Collaborative Relational Practice

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Collaborative
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Practice

Acknowledgements

We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past and present. We recognise that their sovereignty was never ceded.

We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Healing for change, healing together
by Dajarra Browne

Collaborative Relational Practice design

We would like to acknowledge the time and commitment of the many different people, groups and teams that participated in the thinking and design behind this approach. Thank you for caring about what matters to practice and your contributions along the way.

— **Priscilla Ennals**, Senior Manager, Research & Evaluation

— **Keren Wolstencroft**, Project Lead

Contents

Introduction

As a values-based organisation we are social in our goals and our aim is to be a voice and space for personal, community and societal wellbeing. The way that we go about doing this speaks to the heart of who we are and what we care about.

However, staying centred isn't always easy. The reasons people access support from Neami services and what we aim to offer across different service types and locations is diverse, often complex and frequently without ready-made solutions.

The development of Collaborative Relational Practice (CRP) has been designed with this in mind. Its intention is to centre and guide our purpose and approach across the diverse spectrum of Neami activities and services. It reflects the best of what people say they value about us and our approach and acts as a connection point to sustain our culture and values.

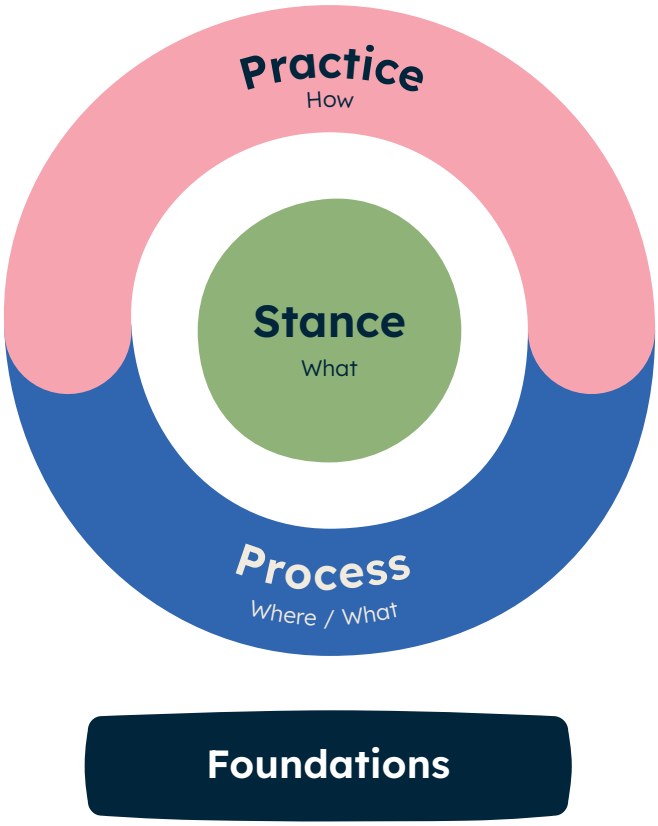
What do we mean by practice?

Practice is a term we use to describe the application of theory, evidence and ethics to how we approach and go about our work. The word implies deliberate attention to developing proficiency over-time.

As an approach for practice across the organisation, CRP draws attention to ways of seeing, understanding, being and doing. These are informed by an ethical foundation of human rights and care, an ecological systems lens, and a diverse knowledge and disciplinary base.

The approach includes:

1. a **foundation** that brings together theory, evidence and ethics
2. a **stance**, involving three guiding principles that inform all our work
3. a **process** for engagement
4. the **practices** needed to do the work.



1

Foundations

Practice foundations

People's reasons for accessing support from Neami are diverse and often involve a mix of challenges from any number or combination of dimensions, for example – personal, familial, social, material, economic, cultural, judicial, environmental.

What is clear to practitioners is the variety of contributors and connections between them, and the diversity of ways these can play out in someone's present situation and over time.

Notably, the interplay between aspects of the person (body, mind, spirit, meaning-making, actions) and the complex variety of people, places, things, events and goings-on – that are present or happen in life.

We need ways of working that reflect this. Beyond any one discipline or viewpoint, beyond focussing on individuals as the sole agent for change and beyond standardised techniques. And sometimes we need to critique or push back against discourses and practices that are harmful or irresponsive to what people actually need.

Deciding what theory and evidence counts

CRP synthesises theory and evidence aligned to practices of relevance and value to the context and aims of Neami services. For example:

— trauma-informed

— culturally responsive

— diversity appreciative

— lived experience centred

— family/carer inclusive

— collaborative, participatory and co-design

— relational and systems oriented

— recovery-oriented

— personally and situationally responsive.

'… I need help. But I want it done with a better understanding of … what I need, not what they need to give me[1].'

Consumer advocate in RCVMHS report

Connecting know-how from across the system

Holding lived and living experience as central to understanding what theories and evidence count, the development of CRP involved:

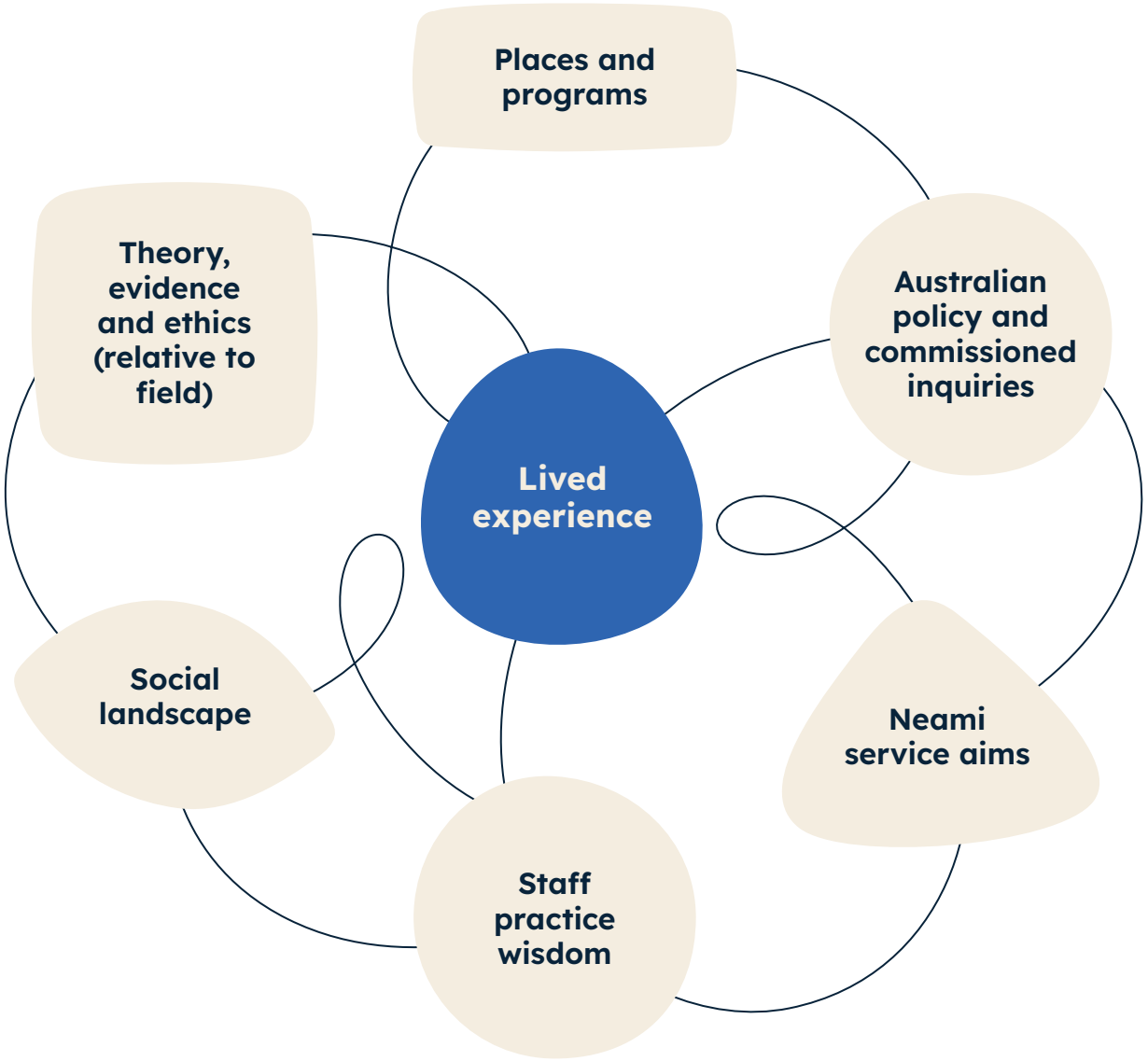
— an expansive cross-disciplinary literature review and synthesis, (inclusive of Australian policy and commissioned inquiries)

— interrogation of Neami data and findings from our own studies

— conversations with staff and people with experience in accessing Neami services

— direction and support from a steering group composed of staff and people with lived and living experience

— prototyping and trialing ideas with service teams across Australia.



Foundational reference points

An ethical foundation of human rights and care

Where the starting premise is that all people have value and worth[2–7].

