

[insert organisation name/logo]

Integration 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)

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

Additional Comments

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

Integration Policy

1. Purpose and Scope

The purpose of this policy is to provide guidance to **[insert organisation name]** in supporting personal, service and organisational integration; facilitating alignment between internal values and external actions, and partnering effectively.

2. Definitions

Integration occurs at organisational, service and personal levels.

Personal integration means that the individual's actions and goals reflect their values and aspirations. It also means the person experiences social processes offering them the same chances and choices as other people to participate in community activities.

Service integration refers to smooth interactions between providers and other supporters to bring about a flexible, coordinated approach to service delivery for consumers.

Organisational integration may be internal, whereby organisational goals, processes and plans align at all levels; or external, whereby the organisation relates to other entities for system projects and change.

Partnership describes a joint working arrangement where the participants:

- are of equal power
- make a commitment to work together on a common purpose
- generate joint action towards agreed targets
- add value to each partner's respective services, products or situations.

The partnership commitment may include a formal agreement, such as a memorandum of understanding, terms of reference, or partnering agreement.

Clinical coordinator is a person who coordinates individual clinical mental health supports.

Recovery coach [guide] is a person who supports an individual to:

- identify their values, strengths and goals
- work out what needs to be done to realise goals
- take goal related actions
- keep on track and maintain hope for the recovery journey
- build on personal strengths and networks

Interdisciplinary support team is a group comprising the consumer, and clinical and non-clinical workers, for the purpose of supporting a consumer in their recovery journey.

Recovery coordination is the process for facilitating, coordinating and seeking supports from a range of people / organisations, in order to progress towards consumer recovery goals. The recovery coordinator drives recovery coordination; it is assumed that the consumer has the capacity to (now, or in the future) be the recovery coordinator for their own journey.

3. Principles

People receiving treatment, care and support (inclusive of consumers and carers etc) are encouraged to determine and coordinate their own goals and supports.

Recovery coordination provides a single point of contact for individual treatment, care and support, contributing to consistency, continuity, communication, collaboration, and efficient resourcing.

Staff have adequate resources to develop and maintain relationships with consumers and carers.

[insert organisation name] respects and values differing perspectives and priorities held by individuals, groups and organisations, while focusing on the agreed and common purpose of the relationship.

4. Outcomes

[insert organisation name] maintains a range of relationships, both formal and informal, that benefit the organisation, the sectors of which it is a part, and the individuals it supports.

[insert organisation name] works collaboratively with other organisations to support consumers in their recovery journey.

Consumers determine and coordinate their own goals and supports; effective, flexible supports are available, based on individual need and available resources.

All people supported by **[insert organisation name]** will be:

- Allocated a recovery coach.
- Supported to approach an alternative service when the organisation is unable meet the person's expectations. (inc brokerage)

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	<p>Endorse Integration Policy.</p> <p>Be aware of external funding, membership, contractual and partnership relationships.</p> <p>Review and endorse budgets and expenditure.</p> <p>Monitor organisational integrity</p>
Management	<p>Compliance with Integration Policy.</p> <p><u>CEO/Manager</u> Identify and lead the development of relationships with external stakeholders.</p> <p>Support staff in Integration activities.</p> <p>Communicate with the Board of Directors, staff and external partners about current and developing partnerships with external organisations, as required.</p> <p>Communicate with staff regarding current and potential relationships pertinent to the organisation.</p> <p>Sign off on all external funding and contractual relationships. Manage budgets and expenditure as delegated through projects and activities.</p> <p>Ensure staff have adequate training, skills and resources to support consumer recovery Develop written agreements/MOU's with other services.</p>
Staff	<p>Compliance with Integration Policy.</p> <p>Identify and lead the development of relationships with external stakeholders as delegated through projects and activities.</p> <p>Contribute to funding relationships as delegated through projects and activities.</p> <p>Communicate with (all) staff regarding current and potential relationships pertinent to the organisation.</p> <p>Manage budgets and expenditure as delegated through projects and activities. (in consultation with management)</p>

	<p>Seek endorsement of all membership and contractual relationships from management.</p> <p>Maintain knowledge of current evidence based practice models of recovery coaching and coordination</p> <p>Support consumers to identify their values, strengths and support needs.</p> <p>Obtain written informed consent from consumers prior to sharing any personal information with associated professionals or other people.</p> <p>Support consumers to:</p> <ul style="list-style-type: none"> • locate alternative service options and • link up with appropriate services. <p>Monitor consumer progress.</p> <p>Evaluate recovery coaching services provided to consumers through feedback and satisfaction surveys and incorporate into Continuous Improvement and Quality assurance.</p>
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6. Risk Management

1: Relationship expectations will be in writing, where possible. Systems are in place to ensure relationships entered into are relevant, purposeful and time-framed.

