Good Practice Guide:

Direct Support Workers

Promoting and supporting recovery with NDIS participants

March 2022

Abstract

This document is intended to be used as a guide for good recovery-oriented practice. Content has been codesigned with NDIS participants, carers, workers and providers to ensure a multidimensional perspective has been considered.

Mental Health Victoria

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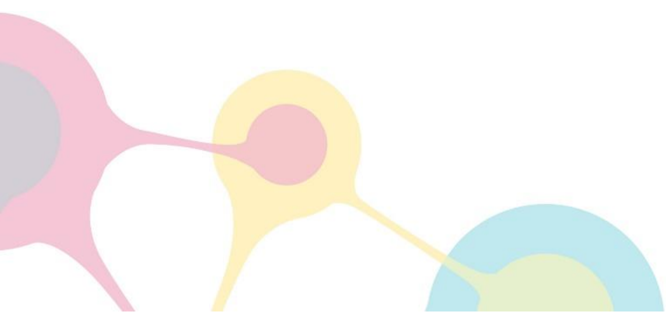


Introduction

The content in these guides and checklists was collected through a codesign process which engaged NDIS participants, carers, psychosocial workers, NDIS providers, lived experience experts and thought leaders, in a synthesis of analysis and idea generation.

We heard that recovery-oriented practice requires that workers continue to reflect on their practice on the job as they grow in self-awareness and skill and continue to adjust to any changes in the workplace and broader NDIS context.

This Good Practice Guide outlines the *ideal* of recovery-oriented practice as identified through this comprehensive co-design process and evidence-based research. It is offered as a guide and is **not meant to dictate job roles or practice to NDIS providers**, especially given the many barriers and challenges and multiple requirements facing providers in the still-evolving NDIS psychosocial context.

This Good Practice Guide includes checklists for use by workers and team leaders and supervisors to help lead the identification and development of recovery-oriented practice for workers supporting participants living with psychosocial disability.

It could serve as a tool for workers in several ways:

- for individual reflective practice
- to guide supervision discussions on the application of recovery-oriented practice to specific work situations
- the identification of professional development needs related to recovery-oriented practice
- for monitoring the development of recovery-oriented skills and knowledge over time.

Recovery Definitions

Recovery-Oriented Practice

Recovery-oriented practice encapsulates principles and frameworks for practitioners and providers to implement in the delivery of services that promote and support the recovery of participants. (Australian Government Department of Health, 2013a)

Personal Recovery

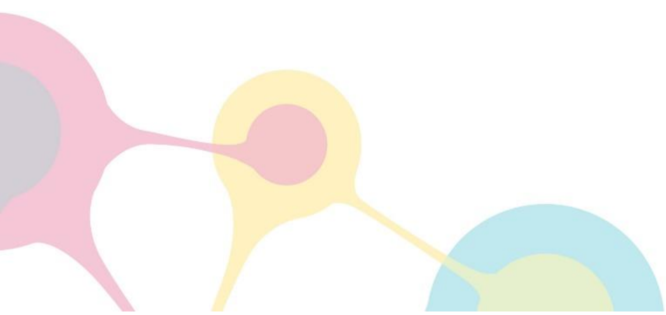
There is no single description of recovery; it is by nature a deeply personal lived experience. The concept of recovery was conceived by, and for, people living with mental health issues to describe their own experiences and journeys, and to affirm personal identity beyond their diagnoses.

Recovery has also been described 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”
- “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential”

Recovery emerges from hope; is person-driven; occurs via many pathways; is supported by peers and allies; occurs through relationships and social networks; is supported by

addressing trauma; involves individual, family and community strengths and responsibility; and is based on respect. (SAMHSA, 2012)



How to use the Good Practice Guides

The checklists are intended to be used for reflection or talking points with your supervisor.

We acknowledge that we all come to the work with different levels of skill, previous training, and experience.

Each of us will benefit from different sections of the document and these may also be influenced by our roles and the needs of the people we work with.

A first step could be to determine the level of need that the individual worker has related to ROP.

Knowledge Scoring Scale

A rough guide to your level of current understanding and what you might benefit from next:

Choose a level from 1-5:

(Please rate yourself, or work with your supervisor to determine)

1 No previous knowledge or training

You might require, fundamental introductory level training and orientation and close supervision

2 Fragmented understanding and not consciously applied in my work

Targeted training and workplace supervision required

3 Understand the concepts and sometimes apply in work

Further targeted training & supervision plan recommended

4 Good understanding, able to describe how I use in my work

Some targeted learning support / training & ongoing supervision reviews

5 Up to date knowledge of concepts and always apply and describe in my work

Could support and mentor others

Essential knowledge

Here are some key elements of ROP which you may have come across in previous work and/or study. Rating your approximate level of understanding will assist you to choose the key areas of this document to focus on and may assist you in your consideration of future training and supervision support.

You and a supervisor might benefit from working together on this to assist in developing a shared plan for possible access to training, mentoring or further information.

The Primer Knowledge Checklist:

Score using 1-5 scale with 1 being the lowest and 5 the highest

Do I understand the following concepts and knowledge?	Self-rate	Supervisor rate	Action – *notes to guide next steps*
1. Strengths-based approaches to all elements of working with participants. (*For more detail see Person-centred, person-led, and person-first domain below)*			
2. Choice and control & Self-determination and autonomy			
3. Stigma and Self-stigma (*for more detail see Awareness of barriers and obstacles in the lives of participants domain below*)			
4. Engagement and inclusion (*for more detail see Supporting Personal Recovery domain below)*			
5. Trauma-Informed approach			
Your primer knowledge score:			

How to use the score:		
	10 or less	*Fundamental introductory level training and orientation and close supervision*
	11- 15	*Further targeted training & supervision plan recommended*
	16-20	*Some targeted learning support/training & ongoing supervision reviews*
	20 +	*Could support and mentor others*

Enablers of recovery-oriented practice

The 6 most highly valued enablers by NDIS participants and carers, as identified through codesign workshops:

The word cloud in figure 1 was generated from the participant and carer workshops when asked for a world to describe what an ***ideal NDIS experience*** *would be.*

Figure 1: ROPDS National Codesign Workshop Series, 2021

NDIS Psychosocial Direct Support Workers

This chapter is targeted at direct support workers who work with people and carers who have psychosocial disability support in their NDIS plans.

