

[insert organisation name/logo]

---

## Individual Supports Policy

---

**Document Status:** Draft or Final

**Date Issued:** [date]

**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

---

### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Standard review is timetabled.   | <input type="checkbox"/> Internal / organisational factors   |
| <input type="checkbox"/> A gap has been identified  | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc                                   |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy.     | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review.                          |
| <input type="checkbox"/> External factors   | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations.                       |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted   |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy.          | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies            |  |
| <input type="checkbox"/> Other (please specify).  |  |

**Additional Comments**

*[for example, policy now covers details related to new legislation].*

# Individual Supports Policy

## 1. Purpose and Scope

The purpose of this policy is to guide **[insert organisation name]** in providing support for people accessing services provided by the organisation.

This policy provides guidance for staff, students and volunteers on broad concepts under which the organisation provides **[insert type of programs]** programs.

This policy is implemented in conjunction with the Service Entry Policy, and Service Exit & Re-entry Policy.

## 2. Definitions

An approach goal involves a positive step towards a better life, whereas an avoidance goal involves avoiding something negative. This is partly reflected in how goals are expressed; for example, “*I want to reduce my medication*” (avoidance goal) compared to “*I would like use other strategies besides medication to manage my illness*” (approach goal).

Self-Managed Support: it is acknowledged that the individual is in the best position to understand their own unique experiences of distress, ultimately contributing to their ability to self-manage.

Person Centred Support: it is acknowledged that the individual’s needs, goals and aspirations are central in determining what, and how, supports are provided.

Managed Care/Support: Staff organise support for consumers based on their knowledge of the individual’s illness and capabilities.

A Peer Worker is someone who acknowledges their own lived experience of mental illness/recovery while being employed to support others experiencing mental illness in facilitating their own recovery journey.

## 3. Principles

Recovery is uniquely defined by and belongs to the person; **[insert organisation name]** supports people to lead and direct their individual recovery process and journey.

**[insert organisation name]** assumes the person is, or will be, competent to manage their life; the capacity for personal responsibility is a given.

The value of lived experience is acknowledged in the way that **[insert organisation name]** delivers its services. **[insert organisation name]** values diversity, and respects the dignity of all people at all times.

Understanding values, discovering strengths and supporting goal-striving is the job of a recovery-supporting worker.

**[insert organisation name]** promotes the individual's wellbeing and their ability to live life in a way that is valuable and meaningful to them, including opportunities to engage in meaningful relationships, employment, housing and connection with their community.

**[insert organisation name]** incorporates the key principles of trauma informed care into Individual support:

- A belief that recovery is possible and that healing occurs in healthy and supportive relationships
- Understanding trauma and its impact
- Promoting safety
- Supporting control, choice and autonomy
- Focusing on strengths
- Ensuring cultural competence

A key element of recovery is partnership; **[insert organisation name]** develops partnership between community, the individual and service providers.

Consumers and carers are invited to participate in the development, implementation and review of services and programs.

Not only is achieving personally valued goals a positive experience; the process of goal-striving brings many benefits, increasing:

- hope, through trying to improve life
- agency, through learning how to progress towards goals
- resilience, through overcoming set-backs
- empowerment, through learning how to be in one's own 'driver's seat'

#### **4. Outcomes**

Consumers supported by **[insert organisation name]** receive objective, relevant and ethical support.

Consumers supported by **[insert organisation name]** make decisions about their supports, and contribute to broader organisational development.

**[insert organisation name]** staff keep up to date and receive ongoing training and professional development on recovery oriented approaches to provide individual support.

## 5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Individual Support Policy.
Management	<p>Compliance with Individual Support Policy.</p> <p>Facilitating ongoing professional development opportunities for staff.</p> <p>Is aware of national and state policy directions around recovery orientation and seeks to integrate these into practice.</p> <p>Seeks to build and maintain linkages with relevant organisations to share information.</p> <p>Supports coordinated service provision with appropriate organisations by sharing information relating to a consumer's care, where consent is given.</p> <p>Identifies:</p> <ul style="list-style-type: none"> <li>• Information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice</li> <li>• Information to provide to consumers, carers and their families on recovery</li> <li>• Opportunities for consumers and carers to present information and training to staff based on their lived experiences</li> </ul>
Staff	<p>Compliance with Individual Support Policy.</p> <p>Participating in ongoing professional development opportunities.</p> <p>Provision of individual support.</p>

## 6. Risk Management

All staff, students and volunteers are made aware of this policy during orientation.

