Project: Recovery-oriented practice resources for providing NDIS psychosocial supports

Final Report

September 2018

MentalHealth Victoria

Collaboration • Knowledge • Leadership

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GLOSSARY

Co-Design

The definition of co-design as referred to in this report is drawn from the Future Social Service Institute definition. “Co-design is a process used to create products, services and programs. It brings people in as ‘design partners’, giving a voice to those who are often excluded from the design process. Decision-making, design, information sharing and project planning are among the equal roles between trained designers and design partners.” (Accessed at http://www.futuresocial.org/what_is-co-design/)

Mobile Learning

Mobile learning, also known as m-learning, is education via the internet or network using personal mobile devices. Mobile learning supports, with the help of mobile devices, a continuous access to the learning process. It uses ‘bite-sized’ learning, is accessible anywhere, anytime, and often includes gamification.

Formal or Traditional learning

In the context of this report, the term formal or traditional learning refers to a teacher-centred delivery of instruction to classes of students who are the receivers of information.

Continuous Learning

Learning as a continuous process over time, rather than a one-off learning event. Recognises the different learning contexts that the learner is engaged in and in some ways makes connections across these contexts, including formal and informal learning. It also includes opportunities for the learner to synthesize the learning in a formal context or otherwise.

70:20:10

The 70:20:10 concept, according to the Deakin Prime White Paper, *Demystifying 70:20:10,* suggests that adult learning takes place through a combination of formal and informal situations and through others. More specifically, in the workplace:

70% of learning is on the job (informal)

20% of learning is coaching and mentoring

10% of learning is formal courses.

Analytics

Information resulting from the systematic analysis of data or statistics, with the aid of specialized systems and software.

Micro-learning or 'bite-sized' learning

Micro learning is chunks of knowledge delivered at the most crucial points in the learning process. The idea is to distil **key concepts** so that they are easily digestible but knowledge heavy in their impact on memory and retention. This is best delivered using spaced repetition, retrieval practice, and ensuring the learning is accessible and social. (McGee, 2016)

EXECUTIVE SUMMARY

Background

The *Recovery-oriented practice resources for providing NDIS supports Project* was developed in response to a key finding from the Mental Health Victoria (formerly VICSERV) report, *Community Mental Health Workforce Training and Development Analysis*, that training and education providers require new ways of delivering training, and service providers needed a 're-framing' of recovery-oriented practice in the context of the National Disability Insurance Scheme (NDIS).

Recovery-oriented practice – working in a way that supports the individual to live a meaningful life with or without the presence of mental health issues – is compatible in principle with the NDIS, but has not been defined or embedded in the daily practice of support workers and support coordinators.

The Project

Project Objectives

- To collaboratively design and develop resources that build knowledge and skills, and support the practice of delivering recovery-oriented NDIS supports to participants with psychosocial disability.
- To work collaboratively with mental health providers in the NDIS space exploring and documenting the practice issues and challenges facing frontline workers in the provision of recovery-oriented disability supports to participants with psychosocial disability.

Project Overview

The Project included four main components:

- A collaborative Project Working Group
- Data gathering
- Resource development
- Discussion Paper development

The Pilot

Project outputs

The Project delivered a range of Professional Development resources that can be used flexibly to contribute to the practice development of frontline workers providing psychosocial disability supports under the NDIS.

There were four key outputs resulting from the Project: the Mobile-Learning (Yarno) pilot, the complementary/ reference material website (for learner-initiated extension activities), the video shorts (modelling practice discussions) and the Discussion Paper.

The Mobile-Learning Pilot

Based on feedback and research on the sector's Learning and Development (L&D) needs, a mobile learning pilot was trialled which could address key service provider concerns around workers being time-poor and needing incentive to engage in L&D, and that previous training programs are no longer financially accessible by service providers.

The mobile learning pilot centred on the Yarno quiz, but was supplemented by resources available on the Platform website. Yarno uses web-based mobile software that delivers questions to learners in a fun and user-friendly quiz format. It is grounded in contemporary learning theory; the evidenced based methodology behind Yarno's e-learning included spaced-repetition, micro-learning, gamification, and active recall. (Gray, 2017; McGee, 2016; Smith, 2017)

The Yarno pilot 'campaign' ran for one month, from 30 July to 24 August 2018 and involved 34 learners and managers, who received up to four multiple choice questions daily, which could be accessed wherever and whenever, covering questions on recovery oriented practice in the NDIS context.

Specifically, the questions focussed on:

- Recovery-oriented practice and principles
- Building recovery relationships
- Choice and control

It is important to note that the pilot did not aim to be a comprehensive learning program on recovery-oriented practice, recognising that this would entail far more content delivery than was possible in a short mobile learning module. The focus was more around testing a delivery methodology while drawing from content that was relevant and of importance to the provision of psychosocial supports, as defined by providers.

Platform website

The platform website https://mhvrecoveryunderndis.weebly.com offered a central and mobile information point for frontline NDIS workers and managers to access additional resources and extension activities to supplement and reinforce the learnings from the Yarno mobile learning program.

Video shorts

Five video shorts were developed to compliment other learnings on recovery-oriented practice on the topics of:

- Choice and control
- Recovery oriented principles
- Recovery-oriented relationships
- Hope and language
- Dignity of risk and duty of care

The videos resources were designed to:

- Diversify the learning resources, so that different media could be used by learners.
- Showcase examples of how frontline workers are applying recovery-oriented principles in their work with participants with psychosocial disability.
- Provide workers with the opportunity to learn from peers through the sharing of real experiences of NDIS workers working with psychosocial disability.

Discussion Paper

The purpose of the Discussion Paper was to document all the learnings from the Project relating to recovery-oriented practice and the delivery of NDIS supports to participants with psychosocial disability. It was hoped that the Paper would be a resource for NDIS providers of psychosocial disability supports which could form the basis for further exploration and discussion on recovery-oriented practice in the NDIS context.

SUMMARY OF FINDINGS & RECOMMENDATIONS

1. Recovery-Oriented Practice under the NDIS

Key Findings	Recommendations
Recovery-oriented practice (ROP) was strongly identified as an essential way of working for support workers providing NDIS supports to participants with psychosocial disability. However what this looks like on the ground is still evolving. Consultations highlighted that frontline workers, and providers, are still coming to grips with how ROP translates into the context of providing NDIS supports. Findings from the Pilot identified examples of how workers are still applying ROP as they did in previous mental health roles, and have not re-contextualised it to the NDIS. Clearly more exploration needs to occur as to what this re-contextualisation includes, and what it means for the practice of both support workers and Support Coordinators. Specifically relating to the role of Support Coordinators, there is a lack of clarity around how NDIS-defined capacity building aligns with recovery-oriented practice.	**Recommendation 1** The NDIS, in collaboration with NDIS providers delivering psychosocial disability supports and other relevant stakeholders, continue to explore and define how Recovery-Oriented Practice translates in the NDIS context, and create R-O practice guidelines for NDIS providers and workers.
Mobile learning platforms, such as Yarno, offer a valuable means for informing ongoing learning content development through the delivery of their analytics data. This has the potential to form part of a co-design approach to learning development	**Recommendation 2** The Recovery-Oriented Practice Guide (Recommendation 1) for NDIS providers and workers is built using a co-design model that can

by providing relevant and timely feedback and data from the ground up. This could be particularly valuable given the identified need for the development of a new NDIS ROP guide, in an evolving space where practice –good or bad- is not yet organisationally embedded. This development could evolve in a timely and relevant way from the ground up, through the use of mobile learning platforms, such as Yarno, which offer opportunities for feedback and analytics from workers engaged in the learning.	simultaneously develop learning materials, build workforce capability and identify practice guidelines for delivering psychosocial supports. The co-design model should include providers, Support Coordinators, Support Workers, participants with psychosocial disability and carers as design partners.
Given the generic and prescriptive nature of the role of Support Coordinator, questions still remain about how recovery-oriented practice is integrated into this role. To what extent is the role different for a Support Coordinator working with participants with psychosocial disability as opposed to other disabilities? This finding is supported by one of the key messages of the MHA report, *NDIS: Psychosocial Disability Pathway* which states: "Psychosocial disability differs from most other forms of disability, especially because it directly affects and is affected by the individual's NDIS service experience".	**Recommendation 3** The Recovery-Oriented Practice Guide for the NDIS context incorporates guidance re: • The roles of Support Coordinator, Support Worker and Capacity Building Worker for participants with psychosocial disability. • How these distinct roles and components of the NDIS psychosocial support system work together. The findings of the MHA report, *NDIS: Psychosocial Disability Pathway,* would be a valuable contribution to the discussions on how psychosocial disability differs from other forms of disability, and the implications of this for workers' practice.

2. Learning & Development Needs: Topics and Content

Key Findings	Recommendations
The essential learning and knowledge required by a newly recruited workforce with limited or no Mental Health knowledge was identified as: • Mental health awareness • NDIS concepts and principles • Recovery and Recovery-oriented principles This lack of NDIS-related knowledge was also highlighted through Yarno analytics of question performance, in particular around concepts/ principles such as 'choice and control' and 'psychosocial disability'. Capacity Building as it relates to the NDIS and support coordination was identified as a gap in existing professional development offerings for Support Coordinators	**Recommendation 4** Any additional learning offerings developed by MHV for NDIS support workers and Support Coordinators working with participants with psychosocial disability, include content on: • Recovery • Recovery-oriented principles (pending a clarification of ROP) • Mental health awareness • NDIS concepts and principles • Capacity Building for Support Coordinators • Psychosocial Disability specific skills & knowledge
The success of the Pilot as a learning model rested on the co-design approach to the content development. The high level of relevance (to context and work role application) of the learning content was a result of the collaborative process involving various 'design partners' in creating the new content.	**Recommendation 5** Mental Health Victoria continue to use and develop the co-design approach (which includes the target workforce as design partners) for new content development for any future workforce L&D modules.
Other important learning areas that this project was unable to explore in depth, but which were identified as important learning needs in the NDIS context, were 'working with CALD participants and their families', working with indigenous participants, and working with Carers and families.	**Recommendation 6** Expand on the work already in train on Tailored NDIS Pathways for specific population groups, to include service provision guidelines for these groups, in particular for CALD, and ATSI populations and working with their families and carers.