2: Relationships change over time as do the expectations of those involved in the relationship. Regular, scheduled review of the purpose and function of the relationship will occur at least **[insert time frame]**, and documented on Wellness Recovery Action Plan.

3: Staff members with integration functions are provided with ongoing support and professional development.

4: All staff, volunteers, student placements and Board members are made aware of this policy during orientation.

[insert organisation name] ensures that mechanisms are in place to ensure that consumers are satisfied with recovery coaching.

All staff involved in recovery coaching recovery coaching are provided with Practice Supervision, ongoing support and professional development to assist them to undertake their duties effectively.

The policy will be reviewed in line with **[insert organisation name]**'s quality improvement program and/or relevant legislative changes.**[Amendums sections for evidence] [Time line for reviews]**

7. Policy Implementation

The board delegates authority to senior executives and managers and defines their responsibility for the operation of all services to achieve goals and ensure service integration, coordination and effective outcomes for people who use the service.

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for Integration through orientation and induction processes.(see 6.4)

Integration is discussed at staff meetings for information sharing and planning purposes. Integration is discussed as part of the organisations strategic and business planning processes, including the identification of potential relationships and the review of current relationships.

Details of external meetings with partners and stakeholders are noted(minuted) in the **[insert diary]** which is accessible by all staff.

8. Policy Detail

8.1 Organisational integration

a) Internal integration

[insert organisation name] ensures its goals, processes and plans align at all levels; the organisation's actions are clearly based on its mission, and are carried out with integrity.

There is evidence of the links between the program and the wider organisation in **[insert organisation name]**'s strategic and operational plans.

[if appropriate: for multi-program CMOs]: Programs operated by **[insert organisation name]** do not operate as silos within the organisation; openness enables accessibility for, and positive impacts on, consumers and their carers.

To promote integration and continuity of care between programs and sites there are

- Regular(reported) team leader meetings and
- service-wide meetings that include staff from all programs, and consumer and/or carer representatives.

[insert organisation name] informs people about how to access more than one program, and/or how to transfer between programs, and where supports will be provided.

[insert organisation name] can provide support at several sites such as **[insert sites of support, eg inpatient, *in situ* community, organisational premises and home]**.

b) External integration

[insert organisation name] enters into external relationships with other entities to effect positive, systemic change.

8.1.1 Relationships

a) Funding relationships

Funding relationships are entered into for the purpose of giving and receiving grants and/or to provide a specified service or product in support of its mission. Funding relationships are formalised through an agreed set of specifications such as a funding and performance agreement. All funding relationships with an agreed set of specifications will be approved and signed by the CEO/Manager. As part of the funding agreement, the organisation commits to achieving outcomes as indicated by the agreement's performance indicators which are reported against as stipulated.

Where **[insert organisation name]** enters into a funding relationship and gives, or is awarded, a grant to provide a specified service or product, there must always be a formal agreement, such as a funding and performance agreement.

Where funds are exchanged for goods or services, there must always be a formal agreement such as a consultant contract.

b) Membership relationships

[insert organisation name] enters into membership relationships with (or 'joins') professional bodies for the purpose of access to information, resources and the opportunity to contribute to policy and issues that impact on the sectors of which it is a part. Entering into a membership relationship does not necessarily mean **[insert organisation name]** endorses the organisation or agrees with all views of the body.

[insert organisation name] will enter into a membership relationship once approved by the **[insert position]**, an appropriate budget is identified, and the relevant application process is completed.

c) Contractual relationships

Contractual relationships with consumers, groups or organisations are entered into as a process for purchasing a product or service that supports the organisation to fulfil its mission.

Contractual relationships must be demonstrated through a purchaser / provider contract referred to as a consultant contract. The consultant contract clearly identifies:

- involved parties and their responsibilities
- product/service to be provided
- timeframe for delivery
- payment schedule
- dispute resolution procedures.

Refer to the Contractual Relationship Procedure for further details.

d) Partnering Relationships

Key partnership skills include communication, judgement, discretion, openness, integrity, loyalty, leadership, negotiation and an understanding and value of different partnership roles.

In order to develop partnering agreements, participants set the shared direction as well as the potential tasks, roles, responsibilities, and actions required; work plans are developed and desired results and indicators specified.

In order to work out how partners will work together, decision making procedures may be developed and reviewed to allow for meaningful flexibility and refinement.