Staff responsible for supporting consumers are adequately trained, supported and supervised.

The policy is reviewed in line with the organisation's **OHS**, quality improvement program and/or relevant legislative changes.

**[insert organisation name]** has a system that provides consumers with opportunities to see if they are safely able to deal with high risk situations. For more detail, see Dignity of Risk Policy.

## **7. Policy Implementation**

This policy is developed in consultation with all staff, consumers and approved by the Board of Directors.

This policy is to be part of all staff, student and volunteer orientation processes, and all staff, students and volunteers and are responsible for understanding and adhering to this policy.

## **8. Policy Detail**

Recovery guides the development of our organisation, our services, and the policies that support them; this is particularly so for Individual Support.

**[insert organisation name]** focuses on facilitating the process of recovery, fostering the self-righting (solution focused) capacity of recovery to become active, rather than working from an illness or problem focused approach. This leads to increased self-mastery for the consumer by working with their strengths and existing supportive relationships.

**[insert organisation name]** helps people to bring forth their resourcefulness, build on strengths and take steps to reach personally valued goals.

The process for individual support will be:

- sensitive to individual difference, including: each consumer's age, gender, sexual preference, cultural and religious background, and ability
- planned around the expressed wishes of the consumer within the capacity of the service

### **8.1 Relationships between Staff and Consumers**

Staff acknowledge:

- their role in supporting a person's recovery rather than doing recovery for them.
- that recovery has many stages that require different levels of support

Staff encourage and foster consumers' resilience; staff are hopeful for a person's recovery.

Staff are aware of, and are able to articulate, what comprises a beneficial relationship in a recovery-oriented environment, including:

- maintaining confidentiality
- developing boundaries around their relationships
- developing good rapport
- personal attributes including honesty and respect
- effective time management and engagement with consumers
- flexibility
- communication skills

Staff are aware of how a relationship may hinder recovery in their relationship with consumers.

Staff listen without judgment, and express honest opinions where requested by consumers.

Staff maximise opportunities for the development of consumers' self-direction and self-responsibility.

Staff actively encourage consumer engagement in:

- Making decisions about treatment, care and services
- Taking responsibility for recovery
- Being at the centre of planning processes around treatment and care
- Creating and maintaining care and recovery plans
- Identifying and documenting early warning signs
- Identifying and documenting strategies for staying well
- Creating and maintaining crisis and relapse prevention plans
- Creating and maintaining Advance Directives
- Working towards self management of illness
- Involving carers and family
- Moving towards their identified goals
- Connecting with peer groups and support networks

Relationships between staff and consumers are formed which:

- are respectful of gender, age, culture, ethnicity and religious beliefs

- allow adequate time at the beginning of the relationship to develop rapport and define boundaries
- focus on a consumer's strengths rather than deficits
- focus on seeing the person first and their illness second
- seek to find out what each consumer's view is around purpose and living a meaningful life
- gain an understanding of a consumer's previous experiences and what was and wasn't helpful in treatment and care, and this is integrated into current treatment and care
- acknowledge and respect a carer's presence and input into a consumer's care

In ongoing relationship development:

- the consumer identifies their goals, these goals are recorded and their worker acknowledges that these goals may change over time and need to be updated on a regular basis
- staff support consumers in developing positive identities and personal meaning
- workers encourage the development of methods to self-manage illness
- workers practice active listening when communicating with consumers
- workers encourage consumers to maintain relationships with family and social networks
- workers encourage personal responsibility to be taken by consumers in their recovery journeys

The dialogue that occurs within relationships:

- has the same meaning and is understood by all people involved and does not use clinical jargon
- is non-judgmental and non-stigmatising

Consumers are communicated with as equals.

Communications are in an accessible format which may be in print, email or verbal format.

An environment is provided by the organisation where consumers feel safe to express emotion, thoughts and feelings

### **8.1.1 Additional Expertise from Staff who are Peer Workers**

Peer workers may use their lived experience of mental health/recovery and knowledge of consumer perspectives to:

- Develop and maintain safe, positive, working relationships with consumers based on shared understanding.

- Develop accessible resources and literature for, and with, consumers.
- Keep informed of, and provide authentic representation of, consumer perspectives.

