership

Eastern Health AMHS recognise that to effect systemic change for the benefit of consumers accessing our service and their family/carer, efforts need to initially focus on intra-agency practices and processes. For example, for the COPES program this has involved Eastern Health establishing and maintaining the role of the Carer Support Coordinator as well as the Carer Support Coordinator's involvement in the AMHS staff Working with Families and Carers Workgroup.

To move towards a strategic approach for consumers and families in our region, efforts need to focus on inter-agency practices, structures and processes, with the desired outcome for the system in our region being the highlighted area in the matrix below:



Eastern Health AMHS currently utilises the Eastern Mental Health Alliance Project (The Alliance) to support the cross-sector integration between specialist mental health (clinical and PDRS) services in the Eastern Metropolitan Region of Melbourne.

COPES, as an inter-agency partnership, benefits from the existing structures, relationships and synergies already achieved in our region. As a partnership we aim towards extending our mutual practice to benefit carers and families in our region. As an example of this, The Alliance has developed pathways for referral and COPES is included in this process, facilitating cross-sector understanding of other services, access points and referral process.

Over the decade of working together with EACH, COPES has greatly benefitted from the stability and commitment of the EACH management and liaison persons supporting COPES.

## 5. Program Structure

### **What does COPES do?**

The COPES workers have experience as carers of people with a mental illness. The COPES program operates out of a clinical setting and provides face to face and telephone peer support. The workers are provided with training and ongoing support via supervision. Their focus is on the carers needs and they provide valuable and compassionate information and short term support to assist families who are supporting someone with mental illness. On average, carers engage with the COPES workers over 6 sessions of support<sup>2</sup> with an opportunity for re-referral.

### ***Aim and Objectives of the COPES Program***

COPES aims to provide peer support and information to carers and families whose relative or friend is in receipt of services from Eastern Health AMHS, EACH PDRS services or ARAFEMI. Emphasis is on families and carers who are new to the services, recognising that sometimes it can be helpful to talk to a fellow carer who can listen and be there for them, as well as explore different pathways to recovery.

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<sup>2</sup>L. Cunningham & G. Mathanasenarajah, Monash CBP, COPES Evaluation, 2009.



The peer support workers assist families and carers:

- To feel less alone in their experience of caring for a relative or friend with mental health issues.
- To provide information on early intervention and prevention services to families/friends caring for a person with mental illness.
- To become more informed about mental illness.
- To know where to obtain support and information for themselves as family/carer.
- To develop a greater understanding of the support that can be derived from a carer support group.

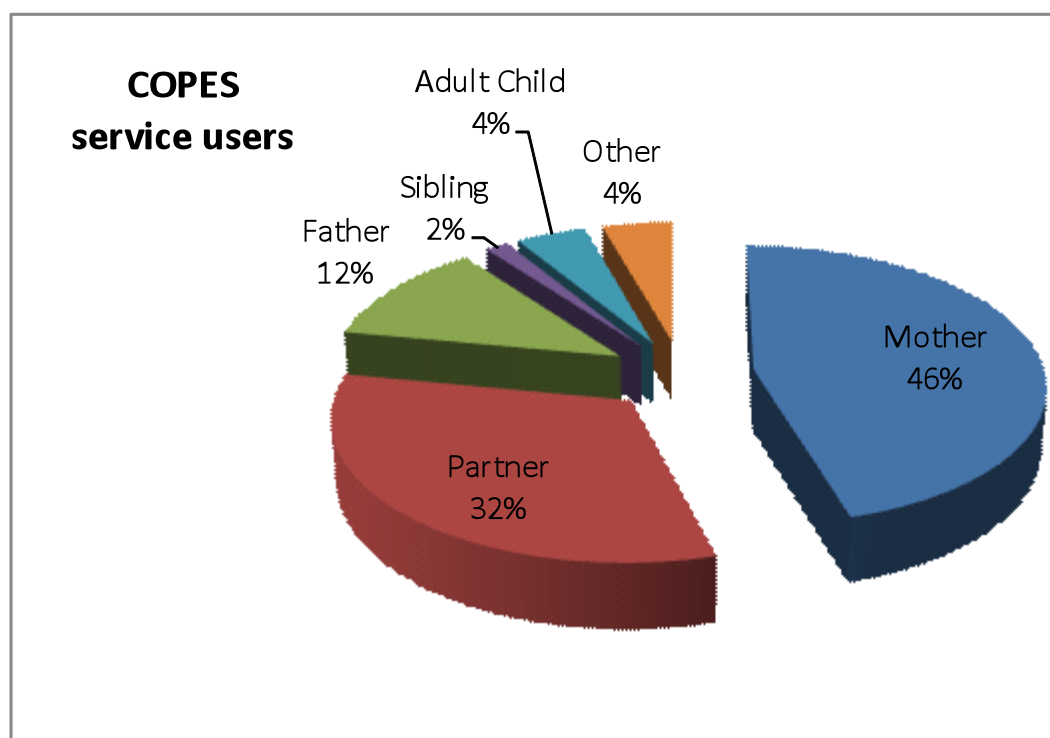
The COPES workers also assist staff:

- To better understand the carers' perspective.
- To establish new ways to routinely work together with families and carers
- To work collaboratively with carers, as part of a team
- To become more aware of resources and support available to carers and families.

As the COPES program largely preceded the employment of Carer Consultants in and, in particular, preceded the employment of a Carer Consultant at Eastern Health AMHS until 2007, the role of COPES in bridging the gap between the perspective of staff and carers was most influential. Today, this task is undertaken largely by the Eastern Health Adult Mental Health Service Carer Consultant.

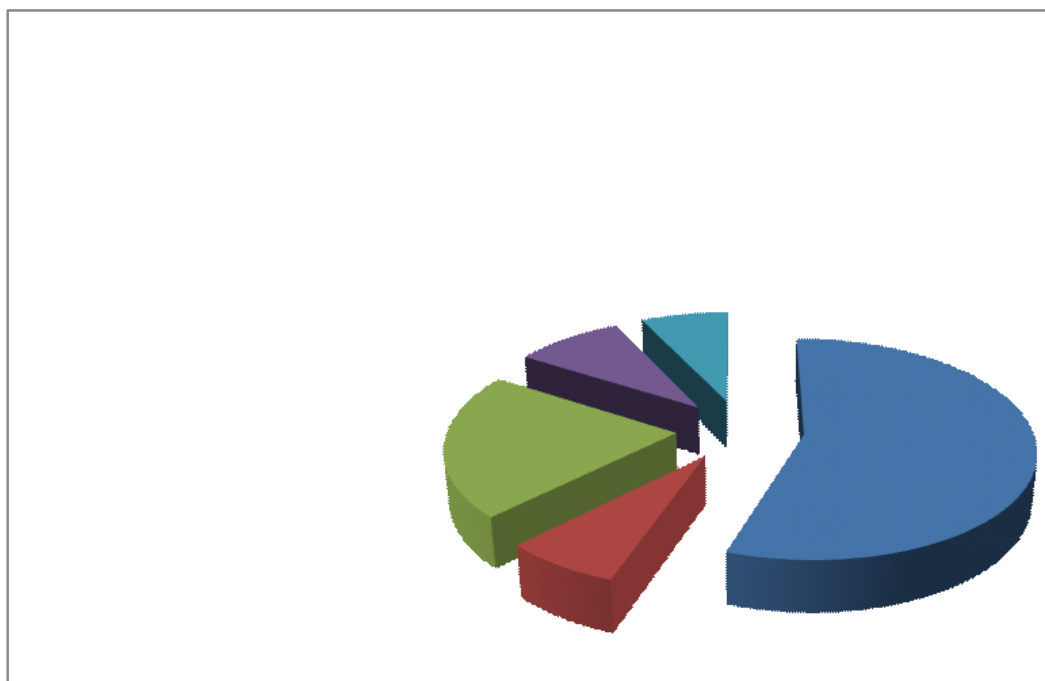
#### **Key Stakeholders in the COPES program**

