

Lived and Living Experience Partnership Procedure

Version 1.0

Procedure Number	PRO-111
Procedure Name	Lived and Living Experience Partnership Procedure
Procedure Area	Operations/Consumers
Procedure Owner	Chief Operations Officer

Introduction

Genuine engagement between consumers, families, carers, support people and significant others and Richmond Wellbeing is not just an ideal. Planning, designing and producing services with people who have experience with the issue or service means the solution is more likely to meet consumers' needs (Mental Health Commission, 2018a, 2018b). This extends to all members of our community including Aboriginal and Torres Strait Islander peoples, those from Culturally and Linguistically Diverse backgrounds, and members of the LGBTIQ+ community.

Richmond Wellbeing recognises that barriers to accessing services exist for many in our community and action must be taken to ensure our services and activities are accessible and responsive. As outlined in A National Mental Health Recovery Framework for Recovery-Orientated Mental Health Services (2013), consumer, family, carer and other support peoples' engagement is essential to honouring human rights approaches and recovery-orientated practice and must involve genuine collaboration to deliver the best outcomes (National Mental Health Commission, 2019). Genuine and meaningful collaboration—such as co-design and co-production—add time and complexity, however, there is clear evidence that substantial benefits are gained including better quality and safer services, cost reduction, efficiencies and improved staff satisfaction (Mental Health Commission, 2018a, 2018b).

Engagement should be present at not just the individual level (for example, when undertaking recovery planning). Consumer, family, carer, other support people and significant others' involvement are also essential at the service/program, organisational and policy/system levels. Adapted from *Consumer and Carer Engagement: A Practical Guide* (National Mental Health Commission, 2019), the table below illustrates ways in which consumers, family, carers, and other support people including significant others can be engaged to improve how Richmond Wellbeing works for the communities it serves. Richmond Wellbeing's Consumer and Family Reference Group

and other advisory committees and groups are some examples of how the diverse members of our community with lived experience are involved in decision-making.

Different levels of engagement

	Individual	Service or program	Organisation	Policy/System
Design	Shared-decision making in treatment and care planning	Co-design/co-production of services and programs	Advisory group, representatives in working groups	Co-design/co-production of policies and strategies
Governance	Shared-decision making in treatment and care planning	Reference groups Steering committees	Representatives on committees Consumer/carer-led committees, equal representation in decision-making bodies	
Delivery	Self-help programs or tools	Peer workers Peer-led programs	Consumer-led and carer-led training for staff	Regular reviews of policy and its implementation by carer representatives
Evaluation	Experience surveys	Consumer and carer feedback Co-evaluation	Interviews with consumer and carer representatives Audit of engagement activities	Regular reviews of policy and its implementation by consumer and carer representatives

Different engagement methods

In addition to different levels of engagement, there are also different methods of engagement as illustrated below (Mental Health Commission, 2018b, p. 4). Whilst there will be times that engagement may be limited to providing information (Inform) Richmond Wellbeing emphasises and seeks engagement at the co-design and co-production end of the continuum (see below, i.e., Doing With).



Purpose

This Procedure provides information and guidance—including key principles—on how to engage consumers, families, carers and other support people including significant others in Richmond Wellbeing's decision-making processes.

Scope

This Procedure 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.

Procedure

General principles

As each level and form of engagement varies, it is important to apply general principles aligned with recovery-orientated practice and Richmond Wellbeing's values as outlined in the strategic plan, rather than provide prescriptive steps.

At Richmond Wellbeing, we work on the premise that the basis for engagement is recognising and valuing the skills and experience of the consumer, family member, carer or other support people.

WACOSS' *Lived Experienced Framework: Principles and practices for Lived Experience partnerships* (Gayde et al., 2020, pp. 9-11), provides seven useful principles for engagement in all its forms:

1. Empowerment—elevate the role of lived experience and amplify their voices
2. Co-production—involve early and throughout at all levels
3. Respect—value expertise and provide support
4. Diversity—be accessible and represent equality
5. Self-determination and autonomy—confront oppression
6. Dignity—challenge stigma and be strengths-based
7. Partnerships and accountability—build authentic relationships.

To enact the seven principles, it is important to consciously address any stigmatising attitudes and unconscious discrimination including critical reflection on one's own and others' biases and assumptions. Additionally, it is essential to develop strategies and interpersonal skills to acknowledge, explore and manage real and perceived power differentials to build and sustain relationships. For example, professional power, whether real or perceived, can be a barrier to engaging those with lived experience. Professional jargon and acronyms can reinforce professional power thus reducing the capacity of those with lived experience to be part of decision-making processes.

Active strategies and tailored approaches are required to enable engagement from diverse groups and ensure services are accessible and responsive to their needs including (Gayde et al., 2020, p. 5):

- Aboriginal and Torres Strait Islander peoples
- People from a culturally and linguistically diverse backgrounds
- People with a disability, mental health conditions or other chronic or severe health conditions
- People recovering from trauma
- Young and older people
- Lesbian, gay, bisexual, transgender, intersex, queer and asexual individuals and communities
- People living in rural and remote communities
- Intersectionality includes any combination of the above groups.