## 8.2 Information

Staff share information with consumers, their carers and family on:

- The history of recovery
- The concept of recovery, including that recovery is not a linear process
- Innovative practice in the sector
- Barriers to recovery
- Mental illness and symptoms
- Diagnosis
- Smoking
- Physical health
- Drug and alcohol use
- Complementary therapies
- Medications and side effects
- Advance planning, including Advance Directives
- Identifying early warning signs
- Relapse planning
- Self-directed care and self-management of illness
- Reducing medication
- Positive risk taking

Staff provide the opportunity for consumers to ask for information and educate them about different ways of finding information

Staff ensure that when providing information to consumers, carers and their families:

- a. The dialogue that occurs has the same meaning and is understood by all people involved, and does not use clinical jargon
- b. Language is non-judgmental and non-stigmatising
- c. It is in a format accessible and appropriate to consumers
- d. Is provided in the preferred language of the consumer

## 8.3 Recovery Coaching

The Recovery Coach [*note, formerly “case manager”, “support coordinator” etc*] discusses the following with the person:

- The person’s expectations of how they would like to work,
- the coaching structure and process,
- expectations of the member of staff who will be working with them, and
- mutual engagement.

**[insert organisation name]** staff use coaching conversations in which they:

- demonstrate exceptional listening, questioning and feedback skills,
- operate from a belief and value system that sees people as being able to generate their own solutions and be personally accountable for achieving their desired goals.

The Recovery Coach applies the following working practices<sup>1</sup>:

- understanding values
- understanding preferences for support
- supporting an individual to discover their strengths, and
- supporting goal-striving.

#### **8.4 Supporting goal-striving**

Supporting goal striving involves the steps of:

- identifying goals,
- planning actions,
- implementing the plan
- reviewing and making changes to the plan

#### **8.5 Assessment**

Assessment is not seen as a “one-off” event, but as a process which requires regular revisiting to reflect changes in the participant’s strengths, circumstances and preferences.

Evidence based assessment tools and methods are used as appropriate to the types of services provided.

Staff consider the whole context of a person’s use of services. This may include health, housing, employment, homelessness, justice, drug and alcohol and other services. Staff take steps to assist consumers in linking with these other services that are relevant to their recovery.

Staff explore with consumers their needs around:

- Access to accommodation
- Current employment needs
- Transport requirements
- Social roles

---

<sup>1</sup> SLaM Partners (2010 in Bird et al, 2011).

- Access to other programs
- Medication use if this may impact participation
- Cultural background if this is relevant to participation
- Training needs
- Goals with respect to the above

A consumer's interpretation of their illness is not used as a basis for discrimination or dismissed as untruth; the person's subjective view about what is meaningful to them is accepted.

Staff provide choice to consumers by offering information on services, therapies and supports according to individual needs. This might include learning opportunities around:

- Financial management and budgeting
- Life and career coaching
- Employment seeking
- Training and education
- Coping strategies
- Assertiveness strategies
- Support services, including peer support and advocacy organisations
- Complementary therapies such as relaxation methods, exercise and physical activities, massage and yoga
- Sporting and recreational activities
- Community based activities
- Spiritual activities
- Education and training opportunities
- Accessing relevant government agencies
- Advance Directives and wellness plans
- Full range of treatment options and/or where to obtain this information

For more information about assessment, see [Service Entry Policy and Procedures](#)

## **8.6 Identifying goals**

Some people will be able to identify their personal goals easily; for others, it may be difficult due to factors such as:

- not being familiar with the idea of having goals and relevant language
- not feeling that they are able to set goals.
- feeling they cannot achieve any goals, (possibly, for example, due to hopelessness, discrimination experienced and internalised, or even the low expectations of mental health services in the past).

The process of identifying goals:

- may bring up issues about control in life, reminding the person of times when they feel they have failed.
- needs to be done sensitively
- may involve many sessions and the development of a trusting relationship.

The relationship between the person and their recovery coach needs to be sound for people to feel able to express what may be personal dreams and hopes for the future. For more information see [Coaching to Support Recovery](#).

## 8.7 Planning actions

After the goal(s) have been identified, the next step is for the person and recovery coach to work together as partners to identify steps towards those goals.

The person being supported may:

- prioritise the goal(s) on which to focus
- identify:
  - personal strengths which are relevant to the goal(s)
  - how their values and support preferences will impact on the action plan
- break goals down into discrete manageable steps, specifying who will do what, and when
- be supported to undertake independent or joint actions rather than accepting passive actions

## 8.8 The Recovery Plan

The person's interdisciplinary [Recovery Plan](#), is developed, as much as possible, by the consumer.

Consumers are encouraged to decide on their own personal recovery goals and strategies.