- Carers and their family member or friend in the Eastern Region of Melbourne, from the Box Hill area through to beyond the Yarra Ranges.
- Carer Peer Support Workers (COPES Workers)
- EH AMHS staff, particularly the Adult Inpatient Units, Carer Support Coordinator, Carer Consultant and Community Operations Manager.
- EACH, particularly the Manager, Day Programs (and COPES Liaison)
- ARAFEMI, particularly the Manager, Family Support.
- Carer Support Groups



#### Eligibility for COPES

Carers and families whose relative or friend is in receipt of services from Eastern Health AMHS, EACH PDRS Services or ARAFEMI. In order to manage referrals and reflect needs including fiscal input into the program, ninety percent of COPES referrals come from within Eastern Health AMHS, five percent from EACH and five percent from ARAFEMI.



## **Location and employment status of COPES**

COPES is based across 4 Eastern Health AMHS sites.

Box Hill COPES is currently based at Upton House Adult Inpatient Unit at Box Hill Hospital and Koonung Community Mental Health Centre, also in Box Hill.

Ringwood COPES is currently based at Maroondah Hospital Adult Inpatient Unit, in East Ringwood and Murnong Community Mental Health Clinic in East Ringwood, with regular sessions at Chandler House Community Mental Health Clinic, Upper Ferntree Gully.

COPES workers are employed as permanent part-time workers. Ringwood COPES workers are employed by our PDRSS partner EACH and Box Hill COPES workers are employed by ARAFEMI. In both instances Eastern Health AMHS funds the majority of the operating costs of the program, with EACH and ARAFEMI invoicing the AMHS on a quarterly basis.

## ***Program Structure – Enhancers and Challenges***

Location - Working from a clinical setting increases access and referral, especially inpatient settings, which is a key point of access for carers to the system. Being on the inpatient unit means COPES is readily available and in context – carers do not have to search for it. Seeking out offsite carer supports requires a level of initiative and follow-through, which tired and stressed carers may, at times, be lacking in. Having COPES at the service means carers don't need to work out where to go when they are overwhelmed.

The challenge in being located in a large public adult mental health service is the internal struggle for access to resources, and in particular, space to conduct the program. Further, staff turnover in this large service with around 500 staff creates a need for intensive public relations activities to inform new staff and agency staff of the role of COPES.

Multiple locations of the COPES program enables greater liaison with clinicians/referral sources.

Clinical Program Support - Operational support of COPES workers by the Carer Support Coordinator (CSC) provides a sense of internal validity.

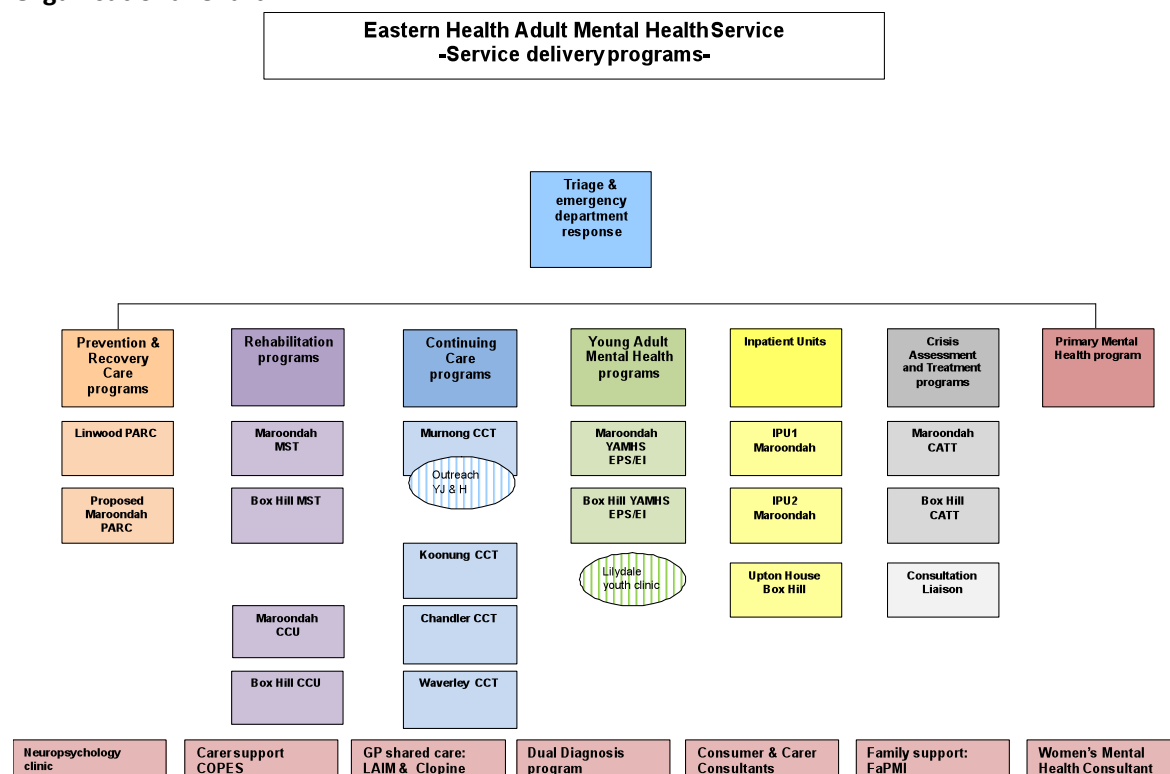
Partnership structure - Investment by Eastern Health AMHS provides access to broader carer services by relationship to the Eastern Carers Network which is auspiced by Eastern Health AMHS. The partnership structure, particularly with ARAFEMI, further complements access and relationship to carer services.

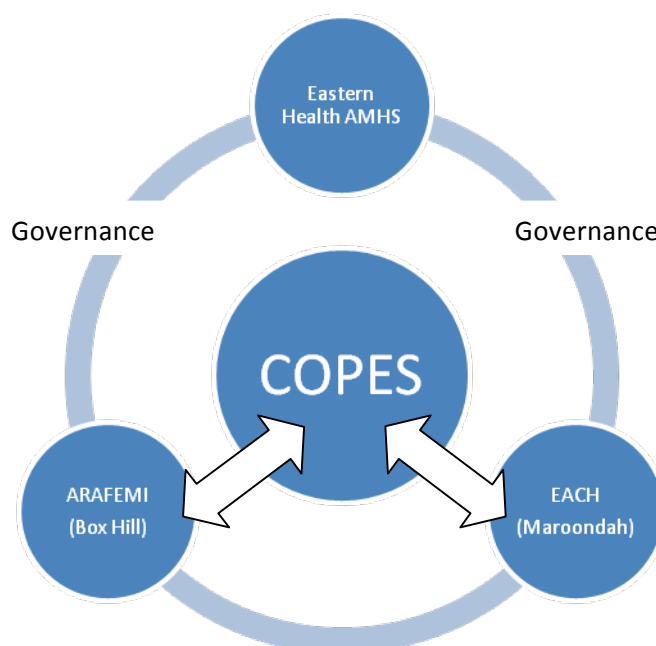
## 6. Governance

COPES is a collaborative arrangement between Eastern Health AMHS and EACH in the Maroondah Hospital/Ringwood region and ARAFEMI in the Box Hill Hospital Region. As EACH and ARAFEMI are independent of Eastern Health AMHS, this affords COPES greater capacity for autonomy and advocacy. See appendix for TOR from Gov meeting.

