[insert organisation name/logo]

Participation 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*].

Participation Policy

1. Purpose and Scope

The purpose of this policy is to provide guidance to **[insert organisation name]** staff, Board members, students and volunteers on participation of people with lived experience of mental illness/recovery in consumer, organisational, and systemic issues.

2. Definitions

For the purpose of this policy, engagement refers to a reciprocal relationship, involving two-way conversations, consultation and joint decision-making, between **[insert organisation name]** and people who are supported by the organisation, their supporters, other providers, business, employers, government, and other community groups.

Community may refer to a geographical grouping, a group of people with shared interests, or the general community.

For the purpose of this policy, consumer means a person with lived experience of mental illness/recovery.

The Participation Spectrum (IAP2, 2004) shows five levels of participation:

Inform: People are provided with balanced and objective information to assist them to understand the problems, alternatives, opportunities and/or solutions.

The organisational promise may be: *"we will keep you informed"*

Consult: Consumer feedback and inclusion in decision making is sought on analysis, alternatives and/or decisions.

The organisational promise may be: *"we will keep you informed, listen to and acknowledge concerns and provide feedback on how your input influenced the decision".*

Involve: Consumers are included in the participation process to ensure that individual concerns and aspirations are consistently understood and considered.

The organisational promise may be: *"we will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how your input influenced the decision".*

Collaborate: To partner with the consumer in each aspect of the decision including the development of alternatives and the identification of the preferred solution.

The organisational promise may be: *"we will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible".*

Empower: Final decision-making remains, or is placed, in the hands of the individual.

The organisational promise may be: *"we will implement what you decide".*

Stakeholder: encompasses (but is not limited to) consumers, carers, advocates, guardians, employers and/or teachers

3. Principles

[insert organisation name] is committed to the following principles underlying participation :

- Access to Information, providing timely, relevant, accurate, information about our services to the community in a way that is meaningful and respectful to its diverse constituents

- Communication, fostering effective two-way conversations, letting people know how information provided by them will be used, obtaining their consent and facilitating the flow of this information so it reaches those best placed to act.

- Influence, involving people in working out how they will participate, and developing policies and services that reflect this participation

- Mutual trust and respect, with participants who value each other as equal contributors to the engagement process.

- Openness and Responsiveness, actively seeking information about where improvements could be made, responding to what is learned via engagement, and letting people know what has been learned and what will and/or will not be changed as a result.

- Equal opportunity, providing access to information and the means to participate at the earliest possible time to all those who will be affected by decisions.

- Shared ownership and accountability, where all involved share ownership of the process agree upon decisions and are responsible for monitoring and evaluating the impact and outcomes (*how the responsibility is distributed should be defined as part of the engagement plan*)

- Inclusiveness, supporting people to overcome barriers to participation

- Advocacy, upholding and promoting rights for people to participate in a meaningful way

- Support, providing resources, and training to support participation

- Evaluation, with lessons learnt from the participation process identified and communicated as widely as possible.

4. Outcomes

People with lived experience of mental illness/recovery are:
- involved in decisions about **[insert organisation name]** service delivery:
- likely to take responsibility for the outcomes and actively participate in strategies to improve their own mental health.

There are more informed options to identify opportunities to improve the quality of **[insert organisation name]** services.

Four levels for promotion of consumer and carer participation are available:

1. Consumer level – consumers, carers and other stakeholders are involved with **[insert organisation name]** for treatment, care and support with their mental health/recovery. Active consumer and carer involvement is encouraged to ensure appropriate support and services are in place. This provides for an overall recovery-focused approach.

2. Connecting with other health and community services - Services, consumers, carers and other stakeholders work together, within a recovery framework,

toward a goal of improved connectedness with other health and mainstream community, services and activities.

3. <u>Organisational level</u> – consumers, carers and other stakeholders can participate in the planning, delivery and evaluation of **[insert organisation name]**. Participation at this level can be important for consumers' health outcomes, and also contributes to the improvement of **[insert organisation name]** services, which are informed and shaped by consumers' perspectives.

4. <u>Systemic level</u> – **[insert organisation name]** is an element of the broader mental health service system. At a systemic level, consumers and carers importantly participate in the planning, development and evaluation of statewide initiatives and policies.

5. Functions and Delegations

Position	Task/Delegation
Board of Directors	Endorse Participation Policy. Comply with Participation Policy.
Management	Comply with Participation Policy. Ensure organisation complies with Participation Policy.
Staff	Comply with Participation Policy.

6. Risk Management

Staff members with participation functions are provided with ongoing support and professional development.