With the consumer's informed consent, their carer will be involved in development and review of the Recovery Plan

The recovery plan will:

- focus on personally-valued goals;
- reflect the person's values and support preferences;
- build on the person's strengths; and
- involve independent and joint action much more than passive action.

The support agreed upon by the recovery coach is recorded in the personal file and implemented.

## 8.9 Involving other services

Recovery plans may include accessing other services, community resources, and the private sector to support the person to achieve their recovery goals.

Staff work with consumers to identify and enhance their contacts and networks in the community.

Staff encourage consumers to develop lasting links in the community that may include but are not limited to:

- Friendships and social networks
- Advocacy training and courses
- Education and training opportunities
- Social networking
- Peer support groups
- Rehabilitation services
- Employment opportunities
- Community services
- Volunteering
- Spiritual groups
- Access to physical activities
- A person's hobbies
- Political stance
- Leisure and recreation activities

See [Integration Policy](#) for more details.

## 8.10 Review

Review practices determine if the recovery coach provided the support agreed upon during planning, and determine if the goals are still relevant to the person or new goals have emerged. See [Service Entry Policy](#) for more details

**[insert organisation name]** collects, reviews and records information that is appropriate to the service and requirements of the funding body.

## 8.11 Diversity

The needs of diverse populations are acknowledged and incorporated in the delivery of **[insert organisation name]** services and programs. Diverse populations may include: young people; Aboriginal and Torres Strait Islanders; culturally and linguistically diverse populations; women; older people; people with a disability, and people identifying as gay, lesbian, bisexual transgender or intersex.

**[insert organisation name]** identifies and develops effective referral pathways with organisations that provide specialist services for diverse groups for the purpose of

developing knowledge and good practice, and to ensure individual needs are adequately considered.

**[insert organisation name]** has developed specific policies for working with diverse groups. Refer to the **[insert specific diversity policy]** and the **[insert specific diversity policy]**.

Refer to the Diversity Policy for further details.

## **8.6 Health promotion**

Health promotion is a core concept in the delivery of **[insert organisation name]** services and programs. See Promotion and Prevention Policy

## **8.7 Individual participation**

Individual participation is more than supporting people with self-directed planning.

Participation is about self-directed decision making about one's own mental health, and is also about organisational, program and systemic issues. See Participation Policy.

## **8.8 Continuing Support**

Continuing support aims to assist people to maintain lifestyle changes, work towards reaching aspirations, promote health, self-manage crises and stressors, and seek support when required.

Continuing support may be provided by **[insert organisation name]** after it provides the initial support or by another service provider and/or self help groups.

**[insert organisation name]** works proactively with other organisations to enable a smooth transition for consumers who access continuing support. See Service Exit & Re-Entry Policy.

## **9. References + Resources**

Work Health and Safety Act 2011 (Commonwealth)  
Model Work Health and Safety Regulations 2011 (Cth)

## 9.1 Internal

Diversity Policy  
Service Entry Policy  
Service Exit & Re-Entry Policy  
Personal Records Policy  
Participant Manual  
Promotion & Prevention Policy

## 9.2 External

Commonwealth of Australia (2010). Implementation Guidelines for Non-government Community Services

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-i-nongov> accessed 6th May, 2011

Department of Public Health, Flinders University and the South Australian Community Health Research Unit, 2000, *Improving Health Services Through Consumer Participation: A Resource Guide for Organisations*, Commonwealth of Australia, Adelaide.

Bird V, Leamy M, Le Boutillier C, Williams J, Slade M (2011) *REFOCUS: Promoting recovery in community mental health services*, London: Rethink.

<http://researchintorecovery.com/refocus/REFOCUS%20manual%20final.pdf> accessed 25<sup>th</sup> May, 2011

Mental Health Coordinating Council NSW Inc & the Public Interest Advocacy Centre Ltd. (2011). *The NSW Mental Health Rights Manual: A Consumer Guide to the Legal and Human Rights of People with Mental Illness in NSW (3rd edition)*. <http://mhrm.mhcc.org.au/home/default.aspx> . Accessed 18<sup>th</sup> May 2011.

Copeland, M. E. WRAP for Work (pdf), WRAP Workbook (pdf), WRAP Information (pdf) and WRAP Handouts (pdf)  
<http://www.qmhcn.org/files/Articles/SDRP.html> Accessed 24<sup>th</sup> May 2011.