Partnerships: The partnership arrangement is formalised by a Memorandum of Understanding (MOU), which sets out responsibilities of all parties as well as the general objective of the partnership and program.

### Organisational Chart:



**COPES Chart:*****Relationships***

- EH AMHS Carer Support Coordinator provides clinical and risk management consultancy to the COPES program as well as support with day to day tasks for the COPES workers, as their work location is largely from EH premises.
- Partner Liaison –EACH and ARAFEMI assume responsibility as employers of the COPES workers in the separate areas. These agencies take the lead role in recruitment and HR activities, including pay functions.
- EH Carer Consultant – provides peer consultancy to the COPES workers. The Carer Consultant is a conduit between the leadership team of Eastern Health AMHS and the COPES workers and carers who they service. This affords an avenue for systemic carer themes or issues to be addressed and also keeps the COPES workers informed of outcomes and developments pertaining to family support and participation.
- COPES workers participate in individual supervision. Eastern Health Carer Support Coordinator provides supervision to one COPES worker in Ringwood and one worker in Box Hill, EACH Day Program Manager (COPES Liaison) and ARAFEMI Family Support Manager supervise one worker from the respective sites. In all cases the focus is on individual support in their role. The supervision is provided on a monthly to bi-monthly basis dependent on need and reflecting the hours worked. A record of the supervision session is made by the supervisor and a copy is provided to the COPES supervisee. Annual performance appraisals have also been conducted over the years.

## 7. Fiscal

A challenge that has arisen with regard to this program is the source of funding for this and other carer support activities. Until 2009, there were no specific funds allocated for Carer Consultant role, thus there was variation across AMHS as to the employment of a Carer Consultant role, the EFT this role was employed at and whether the funding source was the Carer Support Brokerage Fund or core funding. The recent discrete funding of Carer Consultant roles, in line with discrete funding of Consumer Consultant roles, has assisted AMHS to employ/continue to employ to these roles.

The costs for COPES are shared with our partners, with the majority of the salary costs paid by Eastern Health AMHS. It has been important to ensure that all partners have a realistic sense of the actual costs including oncosts for staff members, and to have a system in place for reimbursement and accountability of the funds. Each organisation's financial responsibility is detailed within the MOU, and matters pertaining to this are discussed at Governance meetings.

### ***Governance – Enhancers and Challenges***

Governance is documented in the MOU; this clearly spells out the roles of the partners.

Management and staff share a vision and mission. Partners can develop a shared vision and mission with trust and transparency. If staff leave it is difficult to maintain continuity and momentum. This is compounded when managers leave.

There is a need to consider transition plans around changes to staff, organisational structure and funding.

## 8. Procedures / Operations

The current infrastructure was developed to enable the program to grow and develop. As the program evolved there grew a need to develop infrastructure that allowed the program to maintain focus on operational or everyday activity but be supported by strategic planning activities.

Operational activities focus on keeping the program running and have two aspects:

- Fortnightly Allocation meetings which provide a venue for the coming together of the site-based team for communication around referrals, allocation and smooth transitions for those seen by the COPES program at each individual site. See appendix.

- Monthly Staff/ Team meetings that allowed for Team learning, fine-tuning of team process and activities, input from other sources and information sharing. See appendix

The strategic activities ensure the program maintained its vision and direction and allowed space for thinking creatively, which can be difficult to achieve with staff working relatively small amounts of time. The management support and involvement in this is vital for the visions to be both realistic and achievable and was the catalyst for creating change. Three forums were developed for strategic activity:

- 3 monthly Governance Meetings of coordinators and managers from partner organisation. This vehicle gave space for service partner related issues to be dealt with and developed pathways for resolving differences. It also served as a place to action relevant parts of the strategic plans of the partners.
- Yearly ½ day whole team planning meetings involving the team (Ringwood and Box Hill together) and management together to consolidate the team's vision and plan for the year to come
- Yearly ½ day team building day for the COPES workers and coordinators to enable clearer understanding of what each contributes to the team. This was seen as particularly important in a team that have few hours and overlap where the incidental team interaction (such as over lunch or in the tea room) has little opportunity to occur. This day also enabled the respective sites to share resources and developments.

See appendix for the COPES meeting structure document and TOR for each meeting.

As with many programs where staff have a dual role, a strategic focus is easy to lose in the daily pressure and requires management investment from all partners to ensure it could be actioned. To be effective at working at an organisational strategic and capacity building level requires a different skill set than service delivery roles. Prior to the employment of a Carer Consultant in 2007, Eastern Health AMHS made a decision to separate the service delivery component (COPES) from the strategic and capacity building component (Carer Consultant).

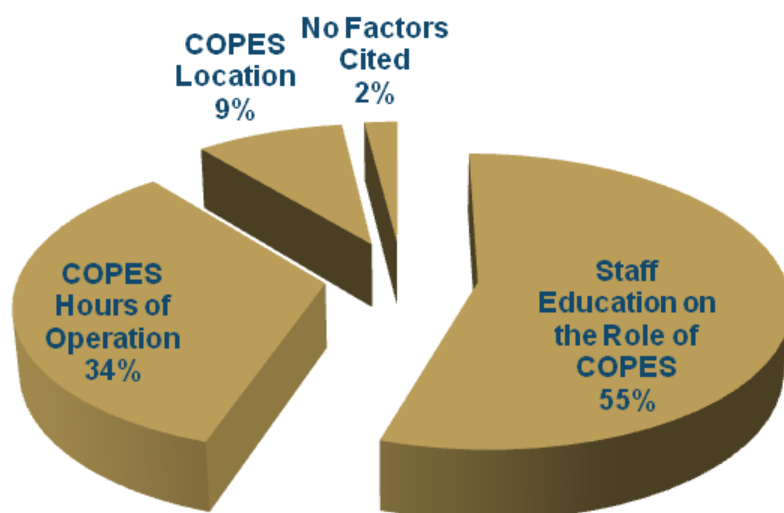
### **Localised public relations to maintain profile and ensure referrals**

Regular and planned public relations work is needed to continue to develop and maintain the profile of the program within the services, particularly in the Adult Inpatient Units, where there is fairly high staff turnover. Similar to the studies with GP's about the relationship between drug company visits and the drugs they prescribe; it has been obvious that those teams and sites where COPES has more presence refer more commonly. As the team has so few hours, the need to help mental health workers keep the program in mind requires more work.