Seen in practices that:

- afford dignity and respect for all people
- enhance people's opportunities for self-determination over life and situations
- exhibit qualities of attentiveness, reflection, solidarity and genuine empathy with how others see and feel about things
- seek to counter the ways harms and inequities are enacted and reproduced within society.

An ecological systems and relational world view

A recognition for the interdependence between people's personal capacities, vulnerabilities, strengths and motivation – and the strengths and barriers that exist in families, communities and societal structures.

An understanding that mental health and quality of life (or how someone feels about their life and what they believe they can do) is nested in and relative to all the things, people, places and goings on that make up people's lives. A view that accounts for the connectedness of life[8–14].

Seen in practices that are:

- responsive, personalised and iterative to each person's circumstances, needs and aspirations
- promote connection and cooperation between people, families, community members, and services
- seek long-term sustainable solutions.

A diverse knowledge base

Drawing upon wisdom, insights and evidence from across the system. Being appreciative of and informed by diverse disciplines and perspectives.

This reference point is an appreciation that 'ways of knowing' and decisions about what knowledge counts, take place in complex cultural, historical, social and political contexts. It also highlights that privileging particular forms of knowledge and knowledge-creation methods over others can obscure some realities and overstate others[15–20].

Seen in practices that:

- inclusive
- curious and appreciative of different perspectives
- draw on critical reflexivity.

2

Wellbeing

‘The problem with individualised views of health and wellbeing in policy is not that they are wrong as such but, on their own, are simply too limited[21].’

Shakespeare et. al., 2021

Quality of life, wellbeing, mental health, healing, recovery

Concepts such as quality of life, wellbeing, mental health and recovery are broad umbrella terms that are often used interchangeably in health and social services discourse. As concepts, each of these have served to broaden thinking about what outcomes matter and to some extent humanised service responses.

Yet the interplay between what people do and the conditions and circumstances of their lives – how they come together – to affect how someone is getting along in the present and future is often neglected[21–27].

For example, recovery and wellbeing literature calls attention to subjective qualities of life and living, that is – ‘what it feels like to live in the world’. Qualities such as having a sense of hope, connectedness and belonging, responsibility, safety and stability, social value and self-worth, and meaning and purpose in life – provide an existential foundation for thinking about what a fulfilling life entails.

However, qualities such as these do not just appear in a vacuum or just by individual effort or will[28].

Rather, how people feel about their lives (and likewise what they can do) is nested in and relative to all the things, people, places, things and goings on – that one’s life is situated in. For example, hope is nested in reasons to hope.

‘… Sometimes there’s no options, so how can you be responsible for taking on an option? It’s like housing affordability… if you can’t afford any of the housing, what are you supposed to do? Like how can you be responsible for that? That’s not in your control[156].’

Ella in Stonehouse et. al., 2021

‘Service user/survivor activists have rejected the idea that the causes of their subjective suffering reside solely within their bodies or minds[157].’

Degerman, 2020

An ecological systems perspective

An ecological systems or relational conceptualisation of wellbeing+ is based on the premise that people are active, purposeful agents, creating meaning and making choices in their lives, while at the same time being affected by very real enabling and limiting factors: bodily, psychological, material, economic, social, cultural, historical, political, environmental, structural and more.

In this way, doing and being well is recognised as relative to the complex variety of things, people, places, events and circumstances. It recognises the mix, timing, fluctuations and flow on effects – the way things come together at particular times to affect how a person feels, what they have access to and what they can do.

It acknowledges the interdependency between different aspects of people (body, mind and spirit) and their environments/world – with an understanding that the many different aspects cannot be understood in isolation or even as static categories in relation.

It is a relational and dynamic conceptualisation reflecting wellbeing (for individuals, families, communities, societies, beyond human life and environment) as being intimately interconnected and responding to the ebbs and flows of situational effects at the micro, meso and macro scales.

From this perspective, wellbeing (or recovery, quality of life, mental health) is an emergent property of the way different conditions relate and are leveraged.

Conditions for wellbeing

What matters: priorities, needs and values – the shape, quality and meanings of these.

Spaces in time, relationships and physical locations – that have restorative and healing value for heart, mind, body and spirit.

Connections to people, place/s, pets, community, culture, activities, spirituality and traditions – connections that offer a sense of belonging, involvement, being part of, contributing to and being valued.

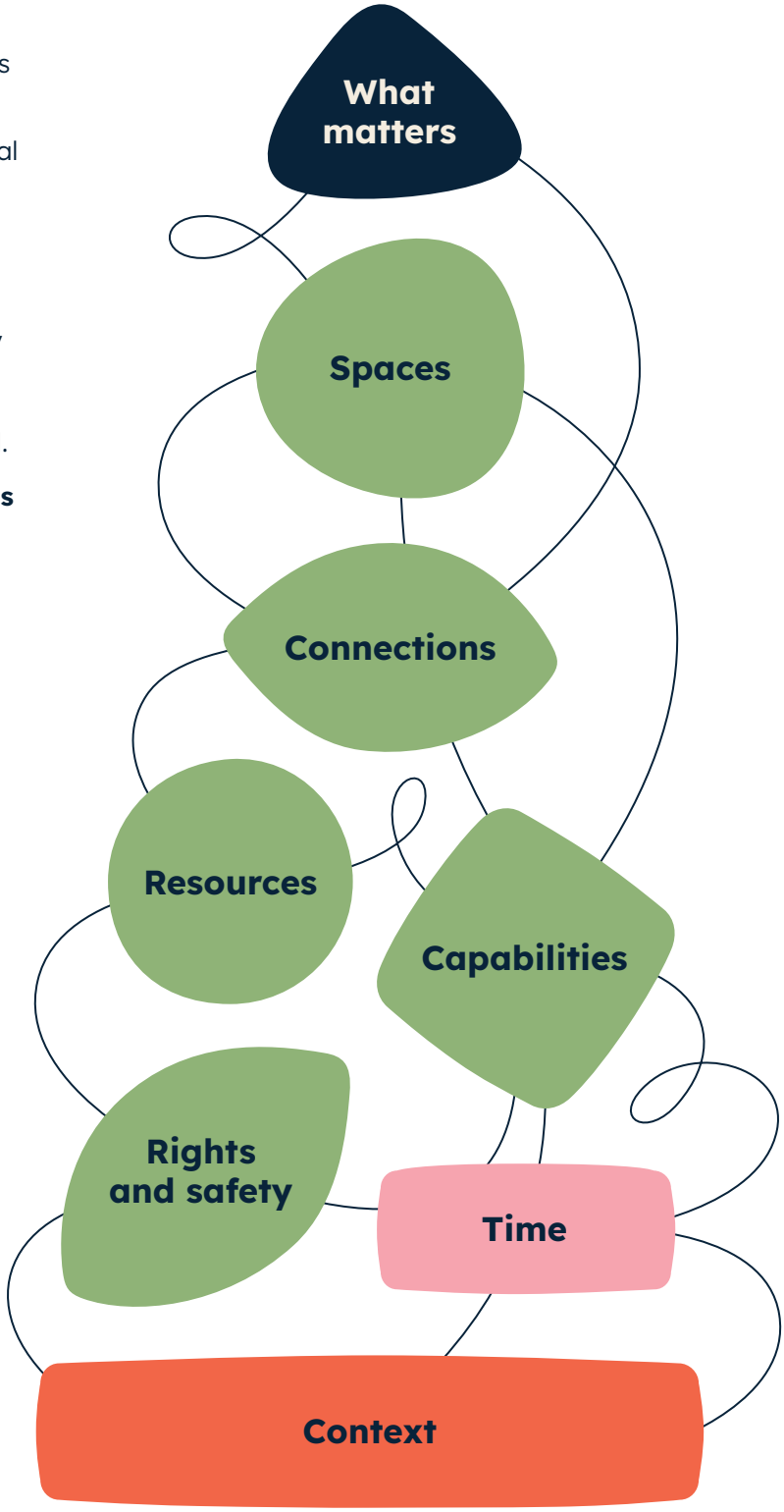
Social, emotional and material **resources** to meet essential and relative needs.

Capabilities: skills, knowledge and confidence – to be and do what is valued along with the freedoms and opportunities to do so.

Rights and safety to go about daily life with choice, dignity, social worth and protections from harm.

Time and timing inclusive of life span, developmental, adaption and learning processes.

Context: the strengths, opportunities, constraints and barriers situated in personal, familial, community, societal, cultural, political, structural, historical and environmental – circumstances and conditions.



'I think people can grow through tragedy, but... it's not a certainty, you can use the metaphor of a garden, there are some conditions that are better...for growing.'

Liam in Spencer, 2013[155]

3

Collaborative Relational Practice

An approach to practice

CRP has been designed to centre and guide practice decisions and processes. It is not a one-size-fits-all model or set of methods that have standardised application.

It draws on a broad theory and evidence base – relevant to Neami's service context, while privileging Lived Experience perspective in deciding which theories are helpful and what evidence matters.

CRP is purposefully responsive to demands for human services to be more flexible and respectful. To recognise the know-how that people have about their own lives and needs and the right to influence and co-create the conditions from which a meaningful life is possible.

