

**Policy Direction Paper:
Embracing Inclusion
- Employment of People with Lived Experience**



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5 Figtree Drive
Sydney Olympic Park NSW 2127
Australia

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EXECUTIVE SUMMARY

The primary purpose of this paper is to provide background context, considerations and principles for implementing a workforce strategy for the employment of people with lived experience of mental health issues (from herein referred to as 'lived experience') and recovery in RichmondPRA.

Prior to the merger of PRA and Richmond Fellowship of NSW (July 2012) both organizations had committed to recruitment and employment strategies that would actively promote employment opportunities for people with 'lived experience'. Our new organization states renewed commitment to ensuring that RichmondPRA becomes a sector leader in this and that we will become the 'employer of choice' for those with lived experience.

The paper is in two parts.

Part One:

"Provision of support for employment of staff with a lived experience in RichmondPRA" which applies to staff with lived experience regardless of their job role.

Part Two:

"Role of Peer Workers in RichmondPRA" which covers issues pertaining specifically to RichmondPRA's peer workforce.

Following is the background strategy, which, in time will lead to further policy and framework developments to enhance the goal of enhancing employment chances for people with lived experience.

This paper points out that agreement on the "philosophy" which underpins employment of those with lived experience in our workforce is pivotal as a starting point. This provides guiding principles for development of additional policies and protocols around employment of people with lived experience in a full range of roles.

It is intended that this paper will provide the necessary background information for RichmondPRA to:

1. Create and implement a specific strategic goal /policy statement regarding the employment of those with 'lived experience.'
2. Create a more flexible approach for staff with complex life situations and give them opportunity to communicate with management to enhance understanding.
3. Create, adapt and implement Policy and Procedures on recruitment and support for staff with lived experience (based on the 'Principles' in Part One).
4. Create, adapt and implement a Peer Workforce Strategy (based on the 'Principles' in Part Two of this paper).

Background

What we value and why

This paper outlines those values we bring to recruitment strategies in RichmondPRA. It describes the 'why and how'. We are committed to offering employment opportunities to people with 'lived experience' and we value their potential as staff with a particular range of relevant recovery experiences.

RichmondPRA has an absolute commitment to providing opportunities for those with 'lived experience'. This is reflected in all of our values. We will achieve this by valuing an individual's experiences, their hopes and dreams, by being people focused and by concentrating on peoples strengths and doing this within our commitment to inclusion and diversity. Through this approach we hope to bring the enjoyment of full participation within an inclusive community at RichmondPRA.

Specifically, by valuing inclusion, we make a commitment to the employment of those with lived experience across our workforce and within that obligation we extend the undertaking by the engagement of a significant and specific group known as our peer workforce. We do this as part of our vision, mission and strategic direction.

Why is this so important? RichmondPRA champions the inclusion of those with 'lived experience' by an overt and direct policy commitment to employing people with 'lived experience'. We will achieve this by allowing our genuine intent and common sense to guide the organisation when difficulties arise. This paper articulates guiding principles of our intent, values and purpose, and though not prescriptive, it presents us with a commonsense way forward to fulfill our commitments and show leadership across our sector.

The case for employment of those with lived experience

"Mental Health problems do not just affect the individual. They impact the entire community. The cost of excluding people with mental health difficulties from an active role in community life is high.

People with mental health difficulties face environmental, institutional and attitudinal barriers in finding mainstream employment or returning to work and retaining jobs after treatment.

In many countries, however, policy makers and service providers have recognised the need to take steps to prevent problems from arising and to respond more effectively".

(Mental Health in the Workplace, International Labour Organisation 2000:2)

Historical review: Employment of staff with lived experience - former RFNSW

The former Richmond Fellowship of NSW had, at the time of the merger a draft position paper that was intended to enhance the organisation's commitment to inclusion of those

with lived experience across their workforce. Also, at the time there were positive employment practices in place despite there being no overt policy setting out specific requirements for the employment of staff with 'lived experience'. In stating this, it's fair to say the former RFNSW made genuine commitments to ensure that staff with lived experience were at no disadvantage. Similarly, the former RFNSW was committed to making similar reasonable adjustments for others requiring reasonable adjustments for any other reason. Several staff with 'lived experience' were offered (and some initiated) personal 'wellness agreements' with supervisors as a useful tool to assist maintenance of wellbeing as necessary.

Historical review: Employment of staff with lived experience - former PRA

The former PRA operated within a documented recovery framework, with a philosophy of opportunity for people who identified as having a 'lived experience' of a mental health problem. PRA valued 'lived experience' and saw it as providing an advantage when supporting others living with similar experiences. As such, any staff (including peer workers) presenting with specific needs were provided one-on-one support within the principles of reasonable adjustment. Procedures were in place to ensure qualified job applicants who had 'lived experience' would be given preference in recruitment processes. The organisation had an established and growing Peer Workforce, specialised peer training, a peer operated service and a Peer Workforce Program Manager.

Overview

RichmondPRA is one of the largest providers of non-clinical psychosocial mental health recovery support services in Australia. We bring program diversity, a commitment to quality and intent to enable personal recovery for all who utilize our services. A unique element that RichmondPRA brings to the sector is our explicit commitment to employ suitably skilled and qualified staff who identify as having a lived experience of a mental health problem and personal recovery.

The recruitment of people with 'lived experience' is a keystone initiative of RichmondPRA. This stance unambiguously expresses:

- our respect for the person with 'lived experience':
- reinforcement of recognition of their potential and capacity:
- provision of opportunities for people to move beyond the experience of mental illness; and
- acknowledgment of their capability of modeling recovery.

The opportunity to directly employ this 'lived experience' within the organisation will compliment other staffs' contribution and enhance existing services and programs, not replace them.

The portion of our workforce that this paper applies to can be separated into two categories:

1. General workforce.

1.1 Staff with 'lived experience' of recovery from a mental health condition. In this category we refer to staff in the general workforce who bring personal 'lived experience' to their role. For them this is not a requirement of their role but is seen within the organization as an enhancement to the way they would fulfill their duties. These staff identify as having a personal lived experience of recovery self management, only if they choose to share that information in a direct way. As a proactive employer, RichmondPRA operates within a philosophy of providing opportunity to people who have previously faced disadvantage, particularly for those whose disadvantage arises from experiencing mental illness. Such people receive recognition for special recruitment consideration, along with our proactive approach to providing flexible working conditions wherever practicable and offering opportunities for staff development.