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The recent staff evaluation<sup>3</sup>, undertaken by L. Cunningham & G. Mathanasenarajah, in surveying 76 staff, indicated that further PR would most likely contribute to staff increasing referrals to COPES, as follows:

## What Factors Would Increase Staff Usage of COPES



### *Procedures – Enhancers and Challenges*

While public relations activities have maintained the profile of COPES, ongoing public relations is required due to the constantly changing staff base in the service in particular on the Inpatient Units.

It takes time to change a culture. If people involved in this change process leave the service, the process loses ground.

The clear documentation and meeting structures /systems and procedures means the program therefore not dependant on individuals for its ongoing functioning.

Feedback loop to referrers (feedback/acknowledgement sheet) encourages referrals however, given that COPES workers are employed by an external organisation and that program is specifically for carers, issues arise around how much information to share with the consumers' case manager.

<sup>3</sup> Monash CBP, COPES Evaluation 2009



## 9. Human Resources

Carers seeing carers is a key theme of COPES and is what sets COPES apart from many other carer supports – particularly those located at clinical sites. The COPES carers have access to and knowledge of the clinical setting.

The Carer Support Coordinator role is another key human resources factor for COPES. The CSC provides a connection into the service and together with the Carer Consultant provides a connection with the AMHS management.

Having two COPES workers at each site creates a sense of team, who support and complement each other and also provide a diversity of lived experience (e.g. adult child, parent, spouse, sibling).

### ***Recruitment, training and supervision***

Recruitment -while EACH and ARAFEMI respectively took the lead in recruitment, a partnership approach was used whereby Eastern Health's Carer Support Coordinator is part of the interview panel.

Orientation and Training –a partnership approach was used. The workers received orientation (in addition to the general orientation offered by the hospital and PDRSS) and training, focusing on:

- Peer support
- Understanding mental illness
- Communications skills
- Grief and loss
- Advocacy and Support Services – including direct visits to most relevant services.

### **Admission of a Family Member**

It is recognised that the admission of workers' family member to the ward may create added stressors for the COPES Peer Support Worker and their family member. In an attempt to minimise stress created, the following protocols are in place.

- Where possible and in accordance with usual Eastern Health AMHS practice, the family will be offered an alternative admission site.
- In the first instance the worker is provided access to debriefing and dialogue regarding the admission. The debriefing is intended to address possible role conflict issues and will be an addition to what is offered to other families.
- The COPES worker is offered alternative duties located away from the ward, including duties at the Community Mental Health Services and other community development activities.

## Staff Manual

A joint staff manual, covering the Box Hill/ ARAFEMI and Ringwood/EACH COPES program assists COPES workers in carrying out their duties. It is particularly relevant to new COPES workers and was led by ARAFEMI and based on the ARAFEMI Staff manual.

### *Human Resources – Enhancers and Challenges*

Carers seeing carers - COPES provides staff with lived experience as a carer, who have an up to date and working knowledge of the public mental health service, in particular, the inpatient system.

Being a paid position provides clear expectations around professional standards and accountability.

Retention of staff - Ringwood COPES has employed 10 workers, who stayed with the program an average of 2 years per worker.

Supervision that is written, structured, regular and purpose driven (clinical, professional/group/peer) has been identified as one of the factors leading to retention of COPES workers and satisfaction with the role.

Orientation training that is structured and the two organisations provides greater access to training.

Two workers at each site creates a 'team' enriched experience

The clear COPES role and job description helps both new and experienced COPES workers to be focused on and clear about service delivery and helps avoid role boundary issues.

Some of the challenges include:

Complex worker accountability arrangements whereby COPES workers are employed by one organisation (EACH or ARAFEMI) however 90% of on the job hours are spent in at other organisation (the clinical setting – EH AMHS)

Location issues: People need to feel a sense of belonging, of having one's own space, regardless of how many hours they work. This sense of belonging (and value) is connected to the space and resources a program/worker are given. This can also feed into other people's sense of the program and workers. There is much competition for space in the clinics/units and as a result the COPES program is located in 'shared spaces'.

Workers keeping to role, can, at times, be a challenge. At times the COPES workers have identified gaps in the system or unmet needs in the carers and have sought to go outside the scope of role in order to meet these needs. Since 2007 this has reduced significantly as Eastern Health AMHS have employed a Carer Consultant specifically to meet the systemic needs.

## 10. Quality

### Evidence base for Peer Support

Current literature in the mental health field indicates employment of Peer Specialists (Consumers) and Carer Consultants within acute mental health units was associated with consumer, organisational and personal gains. According to an evaluation undertaken by Kling et al<sup>4</sup> Consumers and carers involved in the Peer Specialist and Carer Consultant evaluation reported consistently positive feedback around feeling more supported, having a greater sense of hope for recovery for themselves or the person they care for. An overview of empirical findings related to carer peer support as researched by ARAFEMI<sup>5</sup>, peer support programs give rise to a range of benefits, including more knowledge of the illness, more confidence, reduced caregiver burden, better management of difficult feelings, better family relationships, increased contact with family/friends and better physical health in the long term.

The evidence base for peer support varies according to the peer group under discussion. According to the Cochrane Evidence Bulletin on telephone peer support,<sup>6</sup> the authors concluded that peer support telephone interventions are effective across some health and health behaviour outcomes, however some possible harms and adverse effects of peer support telephone interventions were noted, including effects for both recipients and advisors for peer support telephone interventions. They identify three major themes: (i) the need of advisors to feel they were of help to the recipient; (ii) the sharing of experience: the difficulties of severing relationships at the end of the intervention were noted; and (iii) issues around advisors becoming aware of their own anxieties and vulnerabilities. This highlighted the need for adequate training and ongoing support for peer advisors over time.

<sup>4</sup> Kling L, Dawes F, Nestor P (2008) Peer Specialists and Carer Consultants Working in Acute Mental Health Units: An Initial Evaluation of Consumers, Carers and Staff Perspectives. *International Journal of Psychosocial Rehabilitation*. 12 (2) 81-95

<sup>5</sup> Cassar Bartolo K, Sanders F (2008) Carer Involvement Project 'Gathering Lived Experience'. ARAFEMI Victoria.

<sup>6</sup> Dale J et al. (2008) 'Peer support telephone calls for improving health' reviewed in the Cochrane Evidence Bulletin, Centre for Health Communication and Participation. December 2008.

### ***Monitoring, Evaluation and Review***

In addition to the review mechanism in place through supervision, qualitative and quantitative evaluation (see appendix), general data collection including referral numbers and general statistics regarding contact with carers are collected. This information is used by the Carer Support Coordinator to develop 3 monthly reports which are submitted to AMHS management and the Governance meeting. Relevant sections of the report are also provided to the Partner organisations (EACH and ARAFEMI), to assist with monitoring and review.

KPI's for the program set up an expectation that 85% of referrals are responded to within a week of receipt of the referral, this is tracked and reported to management, as follows:

<b>Ringwood/Maroondah COPES</b>				
(Taken from 2 <sup>nd</sup> Quarter 09 Report)				
<b>Year to Date:</b>	80	of	83 referrals seen in 7 days or less	96 %
	2	of	83 referrals seen in 7 days or more	2.4 %
	1	of	83 referrals no contact able to be made	1.2 %
<b>Month Statistics:</b>	39	of	39 referrals seen in 7 days or less	100 %
<b>for 2nd Quarter 09</b>	0	of	39 referrals seen in 8 days or more	0 %
	0	of	39 referrals no contact able to be made	0 %

### ***Does the program work?***

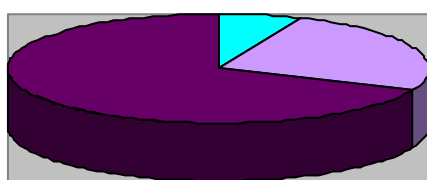
Recent and long term feedback from carers, staff and Carer Peer Support Workers indicates a high level of satisfaction from users and other stakeholders.