As an approach for practice CRP draws attention to:

— the interplay between how people feel about their lives, what they believe and can do – and the conditions and circumstances of their lives

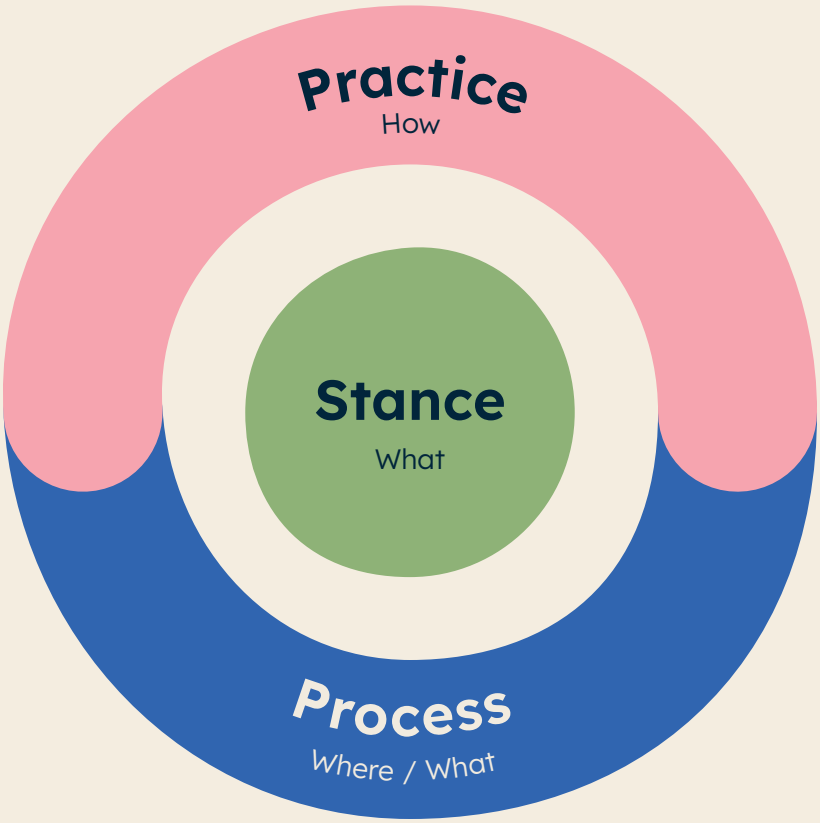
— the necessity of tuning into, with care and compassion, to people and situations – to understand what is going on, what matters and what will help

— the value of connection and cooperation between people, families, community members, services and policy planners.

'What could seem unbearable without the help of others, can with the care of others become bearable[41].'

Delmar, 2006 in Monteux & Monteux, 2020

CRP is framed by:



Foundations

Stance	These are the guiding principles that underpin how we work: — a relational stance: care and connection matter — being and doing with: collaboration matters — personally and situationally responsive: context matters.
Process	This acts as a guide for co-creating engagement and support: — creating connection — making sense of what is going on — coming to know what matters — deciding what to do and figuring out how — giving it a go and checking in.
Practices	These are the knowledge and skills that we draw on in our work: — relational skills — meeting people where they are at — listening and awareness — generative conversations — cultivating strengths — critical reflexivity.
Foundations	This is the theory, evidence and ethics that inform: — stance, process and practices — conditions for wellbeing.

Stance

The guiding principles that underpin how we work

A relational stance

A relational stance: care and connection matter

Care and connection express ethically significant ways in which we matter to each other[4].

A relational stance reflects an appreciation that connection, belonging, being liked, cared about and appreciated, and reciprocating the same to others – is fundamental to wellbeing over the lifespan[29, 30].

In a service context, a relational stance of care and connection provides a platform for healing and transformation.

As a guiding principle for practice, it recognises that human rights and care ethics are enacted in relationships, particularly – in the way that relationships are responsive to issues of human dignity, respect and worth[2, 5, 31–35].

'It is quite easy to connect with someone who cares for you and doesn't think shame should be in the equation...[171]'

Dolly in Sexton, A., & Sen, D. 2018

In practice

As a way of being in our work, it asks us to engage as a person, with others as 'persons too' (as opposed to a label, category, diagnosis, or some form of othering)[36–39].

This means that we:

— engage with authenticity, respect, care and compassion – in the same manner that anyone would wish for[36, 40, 41]

— create spaces and conditions for people to feel seen, heard, understood, safe, respected and cared about[40, 42, 43]

— are tolerant of ambiguity, can move experimentally and at the speed of trust[4, 40, 44]

— come to understand people's/family/network strengths and vulnerabilities, needs and aspirations

— affirm experiences of distress/struggle and joy along the way[45, 46]

— convey acceptance, liking and hope[41, 42].

'Relationship-based practice is not technical, instrumental or methodological – but confronts central philosophical questions around who we are and how we are with others[85].'

Ingram & Smith, 2018

As a focus for our work

As a framing for intended outcomes of support it asks practitioners to pay attention to the people and places where opportunities for connection, belonging and support can be restored, built upon, or nurtured into being.

FYI

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A collaborative stance

Being and doing with: collaboration matters

‘Each consumer needs to be the architect of their own healing[172].’

VMIAC, 2021

This principle speaks to an appreciation that human rights and social justice are enacted in relationships, specifically – in the ways relationships are responsive to issues of power and self-determination[47].

A collaborative stance breaks with traditions of ‘doing things to people’, and conventions regarding who the expert is and whose knowledge counts – it positions practice as an invitation to partnership – where the strengths of those involved combine to bring about better connections, greater understanding, and personally relevant responses.

In practice

A collaborative stance asks staff to act in partnership with people who access our services, their families and community members. It means that we be and do things with people rather than do things to people[48–50].

Collaboration involves ‘working alongside’, ‘being in there together’ and ‘collective action’ where:

— safety and trust are co-created

— knowledge and expertise is pooled

— power is acknowledged and shared

— there is a continuous movement toward understanding

— tensions, uncertainties and differences are navigated respectfully.

‘…I was lucky. I found someone who heard me and partnered with me. Who offered compassion instead of clinical objectivity, and encouraged creativity instead of compliance[158].’

Indigo Daya, 2019

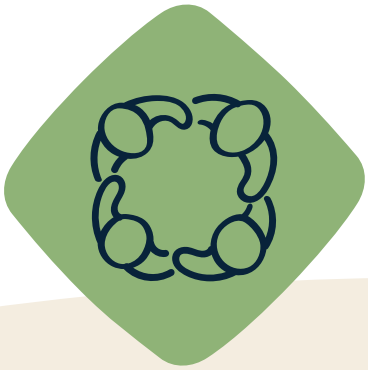
‘Collaborative practice breaks with traditions based on… the expert–non-expert system, and/or as a technological, pre-structured, and interventive process based on and in deficit language[63].’

Anderson, 2012

Collaborative[51], participatory, open dialogue[52], shared decision making[53], co-design, co-production[54, 55], transdisciplinary, cooperative and collective action[56] practices each draw on the power of people coming together – to figure out and make sense of what is going on, to explore possibilities, try things out, solve problems, and to co-create conditions for individual, community and societal wellbeing.

As a focus for our work

As a framing for intended outcomes of support it asks practitioners to pay attention to opportunities whereby people and communities can enact self-determination over their lives and situations.



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A contextualised stance

Personal and situational responsiveness: context matters

Context is the signal not the noise[57].

This principle speaks to an appreciation that peoples everyday lives and wellbeing are embedded in all sorts of things, people, places and goings on – that can act as sources of strength and/or sources of vulnerability.

It is a recognition for the interdependence between how people feel about their lives and what they can do and the many forms of opportunities and barriers that exist in families, communities and society[8–12, 23, 24, 28, 58-62].

'Having got a flat has led to recovery. Because I feel that I have got new initiative and the desire to make an effort again, and to get on with tasks, and to begin to do something with myself again. My situation no longer seems so bleak[159].'

Participant in Andvig & Hummelvoll 2015

In practice

As a framing for 'meeting people where they are at' and 'working alongside' it asks staff to:

— consider how past and present events and circumstances connect to how someone is feeling and acting in the present

— draw on collaborative and advocacy skills to support change beyond the individual.

As a focus for our work

As a framing for intended outcomes of support a contextualised stance allows for a broad focus of support, for example – inclusive of personal, familial, community, material-economic, socio-cultural, justice, environmental, and systems-structural contexts. It asks staff to notice what is going on and matters to people holistically with particular attention to:

— the quality of connections people have with other people, places, community and culture

— the extent to which people feel safe and their rights are respected

— the spaces, places, resources, routines and activities that nurture wellbeing.

