QUEENSLAND STATE CONSULTATION

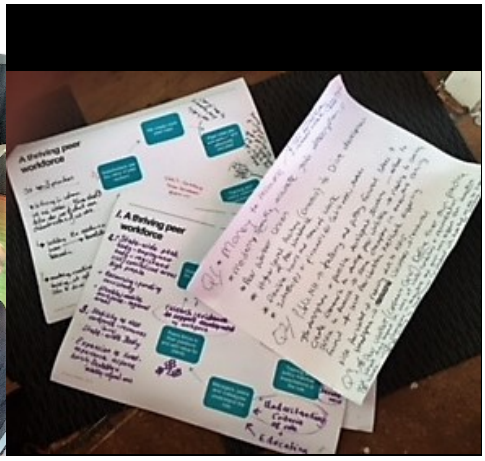
TUESDAY 1ST MAY 2018

BROOK red recovery empowerment development PEER SUPPORT

phn BRISBANE NORTH
An Australian Government Initiative

QUEENSLAND
LIVED EXPERIENCE WORKFORCE

"Building Foundations"



Consultation Report - May 2018

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Executive Summary

The purpose of this report is to inform of the due process completed to date, in effort to access genuine engagement and consultation of Consumers and Carers into the establishment of a Queensland Lived Experience Workforce Peak Body or Governing Authority.

Meeting the Needs of the Lived Experience Workforce in Queensland

Particularly over the last 18 months, much networking and many conversations have been held between a group of people who were managing and/or working in Lived Experience roles in Queensland services. It was evident that there were many shared commonalities in relation to difficulties and barriers to employing and participating in a Lived Experience Workforce. The Lived Experience Leadership Roundtable was established in October 2017 to further progress the agenda of the Lived Experience Workforce.

Clear gaps have been identified in the Lived Experience Workforce needs, including (but not limited to):

- Advocating for the Lived Experience Workforce, to ensure wage equality, fair treatment in the workplace, career progression and access to training, mentorship and supervision
- No clear benchmark for the extent of the peer workforce in the state
- No mechanism to ensure ongoing monitoring of the quality of training and assessment (including the Certificate IV in Mental Health Peer Work)
- Limited leadership, mentorship, supervision and supports for the Lived Experience Workforce
- The need to promote best practice guidelines for the Lived Experience Workforce
- No active consumer advocacy peak to provide a collective voice, but recognition that the needs of the Lived Experience Workforce differ from that of the Consumer Voice needs.

Research conducted by Dr Louise Byrne commissioned by the Queensland Mental Health Commission (QMHC) identified that investment is needed to overcome barriers and enable the Lived Experience Workforce. The problem before the Leadership Roundtable was how to initiate this research into practice.

Actions completed to date by the Leadership Roundtable, support a strong and determined belief that a Lived Experience Workforce peak body or governing authority should be *owned by and driven by Consumers and Carers, but be supported in genuine collaboration with government and other interested parties.*

The Building Foundations Forum

In evidence of this belief, a *Building Foundations Forum* was organised with the goal to engage in robust discussions on the needs of the Lived Experience Workforce.

It was the intention of the Forum to be as Inclusive as possible and have broad representation, particularly of Regional & Remote and Special Interest Groups. The Forum was held on the 1st May, 2018 and was attended by over 70 delegates from a wide range of locations.

The feedback of the Building Foundations Forum (as detailed in this report) clearly evidences the overwhelming consensus from Consumers and Carers in support of a focused State wide peak body or governing structure, to ensure future support, best practice and wellbeing of the Lived Experience Workforce.

The forum highlighted the desire 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 lived experience roles and the ability to create specialised roles within the Lived Experience Workforce (recognising that different roles require different specialisation and meeting those needs).

Whilst we acknowledge the work being done on a National level to create a Lived Experience Peak Body, there was a shared belief that a State platform is also needed to understand and meet the needs at the local level. This platform is considered necessary in order to build the ***accountability*** and ***credibility*** of the Lived Experience Workforce in Queensland.

With expanding membership, the Leadership Roundtable continues to be a work in action, driving actions around meeting the needs of the Lived Experience Workforce. In alignment with the feedback gathered from the *Building Foundations Forum*, the Leadership Roundtable will ensure further progression of the Working Group and the eventual establishment of a Queensland Peak Body or Governing Authority.

