

PRACTICE FRAMEWORK





ACKNOWLEDGEMENTS

Anglicare Central Queensland (AnglicareCQ) Practice Framework was developed to provide a “Frame of Reference” to guide staff in their interactions with people who come to us for services and support.

This framework has benefited from the practice wisdom of staff sharing their knowledge and experiences of people who have lived with and through homelessness, domestic violence, mental ill health, racism, discrimination, child harm and abuse, exclusion and poverty.

The framework has been informed by the theories and practices of

narrative therapy, strengths based approach, recovery oriented practice, case management approaches as well as by federal and state strategic plans and positioning papers, guides and frameworks.

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DEFINITIONS

The language that we use in AnglicareCQ is important as it reflects the way that we think and talk about people and their situations. Our words shape our culture, influence community perceptions, and demonstrate how our values and principles are “lived”. In addition, valuing and respectful language assists us to respond to issues of prejudice, discrimination, and exclusion.

Capabilities the behaviours and expectations of how staff approach practice.

Centres are where our services and programs are physically located (ie: offices).

Domains are the common areas of practice in each program area.

Objectives the overarching aim of the framework and service delivery.

Practice Approach is the overarching model for engagement and work with people.

Participants are the people who come to us for services; this includes their carers, families and parents. We choose to use the language of participant as we believe and encourage all people who work with us to be active in engaging in how services are provided and in the care and

support they receive. At times, service areas may also refer to participants by other names, for example a tenant in a housing program.

Policy, Procedures, Forms and Resources provide standardisation in operations, clarity on responsibilities, actions and timeframes required as well as articulating the organisations position.

Principles the guiding standards and overarching positions of practice.

Program Area describes a particular piece of work within service types (eg. Community Rent Scheme).

Service Area is the grouping of similar types of work (eg. Housing and Homelessness).



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1. INTRODUCTION

Anglicare Central Queensland (AnglicareCQ) provides numerous services and programs across Central Queensland which offer something different to communities, families, and individuals. What connects AnglicareCQ's services is that all work with people is underpinned by a common set of values, principles, and capabilities.

Therefore, all service areas use the same practice approach across eight practice domains. This creates a shared language and understanding between locations and programs providing consistency and clarity of practice for participants. As AnglicareCQ has a diverse range of programs, each service type has a particular set of policies and practice approaches that sit underneath the organisation practice framework.

AnglicareCQ believes that creating an environment that facilitates good outcomes for participants occurs through a dynamic interplay of factors. These include solid organisational systems (policy and

governance), an understanding of the broader political, social, and cultural influences, the structural barriers that impact on people, and staff who use deep considered, thoughtful and critically reflective practice that is grounded and informed by social welfare theories and evidence based work.

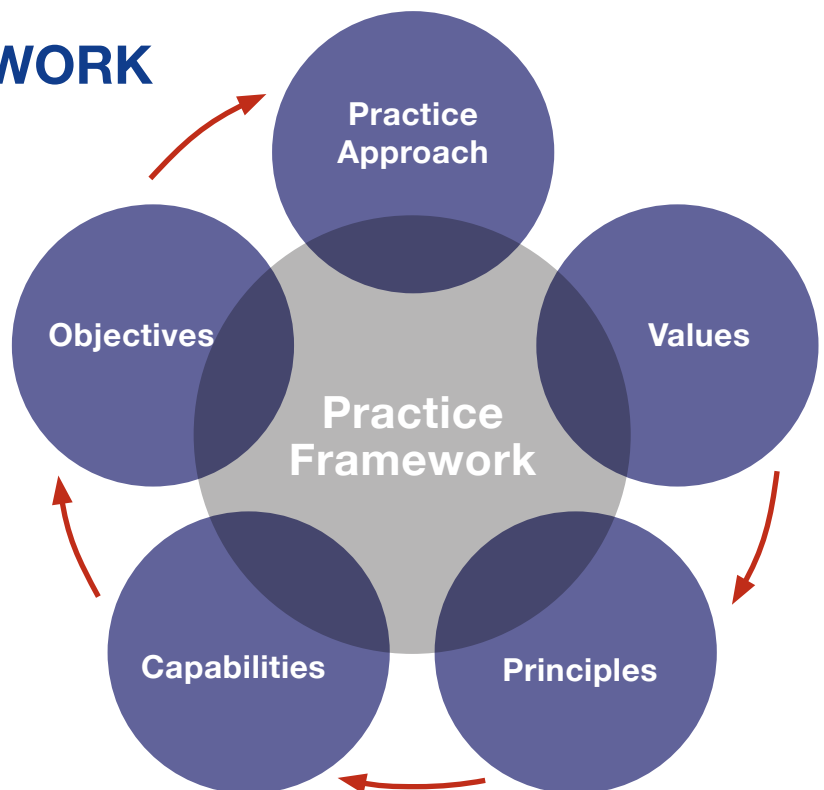
This document outlines AnglicareCQ's Practice Framework, and provides an overview of each service area practice domain. It is intended for use by all staff (paid and unpaid) within AnglicareCQ, as well as providing information to participants and other stakeholders on the organisation's practice approach.

