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## TERMS OF REFERENCE

### Family and Carers Committee (FACC)

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#### 1. MEMBERSHIP

- Up to 12 family and carer representatives\* (minimum of 8) with broad representation that reflects a diversity of experience and circumstance (in terms of service use, condition, and demographics)
- Co-chair is a nominated mental health carer, family or kin representative
- Chair is the Family and Carer Program Manager, Mental Health Service

Both member and co-chair terms will be 12 months, with the option to extend.

\*Family and carer representatives have experience caring for a person with mental health concerns who is using or has used South Eastern Sydney Local Health District (SESLHD) Mental Health Services (MHS). In this context, a carer is someone who provides unpaid care and support to family members and friend with a mental health concern, and do not care for someone as part of their profession. Carers can provide emotional, social or financial support.

#### 2. OFFICERS IN ATTENDANCE

Additional members may be invited to attend to share expertise or present on relevant projects/initiatives.

#### 3. QUORUM REQUIREMENTS

The quorum shall consist of 50% + 1.

If the quorum is not reached, then the meeting is to be rescheduled to when the majority of members are available. Members should advise the Secretariat if they are unable to attend at least a few days prior to the meeting to ensure the meeting will have the quorum required to proceed.

#### 4. ROLE

##### **Embed voice/advisory**

The Mental Health Service Family and Carer Committee (MHS FACC) is an advisory committee that aims to ensure a clear and diverse family and carer voice and perspective is embedded into all mental health services in South Eastern Sydney Local Health District (SESLHD).

##### **Champion through partnerships**

The FACC champions the family and carer experience, supporting the mental health service by ensuring genuine and collaborative partnerships with family and carers of people living with mental health concerns.

##### **Advocacy for improved outcomes**

By sharing their lived experience and perspective, the FACC will advocate for responsive, effective, and accessible service delivery with improved outcomes for both families, carers and consumers through a collaborative approach.

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The objectives of the FACC are to:

### **Embed carer/family voice and advisory**

- ensure family and carer lived experience is recognised, and the mental health service forms genuine partnerships with family and carers as integral members of the mental health care team
- provide a mechanism for family and carers to inform and influence strategies, policies, and procedures
- support family and carer forums, events, and initiatives

### **Champion through partnerships**

- form strategic and collaborative partnerships with relevant organisations to improve the holistic care of consumers
- provide leadership, support, coordination and guidance on the development and provision of resources, education, and information relating to family and carers
- work in partnership with the service to identify areas for improvement, innovation
- engage with the wider community when appropriate

### **Advocacy for improved outcomes**

- improve the experience and satisfaction of consumers and carers utilising mental health services in SESLHD
- ensure that the concerns of the wider community are considered and advocated for. This includes gender diversity, age diversity, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, those living with disabilities, and people from LGBTIQ+ community
- advocate for improved service delivery processes for consumers and their carers
- provide feedback and planning around data trends, including the Carer Experience of Service Survey (CES)
- provide input on action relating to the NSW Family Focused Recovery Framework
- advocate for the whole consumer journey from mental health promotion, prevention and early intervention; rehabilitation; inpatient and assertive community treatment; and care coordination including psychological interventions and continuing care

## **5. FREQUENCY OF MEETINGS**

Monthly meetings alternating between formal and informal structures, on a date and time determined in partnership with committee members.

Informal meetings are less structured, purposeful project meetings, where ideas or initiatives are workshopped, or where training takes place.

## **6. EXECUTIVE SPONSOR**

General Manager, Mental Health Service

The committee formally reports to the District Mental Health Clinical Council, which is a subcommittee of the SESLHD Clinical Quality Council and the Chief Executive.

## 7. SECRETARIAT

A member of the Partnerships and Transitions Team, Mental Health Service.

## 8. METHOD OF COMMITTEE EVALUATION

A Committee Performance Evaluation is to be completed as part of the evaluation process. The outcome should be discussed in a committee meeting and outcome minuted.

## 9. AUTHOR AND APPROVAL

<b>Date</b>	<b>Revision No</b>	<b>Author</b>	<b>Approval</b>
11/12/2024	1	Family and Carer Committee Working Party co-design	Revised and accepted by working party