

Q-LEWN

# QUEENSLAND LIVED EXPERIENCE WORKFORCE NETWORK



## STRATEGIC PLANNING OUTCOMES 2018



# ACKNOWLEDGEMENTS

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We acknowledge and pay respect to Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land and waters on which we live, work and play.

We would also like to acknowledge and thank

- The members of the Lived Experience Leadership Roundtable for their ongoing support in working towards ensuring that Lived Experience workers drive workforce development for the Lived Experience sector and for their contributions in progressing the strategic planning workshop.
- The Lived Experience workers who participated in the workshop.
- Matt Halpin who facilitated the workshop and initially collated the perspectives from participants.

# GLOSSARY

Q-LEWN adopts the definitions of Lived Experience and the Lived Experience workforce included in the [Queensland Framework for the Development of the Lived Experience Workforce](#).

**Lived Experience** - a social experience of life changing mental health challenges and successes, service use, and periods of healing and learning. We use the term Lived Experience to include both past and ongoing challenges.<sup>1</sup>

Lived Experience is defined as including experiences as a consumer and/or as a carer/family member. We acknowledge that these experiences are distinctly different and inform different perspectives and priorities that can conflict.

## Consumer

A person who uses mental health services for support to manage their own experience of episodes of extreme psychological distress; suicidal thoughts and/or attempts; and/or problematic substance use.

## Carer/Family member

A person who has regularly provided unpaid, care or support, for a person living with episodes of extreme psychological distress; who has considered, attempted or completed suicide; and/or who experiences problematic substance use.

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<sup>1</sup> Byrne, L., Wang, Y., Roennfeldt, H., Chapman, M., Darwin, L. Queensland Framework for the development of the Mental Health Lived Experience Workforce. 2019, Queensland Mental Health Commission: Brisbane

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# EXECUTIVE SUMMARY

On behalf of the Roundtable, Brook Red and Brisbane PHN North initiated and funded further sector-wide consultations to enable LE workers to inform the development of a peak body to represent their interests. The Building Foundations Forum (attended by over 70 Lived Experience workers from across Queensland, expressed strong support the Roundtable to seek to establish a Lived Experience workforce peak body. Subsequently the Q-LEWN Survey 2018 and the strategic planning workshop sought to guide the Roundtable in progressing action to establish Q-LEWN as a peak body to represent the Queensland Lived Experience Workforce.

Themes emerging from the strategic planning workshop reinforced the survey outcomes. Foremost a strong desire was expressed by LE workers to drive the focus and direction of workforce development of their practice.

The priority areas of action for Q-LEWN emerged as

1. Sector Leadership
  - Consult with and represent the workforce
  - Champion the Lived Experience workforce
  - Support the workforce
  - Disseminate Information
  - Promote networking
2. Education and training
  - Promote and facilitate accredited training and ongoing professional development
  - Promote and facilitate supervision and mentoring
3. Advocacy
  - Lead processes for enabling a collective voice for the Lived Experience workforce
  - Advocate to government and other decision makers to advance Lived Experience workforce agendas
  - Influence and undertake research and policy development

The strategic planning workshop confirmed membership should be inclusive of the diversity of the Lived Experience workforce and be multi-tiered to offer membership options to both individuals and organisations.

# BACKGROUND

The Lived Experience workforce includes people employed specifically to

- Use their Lived Experience to assist others or inform work in advocacy; management; policy and service development; education; and/or research.
- Use their life-changing experience of supporting someone through mental health challenges, service use and periods of healing/personal recovery, to assist others

The Lived Experience workforce includes consumer consultants; carer consultants; experts by experience; peer support workers, carer peer workers; cultural peer support workers, specialist peer workers and various designated Lived Experience roles in executive governance, board and committee representation, education, training, research, consultancy, policy design and systemic advocacy across a variety of service settings. Workers include full time, part-time, casual, volunteers and students studying Certificate IV in Mental Health Peer Support or relevant courses with an interest in a career as a Lived Experience worker.