2. PRACTICE FRAMEWORK

AnglicareCQ's Practice Framework builds on the organisations core purpose statement and theology and develops outwards with each section informing the next, so the values inform the principles, which inform the capabilities, objectives and finally the approach.

2.1 PURPOSE STATEMENT

We exist to assist individuals, families and communities to live life to their fullest potential.



2.2 VALUES

Hope

Service

Healing

Social Justice

Comapssion

Hope

We work with people to shine a light of future possibilities in their life. We plant seeds of confidence and nurture them to encourage good and meaningful choices. This generates a sense of independence and freedom. We believe hope related to DOING nurtures hope related to BEING.

Service

Our primary focus is on service to the community and each other. We believe serving is an attitude, a desire to assist others, which underpins all our relationships.

Healing

We assist people on their journey of healing. In doing so we provide unconditional, positive support to foster release of hurt, forgiveness and strengthening of the whole person.

Social Justice

We advocate on behalf of the poor, vulnerable and/ or disadvantaged in our communities. In doing so we seek to achieve equity, fairness and recognition of the worth and dignity of people, free from discrimination.

Compassion

We have genuine concern for the hurt and suffering of people in our communities. In working with individuals we act wisely to bring relief to their circumstances in whatever way we can.

2.3 OBJECTIVE

The framework is a resource and tool for staff in their day-to-day practice. It is not designed to be prescriptive, exhaustive or define the range of professional tools and resources that staff draw on in their

work with people. It does however provide the base line of practice within AnglicareCQ and should be used to support and guide practice.

2.4 PRINCIPLES

Person First

Strengths Based

Culturally Aware & Competent

Rights Based

Holistic

Person First

Person centred: Our services, programs, and interventions are focused on each individual's needs, wants, and aspirations.

Participation: Our processes enable participants' voices to be heard. Choices, control and options in services offered are provided. Our position is "Nothing about me without me" and we recognise that participation is a means as well as a goal.

Narratives: The relationships that staff have with participants is based on one of mutual cooperation to achieve a goal. Information that we have about people is their information not ours. It is their story to tell not ours unless they give permission.

Value: We listen, acknowledge, and validate the richness of people's stories, opinions, and experiences. We seek to discover what is important to and for them. We are creative and innovative in the ways that we engage with children, young people and those who struggle or are unable to articulate.

Strength Based

Individuals: Each person has strengths and capacities. People grow and develop from their strengths.

Problems: The problem is the problem; the person is not the problem. We do not ignore or gloss over people's concerns, issues and struggles. Our role is to assist the person to name them, identify the strengths, capabilities, resources that the individual has to respond to the challenges they face.

Power with: We share and have power "with" people not over them. We "walk with" people. We enable through information, interventions and plans that are owned by the individual. We are transparent and accountable in our processes.

Non- Judgemental: We recognise that there is no absolute or one truth. We are generous and respectful with all people.

Wisdom: People are doing the very best that they can with what they have and what they know now. They are the experts on their own situation.

Culturally Aware & Competent

Cultural competence refers to an ability to interact effectively with people of different cultures and socio-economic backgrounds (Wikipedia 2014)

Identity: Each person's culture is central to who that person is.

Diversity: Each person is an individual, and each person's experience and understanding of their culture will vary. We are curious and seek to understand.

Self Aware: We acknowledge that no one culture is right or normal, we consider our own cultural lens and the influences our culture has on how we interpret and see the world.

Recognition: We recognise and acknowledge that some people and cultural groups have experienced racism, discrimination, loss and as such this impacts on their sense of wellbeing. We recognise and acknowledge Aboriginal and Torres Strait Islander people's connection to the land and sea and as the traditional owners of the land.