[insert organisation name] enters into a range of external partnerships as a way of working with consumers, other organisations or groups of organisations. Partnerships may take the form of joint project ventures, strategic alliances, advisory group membership, forums or collaborative activities. This list is by no means exhaustive or mutually exclusive. **[insert organisation name]** may enter into a specific type of relationship with an individual, group or organisation and have a partnership with the same individual, group or organisation for a different purpose.

Partnering Relationships may be informal associations or formalised through agreements called 'Memorandum of Understanding', 'Working Agreement', or 'Intention to Collaborate'. The common theme of these types of agreements is that they identify:

- background information
- all parties involved and relevant contact people
- the participation agreed to
- purpose and outcomes of the agreement
- dispute resolution procedures
- length of the agreement.

e) Working Groups

Participating in and hosting advisory/steering/reference groups may also be considered a formal relationship demonstrated through 'terms of reference'(TOR).

Where **[insert organisation name]** hosts an advisory/steering/reference group, there will be terms of reference that:

- outline background information,
- membership,
- role of the group,
- stipulate meeting processes.

8.1.2 Managing inter-agency differences

When implementing agreements and protocols it is inevitable that tensions will occasionally arise. **[insert organisation name]** makes its complaints process available to other organisations.

The early recognition of problems and a shared commitment across agencies to deal with the problem are keys to resolving differences. Solving issues within the inter-agency group is the preferred approach. In some circumstances the assistance of external mediators may be sought

8.2 Service integration

[insert organisation name] ensures processes are in place to facilitate liaison between itself and other service providers occurs, in order to achieve a coordinated and flexible approach to service delivery for consumers.

[insert organisation name] provides information and informs staff, consumers and carers about the range of mental health and other community services that are available. An up-to-date resource folder is accessible to people involved with **[insert organisation name]** - in hard and soft copy - to inform people about the range of mental health and related services and community activities.

[insert organisation name] works in collaboration with other service providers, including welfare services, primary care practitioners, disability support services, emergency departments, aged care providers and mainstream services in ways that enable consumers requiring support to achieve their recovery goals.

[insert organisation name] participates in:

- regular meetings with other service providers to establish and maintain links and partnerships which facilitate continuity of support for consumers.
- shared support arrangements between general practitioners (GPs), private psychiatrists, other community managed organisations and other relevant agencies in order to facilitate recovery.

[insert organisation name] may use partnering agreements, MOUs, or personal recovery coordination plans to clarify links, partnerships and specific roles for consumers.

Contacts with internal and external services and providers are documented in relation to individual supports, program initiatives and broader inter-organisational relationships.(documented in recovery plan / WRAP)

In order to support recovery with consumers, **[insert organisation name]** ensures that staff:

- have knowledge of the roles and services of a wide range of community services that people could utilise to achieve recovery goals
- document links with mainstream:
 - community organisations (eg sporting, recreational and social clubs, community arts centres)
 - facilities (eg gyms, swimming pools, recreation centres) and
 - educational and vocational services (eg schools, TAFEs, universities, employers and employment support providers)

8.2.1 Coordinating the Interdisciplinary Support Team

People may be receiving treatment, care and support from other services such as a hospital clinical team. In this case, there may be workers from more than one provider supporting the consumer; for example there may be a clinical coordinator from the clinical team and a recovery coach from **[insert organisation name]**.

When a situation like this emerges, the consumer, the clinical coordinator, and recovery coach **[insert other relevant people]** combine to form the inter-disciplinary support team the purpose of which is to support the consumer in their recovery journey.

In the event that the consumer is not ready or able to be responsible for recovery coordination, the consumer, the recovery coach, the clinical coordinator and **[insert other relevant people]** will:

- communicate clearly to work out which person is responsible for coordinating the interdisciplinary support team.
- regularly review who is the most appropriate person responsible for coordinating the interdisciplinary support team.
- Have a clear understanding of their roles and responsibilities in supporting the person in their recovery for an agreed period of time

8.3 Personal integration

[insert organisation name] supports consumers to:

- take actions which align with their values, strengths and aspirations.
- experience social processes offering them the same chances and choices as other people to be seen in ordinary places, in everyday activities, sharing experiences, interacting and becoming interdependent¹.

8.3.1 Recovery Coach²

The recovery coach:

- is allocated to the person receiving support as soon as possible after a person enters the service
- is involved in the initial discussion with the person
- assumes that the person is, or (if in crisis) will be, responsible for their own lives

The recovery coach provides support which is consistent with the person's values, as they work towards their life goals. The role of the recovery coach is to:

- support a person to acknowledge and build on their strengths
- focus on identifying, and supporting work towards, the person's goals;
- support people to develop and use self-management skills in their own life.
- assist everyone involved in supporting a consumer —inside and outside the organisation— to work together.

