

# Codesign Workshop

## Service principles to guide the Open Place Transition

### Background

Two workshops were held on 10 December 2019 (Group 1) and 13 December 2019 (Group 2). The first workshop involved identifying a set of high-level principles by analysing similar principles from many similar or related services and advising what the critical elements for each principle should be. This produced a set of ten key principles to guide the selection of a new provider and to shape the new service. The second workshop validated these principles and their elements by thinking more deeply about:

- service pathways for ageing people with health needs
- people seeking support to be more independent and build a more positive future for themselves, and
- people feeling lonely and misunderstood in the community (it was noted that these people could also fit into the other two categories).

### Principle 1

#### Access

##### *“Right service, right place, right time”*

Easy, flexible and timely access to in-scope services will be promoted and available to all people state-wide and extended to Pre-1990 Care Leavers living outside Victoria. Transparency about what is available and what to expect is communicated verbally, in writing and through social media. Wherever possible, services will be provided in person through centre-based service hubs and outreach to where people live in regional and remote areas, supported by online service delivery and self-help resources that promote self-management. The location and design of meeting spaces facilitates public transport, parking and access for people with disabilities and mobility aids and create safe and welcoming environments. Support for people is available out of hours for the management of acute medical or crisis events that require financial approval to proceed. Staff play a key role in assisting people to get the services they need in related external service systems and sectors.

### Principle 2

#### Belonging and being connected

##### *“Tolerance and acceptance”*

Service responses are relevant and acknowledge people’s unique historical and cultural heritage and how it shapes their personal identity. Relaxed environments and informal networks create a sense of family and friendship and validate people’s individual experiences to make them feel understood, accepted and part of a broader community by facilitating individual and group peer connections and solidarity through the sharing of stories and mutual support. Honest and professional staff promote dignity and respect and create physical and psychological safety for everyone by displaying sensitivity and believing people’s stories and experiences and providing consistent care for all Pre-1990 Care Leavers. People are neither favoured nor discriminated against based on

their care history, their behaviour (however difficult), or their involvement as a volunteer in the service, but are respected as equals sharing the same rights. Care is taken to ensure cultural safety and effective responses for Aboriginal and Torres Strait Islander people. People feel they can rely on the service to help them move forward. The service creates and supports opportunities to promote social and personal events that celebrate the lives of all Pre-1990 Care Leavers.

## Principle 3

### Empowerment

#### *“Doing with, not to”*

People are educated and supported to take responsibility for themselves and their actions to enable them to lead active and fulfilling lives. The service they receive fosters recovery and healing and a positive self-identity by offering freedom from dependence and a reliance on charity. Staff take a strengths-based approach in which people are provided with the knowledge, skills, motivation and resources to make informed decisions about how to meet their needs. People experience an increasing ability to self-manage emotional and inter-personal difficulties in order to break the cycle of unhelpful behaviours and coping strategies through a range of supports and the availability of trauma-informed psycho-educational self-help resources. The service helps build the capacity for people to contribute to individual and collective change by walking alongside them and enabling them to represent their own interest and to seek outcomes from a range of service providers, decision making bodies and peak organisations.

## Principle 4

### Evidence-based

#### *“Doing what works best”*

Services are evidence-informed, both in terms of international best practice about what works best in providing treatment and care, as well as serving the interests of Pre-1990 Carer Leavers through responding to evidence-based needs. Staff are broad-minded, well-read and trained in a variety of multi-disciplinary theories, views, methods and styles of treatment that align with the evidence. There is a commitment to fostering a climate of open enquiry, where the provider learns from a variety of experiences including creating the opportunity for all Pre-1990 Care Leavers to provide ongoing feedback, conducting service user surveys, and undertaking research to help determine the best care for everyone. The provider learns from past experiences and tries new ideas by using evaluation to assess whether to continue, further develop or disband service innovations. Service users are informed about these processes or when new evidence is reshaping the service before it happens, and play a collaborative role in helping build, disseminate and translate the evidence.

## Principle 5

### Harnessing lived-experience

#### *“Nothing about us without us”*

The people who need and use the service are critical partners at every stage in the design, development, delivery and ongoing evaluation of the service in order to maximise self-governance through open participation and leadership. Through supported participation in advisory and decision-making structures in the organisation, service users have a strong presence in policy making, strategic planning, and quality and safety. Transparent and non-biased approaches to selecting people for participation in governance and recruitment are used to ensure a diversity of voices are embraced beyond known and active advocates. Fairness and safety are foremost when involving people in these processes. Lived-experience of past care is recognised as expertise and harnessed in

both voluntary and paid roles that are clearly defined in policies and organisational mechanisms for developing the lived experience workforce. Standards of practice, privacy, minimum qualifications and professional development and support including supervision are well thought through. Lived-experience direct care roles are only provided to people who choose them and delivered by well-trained people with the requisite skills to use lived-experience with intent when walking alongside service users and working in multidisciplinary teams. Other roles could include peer-led recreational activities, peer-to-peer mentoring and support, peer support, and home and community visits to lonely people or those in hospital. Lived-experience staff also perform roles that educate other professionals, including those in their own service, and raise their awareness of key issues, build cross sector relationships, and reduce stigma and increase acceptance in the general community.