The National Mental Health Recovery Framework defines peer support as people with a Lived Experience supporting each other in their recovery journey. Support may be formal or informal, voluntary or paid. It may be stand-alone support or part of an initiative, program, project or service, which is run either by peers themselves or by professional mental health service providers.<sup>2</sup>

Non-designated roles in mental health, alcohol and other drugs services, allied health or other relevant professions include psychiatrists, psychologists, mental health nurses, social workers, Occupational Therapists, case managers, case workers, community support workers and others. People working in these roles may identify privately or publically as having a Lived Experience, but they are not employed specifically to work from a Lived Experience perspective. People with a Lived Experience working in non-designated roles are often greatly valued as champions and allies, but they are not recognised by Q-LEWN as members of the Lived Experience workforce.

For almost a decade, government policy and industry standards have repeatedly advocated the need for Lived Experience (LE) workforce development, including

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<sup>2</sup> Commonwealth Department of Health and Aging (CDHA). (2013). *A national framework for recovery-oriented mental health services: Policy and theory*. Retrieved 4/3/2014 from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovpol>

career pathways linked to nationally recognized vocational qualifications.<sup>3 4 5 6 7 8</sup>

Despite this, in 2017 research funded by the Queensland Mental Health Commission (QMHC)<sup>9</sup> identified that there has been little systematic workforce development to date. As such the expansion and evolution of the workforce is largely ad hoc, highly variable and influenced by the degree of commitment by managers in individual organisations.

In response to issues raised by the QMHC funded research, Brook RED and Brisbane North PHN established the Lived Experience Leadership Roundtable to discuss potential for responsive action. Subsequently, the [Building Foundations Forum](#) included was held in May 2018 to broadly engage the LE workforce in conversations about workforce development. Over 70 delegates from across Queensland attended the Forum and highlighted strong support to create “a peak body or governing authority to tackle issues including standards, accreditation, recruitment, training, evolution of leadership, resources, supervision, equitable pay, career progression, ongoing research, stability of LE roles, and recognition that specialised LE roles exist to meet specific needs of diverse target groups”<sup>10</sup>.

Consequently, Brook Red and Brisbane PHN North resourced the Roundtable to undertake further consultation to enable LE workers from across the state to inform the development of a peak body to represent their interests. This included the distribution of the *Queensland Lived Experience Workforce Network (Q-LEWN) 2018 Survey* and a one-day strategic planning forum held in Brisbane on the 27<sup>th</sup> of November, 2018.

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<sup>3</sup> Council of Australian Governments (COAG). (2012). The Roadmap for national mental health reform 2012 – 2022.

<sup>4</sup> Queensland Government. (2008). Queensland Plan for Mental Health 2007-2017. Queensland Health, Brisbane. Retrieved from [http://www.health.qld.gov.au/mentalhealth/abt\\_us/qpfmh/default.asp](http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/default.asp)

<sup>5</sup> Commonwealth Department of Health and Aging (CDHA). (2013). *A national framework for recovery-oriented mental health services: Policy and theory*. Retrieved 4/3/2014 from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovpol>

<sup>6</sup> Department of Health (2015) *Australian Government Response to Contributing Lives, Thriving Communities – Review Mental Health Programmes and Services*; Commonwealth of Australia, Department of Health, Canberra. Retrieved 26/3/2016 from <https://www.health.qld.gov.au/ahwac/docs/min-taskforce/ministerial-taskforce-report.pdf>

<sup>7</sup> Commonwealth Department of Health and Aging (CDHA). (2009). Primary Health Care Reform in Australia; Report to Support Australia’s First National Primary Health Care Strategy. Attorney Generals Office; Barton, ACT.

<sup>8</sup> Commonwealth Department of Health *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Peer Workforce role in mental health and suicide prevention*. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental\\_Tools](https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools)

<sup>9</sup> Byrne, L., H. Roennfeldt, and P. O’Shea, (2017) *Identifying barriers to change: The lived experience worker as a valued member of the mental health team*. 2017, Queensland Mental Health Commission: Brisbane.