Rights Based

Empowerment: We ensure that people are aware of their human rights and have opportunities to participate in decisions that impact on their lives. We show regard and respect to all enabling dignity and self-respect.

Participation: We provide services in spaces that are accessible. We recognise that some people at particular points in time may feel powerless and may have lost faith in their capacity to effect change, this does not take away their rights and we offer opportunities for self-determination.

Contribution: We enable people to participate, contribute, understand and develop to ensure their human rights are upheld.

Advocacy: We talk and raise any issues respectfully with other agencies and institutions to address underlying structural causes to disadvantage and disempowerment. Upon invitation and / or agreement, we speak for these rights to be upheld.

Holistic

Interdependence: As members of society, people are mutually dependent on each other. A person's emotional, economic, physical, educational, spiritual, social and health needs are met through multiple sources, of which we may be one.

Integrated: Our services and programs work together within centres and across regions to provide coordinated, responsive and streamlined interventions with participants.

Connection: People are members of families, friendship circles, groups and communities. We support and encourage the development of freely given relationships.

2.5 CAPABILITIES

Leadership

Innovation, Initiative and Creativity

Partnerships and Collaboration

Integration

Professional Practice

Leadership

Leadership is not always about formal authority, all of us have the capacity to develop a clear purpose in our work. As workers, we all have opportunities to be leaders either through our work with participants, within teams, centres or within the broader community. We all have the ability to guide, direct or influence outcomes.

Being a leader means that we ensure that our decision making processes are transparent, visible and accountable.

Innovation, Initiative and Creativity

Having a curious and inquiring approach about our individual practice, our programs, and services enables us to continually renew and refresh the work we do. Dialogue, critical reflection, and evaluation lead us to discover ways of working that better respond to participants and communities. This means we share ideas, knowledge, and projects with others.

Evaluating the impact, we have and considering alternate ways of working together enhances program and service development.

Partnerships and Collaboration

We recognise that no organisation or service on its own can respond to the complex and interrelated issues that people need. Therefore, we join up with other organisations and services for the benefit of participants. These partnerships and collaborative arrangements vary from shared and consultative case/ care management, (which

may or may not include the participant, families and carers) and consultation to formalised Memorandums of Understanding and consortiums. We understand that for our partnerships and collaborative efforts to be worthwhile our processes are equitable, transparent and for the mutual benefit of each partner and primarily to benefit participants.

Integration

Across the organisation, we develop processes and systems to achieve connectedness and coordinated service delivery. Joined up services facilitate better outcomes for participants as they tell their story less often, they are connected with one or more programs that best meet their needs in a timely and appropriate manner.

Wrap around care includes information sharing, care coordination, referral pathways, client databases, as well as staff taking responsibility for being informed of the work of other programs and services within their centres, and in other regions.

Professional Practice

We only do what we are trained, competent, qualified, licensed and accredited to do. We are respectful and courteous to our peers, other organisations, and the broader community. We ensure that we are well informed and regularly develop our knowledge and skills through training, supervision, reviewing new research, journals, books and reports.

We take responsibility for the decisions we make and have a duty of care to participants, ourselves, and our peers.

2.6 PRACTICE APPROACH

Organisational objectives and sound practice is achieved through each service area aligning their service delivery with the AnglicareCQ Framework (principles, capabilities and domains).

Some program areas have additional theoretical approaches specific to their area of speciality – where this is the case they are identified in Table A.

It is well recognised in social welfare literature that quality practice involves the use of clear models, critical reflection, approaching the work with a curious eye, analysis and considered decision-making. Engagement is based on responsiveness, built through relationships with families and individuals, mobilising resources and teamwork as well as an understanding of the structural barriers that impact on people's lives. The role of staff is to contribute their knowledge and skills from a position of passenger where the participant is in the driver seats.