	Include these service provision guidelines in the ROP Guide for NDIS providers and workers.

3. Learning & Development: Modalities & Learning Theory

Key Findings	Recommendations
The Project successfully identified a viable and engaging L&D model, which includes mobile learning - micro-learning, gamification, spaced learning – and a continuous learning model which could well become a viable solution to the changed L&D needs of the NDIS providers. However, being only a short project further work is needed to consolidate the findings and expand the products required to fully operationalise the model.	**Recommendation 7** A more substantial project be undertaken to significantly expand the beginnings of the TSP Workforce Project on identifying new ways of delivering training to the emerging NDIS psychosocial disability workforce. This project will • Clearly articulate the continuous learning model (CLM) and how it can be operationalised in the NDIS context, especially around fully engaging supervision structures • Build more comprehensive products in line with continuous learning, including mobile learning options. • Inform the development of the RO Practice Guide through the data analytics gathered.
Mobile and Micro- Learning The Project's review of contemporary learning theories and practices showed that learning that is personalised, mobile and delivered in smaller blocks (micro-learning) has unique benefits and applications in some contexts compared with more traditional formal models of learning (one-off events). The findings of the Pilot supported this, and illustrated one example of the successful	**Recommendation 8** That Mental Health Victoria give consideration to mobile learning and micro-learning as relevant options for inclusion in its ongoing provision of L&D offerings to NDIS providers of psychosocial disability supports.

application of mobile learning in a context where traditional models are no longer viable.	
Continuous Learning Model Mobile learning, for example as delivered through Yarno, is most effective when it forms part of a blended learning approach, incorporating components of formal learning, on the job learning, and opportunities for reflection and social learning.	**Recommendation 9** Mental Health Victoria further research and develop the 'Continuous Learning Model' created by the project, with a view to using it as a model for future L&D development and delivery. In particular, further development is needed to: • Identify viable social learning options, such as social media platforms • develop links between mobile learning and formal learning offerings • ensure that all mobile learning offerings are closely linked to the learners' job tasks and context
Continuous Learning Model According to pilot feedback, the single biggest factor impacting on the capacity of workers and managers to utilise the additional resources and extension activities offered by the pilot, was *time*. Both the Yarno approach and the Continuous Learning Model introduced in the Project, require a whole-of-organisation commitment and active engagement - especially from Managers/ Supervisors - in order to be most effective. This could prove to be a significant challenge for MHV in the implementation of the CLM, and may require some creative thinking.	**Recommendation 10** NDIA must address the financial barriers preventing NDIS providers engaging in effective workforce development including managing participant/ worker safety risks. **Recommendation 11** As part of the development of the Continuous Learning Model (Recommendation 9) MHV identify strategies for encouraging whole of organisation commitment and engagement in the implementation of the CLM

Yarno

Overall the findings from the Yarno Pilot were very positive, and the level of engagement was high.

Levels of engagement & appeal of mobile learning

The response (albeit from a small sample) to the new approach of mobile and micro – learning was extremely positive for most learners, and only a few were not in favour of it at all.

The levels of engagement and completion rates of the pilot indicate that this approach to professional development is an engaging and viable option for a mobile and time-poor workforce, however not for all workers. There were also a small number of workers who did not engage at all in the learning program, an indication that there may be a cohort for whom mobile learning will not be a preference.

Skill and knowledge development

The findings also gave early indications that the Yarno model of learning has the potential to effect behaviour change and skill development as well as knowledge development in learners.

Design of the Pilot

The design of the Pilot involving 8 organisations had a number of challenges, especially around:

- access and communication with managers and learners
- levels of understanding of the Project/Pilot and subsequent levels of commitment and engagement
- how to manage confidentiality and the fact that the organisations are business competitors.

Recommendation 12

That Mental Health Victoria consider the following in the event of using a mobile learning platform as part of a CLM in future:

- CLM and mobile learning are vastly different in their product development and delivery than the traditional approaches, therefore adequate lead time and resources are needed when undertaking this work, to ensure that the content-design can be validated by SMEs and 'tested' prior to going live.
- The value of 'gamification' as a tool for engaging and motivating learners.
- The needs and barriers facing the cohort who did not engage need to be better understood and addressed within the context of their continuous learning ecosystem.

Gamification Only limited feedback was received on the Yarno feature of 'gamification'. This component could be explored further to determine its learning and incentive value for future workforce audiences.	

BACKGROUND

This project emerged from an unmet need identified in Mental Health Victoria's (formerly VICSERV) report, *Community Mental Health Workforce Training and Development Analysis*, that the application of recovery-oriented practice in the NDIS context was not clearly defined for frontline workers providing supports to participants with psychosocial disability.

Rationale for project

The Project evolved out of the findings of the MHV report released in 2017. In particular, the report identified that:

- Service delivery under the NDIS –– compared with the previous Mental Health Community Support Services (MHCSS) –– is not like-for-like. The shift from an integrated system, to one which separates provision of disability supports from psychosocial rehabilitation, presents a challenge for frontline workers and requires a 're-think' of practice approaches (in particular, recovery-oriented practice).
- Providers anticipated a high staff turn-over and loss of experienced staff as a result of the transition to NDIS. This presents a need for ongoing upskilling of a new workforce (who most likely have limited, or no training/experience in mental health).
- The effective provision of training and professional development under the NDIS was challenging for providers under the NDIS pricing structure. Hence, new ways of delivering professional development products are needed which address the challenges of access and cost.

More specifically, the Project responded to two of the Report's recommendations, namely:

Recommendation 1

Development of a new practice model for workers delivering psychosocial supports under the NDIS. A practice model which distinguishes between delivering disability supports under NDIS, and psychosocial rehabilitation, and can operate within the goals of the NDIS, the restraints of the pricing structure, yet is recovery-oriented and trauma informed, and recognises the distinct needs of people with psychosocial disability.

Recommendation 10

That new workforce entrants (without experience of training in mental health) receive training and ongoing professional development to ensure they have the necessary mental health knowledge and capabilities to provide NDIS supports to people with psychosocial disability.

PROJECT DESCRIPTION

The Project

Recovery-oriented practice resources for providing NDIS supports (the Project), was a collaborative workforce initiative by Mental Health Victoria (MHV), funded by The Victorian Government Transition Support Package and steered by a partnership of mental health organisations, peak bodies and other stakeholders.

The broad aim of the project was to research and produce learning resources –with a focus on recovery-oriented practice- to upskill workers in providing NDIS funded supports to participants with psychosocial disability.

The Project ran from November 2017 to September 2018.

The MHV project team comprised equivalent of 1.1 EFT staff.

The Project was managed by Rita Sidlauskas, Senior Training Project Officer, Mental Health Victoria.

Project objectives

- To collaboratively design and develop resources that build knowledge and skills, and support the practice of delivering recovery-oriented NDIS supports to participants with psychosocial disability.
- To work collaboratively with mental health providers in the NDIS space exploring and documenting the practice issues and challenges facing frontline workers in the provision of recovery-oriented disability supports to participants with psychosocial disability.

Project outcomes

- Providers have access to a range of Professional Development resources that can be used flexibly to contribute to the practice development of their frontline workforce providing NDIS psychosocial disability supports.
- Newly recruited workers are better orientated and supported to effectively provide supports for participants with psychosocial disability.
- Existing workers are re-orientated to recovery-oriented practice in the NDIS context, and encouraged to transition to the new roles.
- Recovery-oriented practice begins to be re-framed around working with psychosocial disability in the NDIS context.

Project Design

The overall design for the Recovery-oriented practice resources for providing NDIS supports Project included four components:

- A collaborative Project Working Group
- Data gathering
- Resource development and Piloting of resources
- Discussion Paper development

PROJECT METHODOLOGY

The background research and identification of the need for this Project had already been conducted by MHV in 2017, and is documented in the Report, Community Mental Health Workforce Training and Development Analysis.

The Report identified that:

- providers were facing new challenges in maintaining the level of training and supervision which they previously considered essential for their frontline workforce,
- new ways of delivering professional development were needed to ensure the upskilling and ongoing development of the new mobile workforce,
- the status and application of recovery-oriented practice in the NDIS context required exploration and discussion by the mental health providers delivering NDIS psychosocial supports.

1. Project Working Group

In late 2017, MHV sought expressions of interest in taking part in the Project, which led to the formation of a Project Working Group. The Group was charged with providing strategic direction, leadership and subject matter expertise in the effective development and implementation of the Project, as well as providing a direct link to organisations and frontline workers. (See Appendix 4 for the Terms of Reference)

The Group of 14 included regional and metro mental health service providers, consumer and carer representatives, a CALD advocate, as well as a Primary Health Network and Department members. Across all group members there was considerable representation of Mental Health and NDIS workforce roles, NDIS roll-out dates, and extensive expertise across mental health, service delivery, workforce development, and recovery-oriented practice.

2. Data Gathering

A number of methods – Project Working Group (as above), Surveys, Consultation Workshops, and Workforce Forum - were used to gather data on:

- The challenges of delivering recovery-oriented practice in the NDIS
- How recovery-oriented practice and principles are being applied in the provision of NDIS supports
- The most viable modes of professional development for service providers and the new workforce in the NDIS context
- The specifics needs of the mobile workforce around recovery-oriented practice.

Survey

MHV sent out an online survey (see Appendix 2) in January 2018, seeking to uncover the challenges of delivering recovery-oriented practice under the NDIS, and the types of Professional Development (PD) most needed for the frontline workforce.