For **Aboriginal and Torres Strait Islander peoples**, the diversity of their kinship, cultural practices, languages, and experiences of colonisation requires local, place-based approaches (Dudgeon et al., 2018; Wright et al., 2015). Colonisation has resulted in a lack of relationships and little understanding and trust between Aboriginal and non-Aboriginal people including mainstream health services (Australian Health Ministers' Advisory Council National Aboriginal and Torres Strait Islander Health Standing Committee, 2016). As a result, relational approaches informed Aboriginal worldviews are required to build and sustain trust if genuine and reciprocal engagement at any level or form can occur (Looking Forward Research Team, 2022; Wright et al., 2016). Local Elders as the leaders and wisdom holders of their communities are central to developing understanding to facilitate community engagement (Wright et al., 2015).

For many **Culturally and Linguistically Diverse** communities, Elders and other community leaders also play an important role and their involvement should be considered when planning consumer, family and carer engagement, particularly at the service/program or organisational/system levels (Mental Health in Multicultural Australia, 2014). Diverse languages (e.g., the use of interpreters) and cultural practices must also be considered as well as refugee and detention experiences.

Within the **LGBTIQ+ community**, there is significant diversity as each group represented in the acronym has unique needs. Approaches to engaging people from the LGBTIQ+ community, therefore, need to be adjusted for different contexts, groups and environments (Western Australian Department of Health, 2019). For example, young people and those undertaking gender affirmation have different care needs over time that reflect changes through their life course (Western Australian Department of Health, 2019).

For further information and resources to facilitate engaging diverse groups see the Support Information section of this Procedure and seek advice from Richmond Wellbeing's reference groups and Champions. The following section provides guidelines for the individual, service/program, organisation and policy/system levels in addition to the general principles described above.

Individual engagement

Consumers will be included in all aspects of the assessment and care planning processes. This is the basis of consumer-directed care, co-design, choice and control and recovery principles. Information regarding family and other support people is sought from the consumer when the service commences. It is essential that consumers are asked what information they wish to share and that this is appropriately documented on the Consent/Shared Information Form and revisited annually. Staff can only disclose information to family members in accordance with the wishes of the consumer.

Consumers can also provide the details of people whom they do not want to have involved in their care, this information is also documented.

Family, carers and other support people's involvement must take into consideration the overriding duty of care to consumers and their confidentiality. Confidentiality must be clarified to ensure it is never used as a barrier to family inclusivity; however, this may impact the level of involvement possible.

In the initial stages, staff will contact the named family, carers and other support people as an introduction and to provide the opportunity to share information and answer any queries. Family, carers and support people are welcome to visit the service with the relevant primary worker/manager and will receive a Carer and Family Information Pack. This includes information on their rights and responsibilities, useful contact numbers and pamphlets from the Mental Health Commission, NDIS and Richmond Wellbeing.

We share information when the consumer has provided informed consent to assist family, carers and support people to develop links, both with Richmond Wellbeing and each other. If they would like to be involved in the recovery journey, we support and encourage open communication with them and other support people.

Where a consumer or resident has a guardian, they will be informed throughout the process and be given every opportunity to participate.

Service/program, organisation and system/policy engagement

Consistent with the approaches described above, we actively assist consumers, their families or support persons to participate in relevant committees, including payment (direct or in-kind) and/or reimbursement for expenses when formally engaged in activities undertaken on behalf of Richmond Wellbeing. This may include a range of activities including but not limited to:

- Richmond Wellbeing Board meetings
- Committees (e.g., the Consumer and Family Reference Group)
- Projects
- Policy, procedure and strategy development and review

- Research and evaluation
- Staff and new resident orientation and/or training, and
- Promotional and educational activities
- Site panel assessments
- Selection panels.

Related Documents

A National Mental Health Recovery Framework for Recovery-Orientated Mental Health Services
2013

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

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-54 Diversity Statement

POL-42 Duty of Care Policy and Procedure

Entry Form—Privacy, Personal Information and Consent

POL-37 Feedback and Complaints Resolution Policy

PRO-88 Feedback and Complaints Resolution Procedure

POL-97 Informed Consent Policy

PRO-79 Informed Consent Procedure

POL-99 Privacy Policy

POL-118 Recovery and Wellbeing Framework

POL-103 Recovery Stories Policy and Procedure

Definitions

[Explain any terms that may be industry specific or technical so that the reader fully understands the content]

Word	Explanation
Consumer	“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.”
Carer	A carer is a person who provides personal care, support and assistance to another person who has a mental illness and/or alcohol or other drug issue. Very often, a carer is a family member, legal guardian, friend or someone from the community. 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.
Family Member	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. Under the Mental Health Act 2014, a close family member is a member of the person’s family who provides ongoing care or assistance.
Elder or Traditional Healer	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.
Informed Consent	To address power differentials that can be present between staff and consumers it is important that informed consent processes are ongoing to ensure consumers, their families and carers are aware of what their involvement will entail, any implications for this, giving them control to decide whether they want to participate.
Nominated Person	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.
Significant Other	A term generally used in the AOD sector to describe someone who is impacted by an individual’s use of AOD.

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

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