<sup>10</sup> *Queensland Lived Experience Workforce Building Foundations Consultation Report* (2018) Brook RED and Brisbane North PHN

# PROCESS

The forum was attended by 63 people from across the state, employed in a variety of LE roles and organisations. CEO of Brook RED, Eschleigh Balzamo, welcomed participants and briefly explained the background that had led to organising the Q-LEWN strategic planning day, before introducing Matt Halpin (of Matthew Halpin Consulting and Training) as the facilitator for the event. Matt briefly presented key learning of enablers and barriers in establishing a consumer peak body in South Australia and the initial results of the Q-LEWN 2018 Survey. (Survey results detailed in a separate report available on the [Q-LEWN website](#))

Throughout the day, participants discussed key questions in small groups, scribing their comments to butchers' paper. Small group discussions explored

- Why are we here?
- What do we want to achieve?
- Who does Q-LEWN represent?
- How does Q-LEWN represent the workforce?
- Enablers - Why do we need Q-LEWN?
- Barriers – Why we don't need Q-LEWN

Following the group discussions, participants were asked to identify their individual perspective on the priority of potential Q-LEWN activities under the headings

1. An essential activity that is core purpose
2. An important activity of organization but not an immediate priority or 100% core to purpose
3. A good idea for future planning but not core to the work of the organization

Finally, a silent ballot offered participants the opportunity to vote for or against establishing Q-LEWN. 98% of participants voted for progressing plans to establish Q-LEWN as an independent peak body.

Information collected from the day was collated into an initial compilation report drafted by Matt Halpin, and is the basis of this summary report.



# OUTCOMES

Comments from small group discussions or individual reflection were recorded to butchers' paper or sticky notes by participants and themed as below.

## Who Q-LEWN represents?

The below comments were recorded by small groups discussing the question 'Who does Q-LEWN represent?'

### Identified Lived Experience workers

- Lived Experience workers defined as people working in an identified Lived Experience roles
- Identified and using LE & recovery is part of role – bring expertise to role
- Authentic and owned

### Diversity across the workforce

- A broad base of LE workers, but always authentically working into our genuine peerness
- A diversity of voices/perspectives that are more representative of the whole Workforce LE and others wanting to get into it
- Full time, part time and casual
- Must live and work in Queensland
- Is it just MH, AOD, SP other specialists
- Consumers and Carers
- Individual, organization, and allies – options /types of membership
- NDIS package – purchasing LE workers
- Represents Consumer and Carer workers
- Peer Service providers
- For consumers
- For carers
- For workers
- For lived experience
- For the silent worker
- Volunteer peer workers
- Peer Work students

## How Q-LEWN represents the Lived Experience workforce

The below comments were recorded by small groups discussing the question "How does Q-LEWN represent the workforce?"

### By with and for the Lived Experience workforce

- Authentically owned and run by people with lived experience
- Protecting the lived experience & shared experiences through influencing policy and procedures with impact'
- Protecting the role
- Protection of role (eg NDIS)
- Represents diverse identities
- Leadership for lived experience workforce
- Leadership development
- Raising awareness for the workforce
- A chapter in each primary health network

### Tiered membership structure

- Tiers of membership and association – sources of \$
- Individuals, organizations and allies (different membership types)
- Individual and organisation and allies – options /types of membership

### Representation through action

- Policy development
- Advocating for funding and Peer work development
- Ensuring quality training through an accreditation type process
- Providing training
- Networking events
- Conferences
- Mentoring
- Shifting cultures

## Purpose and intent

The below comments listed under 'purpose and intent' were recorded by small groups discussing the questions

- Why are we here?
- What do we want to achieve?
- Enablers - Why do we need Q-LEWN?