7. Policy Implementation

Participation activities play an integral part in service planning, delivery, monitoring and evaluation.

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for participation through orientation and induction processes.

This policy and supporting documents is reviewed as part of the organisations quality improvement program.

8. Policy Detail

8.1 Participation Processes

[insert organisation name] has processes in place to enable community, carer and consumer participation in:

    a) Consumer assessment, treatment, care, support, monitoring and exit planning
    b) Connecting with other health and community services
    c) **[insert organisation name]** planning, delivery and evaluation
    d) Systemic planning, policy development and evaluation

[insert organisation name] has processes in place to enable decisions to be made about the nature of participation; whether it is to inform, consult, involve, collaborate, and/or empower.

When planning to establish new participation processes, **[insert organisation name]** will identify existing structures and processes on which to build, adapt or create them.

Participation activities undertaken by **[insert organisation name]**:

- are planned and widely promoted / advertised;
- are undertaken in ways relevant to the issue, community, carer and consumer
- provide feedback to consumers and the community;
- are culturally appropriate and respect the protocols of the local community.

8.2 Representation

[insert organisation name] processes for participation accommodate aspects of diversity within the organisation's target community, such as: Aboriginal and Torres Strait Islander people; people of a non-English speaking background; people with disability; older people; youth; people who are unemployed; people identifying as gay, lesbian, transgender or intersex; and families with young children.

[insert organisation name] consults with key community representatives to identify ways to engage people from relevant target groups.

[insert organisation name] considers strategies that facilitate the ability of people from marginalised groups to be involved in participation activities.

8.3   Participation Opportunities

8.3.1 Participation Opportunities in Consumer Supports

People with lived experience of mental illness/recovery and their carers are involved with **[insert organisation name]** for treatment, care and support with mental health/recovery

When a consumer and his/her carer are involved in assessment, treatment, care and support with **[insert organisation name]**, they are considered equal partners in the relationship with **[insert organisation name]** staff.

Consumers and carers can participate effectively in making decisions about their own mental health support and this is considered essential to recovery. Accordingly, consumer and carer views, experiences and needs are central to the support and recovery process.

Consumers require specific knowledge about their mental illness/recovery, medication and alternative options, and current and future support requirements. This information should provide a shared basis for the consumer to actively collaborate with his/her carer and **[insert organisation name]** staff in planning (wellness recovery action plan), monitoring and evaluating treatment and support options.

It is important for people to develop a sense of control over their illness, recognize early warning signs, risky situations, trigger factors and early warning signs of relapse, and know what to do if those signs emerge.

Collaboration relies on families, carers and **[insert organisation name]** staff acknowledging and respecting the skills and resources that each brings to the working relationship.

[insert organisation name] staff are aware of their obligations regarding support, confidentiality and privacy of the consumer in accordance with the provisions of the Mental Health Act (2007)and the Privacy Act .

[insert organisation name] policies and procedures are accessible to consumers and carers to allow follow up on specific issues, make complaints and generally understand the respective rights and responsibilities of staff, consumers and carers.

   a) Participation opportunities for the consumer, their families and carers
      o attending support coordination meetings.
      o identifying strategies for maintaining and improving wellbeing
      o identifying early trigger factors for, warning signs of, and actions to minimize the impact of illness.

- o keeping personal records of mental health experiences.
- o completing and discuss outcome measurement self-ratings.
- o making decisions about, and/or discussing, assessment; the development, and implementation and monitoring of recovery plans (including the development of advance directives); support options; and exit planning.

b) <u>Participation responsibilities of</u> **[insert organisation name]**
- o (ensures consumers and carers have opportunities to have the highest possible degree of input into, and have a copy of, recovery plans.
- o identifies the range of supports already in place [if any] and how this will contribute to the support being offered.
- o supports consumers and carers to identify any ongoing support needs to assist with independent living, employment and management of relationships.
- o ensures that information on grievance procedures, service details, mental health and any other relevant information is easily accessible, clear and updated on a regular basis.
- o ensures consumers and carers have adequate opportunities to identify and reflect back areas for improvement to the service.
- o ensures a written statement of roles and responsibilities for participation is collaboratively developed with consumers and carers and is periodically reviewed.
- o provides appropriate cultural supports, offers an interpreter service where needed by the consumer and carer, and provides information that is understandable for culturally and linguistically diverse (CALD) consumers and carers.
- o provide a range of vocational supports, such as training, education, employment and employer education
- o develops and makes available:
  - ▪ a consumer and carer information package which includes:
    - • program specific information (e.g. description of the service, visiting hours, staff employed).
    - • promotion, prevention, and support strategies (e.g. stress management, problem-solving, working with family, early signs of relapse).
    - • feedback and complaints procedures
    - • information on consumer and carer advocates and other key support and advocacy services.
    - • policies and procedures on consumer and carer involvement, ensuring these reflect strategies for engaging with consumers and carers with diversity needs (which will be realised in the recovery coordination plan)

8.3.2 Participation Opportunities in Connecting with Other Health and community services

[insert organisation name] values the role of mental health supports, other community services, and mainstream activities, in supporting recovery.