*“We were lost; we didn’t know where to go or who to see”*

Carer respondent, COPES 2001 Evaluation

### 2009 COPES Carer Survey Results<sup>7</sup>

- 94% participants rated COPES at or higher than 4/5 for helpfulness.



*“Knowing that they’ve been through what you’re going through ... you can relate to them, they understand”*

Carer respondent, COPES Evaluation 2009

- 75% most liked having the opportunity to talk to someone about life as a carer.
- 63% found the links to information and other resources helpful.
- **75% have identified positive changes within themselves since talking at COPES.**

*These changes included:*

- Feeling less stressed and anxious
- Having a greater awareness
- Recognising not alone
- More confidence in own actions
- Stronger relationships

*“I have a better relationship with my husband [who is using the mental health services] because of COPES”*

*Carer respondent, COPES Evaluation 2009*

- **100% of the cares surveyed (N=16) would recommend COPES to others**

*In the 2001 Evaluation<sup>8</sup> Carers, when asked ‘How helpful was COPES?’ 70% rated COPES as Very Helpful to Extremely Helpful.*

<sup>7</sup> Taken from **Evaluation of COPES services in Central and Outer East** L. Cunningham & G. Mathanasenarajah, 2009.

<sup>8</sup> Taken from 2001 COPES Evaluation, Eastern Health (Maroondah Hospital AMHS).

Statistics collected in 2009 indicate that:

- In a typical month the COPES program spends an average of 33 hours in direct contact with carers.
- In the first quarter of '09 (Jan – March) COPES responded to 68 referrals.
- On average the program supports up to 306 carers per year.

### **2009 Staff Survey Results**

- 41% of staff replying to the survey had heard of COPES to a reasonable extent
- Feedback given by carers to clinical staff was 100% positive.

### **Peer Support Survey Results**

COPES strengths

- 100% identified lived experience shared with carers
- 100% saw advantages in working out of the inpatient unit

The Peer Support Worker (COPES Worker) Evaluation also highlighted some challenges for COPES

- 100% identified problems associated with under-recognition of the COPES program by clinical staff. 100% want to increase COPES promotional materials to address this.
- 88% noted the limited working hours are difficult. Increased accessibility through increasing hours or face-to-face visits was desired.

No clear consensus could be reached regarding the advantages and disadvantages of working for COPES whilst being employed by a different organisation.

The local planning processes, including the yearly ½ day planning day with the whole COPES team, is a quality measurement tool to assist the program to review priorities and work achieved. In this way it helps to keep concerns and issues for change in mind and assists all of the team to know and be connected to the priorities and direction of the service.

### ***Quality – Enhancers and Challenges:***

Providing a regular structured planning and team building days ensures time for these activities. This is particularly important as the multiple locations and limited EFT reduces the incidental opportunities for connecting.

Use of detailed statistics highlights themes and gives validity to the program.

Use of a computer spreadsheet for collection of statistics, which is located at a shared drive, increases accuracy and is more time efficient.

COPES programs activities are embedded in the services Quality and Business Plan.

The challenge for COPES is, on minimal resources, being able to respond to a large and complex service.

Managing and monitoring the quality of work –minimum training is required and the use of brief surveys are recommended as a feedback loop from carers.

## *11. A Decade of Learning:*

Sustainability:

Over the past ten years COPES has grown and become embedded within the AMHS. The evolving and ongoing nature of COPES – in summary, its' sustainability - has been achieved by the combined efforts of several agencies and many people. A key learning for us is that sustainability is not one person's work. In addition, partnerships have created a cornerstone on which sustainable procedures and practices have been built.

Leadership & systemic support:

For programs such as COPES to work, the service leadership needs to understand and value the work undertaken by the program.

When direction and drive comes from the leadership group, who have authority to introduce and implement broad scale changes, new ways of responding to needs can be fostered and embedded. Carer support work is best supported by a clear set of expectations and standards that are understood by staff.

There is a need for services to review consistency of role for Carer and Consumer Consultants, if these roles are to be utilized to enable and facilitate change in the public mental health system. Currently the focus for Consumer Consultants is largely on systemic work. The evidence base for peer support suggests there is merit in employing Consumer Peer Specialists to complement the Consumer Consultant role. By contrast, Carer Consultants undertake both systemic and peer support work, which poses the challenge of maintaining a dual focus, usually in a part time capacity.

### Procedures:

Structures & processes greatly contribute to the smooth running of programs such as COPES. Without clear program boundaries there is a tendency to work more outside the role of the program, due to the myriad of unmet needs and issues that present for families and carers.

### Change:

Introducing change (or a new program/approach) to a large service takes time and perseverance. At times the change process itself can be daunting and set up conflicts. Allowing a long lead time for the introduction of a new program and consulting widely with clinical staff before the commencement / introduction of a Peer Support program has contributed to a greater understanding, acceptance of and referral to the program.

### **Is COPES value for money? Is it the best use of resources to meet identified needs?**

COPES cost benefits are succinctly outlined in the Value for Money: Employing Carers in Mental Health Services' paper<sup>9</sup>, which states the benefits:

*For the Carer*, include empowerment, reducing isolation and being heard.

*For Consumers* are the flow-on benefit of carer well-being including improving family understanding and communication.

*For the System and Staff*, COPES educates staff regarding the issues families face when their loved one is ill. As one consultant psychiatrist said, 'COPES helps keep us honest'.

*For the COPES workers*, benefits include recognition through payment, and gaining respect as an individual and as a carer-worker.

In 2009 COPES responds to over 300 referrals per year and achieves over 600 carer contacts per year – on a little less than 1 EFT (full time worker).

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<sup>9</sup> Ward L, Bourke C & Douglas M. (2002) Value for Money: Employing Carers in Mental Health Services. TheMHS 12<sup>th</sup> Annual Conference. Paper No. 68.



### How does COPES compare with other programs and models?

The following table<sup>10</sup> provides a comparison of the volunteer help line model with the COPES model

	<b>Mental Health Help Line</b>	<b>COPES</b>
<b>Key Elements</b>	Telephone support, staffed by volunteers and paid co-ordinator.	Direct and telephone support, staffed fully by paid staff.
<b>Paid Staff</b>	Co-ordinator – 2- 3 days per week. Significant back up from 1 f/t & as needed numerous p/t staff.	Co-ordinator – approx 0.2 EFT and four peer support workers @ 9 hours each.
<b>Volunteers</b>	3-6	Nil
<b>Days/Hours Operate</b>	5 days 10am to 5 pm	2 days – total of 18 hours / week at each site = 36 hours worked over day & evening .
<b>Training</b>	Varies from no recent training if no new volunteers to. 20 hours.  Initially supervised calls plus up to 5 week, self paced orientation program	Combined training and orientation – 4 days over 4 weeks, with additional specific training as required/available including – safety, suicide intervention and grief.
<b>Supervision /Debriefing</b>	Varies from service to service - informal supervision as required to Coordinator or staff available at all times during volunteer roster.  Debriefing after each call. Formal supervision 3 x per yr.	Formal supervision each month, 1 hour duration, record of meeting, with action outcomes noted.
<b>Team meetings</b>	Varies according to service from no specific meeting for Volunteers to monthly Administrative meetings.  Generally Coordinator attends fortnightly agency team meetings to bi-monthly governance meetings	Fortnightly referral allocation and monthly staff meetings  Annual half day planning and also team building meeting.  Coordinators attend 3 monthly governance meetings.
<b>Calls/Contact Received Per Year*</b>	Average calls received per year depends on service: from 126 for 2,200	Average referrals per year 306  Contacts per year 648
<b>Annual Budget</b>	Depends on service from \$14,400 to Approx 1 fulltime worker, with on-cost i.e. \$55,000+	\$55,800

<sup>10</sup> Adapted from Bourke C (2007) Linking Carers: MICAL Review Report, Southern Health AMHS.