The Leadership Roundtable and the Working Group look forward to helping the Queensland Government and Mental Health Commission meet their objectives and commitment to developing the Lived Experience Workforce.

Background

2017 Activities

At the 2017 TheMHS Conference in Sydney, *Lived Experience and Peer Workforce* was a key theme throughout the three days. During informal networking with delegates (including QMHC staff) we agreed to organise a roundtable discussion about what is happening in QLD.

On 3 October 2017 representatives from the QMHC, Brisbane North PHN, Metro North Mental Health Services and Brook RED met to discuss and identify:

- What is happening nationally, in Queensland at the regional level; and
- Review the recommendations in Dr Byrnes research.

Actions from this meeting included:

- Circulate the research broadly throughout Queensland to Peer Networks and Leaders
- Invite Peer Leaders from around the state to convene a roundtable
- At the roundtable discuss and prioritise the recommendations from the research and
- Communicate back to the QMHC.

And we did action

On 1 December, a Roundtable meeting was hosted by Brisbane North PHN & Brook RED with delegates from around the state. Discussion was held around:

- What is happening in Peer Leadership in each region, what is working/what is not
- How we might move key priorities from research into practice
- What are the priorities from the recommendations proposed by the QMHC research.

Issues

Issues identified included:

- Peer Participation and Peer Leadership involvement varies across regions
- There is no clear benchmark for the extent of peer workforce in the state
- The standard and quality of training and assessment, particularly with the Certificate IV in Mental Health Peer Work
- Limited supervision and supports for peer workforce
- No active Consumer Advocacy Peak Body to provide state wide collective voice.

Recommendations

In terms of Dr Byrnes recommendations, the following were identified as a priority to focus on in the immediate future:

Research priorities

- Invest in the Lived Experience workforce and create opportunities for professional development an career progression including training and qualifications
- Engender greater understanding of the value, uniqueness, and benefits of Lived Experience roles for executive/senior management across the mental health sector.
- Provide opportunities for lived experience supervision and/or ongoing reflective practice for lived experience workers, with management and other lived experience workers and a fourth
- Establish or adopt a framework for Lived Experience Workers that can be adapted to the specific context and culture of the organisation to allow Lived Experience workers to maintain the flexibility of their roles and provide optimum support to service users while also maintaining accountability and credibility.

Initial key issues identified by the Roundtable Discussion

- There needs to be a focused state wide peak body and/or advisory structure established to ensure future support, best practice and wellbeing of this workforce, this needs to be separate to a consumer advocacy peak
- A contact list of key peer leaders and workers in the state to commence a communication strategy needs to be developed
- Sponsorship/funding is needed to support regional representation/delegates to participate in regular roundtable meetings
- Organise to host a Lived Experience Leadership Forum to have broad representation to shape state wide structures.

2018 Activities

Follow-up from 2017

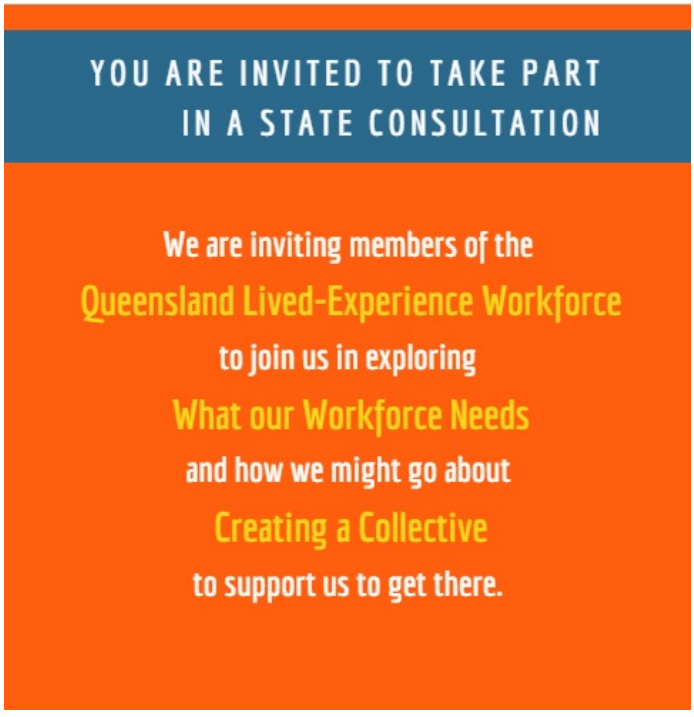
Delegates from the Roundtable met with the QMHC and Queensland Health on 16 April to discuss the issues paper and a way forward.