FYI

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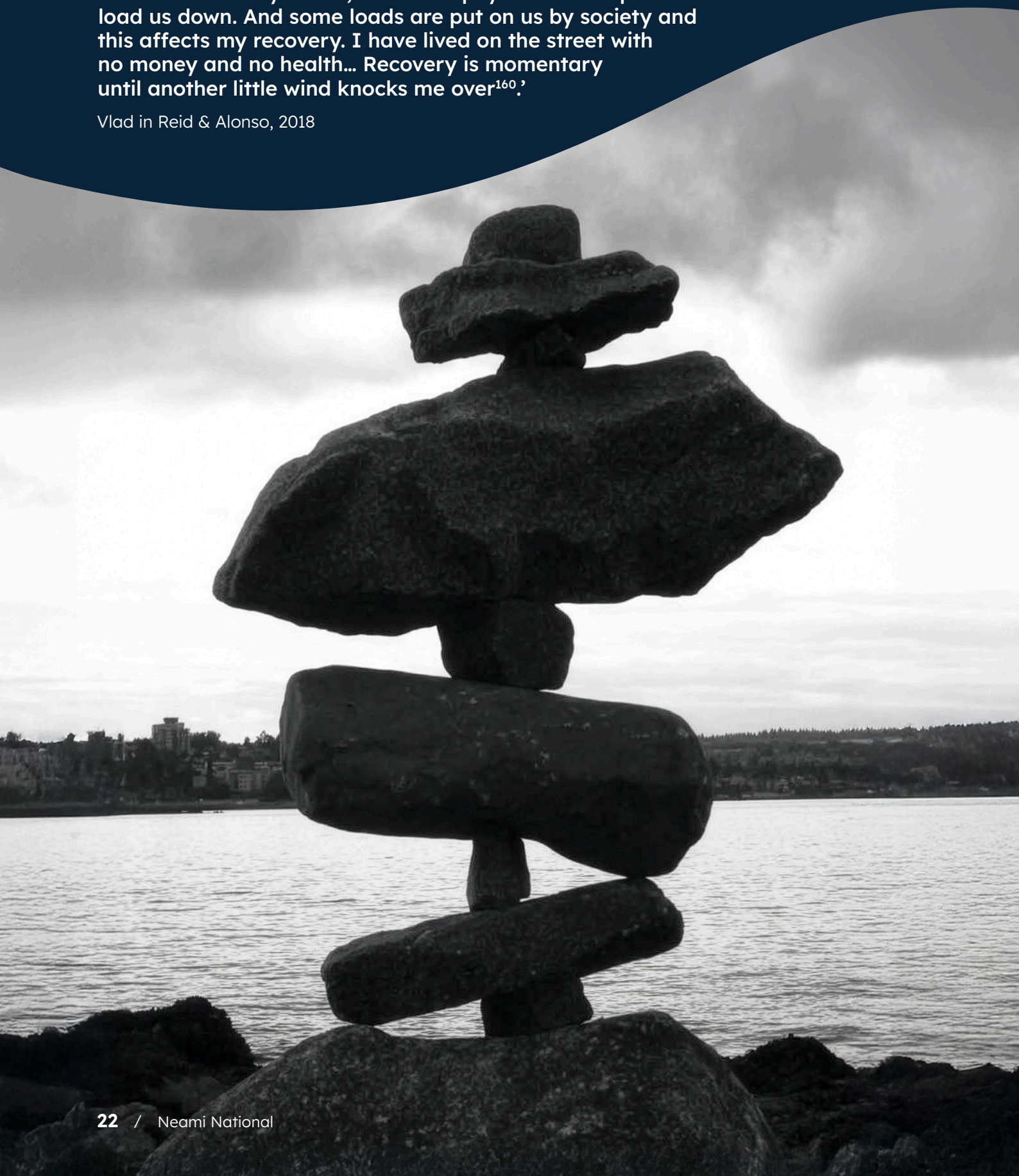
Photo reflection

‘It’s hard to keep balance with a small base. My base is wobbly, it’s not stable on its own, my issues are finances and health. It’s very easy to be blown away, a single event or word from another can put me off balance. We have a lot of health and money issues; mental or physical health problems load us down. And some loads are put on us by society and this affects my recovery. I have lived on the street with no money and no health… Recovery is momentary until another little wind knocks me over[160].’

Vlad in Reid & Alonso, 2018



Working alongside

A process for co-creating connection, understanding and focus

‘Having someone in your corner … sorting things out together[65].’

At Neami, many of the people we support have not had adequate access to the type of social scaffolding, safety and human kindness that being or doing well depends upon. For some there is a lack of natural supports, that is – other people, family, friends, in their life. Some are/have experienced violence, trauma, harm, invalidation, displacement, or a lack of care – from those around them, their community or wider social attitudes and structures – some may not even know what a safe relationship is.

So, support can be less about having to apply a particular remedy or intervention and more about being something akin to a trustworthy natural support, that is – less technical, more human.

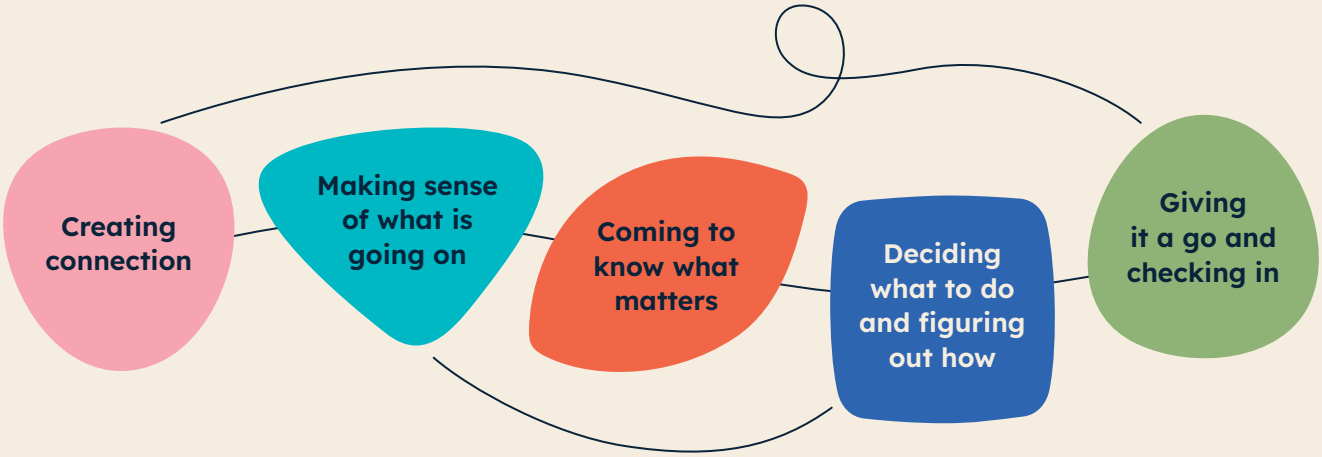
Working alongside

Working alongside speaks to the essence of CRP. It is a sensitivity to and a willingness to be, act, and respond with another person[35, 63–68]. One where the other feels that their dignity and worth are upheld, what they have to offer is appreciated and valued rather than judged, and their self-determination is honoured[36, 49].

It involves meeting people where they are at – having an understanding that people can be in different spaces in terms of their safety, trust, or readiness to engage with a service, others or change[39, 69]. It involves attention to timing and pace, and situational diversity, while honouring personal expertise and choice for the process and focus of support[47, 49].

‘I think it is important to be with people instead of doing something for them. It is about being treated as a human being[39].’

Participant in Horgan, 2020



Conversations that count

Working alongside as a co-created engagement process is supported by conversations where space and attention is given to understanding:

— what matters to connection and collaboration

— what is going on (strengths and struggles)

— what matters (needs, priorities and values)

— the focus of support and plans.

Conversations are a process of understanding, a process of learning how the other makes sense of something and the meaning it has to them. They are often open-ended – with understanding being created and forming over time.

Conversation tools

At Neami, Conversation tools are a way to support meaningful conversations about topics of importance. They are a means to:

— jot down important information and hold attention to what really matters over time

— ensure personal and cultural relevance – peoples own words and understandings are vital

— enable continuity – over time and between those involved.

'...Dialogue is an open-ended process: understanding and meaning are not reached once for all but continuously emerge along the way[161].'

Galbusera & Kyselo, 2018

What matters to connection and collaboration

> **He took the time to get to know me as a person as opposed to just a case or number[77].'**
>
> Participant in Shattell et. al., 2007

What is going on: strengths and struggles

> **So, I drew. I mean, I'm not an artist... so I just drew what I felt was happening to me. and she was very, very open to that. That really made us connect. It really made me feel like she understood[77].'**
>
> Theresa in Shattell et. al., 2007

What matters: priorities and values

> **It's good to see where your priorities are, what's important and what's not important.'**
>
> **It helped me to recognise I was doing things that I didn't really value.'**
>
> Participants in CRM Study, 2015

Focus and planning

> **... Even if there was a crisis, it was so good to sort things out and I knew who were going to help me with what, and that helped me focus on my plans[65].'**
>
> Anita in Ness, 2017

'I was surprised that this stuff could just come out of me and then I would do it.

I would talk and xxx would write things down. I ramble. Then she would show it to me. I just needed it to be written in front of me, have someone pick out all the important bits...'

Consumer participant, CRM development project, 2019

Creating connection

‘Connection is the energy that exists between people when they feel seen, heard, and valued. When they can give and receive without judgement, and when they derive sustenance and strength from the relationship[63].’

Anderson, 2012

Premise

Interpersonal connection is at the core of human growth and development throughout the life-span[29].

Connection and process go hand in hand

In a service context, the quality of the connection, for example – trust, safety, respect, supports the quality of insights and decision making – thus outcomes. Likewise engaging in thoughtful and respectful conversations about what is going on, what matters and what will help, supports the quality of the connection[70].