1.2 Staff who have very specific personal situations or circumstances. We broaden our approach to people's diverse life experiences by also widening our capacity to support staff whose personal situations require specific adaptations on the part of RichmondPRA to their 'work/life' balance in particular situations. So, not only offering 'special consideration' to a specific group of staff with 'lived experience of a mental health condition' but also by being an 'employer of choice' who may offer similar 'adaptations' or 'reasonable adjustments' to particular staff who inform us of complex life situations where it may be possible

for us to adapt or temporarily adjust the work circumstances to suit. Consideration by senior staff of the personal situations of staff who alert them to issues may result in particular temporary adaptations to work expectations. Such adaptations may cover staff with caring obligations that become demanding, or when personal arrangements break down or for those who experience an extraordinary health event etc. *For more information refer to “Part One: Provision of support for employment of staff with a ‘lived experience’ in RichmondPRA”.*

- 2 Peer Workers. In Peer Workforce positions an essential role requirement is ‘lived experience’ of managing recovery from a mental health condition. In RichmondPRA our peer workforce are specialist workers with a particular range of duties that are uniquely adapted to reflect a peer work ethos, i.e. working specifically with the person using our services to assist them in the fulfillment of their recovery goals and related activities.

The peer workforce consists of suitably trained and experienced people with lived experience of recovery from mental health difficulties who have an affinity for providing specialized support services to people in our programs. As a peer worker, one’s own ‘lived experience’ provides an essential element and a distinct advantage to mentor and support people moving through or struggling with their own recovery journey. *For more information refer to “Part Two: Role of Peer Workers in RichmondPRA”.*

Staff expectations and obligations.

Whilst the roles described above, may have special consideration to accommodate specific needs/situations of people who work for us, the roles themselves, are not ‘additional’ or ‘special’, nor do they require any specific lowering or adjusting of work standards or expectations on the part of RichmondPRA as the employer. All staff have organizational obligations and expectations that are consistently applied. Any temporary variation or adaptation to duty, role, working hours or service is only permitted after senior managers consideration, agreement, approval and notification. The staff person or the senior manager can instigate a meeting to discuss/implement the approved options.

RichmondPRA has a form that allows staff to prepare for known or likely scenarios where, in special circumstances, we may need to make particular considerations for them. This form is Attachment 1.i. Personal Situation Plan, which may be completed and refreshed at any time, preferably on an annual basis by the staff person concerned. Tips for completing the plan are also available as Attachment 1.ii. *For more information refer to Attachment 1. “Staff Personal Situation Plan”*

Ways forward.

Richmond PRA incorporating 'Lived Experience' into recruitment.

RichmondPRA is changing recruitment processes. The purpose is to introduce an element of affirmative action and positive discrimination as our way forward in staff recruitment. We do this for the dual purposes of attracting people with lived experience to apply for advertised positions, and to acknowledge and affirm our conviction that 'lived experience' of mental health recovery is an advantage in providing another valued dimension to our unique and specialised service ethos.

From the outset we state categorically that 'lived experience' alone is not an automatic qualifier for employment or appointment. Regardless of the position, each applicant must bring specific, relevant skills, experience and qualifications to support their application for employment. *In a situation where two suitably skilled and qualified persons apply for a position, the person with 'lived experience' will be considered to have an advantage, even if 'lived experience' is not required for the role.* This is in response to our philosophy of providing opportunity to people who have previously experienced marginalisation, penalty and disadvantage, specifically due to their lived experience. It is important to emphasise that for nominated positions 'lived experience' would remain an essential pre-requisite (e.g. advocate, peer worker etc.).

Furthermore, there is agreement that **an overall organisational ratio of staff with lived experience will be at 50% of our total staff number by 2017. This is considered a goal**, not a quota. It is not considered advantageous to use 'lived experience' as a key outcome or strategy, but instead as a guide for a target. Nobody should be employed merely because they boost our ratio of 'lived experience' personnel; each staff is employed primarily because of the qualities and expertise they will bring to fulfill position requirements.

To maximise opportunities, strategies will be developed to support people in their roles and maximise success rates. In contrast, these strategies would also limit exploitation of arrangements. For example, lateness, blaming aspects of illness/ obligations when it is merely poor personal management, or claims that their illness is a reason for not completing tasks will not be acceptable if it is not a contributing factor or if no commitment to actions to address the difficulty are undertaken. These issues will be performance managed. See *Attachment 1. "Personal Situation Plan"*, where the opportunity to document possible supports and articulate plans may lead to better management and support of personal situations and recovery initiatives.

The strategies and guidelines that support this paper will enhance good practices and prevent individuals taking advantage, alienating other staff, or jeopardizing the integrity of the organization or their position. These will require senior management support for special arrangements so as not to create a void in service provision or otherwise negatively impact the person's work reputation, our service obligations or our workforce.

PART ONE:

Provision of support for employment of staff with a 'lived experience' in RichmondPRA

RichmondPRA's initiatives to create and develop a more inclusive and supportive workplace will place the organization at the forefront within the sector. Potential and existing staff will position us as their 'employer of choice' because of these initiatives. The approach will enhance staff potential and retention rates whilst preserving the organisational investment in development and training of valued staff. The process to achieve this consists of several elements that have been outlined throughout this paper:

- **Recruit** - affirmative action, and being a supportive employer:
- **Respond** - staff opportunity to plan for preferred work adjustments in personal situations: and;
- **Retain** - using reasonable adjustments to ensure staff that job is safe, less pressure upon return and RichmondPRA is an 'employer of choice'.

What are Reasonable Adjustments?

International views

An outline of the concept of 'reasonable workplace adjustment' is described in and supported by the International Labour Organization's "Code of Practice 'Managing Disability in the Workplace'"(2002). It defines an 'adjustment' or 'accommodation' as including- "adjustment or modification to equipment, job content, work time and work organisation and the adaptation of the work environment to facilitate the employment of individuals with disabilities" (ILO, 2002, p.4). Similarly, The Americans with Disabilities Act, (1990) defines reasonable adjustment as "any change in the work environment or the way things are usually done that gives an individual with a disability an equal employment opportunity", and outlines the following three types of reasonable adjustments:

"(i) modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or

(ii) modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or

(iii) modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities." (*Americans with Disabilities Act 1990* : 29).

