**AUSTRALIAN DUAL DIAGNOSIS RECOVERY NETWORK INC.** ABN 83830013570 Address 1-23 Godber Road Diamond Creek 3089 Phone (03) 94386027 E:Mail [frankfilardo@y7mail.com](mailto:frankfilardo@y7mail.com)

The Australian Dual Diagnosis Recovery Network Inc. has much pleasure in facilitating and presenting:-

**A collaborative, Life-Work driven wellness recovery workshop**

The subject of the workshop’s dialogue is a

**“Collaborative, life-work-driven wellness recovery project”**

**It is offered to stable on medication, 30-35 years old, on a DSP,**

**Dual disability participants**

**What is a Collaborative Wellness Recovery Workshop?**

A Collaborative Wellness Recovery Workshop is an interactive dialogue process.

All workshop attendees shall have the opportunity and choice to meaningfully and positively participate in the proposed model’s development.

**The Key Assessment Issues.**

1. **The key principles of intervention and the roles of different disciplines in treating, managing, assisting and supporting people with severe and persistent disabilities with complex needs (intellectual, mental health disability)**
2. **The merits, challenges and opportunities in facilitating/providing individual, person-centred, integrated, collaborative and transitional care for this community.**

**Synopsis (**[**frankfilardo@y7mail.com**](mailto:frankfilardo@y7mail.com) **94386027) A life-work driven and person-centred wellness recovery journey perspective**

There is recognition that user-defined recovery is different from symptom reduction and functional characteristics of earlier concepts of clinical recovery.

Recovery is defined as an ongoing, subjective process unique to each individual encompassing financial, social, psychological, cultural and spiritual dimension.

The **“Person-centred and Life-Work driven Wellness Recovery Project”** with its focus on capturing individuals’ subjective experiences of services offers a methodology to facilitate change in recovery services that are premised on user-driven perspectives of recovery-oriented services.

Determining if this betterment of experience then translates to improved health, psychosocial, economic, social etc. recovery outcomes is critical for informing system-design and evidence-based recovery and health care services.

The “Person-centred and Life-Work Driven Wellness Recovery Project” concept would be a world first Agri-Business Platform Project investment, dedicated to person-centred Live-Earn and Learn wellbeing recovery, testing its practicality.

**The question**

**Would a combination of Accommodation-Earn and Learn developmental cluster -“Whole of person quality of life improvement systematic approach methodology in practice”- improve health, economic, psychosocial recovery outcomes for “Individual Support Packaged” participants in dedicated, community-based life and work enabling environmental settings?**

**Creating and/or developing harmony Harmony is concord and concord is a kind of agreement; but agreement can’t be from divergent things while they are still divergent and harmony can’t be created unless divergent things agree.**

**Australian Dual Diagnosis Recovery Network Inc.** 1-23 Godber Road Diamond Creek 3089 Melbourne Victoria Frank Filardo President & Program Coordinator Phone (03) 94386027 E: Mail [frankfilardo@tadaust>org.au](mailto:frankfilardo@tadaust%3eorg.au)

**1st Draft.**

**Conventional modes of Presentation and Alternative Presentation styles**

1. **Conventional modes of presentations. 2. Alternative presentation styles.**  a. Oral presentations a. Participatory workshops b. Poster presentations b. Debates/discussions forums

**A time for change in presenting, listening and connecting.**

Forums and workshops re:- Intellectual disability and Mental illness (Dual Disability).

There is an increasingly perceived need to change professional presentations, from conventional oral and poster presentations to alternative participatory workshops and debates/discussions forums. Professional assessments to be explored/people needs met.

The perceived need is to develop a person-centred, individual-funded and integrated services access dialogue. People needs are not told and/or are not clearly stated at current forums.

It is an ongoing habit; it is unsatisfactory and counterproductive because it deflates people feelings. Perhaps, a better way would be to provide ongoing structured talks about specific needs, collaboratively developed by consumers, carers and professionals, in other words, “develop meaningful three ways communications” providing mutually benefiting solutions.

People would like to get support/assistance to resolve/improve their daily dilemmas, rather than having to listen to professional presentations the whole time, with little or no input. At the end of the day, following a long professional presentation, which maybe a fantastic presentation in both content and presentation, but at the same time it’s not addressing any of their practical concerns, it wouldn’t be very satisfying or motivating for people to come back.