The role of a good support worker

The word cloud in figure 2 was generated from participants and carers when asked about the role they'd like their support worker to have during their time together.

Figure 2: ROPDS National Workshop Series, 2021

Workforce capabilities for good recovery practice

Our research and codesign has identified the key workforce capabilities required to deliver recovery-oriented psychosocial disability support.

Capabilities are typically defined as encompassing skills, knowledge, values, attitudes, and behaviours which a worker needs to consider and demonstrate when delivering support.

We have grouped these capabilities into the following domains of practice:

Workforce Capability Domains

- Person-centred support
- Supporting personal recovery
- Social determinants
- Collaboration, coordination and connection

We have also identified some key roles and practice areas that are crucial to effective ROP delivery:

Key Components of ROP

- Lived Experience workers
- Critical care and crisis intervention
- Coordination and team leader roles

The following capability checklists are clustered under these domains, activities and roles; however, we acknowledge there is significant overlap between the items, and they should not be viewed as fixed to their current list.

For instance, the importance of values, attitudes and behaviours such as respect, listening and empathy are present in all the checklists and examples.

Person-centred, person-led, and person-first

Person-centred workers emphasise and appreciate the strengths, uniqueness, and dignity of participants experiencing mental health conditions. They work collaboratively with participants in an equal partnership to develop self-directed recovery goals and support the independence of participants through responsibility and accountability to their own recovery goals.

Person-centred workers promote self-determination, choice and control, and respect the choices, wishes and values of the participant. They view the participant's life situation holistically and recognise the unique context and environment of each individual.

EXAMPLES OF GOOD PRACTICE

Recovery coach approach to understanding the needs of the person:

A recovery coach highlighted that there is value in workers engaging effectively and that a key role could be 'participant education, what they can expect and what they can ask for'. Participants are not used to being in a position that they can ask for things, this did not always happen in the previous mental health system.

"Participants are not aware of what potentially could be in their plans and that if you don't request it is not likely to be offered."

Choice and control/Supported decision making/Coordination of care:

We heard form organisations that intentionally work to facilitate a 'shared care' model:

'We prioritise and support effective choice and control by assisting participants to make informed decisions about who they seek support coordination from. Often this decision support has led to the participant choosing a different provider for the support coordination aspects of their plan. It is important that we provide "good unbiased guidance to choose the best coordination for the individual".'

Person-centred, person-led, and person-first Checklist

When engaged in work with participants living with mental health conditions:	Always	Sometimes	Rarely
I ask about and understand the choices and preferences of the participant.			
I respect and support the participant's right to make their own decisions and choices, to change their mind, and to take positive risks.			
I ensure the focus of the work is on what the participant chooses, and not driven by my own ideas or time pressures.			
I seek to understand the uniqueness and individuality of the participant – their interests, values, culture, preferences, identities, and dreams.			
I respect that the participant is the expert in their own life, experience, and recovery and has their own preferences and strategies for self-care.			
I give my full attention to the participant and engage with them in the activities being undertaken.			
I demonstrate patience and flexibility around achieving tasks and responding to the participant's pace and fluctuating needs.			
I remember that I am a guest in the participant's home and respect their home, privacy and personal belongings.			
I keep the focus on the participant, and don't make the conversations about me or other participants I work with.			
I acknowledge and collaborate with the participant's family, carers and informal supports in accordance with the participant's wishes,			
I acknowledge and respond to the participant's cultural needs.			
I reflect on how my own attitudes, language and behaviours might be judgemental or trigger reactions.			

Supporting personal recovery

Supporting personal recovery means to work in ways that support participants to recognise and take responsibility for their own recovery and wellbeing, while at the same time recognising that everyone might define their lived experience and recovery in very different ways.

The NDIS defines recovery 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".

Fundamental to the practice of supporting personal recovery is the building of trusting relationships between the worker, the participant and their family and carers. These relationships reflect mutual respect, shared understandings, and collaboration.

Working within a recovery orientation includes having the knowledge and skills to be person-centred, holistic, strengths-based, trauma-informed, collaborative and self-reflective. It means that the worker is equipped with understanding of mental health conditions and psychosocial disability, and confident in responding to episodes of mental and emotional distress or crises.

EXAMPLE OF GOOD PRACTICE

Patience, understanding and building rapport with participants:

As a sole trader a positive is that you can determine how you might support each person in a flexible manner. We heard an example of starting with a straightforward support arrangement with the participant and their team.

"I can think of an example of when the person was unsure what a recovery coach might offer. I was able to start with them agreeing to help them with household tasks. We charged their plan at the basic level, and then once a relationship developed, we agreed that I would step into a recovery coach role and working more on the person's recovery goals and considering the coordination support that they might benefit from. I got to know them and their needs and they got the opportunity to get to know me and what I could offer."

As a sole worker you have more control over deciding how you start work and who you work with. If you think a person might benefit from another style of support, you can recommend that they go to, or support them to find, a different worker or agency.

Supporting personal recovery Checklist

When engaged in supporting participants’ personal recovery of mental health conditions:	Always	Sometimes	Rarely
I demonstrate active listening and communicate in calm, positive and strengths-based ways.			
I have an understanding and up-to-date knowledge of psychosocial disability, complex support needs, and the episodic nature of mental health conditions.			
I take the time to establish rapport and build trust – respecting the participant’s pace – through demonstrating empathy, patience, persistence, and compassion.			
I recognise that recovery is not linear, that wellbeing can fluctuate from day to day, and adjust to where the participant is at.			
I get to know the participant in the context of their whole life situation including their social background, culture/s, social identities, values, interests, lifestyle, talents etc.			
I take the time to discuss and learn about the participant’s treatment and support preferences, goals, and aspirations.			
I learn what the participant needs to feel safe in relationships and situations and adjust my approach accordingly.			
I focus on the participant’s strengths, abilities, and successes – what they can do rather than what they cannot do.			
I respect that participants have their own personal understanding and experience of living with a mental health condition or emotional distress, and of what recovery means to them.			
I pay close attention to subtle changes in the participant and adjust my communication, behaviour, and how I deliver supports accordingly.			
I am confident to safely support the participant when they are struggling to regulate their emotions.			
I acknowledge the possibility that the participants I support may have a history of trauma which still impacts them today.			
I build the capacity of the participant’s family and informal networks to support the participant’s recovery.			
I reflect on how my own values, life experiences and culture may impact on the relationship and interactions with the participant and their family/carer.			
I reflect on any power differences in relationships with participants, and work to understand and minimise my part in these.			