[insert organisation name] provides accessible, understandable and updated information on **[insert organisation name],** local community and mental health services and other relevant information for consumers, families and carers.

a) <u>Participation opportunities for the consumer, their families and carers</u>
- o deciding on self-referrals and linkages to other mental health services, community services and mainstream activities
- o engaging with other services and activities

b) <u>Participation responsibilities of</u> **[insert organisation name]**
- o assists consumers and carers (consider the term stakeholders, which can encompass advocates, employers and/or teachers.) with referrals and linkages to other mental health services, community services and mainstream activities
- o ensures up-to-date information, in a variety of formats, on mental health services, community services and mainstream supports, is available for staff, consumers and carers (ensuring appropriateness for specific populations of consumers and carers).
- o Educates consumers and carers about the benefits of:
  - ▪ avoiding options which amplify mental distress
  - ▪ seeking options which promote community integration and wellbeing
- o provides peer support mechanisms and contact information.
- o supports the participation of consumers, carers and staff in external liaison (e.g. networking, education and training) to enable knowledge on support services available to improve and remain up to date.

8.3.3 Participation Opportunities at Organisational level

[insert organisation name] actively seeks participation of consumers, carers and other stakeholders in policy development, planning, delivery and evaluation of services in order to optimise outcomes for consumers and their carers.

a) <u>Participation opportunities for the consumer, their families and carers</u>

- o reviewing and improving structures (e.g. advocacy support mechanisms) for ensuring consumer, family and carer participation in individual recovery plans.
- o representation on:
  - formal committees and management structures
  - working parties or project advisory committees related to the planning, development, monitoring and evaluation of **[insert organisation name]** services.
- o co-design of services.
- o identifying and suggesting improvements on workforce issues for consumer and carer consultants.

b) Participation responsibilities of **[insert organisation name]**

- o reviews and improves structures (e.g. advocacy support mechanisms) for ensuring consumer, family and carer participation in individual recovery plans.
- o supports and nurtures consumers and carers with resources to ensure they have the appropriate means, skills and knowledge for participation.
- o develops and implements a participation plan to support the meaningful involvement of consumers in all aspects of its service.
- o identifies improved service quality and consumer outcomes afforded by enhancing consumer and carer participation at all levels
- o undertakes regular liaison with consumer and carer representatives to ensure broad representation of consumer and carer views, issues and experiences.
- o appoints consumer and carer representatives to project committees for new and existing initiatives.
- o identifies and addresses employment and other vocational issues for consumer and carer consultants.
- o works in partnership with local Consumer Advisory Groups (CAGs) and representative groups for carers to ensure the change and development agenda for **[insert organisation name]** is informed by consumer input and priority setting.
- o provides training to its staff on consumer and carer participation and related support mechanisms

8.3.4 Participation Opportunities Systemically

Consumers and carers have critical lived experience and skills to make significant contribution to the broader strategic and emerging policy environment. Consumers and carers can assist the service system to be more responsive.

[insert organisation name] encourages meaningful consumer, family and carer participation in policy and services planning, development and evaluation at national, state/ territory and local levels, including participation by consumer and carer workers

Consumers are assisted with entering or returning to mainstream employment where they can use their skills in employment in mental health settings, and additionally influence broader mental health policies and practices.

[insert organisation name] contributes to the sharing of information and research relevant to consumers through conferences, publications and electronic means.

Any participation of the consumer being supported by **[insert organisation name]** in clinical trials and/or experimental treatments is subject to the Ethics Committee approval process and informed consent of the consumer and carer when appropriate

a) <u>Participation opportunities for the consumer, their families and carers</u>
   o attending collaborative forums for the exchange of effective consumer and carer participation information
   o attending conferences where consumer and carer information needs and issues are identified and addressed.
   o entering or returning to mainstream employment and using skills in employment in health settings, influencing broader mental health policies and practices.
   o participation in policy and services planning, development and evaluation at national, state/ territory and local levels
   o involvement in:
      ▪ organisations with a brief for systemic advocacy.
      ▪ undergraduate, pre-service and in-service training of mental health staff, police and other relevant professions.
   o providing views on the planning, delivery and evaluation of statewide and systemic activities.
   o representation on national mental health initiatives.
   o attending support forums and training opportunities for consumers and carers
   o if inclined, provide informed consent to be involved in in clinical trials and/or experimental treatments

b) <u>Responsibilities of **[insert organisation name]**</u>
   o facilitates consumer and carer participation in:
      ▪ conferences, forums, advocacy, and training
      ▪ services planning, development and evaluation at national, state/ territory and local levels
   o encourages, facilitates and supports consumer and carer employment opportunities