**It seems that there is a client group with multiple and complex needs emerging.** It may be presumed that health and environmental changes present many challenges within the disabilities, mental health services for consumers, carers and workers. Within the above parameters we shall endeavor to explore changes and subsequent challenges and offer an opportunity to exchange ideas, share practice wisdom and showcase good practice for dealing with a work environment in flux. It shall be of particular interest for those dealing directly with strengths-based, person-centred wellness recovery, consumers, carers, professional and others.

**The program structure.**

The program’s structure shall be developed using a model of change proposed by Green and Erikson (1998) who outlines three approaches to changing practice:-

* **Predisposing**: Alerting clinicians/others to a problem and possible solutions
* **Enabling**: Identifying and removing gaps and barriers to change
* **Reinforcing**: Maintaining changes through rewards, once they are in place.

Therefore, the sessions scheduled towards the start of training shall focus on developing knowledge of the recovery model, whilst latter sessions shall focus on linking theory to practice, working through implementation and identifying any perceived gaps and barriers.

Facilitators shall be experts by personal and/or professional experience in recovery. (Coaching) The program’s training to contain a balance of didactic teaching and experiential learning. The structure of the program shall consist of education and training forums and workshops:-

* **Forum 1.** What is a “self-driven wellness recovery” process in practice
* **Workshop 1.** Severe and persistent disability with complex needs/other issues
* **Forum 2.** Recovering/’red participant to talk about the recovery experience
* **Workshop 2.**  Work-driven wellness recovery, education and training processes
* **Forum 3.** The carers’ perspective on work-driven wellness recovery
* **Workshop 3.** Working with families and professionals
* **Forum 4.** Using the Wellness Recovery Action Plan to promote recovery
* **Workshop 4.**  Harnessing the power of service users in wellness recovery.
* **Forum 5.** Spirituality in wellness recovery
* **Workshop 5.** Reflecting on recovery and developing action plans (Ongoing)
* **Forum 6.** Coping with life: - day to day living tasks/skills >> recovery (ongoing)
* **Workshop 6.**  Reflections and documentation of learning and skills (ongoing)

**It is hoped that a constructive dialogue shall be developed by the many and diverse stakeholders for a systematic person-centred, life-work driven and focused wellness recovery, improved and integrated access service.**

**Participants “Life-Work Driven Wellness Recovery” interacting web-based series**

Each episode shall be of 30 minutes duration.

* **Length of Series.**

The initial proposal is for 13 episodes. We hope that it’ll be an on-going project.

* **Experience in television or media.**

We have no experience in this area. We need to recruit a team.

* **Will you shoot in a studio or on location?**

We’ll shoot on location. (Indoor and outdoor)

* **Do you possess or have access to camera equipment, lights, sound equipment, editing suites?**

No. We don’t own or have any access to equipment.

* **How do you intend to fund your program?**

We’ll seek sponsors for the pilot. Our aim is to make use of volunteers.

* **How will you promote your program?**

If successful, a marketing strategy will be developed to find sponsors/stakeholders.

* **Is the material original or sourced from overseas or other television sources?**

The material used will be original

* **Do you have copyright clearances?**

Not known

* **What program classification will the program generally expect to bear?**
* **What program evaluation processes are you proposing to use?**
* **What other information about the program do you wish to provide?**

**Australian Dual Diagnosis Recovery Network Inc.** An integrated participant’s life-work access organization.

The Australian Dual Diagnosis Recovery Network Inc. advocates for a **Live-Earn and Learn** **Individual Support Package,** integrated access services acting as a catalyst platform for change.

The Network to create life-work enabling environments offering:- accommodation, life-work education and training pathways, forums and workshops geared towards building communities with the power and influence to enact significant shifts in thinking and practice. The Network has a commitment to involve all willing and interested stakeholders, in discussions and planning, for our shared future. Of particular focus is the building of sustainable, collaborative and integrative access services.

The Network, as a Collaborative Live-Earn and Learn Organisation Member, aspires to facilitate a dialogue and a communication forum for like minded stakeholders. The Network’s suggested proposal is about an integrated process of dual disability participants, carers and professionals to develop a “Whole of person quality of life” improved and co-located seamless access service.

**What is recovery? Recovery doesn’t refer to an end product or result.** It doesn’t mean that one is cured, nor does it mean that one is simply stabilised or maintained in the community. Recovery often involves a transformation of the self wherein; one both accepts one’s limitations as well as one discover a new world of possibilities.