Australian views

In the Australian context, 'reasonable adjustment' is a provision in the Commonwealth Disability Discrimination Act (1992). Accommodations for those people with physical or sensory disability are clear and *"perhaps more 'tangible' than for a mental health problem"* (MHCC, 2008, p. 50). Those people with a mental illness/ psychosocial disability have the *"same legal right to reasonable adjustment as any person with a disability, and the same accountability to expectations placed by the organisation on all other employees"* (MHCC, 2008: 50).

"Reasonable Adjustments" are specific actions or strategies developed by an employer to address the effects of a staff member's mental illness / psychosocial disability in the workplace. They are NOT 'pandering to laziness' but 'reasonable adjustment' to bona fide disabilities, offering an equal opportunity environment in which someone experiencing disadvantage is offered an opportunity to excel.

Examples of such adjustments may include:

- More flexible working options;
- Strategies to address difficulties with thinking processes;
- Strategies to address difficulties with organisation and planning;
- Strategies to address difficulties with social interaction/ physical symptoms/ functioning;
- Strategies to address emotional responses; and
- Strategies to address absence from work

Human Rights Australia outlines four practical ways to implement reasonable adjustments for persons with 'lived experience':

- 1) Identify the 'inherent' or 'core' requirements of the worker's job;
- 2) Assess the worker's skills and abilities;
- 3) Identify reasonable adjustments with the worker; and
- 4) Check that the worker can meet the inherent (or core) requirements of the job when reasonable adjustments have been identified (Human Rights Australia, 2010:12).

How will RichmondPRA do this?

RichmondPRA is a supportive employer, we provide opportunities for individuals with 'lived experience' of mental health recovery; provide flexibility in working arrangements for all staff, and 'response-ability' when preparing conditions of employment. We take into account all our "reasonable adjustment" obligations with enthusiasm and have expectations that efficient and effective staff will undertake their roles with utmost integrity within a supportive employment context.

It is generally accepted within RichmondPRA that most staff abide by their conditions of employment, as described in our Human Resource (HR) policies. For that reason guidelines and strategies should be in place for utilisation and correct application of reasonable adjustment provisions, with direct guidance and authorisation from senior managers.

Guidelines and strategies will be clearly established and applied to ensure appropriate opportunities as well as understanding and awareness by staff, and minimising the occurrence of disruption to services, programs or within the organisation.

Note: Even the most comprehensive set of guidelines may not cover all possible situations, therefore senior managers' discretion and commonsense is to be used when addressing such instances together with the following Principles:

Principles

Principle 1:

RichmondPRA actively promotes the employment of those with 'lived experience' through recruitment advertisements and our selection process.

Favourable consideration will be given to the appointment of people with a 'lived experience' of recovery from mental illness. Specifically:

- a. Inclusion of a standard statement in all positions vacant advertising encouraging applications from qualified people who identify as having a 'lived experience' e.g. "*RichmondPRA positions are open to all suitably qualified applicants. We have a strong commitment to participation of mental health consumers in our workforce. We invite qualified people with 'lived experience' of mental illness to apply. We also welcome diversity in the workplace and invite people from other communities to apply.*"
- b. When relevant, during initial interview – make enquiries to ascertain an applicant's attitude to, experience of, and demonstrated progress with, recovery and self-management.

Principle 2:

RichmondPRA is committed to providing necessary organisational support mechanisms for those with lived experience.

2.1 A policy will be developed to cover supports available to people who work with RichmondPRA. Key elements: An understanding approach to personal recovery needs of staff when they are managing recurrence of mental health problems, including the provision of extended leave of absence (within the terms of sick leave, including leave without pay), and a return to work process that is geared to individual requirements. This is stipulated in the HR policies and there is a dedicated element of our Staff Orientation program outlining this. *For more information refer to pg. 9,10 on Reasonable Adjustment*

2.2 Reassurance regarding the security of a person's position, particularly when on an extended period of leave. A review of this arrangement should be established within 4 weeks, but not surpassing 12 weeks, with consideration given to the position's requirements being met at an optimum level. This is to occur at the discretion of their

senior manager, in consultation with the relevant supervisor. Temporary arrangements may include secondment of another person into the role in an 'acting' capacity.

2.3 Accommodating an individual to an alternative placement within the organisation, without loss/reduction of the rate of income. This is to occur by negotiation between the senior manager, supervisor and staff member in the best interests of balance between program responsibilities and organizational requirements.

2.4 The provision to recommend paid leave in very particular special circumstances when deemed appropriate by a senior manager. To offer this is purely at their discretion. This provision is applicable only for recommended persons who have a proven record of service, commitment to the role and the organization, responsibility and positive work record (including attendance) over a minimum of the past two (2) years.

2.5 Consideration may be made to enable staff to attend external appointments for maintenance of health and well being, within the parameters of leave entitlements, [including leave without pay or a flexi-time arrangement by negotiation with immediate supervisor, where a staff member will 'make up' time of absence]. This is not a 'right' and is purely at the discretion of the senior supervisor.

Principle 3: Support mechanisms

RichmondPRA is committed to ensuring that staff be informed of the organisational support mechanisms that exist for all staff, including staff with 'lived experience'.

RichmondPRA acknowledges our organisational commitment to ensuring that staff are informed of available organisational support mechanisms, in the following ways:

3.1 Outline of flexible working arrangements for special circumstances described during induction and reviewed [as required] around time of staff performance appraisal. *For more information refer to Attachment 1. "Personal Situation Plan."*

3.2 Describe leave entitlements within the HR policies.

3.3 Senior managers to use utmost discretion when staff with 'lived experience' are experiencing reoccurrence of their disorder and particularly if around that time they resign. This situation requires special consideration regarding whether acceptance of a resignation in the circumstances would be a proper action on the part of RichmondPRA or in the staff member's longer-term interests.