The QMHC was interested and acknowledged the issues paper and recommendations regarding research, peak body and Lived Experience Workforce Engagement opportunities. It was advised by Queensland Health at the meeting that in relation to the Connecting Care to Recovery Plan, they are now 'scoping a framework'.

There was an opportunity to discuss other existing participation and engagement activities that could be leveraged to build foundations for lived experience workforce development.

It was encouraging to hear that the QMHC would also potentially support/sponsor rural/regional peer leaders to participate further.

The Roundtable met again on 21 March 2018 and delegates provided feedback to group. The meeting focused on sharing updates and developing research proposal and ideas for the format of the May 1st *Building Foundations Forum*.



Building Foundations Forum

The *Building Foundations Forum* held on the 1 May was intentional to allow attendance of as many rural/regional peer leaders as possible, who were in Brisbane already attending the 2018 Peer Dialogue Conference hosted by Brook RED. Over 70 delegates registered to attend (see attachment 1: Building Foundations Delegates 2018)

The Forum was facilitated by Graham Panther (Red Panther Consultancy) and Leanne Craze was the keynote speaker. The following outlines the aims for the day.

Aims for the day

A thriving lived experience workforce

- Aim: To explore how the lived experience workforce is tracking in Queensland, and identify areas that need addressing
- Any other factors that enable a thriving workforce
- How are we tracking in your region, against these measures, which areas need most urgent attention

What's happening already?

- Aim: To get an overview of how lived experience workers are organising to support one another's practice, and what impact they-re seeing
- What organised spaces or intiatives are there to support the lived experience workforce right now?
- What are the strengths and weaknesses of these efforts?
- How do they impact your practice

What Next?

- Aim: To identify tanglible next step, and to ask people to commit to making them happen.
- What needs to happen now? Who will do these things?
- Who wants to be involved and how?
- How could you support this initiative?

Peak Body

- Aim: To socialise the idea of a peak body, and explore possibilities in this space
- What would a peak body for the lived experience workforce do?
- Why is it something we're exploring now?
- What questions and hurdles remain to be addressed?

Keynote: Leanne Craze - What's happening already?

Leanne Craze was keynote and provided an overview of what is happening already
(Leanne's presentation is available at https://www.dialogconference.com.au/pre-conferenceforum)

Recognition by Australian Governments

"The Commonwealth…recognises the value of a mental health peer workforce, and will explore the inclusion of peer workers and other low intensity service providers as part of the development and trial of a stepped care approach." Australian Government Response to Recommendations to the Review of Mental Health Programmes and Services.

"Peer work creates an environment for recovery where the intentional use of lived experience inspires hope, confidence and a sense of empowerment while working with people to build a meaningful life" (CMHA 2018)"

State	What's happening
QLD	*Peer/lived experience operated services, QLD MHC Identifying barriers to change: The lived experience worker as a valued member of mental health team final report, QLD MHC Consumer participation in education and Training of mental health nurse, Far North QLD Peer Workforce Project/Framework*
TAS	*A Mental Health Peer Workforce for Tas – Explanatory Statement, Tasmanian Peer Support Network supported by Flourish*
SA	*Lived Expereince Workforce Project, Training for Leaders of Lived Experience Workforce (MHCSA), Expansion of the Lived Experience Workforce SA public mental health service*
WA	*WA Peer Supporters Network (CoMHWA), Roll out of Cert IV training, Peer work strategy framework, 2018 Peer Workforce Report*
NSW	