## Principle 6

### Needs-driven and person-centred

#### *“At the heart of what happens”*

Services are person and family-centred, delivered holistically, and individualised through good case management practices underpinned by proper training focused on assessment and care planning. A single point of contact is provided for consistency, continuity, enduring relationships and no double handling. Staff use best practice holistic assessment tools in close collaboration with service users to ensure they are responding to need, choice, preference and expectations about the type, amount, duration and timing of services. It is accepted that individual needs differ in type and amount and should be determined by a considered assessment and understanding of the level and complexity of a person's needs and their particular circumstances. Services are delivered in ways that work for people, including one-to-one, telephone, online, group and in-home. Transparency and fairness are ensured through clear communication about eligibility rules for types and levels of service. Meeting needs outside the scope of the service is supported by linkages, referrals and advocacy to other services in a way that reduces the number of times people have to explain their background.

## Principle 7

### Building compassion and responsiveness

#### *“It's everybody's business”*

People should not have to explain themselves to go into their histories when interacting with the general public or seeking help from professionals, or experience mistruths or confusion. People have their interests represented in the wider service sector and the community through community education and engagement delivered through a broad range of channels for a range of audiences to fill knowledge gaps and reduce stigma. Strong relationships are developed and maintained with mainstream services such as aged care (including HACC), housing, health (including mental health and dental), drug and alcohol services, education and employment, underpinned by formal partnership agreements including fee subsidy arrangements. Collaborative practice and good governance increase pathways to support, enhance professional coordination and collaboration, and minimise the need for people to retell their story multiple times. The provider will promote interpersonal competence in the community, and the development of safe and supportive external service environments by using service users to develop and deliver awareness raising activities and resources. A clear understanding of how cross border issues are managed is driven by assessment and care planning undertaken in partnership with interstate providers.

## Principle 8

### Quality and safety

#### *“The best service possible”*

The service is driven by structures and processes that ensure the optimum standard of support including data collection, evaluation of services and accountability. People will be made aware of their right to receive quality care and will have confidence in that through appropriate safeguards that provide protection and continuous improvement processes that drive best practice accountability, governance and operational management for high quality services. Complaints and disputes should be expedited by an independent process and regular reviews of services must tap into service user views about their needs and experiences of care. Staff contribute to a positive culture by demonstrating respect, upholding individual dignity for vulnerable people, and modelling inclusive and non-biased behaviours. People are involved in the process of defining how a good service it is measured, including what cultural and physical safety looks like and what allows them to resolve past issues, increase their emotional and psychological wellbeing, and improve their quality of life. Contemporary administrative systems ensure timely provision of assistance. Leadership and management capacity provide clarity of direction, ensures accountability and supports quality, responsive and timely services.

## Principle 9

### Skilled and sustainable workforce

#### *“Our people are our greatest asset”*

Staff should be respectful, caring, compassionate, consistent and reliable. They should listen and pay attention when a person is talking about their experiences, take the person’s feelings seriously, and communicate clearly. They should show compassion and positive regard while being mindful of professional boundaries. Staff are non-reactive and therapeutic if a person is upset or letting their feelings take over, and they remain calm and non-judgemental. As the work can be complex and emotionally demanding, it’s essential to provide strong support for staff including supervision and wellbeing. Workforce development should focus on values-based recruitment (including using service users on selection panels to ensure good cultural fit), minimum and relevant qualifications, retention, learning and development and lived-experience workforce. Lived experience is respected as a ‘life qualification’ and used with intention and care with appropriate and specialist training. Professional development and capability should focus on trauma-informed care, aged care (including HACCC), holistic assessment and case management. Staff should also have the skills and capability to respond effectively to diverse and complex needs, and to collaborate with other agencies to meet those needs.

## Principle 10

### Trauma informed

#### *“Do no harm”*

The culture of the whole service across all program streams and the way it positions itself in relation to Pre-1990 Care Leavers, including all work practices, multidisciplinary approaches and settings, reflects a trauma-informed approach. A trauma-informed approach incorporates processes that move past cultural stereotypes and biases, and incorporates policies, protocols and processes that are responsive to the personal and cultural needs of clients. Psychoeducation for service users creates a deeper understanding and awareness of trauma for them. All staff understand trauma, including front desk and intake, its effects and survivor adaptations and receive specialist training regarding the origins of trauma, the neuroscience that explains it, its impacts and appropriate management. They understand that help seeking can be both traumatic and retraumatizing for some people and don’t assume they know what people have experienced but believe what they are told. They know the limits of their specialist expertise in relation to trauma and know when and how to refer. Specialist training and qualifications, good

supervision, practice leadership and knowledge of and familiarity with specialist services all underpin a high-quality trauma-informed workforce.