3.4 RichmondPRA and its staff are dedicated and committed to mental health recovery. There is an important distinction however, between staff support and consumer (client) support. Staff are not entitled to nor expected to seek support or

counseling etc. from other staff or managers within the organization. This is a matter for which they ought to make private arrangements, to be done in their own time. RichmondPRA provides staff and management access to an Employee Assistance Program (with our two provider's being IPS Worldwide and Davidson Trahaire Corpsych (DTC)) if people don't have their own supports.

Principle 4: Use of personal plans

RichmondPRA is committed to and supportive of a staff member being proactive in addressing potential difficulties and anticipation of personal circumstances that may impact on work, its effectiveness or their reputation. We recommend completion of a Personal Situation Plan (as outlined in Principle 2). For more information refer to Attachment 1. "Personal Situation Plan."

4.1 RichmondPRA's expectation is that staff are mature enough to take responsibility to operate within the boundaries and intent of these generous working conditions. Because we are supportive of staff members being proactive in addressing potential difficulties and anticipation of personal circumstances that may impact on work, its effectiveness or their reputation, we recommend completion of personal situation plans. We see these as a means of anticipating staff support requirements and preferences and as a mechanism to plan for and provide appropriate individual staff supports.

4.2 Personal Situation Plans. For staff with personal difficulties these plans and processes are recommended as they can be organised in advance. Suggested use:

- a. A Personal Situation Plan is optional. In it you nominate possible issues, details of persons to be contacted for support; and could nominate a workplace colleague to alert the individual of the identified problem or the need for self-care.
- b. Annual review of the plan to coincide with the individual's annual appraisal or at another time decided by the staff concerned.
- c. The responsibility for maintaining currency of the plan to be accepted by the individual. They may elect to have this kept in an agreed location known to senior staff.
- d. Consideration in planning be given to managing organisational or service responsibilities including provision of suitable levels of service in programs, considering the vacancies created by absences etc..
- e. The individual is to be made aware of the limitations of reasonable adjustments or flexible working arrangements by a senior manager. This manager is to be alerted by the workplace colleague nominated on the staff member's plan.
- f. Notification of this is to occur at a suitable time, but not to negatively impact on an individual's recovery. This should not

preclude notification from being issued, but may occur between a nominated workplace representative and next-of-kin or other family member, practitioner as nominated in their Plan.

Principle 5: *Limitations*

RichmondPRA applies flexible working arrangements (within the limitations/requirements of the role) and meets requirements to temporarily backfill roles.

5.1 Staff in fulltime roles may have limited access to flexible working arrangements due to the requirements of their role. Fulltime positions usually require a presence in the workplace because of the demands of the role; supervisory responsibilities of other staff members; or co-ordination duties that have flow-on effects within the business.

Policy considerations will respond to:

- a. Those fulltime positions made vacant by someone's sick leave that need to be backfilled temporarily. It must happen within four (4) weeks of absence (equivalent to a maximum annual allocation of annual leave) allowing for temporary appointment of staff to an acting role (perhaps higher-grade duties), pending availability of suitable replacement.
- b. An acting appointment is to be on a week-by-week basis pending the return of the absent staff.
- c. Should the acting position become vacant, it is to be advertised (as per usual vacancy procedures) with the acting incumbent invited to apply.

Principle 6:

Expressions of support from the workplace to staff during leave absences.

RichmondPRA demonstrates its support to staff with lived experience when on periods of leave by contact and appropriate communications.

- a. An official/nominated person will contact the absent staff member on a regular basis (minimum monthly) to maintain organisational contact with the individual.
- b. A personal visit (if welcomed and practical) from a suitable workplace colleague to the individual, offering expressed best wishes on behalf of the organisation. Suitable visiting time to be

- allocated on a monthly basis to occur during business hours (maximum 3 hours per month).
- c. The workplace colleague to pass on a written message of hope and support from senior management/Chief Executive Officer.

Principle 7: Return to work plans.

RichmondPRA offers return to work plans for those with 'lived experience' returning to their employed roles.

7.1 When an amount of leave supersedes the maximum allocated time, or a person is ready to return to work, they are invited to lead discussion in order to negotiate their return to work plan in consultation with their care professionals and RichmondPRA.

- a. This is to occur with input from each party, considering the requirements of their role, and their capacity to re-commence work.
- b. This can be coordinated in a number of ways, such as in conjunction with an acting appointment on a time-shared basis; on a structured increase of days / hours over a period of weeks; etc., paid on a pro-rata basis.
- c. Return to work plans may include a Personal Situation Plan and an agreement of hours / days of work.
- d. Return to work plans are to be signed-off by supervisor and senior manager.
- e. Return to work plans are to be reviewed periodically to assess the effectiveness of the plan and whether it meets the needs of the role.

Principle 8: Extended support for ex-staff when employment ceases (if desired)

RichmondPRA offers appropriate extended support from within the organisation to those with a lived experience upon their resignation from RichmondPRA.

8.1 Staff who resign and who are eligible, should be offered options to participate in RichmondPRA services, to support their recovery. This option may include any existing support or recovery service, pending eligibility and availability.

8.2 Ostara open employment services will be offered, with additional services to support other needs if eligible and relevant to the person.

8.3 A time frame of support to be equivalent to the length of a staff member's absence (up to 12 weeks).

Principle 9: Consistency of expectations of all staff.

The primary purpose of the organisation requires that we provide high standards of service to each person in our programs and that we ensure staff meet these standards of service in their performance.

9.1 Staff can anticipate that we expect the same of all staff in performance, outcome, achievement and appraisal, across the organisation.

9.2 All staff, including those who identify with a 'lived experience', are employed (as in any Australian workplace), to perform a series of tasks. Our primary obligation is to fulfill the purposes of the organisation and that appropriate service levels are offered to consumers as a first priority.

9.3 Staff who appear to be experiencing a recurrence of a mental health problem may be spoken to (by their supervisor, senior staff or person nominated in their Personal Situation Plan) in order to ascertain what might need to be done. If necessary they may be asked to take leave to have the opportunity to get appropriate recovery actions in place. These interventions are intended to support the staff to get help if needed, preserve their reputation and professional status and protect the interests of consumers utilising the program and that of the organisation.