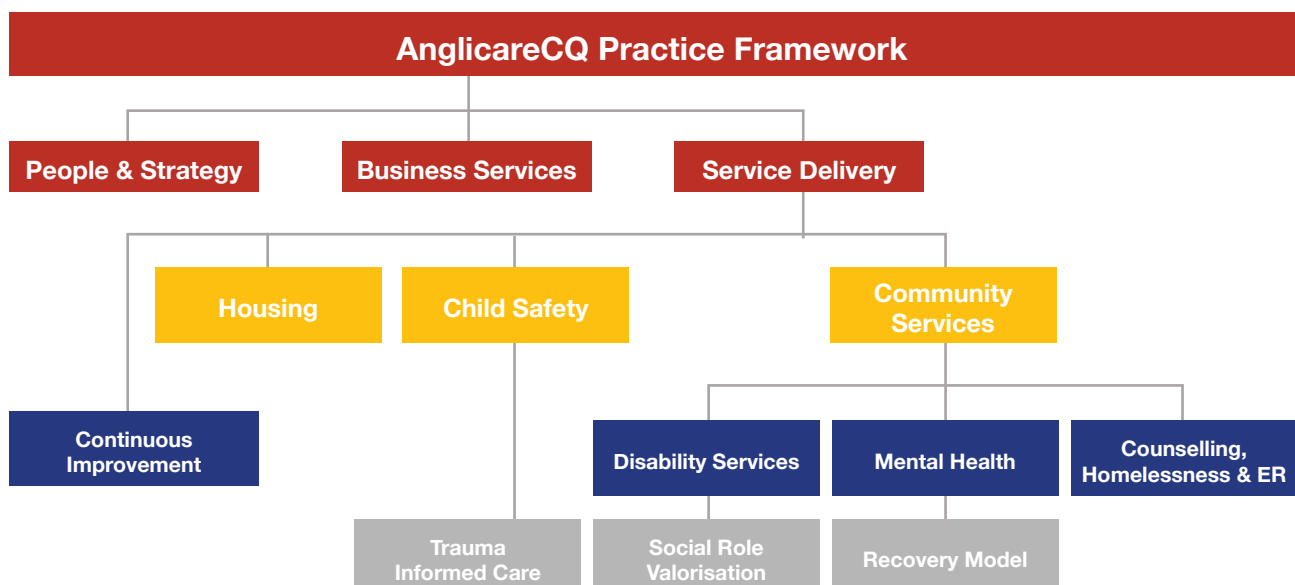
AnglicareCQ has identified eight practice domains that are common to all service types and have established policies and

procedures to support these domains. The domains provide the base and allow for the use of other modalities (e.g. Sandplay, Cognitive Behaviour Therapy (CBT), solutions focused etc).

The purpose of these practice domains ensures that:

- Participants experience clarity and consistency,
- Participants have “real” opportunities to input into support and care plans,
- Practices are about the participant's needs with programs adjusting as required to meet these needs.
- To provide the supports and structures or environment so that participants can develop their own set of skills, create their own meaning, or understand and manage their own emotions and behaviours.

Table A



2.7 DOMAINS

Intake

Assessment

Information and Referral

Planned Support

Advocacy

Transition

Evaluation

Reporting

These domains follow a case management approach to work and incorporate elements of narrative therapy, strengths based approach, appreciate inquiry and consumer directed care.

The value of synthesising multiple practice models into an individual domain enables all AnglicareCQ services and programs to offer:

- Services that are coordinated internally and externally
- Practice is collaborative and integrated and aligns with the principles.
- Programs are able to respond to complex and ongoing needs
- The flexibility to be either the lead agency and/or support agency and/or compliment another organisation or service area.

Practitioners should be mindful that the domains are not always applied in a routine or linear approach. Staff should refer to the policy and procedures relating to each domain and their service area practice guides.

Intake

Intake is a respectful process that is conducted in a systematic manner to gather information on personal circumstances, immediate need and assess eligibility for services. Providing information about the program, services and the organisation enables a participant to make informed decisions about their ongoing engagement with us.

Intake is primarily about listening to what people want. We try to avoid treating the first appointment with a participant as an administrative task, for many participants this will be the first contact they have with the organisation, we use this

time as an opportunity to engage, allowing a relationship to develop. Staff develop an inclusive approach that promotes a welcoming and supportive environment.

Intake can also motivate a participant on their own journey and provide hope about the possibilities open for them. The greatest value of intake is the enabling of engagement to develop rapport, and build understanding of need and goals. Gathering information at this stage informs future planning and delivery of services.

We create a non-threatening, comfortable, and safe environment as this frames how the service is perceived and facilitates a participant's openness to share information. We hold at the front of our mind that people present in many ways from nervous, cautious, distressed, angry or concerned about how they will be perceived and what will happen with their information. We consider their safety as much as our own. We consider aspects such as a participants emotional, cultural, and physical safety.

