RECOVERY-ORIENTED PRACTICE

Recovery-Oriented Practice	Non-Recovery Practice
Hope is communicated at every level of service delivery	There is little communication of hope
The **relationship** between the service provider and consumer is based on **compassion, understanding and knowing each other as unique individuals** and is the basis for good work to happen	Controlling, caring for and protecting people is the basis of the work
There are **high expectations for recovery** and it is considered the service outcome	Stabilisation is the expected outcome
Work with people is purposeful and designed to assist people in <u>their</u> growth and recovery toward their dreams, desires and goals. The primary mechanism that drives this process is with proactive, planned contact using written goals and steps towards achieving goals	Work with people lacks direction and is crisis-oriented. There is little or no planned, purposeful contact. No use of written goal planning and goals are driven by service delivery or service providers
Self-care, self-management and education are emphasised. People are supported in becoming experts of their own self-care. People are educated about medication, self-help, coping strategies and symptom management. Information is openly shared and consumers have access to information	Compliance is desired. Professionals are seen as knowing what is best for the consumer. Information is withheld on the basis that consumers do not understand or will not make good use of it
Community integration is the central focus or practice. This includes: normal, integrated housing, real work, experiences and work that is meaningful for the individual, lining to community, people, social and recreational activities. There is less emphasis on mental health programmes and groups	There is an emphasis on use of mental health programmes for work, social and recreational endeavours.
People are **supported to take risks** (failure is part of individual growth)	Protection and emotional safety are of primary concern
People receiving service are involved at <u>every level</u> of decision-making and directors of their own care. Including service planning and policy making	Professionals reserve decision making power and know what is best for the consumer
Peers support and mutual self-help is encouraged and valued	Peer support and mutual self-help is not talked about by service providers
Staff anticipate crisis and do pre-crisis and post crisis planning with consumers	Staff do not spend time on health and wellness planning and therefore much time tending to crises