9.4 All staff are guided by RichmondPRA's mission and vision and bound by our Code of Conduct. To this end we require appropriate and reliable performance and acceptable behaviour in workplace situations from all staff.

PART TWO: The role of Peer Workers in RichmondPRA

1 Introduction

This paper explores the role of a peer workforce strategy and how it might be integrated into RichmondPRA's broader workforce development strategy.

A peer workforce strategy applies to salaried staff who occupy roles for which lived experience is a role requirement. This does not apply to roles for people with lived experience who are in unpaid, work incentive or volunteer positions or who are in receipt of pro-rata wages, nor for staff in roles that do not stipulate 'lived experience' as a requirement.

1.1 Definitions and Concepts

Because the key terms used in this paper have varied definitions, this section provides scope around how the terms are defined for the purposes of RichmondPRA's usage.

1.1.1 Peer Worker – The peer workforce consists of Peer Workers. In this context we refer to people employed in staff roles that have an essential component requiring that they “*identify as being, or having been, mental health consumers*” (MHCC. 2011:2). Peer Workers occupy a variety of job roles. Peer Work roles could include but are not limited to such peer work as:- , vocational support, respite care, recovery based educative programs, art and recovery classes, rehabilitation, habilitation and recovery facilitation, community integration activity, accommodation support, and transitional support from hospital/care to reintegration into the community. Those with a 'lived experience' working in roles which do *not require* a lived experience are not peer workers.

“A Peer Worker is an occupational title for a person in recovery from a mental disorder or mental health problem, who is working to assist other people with a mental disorder. Because of their life experience, such persons have expertise that professional training cannot replicate; they are important sources of information, a potential source of motivation, and may serve as mentors to others”. (Bennett, Meagher, 2010).

1.1.2 Peer Support – any organised support provided by and for people with similar conditions, problems or experiences. Peer support is sometimes known as self-help, mutual aid or mutual support (O'Hagan, 2011).

An example of peer work philosophy and principles is described in this quotation ...*“Peer Support initiatives are the workers, groups, networks, programs, agencies or services that provide peer support. They can be:*

- *Funded OR unfunded;*
- *Use volunteers OR paid staff OR both;*
- *Operate out of user/survivor / consumer run organisations OR other agencies;*
- *Delivered by a group of peers OR by an individual peer in a team of professionals;*
- *A primary activity of the initiative OR a benefit from another activity, e.g. in a user/survivor advocacy group or small business; and or,*
- *Part of an indigenous healing ritual.” (O'Hagan, 2011)*

Bradstreet (2006) noted three types of peer support:

1. *Informal/unintentional and naturally occurring peer support*
2. *Participation in consumer or peer-run groups and programs*
3. *Use of service users as paid providers of services – formal or intentional peer support (Walk the Walk and Talk the Talk, cited in Peters, 2010).*

This paper's focus is primarily on the **third** type of peer support described by Bradstreet (2006) where "service users" are those who identify as a recipient of mental health services.

It should be noted that *peer support is not about "psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain" (Orwin, 2008: 9). Put simply, peer support is "providing support, encouragement and hope to another consumer" (Casey, 2008: 2)*

1.1.3 Lived Experience – *is the expertise that comes from firsthand experiences of mental health services and/or an individual's own recovery experience, that experience places them in the best position to provide hope and support and encourages consumers and carers to participate and to voice their needs and concerns based on their individual recovery journey (Burge, 2011).*

1.1.4 Recovery – *The concept of recovery is about enabling and understanding the consumer to make his/her own decisions and life choices to achieve the life they want. To genuinely accept the individual regardless of one's own belief system, attitudes and life's journey (Casey, 2008). In Victoria, Australia the Charter of Peer Support (2011) has adopted the following definition for recovery: "Recovery is a process, a way of life, attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again...The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution". (Deegan, 1988, cited in The Charter of Peer Support, 2011)*

Recovery philosophy is underpinned by the following principles (The Future Vision Coalition, 2008; Mental Health Advocacy Coalition, 2008; New Freedom Commission, 2006; Sainsbury Centre for Mental Health, 2005 cited in O'Hagan, 2010:4).

- *"Hope for and self-determination of people with a diagnosis of mental illness is paramount;*
- *Madness is seen as a valid and challenging state of being rather than just a mental illness;*
- *There is recognition of the multiple determinants and consequences of mental health problems;*
- *There is recognition of the broad range of responses needed; and,*
- *People with a diagnosis are the major contributors to their own recovery."*

2 Background and Context

2.1 Peer Work and RichmondPRA's strategic directions.

For an organisation that supports people with mental illness and complex needs, a peer workforce strategy plays a key part in realising this strategic direction.

Furthermore, RichmondPRA's values and mission align with an overt commitment to the employment of a peer workforce. To truly practice these values, the lived experience of living in recovery from mental health difficulties not only informs good practice but also provides insight into how programs could be provided to ensure that the individual is enabled to recover to their desired potential.

A peer workforce strategy not only enables an enhanced recovery focus but aligns to the organisation's ability to achieve its business strategy.

Importantly, for the peer worker themselves, there is evidence that peer work assists with *“increased confidence, self esteem, increased knowledge of mental health and mental distress, increased levels of employment leading to better financial situations, increased volunteering, social support and networking and increased aspirations for life”* (Peters: 2010: 6). This aligns well with RichmondPRA's mission to support people who are affected by a mental health issue and who have complex needs, and to resource their journey towards recovery to live a fulfilling life in the community. This illustrates a clear business case for embracing a 'peer work' workforce strategy.

Additionally, from a cost-benefit analysis it has been reported that *“peer support workers cost less than clinicians – suggesting they are cost effective”* (Peters, 2010: 6). Cost effectiveness whilst utilising an expert resource that is central to achieving RichmondPRA's mission makes sound business sense. Finally, in terms of risk management, some studies have shown that there are no effects for Peer Work, but there are no studies to date to show there are *adverse* effects for peer support (O'Hagan, 2011: 10).