The majority of the 24 respondents were managers, with Support Coordinators, team leaders and policy workers also participating.

Consultation Workshops

MHV facilitated a total of six workshops to consult in depth with:

1. Consumers
2. Carers
3. Support Coordinators
4. Support Coordinators (regional)
5. Core Supports Workers
6. Personal Helpers and Mentors (PHaMs) workers

Workforce forum

On 14 March 2018, MHV hosted a member forum titled 'The New Workforce Environment: Challenges, Innovations and Possibilities'. The forum featured facilitated and interactive discussions on the key issues emerging for the changing NDIS workforce.

3. Resource development and Pilot

The Project aimed to develop and pilot a range of Professional Development resources that could be used flexibly to contribute to the practice development of frontline workers providing psychosocial disability supports under the NDIS.

Process of Resource Development

- Establishment of the Project Working Group as a source of advice, sector expertise, subject matter expertise, and links to frontline workforce
- Sector consultation and data collection via survey, forum, and workshops
- Analysis of all data from sector consultations and identification of categories of key findings
- Review of contemporary theories and trends in workforce and adult learning – including digital options - to inform the choice of innovative and effective modes of professional development delivery

- Development of a *Workforce Learning – Good Practice* model incorporating contemporary adult learning and workforce development approaches, such as continuous learning, mobile learning and 70:20:10.
- Final Proposal for resource development and delivery presented to PWG
- Topic distillation and prioritising by Project Working Group from a broad range of topics to three priorities; Recovery-oriented Principles, Recovery Relationships, and Choice and Control
- PWG review of digital platform options resulting in decision to use Mobile Learning (rather than a LMS) because of its capacity for micro-learning, for 'reaching out' to engage learners, and for making learning fun. (refer Appendix 2)
- PWG agreement to pilot a mobile learning approach, Yarno, within a Continuous Learning Model. The pilot included the development of:
    - 39 quiz questions around the three topics of recovery oriented principles, building recovery relationships, and choice and control
    - Platform Website to house additional learning resources
- Additional resources were developed in the form of 5 Video shorts focusing on recovery oriented practice in the NDIS context.
- Recruitment of 36 workers to participate in the Pilot occurred via members of the Project Working Group. Each provider involved in the project was allocated places on the pilot, as well as new providers delivering psychosocial supports and organisations with no history of mental health support. In this way, pilot participants comprised both experienced mental health workers and inexperienced support workers new to working with psychosocial disability.

The Mobile Learning Pilot (Yarno)

The purpose of the Pilot was to measure:

- Viability and effectiveness of a mobile learning platform as a form of professional development for an NDIS support worker workforce
- Levels of engagement of time-poor workers using a contemporary mobile learning approach
- The viability and level of interest in the Continuous Learning Model of workplace learning

4. Discussion Paper

The purpose of developing a Discussion Paper was to:

- document all the learnings from the Project
- provide the evidence/ rationale for the decisions made by the Project Working Group around the choice and shape of the final resource products

- make recommendations to MHV Training which support its evolution and capability to provide effective learning and development services for the NDIS mental health workforce
- be a resource for NDIS providers of psychosocial disability supports which could form the basis for further exploration, discussion, and training on recovery-oriented practice in the NDIS context.

Project Evaluation

Purpose of Evaluation

The purpose of the evaluation was to determine:

- Whether the resources developed and piloted did build knowledge and skills, and provide support to workers around the practice of providing recovery-oriented NDIS supports to participants with psychosocial disability
- Whether the mobile learning approach to professional development, that was developed and piloted is engaging, viable and effective for the mobile workforce delivering supports to participants with psychosocial disability
- The viability and level of interest in the Continuous Learning Model of workplace learning that was designed and introduced in the Pilot

Evaluation methods for the Pilot

The project was evaluated using the following methods:

1. Yarno Campaign analytics to measure:
    - Learner *engagement* measured via participation and completion rates
    - *Increase in understanding* measured via seven primer (benchmark) questions delivered pre- and post- campaign
2. Post Pilot surveys to Learners and Managers involved in the Pilot, to measure:
    - Response to mobile learning as a preferred model of training delivery
    - Any increase in understanding of the learning topics
    - Relevance and application of learning to on-the-job work practice
    - Level of engagement in the Continuous Learning Model of workplace learning (including use of the website and extension activities) by learners and by managers.
3. Individual interviews with learners to gain more in-depth responses to the survey questions.

FINDINGS

Initial findings from survey and consultations

Recovery-oriented practice under the NDIS

In principle, recovery-oriented practice aligns with the National Disability Insurance Scheme (NDIS) in that it values progression towards a better life. However, embedding this practice into the day-to-day practice of workers delivering supports remains unclear and challenging.

Throughout the Project's consultations, workers voiced numerous challenges in delivering supports in a recovery-oriented way, including factors such as:

- The focus on disability and deficit-based language in the NDIS being contrary to a recovery approach
- Time pressures on workers inhibit a recovery approach
- Fragmented care team
- Participant choice and control compromised by rigidity of plans and scheduling
- Understanding choice and control in a commercial context where the participant is now the customer.

A clear message from our consultations was that if recovery-oriented practice is to endure under the NDIS, workers and providers really need to sell the benefits of a recovery approach to customers, especially when first meeting and developing a service agreement. It needs to be seen as a valuable service option.

For frontline workers, an essential part of the recovery-oriented approach is investing in the worker/participant relationship. Even with time constraints, it is important to maintain the relationship with participant, as the relationship is the foundation of all recovery work; workers need to continue to create opportunities for 'recovery conversations'.

Learning and Development Needs: Content and Topics

The consultations revealed a strong belief by workers, consumers and carers that all NDIS support workers be skilled in recovery-oriented practice, building recovery-oriented relationships and mental health awareness, if working with participants with psychosocial disability.

Members participating in MHV's forum identified a need to assist workers to reconcile the old *relational* approach to consumer engagement and practice, under MHCSS, with the current *transactional* approach of the NDIS.

In exploring these recovery principles further, the Project Working Group identified associated workforce capabilities that would be required, such as the need to train workers on Duty of Care vs Dignity of Risk.

Carers spoke most strongly about the need for workers to know how to share information with family and carers without violating the participant's right to privacy. Consumers stressed the importance of knowing when it is, and when it is not, appropriate to involve family and carers.

Workers reflected on having to negotiate relationships with CALD participants and families. This highlighted the need for workers to be more aware about cultural influences and language barriers when working with participants with psychosocial disability and their families.

Learning and Development: Modalities

Landing on a modality to deliver the project resources required balancing provider needs with an effective pedagogy. The project considered providers' needs for bite-sized and mobile training options for a time-poor workforce, against a background of research into contemporary learning theories.

The new L & D environment

Data from the initial survey and forum show that NDIS psychosocial providers are still searching for relevant, affordable and accessible L&D options for their workforce.

Group meetings and supervision were identified as the main form of professional development for organisations currently. However, organisations reported great uncertainty around what L&D would be viable going forward. Organisations were keen to explore the benefits of bite-sized online platforms to deliver PD, as well as continued classroom training and supervision.

Best practice for workplace learning: what the research says

The research shows that formal learning has a small part to play in the overall learning of adults, with the bulk of the learning taking place in more informal settings. (Kajewski et al, 2013) The literature clearly shows that there is a trend away from the traditional one-off learning events in which 'one-size fits all', towards a more personalised approach and the recognition that learning is a continuous process across a range of contexts (The Open University, 2017).

The revolution in access to information, resulting from technology, has begun to shape the way people expect their learning to be delivered (The Open University, 2017, p15). Personal mobile

devices allow immediate access anywhere/anytime, and deliver in bite-sized, easily accessible and easily digestible blocks. This fits well into the mobile learning approach.

Continuous Learning Model

Even though the focus of the project was not about identifying a best practice model for workplace learning, it became clear that one was needed. Especially given that mobile learning – mere access to knowledge by itself – does not necessarily constitute effective learning. Hence, we needed to construct a continuous learning system which was informed by contemporary learning trends and theories, and incorporated mobile learning, formal learning, informal on-the-job learning and opportunities for coaching, mentoring and social learning.

Exploration of the literature on contemporary adult and workplace learning trends and approaches gave rise to a best practice model for workplace learning, which we called the *Continuous Learning Model* (see Figure 2). These learning trends and approaches include:

- 70:20:10 (Kajewski, 2013)
- Continuous learning (The Open University 2017)
- Mobile learning (Ozdamli, 2012)
- Micro-learning (McGee, 2016)
- Spaced learning (Ferguson et al, 2017)
- Formative analytics (Thalheimer, 2006)

Final choice of modality

With the research championing mobile learning as part of a broader continuous learning system, the Project Working Group was tasked with deciding on a suitable and effective method for delivering the Project's resources.