Munt, C., Hertfordshire Partnership NHS Foundation Trust (2010). *Choice, Control and Self-directed Support*.

[http://www.recoverydevon.co.uk/download/Choice\\_control\\_and\\_self-directed\\_support-direct\\_payments.pdf](http://www.recoverydevon.co.uk/download/Choice_control_and_self-directed_support-direct_payments.pdf) Accessed 22<sup>nd</sup> May 2011.

Glover, H. (2006). Care Planning Processes.

Knapp, M., McDaid, D and Parsonage (editors) (2011). *Mental health promotion and mental illness prevention: The economic case*. Department of Health, London.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_126386.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126386.pdf) Accessed 22<sup>nd</sup> May 2011.

HM Government, Department of Health (2011). No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124058.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf) Accessed 22<sup>nd</sup> May 2011.

HM Government, Department of Health (2011). No health without mental health: Delivering better mental health outcomes for people of all ages

[http://www.recoverydevon.co.uk/download/Delivering\\_Better\\_Outcomes\\_dh\\_124057.pdf](http://www.recoverydevon.co.uk/download/Delivering_Better_Outcomes_dh_124057.pdf) Accessed 22<sup>nd</sup> May 2011.

SA Health (2007). Care Planning with Consumers: Utilising HoNOS and LSP to guide planning. What's the GAME PLAN?

[http://amhocn.org/static/files/assets/684ef0fb/Care\\_planning\\_HoNOS\\_LSP.pdf](http://amhocn.org/static/files/assets/684ef0fb/Care_planning_HoNOS_LSP.pdf) Accessed 24<sup>th</sup> May 2011.

Australian Charter of Healthcare Rights. [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Health Promotion Evidence and Evaluation Tools.

[http://www.health.vic.gov.au/healthpromotion/evidence\\_evaluation/index.htm](http://www.health.vic.gov.au/healthpromotion/evidence_evaluation/index.htm)

National Preventative Health Taskforce webpage.

<http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/home-1>

The Public Interest Advocacy Centre. <http://www.piac.asn.au/>

National Action Meeting on Fostering System Reform for Adults with Serious Mental Illness (2010). Recommendations to Foster System Reform for Adults with Serious Mental Illness

<http://www.dbhids.org/assets/Forms--Documents/transformation/FosteringSysReformforAdultswithSMI-073010.pdf> accessed 26<sup>th</sup> May 2011.

World Health Organisation – Health Promotion webpage.

<http://www.who.int/healthpromotion/en/>

### **9.3 Quality and Accreditation Standards**

#### **EQUIP 4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers / patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.6: Systems for ongoing care of the consumer / patient are coordinated and effective.

Standard 1.3: Appropriate care and services are provided to consumers/patients.

Criterion 1.3.1: Health care and services are appropriate and delivered in the most appropriate setting.

#### **EQUIP 5**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers / patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.6: Systems for ongoing care of the consumer / patient are coordinated and effective.

Standard 1.3: Appropriate care and services are provided to consumers/patients.

Criterion 1.3.1: Health care and services are appropriate and delivered in the most appropriate setting.

#### **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by the Quality Improvement Council (QIC)

Standard 2.2: Service and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

Evidence Questions: What is the evidence that:

- a) Supports and action are based on assessment and planning?
- b) services and programs are managed to ensure positive outcomes for consumers and communities?

- c) information about the rationale, risks and effects of services and programs is routinely provided to consumers and communities?
- d) consumers and communities participate in decision-making about services and programs they receive?
- e) services and programs are safe and risks are identified and addressed?
- h) effective referral practices are in operation?
- i) services and programs are evidenced based?
- j) services and programs follow case/care plans developed with consumers?

Standard 2.4: Confirming consumer rights

Evidence Questions: What is the evidence that:

- services are delivered in a respectful way that recognizes each consumer's personal worth and individuality?
- consumers' privacy is ensured, information is confidential and the organisation meets legislative requirements?
- Eligibility requirements for service and program participation are fair, ethical and transparent?
- informed consent processes are implemented for service and program provision, and when personal information is gathered, stored, shared and used?
- consumers are aware of their rights and responsibilities including complaint, grievance, appeal and conflict management procedures, and these procedures are implemented promptly, judiciously and fairly?
- barriers to service access are identified and addressed, and consumers are supported to access services?
- there are formal and informal mechanisms for consumers to participate in the review, planning and design of services?
- the organisation advocates on behalf of individual consumers at their request and at community and political levels as appropriate?
- the organisation
- specifies the ethical standards expected of personnel in service and program provision and in research, and ensures these standards are met?