2.2 Peer Work and Lived Experience

Experience of living with a mental health problem or disorder is a compulsory starting point for peer work roles in RichmondPRA. As 'lived experience' is a requirement for identified peer roles this leads to key differences between a peer role and the role of a mental health worker. Such differences include:

- Lived experience of the consumer or carer underpins all intentional designated peer work; to establish relationships with consumers or carers; create the framework of trust and provision of hope;
- Due to their lived experience, the mental health peer workforce uses that expertise to guide their work; and,
- *It is possible to be a mental health worker with or without lived experience however it is not possible to be a consumer worker or carer worker without the lived experience* (Watson, 2007). This is clearly supported by a review of over 35 position statements for identified consumer (peer) worker and carer worker positions.

2.3 Peer Work in a Recovery Oriented Culture

“Peer support is the only mental health role that is grounded intrinsically in recovery” (Orwin, 2008:10)

Peer work and a recovery-oriented culture have empirical support. For example, Corrigan (2006) investigated the relationship between participation in consumer operated services and measures of recovery and empowerment. A total of 1,824 service users indicated their participation in peer support program over a four-month period. In addition, two five-factor measures of recovery and of empowerment were also used. Results indicated that participation in peer support was associated with 9 out of 10 factors generated by the recovery and empowerment instruments and remained significant when commensurate demographic variables were controlled.

The incorporation of a peer workforce strategy is essential to an organization that purports to be truly recovery focused and driven. These peer positions *“need to be supported as a part of a strategic approach to improving the culture of mental health work places so that they can be most effective” (Burge, 2011)*. Recovery oriented culture in the mental health service context is now an expectation and is written into policy and is acknowledged and benchmarked as criteria for national standards for mental health services (4th National Health Plan, 2010).

2.4 What’s been happening Internationally?

Internationally, much has been happening with regards to peer work. For example, in the USA *“there are more self help groups and consumer operated services than main stream mental health services” (Goldstrom, 2006, cited in O’Hagan, 2010: 4)*. In the USA all Mental Health Department contracts now require agencies to employ peer workers, and the Department is funding peer-run community programs (e.g. Recovery Learning Communities) and peer-run respite services, which provide a form of diversion from hospital admission. These services are all driven by *“a vision of consumer empowerment” (Rutledge, 2011: 1)*.

Additionally, Canada, England, Ireland, Scotland, New Zealand and the U.S. all have *“national policy documents which includes strengthening the service users/consumer work force and most plan to include peer support services as a part of service development for the future” (Peters: 2010: 5)*. International research has further indicated that *“it is now clear that peer support services are seen as a key effective part of mental health services now and in the future in most countries” (Peters, 2010: 7)*. Research, has in addition, recognised that future efforts to strengthen the role of Peer Workers are to include the development of national/state guidelines to improve consistency in roles, job descriptions, competencies, training (e.g. confidentiality and ethical codes of practice), supervision, documentation, equitable pay, etc. Continued evaluation of peer led services may capture the unique qualities of peer support work and add to the growing body of knowledge around these important services (Peters, 2010: 7).

In USA, the Georgia Peer Workforce training is now a qualification requirement and is the basic criteria for any Peer Worker in 23 states in USA (Larry Fricks, 2011). Peer Workers who are qualified are eligible to claim Federal Medicaid payments for a range of peer run activities.

These international trends offer us valuable learning experiences and point to further refinements and developments in the Peer Work field.

2.5 What's been happening in Australia?

Nationally, Australia hasn't reached the same level of maturity and development as some of these international initiatives, however, much valuable work has been undertaken and much is currently in development.

National policies and strategies over the past two decades recognise the importance and value of consumer and carer participation and employment in the mental health sector due to the expertise they bring from the perspective of 'lived experience'. The 4th National Mental Health Plan along with the National Mental Health Plan 2003-2008, the Council of the Australian Government (COAG) National Action Plan on Mental Health 2006-2011, and the National Mental Health Workforce Strategy focus on the development of the peer workforce as a critical factor for improving the outcomes for consumers accessing mental health services in Australia.

Currently there is a Certificate IV in Mental Health Peer Work qualification being 'rolled-out' across Australia. The Certificate IV in Mental Health Peer Work covers these areas:

- Continuous improvement
- Apply lived experience in work
- Trauma informed care
- Promote self-advocacy
- Self-directed physical health

Experienced and advanced Peer Workers could have access to training encompassing;

- Leadership skill-set
- Management skill-set.

2.6 What happened at the former PRA?

PRA believed that Peer Workers formed an intrinsic part of the workforce. PRA considered the connection that peer workers shared with consumers to be a specialised skill set that training could never replicate. The 'lived experience', whilst highly valued, marked a starting point (or minimum level entry point) for the recruitment of peer workers. Individuals who sought peer work were advised to enhance their suitability through other vocational experience, additional skills and qualifications, mental health specific knowledge and by developing a personal ability to support through understanding and self-recovery. All peer worker positions were advertised in the open market, creating a competitive opportunity for people to secure employment in the field.

The role of the Program Manager, Peer Workforce involved:

- The development of the peer workforce by way of identifying and creating new opportunities for peer positions;
- Enhancing individual roles and responsibility of peer workers;
- Providing supervision to individual peer workers on peer related matters;
- Employing peer workers in newly created positions;
- Supporting new peer workers during transition from consumer to peer worker;

- Creating identity for the peer workforce through coordinating training and development opportunities;
- Providing a voice for peer workforce to senior management.

The roles peer workers were employed to do in PRA included the following:

- Vocational support for participants preparing for work/full employment, including development of Employment Action/Assistance Plans and goal setting.
- CANSAS assessment and review of physical health needs.
- Respite care and support.
- Recovery based educative programs, such as Pathways to Recovery.
- A Consumer Operated Service, encompassing all facets of recovery.
- Consumer support in Day-to-Day living programs.
- Art classes.
- Support for transition from hospital to reintegration into community life.
- Employment support for job seekers.