A range of leaning platforms were reviewed when deciding upon a final modality for delivering the resource content. This included E-platforms such as Learning Management Systems (LMS), building a website, online social platforms (such as Yammer, Google Hang-outs or Slack) and developing a resource on helpful mental health apps (e.g. The Check-In). Whilst some of these options offered benefits of being cost-effective and mobile, they did not address all the key requirements of being engaging and convenient for learners. (refer to Appendix 2)

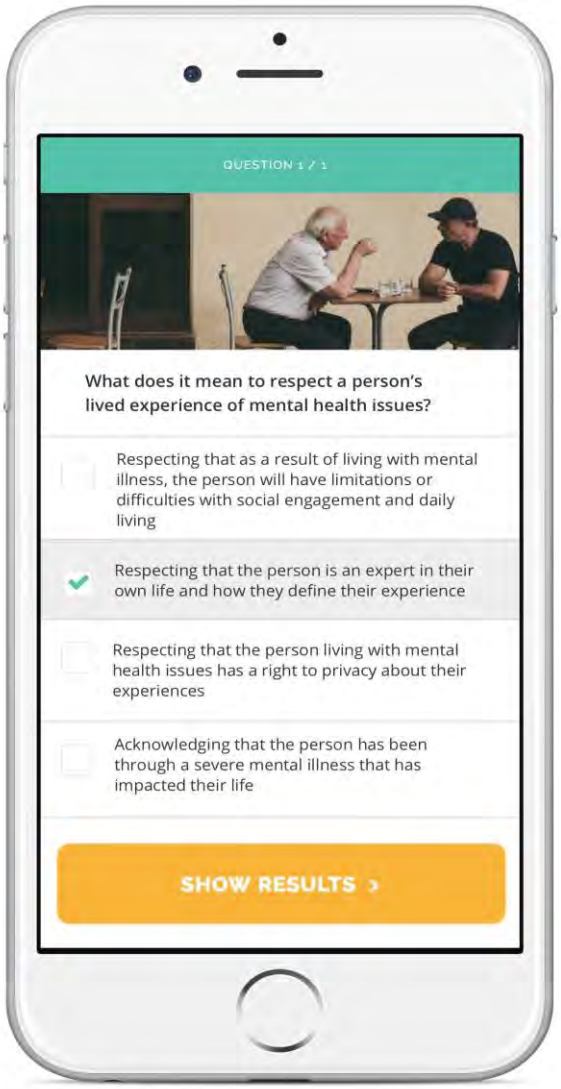
The most important question in the decision making was - *What would have the best chance of engaging workers*? Additional factors taken into consideration included:

- From the data gathering, many workers had indicated that they would not do professional development in their own time.
- Micro learning options –bite-sized learning- offered the most easily 'digestible' learning
- Traditional Learner Managements Systems were seen as 'too static' and limited in functionality, and lacking in capacity to attract learners to engage.

A new and innovative software, called Yarno, was discovered during this research period: a mobile learning platform using micro learning in an easy to use quiz approach. Yarno was one solution identified by the project, as it appeared to be innovative, engaging, convenient and grounded in learning theory.

This mobile learning option formed part of the Pilot's Continuous Learning Model (Figure 2).

Figure 1 Sample Yarno question



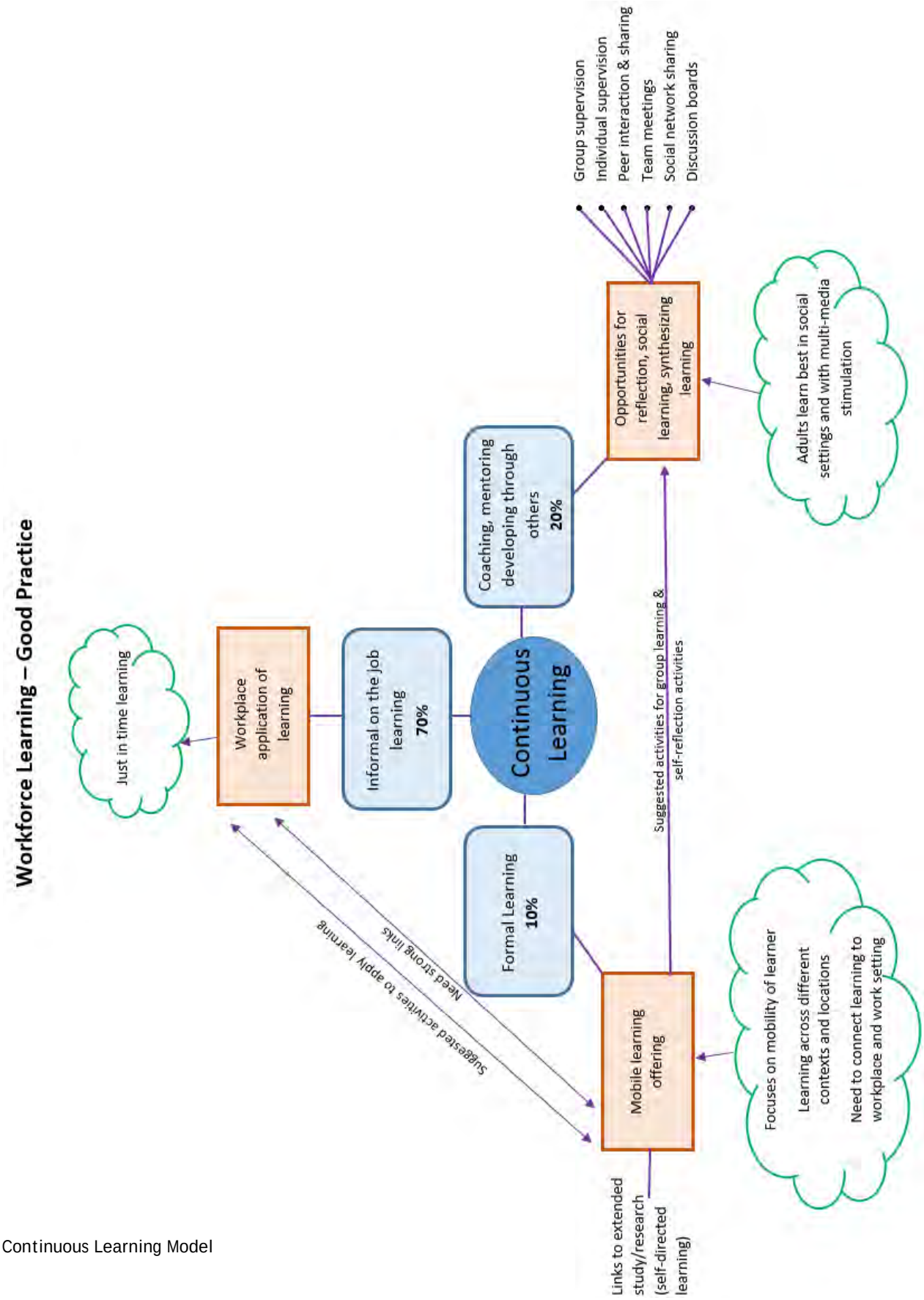


Figure 2 Continuous Learning Model

Yarno Analytics

Overall, seven organisations providing NDIS supports to participants with psychosocial disability participated in the pilot; three were historically mental health providers, one community health service, one disability service and two with a primary focus on ethnic and disability services.

A total of forty-one (41) learners and managers were involved in the pilot;

JOB ROLE	**Signed up and completed pilot**	**Signed up and did not complete**	**Signed up and did not engage at all**	**Did not sign up for Pilot – manager only**
Manager	4	2	1	1
Worker	19	6	6	
Observer	2			
TOTALS	25	8	7	1

38 Questions

1830 questions were answered overall

66% performance rate (% of correct answers)

Learner Engagement

Of those who engaged in the Pilot, 25 completed and 8 did not complete

7 learners did not engage at all from the start of the campaign

92% of learners answered all their questions

86% Average weekly participation.

Determining the possible reasons why seven learners did not engage with the pilot at all even after they had been identified by their managers, can only be estimated, based on feedback from members of the Project Working Group and the initial feedback gleaned from surveys and workshops:

- Time constraints – on both managers and workers

- Workers stating that they are not interested in undertaking professional development in their own time
- Computer literacy in at least 1 instance;
- Organisational challenges in terms of cascading the communications down from managers to workers;
- Some organisations were also new to recovery oriented practice and as such were in some instances resistant to the approach – being more comfortable with traditional disability frameworks and models of service delivery, which are quite different to recovery oriented mental health approaches;
- The pilot also reflects a very different model of learning, which organisations will need some time to adapt to, for example the much more critical role of the managers in continuous learning;
- Workers stating that they were not interested in online learning of any kind, and preferred learning in social contexts
- The need for a higher level of organisational buy-in was noted and also the very high level of pressure that many managers were currently under as their organisations grapple with transition to the NDIS.

Increase in understanding

Although there was no improvement in the level of performance for the primer questions between pre- and post-campaign responses, this could be attributed to the fact that 36 learners completed the pre-questions and only 25 completed the post questions. It is also important to recognise the limitations of a 4-week learning campaign comprising only 38 questions.

Questions were answered correctly on the first try 67% of the time, and 68% on the second try – an improvement of 1%. However the additional data from the post pilot survey gives a more comprehensive picture and suggests an increase in understanding in some areas.

Performance by Topic

In Yarno, each question was tagged with a topic, this allowed learners and managers to observe performance trends across topic areas.

Clear trends in topics appeared at the end of the first week and stayed consistent throughout the four weeks.

Questions on ‘Real Choices’ (77.55%) and ‘Duty of Care’ (76.15%) scored highest for correct answers

Questions on ‘Choice and Control’ (62.41%) and ‘Dignity of Risk’ (59%) scored lowest for correct answers.

Performance by Question

Some of the individual questions that scored lowest for correct answers suggested a lack of understanding of NDIS-related concepts (choice and control, psychosocial disability) , or highlighted the differences in ways of doing things in the new context of NDIS compared with the previous recovery approach.

For instance, the question, ‘According to the NDIS, how do participants have the right to exercise choice and control?” had an average performance (correct answers) of 39%.

Whereas 45 % of learners answered according to the definition of choice and control relating to recovery-oriented approach, “defining what personal recovery means to the participant, and determining their own goals towards recovery.” This is a clear example of how workers frame of reference is ‘recovery’, yet this does not completely align with the NDIS frame of reference which has more limited parameters, “in the pursuit of their goals and the planning and delivery of their NDIS supports”.

Another question, ‘Which actions best demonstrate a collaborative way of providing cleaning support when in a participant’s home?’ had a 42% average performance. Again a high number (58%) answered according to recovery- oriented practices – ‘Involving them in all tasks to help build their capacity and independence’. However, under the NDIS participants are customers with choice and control, so the correct response is, ‘Checking in often about how they’d like things done, and to what extent they’d like to be involved’.

Response to the Yarno methods

When did learners engage with Yarno?