Connection and outcomes

Evidence for the link between quality of connection and outcome in therapeutic spaces is robust. Meta-analysis: 295 studies, 30,000 patients between 1978 & 2017 r = .278 moderate effect size d = .579[71]. The therapeutic alliance is up to seven times more influential in promoting positive change than specific treatment techniques[72–74].

‘He took the time to get to know me as a person as opposed to just a case or number or somebody who’s a little bit stressed out…[77]’

Participant in Shattell et. al., 2007

Power, threat, meaning

Connection and making sense of what is going on requires an appreciation for the likelihood that people who access our services have histories and circumstances that can involve trauma, adversity, disadvantage, inequities, cultural disenfranchisement, discrimination and disempowerment – distress and struggle in some form or another. In this way facilitating connection requires:

— a way of being that communicates to the other that they and their situation are of importance, their views are respected and what they have to say is valued

— attending to how safety and trust can be created and maintained during the engagement process

— supporting people’s efforts to make sense of and respond to threats in their lives

— validating how a threat is experienced and collaborating in how to respond

— considering culturally relevant and trauma/distress-specific responses

— supporting access to spaces (for example: physical spaces, habits/routines, people, justice) that provide opportunities for healing and reparation.

'...To the extent that I actually understand what's going on, the person feels seen ... I think that makes for rapport. It makes for a connection[70].'

Carr, 2010 in Lavik, et. al., 2018

The mix

Despite some common features there is no formula or replicable method for creating and sustaining connection. Rather, the personal style, situation and expression of the practitioner interacts with the person accessing support – who they are, their circumstances and aspirations and how they go about expressing these.

That being said, connection is often experienced in the accumulation of seemingly small things, for example – words, gestures and acts. Those that create a sense that one is not just a case or a practitioner but 'a person too'. A person that the other (a) likes, and (b) sees value in – without negating the presence of struggles and challenges[36, 37, 42, 43, 75-79].

Micro-affirmations[42]:

— occur wherever people wish to help another to succeed

— are characterised by their everydayness

— are without formally declared therapeutic value

— give an experience of being valued by another in some way.

Paying attention to connection over-time

Relationships unfold in ways that are unpredictable and can involve disruptions, tensions, uncertainties and ill-feelings. By attending to connection over time, deliberately seeking to resolve misunderstandings, respect differences and navigate tension points – opportunities for connectedness and personal growth can happen for each party (80-84).

Fellow humans

A key part of being present to others and being able to show understanding, compassion and hope – is having the same for self. Being present and real to who we are, our needs, strengths, vulnerabilities and limitations, in different scenarios and at different times, increases our capacity to understand and connect with other people. It can take the focus off others as 'the objects of care' and places it on all of us as fellow humans (Consumer Participation Practice Guide, Neami National, 2020).

FYI

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Conversations that count: connection and collaboration

Typically, what matters to connection and collaboration in health and human services relationships are decided primarily from the provider/expert perspectives of boundaries[44].

An integral aspect in moving away from doing things to people to doing things with people is consideration of how connection and partnership are co-created and maintained over time[85]. This does not mean doing away with ethical and safety considerations – it means being transparent about these, what they mean for all parties, and their relevance to different situations.

'It is quite easy to connect with someone who cares for you and doesn't think shame should be in the equation… I don't think you even have to know what the person's condition entails beforehand. It was framed as: what works for you? How shall we work when things get difficult?[171]'

Dolly in Sexton, A., & Sen, D. 2018

What matters to connection and collaboration for us?

A co-created understanding of what matters (to each party) to getting along, can support:

- consideration of emotional, physical, cultural and logistical needs necessary to establish safety and trust
- an appreciation for the humanness of each party
- acknowledgement and distribution of power.

It involves exploring and developing a shared understanding between parties of:

- what matters to safety and trust
- the reasons for the relationship (what is going on, what matters and what will help)
- the process, the focus, what's involved and its limits
- how to maintain connection (including safety and trust) – over time
- what could go wrong and what to do when this happens
- the how and what of wider information sharing
- when/how to check in on the relationship and process.

'When people feel that we see them, something happens. They feel secure and become more honest and dare to show themselves. That liberates a lot of energy[43].'

Participant in Topor et. al., 2018

Making sense of what's going on

'First person accounts tell us that the voices of service users are still not listened to, their knowledge is generally not recognised as valuable… and what they say to practitioners may well be interpreted… rather than a genuine exchange of crucial information[162].'

Borg & Karlsson, 2017

A genuine exchange

People's reasons for accessing support are diverse and nested in unique social, cultural and environmental contexts. Assessment tools are generally designed to identify levels of distress and sources of struggle. However, they can be inadequate to capture the quality, nuance and know-how that people have about their own lives.

Sense-making and outcomes

Relying on pre-set assessments can also limit the value of sense-making as an integrative process – where clarity and purpose can emerge – when space is given to understanding a person's story, meanings of, and context over time[60, 86–90].

Conversations that count: struggles and strengths

Eco-mapping can support conversations where the intention is to make sense of the variety of things going on in a person's life.

A place to jot down the critical or salient things – that contribute to or detract from how someone feels about their life (personal, bodily, interpersonal, social, financial and more) – in peoples own words and understandings. Jotting down important aspects can highlight:

— sources of strength

— where the difficulties lie

— connections between different aspects

— culturally relevant understandings

— what the priorities might be.

It can help in deciding on aspects that can be nurtured and strengthened or what challenges to tackle. It may be helpful in identifying the things that people would like to focus on themselves, with known others, or where they might need extra resources or more collective action. It can also help to identify the things that might be more at a structural level (requiring higher level advocacy or beyond immediate resolution).

'When I sit down with people… I work with them to find the meaning in their experiences. This approach involves understanding links between what they think, feel, and believe and the social contexts within which these experiences have emerged… I don't presume that I know how best to see things or that I need to educate the person about my preferred perspective. Rather, I see such conversations as an exchange of knowledges and viewpoints[163].'

Rufus May, 2022

FYI

Khan, S., Vandermorris, A., Shepherd, J., Begun, J. W., Lanham, H. J., Uhl-Bien, M., & Berta, W. (2018). Embracing uncertainty, managing complexity: applying complexity thinking principles to transformation efforts in healthcare systems. BMC health services research, 18(1), 1-8.

Coming to know what matters

Getting a shared understanding about what the priorities are, what is valued, what really matters to someone accessing support, their family or important others is an integral part of deciding what aspects to focus on during the engagement process[91–95].

Conversations that count: priorities and values

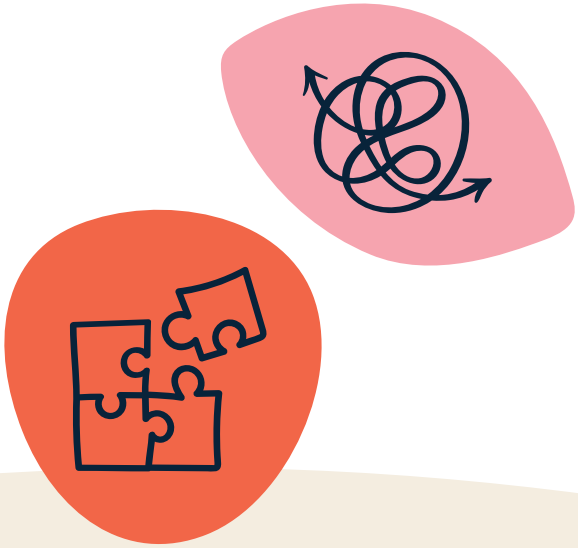
Conversations and activities that seek to clarify values and priorities create spaces for transformation – they can go to the heart of what someone cares about – what makes for a meaningful life[96–98].

'... I began with a folder. I called it 'what matters' ...it helps to overcome fears. You do things because you want to rather than just shutting down. You take risks, you have more determination and strength because it is something you want to do.'

Consumer participant, CRM development project, 2019

'Working with images, feelings and values are a very direct and powerful way of connecting to a person's sense of who they are, where they are and where they want to go[96].'

van Deurzen & van Deurzen-Smith, 2018



FYI

Patterson, K. D. (2017). Why understanding what matters to the patient matters. *Journal of Integrated Care.* 25(1), 17-25.

LeJeune, J., & Luoma, J. B. (2019). *Values in Therapy: A Clinician's Guide to Helping Clients Explore Values, Increase Psychological Flexibility, and Live a More Meaningful Life.* New Harbinger Publications.

Deciding what to do

Attending to the focus of support is as central in terms of potential for healing and change as is attending to the quality of the relationship. The focus is the purpose and reason for the partnership.

It may involve working on valued priorities with stated goals and actions or it could be about support to get through some difficult challenges.

For some people, the focus might be known from the outset and there might be a readiness to jump straight in. However, along the way, conversations about what is going on and what matters may sharpen the relevance of what is in focus, or they may alter the focus.

For others a focus may not be immediately apparent. And so, conversations about what's going on and what matters are important to building decisions about what to focus on.

Further, given the ebbs and flow of change – a readiness to hold focus or adapt focus through changes, new circumstances, and events is to be expected.

The practitioner's role is to nurture and hold attention to focus with another person – during the many possible things going on. To build the narrative around why a particular focus is important, to explore possibilities and pathways, and to support actions[99].