### 1. Sector Leadership

#### Consult with and represent the workforce

- To shape and hold vision of future for peer work
- To assert that LE must drive the shape of LE work
- To make our community stronger
- To have structures/safeguards our work
- Owned, managed and driven by Lived Experience
- Belongs to members
- Facilitate rural/regional access

#### Disseminate Information

- Central place for communication and information dissemination
- Share knowledge and resources
- Hosts online forums
- Promote the benefit of collected knowledge, wisdom information
- Provide a point of contact for employers
- Database- 'yellow pages' for LEW
- LE specific tools and resources

#### Champion the Lived Experience workforce

- Raising profile
- Recognition for our profession
- Lived experience truly valued and not seen or treated tokenistically
- Understand/recognise LE as professional by clinicians
- Not just 'institutional 'D' voice
- Not 'us and them' - professional understanding
- Value, legitimacy and integrity
- Lived experience workers embedded at all levels
- Growth in the sector
- Support growth of workforce
- Continued development

## Workforce support and development

- Lack of leadership can be overcome better with support
- Support for other peer workers
- Community of practice and support
- Support
- Sector wellbeing
- Further sector wide access and development of training, supervision
- Growth – have to work how to grow in principles/safe/sustainable; high quality way/valid/credible
- Workforce development through a center of training
- Accountability for workforce
- Standards of practice
- Standards for the workforce (professionalism)
- Framework for Lived Experience Workforce
- A Framework for employers
- A baseline expectation – inclusive of skills and knowledge
- Provide some structure/overriding principles
- Guiding principles
- Definition of roles (consistency & continuity)
- Professionalism
- Code of ethics
- Credentialing
- Safe practice/accountable
- Complaints mechanism
- LE all levels (exec) and types
- Authenticity

## Promote networking

- Connection, engagement, training, opportunity
- Networking events or communities of practice
- Networking events and conferences
- Connecting our network
- Community of practice and support
- Connects rural and remote communities
- Access to info/people
- Create change/hope
- Combined experience
- Reduce isolations of the workers
- Build on previous learning / share forward
- Lived experience conference
- One stop shop

## 2. Education and training

### Promote and facilitate accredited training and ongoing professional development

- Endorsing training and ensuring quality of professional development for LEW
- A central body of knowledge and training
- Having a go to access resources, training and professional development
- LE Quals at higher levels
- LE and other prof qualifications
- Provides placement opportunities of students
- Education for the public

### Promote and facilitate supervision and mentoring

- Access to connecting, mentoring
- Opportunities for mentorship, growth, connectedness

### 3. Advocacy

- Advocacy
- Systemic advocacy
- Advocacy and Systemic change
- Systemic advocacy/unified voice
- To influence
- To facilitate change
- For change
- Systemic change
- Cultural change in whole systems
- To support equity responses

#### Lead processes for enabling a collective voice for the Lived Experience workforce

- Facilitates inclusion/engagement across the sector/at all levels
- Unify and collaborate
- Voicing workforce needs
- Collective voice
- Awareness and voicing our needs
- Strong unified voice
- Diversity /more voices
- Voice louder together
- Strength in numbers / identity
- Easily divided and conquered