**9.4 National Mental Health Standards**

Criterion 1.1: The organisation upholds the right of the consumer to be treated with respect and dignity at all times.

Criterion 2.11: The MHS conducts risk assessment of consumers throughout all stages of the care continuum, including consumers who are being formally discharged from the service, exiting the service temporarily and / or are transferred to another service.

Criterion 3.1: The organisation has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.

Criterion 6.4: Consumers are continually educated about their rights and responsibilities.

Criterion 6.5: Consumers have the right to receive the least restrictive treatment appropriate, considering the consumer's preference, the demands on carers, and the availability of support and safety of those involved.

Criterion 6.7: Consumers are partners in the management of all aspects of their treatment, care and recovery planning.

Criterion 6.8: Informed consent is actively sought from consumers prior to any service or Support provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent.

Criterion 6.9: Consumers are provided with current and accurate information on the care being delivered.

Criterion 6.10: Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.

Criterion 7.9: The organisation provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation.

Criterion 7.10: The organisation actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's health record.

Criterion 9.1: The organisation ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers.

Criterion 9.3: The organisation facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers.

Criterion 10.1.1: The organisation actively supports and promotes recovery oriented values and principles in its policies and practices.

Criterion 10.1.2: The organisation treats consumers and carers with respect and dignity.

Criterion 10.1.3: The organisation recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities.

Criterion 10.1.4: The organisation encourages and supports the self-determination and autonomy of consumers and carers.

Criterion 10.1.5: The organisation promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.

Criterion 10.1.6: The organisation provides education that supports consumer and carer participation in goal setting, treatment, care and recovery planning, including the development of advance directives.

Criterion 10.1.9: The organisation has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services.

Criterion 10.1.10: The organisation provides access for consumers and their carer(s) to a range of carer-inclusive approaches to service delivery and support.

Criterion 10.2.3: The organisation makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service.

Criterion 10.3.5: Entry to the organisation minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery.

Criterion 10.3.8: The organisation ensures that a consumer and their carer(s) are able to identify a nominated person responsible for coordinating their care and informing them about any changes in care management

Criterion 10.4.5: The organisation conducts a review of a consumer's treatment, care and recovery plan when the consumer:

- requests a review
- declines treatment and support
- is at significant risk of injury to themselves or another person
- receives involuntary treatment or is removed from an involuntary order
- is transferred between service sites
- is going to exit the organisation
- is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be in decline.

Criterion 10.4.6: The organisation conducts assessment and review of the consumer's treatment, care and recovery plan, whether involuntary or voluntary, at least every three months (if not previously required for reasons stated in criteria 10.4.5 above).

Criterion 10.4.8: There is a current individual interdisciplinary treatment, care and recovery plan, which is developed in consultation with and regularly reviewed with

the consumer and with the consumer's informed consent, their carer(s) and the treatment, care and recovery plan is available to both of them.

Criterion 10.5.1: Treatment and support provided by the organisation reflects best available evidence and emphasises early Support and positive outcomes for consumers and their carer(s).

Criterion 10.5.2: Treatment and services provided by the organisation are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery.

Criterion 10.5.3: The organisation is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies.

Criterion 10.5.4: Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer.

Criterion 10.5.5: The organisation provides the least restrictive and most appropriate treatment and support possible. Consideration is given to the consumer's needs and preferences, the demands on carers, and the availability of support and safety of those involved.

Criterion 10.5.7: The organisation actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer.

Criterion 10.5.8: The views of the consumer and their carer(s), and the history of previous treatment is considered and documented prior to administration of new medication and / or other technologies.

Criterion 10.5.9: The organisation ensures that there is continuity of care or appropriate referral and transfer between inpatient, outpatient, day patient, community settings and other health / support services.

Criterion 10.5.10: The organisation ensures that medication and / or other therapies when required, are only used as part of a documented continuum of treatment strategies.

Criterion 10.5.11: The treatment and support provided by the organisation is developed and evaluated collaboratively with the consumer and their carer(s). This is documented in the current individual treatment, care and recovery plan.

Criterion 10.5.12: The organisation facilitates access to an appropriate range of agencies, programs, and / or Supports to meet the consumer's needs for leisure, relationships, recreation, education, training, work, accommodation and employment in settings appropriate to the individual consumer.