Outlining tasks and duties the official definition described as:

“Tasks performed by peer workers ...assisting people in articulating their goals for recovery, helping them monitor their progress, assisting them in managing their wellbeing, modeling and articulating effective recovery strategies based on the workers’ own experiences, supporting the person to obtain appropriate and/or effective services, and helping them to understand different pathways to recovery”. (Bennett, Meagher 2011)

2.7 What happened at the former RFNSW?

RFNSW did not have a peer workforce strategy nor did it employ staff in ‘peer workforce’ roles. The former RFNSW had, at the time of the merger a draft position paper that was intended to enhance the organizations commitment to inclusion of those with ‘lived experience’ across their workforce. However, there were positive employment practices in place despite there being no overt policy setting out specific requirements for the employment of staff with ‘lived experience’. In stating this, it’s fair to say the former RFNSW made genuine commitments to ensure that staff with ‘lived experience’ were at no disadvantage. Similarly, the former RFNSW was committed to making similar reasonable adjustments to others requiring reasonable adjustments for any other reason. Several staff with lived experience were offered [and some others initiated] personal ‘wellness agreements’ with supervisors as a useful tool to assist maintenance of wellbeing as necessary.

Richmond Fellowship of NSW created their first opportunity to employ peer workers through successfully gaining Personal Helpers and Mentors (PHaMS) programs in a number of sites. PHaMS is a government program that provides services ‘one on one’ to people who use the service. It has a contract provision that creates an opportunity to increase the number of workers with lived experience within the mental health sector. Through this RFNSW employed 10 PHaMS workers based in Parkes and Bourke. In each PHaMS team there is at least one staff member with a ‘lived experience’.

Peer Work Philosophy

“Not having a clear philosophy can mean a lack of focus. You only have outputs, not outcomes” (Orwin, 2008: 8)

Having a clear philosophy and position statement on peer workforce strategy helps ensure that decisions around the strategy are guided by strategic intent, and not an ad hoc and splintered approach.

Principles

In illustrating the principles of peer work it is important to note that within generic organisational structures it can be difficult to find specific principles in consumer literature that apply in this context. However, O’Hagan (2011) provides a concise overview with five clear principles of Peer Work (please note that additional references in this section are cited from O’Hagan, 2011).

1. **Self-determination:** *the right to make free choices about life without external coercion (Scott, 2011);*
2. **Participation and equality:** *self-determination within a peer support initiative is often expressed through participation and equal relationships. There is direct participation of the members in the organization’s decision making process (Segal et al., 2002) that is characterized by a lack of hierarchy (White: 2009);*
3. **Reciprocity:** *this describes the honest and genuine two-way helping relationships that occur in peer run initiatives (Campbell et al., 2006) through the kinship of common experience (White, 2009). This is sometimes referred to as the peer principle whereby relationships are based on shared experiences and values that are characterized by reciprocity and mutuality (Clay, 2005);*
4. **Experiential knowledge:** *there is high value placed on experiential knowledge which is subjective as well as concrete, specific and commonsensical (White, 2009) as opposed to theoretical and scientific knowledge. High respect for experiential knowledge means that peers can share their problems and solutions with each other in a non-judgmental way. With this, knowledge is not controlled, but shared.*
5. **Recovery and hope:** *recovery in this context emphasizes, not recovery from symptoms but the recovery or discovery of a life worth living of one’s own choosing.*

Models

There is no real need to adopt or align with one particular ‘model’ of peer work, however, Orwin (2008) provides a good example. Orwin (2008) has identified two types of models: Theoretical and Structural.

Theoretical Models

Three broad types of theoretical models have been identified:

1. *Peer support that does not assume any framework of understanding or medical model of illness. This model is usually, but not exclusively, favored by*

- service user owned and operated providers; (e.g. Intentional Peer Support – Sherry Mead, Prosumers –Janet Paleo etc.)*
2. *A loose model based on hope and recovery rather than illness. It uses tools like Wellness Recovery Action Plan (WRAP) or “Pathways to Recovery”. It can have a range of provider types.*
 3. *A model tied to the traditional medical model but distinguished by more disclosure in the relationship. Like the clinical model it is uni-directional. It is peer support only in that stories are shared. For some, it embodies a good clinical practice.*

Structural Models

Two broad types of structural models have been identified:

1. *Integrated model: implies some degree of organisational integration of peer workers (PW) within a large non-service user-run organisation. PW’s are staff of this larger organisation. Often there is a further division of this model into the types of the organisation, either formal clinical mental health services such as health services or NGO providers of clinical or non-clinical services. The degree to which Peer Work has operational freedom varies greatly between organisations, as does the extent of service user influence or presence at management level; and,*
2. *Independent model: implies independence from traditional providers of mental health services, whether health services or NGO, and almost always within entirely service user-owned and operated organisations.*

Strategies to maintain integrity of peer work

There is much literature written on the reasons for ineffective Peer Work initiatives/strategies/models and how to avoid the creation of “*mini mental health workers who happen to be consumers who don’t have a clinical role rather than peer support workers who undertake a specific role, tasks and are accountable for the peer support service they provide*”(Casey: 2008: 1).

Orwin (2008: 22) outlines some examples of strategies to maintain integrity of Peer Work:

Factors affecting integrity	Strategies to maintain integrity of Peer Work
<i>Tokenism</i>	<ul style="list-style-type: none"> ▪ <i>Peer support team leader should be a peer</i> ▪ <i>Team leader should be a member of the senior management team</i> ▪ <i>Peer support should be operationally independent;</i> ▪ <i>Funders should ensure there is peer leadership</i> ▪ <i>Funders should ensure the service is credible</i>
<i>Leadership</i>	<ul style="list-style-type: none"> ▪ <i>Explicit support for peer support from all levels of leadership</i> ▪ <i>Training of all managers, from chief executive to line managers in peer support</i>

<i>Systems</i>	<ul style="list-style-type: none"> ▪ <i>Clear understanding of the role of peer support</i> ▪ <i>Peer support clearly differentiated from other support roles</i> ▪ <i>Policies and procedures adapted to support development of peer support workers</i>
<i>Supervision</i>	<ul style="list-style-type: none"> ▪ <i>Skilled, knowledgeable supervisors help PSWs to ‘stay peer’</i> ▪ <i>External supervision</i> ▪ <i>Active development of peer supervision capacity</i>
<i>Funders and outcomes</i>	<ul style="list-style-type: none"> ▪ <i>Understand that peer support is different from other forms of support</i> ▪ <i>Build mutual understanding between peer support service and funder</i> ▪ <i>Ensure outcomes consistent with the philosophy of the service</i> ▪ <i>Never demand clinical outcomes</i> ▪ <i>Accept that outcomes from peer support are evolving</i> ▪ <i>Look for qualitative measures that can capture the impact on lives</i> ▪ <i>Look for outcomes that are broader than just mental health outcomes</i>

If these strategies are addressed it is less likely that ‘colonization’ will occur (i.e. people adhering to the current ethos or status quo) if there is a true commitment to peer work and the necessary supports are available.