Social determinants

Awareness of barriers and obstacles in the lives of participants

Barriers and obstacles in the lives of people living with psychosocial disability are only partly a result of the impacts and consequences of their mental health condition. Recovery-oriented practice reflects a deeper understanding of the social and structural conditions which shape the context in which people live, and which influence their health and wellbeing. Things such as housing, transport, education, healthcare, employment, discrimination, stigma, social exclusion, and income security can have detrimental effects on people's mental health and recovery.

These are called **social determinants** of health and wellbeing.

As participants with psychosocial disability can often become disconnected from the wider community, a crucial element of supporting recovery is a focus on **social inclusion**: being a part of social networks, establishing connections, and engaging in meaningful social and occupational activities within the broader community.

Awareness of barriers and obstacles in the lives of participants Checklist

When engaged in supporting participants living with mental health conditions:	Always	Sometimes	Rarely
I focus on strengths and abilities, even when acknowledging barriers and limitations.			
I understand that the participant's capacity and motivation might be different each day and move at their pace.			
I sensitively explore with the participant how they define and experience 'connection', 'family' and 'community', and how this plays out in their life.			
I recognise the importance of social inclusion for wellbeing and recovery, and support participants to strengthen or repair relationships, build social connections and networks, and engage in meaningful activities.			
I recognise the impact on participants' recovery journey and current life circumstances of factors such as discrimination, stigma, and lack of access to housing, education, income security, healthcare, and/or employment.			
I reflect on how my own attitudes, language and biases around mental health conditions and psychosocial disability may be stigmatising and negatively impact the people I support.			
I reflect on how my own background, culture and biases may have implications for working with participants.			
I acknowledge the importance of cultural safety and incorporate cultural considerations into the way I seek to engage with the participant and their family and communities.			

Collaboration, coordination and connection

Recovery oriented practice recognises the importance of collaboration and care coordination to achieve positive outcomes for participants with psychosocial disabilities, especially those with multiple and complex support needs. Collaborating, coordinating and communicating with participants and all other stakeholders involved in supporting participants on their recovery journey is crucial to ensuring the best outcomes.

EXAMPLE OF GOOD PRACTICE

We spoke with a clinical leader for a health service operating in the very remote regions on the **West Pilbara Coast of WA**.

We heard about how the service's multi-disciplinary Allied Health team is delivering NDIS and other health services to a client group who is in majority from Aboriginal and Torres Strait Islander communities.

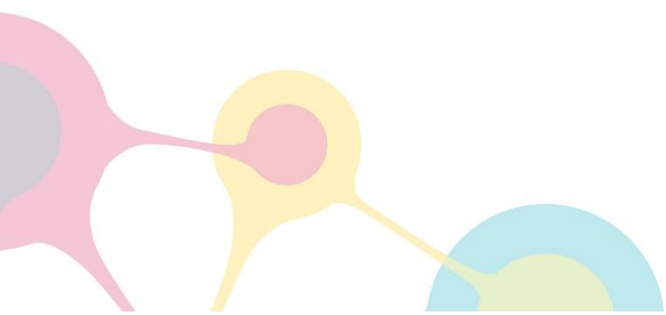
The following approaches were highlighted:

- Maintain a strong working relationship with the local Aboriginal Medical Service.
- Strong working relationships allow for collaboration with several local Aboriginal Corporations to provide healthcare and health education yarns to their members.
- The health service provides programs that focus on empowering people to take back control of their health, and these are grounded in education and upskilling.
- The service's buildings are designed with the needs of local communities in mind and provides welcoming, culturally and physically safe spaces.

Collective Impact projects are being led by Aboriginal Controlled organisations and community Elders and are intentionally addressing issues of intergenerational trauma and the ongoing impacts of colonisation and dislocation. The local NDIS psychosocial workers are encouraged to understand and acknowledge these cultural factors and actively engage with the community responses and events.

Collaboration, coordination and connection Checklist

When carrying out roles of collaboration, coordination, and connection in my work:	**Always**	**Sometimes**	**Rarely**
I communicate openly, honestly and transparently with participants and other parties.			
I know who the significant people are in the participant's life, their roles, and contributions			
I acknowledge, value and learn from the lived experience of participants, their carers and families, and other lived experience workers.			
I understand the roles and responsibilities of the various team members and professionals, and collaborate with them in supporting the participant's recovery and achievement of goals.			
I provide information in a manner that is understandable to participants and supports their choice and control.			
I recognise that sharing of participant information must be guided by the participant's informed consent and choice plus ethical and organisational policy requirements.			
I stay informed about the NDIS and the mental health systems to help participants better understand and navigate these systems.			
I have opportunities to seek guidance and reflect on ethical issues and risks with other practitioners, whilst respecting the privacy of participants.			



Lived Experience workers

Workers who use their lived experience as part of their role in supporting participants, such as psychosocial recovery coaches and peer workers, require additional skills relating to the appropriate sharing of lived experience, peer work principles, and managing their own wellbeing.

EXAMPLE OF GOOD PRACTICE

Utilise lived experience during service:

A lived experience worker emphasised the importance of an empathetic approach, and the ability to connect on a deeper level and pick up on cues about certain topics.