At times, and always orientated around the primary goal of supporting recovery, certain types of assistance from the recovery coach may be available, such as:

- communicating with the person and, where appropriate, carers, regarding all aspects of support
- providing information about service and community providers, across the continuum of support, to the consumer
- supporting the consumer to:
 - coordinate assessment, planning, [treatment] and support
 - plan collaboratively, with carers, if desired
 - approach, and engage with, other services and activities
 - experience smooth and timely transitions to other services
- minimising duplication in assessment, planning and delivery
- addressing risk issues and/or intervening in crisis

9. References

9.1 Internal

¹ Department of Human Services NSW (2011)

² From Bird et al (2011)

Coaching for Recovery
Individual Supports Policy
Partnering Procedures
Personal Records Policy
Privacy and Confidentiality Policy
Recovery Plan
Recovery Coordination Plan
Service Entry Policy
Service Exit and Re-entry Policy
Sample MOU 1
Sample MOU Template

9.2 External

Legislation

Age Discrimination Act 2004 (Commonwealth)
Anti-Discrimination Act (1977)
Community Services (Complaints, Appeals and Monitoring) Act 1993 (NSW)
Disability Discrimination Act 1992 (Commonwealth)
Guardianship Act 1987 (NSW)
Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)
Industrial Relations Act 1996 (NSW)
Racial Discrimination Act 1975 (Commonwealth)
Sex Discrimination Act 1984 (Commonwealth)
The Community Relations Commission and Principles of Multiculturalism Act 2000 (NSW)
Work Health and Safety Act 2011 (Commonwealth)
Model Work Health and Safety Regulations 2011 (Cth)

Other

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 25th May, 2011

Case Management Society of Australia (2006). *Case management and community care: a discussion paper May 2006*. <http://www.cmsa.org.au/index.htm>
Accessed 26th August, 2010.

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

Department of Ageing, Disability and Home Care (2006). *Good Practice Guide for HACCC Funded Case Management Services* <http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/2094/GoodPracticeGuidefinal.pdf>
Accessed 28th August, 2010.

Department of Human Services NSW (2011). *Standards in action*. Ageing, Disability and Home Care.

Department of Planning and Community Development, 2008 *Working in Partnership: Practical Advice for Running Effective Partnerships*, Department of Planning and Community Development, Victoria.

Rocket Science, 2006 *The Improvement Service: Partnership Working*, Scotland, United Kingdom. To download the partnership toolkit visit: www.improvementservice.org.uk

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

Victorian Council of Social Service (VCOSS), Human Services Partnership Implementation Committee (2010). *Partnership in Practice Guides* http://www.vcross.org.au/documents/VCOSS%20docs/HSPIC/0091_1_vcross_partner_guide_1_WEB.pdf accessed 27th May, 2011

9.3 Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.4: External service providers are managed to maximise quality care and service delivery.

EQuIP 5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.4: External service providers are managed to maximise quality, safe health care and service delivery.

Health and Community Service Standards (6th edition)

Provided by Quality Improvement Council (QIC)

Standard 3.1: The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.

Evidence Questions: What is the evidence that:

- a) the organisation works to negotiate service agreements so they are legal, fair and result in quality outcomes for consumers?
- b) the organisation is accountable through its service agreements and partnerships?
- c) service agreements and partnerships are reviewed regularly against the values and goals of the organisation and their impact on consumers?
- d) mechanisms are in place to resolve contractual disputes if they arise?
- e) contracted services to consumers are reviewed regularly?

Standard 3.2: The organisation collaborates with other organisations and positions itself strategically within the wider service system.

Evidence Questions: What is the evidence that the organisation:

- a) collaborates with other organisations?
- b) collaborations contribute to a more effective use of resources?
- c) avoids unnecessary and inefficient duplication of services?
- d) reviews the effectiveness of any collaborations in terms of consumer outcomes, available resources and the strategic placement of the organisation?

9.4 National Mental Health Standards (Revised 2010)

Criterion 6.6: A mental health professional responsible for coordinating clinical care is identified and made known to consumers.

Criterion 6.13: Consumers are actively involved in follow-up arrangements to maintain continuity of care.

Criterion 8.1: The governance of the organisation ensures that its services are integrated and coordinated with other services to optimise continuity of effective care for its consumers and carers.

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 9.2: The organisation has formal processes to support and sustain interdisciplinary care teams.

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 9.4: The organisation establishes links with the consumers' nominated primary health care provider and has procedures to facilitate and review internal and external referral processes.

Criterion 9.5: The organisation has formal processes to develop inter-agency and intersectoral links and collaboration.