And where it becomes clear that the focus is out of alignment with what matters and context, to re-examine and shift accordingly.

Figuring out how

An important part of supporting a focus is attending to the details – mapping out the steps, who, what, where, when, potential barriers and ways to navigate.

'She didn't just help me on an emotional level but also in a practical way... There was so much to deal with all at one time, but she helped me break things down into manageable chunks[164].'

Sarah in Grant, Biley & Walker 2011

FYI

Termeer, C. J., & Dewulf, A. (2019). A small wins framework to overcome the evaluation paradox of governing wicked problems. *Policy and Society*, 38(2), 298-314.

Rose, A., Rosewilliam, S., & Soundy, A. (2017). Shared decision making within goal setting in rehabilitation settings: a systematic review. *Patient education and counseling*, 100(1), 65-75.

Cunningham, N. (2017). Coaching: Meaning-making process or goal-resolution process? *Philosophy of Coaching: An International Journal*, 2(2), 83-101.

Giving it a go

'...If it doesn't work. . . try something else, and not stick to just one track, because that doesn't work[39].'

Participant in Horgan et. al., 2020

All sorts of change and possibilities open up in the doing. Giving it a go reflects the value of being open to experimentation – trying things as a way to learn what works and developing confidence to tackle new endeavours.

Along the way people may discover or rediscover resources, strengths and connections for pursuing things that matter.

Checking in

Checking-in highlights that support as an unfolding process requires moments along the way – to reflect, review progress, consolidate learnings, celebrate strengths and achievements and to form and re-form what comes next.

It is a reminder to continuously check-in on the quality of the relationship, to resolve challenges and tensions before they get out of hand, and to ensure the focus is continuously informed by what matters and what will help in light of new information and opportunities.

FYI

Reerink, A. T., Bussemaker, J., Leerink, C. B., & Kremer, J. A. (2021). Decision-making in complex health care situations: Shared understanding, experimenting, reflecting and learning. International Journal of Care Coordination, 24(2), 82-86.

Knowing, being and doing

The practices we draw on in our work

Relational collaborative practice draws on the power of two or more people coming together 'as people' to figure out and make sense of what is going on, to explore possibilities, try things out, solve problems, and to co-create the conditions for healing and change. A contextualised orientation offers a way to look beyond the individual as the sole agent for healing and change.

Ways and means

CRP involves attention to the ways and means by which:

- safety and trust are co-created
- human dignity, respect and self-worth are upheld
- care and connection are expressed
- power is acknowledged and shared
- knowledge and expertise is pooled
- self-determination is honoured
- lived experience is seen and valued
- sensemaking and purpose unfold
- strengths are affirmed and nurtured
- the focus of support is co-created
- the conditions for a meaningful life are enhanced.

Enhanced by:

- relational stance and interpersonal skills (way of being with others)
- listening and awareness skills (capacity to tune in to uniqueness of others, situations and contexts)
- conversational skills (narrative and dialogic-based)
- knowledge and understanding of trauma/adversity and responses (to meet people where they are at)
- collaboration, co-design and participatory stance and skills (to share power, support self-determination, promote connected networks of reciprocal support and to co-create the conditions for personal, family and community wellbeing)
- critical reflexivity (to support ongoing sensemaking and disrupt the reproduction of harmful discourses and practices).

An atmosphere of care and connection

Being seen, heard, understood, safe, respected and cared about

By an atmosphere of care and connection, we refer to the way human interactions, practices, routines, technologies, service operations and physical spaces contribute to whether a person accessing support has a sense of being seen, heard, understood, safe, respected and cared about[100, 101].

Care ethics

Care ethics is response focussed. It is an attitude of turning to another, tuning in to what is going on for them and who they are with a focus on the uniqueness of the person and their situation. Care ethics is characterised by a tolerance for ambiguity and tentative, considered exploration – rather than a reliance on generalisations, categorisations and confident action[34, 102].

Created and sustained by individuals, teams and organisational culture

An atmosphere of care and connection is created and sustained by individual staff, teams and organisational systems. It is a reflection of culture – how we view others and how we express that in how we are with others[102].

Staff qualities appreciated by people accessing services

Being:

- respectful and non-judgmental
- trusting and safe
- caring and available
- visible as a person
- flexible
- a resource
- an advocate
- hopeful and encouraging.

Doing:

- talking with service users about difficult topics
- listening, tuning in and demonstrating understanding
- involving family members and important others appropriately
- responding in flexible, informal and spontaneous ways.

'The spaces in which I have truly flourished are those in which people truly care for one another, where everyone is invested in each person being seen, respected and supported. Where there is a sense of community, responsibility and openness…[165]'

Morgan Lee Cataldo, 2018

FYI

Maio, G. (2018). Fundamentals of an Ethics of Care. *Care in healthcare*, 51-63.

Isobel S, Wilson A, Gill K, Howe D. (2021) 'What would a trauma-informed mental health service look like?' Perspectives of people who access services. International Journal of Mental Health Nursing. 30(2):495-505

Topor A, Skogens L, von Greiff N. Building trust and recovery capital: the professionals' helpful practice. Advances in Dual Diagnosis. 2018.

Lindvig GR, Larsen IB, Topor A, Bøe TD. 'It's not just a lot of words'. A qualitative exploration of residents' descriptions of helpful relationships in supportive housing. European Journal of Social Work. 2022;25(1):78-90.

Klevan, T., Sommer, M., Borg, M., Karlsson, B., Sundet, R., & Kim, H. S. (2021). Part III: Recovery-oriented practices in community mental health and substance abuse services: A meta-synthesis. *International journal of environmental research and public health*, 18(24), 13180.

Meeting people where they are at

‘So, you try to survive. You find survival strategies, like I did. But maybe it was the wrong way to do it, because I started on drugs to handle all this. We do it in different ways[166].’

Participant in Topor, et. al., 2021

Past and present

Principles of trauma-informed practice highlight the relationship between people’s behaviour and responses to events and circumstances of the past. In a human services context ‘challenging behaviours’ are often responded to as if they were innate personality attributes rather than responses (learned or situationally adaptive) to some kind of threat[103–105].

Capacity to engage with others and change is nested in the past, the present and expectations for the future. It is nested in feelings, thoughts and bodies – what one feels ready and able to manage – and nested in the struggles and opportunities that one’s context affords.

In this way, meeting someone where they are at requires consideration of the effects of and intersections between (for example):

— violence, adversities, cumulative distress[106–111]

— social invalidation, discrimination, exclusion and isolation[112–118]

— coercive treatments and practices (by people/systems with power/control over)[48, 119]

— the symptoms and side effects of health issues[120], medication[21, 121, 122] and substance use

— limits and precarity in access to resources[110, 123–128]

— dispossession, removal, homelessness, displacement, citizenship status and cultural disenfranchisement[111, 129–132]

— harms connected to marginalised social identities[20, 115, 119, 133–135]

— systemic and structural inequities[21, 136-142].

Each of these (and not exclusive to these) can have critical effects on a person’s ability to believe, trust or hope that 1) change is safe, possible or even desirable and/or 2) they have the power/resources to enact change.

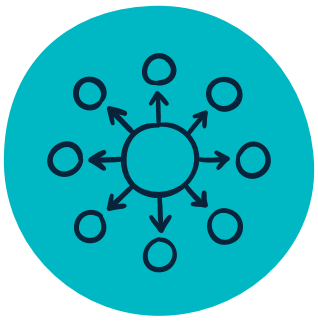
As Indigo Daya[158] highlights, trauma is an experience, not an event – that often involves:

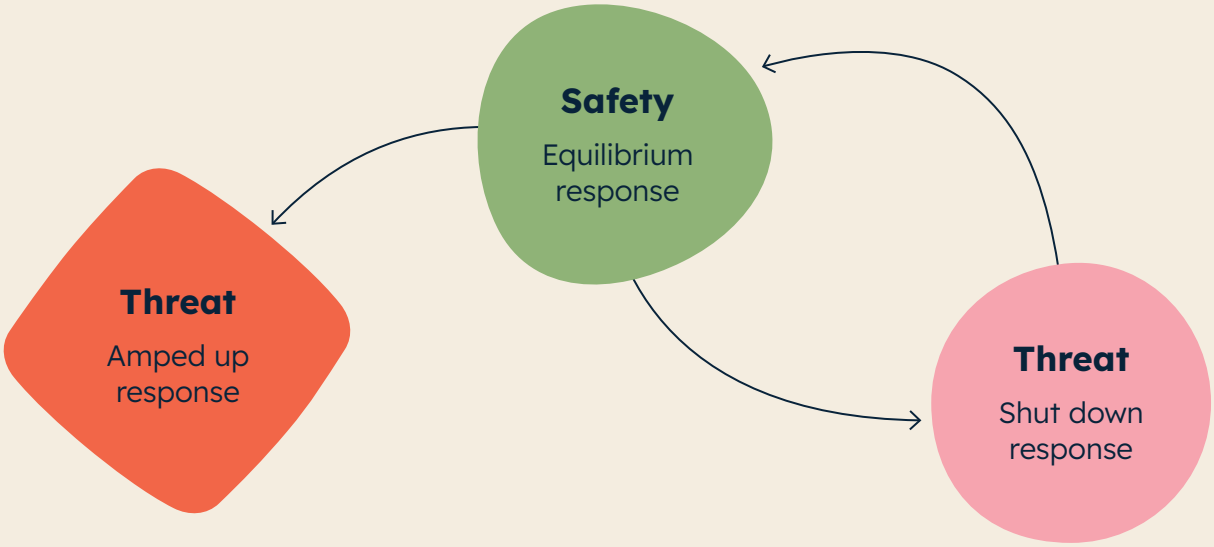
— being overwhelmed and feeling powerless

— feeling threatened

— extreme emotions including fear/terror, shame, despair and anger

— profound impacts on self-identity and worldview.