They said a lived experience understanding gives you:

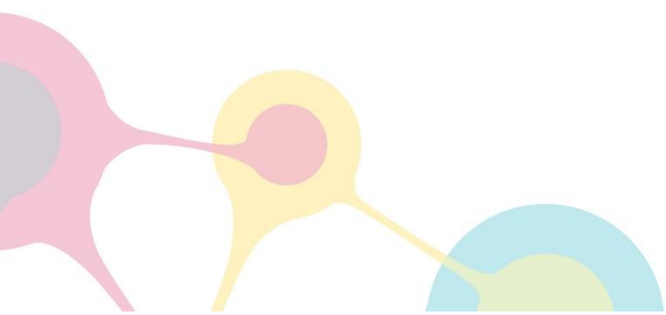
- An ability to work with a high level of empathy
- A non-judgmental, honest and to the point attitude
- A finely tuned "B.S. radar"
- An openness to talking about the "black holes" e.g. suicidality, "my first episode"
- An ability to ask the key questions, such as "What's happened to you?" and "What impact has it had on your mental health and wellbeing?"

As with all psychosocial workers, a Lived Experience worker should have a plan for debriefing with their own support person and focus on keeping themselves well.

"It is important to have the opportunity to reflect on success in your life and in your work."

Mental health peer workers Checklist

When engaged in peer work which involves sharing my mental health lived experience:	Always	Sometimes	Rarely
I am committed to establishing relationships based on mutuality: respect, shared responsibility and learning, and shared power.			
I share my lived experience safely with clear purpose and boundaries, to convey hope, optimism, and inspiration.			
I recognise and respect that the solutions and approaches that worked for me may not be in line with the participant's own experiences or preferences.			
I am adequately supported and trained to monitor my own wellbeing.			
I feel confident to manage my own triggers and episodic experiences without these impacting on the participant's support and wellbeing needs.			
I share my lived experience in ways that continue to keep the focus on the participant — their needs, goals, and recovery.			



Critical care and crisis intervention

Prevocational qualifications (achieved through VET accredited courses) provide a firm foundation on which workers can build their capabilities and enhance the safety and wellbeing of both themselves and the people they support.

However, recovery-oriented practice requires workers continue to reflect on their practice, grow in self-awareness and skill, and continue to adjust to any changes in the workplace and broader NDIS context.

When working with NDIS participants living with mental health conditions it is possible that they may experience episodes of emotional and psychological distress.

Each worker needs to be equipped with the skills to respond effectively, safely and empathically to the distress or crisis, in accordance with their role, their organisational policies and procedures, and using a trauma-informed approach.

EXAMPLE OF GOOD PRACTICE

Shared Clinical Care: "Our organisation actively encourages a positive and healthy culture around shared care relationships with clinical services. There are set expectations that key people will meet regularly for shared care planning, case reviews and crisis, critical care responses. This enables clarity regarding who is doing what, and accountability from each practitioner and each team involved."

We heard from practitioners about quality improvement processes that have been put into effect to improve the interface between NDIS services and the clinical, hospital system:

"We have a continuous improvement committee that reviews systems, processes, service delivery and clinical incidents. Tools like a continuous improvement form have been developed and is required every time a new initiative is implemented. E.g., Clinical services – PARC & CRP has introduced the 'Living well at PARC' program, where new residents receive a welcome pack focused on a healthy lifestyle that is easily transferred into their future community life. These approaches that have been built through co-design approaches and have worked well in one program are now being replicated across other NDIS services."

Coordination in remote communities: "Our health centre has an Allied Health team, speech therapists, occupational therapists, psychologists and nurses. In small communities there may be gaps in services, we have no social workers, however it is important to work closely with the limited number of NDIS provider agencies in the town."

We heard that in remote areas, practitioners need to work together in coordinated ways to cover some of the service gaps and lack of acute care options that could potentially leave people without essential supports and treatment.

Crisis intervention Checklist

When providing support to participants with psychosocial disability:	Always	Sometimes	Rarely
I am aware of the possibility that participants may have past experiences of trauma, and work from the basis of a trauma-informed approach.			
I am open to participants' own understandings and definitions of their challenges.			
I learn about and respect participants' values, beliefs, treatment, and support preferences.			
I am familiar with how each participant wants to be supported in situations that may be triggering, distressing, or challenging, and with any safety or behaviour support plans in place for them.			
I promote and assist with effective coping strategies if necessary.			
I understand my role, responsibilities, and limitations when supporting a participant who is expressing suicide ideation.			
I know how, when, and where to seek additional support and advice when concerned about a person's suicide ideation.			
I understand my role, responsibilities, and required actions when supporting a participant who is experiencing a mental health crisis.			
I understand the responsibilities and roles of others involved in the participant's life, care, or mental health treatment when they become unwell.			
I ensure I take up opportunities for support, reflection, debriefing, and self-care following a critical incident.			
I am aware of my role and responsibilities in supporting a participant who maybe expressing feelings and urges to self-harm or suicidal behaviour whilst referring them to appropriate health care			

Critical care checklist for those in coordination roles:	Always	Sometimes	Rarely
I ensure there is an up-to-date safety plan or other documentation that outlines participant's wishes and preferences, and actions to be taken in times of mental health crises.			
In response to critical incidences, I take action to ensure the safety of the participant and link them to appropriate care and support.			
I am informed and current about effective and appropriate referral pathways for mainstream mental health services and supports.			
I ensure effective and timely communication occurs between support team members, mental health services, and other relevant parties, in response to a critical incident or mental health episode.			
I follow up with, and ensure the safety of, the participant and other parties impacted by the critical incident.			
I keep informed of the possible new and developing support and service options that may become available to participants who are experiencing social and emotional distress and clinical symptoms and work with the participant and care team to include these options in the support plans.			

Coordination and team leader roles

Those working in coordination or supervisory roles or as support team leaders also play an essential part in ensuring a recovery orientation in service delivery, and in supporting the development of recovery-oriented capabilities in the workers they support or supervise.