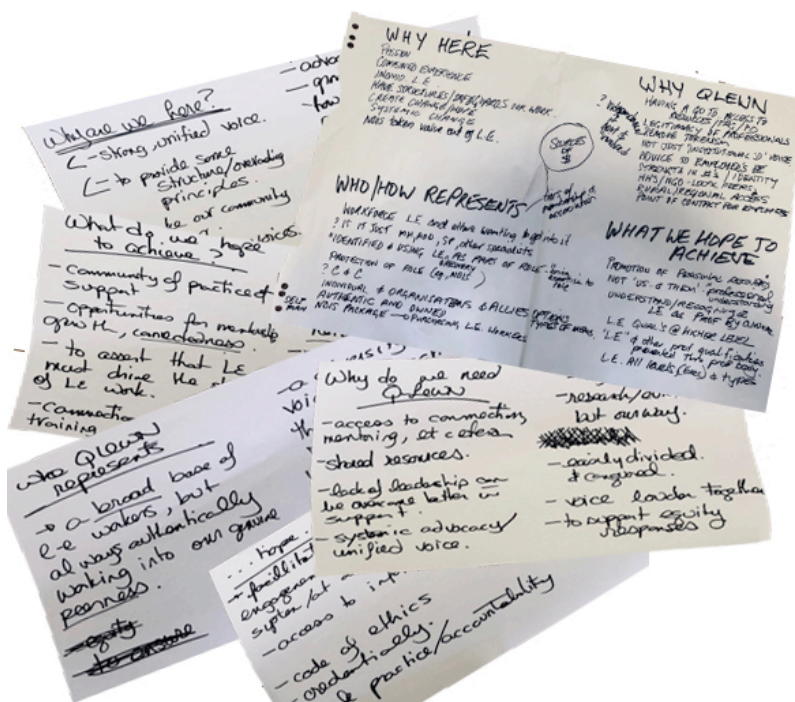


## Advocate to government and other decision makers to advance Lived Experience workforce agenda

- Hold other bodies to account
- Advice to employers
- HHS/NGO – local peeps
- Equality and inclusivity
- Increases in funding
- Improved working conditions
- Wage equality and employment rights
- Sustainability for the workforce
- Role clarity and consistency
- Fair working conditions
- Remove tokenism
- Fight stigma
- Promotion of personal recovery

## Influence and undertake research and policy development

- Influencing policy
- Policy development of workforce statewide
- Research/evidence – but our way
- Supporting and conducting research
- Issuing statement of position



## Priority Activities

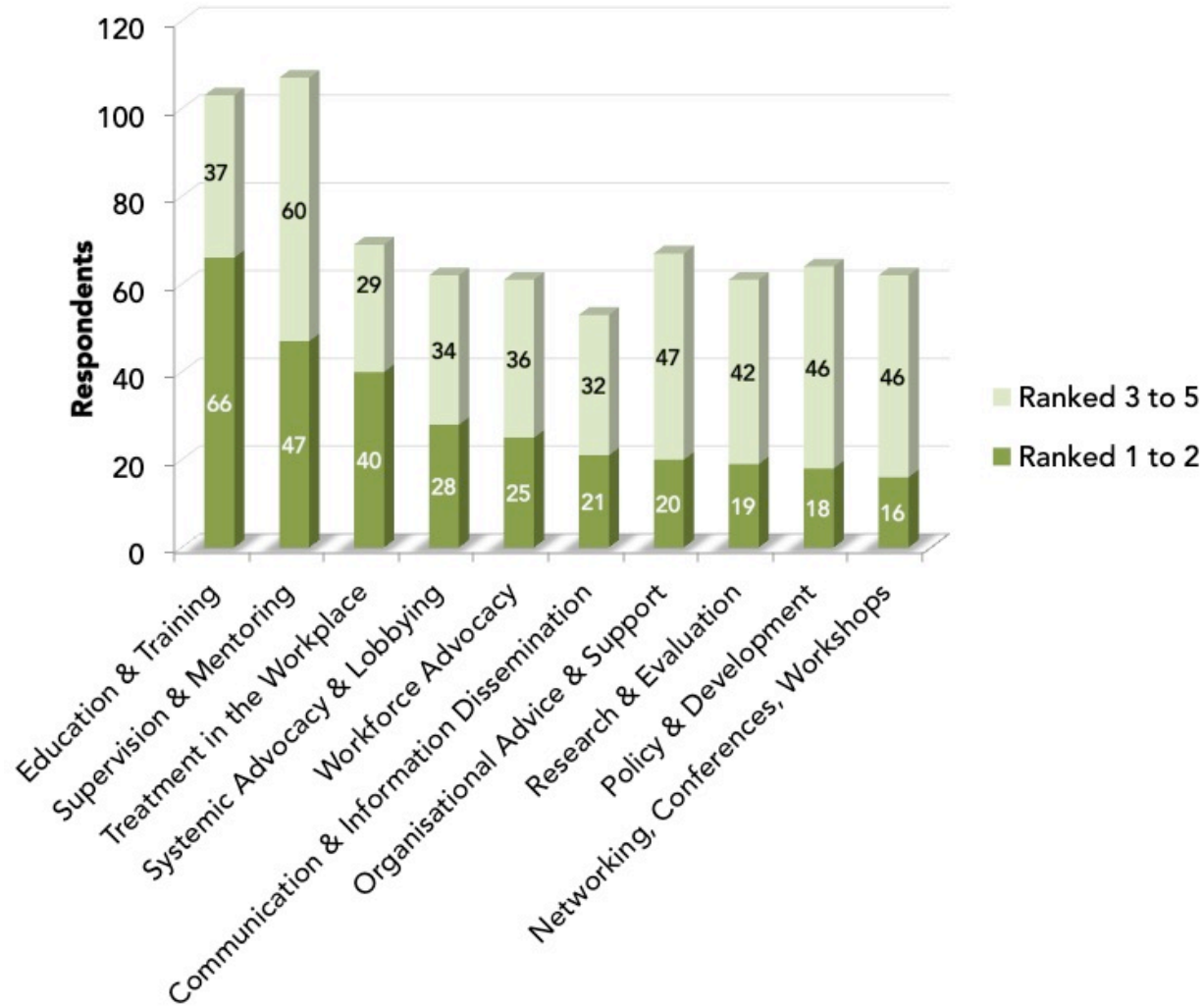
Following the small group discussions, participants were asked to individually identify key activities that they thought were core to the purpose of Q-LEWN; write them on sticky notes; and post according to their perception of the level of priority (ie 1. core to Q-LEWN's purpose; 2. not an immediate priority; or 3. an idea for future planning).