Embodied distress

The Window of Tolerance is a model for considering trauma/distress responses – at the physiological level – along with potential flow on effects. It highlights the relationship between circumstances involving significant distress and struggle (whether historical, prolonged, cumulative or extraordinary), the nature of the threat/s (bodily, social and existential) and automatic responses in bodily systems (temporal and prolonged)[143, 144].

The flow on effects from automatic responses can be expressed in how a person is feeling, doing and behaving – in a situation or over time. But they also interact with (and can be mediated by) many other aspects of body/mind systems, for example: medication, drug/alcohol use, injuries, health/illness, sleep, life-span development, and learning. Along with interactions at wider material, social and environmental systems levels.

Power, threat, meaning

The Power, Threat, Meaning Framework adds to this by locating power and meaning as critical to mediating how threat is perceived and responded to (105). That is, the extent of power one has to resist threat relative to the nature of the threat, and the meanings (interpretative and experiential) associated with threat/s. Further, that behavioural responses are intelligible and learned attempts to survive and/or create safety from threat.

Healing

On the other hand, healing and recovery are influenced by (for example):

— connection and belonging

— others understanding, care and encouragement

— experiences of safety, security and trust

— choice and control over life and situations

— spaces/opportunities for healing and reparation

— new circumstances, an event or windfall

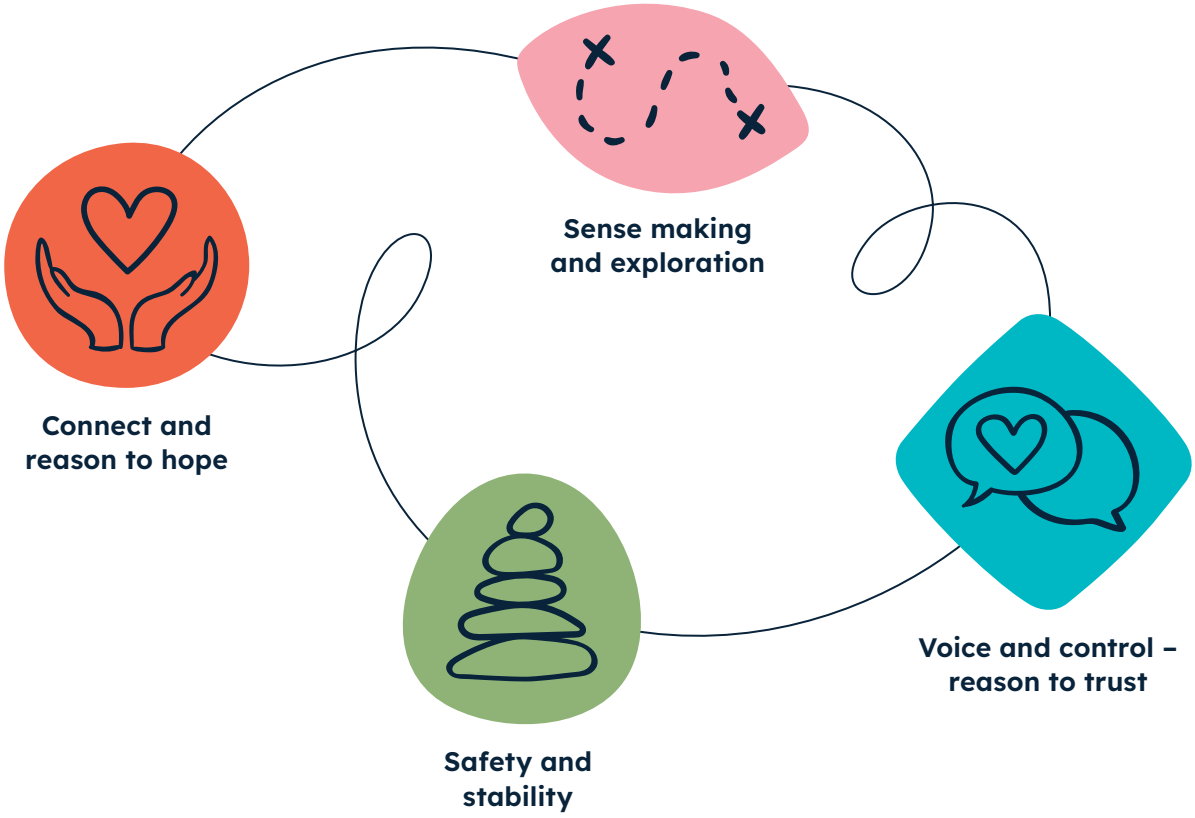
— doing/feeling something different

— acknowledgement of strengths and

— access to appropriate resources and conditions.

A trauma-informed and healing centred process model

(An adaption of Judith Herman's trauma recovery process)



FYI

Johnstone, L., Boyle, M., Cromby, J., Dillon, J., Harper, D., & Kinderman, P. (2018). The power threat meaning framework. Paper presented at the British Psychological Society.

Daya, I. (2019). Trauma Context. *The blog that shouldn't be written: Madness, Trauma & Recovery.* (Access: http://www.indigodaya.com/trauma_context) This blog post talks about one of many aspects of trauma that is often forgotten: the context of our lives and how that impacts our experience of trauma.

Practice example

Wadamba Wilam

Wadamba Wilam's approach to practice relies upon 'meeting people where they are at', which includes an understanding of the social and historical context of Aboriginal and Torres Strait Islander consumers in metropolitan Melbourne.

Wadamba Wilam's approach considers the extensive and pervasive trauma load borne by many Aboriginal and Torres Strait Islander people and the way in which this detrimentally impacts consumers' social and emotional wellbeing. This trauma is both historical and intergenerational in nature.

Historical trauma refers to the impacts of colonisation, dispossession of land, loss of language and culture, and numerous oppressive and abusive policies that have had a devastating impact on Aboriginal and Torres Strait Islander culture and health, including the removal of Aboriginal children from their families.

Intergenerational trauma refers to trauma that is passed on through the generations, including entrenched disadvantage and social exclusion, and this is linked to the dispossession of land, policies of discrimination and child removals associated with colonization.

'Aaron had little respect for himself or others when we first met him, and we understood how life traumas had eroded his self-respect and self-esteem. We understood that mutual respect was critical in gaining his trust and building rapport and that this would take time.

Respect was shown by listening and acknowledging him and his stories and showing him we would walk with him on his journey, in his time. Aaron came to see we cared — otherwise "why would you keep coming back?" he'd say.

Aaron had needs in relation to health, housing, family, and justice issues. None of these were being addressed. Over time, by continually returning to offer support, Aaron began to work out what he needed and was able to verbalise it. He got what he needed without judgement.'

Anne in Chiera et. al., 2021

Extract from Chiera, J., Burns, A., Lovatt, M., Kennedy, A., Raudys, J. & Waring, J. (2021) Wadamba Wilam: Practice approach. Neami National: Melbourne, p.13.

Listening and awareness

‘Dadirri is inner, deep listening and quiet, still awareness…[167]’

Tuning in

Listening is often considered simple – yet it is difficult to do well[145]. For a start, experiences in life are often difficult to put into words. This might be because words seem inadequate, or that the act of putting into words to another, risks having an experience ‘out there’ in misrepresented or dishonoured form.

Voicing risks invalidation, categorisation, reduction, or a flattening of that which might be complex or sacred. It can be an act of safety to withhold telling. In this way telling is an act of trust, and where trust is honoured – telling and hearing can open the door for healing, connection and change.

Listening in a way that creates trust means opening oneself — one’s inner world — to the voices and the experiences of others (extract from Gilligan & Eddy, 2021[146]). As listeners, we need to be self-aware – we bring preconceptions and experiences that can shape what we hear, pay attention to and respond to.

Similarly, listening also needs to be power-aware, that is, sensitive and responsive to the inequalities and conflicts that shape speaking and listening relationships. Effective listening requires setting our own perspectives to the side – in the moment – so that we can tune in to other/s. It is an intentional effort to understand, where difference is respected and valued for potentially unsettling and extending the previously known[147].

‘…In our Aboriginal way, we learnt to listen from our earliest days. We could not live good and useful lives unless we listened. This was the normal way for us to learn – not by asking questions. We learnt by watching and listening, waiting and then acting[167].’

Aboriginal writer and senior elder Miriam-Rose Ungunmerr-Bauman (Ngangiwumirr), 2022

Listening pathways

As a pathway into understanding and relating, listening and awareness require:

— **Intention** – to uphold the dignity, worth and safety of others. To relate and understand. To be curious about the unknown. To understand the situation from the point of view of other/s.