- o supports interagency and inter-sectoral opportunities for ongoing vocational training and development of the consumer workforce
- o provides peer mentoring opportunities to promote and develop skills and personal recovery
- o works with clinical and other services on consumer and carer participation initiatives.
- o works with consumer academics to promote consumer and carer perspectives in research and projects,
- o contributes to the training and systemic networking of consumer delivered services.
- o contributes to the body of knowledge about consumer participation, particularly as it relates to the value and needs of consumer delivered services.
- o is involved in initiatives and research on consumer and carer participation and good practices in consumer and carer support.

8.4 Communication

[insert organisation name] processes for participation will be made known through *[eg, the website, orientation packs, brochures].*

Participation processes support two-way communication between people engaged with **[insert organisation name]** and
- **[insert organisation name]** representatives
- the wider community

8.5 Designated Staff

[insert organisation name] has an identified, appropriately skilled **[employee or volunteer]** with direct reporting links to the CEO and the Board, to support participation.

Supporting participation activities is part of the role of **[insert organisation name]** staff and managers, and is included in position/ role descriptions.

8.6 Monitoring and Evaluation

Strategic and operational plans and performance agreements include items showing evidence of effective participation structures, processes and outcomes.

Evaluation and ongoing integration of participation structures, processes and outcomes are undertaken on an ongoing basis and no less than every **[insert number]** years.

Evaluation of **[insert organisation name]** participation activities inform whole of organisation performance, and is an agenda item at the **[insert organisation name]** AGM.

8.7 Education for participation

[insert organisation name] staff and consumer / carer consultants work together to identify consumer and carer education needs, and to plan suitable supports and programs within **[insert organisation name]**

[insert organisation name] provides:
- training for relevant staff in participation and consultation techniques.
- appropriate information and training to meet the needs of consumers, carers and community representatives involved in participation activities. This training starts at the beginning of a consumer's involvement in a participation project and continues as required.

Consumers, carers and community representatives:
- are invited to participate in identifying educational and training needs, and how they will be met.
- have access to **[insert organisation name]** training opportunities where appropriate.

8.8 Resources for participation

[insert organisation name] identifies participation activities in its annual budget.

Subject to availability of resources, **[insert organisation name]** will reimburse reasonable expenses incurred by consumers involved in organisational and systemic participation activities.

9. References

9.1 Internal
Professional and Personal Development Policy
Governance & Management Policy
Individual Supports Policy
Integration Policy
Partnering Procedures
Personal Records Policy
Privacy and Confidentiality Policy
Recovery Plan
Recovery Coordination Plan
Service Entry Policy
Service Exit and Re-entry Policy

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

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

International Association of Public Participation (2004). *IAP2 Spectrum of Public Participation.* http://www.iap2.org/associations/4748/files/IAP2%20Spectrum_vertical.pdf Accessed 22nd May 2011

International Association of Public Participation (2006). *The IAP2 Public Participation Toolbox.* http://www.iap2.org/associations/4748/files/06Dec_Toolbox.pdf Accessed 22nd May 2011

NSW Health (2011). *DRAFT Version 1 Community Engagement Framework Policy Directive.*

VIC Health (2009). *Strengthening consumer participation in Victoria's public mental health services: Action plan* http://www.health.vic.gov.au/mentalhealth/publications/cons-part.pdf Accessed 22nd May 2011

WA Health (2007). *WA Health Consumer Carer and Community Engagement Framework: for health services, hospitals and WA Health following consultation across WA*

Health. http://www.health.wa.gov.au/hrit/docs/publications/WA_Health_ Consumer_Apr07.pdf Accessed 22nd May 2011

9.3   Quality and Accreditation Standards

EQuIP4

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 1.1.2: Care is planned and delivered in partnership with the consumer / patient and when relevant, the carer, to achieve the best possible outcomes.

Criterion 1.1.4: Care is evaluated by health care providers and when appropriate with the consumer / patient and carer.

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.

