

Best Practice Principles for AW&E Providers

Athlete Wellbeing & Engagement

Overview

In August 2018, the Australian Government launched "Sport 2030" with a clear objective – to ensure Australia is the most active and healthy nation, known for its integrity and sporting success. The National High Performance Sport Strategy (NHPSS) was developed in support of one of the identified priorities in Sport 2030, namely the achievement of sporting excellence.

Athlete Wellbeing and Engagement (AW&E) is widely recognised as essential to the fostering and retention of talent in the Australian high performance (HP) sport system. In encompassing the mental, physical, and emotional health of HP athletes, AW&E supports sustained excellence in high performance as well as success in all other major aspects of life.

The increased prominence of AW&E in the HP system requires continued progress to be based on a foundation of shared and mutually agreed understandings. For this reason the Australian Institute of Sport (AIS), in collaboration with its National Institute Network (NIN) partners, National Sporting Organisations (NSOs), and professional sporting bodies, has developed *Best Practice Principles for AW&E Providers*. These Best Practice Principles will develop as AW&E continues to evolve, and will be revised from time to time to remain contemporary and relevant to the changing HP landscape.

Purpose

	To facilitate successful integration of AW&E services in the HP environment for the benefit of AW&E providers and HP sport.
Best Practice Principles for AW&E Providers	To support AW&E providers in HP sport in the pursuit of a nationally consistent approach.
	To communicate the aspirational best practice for AW&E providers.

The Role of AW&E Providers

AW&E providers support elite athletes as they navigate HP programs, empowering them to find a balance between wellbeing, engagement in activities outside of training and competition, and the requirements of elite sport. This includes providing athletes with opportunities for personal and professional development, as well as ready access to tailored mental health (MH) servicing and meaningful community engagement initiatives. Effective delivery of this support requires sophisticated understandings, both of an athlete's individual needs and the HP environment in which they operate. Underpinning all 'operational' considerations is a cultural foundation that ensures that an athlete's experience of a HP program is affirmative, encouraged, and supported, and that athletes are able to talk positively about their time in sport.

It is acknowledged that the capacity to form authentic interpersonal connections stands at the heart of the AW&E provider role. It is therefore incumbent upon AW&E providers and their NSOs or NINs to foster positive relationships, demonstrate uncompromising standards of respectful and ethical behaviour, and ensure procedural transparency.

The Principles

Principle 1	AW&E providers are embedded into HP programs
Principle 2	AW&E providers build ethical, trust-based relationships
Principle 3	AW&E providers support HP athletes in transition
Principle 4	AW&E providers support athletes during their time in HP sport
Principle 5	AW&E providers invest in their professional development



AW&E providers are embedded into HP programs

To maximise the impact of AW&E servicing and initiatives, it is essential that AW&E providers are fully integrated into interdisciplinary HP teams. This ensures provider access to relevant information, and allows HP stakeholders to collaboratively assess, design, and implement effective AW&E servicing. AW&E providers:

1.1	Are integrated into the HP program to contribute to the overall performance outcomes of individual athletes.
1.2	Develop and maintain a comprehensive understanding of current HP program priorities, demands, and challenges.
1.3	Engage in constructive working relationships with all key stakeholders in the HP program: athletes, coaches, service providers, institutional partners, sporting bodies, or other relevant members of a HP team.
1.4	Provide information to athletes, HP staff, and leadership in the organisation about AW&E services, both directly and via attendance at team meetings and through reporting avenues.
1.5	Promote cultures that value mental health awareness and literacy to create an environment characterised by psychological safety.
1.6	Undertake detailed athlete and/or team analysis to design and implement tailored AW&E servicing in collaboration with the HP team.
1.7	Regularly review and update AW&E measures and servicing through team, athlete, and stakeholder feedback, and in accordance with the evolving priorities of the HP program.



AW&E providers build ethical, trust-based relationships

Modelling uncompromising standards of ethical, empathic, and respectful behaviours, AW&E providers develop relationships in which confidentiality is paramount and professional boundaries are strictly observed.

AW&E providers:

2.1	Build and maintain trust-based relationships with HP athletes based on strict standards of confidentiality, as outlined clearly at the commencement of the relationship.
2.2	Do not disclose confidential information about an athlete to third parties (including other HP team members) without the explicit consent of the athlete, unless: - the provider considers there is evidence of serious danger to the athlete, to the organisation, or to others if the information is withheld; or - required by law.
2.3	Establish relationships with athlete support networks (parents, partners, carers) in order to provide them with information and resources around supporting a HP athlete.
2.4	 Ensure at all times that they: Represent their professional qualifications, competencies, experience, and affiliations with honesty and integrity; Behave in a manner that demonstrates that the wellbeing of the athlete is the paramount consideration; Do nothing to put at risk the integrity of the athlete or sport; and Refrain from developing personal relationships with athletes.
2.5	Recognise and acknowledge the impact that cultural identities, views, and biases can have on personal practice and the HP environment, and seek to encourage diversity and inclusion within sport.
2.6	Deliver services in accordance with the rules, regulations, and guidelines of any relevant regulatory body. AW&E providers safeguard the privacy of athletes by adhering to organisational privacy policies in respect of personal information.

