

Lived and Living Experience Partnership Policy

Version 6.0

Policy Number	POL-50
Policy Name	Lived and Living Experience Partnership Policy
Policy Area	Operations/ Consumers
Policy Owner	Chief Operations Officer

Introduction

Richmond Wellbeing values and respects the unique perspective, knowledge and expertise of those with lived experience. This includes consumers, family members, carers, or other support people. Their engagement is central to genuine person-centred, recovery-orientated and trauma-informed services and results in improved mental health and wellbeing for consumers, their families and support people.

Evidence demonstrates that focusing on the needs of the people who use the service rather than organisational priorities benefits all involved including providing greater staff job satisfaction (Australian Health Ministers' Advisory Council, 2013; Federal Financial Relations, 2022).

Consistent with holistic, person-centred care, consumers may be supported by a range of people as culture and different life experiences inform how carers are defined. For example, “family” may reflect a collective, whole of community approach to caregiving and support roles can change over the life course. For others in our community (particularly those who identify as LGBTIQ+) a “found family” of people who love each other like family, but are not biologically related, may constitute their support group.

Partnering with people with lived experience is consistent with Richmond Wellbeing's values and is a requirement as part of the standards Richmond Wellbeing operates under. Genuine person-centred care and recovery involve relationship-based activities grounded in the context of local lives, aspirations, and opportunities. Rather than a "rights and responsibilities" approach, Richmond Wellbeing engages consumers, family members, carers or other support people through the following guiding principles:

- Safety (physical and psychological including cultural)
- Authenticity (be real and trustworthy)
- Humanity (people first and show empathy, kindness and graciousness)
- Equity (fairness and worth) and
- Diversity (everyone is in and valued).

Purpose

This Policy and associated Procedure (PRO-111) demonstrate and maintain Richmond Wellbeing's commitment, and actions, to engage consumers, family members, carers or other support people in the development, planning, delivery and evaluation of services. Richmond Wellbeing recognises and understands that we need to foster a positive partnership environment with those with lived experience for planning and decision-making to ensure high-quality, person and family-centred care.

Scope

This policy applies to all people who represent Richmond Wellbeing in any task, function, role or capacity. This includes but is not limited to Board Members, workers, volunteers and students.

Engaging consumers, family, carers and other support people can occur at the individual, service and organisational levels as described in the accompanying Procedure (PRO-111).

Policy Statement

Richmond Wellbeing is committed to an inclusive organisational culture that strongly supports genuine consumer, family, carers, significant others and support persons' engagement.

When consumers, family, carers and other support people are genuinely engaged and participate, we honour human rights approaches to mental health care. At the same time, we are more likely to deliver the best outcomes at the individual, service and organisational levels.

Richmond Wellbeing recognises that barriers to engagement exist, we continue to actively strive to improve and increase opportunities for diverse consumers, families, carers and other support people to be involved at every level in order to enhance our services.

Breach of Policy

Richmond Wellbeing welcomes and values feedback from consumers, family members, and other carers. The feedback and complaints we receive are extremely valuable in assisting us to progress our services and form part of our continual effort to improve the care we provide to our community.

If a consumer and/or their nominated support persons believe they have not been provided opportunities to be actively involved in the development, planning, delivery and evaluation of our services they are encouraged to raise these issues. The Complaints and Disputes Resolution Policy and Procedure exist to voice these concerns and outline the process and timeline to respond.

Related Documents

A National Mental Health Recovery Framework for Recovery-Orientated Mental Health Services

National Standards for Mental Health Services

National Standards for Disability Services

QIC Health and Community Services Standards

Rainbow Tick Standards

National Disability Insurance Scheme Act 2013

National Disability Insurance Scheme Rules 2018

NDIS Practice Standards and Quality Indicators 2020

Privacy Act 1988

Supporting Information

Consumer Information Pack

Carer Information Pack

Consent/Shared Information Form

POL-110 Consumer Rights Policy

POL-49 Collection and Documentation of Consumer Information on Sexual Orientation and Gender Identity

POL-51 Cultural Awareness Policy and Procedure

POL-99 Privacy Policy

POL-37 Feedback and Complaints Resolution Policy

PRO-88 Feedback and Complaints Resolution Procedure

POL-42 Duty of Care Policy and Procedure

POL-118 Recovery and Wellbeing Framework

POL-103 Recovery Stories Policy and Procedure

Definitions

Adapted from National Mental Health Commission, 2019; Waters, 2016, p. 3 and 7 respectfully:

Word	Explanation
Consumer	<p>“Consumer” has been used in this Policy, however, we recognise that in some services and programs alternative terms are used (e.g. resident or participant). The term “consumer” in this Policy includes all people who access Richmond Wellbeing services who identify as having a living or lived experience of mental distress. This includes people who describe themselves as a “peer,” “survivor” and “expert by experience.”</p>
Carer	<p>A carer is a person who provides personal care, support and assistance to another person experiencing mental health distress and/or alcohol or other drug issue. Very often, a carer is a family member, legal guardian, friend or someone from the community.</p> <p>A person, however, is not to be considered a carer simply because they are a family member or legal guardian. The person with mental illness may not have regular contact with their family or guardian. Alternatively, the family member or guardian may not identify themselves as the person’s carer.</p>
Family Member	<p>A family member is a member of the person’s family: a spouse, partner, child, step child, parent, step parent, foster parent, sibling, grandparent, aunt or uncle, niece, nephew or cousin. If the person is Aboriginal and Torres Strait Islander, family includes any person regarded under customary law, tradition or kinship as part of that person’s community.</p> <p>Under the Mental Health Act 2014, a close family member is a member of the person’s family who provides ongoing care or assistance.</p>
Elder or Traditional Healer	<p>In some communities the support person may be a recognised Elder or other healer. It is important to be open to different support persons based on the consumer’s individual needs, culture and spirituality. For example, where the person experiencing mental distress is Aboriginal or Torres Strait islander, their support person may be an Aboriginal or Torres Strait Islander mental health worker, Elder or Traditional Healer.</p>
Nominated Person	<p>A Nominated Person is an additional category of support person. Under the Mental Health Act 2014, a person experiencing mental distress can choose one special person to help and support them. The Nominated person has a right to receive information and be involved in matters related to the person’s mental health recovery and care.</p>
Significant Other	<p>A term generally used in the AOD sector to describe someone who is impacted by an individual’s use of AOD.</p>

Review Timeframe and Responsibility

Date of effect:	February 2008
Review Period:	3 Years
Next review date:	13 March 2026
Prepared by:	Tender and Policy Writer
Preparation date:	17 October 2022
Reviewed by:	Lived Experience Engagement Lead, ENRICH Group, CaLD and Aboriginal staff
Approved by:	Chief Operations Officer
Approved date:	8 March 2023
Reviewed by Consumer and Family Reference Group:	30 January 2023
Approved by:	CEO
Approval date:	13 March 2023

References

- Australian Health Ministers' Advisory Council. (2013). *A national framework for recovery-orientated mental health services: Guide for practitioners and providers*. Canberra: Commonwealth of Australia
- Federal Financial Relations. (2022). *Mental Health and Suicide Prevention Bilateral Schedule with Western Australia*. Canberra, ACT: Commonwealth Government Retrieved from <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>
- National Mental Health Commission. [National Mental Health Commission – Mental Health Safety and Quality Engagement Guide](#)
- National Mental Health Commission. (2021). [National Mental Health Commission // National Lived Experience \(Peer\) Workforce Development Guidelines](#)

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