### How is COPES similar to and different from the Carer Consultant role?

- The EH AMHS Carer Consultant attends COPES meetings and COPES workers attend the Eastern Carers Network, which is chaired by the services Carer Consultant.
- Complementary role of COPES and Carer Consultant - Provides a connection for the Carer Consultant to refer on to and for COPES it means there is someone to take up the systemic concerns.
- Helps effect change, gives voice to themes and concerns observed by COPES workers in their peer support work.
- COPES is at the 'coal face' and hence provides an interface for the Carer Consultant.
- The Carer Consultant is involved at the systemic level.

## 12. Future directions

- **Evaluation and monitoring:** (i) Introduction of a brief pre and post evaluation survey completed by COPES carers to help ascertain COPES service satisfaction and inform service improvement opportunities.
- **Public Relations;** (i) Incorporate COPES into the AMHS Model of Care, which is currently under review and development. (ii) Investigate the advantages and disadvantages of routinely referring families to COPES as a matter of procedure. Investigating the impact this would have on the number of referrals and the COPES teams' capacity to respond to these referrals in a timely and quality manner is also recommended.
- **Local level:** (i) Investigate the benefits and cost of extending COPES to other age range mental health services at Eastern Health. (ii) It is suggested that Eastern Health AMHS consider developing a formal peer support program specifically for consumers of the service. In the first instance the services Consumer Consultant would be consulted regarding this suggestion.
- **State level:** (i) Enhanced Carer Support and participation program – it is recommend the Department of Health investigate the merits of introducing a dedicated Carer Peer Support roles to complement the Carer Consultant roles, with a particular focus on inpatient units. It also may be worth considering reviewing the consistency of role across Carer and Consumer Consultants (see section 11 – Learning – Leadership): Current literature in the mental health field indicates employment of Peer Specialists (Consumers) within acute mental health units was

associated with consumer, organisational and personal gains. An evaluation<sup>11</sup> involving consumers and carers who received peer support at the clinical setting reported consistently positive feedback around feeling more supported; having a greater sense of hope for recovery for themselves or the person they care for. Dedicated Peer Support positions – for both consumers and carers- may assist in embedding systemic work in clinical mental health services.

### 13. References

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- Dale J et al. 2008) ‘Peer support telephone calls for improving health’ reviewed in the Cochrane Evidence Bulletin, Centre for Health Communication and Participation. December 2008.
- Horwath, J & Morrison , T. 2007. ‘Collaboration, integration and change in children’s services: critical issues and key ingredients’. Child Abuse and Neglect (31) pp 55-69
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- Ward L, Bourke C & Douglas M. (2002) Value for Money: Employing Carers in Mental Health Services. TheMHS 12<sup>th</sup> Annual Conference. Paper No. 68.

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<sup>11</sup> Kling L, Dawes F, Nestor P (2008) Peer Specialists and Carer Consultants Working in Acute Mental Health Units: An Initial Evaluation of Consumers, Carers and Staff Perspectives. International Journal of Psychosocial Rehabilitation. 12 (2) 81-95

## ***14. Appendix***

- i. Terms of Reference (TOR) – Governance Meetings
- ii. COPES Meeting structures
- iii. Position Description –EACH
- iv. Position description - ARAFEMI

# Terms of Reference

## COPEs Governance Meeting

**A joint initiative of  
Eastern Health AMHS,  
Eastern Access Community Health  
and  
ARAFEMI**

COPEs provides peer support and information to carers and families whose relative or friend is in receipt of services from EH AMHS, ARAFEMI or EACH PDRSS Services.

1.	Reports To:	Eastern Health AMHS Leadership group EACH Board of Management ARAFEMI Victoria Board of management
2.	Terms of Office of Members	Ongoing - review each 12 months
	Membership	Community Operations Manager, EH AMHS EACH Mental Health Services Manager EACH program manager - COPEs liaison Carer Support Coordinator, EH AMHS ARAFEMI Executive Director ARAFEMI Program Manager Family Services & Respite - COPEs Liaison Carer Consultant EH AMHS
3.	Chairperson	Rotated
4.	Minute Taker	Rotated
5.	Quorum	3 members – minimum 1 representative from each partner organisation
6.	Frequency of Meetings	3 monthly
7.	Venue	EACH Lifeworks, Eastern Health Box Hill or ARAFEMI Rotating
8.	Terms of Reference 8.1 Purpose	<ul style="list-style-type: none"> <li>To formalise the liaison between EACH, Eastern Health AMHS &amp; ARAFEMI regarding the COPEs program and to facilitate exchange of information.</li> <li>To ensure the program continues to develop.</li> </ul>
	8.2 Responsibilities	<ul style="list-style-type: none"> <li>To monitor the service quality of the COPEs program</li> <li>To define areas that need to be developed</li> <li>To ensure the sustainability of the program</li> </ul>

# **C.O.P.E.S MEETING STRUCTURE 2009**

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## **ALLOCATION MEETING (Core business: debrief, catch up)**

- Fortnightly
- All COPEs workers
- Carer Support Coordinator and/or EACH COPEs liaison /or ARAFEMI COPEs Liaison (Manager Family Services) as appropriate to individual service.

## **STAFF MEETING (Operational)**

- Monthly
- All COPEs worker
- Both EH Carer Support Coordinator and EACH COPEs liaison or ARAFEMI COPEs Liaison (Manager Family Services) as appropriate to individual service.
- EH – Carer Consultant

## **C.O.P.E.S. GOVERNANCE MEETING (Strategic)**

- Quarterly
- EACH- Community Mental Health Service Manager
- ARAFEMI – CEO
- EH Community Operations Manager
- EH – Carer Consultant
- EH Carer Support Coordinator
- EACH COPEs Liaison
- ARAFEMI COPEs Liaison (Manager Family Support)

## **ANNUAL PLANNING PROCESS**

- 1 a year Planning (½ day)
- 1 a year Team building (½ day)
- All COPEs worker
- Both EH Carer Support Coordinator and EACH COPEs liaison or ARAFEMI COPEs Liaison (Manager Family Services) as appropriate to individual service.
- EH – Carer Consultant
- EH – Community Operations Manager

## **Supervision**

- Line – Monthly to Bi-monthly 1 hr
- EH Carer Support Coordinator or COPES Liaison ARAFEMI or EACH, as appropriate.