The following checklist includes important aspects of recovery-oriented practice which are more likely to be carried out by support coordinators, recovery coaches, team leaders or those coordinating participants' support teams. However, it is recognised that there is great diversity across providers in terms of the design of job roles and the allocation of responsibilities, so it is possible that any one role may not cover all the tasks listed in the checklist.

EXAMPLES OF GOOD PRACTICE

Sole provider building local networks:

A sole practitioner discussed work with a range of local agencies to promote the value of NDIS recovery coach support to their clients and supported NDIS application and referral processes for those with a plan. Meetings with local area coordinators (LAC), planners and local council access officers have been initiated in partnership with a colleague. This has improved the relevance and appropriateness of referrals.

Once the recovery coach (RC) gets to know the needs and preferences of the participant then they can also assist in **'worker screening'** and orientation. assisting the participant to have a more engaged and coordinated group of people supporting them.

As described earlier, the RC has established a working relationship with LACs, council services and other referrers then the RC is likely to receive well considered referrals. This saves time resources and confusion on the part of participants and carers in reversing poorly considered applications.

Participants often feel unheard. It is important to work with the person regarding what is in their own best interest and work with them to help them advocate for this.

This highlights some proactive work that has been undertaken by a skilled recovery coach in their service community. While it has been a win-win scenario for the coach they did underscore that it is unpaid additional networking time and appreciate that not all sole practitioners will have the time and resources to undertake.

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Additional Checklist for support coordinators, team leaders and supervisors

When coordinating the supports, or supervising workers who support participants living with psychosocial disability:	**Always**	**Sometimes**	**Rarely**
I support participants to set recovery goals, and reflect on and review their recovery progress in ways that are meaningful to them.			
I have solid understanding of the NDIS system and processes and help build the capacity of participants and carers to navigate the system.			
I build connections and collaborate with a range of services including mental health, health and other relevant mainstream services.			
I advocate for participants' rights and to uphold their rights to inclusion in the community as per participants' recovery plan.			
I support participants to gain access to appropriate supports and services that work to address the social determinants impacting their lives.			
I facilitate communication and collaboration across participant's NDIS support team and the interface with the MH care team and/or health team (as needed).			
I support participants to connect with their communities of choice.			
I seek out and build connection with relevant community elders, leaders, interpreters, and cultural advisors.			
Taking a role in supporting and educating workers to uphold the participant's right to positive risk-taking.			
I support opportunities for workers and/or teams to engage in reflective practice, debriefing and supervision.			

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NDIS Provider Guide to Good Recovery-Oriented Practice

A foundation of good recovery practice

Our sector engagement told us that well established community mental health organisations developed, over many years, internal capacity and expertise providing orientation for newly employed workers.

Supervision practice, likewise, has been fostered within these environments and delivered regularly and valued as a key enabler of constructive team culture, worker welfare and reflective consumer centred practice.

In our codesign feedback we heard concerns from current NDIS participants, carers, and workers, that many of these approaches are not apparent in NDIS psychosocial support.

Participants and carers talked of the frustration of feeling like they are orienting new workers 'on the job' and high turnover of workers is adding to this frustration.

What is needed

A commitment to engaging in psychosocial disability support work by an NDIS provider requires more than just upskilling workers in recovery-oriented practices. Supporting the recovery and wellbeing of participants with psychosocial disability or mental health issues requires a whole-of-organisation approach.

This Good Practice Guide draws on the learnings from several reports resulting from literature research and co-design processes of MHV's NDIS Recovery Oriented Psychosocial Disability Support (ROPDS) – Growing National Workforce Capability Project.

This guide spells out the essential organisational capabilities and enablers of recovery-oriented practice which focus on the broader systems and processes for delivering recovery-oriented psychosocial disability supports. The enablers around building workforce capacity focus on the process for organisational change to a recovery-oriented approach, and on increasing the skills and training of the workforce.

Read the full report:
The Future Horizon, Good Practice in Recovery-Oriented Psychosocial Disability Support.

"An enabling organisational environment is an essential element for staff to engage in high quality service provision that promotes recovery and recovery values and principles."
(The New Horizon, p.51)

Organisational capabilities for good recovery-oriented practice

Organisational capabilities are a group of attributes organisational leaders and providers can affirm to support their workforce to maintain and sustain good service delivery and ultimately improve the experience of the participants and their families and carers.

Systems and processes

Organisational systems and processes can act as enablers or barriers to recovery-oriented practice. Recovery-oriented practice may impact across almost all systems and processes within organisations including recruitment, service planning, operations, policy, training and development, quality, and risk management.

What participants and their carers say they want

Recovery-oriented systems and processes at provider level by:

- Having recovery-oriented HR systems, policies, processes, and rostering systems
- Integrating a sound complaints system
- Having quality recruitment systems and processes
- Ensuring quality and consistency of services by workers who are committed to supporting me
- Matching me with workers who will meet my needs, interests and life experience
- Allowing for more flexibility in weekday, weekend, evening, and overnight support

Other key organisational capabilities

- Engaging in systems that support and promote cultural safety, diversity, and inclusion for staff and participants
- Having systems and processes in place that recognise the importance of the initial engagement phase between participants, workers and the organisation, and that facilitate mutual understanding and development of trusting relationships

EXAMPLE OF GOOD PRACTICE:

It is important when supporting recovery practice to be aware of changes over time and to acknowledge, share and celebrate successes with those you work with. This acknowledgement is crucial to strength focused work. Here we highlight some innovative uses of digital tools to aid in better ways to chart and acknowledge change over time.

Continuous Improvement using a digital evaluation survey:

An NDIS provider described how the organisation collaborated with digital developer to create their own version of a participant evaluation survey. It is completed upon entry to create baseline data and it is monitored six monthly. The digital survey takes approximately 20-25 min to complete. It offers instant analysis and immediate feedback for the participants. We use the data to inform service design/development, practice development.

"The 'My Physical Health' planning tool – this is what consumers wanted – a stronger focus on better psychical health as well as mental health."

Values and culture

A successful transition to a recovery-orientation requires that the organisation creates an environment that promotes recovery-oriented values and principles. This starts with the vision, mission, and culture of the organisation, and includes leadership which models recovery values and principles, and a commitment to advocating for mental health and human rights.