Further, two key issues for discussion relevant to peer work include:

- Understanding of and commitment to the ethics and values of Peer Work and
- Commitment to access and availability to peer workers appropriate peer worker qualification. (Rutledge, 2011:5)

3 Principles: Implementation of RichmondPRA’s Peer Workforce commitment.

3.1 Develop a Peer Workforce Strategy

RichmondPRA will incorporate within their strategic plan specific goals, actions and targets relating to the development and growth of our peer workforce.

3.2 Involvement in National and State level developments

RichmondPRA will continue to engage in national and state level peer work strategic and policy developments to ensure that our input places RichmondPRA in a leadership role shaping national and state initiatives, innovations and directions.

3.3 Recognition of Peer Work staff as Subject Matter Experts (SME’s)

That RichmondPRA recognise ‘subject matter expertise’ for Peer Work leaders within the organisation. Additionally, that the organization utilize this expertise when appropriate and remunerate such expertise in salaries that reflect respect for their expert advice.

Many industries recognise SME's and pay them accordingly. As such, SME's are remunerated at a level that recognises and reflects the value of their expertise despite where their position may sit in the organisational hierarchy. For RichmondPRA to be a truly recovery led organisation recognition of particular peer workers as SME's and their contribution is an integral part of this. It is recommended that peer worker leaders be recognized as SME's in recovery to draw on and offer advice.

3.4 Training, development and qualifications

Training and Development opportunities for Peer Workers are essential. There are several courses already available such as CAN (MH) "Progressing in Peer Work". The Certificate IV in Mental Health Peer Work is highly recommended for all peer workers. We further suggest that the Certificate IV in Mental Health Peer Work be the foundation qualification for Peer Workers in the same way that Certificate IV in Mental Health is frequently considered to be a baseline for Support Workers. Newly appointed peer workers will be required and supported to complete this qualification. This will be stated and agreed to in letters of appointment and when the qualification completed via an Australian Traineeship Agreement.

3.5 Orientation of all staff to the role of the peer workforce

It is also essential that all existing and new staff be informed on RichmondPRA's Peer Work philosophy and the role of Peer Workers. This is proposed as obligatory background information and is integrated into Orientation training.

3.6 Job Redesign

It is recommended that consideration be given to redesigning recruitment protocols and roles to make provision within teams for identifying potential peer roles. When a position falls vacant consideration for its potential redesign as a Peer Work role ought to be undertaken. This must be done under the scrutiny of a team consisting of General Manager Human Resources, Program Manager Peer Work and Manager Workforce Development.

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Attachment 1. Personal Situation Plan



TIPS FOR COMPLETING A PERSONAL SITUATION PLAN

The Personal Situation Plan is a Staff Tool that:

- Can be used for any personal situations that may impact on work.
- Is designed to assist the staff to manage the issue in their *work context* not to manage the issue per se.
- Will not be used for staff performance management issues. Performance management issues are addressed via the staff's line supervision.
- Has its value in the dialogue that arises between a staff member and their manager around the plan. Therefore, this document is a guide to setting up a supportive process.
- Is optional. Personal Situation Plans are instigated by individual staff who choose to plan for or communicate a situation or anticipated situation.
- The staff person and manager (at the staff member's prerogative) may retain a copy of the Plan.

When completing your Plan it might be useful to consider....

Reflection

- Over the past months what situations/events relating to this personal issue do you think a Personal Situation Plan may have helped?
- If you didn't have this personal issue how would things be different for you at work? Would the Personal Situation Plan help in addressing the impact/s on my work?

Action Points

- List the matters that you want to discuss and/or include in the Plan i.e. what do you want to have reflected in the Plan, what outcomes do you want from this discussion?
-

RichmondPRA

Together, we're better.

Personal Situation Plan

This plan is a generic template to assist any staff person who may need to create a plan to manage those personal issues that may potentially impact on their work or their capacity to fulfill duties in particular circumstances. The matters raised in this plan may be discussed and planned for in advance with their manager. For example; experience of mental distress, treatment issues for a serious health condition, immediate carer or family duties etc. *Adapt the template as appropriate.*

1. Name: _____

Position: _____

My Personal Issue: _____

2. My personal / career 'Hopes and Dreams' that I do not want this issue to limit are:

3. My ideas (strategies) on how I can bring my 'Hopes and Dreams' to reality are:

4. Significant people in my support network/s are:

(1) _____ Relationship _____

(2) _____ Relationship _____

(3) _____ Relationship _____

5. Activities and interests / personal resources which assist me to maintain my wellbeing include:

- _____
- _____
- _____

6. Some situation/s that don't help with this personal issue are:

<i>Tricky / Difficult Situation</i>	<i>My fear</i>

7. Action/s I can do to help me to manage this situation.

For example, if a situation (trigger) happens I can xxx:

<i>Action/Trigger</i>	<i>My preferred response</i>

8. Some early warning signs/ indicators that this personal issue will need attending to:

1. _____

2. _____

3. _____

9. Actions I can take to manage this issue when I'm experiencing its impact on me are:

- _____

- _____

- _____

10. Activities I need to do on a **daily** basis to manage my situation are:

1. _____

2. _____

3. _____

11. Activities I need to do on a **regular** basis to manage my situation are:

1. _____

2. _____

3. _____

12. When there is a crisis regarding my personal issue I would like the following to happen and these people / services to be involved:

<i>What to do</i>	<i>Who to involve</i>	<i>Contact</i>

13. I wish for these people/services to be involved.

They agree to support me in the way I have outlined above:

YES NO

If No: (explain)


Signed: _____ Date: _____

Manager: _____ Review Date: / /

Comment:

RichmondPRA ABN 66 001 280 628

5 Figtree Drive Sydney Olympic Park NSW 2127 Australia

 info@richmondpra.org.au **WWW** richmondpra.org.au



+61 2 9393 9000



RichmondPRA



@richmondpra