9am – 10am was the most popular time of day to answer questions

76% of all questions were answered between 8am – 12pm

How did learners find their experience with Yarno?

“The quiz prompted me to start every day with a reminder of recovery orientated practice. I felt the quiz helped give me prompts on how to shape and change my practice with participants.”

“It makes you think about what you’re doing each day”

“It prompted me to think”

Recommendations from Yarno for future campaigns

Training reinforcement for teams

Campaigns could be run at a team level (rather than between organisations) for a smaller group of learners. This has the dual benefit of targeting knowledge and understanding what's most relevant to the smaller group, whilst also facilitating conversation between learners and managers.

Identifying knowledge gaps

Future face-to-face training could be personalised at a team and individual support worker level to focus on the weakest areas of knowledge highlighted by Yarno campaigns.

Evolving campaign content based on feedback

Content in Yarno is easy and quick to update. Specific questions could be written by Mental Health Victoria based on feedback from support workers. This keeps the content relevant and timely – two critical elements that make learning effective.

Future use of Analytics to identify learning needs

One of the benefits of the immediate access to the data analytics on a mobile learning platform, as discovered in the Yarno Pilot, is its capacity to highlight gaps in learning or new areas of need in a very specific and detailed way. Compared to traditional workforce development methods, this has the advantages of being iterative, timely, and coming directly from the current situation of workers on the ground. In some ways this revolutionizes how content is developed; coming from immediate and live responses to the questions, from direct feedback and analytics.

Post Pilot Survey and Individual Interview Results

A post pilot survey was sent to all 34 learners and managers who engaged in the Pilot.
Of these, 13 learners and 1 manager responded. (See appendix 4)

All learner survey respondents were asked if they would be willing to be interviewed to give more in depth responses. This resulted in 3 individual interviews being conducted.
The results of both surveys and interviews have been combined in the findings below.

Response to mobile learning as a preferred model of training delivery

Eleven out of the thirteen respondents agreed that the Yarno method of delivering the leaning suited their work context and preferred way of learning.

Overall respondents commented on the ease, convenience and accessibility of this method of learning, and how it could be accessed any time, especially for time-poor workers.

> *"Was able to do it on the way to work on public transport, and it didn't take up that much time"*

"Brilliant. Really easy to engage and accessible. Great that the email came early in the morning so I could look at it while I was having a cuppa first thing at work."
"I liked the multiple choice format as the options helped me to answer rather than trying to put it into my own words"
"I looked forward to getting the questions each day"

For some the quality of the questions were an issue:

"*The way some of the questions were worded I found very confusing and made what was being asked difficult to understand"*

Others commented on how getting a question wrong stimulated their thinking and learning, and that the prompt to read the explanation helped clarify the correct answer.

"It made me consider ideas that I hadn't thought of"

In light of these responses, it is worth pointing out that the discord created by the multiple-choice answers is a big part of where the learning takes place, especially if Managers or supervisors are well placed to work with the learner to explore and reflect on the responses.

There were three comments about the competitive (gamification) elements of the model, two positive and one not.

"the competition element was a bit of fun and generated some camaraderie in the team (similar to footy-tipping)"
"Yarno appealed to my competitive nature"
"ranking scores is not good. …this is a learning tool not a competition"

In response to the question as to whether the learner would sign up for a similar model of professional development in future,

8 replied Yes
1 replied No
4 replied Maybe

Of the 4 who answered maybe, two indicated that they would sign up as long as it was not expected to be done in their personal time.

One respondent stated that they did not find this method of learning beneficial or effective:

"Didn't find it increased my learning or knowledge. I believe now that this sort of information is better in a discussion setting".

One manager who was interviewed stated that he would definitely recommend to his organisation to make use of this model of professional development in whatever way resourcing allowed.

Increase in understanding of the learning topics

Benefit to experienced workers

Even for those workers who had qualifications or experience in mental health work, they stated that they benefited from a refresher, and reminders about good practice. Others said it consolidated their knowledge.

> *"I came out of it a better worker for my clients. It was worth doing."*

One respondent stated that they did not gain an increase in knowledge as "*It was based on previous knowledge only - no new learning - and many answers were not what I had previously learnt."* This respondent also gave the 'relevance of content' the lowest of all scores, at 58 out of 100.

This highlights the importance of the learners being supported by their whole organisational system in reflecting on their reaction to the learning, to determine where the discord is coming from. Discord may result from inaccuracies of the questions and answers, or from lack of alignment between organisation and learning content, or differences between learners' current understanding and the new content.

The organisation's commitment, and management involvement in the co-design of the learning content should act to prevent any discord between workers' practice and the learning content.

Relevance and application of learning to on-the-job work practice

All respondents said that the content was relevant to their work, with 9 out of 13 giving a score of 90% or higher in relevance

In response to the question, 'I was able to immediately apply something of what I learned to my work':

6 replied Yes

6 replied Unsure

1 replied No

It could be said that for some learners in the pilot, their learning did result in change to their practice as well as to their understanding:

"I found myself stepping back, and allowing a client to do things his own way instead of trying to get him to do it my way. I was reminded of his right to take a risk."

"When exploring the different answers, I asked myself how each answer related to clients I am working with"

"During a client's relapse, I applied the learning from one of the questions, and used a strengths based response."

"I learned most about duty of care and dignity of risk. This has helped me in an actual work situation very recently, so the learning came just at the right time."

"The questions made me think about how I interact with participants while carrying out my duties."

Level of engagement in the Continuous Learning Model of workplace learning

The Continuous Learning Model that formed the foundation, and underpinning pedagogy for the Pilot was made up of a number of interconnected components, and relied to some degree on the involvement and support of the learners' managers:

- The formal learning (Yarno quiz)
- Workplace application of learning
- Opportunities for reflection, further exploration of topics, and discussion with peers or supervisor.

Results outlined in the preceding topic, 'Relevance and application of learning to on-the-job work practice' give a good indication that the learning was closely linked and relevant to the work context, and that in a number of instances workers were able to apply it immediately.

In terms of the level of engagement with the website and additional resources, 7 out of 13 respondents actively used one or more resources to support their learning; 4 did not look at the website at all, and 2 briefly perused it. One respondent explained that he did not make use of the additional resources purely due to lack of time; having to do learning in his own time was not viable for him.

In response to the question of how many opportunities were provided for the learner to discuss their learnings with manager or team members, more than half the learners had at least one opportunity:

No opportunities	5
One opportunity	2
Two opportunities	3
Three or more	3

One manager explained that he was not able to provide opportunities for engaging staff in formal discussions because as an organisation they no longer had formal team meetings or supervision. However he did agree that the continuous learning model was a good way to link the Yarno learning to the on the job learning: “As an integrated model with additional support via supervision, reflective practice and discussion it would really benefit the workers’ development and practice.”

This lack of opportunity for learners to consolidate and reflect on their learning in formal supervision or team meetings presented as a weak link in the continuous learning chain. Even though the data indicates more than half had opportunities to discuss their learnings, it could be inferred that these were informal interactions, and not part of the official professional development process for workers in which they could build on best practice.

Other comments

“I think this would be fantastic post training follow up - if we designed Yarno content around classroom content, then administer this at three months, six months, 12 months I'm sure we'd get better retention of classroom learning and better translation”

Overall reflections on content development process

The process used by the Project in the development of the content involved a form of ‘Co-design’, and significantly contributed to the relevance of the content, the direct applicability of it to the learners’ work, and ultimately to the success of the learning program.

The co-design components of the development process included collaboration; involving ‘design partners’ and other stakeholders, pooling and sharing of information; framing the problem and collaboratively generating creative options, and piloting (prototyping) and reviewing the products.

More specifically, collaboration occurred between learning designers, subject matter experts, consumers, carers, managers and frontline workers in the development of new content. New content was matched with existing evidence-based learning and practice materials, and contextualised for the new workforces delivering NDIS supports to participants with psychosocial disability.

Further to this, the Yarno planning process for identifying and fine-tuning the learning outcomes and success metrics of the Yarno campaign was in line with learning design best practice. This, together with the collaborative content already developed, ensured a very focussed and relevant learning program.

"Thanks for a great experience in being listened to as a consumer professional. I always looked forward to these meetings as I knew consumer involvement was being utilised in a respectful, intelligent way by people who know the issues we face." (Consumer consultant on the Project Working Group)

CONCLUSION

In essence this project had a three-pronged focus: recovery-oriented practice in the NDIS context, the learning and development needs of the new workforces providing psychosocial disability supports, and finally, identifying new modalities for delivering learning and development to a mobile workforce.

Recovery-oriented practice still ranks highly as an essential way of working for any worker supporting participants with psychosocial disability, and hence capabilities around recovery, ROP and mental health were high on the list of L&D training needs. What was anticipated by many Mental Health providers prior to transitioning to NDIS has proven to be a reality; that there is a high turnover of support staff and a resulting need for continuous upskilling of a new workforce, many of who have limited or no mental health experience.

Specific to the learnings around developing and delivering new L&D programs, the project clearly established the following:

- An effective co-design methodology for developing learning content
- Confirmation that mobile learning is effective and engaging for the NDIS psychosocial disability workforce
- An evidenced-based Continuous Learning Model through which to build a comprehensive workforce development program
- A prototype mobile learning product that works and can be further expanded.

The findings of this Project have reinforced the initial findings of MHV's 2017 report, *Community Mental Health Workforce Training & Development Analysis*: the need to articulate a practice model which distinguishes between delivering psychosocial supports under NDIS, and psychosocial rehabilitation, which can operate within the goals of the NDIS yet is recovery-oriented and trauma informed, and recognises the distinct needs of people with psychosocial disability.

MHV recognises that there is still a long way to go to define how recovery-oriented practice translates in the NDIS context, and a strong need for recovery-oriented guidelines to be created for NDIS psychosocial disability providers and workers. It is hoped that the findings and discussions in this report contribute to discussions and stimulate action towards achieving these outcomes.