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

Criterion 10.1.9: 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 10.5.4: Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer.

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

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.1: Management and other workers of the organisation identify the following:

- Emerging best practice regarding recovery orientation
- Potential tools and training
- Potential new technologies to assist in provision of recovery oriented services
- Evaluation tools and frameworks

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 1.2e: The organisation has a commitment to develop and support an active peer workforce, including roles, responsibilities and remuneration of consumers (e.g. peer workers and consumer consultants) who are employed or engaged by the service.

Item 1.2k: The organisation has a strategy for maximising networking opportunities and partnerships with other organisations.

Item 1.3: In the recruitment process:

- Selection criteria include attributes known to be supportive of a person's recovery and respectful practice (e.g. honesty, a non-judgemental outlook, compassion, empathy, respect, hope and belief in a person's recovery and future)
- People with the lived experience of mental illness are encouraged to apply for positions within the organisation.

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 1.7: Recovery oriented practices are shared across the organisation.

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 1.11: Any research being conducted by the organisation enables consumers to either, design and conduct the research, collaborate as partners and/or be consulted as participants. Ethical issues are considered and addressed and prior to consumers participating in any research, informed consent is obtained.

Item 2.1: Management supports and encourages workers in adopting recovery oriented service delivery.

Item 2.2: Management proactively and constructively challenge non-recovery oriented attitudes and behaviours among workers (e.g. stigmatising and discriminatory attitudes and behaviours).

Item 2.3: Supervision, both formal and informal, is available and used to discuss:

- Relationship development and maintenance
- Respectful recovery oriented practice

- Providing holistic support that is responsive to diversity
- Supporting self-directed care by providing information and choice, fostering engagement and maximising personal responsibility
- Incorporating and maintaining a belief in recovery in service provision
- Obtaining relevant and up to date information, share information in appropriate formats, and educate people on how to access information
- Enhancing a person's participation and social inclusion.

Item 2.4: Workers activities occur frequently, with the opportunity for sharing knowledge and workshopping concepts relating to:

- Relationship development and maintenance
- Respectful practice
- Supporting self-directed care
- Belief in recovery
- Obtaining and sharing knowledge and information
- Participation and social inclusion.

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 3.2: Workers acknowledge their role in supporting a person's recovery rather than doing recovery for them.

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

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

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 3.11: 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 3.12: Workers are trauma informed, and incorporate these principles in service planning and delivery.

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 3.15: 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, therapies and supports
- Supporting them to find information from other sources.

Item 3.22: Workers are aware of a person's physical health and are able to provide referrals to appropriate health care professionals.

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 4.2: The organisation provides induction training on personal and cultural interpretations of mental illness and recovery, specifically including Aboriginal and Torres Strait Islander understandings, the rights and responsibilities of consumers and carers, consumer participation and social inclusion, stigma and discrimination, and their pervasive impact on the exclusion of people who live with mental illness.

Item 4.3: The organisation provides the opportunity for ongoing training, including respectful practice, culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings, the processes for workers to address stigmatising and discriminatory language they have observed, and the debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 4.3a: The organisation provides the opportunity for ongoing training including understanding recovery:

- That each person will be able to embark on their recovery when they are ready
- That relapse is common and normal in recovery and is seen as an opportunity for developing resilience
- How to support recovery through positive risk-taking
- How to sustain hope for a person's recovery
- The importance of people's lived experience in informing service delivery and informing training.

Item 4.3b: The organisation provides the opportunity for ongoing training including relationships:

- How to explore and identify appropriate boundaries
- Prioritising time for and undertaking relationship building
- Identifying relationships that are supportive of recovery, and those that may hinder a person's recovery
- Trauma informed care and practice
- Communication skills, including listening and negotiation
- Dealing with conflict, violence, hopelessness and/or challenging behaviour
- Working with people who are reluctant to be involved in decisions around their treatment and care
- The importance of attitudes such as hope and optimism
- How to explore and relate one's own life experiences to strengthen.
- The complaints process.

Item 4.3c: Policies and procedures are in place that acknowledge and inform on human rights including the relationship to consumer participation and social inclusion.

Item 5.3: Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus,

the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

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.

9.6 NSW Disability Services Standards (DSS)

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.

3.4: The service provider informs each service user of other services that might meet his/her needs.

5.2: Services are provided in a way that facilitates the integration and participation of each person with a disability in the community, at times and in ways which are similar to other members of the community.

5.4: The service provider provides each person with a disability, the opportunity to form and maintain a variety of ties, connections and involvement in the community.

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.

8.12: The service provider has a process of co-ordination with other agencies, advocacy and service user organisations in the area.