What participants and their carers say they want

Strong values and culture to match:

- Value lived experience and peer work and utilise it well
- Be a trauma-informed organisation and support trauma-informed care
- Have honesty and transparency from end-to-end service
- Adopt flexible service models
- Help workers understand my needs
- Consider staff workload and support for workers, and value and care for workers' wellbeing
- Be respectful, person-centred, and treat me like an equal
- Have an awareness of stigma
- Advocate for me

Other key organisational capabilities

- Viewing the promotion of personal recovery as core business and embedding the language, values and principles in organisational communications and processes
- Promotion of diversity and inclusion, including community and identity groups such as LGBTIQ+, Aboriginal and Torres Strait Islander, and Culturally and Linguistically Diverse communities
- Organisational commitment to include lived experience perspectives and expertise
- Open to change and engaging in quality improvement activities to promote recovery-orientation and lived experience inclusion at all levels of the organisation
- Foster recovery-oriented leadership and role modelling within the organisation
- Acting as social change agents, including supporting self-advocacy by participants and their families

Networks and community

Collaboration and coordination between services can lead to a more integrated and responsive service system and collaborative service delivery which leads to better recovery outcomes for participants.

What participants and their carers say they want

Utilise networks to reinforce a strong community by:

- My supports collaborating with me and with each other – multidisciplinary care teams to work in collaborative ways
- Supporting me to navigate the NDIS as well as to access and navigate other service systems
- Strong and timely communication methods

Other key organisational capabilities

- Involving families, carers and supporters in all levels of planning and support where possible
- Promoting collaboration and partnerships with other providers, local communities and businesses
- Knowledge of the needs of the diverse groups and cultures within the local community, including differences in conceptualisations of mental ill-health and personal recovery

Quality improvement

Quality improvement and management standards for providers are outlined by the NDIS Quality and Safeguards Commission and these processes can be utilised to ensure recovery-oriented service delivery. Evaluation should involve participant experiences of services, their recovery and efficacy.

What participants and their carers say they want

Strive for continuous improvement by…

- Regularly evaluating their service and measure my satisfaction levels
- Upholding legal, ethical and moral obligations
- Prioritising quality and safeguarding in their services, and considering risk
- Offer adequate supervision to their workers
- Ensure consistency in worker capabilities across NDIS platform providers

EXAMPLE OF GOOD PRACTICE IN QUALITTY IMPROVEMENT

Organisations described the use of continuous improvement committees that review systems, processes andservice delivery developments. One organisation detailed a process where new ideas and initiatives are documented as they emerge in practice.

For instance, a residential program began providing 'welcome packs' to people entering the service. The successful codesigned approach was developed into 'living well in the program' encouraging healthy lifestyles and a positive start.

These approaches were built through codesign in one setting are now being replicated across the NDIS service.

Other key organisational capabilities

- Knowledge of continuing quality improvement activities and staying current with best practice in recovery-oriented principles, resources and training
- Having effective performance management systems to assess workers' progress with supporting recovery and providing recovery-oriented supports

Building workforce capacity

What participants and their carers say they want:

- I want my workers to be well trained and to have access to affordable, quality training, combined with the right values to work in the sector
- Be culturally safe and train a culturally competent workforce

Other key organisational capabilities

- Willingness to implement organisational change strategies to address the challenges of embedding a recovery orientation across all levels of the organisation
- Commitment to the ongoing professional development of staff around recovery-oriented practice and trauma-informed care, including opportunities for supervision, reflective practice, and debriefing
- Support the lived experience/ peer workforce by providing access to supervision and professional development
- Support the development of, and involvement of staff in, Provider Networks and Communities of Practice

EXAMPLE OF GOOD PRACTICE

There are providers which have managed to retain and further develop capacity and commitment to maintaining levels of internal training and supervision practice.

"Our organisation has not compromised the approach to supervision in the development of its NDIS services."

Supervision is a held at a minimum of fortnightly with all NDIS staff.

- Full time frontline workers have fortnightly supervision and pro-rata for part-time roles
- Team meetings are held once a month for all teams
- Reflective practice groups focus on culture, case review, reflections on practice and other practice issues
- Practice wisdom sessions compliment a 'learning transfer system' to discuss new training and how it should be understood and consolidated in practice
- Lesser skilled/new workers go through 10-week induction program that covers key frameworks to give them a good grounding for good practice.
- Leveraging resources available into a package.

"In addition to the comprehensive range of supervision and induction training options we also focus on maintaining reflective practice in the leadership groups. "

Recovery-oriented support for diverse communities

The following guide broadly addresses the question of how a recovery orientation relates to NDIS participants with psychosocial support needs from:

- Aboriginal or Torres Strait Islander communities
- Culturally and Linguistically Diverse (CALD) backgrounds
- LGBTIQ+ identity groups.

Recovery and recovery-oriented practice does not necessarily look the same to people with psychosocial support needs who are Aboriginal or Torres Strait Islander, from CALD backgrounds, or from LGBTIQ+ identity groups.

Across diverse communities there are different experiences and understandings of psychosocial disability and recovery, such as the individual's:

- collective identity
- holistic wellbeing
- dispossession or inter-generational trauma
- historical impacts of their community's experiences of colonisation
- discrimination
- racism
- migration

Personal recovery and western psychology can fall short in integrating the significance of the above due to lack of transcultural understanding and detailed cultural knowledge.

Some common principles and practices that support diversity in recovery-oriented practice include:

- Acknowledging and understanding the importance of relationships in people's recovery journeys
- Working with families, close relationships, support networks, cultural and social advisers, elders, interpreters, and effectively using other resources that have been developed to support or advise access and delivery of mental health services
- Provision of spaces (both physical and emotional) that are safe, supportive, and accessible

(Source: Brophy, L et al, The Current Landscape, page 27)

Important note: this is not a comprehensive guide to service delivery to diverse communities and does not attempt to explore in full the complexity, diversity, and unique circumstances of each of these groups, nor does it offer a guide to specific practice around recovery and wellbeing.