REFERENCES

Australian Government, 2018, *Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) report: Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, March 2018.

Australian Health Ministers' Advisory Council, 2013, *A National Framework for Recovery-oriented mental health services – Guide for practitioners and providers,* Commonwealth of Australia, Canberra.

Ellis L, Fulton K, & B'osher L, 2017, *Support coordination: a changing landscape. A report that examines what function support coordination within the NDIS provides now and what can be improved into the future.* Summer Foundation Ltd, Melbourne.

Ferguson, R., Barzilai, S., Ben-Zvi, D., Chinn, C.A., Herodotou, C., Hod, Y., Kali, Y., Kukulska-Hulme, A., Kupermintz, H., McAndrew, P., Rienties, B., Sagy, O., Scanlon, E., Sharples, M., Weller, M., & Whitelock,D. (2017). Innovating Pedagogy 2017: Open University Innovation Report 6. Milton Keynes: The Open University, UK.

Gray, L. 2017, '4 learning principles that drive Yarno', Blog June 2017. Accessed online @ https://www.yarno.com.au/blog/4-learning-principles-drive-yarno/

Henderson, C 2018, "Supporting choice and control: skills for mental health and psychosocial support workers" in Psychosocial Disability Services of Victoria (VICSERV) *newparadigm: The Australian journal on psychosocial rehabilitation,* Summer 2017/18

Independent Advisory Council of the NDIS, 2015, *Capacity building for people with disability, their families and carers.* Accessed online at https://www.ndis.gov.au/medias/IAC-advice-on-Capacity-Building-PDF on 22/1/2018

Joint Standing Committee on the National Disability Insurance Scheme, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, August 2017.

Kajewski, K Madsen, V. & DeakinPrime, 2013, 'Demystifying 70:20:10 – White Paper, Published by Deakin Prime, Melbourne.

Learning Seat, *Adaptive Learning,* A learning seat white paper. Accessed online @ www.learningseat.com.au

McGee, E. 2016, 'What is gamification?' Blog, September 2016. Accessed online @ https://www.yarno.com.au/blog/what-is-gamification/

McGee, E, 2016 'What's the big deal about microlearning?' Accessed online @ https://www.yarno.com.au/blog/whats-the-big-deal-about-microlearning/

Mehdipour, Y, Zerehkafi, H, 'Mobile Learning for Education: Benefits and Challenges', in *International Journal of Computational Engineering Research,* Vol 3, Issue 6. Accessed online at http://pakacademicsearch.com/

National Development Team for Inclusion, 2013, *Paths to personalisation in mental health: A whole system, whole life framework,* National Development Team for Inclusion, Bath, UK

National Disability Insurance Agency, 2016, *Psychosocial disability, recovery and the NDIS,* accessed 23 May 2018, https://www.ndis.gov.au/medias/documents/heb/h21/8799160959006/Fact-Sheet-Psychosocial-disability-recovery-and-the-NDIS-PDF-774KB-.pdf

Ozdamli, F. 2012, 'Pedagogical framework of m-learning', in Procedia- Social and Behavioral Sciences 31, p927-931. Accessed online at www.sciencedirect.com

Sharples, M.& Tindall, S 2016, 'Trends in Learning 2016', You Tube Video, Open University. Accessed at https://www.youtube.com/watch?v=ONZyUseKNUU

Smith, J 2017, 'Our secret formula for writing (effective) multiple choice quizzes', Blog, Nov 2017. Accessed online @ https://www.yarno.com.au/blog/secret-formula-writing-effective-quizzes/

Thalheimer, W. (2006, February). Spacing Learning Events Over Time: What the Research Says. Retrieved May 15, 2018, from http://www.work-learning.com/catalog/

Thalheimer, W. (2017). Does elearning work? What the scientific research says! Work-Learning Research Inc. Available at: http://www.work-learning.com/catalog.html

The Open University, 2017, *Trends in learning Report 2017,* The Open University UK

VICSERV, 2017, *Community Mental Health Workforce Training and Development Analysis,* accessed online at https://www.mhvic.org.au/images/documents/Vicserv_Workforce_Analysis_Report_FINAL.pdf

APPENDICES

Appendix 1: Project survey

MHV's latest project, *Recovery-oriented practice resources for providing disability supports*, explores re-framing recovery-oriented practice in the NDIS context. It aims to produce practice resources to assist workers providing supports to participants with psychosocial disability.
In this survey, MHV would like to learn more about the challenges of delivering recovery-oriented practice under the NDIS, as well as the types of Professional Development currently on offer, or most needed for the frontline workforce.

1. What is your position title?
All information collected is confidential and de-identified, collected solely for the purposes of data analysis. w

2. What are the **main challenges** facing frontline NDIS workers attempting to provide supports using a recovery-oriented approach?
E.g. NDIS language of deficit, time restraints on developing a relationship... w

3. What professional development **activities** do you currently offer NDIS workers supporting participants with psychosocial disability?

- ☐ Classroom training (in-house)
- ☐ Classroom training (external)
- ☐ Supervision
- ☐ Mentoring
- ☐ Orientation
- ☐ Team/group meetings
- ☐ Webinars
- ☐ Online resources
- ☐ Hard copy resources/manuals
- ☐ One-on-one sessions
- ☐ Teleconference
- ☐ Reflective practice

Other (please specify)

4. What **topics and skills** would you like to cover as part of your organisation's Professional Development?

5. What barriers does your organisation face in providing Professional Development to its workforce in the NDIS environment?

6. What are the **knowledge, skills and attitude gaps** of new workers around applying recovery-oriented practice within the NDIS?

7. What are the **knowledge, skills and attitude gaps** of experienced workers around retaining recovery-oriented practice within the NDIS?

8. What kinds of Professional Development **resources** are the most useful and accessible to frontline NDIS workers?
Provide examples under 'Other', where possible.

- [ ] Short video tutorials
- [ ] Extensive hard-copy manual
- [ ] Classroom training
- [ ] User-friendly website
- [ ] Apps for mobile devices
- [ ] Online platforms
- [ ] 'Bite sized' information pages

Other (please specify)

9. Describe what an effective Learning and Development resource might look like to support frontline NDIS workers to apply recovery-oriented practice?

Appendix 2

	Modality	Description	PROs	CONs
1	**Yarno**	Yarno is a web-based training software that offers bite-sized learning in a quiz format that is gamified.	• Fun nature makes it highly engaging. • Can link other media (e.g. videos, documents, websites). • Can track learner's progress. • Accessible any time, on any device - very appropriate for time-poor staff.	• On its own, the program is not a complete learning program. It would need to be part of a larger learning system.
2	**LITMOS**	LITMOS is a modern Online Learning Management System (LMS), which is website-based.	• Unlimited learning programs. • Mobile and PC-friendly. • Discussion Board capability, which can foster peer-to-peer collaboration.	• Not "fun" or innovative, which may not be engaging for learners.
3	**Cascade Learning**	Involves an external teacher training delegates from different organisations, who in turn deliver training to others in their organisation.	• Lower cost for organisations. • Greater ownership of training by organisation.	• Requires ongoing funding. • Dilution of training can occur. • People receiving the training may not have training skills to on-train others. • Relies on organisations accommodating training time.
4	**Build a website**	Develop a website with resources content using a free platform (e.g. Weebly, Wordpress…).	• Cost-effective. • Presentation of information is flexible.	• Not "fun" or innovative, which may not be engaging for learners.
6	**Learning apps**	Develop a apps meant to support people facing mental illness. * Chats For Life - ways to support friends/family who may be experiencing distress and/or suicide risk. * The Check-In - steps on how to talk to someone about their issues and support them.	• Mobile-friendly. • Quick, engaging and user-friendly.	• Cost-effective. Piecemeal. * Generic - does not teach recovery principles.

5	**E-social platforms**	An online networking platform that facilitates peer-to-peer communications, such as messaging or video chat. e.g. Yammer, Google Hang-Outs, Slack…	• Mobile and PC-friendly. • Can be used for discussion, asking questions, surveys and creating polls. • Able to store and categorise conversations, so that these become a resource themselves. • Fosters peer-to-peer discussion.	• Light on content; focus is on being a social platform. • You are paying for the privilege of a closed network - Facebook, Skype, Whatsapp, LinkedIN, other intranets etc offer similar features for free.

Appendix 3. Post Pilot Surveys

Post Pilot Survey – Learners

1. The Yarno method of delivering the learning (mobile, bite-sized, quiz) suited my work context and learning preferences
2. I found the learning program engaging
3. My understanding of recovery-oriented principles and practice has increased
4. My understanding of choice and control under NDIS has increased
5. The content was relevant to my work
6. I was able to immediately apply something of what I learned to my work
7. I was provided with opportunities to discuss my learnings from the Yarno quiz with manager or team members
8. I made use of the additional resources made available by Mental Health Vic on the website
9. I would sign up for similar model of professional development in future, if offered by my employer
10. Any other comments on any aspect of the Pilot
11. Would you be willing to give us more in depth feedback on your experience of this Pilot, via a 10 minute phone call? If yes, Please provide your mobile phone number.

Post Pilot Survey – Managers

1. Engagement by learners from my team in the Yarno Pilot, could be described as …
2. Please describe any feedback received from learners *engaged* in the Yarno Pilot
3. Please describe any feedback received from workers who *did not* engage in the Yarno Pilot
4. From my observations, the pilot resulted in an increase in understanding of recovery-oriented practice by workers who completed the Yarno campaign.
5. I believe that the learning obtained by workers completing the Yarno Pilot could benefit our organisation through improved service delivery to participants with psychosocial disability.
6. I was able to provide additional opportunities for reflection/ discussion for workers participating in the Yarno pilot, to support their learning.
7. I made use of the additional resources provided by MH Vic on the project website.
8. I would recommend the use of a similar model of professional development for future use by my organisation's mobile workforce, resources permitting.
9. Any other comments.