Participants and if appropriate their carer or advocate or another service provider may attend intake. This may occur if another service provider has made the referral, the participant requires the support of a family member to communicate, or provide the emotional reassurance necessary. We ensure that responses to requests for services are provided in a timely manner.

Assessment

Assessment is a journey, not an end product. Assessment is about assisting a participant to create personal meaning. It is also about the worker and participant developing an understanding of the strengths, needs, resources, and goals.

A strength based approach to assessment is holistic as it enables a rich description of an individuals or families story to emerge over time (Madsen 2007). A sound assessment process accesses many sources of information, and recognises the interconnectedness of issues, people, culture, family, and community. Transparency about what we are doing builds trust and sets the context. We remember that there is a difference between “assessing a person” and “assessing what the issue or problem is”. We recognise that a slight shift in questioning can facilitate a move from the person to the problem for example “How do you describe what is happening and what the impact is? This ensures the focus is on the person, not the behaviour, risk, safety, mental illness, drug and alcohol issue etc.

We are mindful of diagnosis and labelling as these may create limitations and inhibit a participant’s capacity to grow and develop. We understand that diagnosis can be helpful when it assists with building descriptors of the “right now” but is less helpful when the diagnosis becomes the “all or the whole” thus people becoming victims of the label. We use the assessment process to nurture strengths; and that one of the strategies we can use is asking questions about what is working or what resources people draw on.

Like intake there are documents that need to be completed, the

forms are not the drivers for the conversation; they are a support for the process, and help us stay on track. We come from a position of curiosity and inquiry.

Information and Referral

We understand that providing information and or referral to other AnglicareCQ services or organisations is part of a holistic response. We recognise that participants with multiple and complex needs often require services from more than one program area. Building pathways into other services and/ or collaborating is a critical factor in ensuring that a participants needs are met. As a practitioner we are familiar with AnglicareCQ programs and services and locations, the community we work in and the broader sector.

Referrals may be cold, cool or warm depending on the needs of a participant and program area. It may be that all that is required is to provide a flyer or a phone number. On other occasions it may involve making a phone call for/ or with a participant through to attending an appointment with them or providing transport.

Planned Support

With the exception of Housing, PACE and Centrelink each program area designs and implement a support plan according to their program guidelines and purpose. This support plan has different names in different program areas (e.g. an action plan, a development plan, a care plan, case plan etc).

A planned support approach maximises opportunities to build genuine partnerships, that include the ability to have the difficult conversations. Like assessment, it is a journey and not an end

product, we regularly review and make adjustments.


We are aware that the support plan is owned by the participant and focuses on outcomes that are meaningful and respond to changing needs. A support plan is mindful of the availability of resources and as practitioners we always look for opportunities to provide choice.

Our program areas use a planning tool that is appropriate to them for example the Outcomes Star is utilised in Counselling and Support and Mental Health Programs and a Care plan in Residential and Intensive Care. However, as we seek to personalise our services staff should be mindful of sourcing tools and resources that are appropriate to each individual participant. Discussions with the participant, peers and line manager occur in this phase.

Advocacy

We understand that one of the reasons that some people experience an inability to access services, or are discriminated against is due to systemic and structural barriers, myths and stigma. Therefore, we advocate for participants rights and access to services. Our aim to bring influence and to ensure access and rights are upheld.

When we advocate for a participant we consider how we could create opportunities for the experience to be empowering and skill building for the person. We know it is important to never take away someone’s right to choose whether to intervene or not. Advocacy should never take away another’s voice. We are aware that for some participants there may be a sense of powerlessness, developed through



current experiences or because over generations their way of life has been eroded, and they have begun to lose faith in their potential to make a difference. At times, participants may seek to be dependant on us or our organisation to act on their behalf. Deciding how and when to advocate is based on our assessment of need, the support plan and an understanding of the cultural, social and family dynamics.

Advocacy skills include the ability to communicate effectively (by asking questions and listening to responses) and having a good understanding of the service system (including the legislation and policies). Our interactions are respectful and polite and we also draw on our assertiveness skills. We seek to identify who to talk too, build understanding of their role and our role.

Transition

Everything that we do with an individual or family is aimed towards the participant having the skills, education, information, access to resources and networks, and abilities to move through and beyond our services. However, some participants require support over a longer period, or they may need to reengage with us - complex lives, multiple issues, as well as a participant's ownership of the journey mean that some people remain very connected to the social service system.