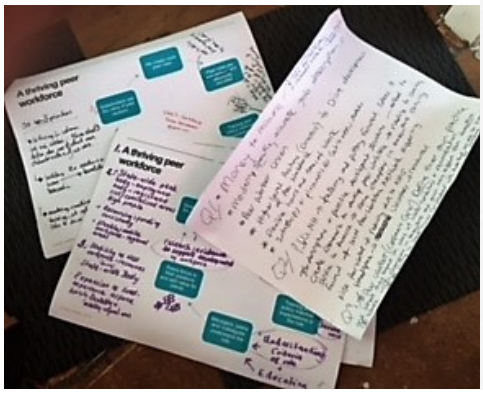
	Peer Work Hub (NSW MHC), Peer Workforce Network Committee (Being), 30 new peer work positions ($2.7 M) – during admission and post discharge support NSW Health
VIC	*Consumer Workforce Strategy (draft), Consumer Workforce Development Teams (based at SVHA, Consumer perspective supervision (VMIAC and Centre for Psychiatric Nursing), Expanding post discharge support, MIND – Centre of Excellence and Peer work training*
ACT	*Draft Peer Recovery Workers: Guidelines and Practice Standards, A peer led electronic mental health recovery app in an adult mental health service (proof of concept, Gulliver et al, ANU)*

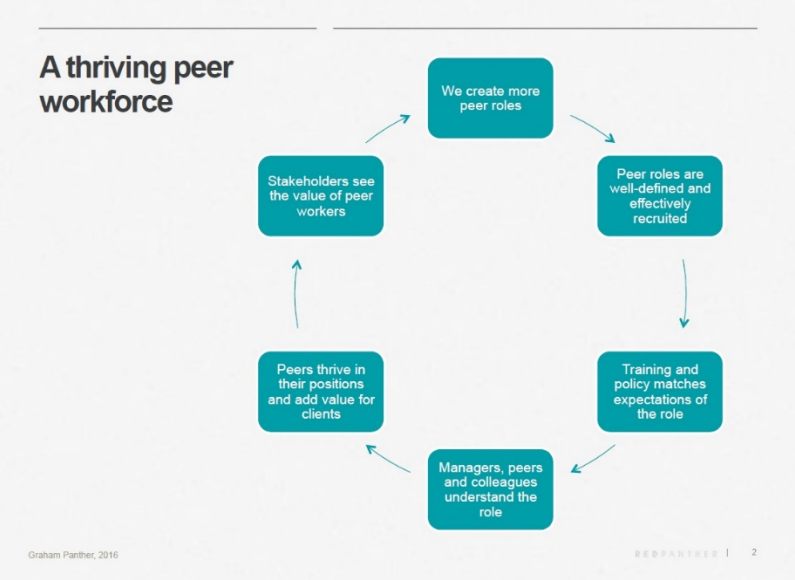
Developments elsewhere

- Inclusion of peer specialist provided services in Medicaid USA, Peer Respites (USA)
- National Centre for Peer Support – overseeing the training and accreditation of peer specialists
- Experts by experience workforce, The Professional Development Award (PDA) in Mental Health Peer Support, Scotland
- European Union Peer 2 Peer Training Resource
- Peer Support Canada connects peer supporters and organisations and offers certification, guidelines for the practice and training of peer support, Mental Health Commission, Canada
- Peer support with immigrant communities (Mexico)
- Peer support in First Nations.

Facilitated Workshop: The Challenge from a Surviving to a Thriving Workforce

Graham Panther facilitated the next session with a brief presentation on the difference between a surviving workforce and a thriving workforce. Graham facilitated a workshop session, guiding table work with delegates.