The most effective use for this document is when considered alongside the more specific psychosocial and culturally appropriate supports. It is strongly recommended that more comprehensive professional development be undertaken to ensure workers are skilled in cultural competence and cultural safety.

Cultural safety is a crucial component of recovery-oriented psychosocial support.
It has been suggested that the essential elements for cultural safety competence for the NDIS workforce include:

- Grounding in practices that demonstrate an appreciation and respect for people's cultural and linguistic needs (including the Aboriginal and Torres Strait Islander peoples and CALD communities)
- Understanding of distress and mental health in culturally diverse communities
- Consideration of the different meanings of 'recovery' and disability across cultures

(Source: Brophy, L et al, The Future Horizon, page 18)

Fundamental principles of engaging with diverse communities checklist

When engaging with people from a diverse community I always ensure that	What I need to know
I know which diverse community group they identify with by asking the person and/or family or carer.	☐
Seek mentoring or secondary consultations with specialised organisations or services.	☐
I acknowledge that social, historical, and political determinants of health and wellbeing are contributing factors to a person's recovery journey.	☐
I acknowledge that there is '**Diversity within diversity**', and that making assumptions about a person's culture, beliefs and practices based on their group membership can be incorrect. As within any cultural community, people can identify less or more with the traditions, values, and beliefs of that culture.	☐
I consider how identity for some is not individual but collective, including clans, kinship and ancestors, connection to land and belonging.	☐
I seek mentorship and or supervision from experienced cultural practitioners and where recommended community leaders to assist with cultural safety and successful engagement with the participant and their family and community.	☐
I ensure spaces and interactions are safe, welcoming and discrimination free. Including physical items such as posters affirming diversity can aid in making spaces welcoming.	☐
I recognise trauma, stigma, barriers, as well as misconceptions and/or mistrust of mental health services, and more broadly the government, may play out in interactions.	☐
I engage people in the context and involve, where appropriate, families, support people, or other members of their community.	☐
I consider a person not just as an individual, but as a member of the community they identify with.	☐

Aboriginal and Torres Strait Islander communities

The ‘NDIS Workforce Capability Framework’ describes an ‘identity capability’ for responding to participants’ Aboriginal and/or Torres Strait Islander identity as:

Understand and respond to my desired connection to culture, country, and community. Be aware of your personal assumptions and biases, and adapt your approach based on what’s important to me, such as acknowledging the role I want my family and community to play in my life and decisions.

In Aboriginal and Torres Strait Islander communities, mental health and wellbeing are commonly conceptualised within a holistic framework of social and emotional wellbeing (SEWB). (Brophy, L et al, 2021, The Current Landscape, p.5)

Aboriginal and Torres Strait Islander peoples connect their mental health to strong Indigenous identities, to participation in their cultures, families and communities, and to their relationship to their lands and seas, ancestors, and the spiritual dimension of existence. This holistic concept of health that includes mental health is referred to as social and emotional wellbeing (SEWB).

The Social Emotional Wellbeing (SEWB) model

(Source: Victorian Aboriginal Community Controlled Health Organisation, 2020, Balit Durn Durn, p.24)

The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework, otherwise known as the ‘SEWB model’, defines social and emotional wellbeing as a multidimensional concept of health that includes mental health, but which also encompasses health and wellbeing. This includes a connection to land or Country, Culture, Spirituality, Ancestry, Family, and Community.

The ‘SEWB wheel’ represents holistic healing and includes protective factors that support good mental health for Aboriginal Communities in three domains:

Social determinants:	Historical determinants	Political determinants:
The impact of poverty, unemployment, housing, educational attainment, and racial discrimination	The historical context of colonisation and its legacy, the impact of past government policies and the extent of historical oppression and cultural displacement	The unresolved issues of land, control of resources, cultural security, and the rights of self-determination and sovereignty

https://www.vaccho.org.au/centre-of-excellence-for-aboriginal-social-and-emotional-wellbeing/

These include connection to:

- Body
- Mind and emotions
- Family and kinship
- Community
- Culture
- Country
- Spirit, spirituality, and ancestors

Aboriginal Support Coordination Best Practice Model

The 2020 Report on Aboriginal Support Coordination, *Yana Djerring*, identifies a set of six principles that are interlocking and interdependent, closely connected with each other and mutually reinforcing when applied in practice.

"Together they form the necessary and sufficient conditions for culturally embedded, holistic support coordination. Aboriginal Support Coordinators must apply all of the principles in their practice with Aboriginal participants to ensure that culture and individual needs are respected." (p7)

Additional Resources

'The Dance of Life', by Professor Helen Milroy, 2006.

A multi-dimensional model of health and wellbeing from an Aboriginal perspective
https://www.ranzcp.org/practice-education/aboriginal-torres-strait-islander-mental-health/the-dance-of-life

Aboriginal and Torres Strait Islander Communities Checklist

When engaged in supporting participants who are a part of the Aboriginal or Torres Strait Islander Community:	What I need to know
I understand and incorporate the key pillars of Social and Emotional Wellbeing (SEWB) concepts into my practice.	☐
I understand and respect the cultures and traditions of Aboriginal and Torres Strait Islander people, recognising that there are many different nations and cultures.	☐
I understand and appreciate the impacts of the continued experiences of intergenerational trauma, racism, dispossession, and marginalisation on Aboriginal and Torres Strait Islander communities.	☐
I understand that Aboriginal and Torres Strait Islander people and communities can have diverse understandings of what constitutes mental health conditions and recovery as per the Victorian Aboriginal Community Controlled Health Organisation, 2020.	☐
I acknowledge and accept the important role of cultural healers and healing methods in helping to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.	☐
I am aware it is important not to assume that the western therapeutic practices of self-disclosure or emotional expression are necessarily valued by an Aboriginal or Torres Strait Islander person as healing mechanisms.	☐
I am aware that the NDIS, as a national bureaucratic system, runs contrary to the preferred model of community- controlled organisations and services.	☐

Culturally and Linguistically Diverse Communities

The 'NDIS Workforce Capability Framework' describes an 'identity capability' for responding to the culturally and linguistically diverse (CALD) identities of participants as:

Understand and respond to my desired connection to my culture, community, and language. Be aware of your personal assumptions and biases, and adapt your approach based on what's important to me, such as being sensitive about when/ how to use interpreters and respecting my cultural norms and practices.