This is the paradox of recovery that, i.e. -in accepting what we can’t be or do, we begin to discover who we can be and what we can do. **Thus, recovery is a process.**  It is a way of life. It is an attitude and a way of approaching the day’s challenges. It isn’t a linear or perfect process.

**This inclusive and collaborative project is intended to be a life-work driven and inclusive of a “Specialist Dual Disability Peer Support Worker” training the trainer program.**

It may include the implementation of existing person-centred experiential-consumer’s knowledge as well as supported by professionals and/or other evidence-based knowledge.

**Be on tap not on top.**

**The study.**

**“Behind the Life-Work Driven Wellness Recovery Study”**

**What is the Behind the Life-work driven wellness recovery study?**

The study shall look at effective models/approaches of self-sustaining “Life-Work driven wellness recovery” in terms of needs and gaps in infrastructure and services. Therefore,

1. **How does one access efficient person-centred wellness recovery services?**
2. **How does the recovery services community respond to the changing times?**

**The philosophical framework.**

* **Community wellbeing.**
* **Maintaining ecological integrity.**

**Community wellbeing.**  A more sustainable community recognizes and supports people’s evolving sense of wellbeing which includes a sense of belonging, a sense of self-worth and a sense of connection with nature. It provides goods and services which meet people’s needs both as they define them and as they can be accommodated within the ecological integrity of natural systems.

**Maintaining ecological integrity.**  A more sustainable community is in harmony with natural systems, including the sound management of waste and by utilizing the natural ability of the environmental resources for human needs without undermining their ability to function over time.

Within the overarching paradigm, it is believed that the following are the cornerstones of wellbeing and natural development.

**Rights and responsibilities.**  A more sustainable community enables people to feel empowered and take on responsibility based on a shared vision, equal opportunity, ability to access expertise and knowledge for their own needs as well as to understand and grasp their rights.

**Economic security.**  A more sustainable community includes a variety of businesses and organizations which are financially viable, flexible, committed to human resources development and supports the local economy. A more sustainable community is also one in which capital is utilized and retained within the community.

**Design of Individual Supports for people with psychosocial disability**

**37. (3) The purpose of a Disability Plan is to establish goals and to assist in furthering the objectives and principles.**

a) Identify the needs of persons with disability

b) Establish goals and principles for the support of persons with disability

c) Identify objectives and policy principles for the development and delivery of services for persons with disability

d) Identify strategies for achieving those objectives and priorities

**Individual Support Plan**

* An Individual Support Plan documents a Participant’s goals and aspirations.
* The supports needed to meet those goals and the way the Plan is managed.
* The Individual Support Plan is developed through a planning conversation involving a Planner, the Participant and Carer. (with the participant’s consent)

**Positive Behavior Support Plan describes the strategies to be used to:-**

* Meet an adult need
* Support an adult’s development of skills
* Maximize opportunities through which an adult can improve their quality of life

**Design of Individual Supports for people with psychosocial disability**

* **Core Support Items.** Core Support items are a support that enables a Participant to complete activities of daily living and enables them to work towards their goals and aspirations.
* **Capacity Building Support Items.** Capacity Building Support Items are investment supports that enable a Participant to build their independence and skills so as to progress towards their goals.
* **Capital Support Items.** Capital Support Items are investments such as assistive technologies, equipment and home or vehicle modifications.

**Assistance from a Planner is required to develop “My Wellness Recovery Action Plan.”**

**Specialized assessment of skills, abilities and needs**

1. Defining the existing disabilities:- a) Total or partial loss of a person’s bodily or mental functions b) The presence in the body of organisms causing disease or illness e) Brain malfunction g) A disorder that affects a person’s thought processes, perception of reality, emotions or judgment h) That presently exists
2. Identify the needs of persons with disability
3. Establish goals and principles for the support of persons with disability
4. Identify objectives and policy principles for the development and delivery of services for persons with disability
5. Identify strategies for achieving those objectives and priorities

**Personal Needs and Supports.**

* Assistance with accommodation
* Assistance in coordinating or managing life stages/transitions/supports
* Assistance to access and maintain work
* Assistance to integrate into life-work-education programs
* Assistance with daily life tasks
* Assistance with daily life activities
* Assistance to develop daily living and life-work skills
* Assistance with household tasks
* Assistance in participating in community, social and civic activities

**Assistive Products and Equipment**

* **?**

**Communication and Information Equipment**

* **?**

**Management of funding for supports in a Participant’s Plan**

* Service set-up costs
* Financial set-up costs
* Monthly processing costs
* Service intermediary activities costs etc.