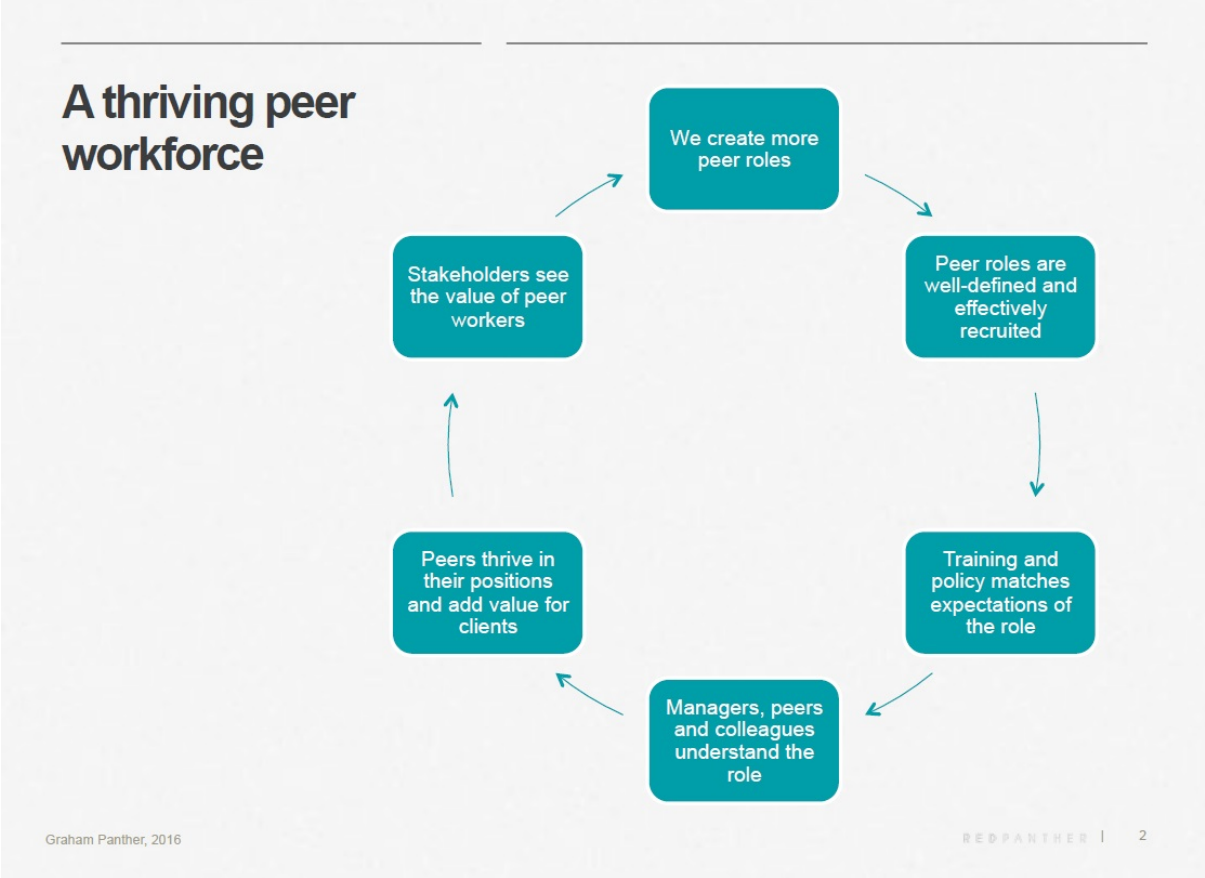


A thriving workforce

The aim of this workshop session was to:

- explore how the Lived Experience Workforce is tracking in Queensland, encouraging delegates to report on how their region is supporting a developing Lived Experience Workforce
- identify areas that need addressing
- Raise any other factors that enable a thriving workforce
- Identify which areas need the most urgent attention.

A Thriving Workforce was identified as a six stage circle. Delegates were asked to consider each stage and write feedback on the poster sheets provided. The feedback gathered from each workshop table, is as follows. Please note in honour of transparency, this feedback is in “raw” form - that is documented exactly as written by delegates on their poster sheets.



1. We create more peer roles

- Respecting that lived experience workforce is both ‘consumers’ and ‘carers’
- For every perspective of using personal lived experience
- More roles available
- Training for volunteers
- Industrial relations, paid workforce
- Unionising?
- Culture, risk adverse need courage!
- More inclusion of LE and open channels for conversations
- Raising the legitimacy
- Impact of NDIS on LE roles
- Specialised roles eg., suicide, CALD, Aboriginal and Torres Strait Islanders
- Planning peer roles collaboratively

2. Peer roles are well-defined and effectively recruited

- More generic lived experience roles (academic, researchers, team leaders, Directors and Coordinators so everyone with lived experience find a place and a role in our workforce and contribute to change
- Recruited by other peers and in ways which support experiential knowledge and self-defined
- Need to define LE – by who for who?
- Perhaps a risk to define roles overly clearly in that this may not create a space for emergence and discovery
- Consistency and standardisation of training
- Remuneration
- Who/how, defining language and terminology
- Some organisations do better than others eg., just add LE desirable to a job description
- Needed so peers know what value they bring and how they will be supported
- Client matching … peer to peer
- Time spent in interview/recruitment process, what is LE?