Theme	An essential activity - core to Q-LEWN's purpose	An important activity - not an immediate priority	A good idea for future planning
<b>Sector Leadership</b>	Lived Experience leadership development		
<b>Champion the LE workforce</b>	Legitimizing the LE workforce Add value and integrity to workforce	Promoting LE work as a credible, viable option Representation for peer workers in other areas – AOD, HIV, etc	Promoting LE workforce development and pathways Increasing credibility and visibility of workforce Sustainability and funding of workforce
<b>Disseminate Information</b>	Information and communication dissemination		
<b>Workforce support and development</b>	Set industry standards and policy Professional standards for workforce Develop, implement and evaluate a LE workforce framework Articulating practice Career pathways	Defining the niche for lived expertise work Define core skills to validate Credentialing of workforce CPD accreditation program for training Identifying communities	Regulation



Theme	An essential activity core to Q-LEWN's purpose	An important activity not an immediate priority	A good idea for future planning
<b>Promote networking</b>	A network and community of practice for LE workforce	Improving communication and collaboration across public, private and NGO Networking Ideas exchange	Developing local communities of practice
<b>Promote and facilitate supervision and mentoring</b>	Mentoring and external supervision		
<b>Promote and facilitate accredited training and ongoing professional development</b>	Education and training	Inclusive of natural and informal peer support	Training accreditation Create education beyond Cert IV Education for the public
<b>Advocacy</b>	Systemic advocacy, lobbying and change Unify our voice Collective identity and voice	Improvement of mental health services	Platform for collective action Influence policy and planning from QMHC and DOH Provide a voice for the voiceless Stigma reduction
<b>Influence and undertake research and policy development</b>			LE workforce research Sector mapping and promotion

The above prioritised activities are consistent with the below results from the Q-LEWN Survey 2018, completed by 151 Lived Experience workers.



## Barriers

The below comments were recorded by small groups discussing the questions “What are the barriers? Why don’t we need Q-LEWN?”

### Operational

- Difficulty to operationally manage
- Who’s going to do the work- Operational management
- Quality control
- Costs including economic sustainability
- Bureaucracy/red tape
- How will it be kept accountable
- How will it benefit the people
- How will it stay current
- How much power will it have compared to other professional bodies

### Managing diverse interests

- How potential conflicts of interest are managed
- Consumers vs Carer or both?
- NGO vs Government
- Different peer frameworks
- Too hard and too many agendas
- How do we keep out cowboys?
- Too many eggs in one basket
- Won’t accurately represent all voices
- Potential conflicts

### Risks

- Too soon
- Could create an us and them
- Recreating power structures we fight against
- Corporate face to a human practice