



# Recovery Oriented Service Delivery Policy

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## Approval

Policy owner	Executive Manager, Specialist Community Services		
Business Unit	Specialist Community Services		
Approved by	CEO		
Date approved	21/05/2025	Review date	21/05/2027

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## 1 Purpose

- 1.1 Specialist Community Services (SCS) believes that recovery, as defined in this policy, is possible and recognises the importance of recovery-oriented practice in service delivery.
- 1.2 SCS aims to create service environments that foster an inclusive environment where everyone can participate fully in society and live meaningful lives without facing stigma or discrimination. This involves acknowledging their rights and empowering them to engage with the communities they choose.
- 1.3 This policy aims to communicate the organisation's commitment to recovery-oriented service delivery and make clear the expectations on how this is reflected in service delivery.

## 2 Scope

- 2.1 This policy applies to all staff and volunteers who work in the following specific SCS sites:
  - Mental Health Service
  - Housing Plus
  - Homelessness Services

## 3 Policy principles

- 3.1 Recovery is a concept connected to both mental health and, alcohol and other drug use. Both sectors agree that recovery is individual and unique.
- 3.2 Recovery-oriented practice prioritizes the needs of individuals accessing services. It places them at the centre of support, focusing on their needs and goals instead of making them adjust to the service.
- 3.3 SCS service provision focuses on strengths, supporting resilience and the capacity for personal responsibility and, self-advocacy. SCS believes people ultimately have the capacity to recover, reclaim and transform their lives.
- 3.4 Recovery-focused strategies should respect individual choice while also ensuring safety. Achieving this balance requires understanding the complex issues and potential biases involved in minimizing risks. SCS services navigate this balance by:
  - Maximizing choices for service users
  - Encouraging positive risk-taking
  - Recognizing the dignity of risk and helping service users achieve this safely
  - Fulfilling their duty of care
  - Promoting safety for all service users
- 3.5 SCS staff and volunteers will promote a culture of hope and positivity through their communication, policies, and documentation. When working with service users, they will show their commitment to hope, belief in recovery, and support for individuals' choices, self-determination, self-management, and empowerment.
- 3.6 Recovery-focused methods understand that people with unresolved trauma often struggle to feel safe. SCS services will consider the impact of trauma in all aspects of the work and will incorporate the main principles of trauma-informed care—

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safety, choice, collaboration, trust, and empowerment—into their services.

- 3.7 SCS is dedicated to creating and maintaining a workforce that is skilled in trauma informed practice.
- 3.8 SCS is committed to creating a therapeutic milieu in services, that supports service users to either start or continue on in their recovery journey, recognising that the timeframe and pace of this is different for everyone.
- 3.9 SCS are voluntary services, utilising non-restrictive practices and in some sites, low barrier or low threshold models. These approaches align with and, recognise the importance of safe therapeutic relationships, dignity of risk, choice and self-determination.
- 3.10 When difficult decisions about a service user's participation in the service need to be made, it's important that the service chooses the least punitive option or process, relative to assessed and clearly defined risk.
- 3.11 Where possible SCS will attempt to ensure service provision reflects individual preferences; age, gender, cultural background, sexual identity, values and personal support needs, while also respecting the diversity within the service community.
- 3.12 SCS staff and volunteers will engage in reflective practice to grow and develop authentic engagement with service users and the establishment of mutually respectful, relationships.
- 3.13 SCS values and respects the lived experiences of service users, their families and friends, staff, and the local community, being eager to learn from those with lived experiences of recovery and, being open to being influenced and challenged by their insights.
- 3.14 SCS supports the inclusion of meaningful paid and volunteer roles for people with lived experience in relevant SCS sites and, embraces the development of new models of peer run programs and services.
- 3.15 SCS views connection with external support services as vital for promoting recovery and well-being. They help connect service users to their communities, traditions, and cultures, and support their personal growth.
- 3.16 SCS focuses on social inclusion, ensuring all service users are able to enjoy the same social, economic and educational opportunities as others in the community.
- 3.17 SCS actively seeks to assist service users in maintaining their naturally occurring supports and networks, access health care, maintain stable housing (where applicable), as well as take advantage of education and employment opportunities.
- 3.18 SCS When appropriate, staff will advocate for service users and work to address stigma and discrimination. They will also help service users identify and overcome their own self-stigma. In all community interactions, SCS will share information that dispels myths about mental health, homelessness, and housing insecurity, promoting a more trauma-informed perspective.
- 3.19 SCS commits to creating a culture of outcome measurement that captures and measures individual recovery as well as the combined impact of services, utilising the most appropriate tool for the service.
- 3.20 Additionally, SCS employs a quality improvement process to confirm that services continue to be oriented to and, deliver in an environment conducive to recovery including evaluating the individual service user experience of the service.