3. Training and policy matches expectations of the role

- Having appropriate supervision (operational/reflective) for all peer workers (consumers and carers)
- Also important to define who we are working with and for. who is the customer/consumer (which ought to be central)
- Ecological – broader community eg., CALD development and leadership
- Infrastructure for recognised career paths
- Supervision and professional development
- Intentional Peer Support Model
- Weekly co-reflection, supervision/group supervision around practice
- Consider 10 hours in emergency with others
- What's missing, unity, blurry definition of roles, need to get the basics right, why is it still in the dark, stigmas
- Supervision
- Young people from Headspace … big issues as peer mentors/tutors

4. Managers, peers and colleagues understand the role

- Volunteers are acknowledged and volunteer opportunities are available.
- Volunteer positions are re-evaluated so volunteers are not doing peer work for free when they should be being paid
- Mentoring, development support programs
- Duty of care and more understanding
- Fundamental philosophy and foundation
- Understanding criteria of role and education
- Executive level needed
- Wages, specialisations
- Diversity policy and 'banner'
- Getting support internally and externally

5. Peers thrive in their positions and add value for clients

- Peers are invited to define their own roles and don't have their roles dictated to them by non-peers
- In service opportunities
- Connectedness
- Research/evidence to support development of workplace
- Documenting success
- Need for standards and accreditation
- Networks and supports
- Build teams instead of 'solo' LE worker in organisation
- Opportunities for career progression "glass ceiling"
- Lived Experience roles in diverse professions and leadership roles

6. Stakeholders see the value of peer workers

- Lived experience merit and respect from all stakeholders
- Peer workers are well remunerated and have equal opportunities
- Consumer and carer workforce .. please don't go down a divisive and excluding path
- Evaluation
- Decision makers
- People using the service being heard
- Trust and respect
- Need to name LE Workforce at all levels not just peer support – front line work
- Research and evidence based practices, capability framework
- See but don't utilise to full potential

The final session of the day was facilitated discussion around:

- How are we tracking, what are our priorities?
- Peak Body
- Next Steps

Again, the following is the raw feedback collected from Forum delegates.

Discussion: How are we tracking? What are our priorities?

- Association of Peer worker network, local, regional, state
- Framework of practice (self-defined) capability framework
- Standards, accredited, ethics, remuneration, values, guidelines
- Right people/right roles/recruitment (including specialists, clear and delineated roles
- Defining who we work with (helps self-definition)
- Recognition of specialists & advocacy, youth peer work

- Pay equity award for Peer Workers & equitable conditions & job security, protections, diversity, flexibility, Regional and Remote areas
- Briefing and debriefing on the job
- Freedom & right to practice peer work (eg non peer imposed roles – no goes, paternalism)
- Career pathways infrastructure/lifespan
- Training of non peer staff regarding peer workers
- Peer workforce network
- Mentoring, coaching, ongoing support (active & adequate) supervision (independence & external)
- C&C peak body, national, state
- Allocate & dedicate resources & positions, stable funding/quarantined
- Working with champions, promoting recognition, developing authority
- Putting self forward uncomfortable conversations
- Leadership pathways, building it back in
- Peer alternatives.

Discussion: Peak Body

The aim of this discussion: To socialise the idea of a peak body, and explore possibilities in this space.

- What would a peak body for the lived experience workforce do?
- Why is it something we are exploring now?
- What questions and hurdles remain to be addressed?
  - How might a peak body address the workforce issues we have identified, how could it have influence?
  - Where could it sit? Eg., is it its own organisation? Is it an umbrella brand comprising multiple organisations?
  - How might we build on what's already happening to support the workforce, rather than reinvent the wheel?
  - Who could fund it?
  - Who does the organisation represent? Who doesn't it represent?
  - What else might we still need? Eg., strategic plan
  - Is there a cost to going down the peak body path? Other approaches we should try first?

What is a peak?