Criterion 10.5.13: The organisation supports and / or provides information regarding self care programs that can enable the consumer to develop or re-develop the competence to meet their everyday living needs.

Criterion 10.5.14: The setting for the learning or the re-learning of self care activities is the most familiar and / or the most appropriate for the skills acquired.

Criterion 10.5.15: Information on self care programs or supports is provided to consumers and their carer(s) in a way that is understandable to them.

Criterion 10.5.16: The organisation endeavours to provide access to a range of accommodation and support options that meet the needs of the consumer and gives the consumer the opportunity to choose between these options.

Criterion 10.5.17: The organisation promotes access to vocational support systems, education and employment programs.

Criterion 10.6.1: The organisation ensures that on exiting the service the consumer has access to services that promote recovery and aim to minimise psychiatric disability and prevent relapse.

Criterion 10.6.2: The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community.

Criterion 10.6.7: Staff review the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the organisation.

Criterion 10.6.8: The organisation, in conjunction with the treating clinician, has a procedure for appropriate follow-up of all consumers within 7 days after discharge from inpatient care wherever possible, and has a follow-up procedure for those consumers who do not keep the planned follow-up arrangements.

## **9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)**

Evidence items are:

Item 1.2: Policy and procedures are in place and provide understanding and responses to diversity, privacy, confidentiality and information/record sharing, professional boundaries and expectations, identify and address non-recovery oriented attitudes or behaviours, that safeguard all people against abuse and discrimination, and outline processes for reporting abuse of workers and/or consumers and are accessible and applied in practice.

Item 1.2d: Policies and procedures are in place that addresses consumer participation:

- How peoples' lived experience will be used to enhance the organisation's knowledge and decision making
- Induction and training of workers
- Representation on the board / governing body
- Reference groups and other consultation structures

Item 1.2f: Policy and procedures are accessible and applied in practice and describe the support, treatment, recovery plans and advance directives which are:

- Developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- Reviewed collaboratively on a regular basis
- Owned and approved by the person and are available to them and others (with consent).

Item 1.2h: Policy and procedures are in place that describe how human rights inform service provision and:

- Safeguard all people against abuse and discrimination
- Outline processes for reporting abuse of workers and consumers
- Outline the ethical framework of the organisation
- Identify what language is inappropriate and stigmatising and should not be used in any level of the organisation.

Item 1.2i: The organisation has a policy and process to support consumers and workers during and after critical incidents. Workers are aware of this process.

Item 1.2j: Policy and procedures are in place that show how information should be disseminated to:

- Workers
- Consumers, carers and families
- External organisations.

Item 1.4: A complaint process is in place and is promoted and easily accessible. Each complaint is respected, taken seriously and acted upon, and consumers and carers are protected from reprisals.

Item 1.5: The organisation promotes a culture of respect and shared humanity towards consumers at all levels.

Item 1.8: The organisation values the consumer's right to independently determine who will represent their views to the service, and links people to peer support, peer workers and other advocates in the area.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision

- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.3: Relationships are formed:

- Allowing enough time at the beginning of the relationships to get to know each other and develop trust (rapport)
- Maintaining privacy, confidentiality and transparency
- Focusing on a person's strengths rather than deficits
- Focussing on seeing the person first and their illness second
- Seeking to find out what each consumer's view is regarding purpose and living a meaningful life
- By understanding a person's previous experiences (what was and wasn't helpful in past treatment and care) and considering these in current recovery plans.

Item 3.4: In ongoing relationship development:

- A person identifies their goals, hopes and dreams
- Workers support the person to develop their own sense of self and to identify what is personally meaningful to them.
- Workers support the person to develop methods to self-manage their illness and encourage them to take personal responsibility for their recovery journey.
- Workers encourage the person to re-build and/or maintain relationships with family and social connections.
- Workers are aware of how a relationship may hinder recovery in their interaction with consumers.
- Workers are aware of their own mental health and of self-help strategies and ways to seek support.
- Workers acknowledge and explore power differences, and steps are taken to ensure consumers are empowered in the relationship.

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.7: Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 3.9: Where required, interpreters and workers are made available to consumers, carers and families to communicate in their preferred language.

Item 3.10: Workers respect a person's decision whether to involve carers and family, and acknowledge and respect carer and family participation and input.

Item 3.11: Support / treatment, recovery plans and advance directives:

- a. Are developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- b. Are reviewed collaboratively on a regular basis
- c. Are owned and approved by the person and are available to them and others (with consent).