Appendix 4: Terms of Reference – Project Working Group

Recovery-oriented practice resources for providing NDIS supports

Project Working Group – Terms of Reference

1.0 Purpose

The *Recovery-oriented practice resources for providing NDIS supports project* builds on the MHV (formerly VICSERV) *Community Mental Health Workforce Training and Development Analysis Project* (2016-17), and forms part of the MHV NDIS Engagement Project, funded by the DHHS Transition Support Package.

The Project Working Group (PWG) will provide strategic direction, leadership and subject matter expertise in the effective development and implementation of the project '*Recovery-oriented practice resources for providing disability supports'.*

To achieve this, the PWG will contribute technical, sector specific and NDIS service delivery expertise to provide insight into key issues and training needs facing frontline workers (new and experienced) seeking to incorporate recovery-oriented practice into the provision of NDIS disability supports to participants with psychosocial disability.

2.0 Term

The terms of Reference is effective from 6 December 2017 and continues until the end of September 2018, at which time the project terminates.

3.0 Membership

The PWG will be made up of Mental Health Victoria (MHV) representatives, consumer and carer representatives, and mental health stakeholders who have:

- Knowledge/ experience of service delivery in the NDIS context
- Representative view of the community mental health workforce and its practice
- Knowledge of training and workforce development from mental health sector perspective
- Subject Matter Expertise (recovery –oriented mental health practice, psychosocial disability, consumer/ carer perspective, mental health training, mental health peer work)

whilst ensuring representation across both metropolitan and rural areas of Victoria.

4.0 Roles and responsibilities

4.1 The **Project Working Group** will:

- Provide advice and sector expertise on the design and development of recovery-oriented practice resources specific for frontline workers providing NDIS funded supports to participants with psychosocial disability
- Identify the key development needs for frontline NDIS workers seeking to incorporate recovery-oriented practice with participants with a psychosocial disability.
- Collaboratively contribute to the design of project workshops to be run with broader stakeholders including frontline workers
- Using the outputs from workshops, participate in the further development and validation of the *content* of the practice resources.
- Explore and identify the types of resources and delivery modes most relevant, viable and effective for mental health providers and workforce in the NDIS context
- Prepare for meetings through reading and considering any documentation provided for the meeting.
- Consult with own organisation, networks and workforce to gather information to inform the project
- Communicate with own organisation, networks and workforce to promote the project and its findings
- Contribute to the development of a Project Evaluation Plan
- Promote the work of the group.

4.2 **MHV** will be responsible for:

- preparing and presenting data and information for consideration by the group
- maintaining contact lists and project planning documents
- maintaining communication with group members
- coordinating the project workshops
- collating all discussions and learnings from meetings and workshops into a Discussion Paper on Recovery-oriented practice and delivery of NDIS funded disability supports
- coordinating the production of the final resource products.

5.0 Meetings

The PWG will be chaired by David McGuire, Manager Education and Training, VICSERV.

It is anticipated that the PWG will meet six times from December 2017, to September 2018, which will be approximately once every two months. The frequency and number of meetings may be revised by the PWG.

Teleconference will be made available if members are unable to attend meetings in person.

Reimbursement of time and travel for consumer representatives.

Additional email communications will occur in-between formal meetings for the purpose of coordinating additional information gathering tasks.

MHV will be responsible for secretariat support for the PWG, which will include:

- preparing and distributing the agenda and supporting papers
- recording and distributing minutes and other meeting notes.

APPENDIX 5: DISCUSSION PAPER

Introduction

This Discussion Paper is one of the outcomes of the Mental Health Victoria, Transition Support Package Workforce project, *Recovery-oriented practice resources for providing NDIS supports.* The idea behind the creation of this Discussion Paper was to document all the learnings from the project relating to recovery-oriented practice and the delivery of NDIS supports to participants with psychosocial disability. The intention of the Discussion Paper was to present initial ideas and issues, and to become a resource for NDIS psychosocial disability providers and the basis for further exploration and discussion on recovery-oriented practice in the NDIS.

The need for further exploration around recovery-oriented practice under NDIS was first identified by MHV in the 2017 report, *Community Mental Health Workforce Training and Development Analysis.* After further exploration, MHV recognises that there is still a long way to go to define how recovery-oriented practice translates in the NDIS context, and a strong need for recovery-oriented guidelines to be created for NDIS psychosocial disability providers and workers. It is hoped that the discussions here can stimulate the beginnings of this process.

Discussion 1: Recovery-oriented practice under the NDIS

In principle, recovery-oriented practice aligns with the National Disability Insurance Scheme (NDIS) in that it values progression towards a better life. However, how this translates into the day-to-day practice of workers delivering psychosocial disability supports remains unclear and challenging.

Compatibility of recovery-oriented practice with the NDIS

Recovery is a core concept of mental health policies and practice. In the Australian Government's publication, *'A national framework for recovery-oriented mental health services'* recovery is broadly defined as,

> Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues (Australian Health Ministers' Advisory Council, 2013, p 10).

The framework goes on to outline that delivering mental health care using recovery-oriented practice:

- recognises and embraces the possibilities for recovery and wellbeing created by the inherent strength and capacity of all people experiencing mental health issues
- maximises self-determination and self-management of mental health and wellbeing

- assists families to understand the challenges and opportunities arising from their family member's experiences (Australian Health Ministers' Advisory Council, 2013, p 10).

Recovery-oriented practice aligns with the NDIS in that it values progression towards a better life. The National Disability Insurance Agency (NDIA) regards recovery for psychosocial disability as being "about achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition." (NDIA, 2016)
The NDIA sees the Scheme's design elements – such as choice and control of supports and flexible budgets – as being compatible with recovery principles, such as self-determination and building hope. But whilst the principles of recovery may fit in with the NDIS, what constitutes good recovery-oriented practice in the day-to-day practice of support workers has not been articulated or agreed upon.

Embedding recovery-oriented practice into the NDIS

In response to this gap in the Scheme, the Joint Standing Committee recommended to the Australian Government in 2017 "that a review of the NDIS (Becoming a Participant) Rules 2016 should be considered to assess the appropriateness and effectiveness of… including the principle of recovery-oriented practice for psychosocial disability…" (Joint Standing Committee on the NDIS, 2017)

The Australian Government did not support the recommendation but noted in its response that,

> The Government acknowledges greater clarity is needed to assist broader understanding of how the NDIS aligns to the principle of recovery-oriented practice for people living with psychosocial disability… Guidance on how to apply the legislation in the context of a recovery-based approach is appropriately contained within the operational guidelines and practice guidance. Rather than changing the rules, it is the NDIA's role to train NDIA staff to understand the episodic nature of mental health issues which underlie psychosocial disability, and the concept of personal recovery as applied to the NDIS (Australian Government, 2018).

The need for training staff in recovery-oriented practice extends further than NDIA staff, but must also include staff of NDIS providers who are delivering services directly to participants living with psychosocial disability, as identified in MHV's (formerly VICSERV's) *Community Mental Health Workforce Training and Development Analysis*.

Reframing recovery-oriented practice in the NDIS: the challenges

Throughout the Project's sector consultations, workers voiced numerous challenges in delivering supports in a recovery-oriented way.

Scheme focusses on disability over capacity

Workers reflected that provision of disability supports often enables the disability, rather than building capacity. Linked to this is the issue of deficit-based language in the Scheme, which tends to reinforce hopelessness in participants.

For example, one Support Coordinator observed a decline in a participant's self-care since receiving NDIS core support for cleaning & self-care. The NDIS worker is 'doing it for him' now, whereas his previous recovery worker encouraged more autonomy and engagement in these tasks.

> *Discussion points:*
>
> *To what extent is it the role of a support worker to encourage participant engagement in the tasks associated with the delivery of core supports?*
>
> *What can a worker do to encourage autonomy when providing core supports to a participant with psychosocial disability?*
>
> *Given the NDIS' commitment to the principles of choice and control, how might they be reflected in the daily practice of support work?*

Time pressures prohibit recovery approach

The Project's survey identified that a key inhibitor to workers applying recovery-oriented practice under the NDIS is that time and financial restraints reduce workers' opportunities for supervision, training, relationship-building and holistic care team meetings.

The fact that service provision under the NDIS is more structured - allowing less time flexibility for frontline workers - means workers have less time for recovery or coaching conversations with participants.

With a large focus on administration and financial management, Support Coordinators lamented the loss of time to have face-to-face meetings and build a relationship with participants, as well as to respond effectively to their presenting issues, especially crises.

Fragmented care team

As supports are delivered by a range of providers, workers face barriers in making contact with other workers providing supports to the same participant. This prevents them from delivering holistic care as a team.

Compromised choice and control

Workers reported that the rigidity of plans and scheduling, and the focus on achieving goals, compromised a participant's choice and control. Consultations with participants and workers revealed

that both groups acknowledged that more flexibility and fluidity in how supports were negotiated and delivered would allow for more participant choice and control than the current context.

Support Coordinators also find it difficult to uphold 'choice and control' when there are no provider options to refer to, especially a lack of services with an understanding of psychosocial disability. Another example shared by one worker was that many providers only offer three-hour blocks of support to remain financially viable, despite the fact that many participants request one-hour blocks. In addition, due to casualisation of the workforce and the resultant rostering, participants are not always able to have the same worker even though that is their preference.

Conflicting models

The NDIS model inherently differs markedly from the recovery model that was practiced under MHCSS:

NDIS model	**Recovery model**
Deficit language around disability	Positive and hopeful language of recovery
Focus on business and financial efficiencies and targets	Person-centred approach
Realities of billable hours and rigid scheduling	Holistic, integrated and flexible response
Focus on disability supports	Focus on recovery process
Transactional relationship approach	Relational / Transformative approach

Discussion points:

We could ask the question, is it even helpful to do comparisons between the old and the new? If we accept the NDIS as it is and look at it through a strengths-based lens, this may open up opportunities to see creative new ways to apply recovery-oriented principles.