— **Preparation** – setting aside time and space for listening. Creating conditions for safety and trust. Being prepared to be unsettled. Letting go of the rush for answers or resolution.

— **Tuning in** – slowing down, being with, being in the moment, and being quiet. Attention to more than words – for example silences and energies, how things are said, and not said, body language, use of metaphors, and more.

— **Noticing and staying with** – the flow and dance. Moments of awareness. Where the not-yet-known or vital meanings become clear. Being responsive to what is needed in the moment.

FYI

King, G. (2021). Central yet overlooked: engaged and person-centred listening in rehabilitation and healthcare conversations. *Disability and Rehabilitation*, 1-13.

Ungunmerr, M. (2022). Inner Deep Listening and Quiet Still Awareness: A reflection by Miriam-Rose Ungunmerr. www.miriamrosefoundation.org.au/dadirri/

Ong, B., & Buus, N. (2021). What Does it Mean to Work 'Dialogically' in Open Dialogue and Family Therapy? A Narrative Review. *Australian and New Zealand Journal of Family Therapy*, 42(3), 246-260

Gilligan, C., & Eddy, J. (2021). The listening guide: replacing judgment with curiosity. Qualitative Psychology, 8(2), 141.

Davies, B. (2016). Emergent listening. *Qualitative inquiry through a critical lens*, 73-84.

Dreher, T., & Souza, P. d. (2018). Locating listening. In *Ethical responsiveness and the politics of difference* (pp. 21-39): Springer.

Baylosis, C. (2019). Mad Studies and an Ethics of Listening. *Journal of Ethics in Mental Health*, Open Volume 10.

Generative conversations

More than words

‘Some conversations are difficult, and you can’t hurry them. Some conversations you don’t need to talk, just listen. Some conversations matter more than others[168].’

Lambert, 2019

Generative and meaningful conversations unfold where two or more people endeavour to relate, understand, or respond together[20, 148]. They need safety and trust. And they involve more than words.

Each person brings knowledge about themselves, their world and the things they have encountered. The practitioner also brings expertise and respect for the conditions of safety and dignity honouring aspects of conversational spaces – and when this expertise is pooled – conversations can be generative and meaningful[52, 149–152].

They can be a space for bearing witness to another’s lived experience. They can assist in creating connection, sense-making and clarity. And they can help with understanding what really matters to someone or a situation, exploring options and deciding what to do.

Conversations – being and doing

Practices and skills for generative and meaningful conversations are informed by a collaborative and relational orientation. They are facilitated by narrative-based, dialogical and coaching skills such as:

— attention to place, timing and space (conditions for physical, social, emotional, cultural safety, and comfortability). May also include grounding and centring processes (for example, acknowledgement of Country and Ancestors, mindfulness practices, cultural/ceremonial customs)

— inviting and making room for other/s to share their view or tell their story in their own way and pace – may include drawing, art, dance and more

— being genuinely interested and curious in what other/s have to say (not-knowing* that is, putting own perspective on hold)

— waiting while other/s test and considers your listening readiness and their safety

— listening and responding with body language

— responding to better understand other/s perspective or sense-making process (clarifying questions, reflections, summaries), paying attention to more than words

— trying to respond to what other/s are actually telling (rather than responding to an interpretation)

— resisting the urge to defend, rush for clarity, or present a solution

— pausing and allowing silences for listening and gathering of thoughts

— summarising – having a go at bringing the main ideas/insights together for shared understanding, clarity and direction.

Not knowing

Not knowing is the ability to put to the side what one knows (beliefs, assumptions, values), to facilitate genuine curiosity, listening and learning. It doesn’t mean discarding or not using what one knows – rather when the timing is appropriate, being able to offer this within the to-and-fro of a conversation.

Harnessing, protecting and building strengths

Bringing together

Collaborative relational practice is a kind of 'joining of forces'. The engagement process includes the bringing together of the strengths of the person accessing support and the practitioner, networking with other partners (family, kinship-based relations, community) and seeking out resources (material, social, spiritual, cultural). Harnessing, protecting, nurturing and building. A relational perspective does not locate strengths as residing solely in individual persons.

It can be incredibly affirming (even if sometimes uncomfortable) to be able to consider what it has taken to be here now, what one has accomplished, learnt, developed, has, and has to offer. Having a sense that one can do and be – is foundational to having a sense that one can or might be able to do things going forward.

At the same time barriers and vulnerabilities shouldn't be glossed over. Highlighting strengths can shift the prevalence of discourses that represent people or groups in terms of deficits or failure. However, discourses that situate responsibility for problems and likewise responsibility for strengths with individuals overlook the larger socio-historical-economic-cultural structures in which people's lives are embedded.

— Identifying strengths is part of making sense of what is going on from a holistic or systems view.

— Nurturing and building strengths are part of supporting the conditions from which quality of life, healing and recovery can transpire.

'Having got a flat has led to recovery. Because I feel that I have got new initiative and the desire to make an effort again, and to get on with tasks, and to begin to do something with myself again. My situation no longer seems so bleak[159].'

Participant in Andvig & Hummelvoll, 2015

Some examples of sources of strength

Pets	Brooks, H. L., Rushton, K., Lovell, K., Bee, P., Walker, L., Grant, L., & Rogers, A. (2018). The power of support from companion animals for people living with mental health problems: a systematic review and narrative synthesis of the evidence. *BMC psychiatry*, 18(1), 1-12.
Spirituality	Chidarikire, S. (2012). Spirituality: The neglected dimension of holistic mental health care. Advances in Mental Health, 10(3), 298-302.
Housing	Rolfe, S., Garnham, L., Godwin, J., Anderson, I., Seaman, P., & Donaldson, C. (2020). Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. BMC public health, 20(1), 1-19
Greenspaces	Hoffman, A. (2020). Building on the inherent strengths of green space environments: Promoting trust, democracy and resilience among ethnically diverse groups. Journal of Prevention & Intervention in the Community, 48(3), 210-224.
Cultural continuity	Hunter, S. A., Skouteris, H., & Morris, H. (2021). A Conceptual Model of Protective Factors Within Aboriginal and Torres Strait Islander Culture That Build Strength. Journal of Cross-Cultural Psychology, 52(8-9), 726-751.
Informal social networks and community connections	Best, D., Irving, J., Collinson, B., Andersson, C., & Edwards, M. (2017). Recovery networks and community connections: Identifying connection needs and community linkage opportunities in early recovery populations. Alcoholism Treatment Quarterly, 35(1), 2-15.
Welcoming Places	Snethen, G., Jeffries, V., Thomas, E., & Salzer, M. (2021). Welcoming places: Perspectives of individuals with mental illnesses. American Journal of Orthopsychiatry, 91(1), 76.

'This group of people is like a family to me... Here, between these people, I found new energy in my life...[169]'

Participant in Vansteenkiste et. al., 2021

Critical reflexivity

‘Who is telling the story and whose interest does the telling serve?[29]’

Jordan, 2017

Critical reflexivity provides an appreciation that different standpoints, agendas, and meaning making processes can yield different understandings for what counts as valuable knowledge.

It plays an important role in enhancing contextual and cultural awareness, and in building capacity to be appropriately responsive. Lived Experience narratives and critique are an important avenue for understanding how discrimination, inequities and narrow views are enacted and reproduced within societal structures and human service systems.

Critical reflexivity involves:

— openness, curiosity and at times courage to consider one’s values, beliefs, assumptions along with common discourses – to test them for relevance, accuracy and ethical jurisprudence in different contexts

— discernment for the impacts of social attitudes and dominant ideologies and how these may be embedded in family, community and societal practices and structures

— consideration of the ways in which inequalities are reproduced both structurally and personally – such as the conventions and institutional practices that govern who and what can be heard

— awareness of the potential for threats to human rights encountered by people marginalised by mainstream culture

— consideration for the intersectional nature of social identities and how these play out in people’s rights, safety, and capacities to do and be what is valued.

‘We need approaches in which we deliberately and proactively try to understand issues around power. We need to think consciously about whose voice might be the thinnest or the hardest to hear (and that approach will usually help the consumer)[170].’

Cath Roper, Consumer Academic in Royal Commission into Victoria’s Mental Health System Final Report Briefing, 2021

Leaning in, leaning back and leaning on

Throughout this document we have brought attention to aspects of support that are most likely to bear on positive outcomes for people accessing support.

Yet central to enacting these qualities is the ability of staff to be and do so – whilst witnessing and hearing about situations and events that can be anywhere between uplifting, life-affirming and cause for celebration or incredibly confronting, distressing and traumatic. Compassion fatigue, vicarious trauma, trauma and burnout are well evidenced in our sector[153].

In effect, every practitioner and staff member is situated in an eco-system of people, things, places and goings on (inc. socio-cultural-political-institutional-environmental systems/ structures)[154] that contribute to their capacity to care and connect.

For example:

— self-care habits and resources

— family, friends, kinship and community – connections and care

— peer and team connection and care

— service routines and structures

— organisational culture and resources

— partner agency connections

— system processes

— funder expectations

— social attitudes, community structures, environmental events and more.

It is important to emphasise that 'as people too' practice requires a mix of moments and times for:

— leaning in – attunement, present-ness, being in there with

— leaning back – to reflect and consider wider perspectives

— leaning on – a network of supports.

FYI

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More information

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