- Way to speak and present own views for self/voice
- A group with common and agreed values
- A professional association/union/workforce representation and advocacy. Advocate for awards and conditions, Represent views and interests around decision making tables
- Peer/Lived Experience workforce
- Lived Experience
- Could one peak be a peak for both? Individuals & workforce?
- Who does it represent?
- Who has been most processed, people done too, Indigenous voices

- Messy life experiences
- Where is the line drawn and how is it drawn?
- Blurry line
- Recognition of marginalisation
- People practicing the value base (get the values right and the people will choose)
- Self-defining
- Shared experience of trauma & oppression or recovery/transformation
- Lived experience practitioners (generic/specialised)
- Membership based?
- Consumer or Consumer and Carer – both – double dippers
- Risk of join peak blurring of practice/authentic practice/how to protect authenticity of the practice of each workforce
- Naming of the difference – is there room for both
- Peak body of people vs peak body of a workforce
- Work backwards from the people worked with
- Would a workforce peak also have an advocacy role (speaking up for and representing people with a lived experience)
- Based on common ground between C&C peer worker workforces

Discussion: What Next?

The aim of this discussion: To identify tangible next step, and to ask people to commit to making them happen.

- What needs to happen now? Who will do these things?
- Who wants to be involved and how?
- How could you support this initiative?

Top 3 Priorities

Each Delegate table was asked to identify the top three priorities moving forward. Responses are documented here in raw data form, from seven (7) tables of Forum Delegates:

Table 1

1. C&C Peak Body – state and national
2. Allocate and dedicate resources which are quarantined
3. Active and adequate support for the workforce
    - Resources, positions available – volunteer/paid, leadership, resources to perform (eg., computer/phone, mentoring & supervision, conference attendance, time, flexibility, reasonable adjustment

Table 2

1. Peak Association
2. Peer Practice Framework
3. Standards and accreditation

Table 3

1. Peak Body – framework of practice
2. Training and recruitment
3. Leadership roles and peer alternatives

Table 4

1. State wide peak body – employment body – registered list, specialised areas, high profile
2. Resourcing/funding consistency, flexibility/mobile workforce, regional areas
3. Stability of NGO's workforce and resources, expansion, diversity, flexibility and mobility particularly in regional areas.

Table 5

1. Defining who we are, this should define who we and what our characteristic of us are
2. Building the evidence base – translational research
3. Mentoring/coaching, supervision, training et leadership roles to drive and shape this

Table 6

1. Independent Peak Body
2. Support for peer workers from outside the organisation
3. Training for non-peer staff/community on peer work role

Table 7

1. Money to resource, more positions, more equitable pay, increments, time and qualifications, peer workers union, higher level positions to drive development of LE workforce, flexible hours and times of work, internships and placements for Certificate IV MHPW students
2. Public Mental Health System – talking and putting forward ideas and development structures, asked to create framework to develop workforce, needing to convince the service, some champions in executive coming forward and local peer workforce network supporting, NGO peer workforce reducing due to NDIS, headspace reimbursing volunteers
3. Peer Workers/C&C define their own practice and what they expect in way of work conditions and remuneration. Work with champions in executive and gain more support from executive. Be willing to seek crucial conversations with those that are able to support our workforce

Priorities from voting

- Right people/right position/effective recruitment including specialist positions
- Mentoring and ongoing support (including self-care)
- Policy, Guidelines, and standards for peer/lived experience workers inclusive of values and code of ethics.

Discussion: Next Steps

- Another forum? Survey?
- Discussion paper addressing complications?
- How to maintain the momentum – identify common ground and go forward together in good will
- List of people who want to do some work on this – see attached)
- Work on this - what might it involve?
- Create a straw man (good enough) model for discussion
- Risk of doing nothing? Someone doing it for us
- Form a leadership group
- Partnerships – identify and engage partners
- Get on the bus, don't stay on the kerb! (e.g. join the working group and progress something…)

Final comment

The session finished in a somewhat unresolved state so individuals were invited to nominate themselves to join the Working Group at the front of the room to progress the findings of this consultation. At present, there is no formal funding for this project (Brook RED & Brisbane PHN have funded resources to this point and will continue to support).

Please contact Donna Humphrey or Paula Arro if you or your organisation would be interested or willing to support funding this ongoing project.

The Leadership Roundtable and Working Group will re-convene on 27th June to consolidate findings and discuss next steps and any updates will be shared with the registered delegates and also on the website https://www.dialogconference.com.au/buildingfoundations

Attachment 1: Delegate Attendance

Over 70 Lived Experience Workers Attended the Building Foundations Forum

Region key – BS (Brisbane South) BN (Brisbane North) WMDD (West Moreton Darling Downs) GC (Gold Coast) WB (Wide Bay) CQ (Central Qld) FNQ (Far North Qld)