Item 3.13: A person's own interpretation of his or her illness is not used as a basis for discrimination or dismissed as untrue.

Item 3.14: The person, their family and carers are provided with their rights and responsibilities in both written and verbal formats upon contact with the service.

Item 3.15: Workers understand, and also support the person to understand, that recovery is not always linear and that:

- The person may need different levels of support at different points in time
- Relapse is an opportunity to develop resilience and insight and does not mean that a person is no longer on their recovery journey.

Item 3.16: Workers support the person to reflect on times when they have been unwell, and what steps have helped in their experience each time.

Item 3.17: Workers support the person, their family and carers to make informed decisions by sharing information on services, activities in the community that support their participation, social interactivity and recovery, including peer networks and support groups, therapies and supports, and supporting consumers to find information from other sources.

Item 3.18: Workers provide an environment where people feel safe to express emotion, thoughts and feelings.

Item 3.19: Workers support and encourage positive risk taking.

Item 3.20: Workers seek to exchange information with other organisations and agencies to ensure continuity of care (with consent).

Item 3.21: Where a person is not able to access the organisation's services (e.g. not eligible), a reason is provided along with supported referrals to other services.

Item 3.23: Workers consider the whole context of a person, and support the person to develop and enhance links in their community (e.g. social networks, peer support groups, education/training, employment, community and rehabilitation services, physical activities, a person's hobbies).

Item 4.1: Consumers and carers (including peer workers) are actively and routinely involved and supported in the planning, delivery and evaluation of workers training.

Item 4.4: In addition to training available for all workers, the specific training and development needs of the peer workforce are identified and addressed.

Item 4.5: Consumers, their families and carers are supported to access education and training on mental health, recovery and wellness.

Item 5.3a: Consumers are provided with the regular opportunity to evaluate relationships:

- Their relationship with workers and the organisation
- The appropriateness of the format of communication with their worker
- If their worker presents any barriers to their recovery.

Item 5.3b: Consumers are provided with the regular opportunity to evaluate respectful practice:

- The level of respect they experience from workers within the organisation
- Perceptions of stigma and discrimination experienced from workers within the organisation
- The cultural appropriateness of services received
- Perceptions of how responsive workers are to diversity.

Item 5.3c: Consumers are provided with the regular opportunity to evaluate the consumer self-directed focus:

- The degree to which workers advocate for the persons' centrality in directing their own recovery journey
- The amount of input they have into the services they receive.

Item 5.3d: Consumers are provided with the regular opportunity to evaluate the belief in consumer's recovery:

- Workers attitudes and level of belief they have in recovery
- Support relating to positive risk-taking
- How well their goals have been documented, acknowledged and supported

Item 5.3e: Consumers are provided with the regular opportunity to evaluate the obtaining and sharing of knowledge and information, the quality and relevance of information provided, the appropriateness of the format information is provided in and the ability to understand information that is provided.

Item 5.3f: Consumers are provided with the regular opportunity to evaluate participation and social inclusion:

- How their worker fosters opportunities for participation
- The worker and organisation's commitment to social inclusion and participation, both within the organisation and in the wider community.

Item 5.4: Consumers, their families and carers actively participate in quality improvement processes including service evaluation, development and decision making.

## **9.6 NSW Disability Services Standards (DSS)**

2.1a: The service provider has developed written policies and procedures on planned approaches to meeting individual needs.

2.1b: The service provider has developed, in consultation with service users, written policies and procedures on planned approaches to meeting individual needs.

2.2: The service provider's policies and procedures on planned approaches to meeting individual needs, are made available to service users in appropriate formats.

2.3: The service provider, in consultation with each service user, identifies and documents the individual, ongoing and changing needs of the person with a disability and the approaches for meeting those needs.

2.4: The agreed approach for meeting each service user's individual, ongoing and changing needs is implemented and reviewed with that service user within an agreed time frame.

2.5: The service provider implements its policies and procedures on planned approaches to meeting individual needs.

2.7: The service provider considers the appropriateness of general community facilities and services in meeting the individual needs of each person with a disability.

2.8: Each person with a disability is provided with support in a manner which maximises his/her potential to reach personal goals.

2.9: Services are provided in a manner sensitive to the age, sex, cultural, linguistic and religious background of each person with a disability.

6.3: Each person with a disability has the opportunity to develop and maintain skills, capacities and a lifestyle that are valued in the community.

9.6: Services are provided in a manner sensitive to the cultural background and linguistic environment of each person with a disability.