## Position Description

<b>Position Title:</b>	Peer Support Worker
<b>Program Area:</b>	Carers Offering Peer Early Support (COPES)
<b>Location:</b>	Eastern Health Adult Mental Health Services based at Murnong Community Mental Health Service (CMHS) and West Ward or other Eastern Access Community Health or Eastern Health location as required.
<b>Reporting to:</b>	COPES Coordinator, Eastern Health
<b>Accountability:</b>	Through the COPES Reference Committee to the Boards of Management
<b>Delegated Authority:</b>	As set out in the EACH Schedule of Delegated Authority

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### 1. Organisational Context

**Eastern Access Community Health** is a multi-disciplinary service providing a range of social, health and disability services within the Eastern Region of Melbourne.

All staff employed by *EACH* have a responsibility for contributing to:

- multi-disciplinary teamwork;
- health promotion and community development; and
- continuous quality improvement throughout the organisation
- maintenance of organisational standards stated in the Code of Ethics, and legislative requirements in regard to client records, confidentiality, privacy, EEO and OH&S

**Eastern Health** is a leading provider of health care in the eastern region of Melbourne and incorporates Acute: Aged Care, Rehabilitation and Community Health (ACRCH); and Mental Health (MHP) services across a number of large, medium and small work locations. The Mental Health Program provides services across the central east and outer east catchment area as well as some state wide services and supporting services in the City of Hume.

### 2. Program Context

#### **Internal:**

COPES is part of the Community Mental Health Support Services Stream of EACH and is linked to the program manager of day programs.

#### **External:**

COPES is a collaborative partnership between Eastern Health Adult Mental Health Program (EHAMHP) and EACH. The reference committee, which comprises of senior management from both organisations, is responsible for the direction and context of the position. The position is employed under EACH's employment conditions while being accountable to Eastern Health for day to day functions.



### **3. Position Summary**

The COPES program employs two carers part time to provide peer support to carers and families whose relative or friend is in receipt of services from EHAMHP or EACH PDRSS Services

The COPES program links into and is supportive of current carer and family sensitive practices within EACH and EHAMHP.

### **4. Position Responsibilities/Result Areas**

1. Provide peer support and information to carers and families whose relative or friend is in receipt of services from EHAMHP or EACH PDRSS Services.
2. Engage in phone or face-to-face contact with individual carers or families to provide support, reassurance, information and referral.
3. Provide informal, practical support to carers, including, listening to carers' concerns, providing information about the Public Mental Health Service and assisting carers to access carer and family supports
4. Liase with EACH and EHAMHP staff in organising and responding to COPES program referrals.
5. Uphold the dignity of carers, families and consumers; and respect confidentiality.
6. Maintain accurate records on carer contact, for the purposes of monitoring and evaluation of the program.
7. Assist in the general review and evaluation of the program.
8. Undertake continuing education and community development within and beyond EACH and EHAMHP.

### **5. Specific Tasks**

The specific tasks to be undertaken are set out in Attachment A. They are subject to change in order to meet the primary objectives of the position. They will be reviewed on an annual basis as part of performance review or more frequently as needed.

### **6. Supervised By:**

Direct supervision by COPES Program Coordinator EHAMHP and/or EACH Program Manager [COPES liaison]

Responsible to the COPES Program Coordinator EHAMHP and/or EACH Program Manager [COPES liaison] for the maintenance of professional standards and appropriate administration work practices required within the overall organisation of EACH. Should other professional supervision be required, this is to be negotiated with the Program Manager, in line with the EACH Supervision Policy.

## **7. Qualifications/Experience Required**

### **Mandatory requirements:**

- Previously or currently a child, parent, partner or carer of a adult with a mental illness
- A satisfactory Police Records check.
- Computer literacy in Microsoft Word and Outlook

### **Highly desirable skills and experience:**

- Caring for an adult with a mental illness which has required a period of hospitalisation within the public mental health system
- Active involvement in carer support groups
- Understanding of the principles of counselling and peer support
- Understanding community development processes
- Experience in working as part of a team
- Understanding of the public mental health system

## **8. Key Selection Criteria**

- Caring for an adult with a mental illness who has been treated within the public mental health system
- Highly developed communication and interpersonal skills including excellent listening skills
- Demonstrate an understanding of the principles of peer support and counselling
- Ability to utilise own experience constructively for the benefit of others
- Demonstrated understanding of boundaries of confidentiality
- Ability to work autonomously as well as operate as a contributing member of the team
- Ability to consult and liaise with other relevant workers, both within and external to the service setting
- Demonstrated networking and liaison skills in relation to carer support groups, carer agencies and workers
- Excellent verbal and written communication skills
- Excellent interpersonal skills including negotiation, conflict resolution and problem solving
- Ability to work in accordance with the values and guiding principles of EACH, EHAMHS and the aims and objectives of the COPES program X

## **9. Specific Employment Conditions**

Contract Period: Ongoing

Classification: SACS Community Development Worker Class 2A Level 4

Payment: \$20.571 per hour

Hours of Work: 9 hours per week

Any other specific conditions of employment negotiated will be included in the "Contract of Employment" to be signed on acceptance of an offer of employment.

## **10. General Conditions of Employment**

There are common conditions of employment covering all employees of EACH, which form the basis of the organisation's policies and procedures. These are set out in the Policy and Procedures Manual.

EACH is a no smoking environment (this includes within vehicles).



All staff are expected to take responsibility for a safe and healthy work environment as required by Occupational and Health Safety provisions

## **ATTACHMENT A:**

### **Specific tasks**

- Assist families and carers to feel less alone in their experience of dealing with a relative or friend who has a mental illness.
- Facilitate families and carers to become more informed about mental illness.
- Direct families and carers as to where to obtain support and information for themselves as family or carer.
- Foster a greater understanding for families and carers of the sort of support that can be derived from a carer support group.
- Equip families and carers with some basic coping strategies and how these can be applied to individual situations.
- Provide families with additional choices and support in dealing with the challenges in caring for someone with a mental illness.
- Foster in staff a greater understanding of the carers' perspective.
- Assist staff to establish new ways to routinely work together with families and carers
- Collaborate with staff as part of a team.
- Equip staff to become more aware of resources and support available to carers and families.

### **General Tasks**

#### ***Personnel and Performance Development***

- Participate in the induction and orientation as a new worker.
- Participate in regular supervision which includes presentation of case reviews, review of caseload; self reflection, and identification of needs
- Seek support, debriefing and follow up challenging or concerning issues with the COPES Coordinator
- Inform the COPES Coordinator of *Duty of Care* issues

#### ***Promoting Teamwork***

- Share skills and resources and participate in staff meetings, peer support, team building and other activities

#### ***Data and Administration***

- Provide statistics as required; Daily log sheet and others as directed
- Participate in the timely allocation of referrals

- Register new clients.
- Complete client files on a regular basis

### ***Community Development***

- Increase and enhance the profile of COPES through regular liaison, networking and consultation with general and specialist service providers
- Work in close collaboration with Carer organisations and Clinical Services
- Undertake community development activities that promote acceptance of people with psychiatric disabilities and that create pathways to service providers
- Represent the COPES program as required

### ***Quality Improvement***

- Encourage feedback from carers/ families, consumers, the community and service providers.
- Participate in the implementation of changes to enhance service provision, as indicated by feedback from carers/ families, consumers the community and service providers.