Criterion 1.6.3: The organisation makes provision for consumers / patients from culturally and linguistically diverse backgrounds and consumers / patients with special needs

EQuIP5

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 1.1.2: Care is planned and delivered in collaboration with the consumer / patient and when relevant, the carer, to achieve the best possible outcomes.

Criterion 1.1.4: Outcomes of clinical care are evaluated by healthcare providers and where appropriate are communicated to the consumer / patient and carer.

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Consumers / patients, carers and the community participate in the planning, delivery and evaluation of the health service.

Criterion 1.6.3: The organisation meets the needs of consumers / patients and carers with diverse needs and from diverse backgrounds.

Health and Community Service Standards (6th edition)

Provided by Quality Improvement Council (QIC)

Standard 2.2: Focusing on positive outcomes: Services 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:
- interventions and actions are based on assessment and planning?
- services and programs are managed to ensure positive outcomes for participants and communities?
- information about the rationale, risks and effect of services and programs is routinely provided to participants and communities?
- consumers and communities participate in decision-making about services and programs they receive?
- services and programs are safe and risks are identified and addressed?
- service and clinical governance systems are in place?
- intake is integrated and priority-based?
- effective referral practices are in operation?
- services and programs are evidence based?
- services and programs follow case/care plans developed with consumers?
- re-assessment occurs after services and/or program is provided to check effectiveness?
- processes are in place for managing demand when it exceeds capacity to provide services and programs?
- client and community outcomes are documented and clear, accurate and secure client and program records are kept?
- service and program provision are routinely evaluated and the findings used for improvement?
- incidents, adverse events and near misses are reported, and reports are used to inform improvements?
- where appropriate, case closure is planned with the consumer?

Standard 2.3: Ensuring cultural safety and appropriateness: Services and programs are provided in a culturally safe and appropriate manner.

What is the evidence that:

- processes and practices ensure respect and responsiveness to consumer diversity by being inclusive and flexible?
- the changing profile of consumers is monitored?
- appropriate links with indigenous and other community groups are established to ensure that services and programs remain responsive and respectful?
- professional development regarding consumer diversity is available to staff?
- cultural safety is addressed in service and program plans?

Standard 2.4: Confirming consumer rights: Services and programs are provided in a way that strengthens the rights of consumers, empowers them and is ethical.

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 (Revised 2010)

Criterion 1.10: The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning.

Criterion 1.11: The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.

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

Criterion 3.2: The organisation upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

Criterion 3.3: The organisation provides training and support for consumers, carers and staff, which maximize consumer and carer(s) representation and participation in the organisation.

Criterion 3.6: Where the organisation employs consumers and carers, the organisation is responsible for ensuring mentoring and supervision is provided.

Criterion 3.7: The organisation has policies and procedures to assist consumers and carers to participate in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the organisation.

Criterion 7.14: The organisation actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.

Criterion 7.15: The organisation provides ongoing training and support to carers who participate in representational and advocacy roles.

Criterion 8.3: The organisation develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.

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 10.1.8: The organisation demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the 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.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

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 1.11: 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 2.5: 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 3.7: 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 3.10: Workers respect a person's decision whether to involve carers and family, and acknowledge and respect carer and family participation and input.

Item 3.17: 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 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 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)

1.4: The service provider's entry and exit policies are reviewed regularly with service users.

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

2.6: The service provider's policies and procedures on planned approaches to meeting individual needs are reviewed regularly with service users.

3.1a: The service provider has developed written policies and procedures on mechanisms which maximise service user participation in decision making at the individual and service level.

3.1b: The service provider has developed, in consultation with service users, written policies and procedures which maximise service user participation in decision making at the individual and service level.

4.1b: The service provider has developed, in consultation with service users, written policies and procedures for protecting service users' privacy, dignity and confidentiality .

4.8: The service provider's policies and procedures for protecting service users' privacy, dignity and confidentiality are reviewed regularly with service users.

5.1: The service provider's written policies and procedures are framed in a way that provides opportunities for people with a disability to participate in the community.

7.1b: The service provider has developed, in consultation with service users, written policies and procedures on the resolution of service users' complaints and disputes.

7.6: The service provider's policies and procedures on service users' complaints and disputes are reviewed regularly with service users.

8.3: Service users have the opportunity to and support to take part in the planning, management and evaluation of the service.

8.8: The service provider implements a policy of affirmative action with regard to employment of people with a disability.

9.2: The service provider has developed, in consultation with service users, written policies and procedures on mechanisms which promote the maintenance of family relationships.

9.5: The service provider's policies and procedures on promoting the maintenance of family relationships are reviewed regularly with service users.

10.3: Service users must have full participation in the establishment and review of these procedures.