Capacity-building

Capacity-building is a key framework underpinning the work of the NDIS overall and, more specifically, the role of the Support Coordinator. How this marries with recovery-oriented practice has

not been clearly spelled out; rather, it is left for services or workers to interpret. Here are some perspectives gleaned from our research and consultations:

NDIS indications

- The NDIS commitment to capacity-building and choice and control clearly indicates that workers need to work in ways that support participants' autonomy and self-determination.
- The expectation implied in the focus on capacity-building by the NDIS can feel like a pressure to some participants and their families. There is an expectation that 'capacity will be built' within the period of the plan; yet the level of capacity – and the time needed to make that change – can vary greatly from individual to individual.

Recovery approach

- The NDIS is very clear that the focus of building capacity is around managing or implementing the participant's own plan, whereas a recovery-oriented approach has a broader focus on building participants' capacity to manage their own life and recovery.
- Coaching is still a very relevant tool for capacity-building.

> *Discussion points*
>
> *"Working with people to stabilise their mental health and develop an understanding of their illness is often a precondition to providing disability supports safely" (quote from NDIS provider)*
>
> *Do you agree? Should this be part of the recovery focus of workers providing NDIS supports?*

Conflict

- A report by The Summer Foundation, *Support coordination – A changing landscape,* found that those providing support coordination (in all disability categories) across the country are experiencing "unclear expectation around capacity building" (Ellis, Fulton & B'osher, 2017 p. 12).
- There is also confusion about what capacity-building approaches are expected within the functions of support coordination, including how to measure and demonstrate capacity growth (Ellis, Fulton & B'osher, 2017 p.22).
- Findings from our workshops and other sources identified that workers were faced with two somewhat conflicting ways of working:
    - Recovery model versus a disability model
    - Support Coordination (capacity-building and administrative) versus Support Facilitation (recovery-oriented practice).

Discussion points:
*Capacity building is about building autonomy, self-determination, skills and capacities within the context of NDIS. The question is **not** how we make Support Coordination identical to mental health recovery-oriented practice, but how to continue having a focus on recovery, and apply recovery-oriented principles to the role of support coordination.*

The customer exercising choice and control

Under the NDIS, the participant is now the 'customer' and has the power to choose their providers, control their funds, and decide how supports are to be implemented. This shift in power relations can present challenges for the worker and requires new ways of interacting with participants. In the words of one worker, "Conversations about money change the dynamic of the relationship with the participant."

Some implications of this new scenario, include:

- Some participants are exercising choice and control without understanding of the implications of their decisions.
- Workers have a challenge to respect participants' choices as a customer, whilst still supporting a recovery approach.
- For example, if a participant rejects a worker's suggestion for an activity related to their goals, that is their choice. However, there is no guidance, encouragement or NDIS practice guidelines around exploring options further, thus not supporting choice and control, and not supporting recovery.

Discussion points:
Should workers continue to have a focus on recovery when the participant is not interested in recovery conversations, or wants the worker to "do things for them"?

Perhaps new types of conversations are needed?

Future ways for delivering recovery-oriented practice under the NDIS

A clear message from our consultations was that if recovery-oriented practice is to endure under the NDIS, workers and providers really need to sell the benefits of a recovery approach to customers, especially when first meeting and developing a service agreement. It needs to be seen as a valuable service option.

Recovery culture

A working culture needs to be developed where workers are intentional about applying recovery-oriented principles, and honouring them.

Focus on worker/participant relationship

On the frontline, an essential part of the recovery-oriented approach is investing in the worker/participant relationship. Even with time restraints, it is important to maintain the relationship with the participant, as the relationship is the foundation of all recovery work. Workers need to continue to create opportunities for 'recovery conversations'.

Workers providing core supports to participants with psychosocial disability also must develop a trusting relationship with the participant. Therefore, time must be allowed for establishing the relationship, getting to know the participant, and building trust and rapport.

Getting to know the participant, their interests, values, culture and preferences is essential for the worker to effectively use a person-centred approach. Getting to know them can be achieved at the same time as completing the support tasks.

Practice holistic care

Using an holistic approach was identified as an essential way of working for Support Coordinators. In an NDIS context, this could mean building and coordinating a 'support team' around the participant's various goals. These supports will vary with each situation, but may include therapeutic supports, OTs and psychologists.

Discussion 2: Learning & Development needs – Content and Topics

Feedback from sector consultations reflected a strong interest in training workers in recovery-oriented practice and building recovery-oriented relationships within the NDIS context.

Consultation feedback on learning content: recovery-oriented practice

A range of training needs were identified through the Project's extensive consultations. The need to upskill the NDIS workforce in recovery-oriented practice was consistently identified across all the consultations.

The main results of the survey called for capacity- and relationship-building skills for new workers. It also showed a keen interest in maximising recovery-oriented practice under the NDIS and encouraging self-determination in participants.

Members participating in MHV's forum identified a need to assist workers to reconcile the old *relational* approach to consumer engagement and practice, under MHCSS, with the current *transactional* approach of the NDIS.

All the consultations – with consumers, carers, Support Coordinators, Core Support Workers and PHaMs workers – consistently prioritised the need to train NDIS workers in strong relationship-building skills and understanding of recovery principles.

Strong relationship-building skills

This area featured most prominently as a training need in consultations. Consumers spoke of valuing how a worker makes them *feel*, over what a worker does. The importance of a worker having good listening, being trustworthy and asking permission as a mark of respect, were held in high regard. Consumers seek to be treated with respect and compassion, and without judgement.

Carers echoed this, listing genuine care for the participant, patience and clear communication without 'mental health lingo' as being qualities of high importance in a worker.

Support Coordinators and Support Workers spoke of the need to create relationships of trust, to spend time building rapport to understand the participant better and to use micro-counselling skills like active listening, showing empathy and maintaining confidentiality.

Relationship-building came through as a clear training need for NDIS workers, as it is an important foundation for working alongside participants with psychosocial disability.

> *Discussion points:*
> *It may prove useful to explore the relevance of skills used in building rapport within a short time-frame, as is done in single session work, or by telephone counsellors.*

Understanding of recovery principles

Those consulted, whether from an MHCSS background or not, identified the principles of recovery as being key to working with participants with psychosocial needs. One consumer described the need for workers to "respect the capacity of the person" and to let the participant dictate what is best for their well-being.

Carers talked about the need for a worker to be a motivator, engage with the participant's interests and connect them to activities that build meaning in their lives. This idea of the "coaching" role of workers was raised throughout all consultations. As one worker put it, "I say, 'Let's do this together – I'm here to show you the doors, but you've got to go through them."

In exploring these recovery principles further, the Project Working Group identified associated training capabilities that would be required, such as the need to train workers on balancing Duty of Care with Dignity of Risk.

Knowledge of mental illness

It was important for consumers to have workers that understand the impacts of mental illness and medications. This understanding was seen to be linked to greater empathy in the worker. The ability to recognise when a client was un-well was also cited as a worker requirement by both consumers and carers. These groups emphasised the importance of a worker being able to observe symptoms and refer clients to appropriate services, and to adjust behaviour and responses to accommodate the changed circumstances and needs of the participant.

Workers talked at length about the need for a foundational understanding of the impacts of trauma, in order to work with participants with psychosocial disability.

Further to this, it became apparent through the findings of the pilot that there was also a gap in workers' understanding of NDIS-related concepts such as 'psychosocial disability'.

Interaction with carers and family

Carers spoke most strongly about the need for workers to know how to share information with family and carers without violating the participant's right to privacy. Consumers stressed the importance of knowing when it is, and when it is not, appropriate to involve family and carers.

Understanding CALD participants

Workers reflected on having to negotiate relationships with CALD participants and families. This highlighted the need for workers to be more aware about cultural influences and language barriers when working with participants with psychosocial disability and their families.

Within the Project Working Group, numerous issues around working with diverse participants were raised. This included,

- Workers face difficulties explaining the terminology and language of the NDIS to people speaking languages other than English.
- Many organisations that provide settlement services or aged care services to CALD communities are now moving to become NDIS providers and require skills in mental health practice and trauma.
- Workers need an understanding of working with different cultural attitudes, and of historical dependencies on agencies.

Other L&D topics of interest

Other workforce L&D needs that were identified from the data gathering or findings of the project, which reflect the need for new skills and knowledge for support workers in the NDIS context, are:

- Understanding NDIS-related concepts and principles (such as choice and control, and psychosocial disability)
- Adapting to the new NDIS way of working, such as
    - ♦ Mobile working
    - ♦ Goal directed practice
    - ♦ Being the 'face' of the organisation (talking to participants, families, carers, the public about what the organisation offers)
- Understanding the interface between the NDIS and other State services systems, such as health
- How to maintain effective documentation (case notes, incident reports etc.) as an NDIS worker within tight timeframes - particularly critical when payments depend on efficient administration for claiming hours.
- How to respond to 'challenging behaviours' and maintain safety when working alone in participants' homes.

- Supported Decision-Making, especially in the context of 'choice and control'.
- Business acumen around plan management (Support Coordinators)
- Customer service skills.

> *Discussion points:*
> *In what ways, if any, does the shift from 'client' to 'customer' shape the role of the worker in supporting the NDIS participant? Could the following possibly have an impact:*
>
> - *A power shift?*
> - *Financial transaction arrangement?*
> - *No customer – no income?*

What has become evident from the range of consultations and findings of this project is that there is definitely a need for further exploration of these topics and issues in the new context of the NDIS.

Certainly, this keen interest in a broad range of skill development – many of which are new to service providers – signifies a need for a comprehensive training needs analysis of the new workforce. However, any needs analysis must be informed by practice guidelines and standards, which for the NDIS psychosocial disability workforce, still require definition and agreement about what constitutes good practice.