AW&E providers support HP athletes in transition

Acknowledging that transitions into, between, and out of HP programs represent periods of heightened wellbeing risk, AW&E providers proactively deliver targeted and customed AW&E servicing to athletes in transition.

AW&E providers:

3.1	Ensure tailored AW&E servicing for athletes as they transition into HP programs, including playing a key role in comprehensive induction, relocation support where applicable, and the delivery of key HP program information.
3.2	Recognise when an individual's needs fall outside of the AW&E provider's area of expertise, and act to ensure timely and effective referral to appropriate service providers.
3.3	Maintain clear identification of AW&E service providers for every HP athlete. Where an athlete has more than one AW&E provider, ensure the roles of the primary and secondary provider(s) are clearly understood, and that professional relationships are maintained to support a shared care arrangement.
3.4	Ensure AW&E services are tailored to support athletes as they progress through HP sport, including targeted support during times of heightened wellbeing risk: injury, non-selection, post-benchmark events, or other relevant life transitions.
3.5	Ensure tailored AW&E services to support athletes as they transition out of a HP program, including access to AW&E resources and referral networks as appropriate, and the promotion of alumni opportunities.



AW&E providers support HP athletes during their time in HP sport

AW&E providers take an individualised approach to AW&E services to support athletes during the course of their HP sporting journey, including effective planning for life after sport.

AW&E providers:

4.1	 Encourage and support athletes to: Identify behaviours required to thrive in a HP sport environment and in life; Monitor and evaluate their progress in HP sport and in life; and Balance the competing demands of HP with life outside of sport.
4.2	Encourage and support athletes to recognise the benefits - both to HP outcomes and overall wellbeing - of investing in areas of life outside of sport (including career and education, personal and professional development, and the value of contributing to community).
4.3	Create, record, and manage an Individual Life Plan (ILP) for every categorised HP athlete. ILPs are tailored to an athlete's individual needs and complement the athlete's performance plan. ILPs take close account of training, selection, and competition schedules while encouraging athletes to explore the full range of their options and aspirations in and out of HP in the short, medium, and long-term.
4.4	Have a comprehensive understanding of the roles and responsibilities required of an effective case manager. These include assessing, planning, facilitating, and advocating for timely and appropriate referrals.
4.5	Utilise the full range of resources available across the national network, AW&E and other professional networks, to facilitate the highest level of AW&E servicing in the areas of mental health, conduct and professionalism, career and education, community engagement, and personal development.

AW&E providers invest in their professional development

Acknowledging that AW&E is an evolving field, and that best practice expertise is complex and interdisciplinary, AW&E providers commit to professional self-development.

AW&E providers:

5.1	Actively engage in professional peer support to challenge cultural inertia and enhance AW&E practices across the board.
5.2	Undertake educational and professional skills building opportunities to support their role.
5.3	Build progressive understandings about the tools, programs, resources, and support available to them through national sporting agencies and governing bodies.
5.4	Initiate appropriate self-evaluation processes at regular intervals, including with supervision, to maintain and enhance the quality, capability, and professionalism of their practice.
5.5	Model healthy work and wellbeing practices in the HP environment.
5.6	Have a current understanding of organisational Critical Incident Management (CIM) policies and procedures, and respond effectively and appropriately to critical incidents in a wellbeing context as required.



Guidelines for Australian Sporting Organisations

1. Factors for sporting organisations to consider:

Embrace AW&E providers as vital and valued service providers who are structurally embedded into high performance interdisciplinary teams supporting elite athletes.

Support and encourage all high performance staff (HP leaders, coaches, managers, directors) to develop a good working knowledge of the role and responsibilities of AW&E providers.

Support and encourage HP staff to learn and understand the function of an AW&E provider within the broader HP team.

Ensure for AW&E providers an appropriate level of access and visibility in the daily training environment (DTE), camps, selection events or conversations, and/or competitions.

Evaluate the resources required to assess, design, and implement AW&E measures and initiatives in response to identified needs, in line with HP processes and priorities.

Support all stakeholders in the collaborative creation of HP environments that promote wellbeing at all times and encourage the long-term personal and professional growth of athletes alongside the demands of a HP career.

2. Recommended athlete to AW&E provider ratios:

Best Practice Athlete-to-Provider Ratio

40:1 (FTE)

for podium, podium ready, and podium potential categorised athletes

Recommended Athlete-to-Provider Ratio

80:1 (FTE)

for emerging and developing categorised athletes

This recommendation is based on industry research of best practice service models emerging in national and international HP sport programs (see <u>Appendix 1</u>). The AIS will continue discussions about aligning role titles (AW&E Manager, AW&E Adviser, Personal Development Adviser, Performance Lifestyle Adviser) to foster consistency across the HP system.