Transitions may also occur if a participant moves from one service or program area to another or a worker changes. We ensure that

these transitions occur sensitively, with the participant being aware of what information is shared in handover and introducing the participant to the new worker.

When the transition is an exit from our services, we celebrate achievements and summarise the journey as one of the ways we bring about a helpful closure point.

Evaluation

We understand that reviewing our work with people and evaluating our services enables us to improve our practice. This review process is both formal and informal, and includes the day to day checking with participants about value and their sense of how the professional relationship is assisting them meet their goals. Questions such as "How has today's session worked for you?" or "What was helpful and not so helpful about how we worked together today?" can assist us adjust and develop our practice. Our formal processes include reviews of support plans with people – have goals been achieved, have needs changed and is what we are offering helpful. This process also enables participant input into service design and redesign.

We build evaluation into program design and organisational processes and use internal reviews and external reviews and audits. We recognise the role that supervision plays in assisting us to reflect, to evaluate, analyse and develop our practice skills to better meet the needs of participants.

Reporting

Writing about what we do with participants is how we record participant's experiences, their decisions, assessments, support plans, and file notes.

These written records make up the story of what we know about that person. These written records provide a narrative and record decisions and outcomes. They can be used to report to referring agencies, funding bodies, managers, or courts.

To ensure alignment with our principles and practice approach, the records that we write belong to the participant and not us, as it is "their story to tell and not ours". One technique that can assist build transparency and trust is for us to write our notes with the participant. If this isn't possible, copies may be provided afterwards, this can be a useful tool for us to discuss observations, outcomes and to confirm goals. When it isn't possible to share the written record, we are mindful about how and what we write – we imagine that the person is reading it.



3. DEVELOPMENT AND REVIEW

The implementation of our framework will occur through a number of processes, which include developing and reviewing policy, procedure and practice guides.

We recognising that most change occurs one conversation at a time, therefore supervision and team meetings are all forums which enable us to consider, challenge and refine our ways of working to reflect our organisations practice framework. The other key enabler for us is workforce development through training and professional development opportunities.

As practices develop and become refined over time, and research,

reviews and evaluation inform us about new ways of working the practice approach, tools and framework will modify. Input from across the organisation, primarily from our continuous improvement processes will inform each new version.

This framework is our first version and an implementation plan accompanies it, the plan and the framework will be formally reviewed 12 months after implementation.

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5. APPENDIXES

5.1 THEOLOGY OF THE AGENCY

The following theological principles are fundamental in the formation of the agency ethos as families & individuals are supported in Central Queensland.

1. Abundant Life

The focus of our work is to assist people to experience abundant life rather than doing good for or to people. This may involve conflict and radical transformation of individual and family values.

Reference: John 10:10b-11, John 1:4-5, Luke 11:9-10

2. Healing Community

The focus of work is to enable people to be healed. People will be challenged to risk undertaking a healing journey rather than making do. To achieve healing, people need to be part of a community of healing whether family, intimate group, religious fellowship etc. The role of the agency is to facilitate communities of healing and work in partnership with them and with Anglican parishes in The Diocese of Rockhampton.

Reference: Mk.2:3-9 Acts 2:44-47 and 4:32-37

3. Justice of the Kingdom of God

The focus of the agency is a preferential option of the poor, marginalised and despised – people with disability, people who are homeless, perpetrators and survivors of violence and the economically resource less. This demands that we place ourselves in these despised communities and know them as our friends and speak and act courageously on their behalf.

Luke 6:20-31, Amos 5-24, Matthew 23

4. Liberation

The focus of the agency is to facilitate people's freedom from that which imprisons them personally and systematically. This freedom will express itself in people living life abundantly and acting in a preferential way for those who are marginalised and stigmatised so that they may know freedom.

Luke. 4:18-19, John 11:38-44

5. Leadership of serving

The nature of leadership within the agency is that of servicing. This servicing leadership will encourage collegial participation in decision-making, vision formation and liberating action with participants. This leadership will have the characteristics of generosity and celebration of people's worth.

Mk 10:45, Matthew 5:43-47, Matthew 25:34-40, John 13:12-15

6. Hope

The work of the agency is to celebrate and generate hope in situations of despair, change and life. This demands hopeful actions in situations of perceived futility.

Ezekiel 37:1-14, Romans 5:4-5, 15:13 and 1 Corinthians 13:13

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