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## 4 Roles and responsibilities

- 4.1 The Executive Manager, Specialist Community Services is responsible for maintaining the currency of this policy.
- 4.2 Society representatives are required to adhere to this policy. Failure to comply may be considered a breach of our policies and may result in disciplinary action.

## 5 Review

- 5.1 This policy will be reviewed at least every two years, after consultation. Some circumstances may trigger an early review; this includes but is not limited to legislative changes, organisational changes, incident outcomes and other matters deemed appropriate by the SCS Management Team or the Executive Manager SCS.

## 6 Further assistance

- 6.1 Society personnel should speak with their Manager regarding any questions about the implementation of this policy.

## 7 References

References made in this policy are:

- 7.1 There are no references

## 8 Related documents and legislation

Related documents and legislation at the time of approval include:

- 8.1 National Standards for Mental Health Services: *Commonwealth of Australia*
- 8.2 Specialist Homelessness Service Standards 2016, *Department of Communities, Government of Western Australia*.
- 8.3 Youth Work Code of Ethics, *The Association for Youth Work Western Australia*
- 8.4 A National Framework for Recovery Oriented Services 2013 – *Australian Health Minister’s Advisory Council, Commonwealth of Australia*.
- 8.5 National Framework for Alcohol, Tobacco and other Drug Treatment 2019 - 2029
- 8.6 Supportive Landlord Framework – *Shelter WA*

## 9 Approval and amendment history

Version	Approval authority	Date	Amendment summary
1.0	EM, SCS	31/01/2019	Initial version
2.0	EM, SCS	31/10/2019	Amendments
2.1	EM, SCS	01/12/2021	Conversion to new template
3.0	EM, SCS	24/03/2023	Scheduled review
4.0	EM, SCS	21/05.2025	Scheduled review

## 10 Definitions

Term	Definition
Dignity of risk	refers to the right of individuals, particularly those with disabilities or those accessing support services, to make their own choices, even if those choices involve some level of risk. This concept recognizes that personal autonomy and the ability to take risks are essential for fostering independence, self-esteem, and personal growth.
Discrimination	means treating people unfairly because of their mental health issues or history of substance use. This unfair treatment can take many forms and can greatly affect their ability to get support, the types of treatment available to them, and their overall quality of life.
Duty of care	refers to the legal and ethical obligation of service providers, to ensure the safety and well-being of their clients. This means that professionals must take reasonable steps to prevent harm and provide appropriate support while respecting the rights and autonomy of individuals.
Low Barrier Model	means that the service seeks to remove as many barriers to access and engagement, however, due to having to manage a 30-35 bed accommodation service and, the dynamics of communal living, this is balanced by having the presence of Safety Officers on the premises overnight.
Low Threshold Model	refers to an approach that minimizes barriers to accessing support and housing for individuals experiencing homelessness. This model is designed to be highly accessible, allowing people to receive help without stringent requirements or prerequisites that may prevent them from entering the system.
Person Centred Practice	is an approach to healthcare that focuses on the individual needs, preferences, and values of each person receiving support. It emphasizes treating service users as active participants in their own care rather than passive recipients, ensuring that their unique experiences and perspectives guide service delivery decisions.
Recovery	The personal view of recovery is viewed as a journey that is a unique and personal experience for each individual. It has often been said to be about: gaining and retaining hope, understanding of ones abilities and limitations, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Essentially, the personal view of recovery is about a life journey of living a meaningful and satisfying life. <i>(NSW Consumer Advisory Group 2012)</i>
Recovery Oriented Practice	Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations. <i>(A National Framework for Recovery Oriented Mental Health Services 2013)</i>

Term	Definition
Self stigma	is the internal struggle individuals face when they accept and internalize negative societal attitudes about mental health and substance use, which can significantly affect their self-worth and willingness to seek help. Addressing self-stigma is crucial for promoting recovery and improving mental health outcomes.
Service users	Is an umbrella terms used to refer to: <ul style="list-style-type: none"> <li>• Consumers – individuals who access Mental Health Services</li> <li>• Clients – individuals who access Passages Youth Engagement Hubs and Tom Fisher House</li> <li>• Residents – individuals residing at Wandjoo Bidi under a License to Occupy Agreement</li> <li>• Tenant – tenants residing in Housing Plus properties</li> </ul>
Stigma	refers to the negative attitudes, beliefs, and stereotypes that society holds about a particular group of people, often leading to discrimination and social exclusion. In the context of mental health and substance use, stigma can result in individuals being judged, marginalized, or treated unfairly because of their experiences.
Therapeutic milieu	A milieu is made up of people, emotions, attitudes and physical objects and is about the physical, social, cultural, emotional and ideological space where service users and staff live and work. A therapeutic milieu offers a safe, nurturing environment in which service users can heal and continually learn and practice important life skills.
Trauma Informed Practice	is an organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma, their families and carers, and service providers. <i>(Commonwealth of Australia: The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia; 2017)</i>