The best practice ratios are for Podium-level athletes. For talent pathway athletes, i.e. Developing and Emerging categorised athletes, it is recommended that relevant curriculum (and critical needs support) be delivered at a ratio of 80:1 where feasible.

3. Recommended qualifications, expertise, and competencies for AW&E providers:		
Best Practice	Minimum Standard	
Bachelor degree in a relevant field (e.g. education, psychology, social work, business, or sports management).	Diploma or CERT IV or equivalent qualifications in a relevant field.	
Significant experience in, or a comprehensive understanding of, the Australian HP sport system.	Working knowledge or understanding of the Australian HP sport system.	
Training or experience in: - mental health, counselling, or teaching.	Knowledge or awareness of: - mental health, counselling, or teaching.	

3. Recommended qualifications, expertise, and competencies for AW&E providers:		
Best Practice	Minimum Standard	
 case management of individuals with wellbeing concerns. teaching, sport management, or human resource development. 	 case management of individuals with wellbeing concerns. teaching, sport management, or human resource development. 	
Capacity to confidently practice and demonstrate the 'Recommended characteristics, attributes, and skills of AW&E providers' (see <u>Guideline 5</u>).	Capacity to confidently practice and demonstrate the 'Recommended characteristics, attributes, and skills of AW&E providers' (see <u>Guideline 5</u>).	
A demonstrated passion for wellbeing, community engagement, and personal & professional development.	A demonstrated passion for wellbeing, community engagement, and personal & professional development.	
The relevant state or territory's 'Working with Children/Vulnerable Persons Check'.	The relevant state or territory's 'Working with Children/Vulnerable Persons Check'.	

4. Recommended transition support:

Transition-out support for podium-level athletes needs to be documented with the athlete, and servicing agreed between a NIN and NSO (as relevant) for a minimum period of 24 months, commencing from the time of the athlete's retirement or exit from a HP program as the case may be.

5. Recommended characteristics, attributes, and skills of AW&E providers:		
Expertise	Description	
Build Relationships/ Rapport	 Build trust quickly and effectively Confidence in dealing with others on subjects of a sensitive nature Build rapport with others irrespective of their background Relate well to people at all levels and manage conflict professionally Listen, consult with others, and demonstrate proactive communicate Gain commitment from others to achieve key outcomes Build extensive and effective internal and external networks to the organisation 	
Communication	 Possess highly developed verbal and written communication skills Provide clear information Can initiate and manage honest conversations Practise active listening Give and receive constructive feedback Possess storytelling and presentation skills 	
Leadership	 Engage, develop, motivate, and guide athletes to achieve successful outcomes Provide others with clear direction Set appropriate standards of behaviour Model appropriate behaviours Lead and refer appropriately Advise with senior leadership team and coaches 	

Expertise	Description	
	- Influence, negotiate, and consult with key stakeholders	
Planning &	- Manage time, prioritise tasks, and be highly organised	
Organisation	- Plan activities and projects well in advance	
	 Identify gaps, interpret information, and organise resources necessary to accomplish tasks 	
	 Create, record, and manage athlete Individual Life Plans (ILPs) or equivalent and Individual Performance Plans (IPPs) 	
	- Design and deliver group education sessions	
Teamwork	- Assess athlete needs and refer to other professionals where required	
	- Work with members of HP teams to achieve common goals	
Empathy & Approachability	Be highly approachable for all stakeholders, allowing for open dialogue	
	- Respect the confidentiality of consultations and privacy of others	
	- Advocate for others	
	- Possess and develop varied life experience	
	- Support and care for others	
Flexible &	- Open-minded and non-judgemental	
Adaptable	- Maintain a realistic approach with clear goals in mind	
	- Show common sense	
	- Be resilient and adaptable to change	



Appendix 1

Provider-to-Athlete ratios

The table below comprises provider-to-athlete ratios from relevant sporting organisations collected up to March 2020. Please note, some of these ratios have changed due to the economic impact of the COVID-19 pandemic on sporting organisations.

The AIS recommends a best practice provider-to-athlete ratio of 1:40; that is, 1[FTE] AW&E Provider for every 40 or so athletes.

Organisation	Provider to athlete ratio
English Institute of Sport	1:40–50
New Zealand Rugby	1:40
Pughy Players Ireland	1:80 (Current)
Rugby Players Ireland	1:40 (Goal)
Australian Football League	1–2: 45–50
National Rugby League	
Career CoachWellbeing Manager	1:90 1:90
RUPA (Rugby Union Players Association)	1:40
Cricket Australia	1:30 (full-time PDM) (male players)
Olichet Australia	1:19 (0.8 PDM) (female players)
PFA Player Development	1:60 (full-time PDM)





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