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**ARAFEMI**

## **ARAFEMI Victoria Inc**

### **Position Description**

<b>POSITION TITLE:</b>	PEER SUPPORT WORKER - COPES
<b>REPORTS TO:</b>	Manager Family Support
<b>AWARD:</b>	Permanent Part Time (9 Hours) SACS Award, Community Development 2A & ARAFEMI Enterprise Bargaining Agreement 2006 – 2009
<b>REVISION DATE:</b>	June 2009
<b>BASED:</b>	270 Auburn Road Hawthorn

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### **ORGANIZATIONAL CONTEXT**

ARAFEMI's mission is to promote and improve the well being of people affected by mental illness. ARAFEMI is an incorporated association and a registered community support service under the Mental Health Act 1986.

ARAFEMI is the lead state-wide provider of support to carers and families where mental illness has an impact. ARAFEMI has a strong belief in recovery for people with a mental illness and their carers. All people have the right to live with respect and dignity in a society that provides equality of opportunity.

ARAFEMI provides carer/family support, carer education, support groups, information, respite support, outreach support for consumers, and manages the Linwood Prevention & Rehabilitation Centre with Eastern Health Adult Mental Health Program.

Project partner, Eastern Health is a leading provider of health care in the eastern region of Melbourne and incorporates Acute: Aged Care, Rehabilitation and Community Health (ACRCH); and Mental Health services across a number of large, medium and small work locations. The Adult Mental Health Program provides services across the Eastern Metropolitan Region encapsulating the communities surrounding the Maroondah, Box Hill, Angliss, Yarra Ranges, and Peter James Centre Hospitals. Eastern Health Adult Mental Health Program services cover the continuum of care and include both inpatient and community based services. A joint Governance Group, which comprises senior management from both organisations, is responsible for the overall direction and outcome of this service.

### **PROGRAM CONTEXT**

The Carers Offering Peers Early Support (COPES) program in the Box Hill catchment area is a collaborative partnership project between Eastern Health Adult Mental Health Program and ARAFEMI Victoria that aims to deliver peer support and information to carers and families whose relative or friend is in receipt of mental health treatment or support from Eastern Health Mental Health Program (EH AMHP) or ARAFEMI. The Peer Support Workers will provide telephone and face-to-face support to carers to reduce isolation and improve

knowledge of the mental health system. They will also be responsible for working with staff across PDRSS and clinical health services to increase awareness of family and carer needs and raise the profile of the COPES program. It is expected that COPES support will be provided across three (3) sites, which are likely to be at Box Hill, Mont Albert and Glen Waverley.

## THE ROLE

### KEY RESPONSIBILITY AREAS

1.	<b>DIRECT SUPPORT</b>	<ol style="list-style-type: none"> <li>1. Provide peer support and information to carers and families whose relative or friend is in receipt of services from Eastern Health Adult Mental Health Program or ARAFEMI.</li> <li>2. Engage in phone or face-to-face contact with individual carers or families to provide support, reassurance, information and referral. Services will be provided from EH AMHP and ARAFEMI sites</li> <li>3. Provide informal, practical support to carers, including, listening to carers' concerns, providing information about the Public Mental Health Service and assisting carers to access carer and family supports</li> <li>4. Assist families and carers to overcome isolation in their experience of dealing with a relative or friend who has a mental illness.</li> <li>5. Facilitate families and carers to become more informed about mental illness.</li> <li>6. Direct families and carers as to where to obtain support and information for themselves as family or carer.</li> <li>7. Foster a greater understanding for families and carers of the sort of support that can be derived from a carer support group.</li> <li>8. Equip families and carers with some basic coping strategies and how these can be applied to individual situations.</li> <li>9. Provide families with additional choices and support in dealing with the challenges in caring for someone with a mental illness.</li> </ol>
2.	<b>IMPLEMENTATION</b>	<ol style="list-style-type: none"> <li>1. Liaise with ARAFEMI and Eastern Health Adult Mental Health Program staff in organising and responding to COPES program referrals.</li> <li>2. Uphold the dignity of carers, families and consumers; and respect confidentiality.</li> <li>3. Maintain accurate records on carer contact, for the purposes of monitoring and evaluation of the program.</li> <li>4. Assist in the general review and evaluation of the program.</li> <li>5. Foster in staff a greater understanding of the carers' perspective.</li> <li>6. Assist staff to establish new ways to routinely work together with families and carers</li> <li>7. Collaborate with staff as part of a team.</li> <li>8. Equip staff to become more aware of resources and support available to carers and families.</li> <li>9. If required and as directed by Carer Support Co-ordinator or Manager Family Support - Increase and enhance the profile of COPES through liaison, networking and consultation with general and specialist service providers, and work in close collaboration with Carer organisations and Clinical Services.</li> <li>10. Represent the COPES program as required</li> </ol>

3.	<b>PARTICIPATION</b>	<ol style="list-style-type: none"> <li>1. Participate in the induction and orientation as a new worker.</li> <li>2. Participate in regular supervision which includes presentation of case reviews, review of caseload; self reflection, and identification of needs</li> <li>3. Inform the Carer Support Co-ordinator of <i>Duty of Care</i> issues. Share skills and resources and participate in staff meetings, peer support, team building and other activities</li> <li>4. Seek support, debriefing and follow up challenging or concerning issues with the Carer Support Co-ordinator (EH AMHP) &amp; ARAFEMI Manager of Family Support</li> </ol>
4.	<b>OPERATIONAL</b>	<ol style="list-style-type: none"> <li>1. Provide statistics as required; Daily log sheet and others as directed</li> <li>2. Participate in the timely allocation of referrals</li> <li>3. Register new clients.</li> <li>5. Complete client files on a regular basis</li> <li>6. Ensure quality improvement via service feedback</li> </ol>

## CONDITIONS OF EMPLOYMENT

### Hours:

This is a permanent part time position (9 Hours per week) worked across three sites. Employees will be required to work these hours between 9am and 9pm, Monday to Friday (up to 6 hrs per week may be evening work including after hours group work).

### Salary and Conditions:

An hourly rate of \$20.33 is offered. As per Social and Community Services Award 2000 Community Development Class 2A, Overtime allowances / TIL plus superannuation will also be paid. Additional benefits from the ARAFEMI Enterprise Agreement 2006-2009 apply. As a registered charity organization ARAFEMI offers an attractive salary packaging opportunity.

### Additional Requirements:

A probationary period of three months will apply.  
Criminal record checks are mandatory for all new appointments.

## QUALIFICATIONS/EXPERIENCE REQUIRED

### Key Selection Criteria

1. Must have experience caring for an adult with a mental illness who has been treated within the public mental health system
2. Demonstrated understanding of the impact of mental illness on consumers, families and carers
3. Demonstrated understanding of the principles of peer support and counselling and the ability to utilise own experience constructively for the benefit of others
4. Demonstrated ability to engage individuals and or families through telephone or 1:1 support in an empowering and ethical manner
5. Understanding of the mental health system including clinical and acute services and the PDRSS sector.
6. Demonstrated networking and liaison skills and the ability to work with internal and external carer services and the clinical sector
7. Highly developed communication and interpersonal skills including excellent listening skills, negotiation, conflict resolution and problem solving
8. Computer literacy in Microsoft Word and Outlook

### Essential Requirements

A current Victorian Driver's Licence