Cultural responsiveness and inclusivity is an integral component of recovery-oriented practice. People from CALD backgrounds are influenced and shaped by the cultural, social, and political circumstances and experiences of their lives, as are all people.

Awareness of the diversity in cultural beliefs and how these beliefs influence people's understandings of what constitutes mental health conditions and recovery is important. These beliefs and understandings affect how people explain experiences, display distress, and influence their ability as well as desire to engage with mental health services.

Additional Resources:

Embrace Multicultural Mental Health, ***Framework for Mental Health in Multicultural Australia***.

Includes a tailored set of modules and self-reflection tools to assist organisations and workers to evaluate and enhance their cultural responsiveness.

https://embracementalhealth.org.au/service-providers/framework

Culturally and Linguistically Diverse Communities Checklist

When engaged in supporting participants who are a part of the CALD Community:	What I need to know
I ensure information and communication is in an accessible language for the person, as well as family or support people where appropriate, to enable informed decisions to be made.	☐
I collaborate with the interpreters, families, communities, workers, and agencies that are important for the person.	☐
I respond, and demonstrate openness, not only to people's cultural and religious beliefs and faith traditions, but also their perspectives and understandings of mental health, recovery, and how distress and experiences are presented and explained.	☐
I understand that for some CALD communities it can be culturally inappropriate or shameful to discuss mental health or disability meaning some participants may feel shame or fear of stigmatization if they talk about their mental health or disability.	☐
I show sensitivity to the unique experiences of CALD participants who may find it especially difficult to conceptualise their lives in terms of hopes and dreams. Those who have experienced trauma due to war and displacement, for example, may have spent years focussing on survival with no space to hope or dream.	☐
I am aware that language barriers can result in lack of government and NDIS system understanding as system might not exist or be different in other countries and can extend to a participants' knowledge of their own rights or responsibilities when using services.	☐
I recognise that those refugees with negative experiences of wars and civil unrest in their home countries, may be scared to complain or to insist on their rights out of fear of the consequences if they complain about government systems. They take an attitude of being "humble and polite" (EECV, 2019, NDIS Policy Issues Paper, p20).	☐

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer Identity Groups

The 'NDIS Workforce Capability Framework' describes an 'identity capability' for responding to the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ+) identities of participants as:

Understand my rights, the importance and impact of inclusive language, and respond to my lived experience and sexual orientation, gender identity and/or gender expression. Be aware of your personal assumptions and biases, and adapt your approach based on what's important to me to foster my sense of belonging and participation.

LGBTIQ+ "is an umbrella term that refers collectively to an array of distinct sexual orientation and gender identity groups, each with their own unique experiences and health needs" and refers to a diverse community of people who may share similar experiences of stigma, discrimination, and self-stigma.

As well as this shared experience, personal experience is influenced by their membership of cultural groups based on their ethnicity, socioeconomic status and geographic location, among a multitude of other characteristics including having a psychosocial disability (Mink et al., 2014; O'Connor et al., 2018).

Therefore, LGBTIQ+ people can face unique challenges and situations due to the 'intersectionality' of these experiences (the Current Landscape, p.30).

Additional resources:

Presentation regarding LGBTIQ+ and the NDIS

AU LGBTIQ+ People, Mental Health and the NDIS - LGBTIQ+ Health Australia

Reimagine today LGBTIQ+ Community Hub

LGBTIQ+ Communities Hub – Reimagine

LGBTIQ+ Checklist

Core principles underpinning recovery-oriented practice and skills, behaviours, and knowledge that are important when working with LGBTIQ+ people:	What I need to know
I understand, respect, and acknowledge diversity in sexuality, sex or gender as part of the recovery journey.	☐
I am aware of the negative impact of discrimination, stigma, and phobia on the wellbeing of LGBTIQ+ people and recognise their vulnerability to subsequently experiencing mental health conditions because of these negative impacts.	☐
I collaborate and partner with services and organisations specific to the LGBTIQ+ community.	☐
I ensure appropriate options and terminology are applied in my recovery practice. For example, feedback forms.	☐
I sought after and encourage my workplace to embrace cultural competency and training to ensure workers responsive to the lived experience of LGBTIQ+ people.	☐
Required Knowledge	
I understand the meaning of *Intersectionality* and how it translates in each individual context.	☐
I use inclusive language and understand the significance and concepts, such as gender-neutral terms, LGBTIQ+ terminology.	☐

Conclusion:

The project findings and observations reinforce the view expressed by many stakeholders that recovery *starts at the top* in organisations. The workforce needs to be enabled by organisational culture and leadership that prioritises and values recovery focused practice.

For organisations that are now NDIS psychosocial service providers it is recommended that ROP training and other ROP professional development options are offered to supervisors, managers and other senior staff who may have had limited exposure to psychosocial and/or ROP in their earlier careers and education. The focus of this PD should be on how their leadership and supervision roles can better lead and prepare the direct workers in their practice.

A recommendation in the ROPDS VET Sector Report highlights skill sets (training content) to be promoted as relevant upskilling options for experienced support workers in the NDIS looking to build skills in mental health to enter supervisory roles or to provide care to people with more complex recovery practice requirements. Also, there are recommendations for filling training gaps for those workers who already have Certificate IV or higher qualifications, but not in the mental health area, and who are needing to upskill in psychosocial disability and mental health recovery.

The content in these guides and checklists represent a synthesis of analysis and ideas generated through our research and codesign. We have presented here examples of good practice that were offered to us by current workers and providers who are maintaining a focus on intentional recovery-oriented practice, collaborative service delivery and structured reflective supervision for all staff. We hope these kinds of good news stories will become the norm, rather than the exception, in the way that people experience their NDIS supports.