

2023



# CLEW FORUM

*Learning together, Learning in & Leading the way*



**Session  
and  
Resources  
Package**



Welcome Message	3
Our Values	4
Our Work	5
Session Highlights Day 1	6
Elevator Pitch - Lorna Downes	7
Session 1 - Mary O'Hagan - LE Branch	8
Session 1 - Fiona Patterson - LE Branch	8
Session 2 - Andrew Tomlinson- Tandem	9
Session 3 - CLEW Values workshop	10
Session 4 - Discipline Framework workshop	11
Session Highlights Day 2	13-14
Acknowledgement of Country - Kanisha Wills	15
Session 5 - Julieanne James - Kinship Carers	16
Session 6 - Sharing our Wisdoms and ways of working	17
Affirmations and Glimmers	18
Session 7 - Leapfrogging into Leadership panel	19
From the chat	20
Value Adds - additional resources	21
Session 6 Padlets	22-27

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# TABLE OF CONTENTS



# WELCOME MESSAGE



## CLEW Leadership Team

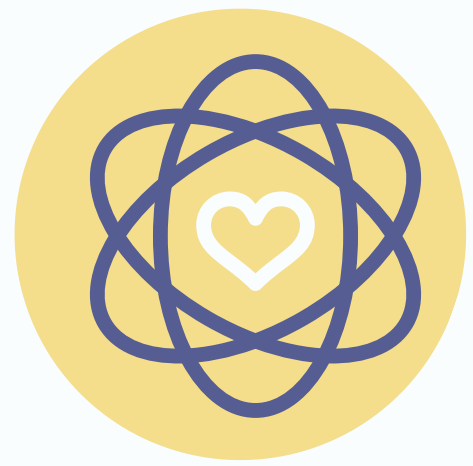
On behalf of the CLEW Leadership team, I'm delighted to launch the CLEW Forum 2023 session and resources package.

The CLEW Forum is the only annual event specifically created to meet the professional development needs of Victoria's Family Carer Lived Experience workforce.

I'd like to thank the CLEW Forum Working Group for their tireless efforts in putting together such a comprehensive, innovative and interesting forum. As well as thanking the speakers, presenters and facilitators for their insights and expertise.

I'd also like to thank Auntie Georgina Nicholson, Wurundjeri Elder for her Welcome to Country as link to her presentation can be found [here](#)





# OUR VALUES

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- RESPECT
- ACCOUNTABILITY
- ADVOCACY
- COLLABORATION
- RELATIONSHIPS, CONNECTION,  
COMMUNITY, MUTUALITY
- COMPASSION
- DIVERSITY
- FLEXIBILITY
- CURIOSITY



# OUR WORK



The Collective Voice of the Carer Lived Experience Workforce in Victoria

## CLEW Network - what is it?

- A safe space for designated, employed, mental health family/carer lived experience workforce (CLEW) to come together over workforce matters, advocacy, support and growth.
- Currently Identified as the preeminent leader for the emerging CLEW with a view to becoming a recognised professional body.
- CLEW supports opportunities for member networking, community of practice, sharing of best practice, group co-reflection/supervision, professional & leadership development.
- CLEW actively advocates for promotion and progression of research and evaluation that specifically focuses on CLEW issues including the nuances in the role.
- CLEW also acts as a centralised network for family/carer workforce, mental health sector engagement & participation and provides access for ongoing opportunities in carer Led, co-design & co-production activities.

## CLEW Network - activities

- Annual CLEW Professional Development Forum (2 Days)- this document is the session and resources package from the 2023 Forum
- Bi-monthly Meeting and Co-reflection Space
- A Community of Practice
- A central Basecamp to facilitate distribution of information, resource and enable further member connection 24/7
- Advocate for the Combined Voice of Carer Lived Experience Workforce in all matters affecting them

[Link to CLEW Website here](#)

# DAY 1

# HIGHLIGHTS



**Day 1** What a great first day we had! There was something for everyone, from solo dancing and dancing together to building a table and crossing bridges.

**Mary O'Hagan and Fiona Patterson** - who talked to being the Bridge from LE to the Department and crossed the bridge to chat with CLEW today of which we are grateful. The LE Branch has grown considerably to 26 staff currently. Mary highlighted the change she has seen in the relationship between consumers and carers in Victoria and observed that it's based on relational ways of working-moving on from individualistic approaches. We all must work hard to keep these lines of communication open,

**Andrew Tomlinson** from Tandem shared a wonderful poem and took us through his reflections on Leadership after 30 years in the mental health sector. Andrew shared his river with us (his special place) while he stated that it's not healthy to separate our personal lives from what we do. He invited us to bring our whole selves to work - making yourself vulnerable is leadership. Leadership has nothing to do with job title. Leadership is doing hard things in a human way. Thank you Andrew. A definite highlight of the forum.

We had the **CLEW Values Workshop** session to review our current values with Heather Pickard - Thank you everyone, really rich responses and Heather will collate all this with the CLEW leadership Team and this will inform the Family/Carer Discipline Framework.

We heard from **Caroline Walters and the research team at Tandem** in relation to the Family/Carer Discipline Framework - Scope of Practice Project and Annette took us through some Scope of Practice options to consider before going into work on the padlet. This framework will be complete 31st DEC 23. We heard about the important interactions the framework will have for CLEW through the Community of Practice, Supervision Training, Bank of Role Descriptions and the introductory Training just to name a few. This is an extremely important piece of work indeed that will be central to all we do.

Across the two days **Lorna Downes** - took us into the virtual Elevator 3 times to consider creating a 1 minute pitch to promote our work. We worked on an elevator pitch to our colleagues, then to a busy NUM at a service and finally to the Minister for Mental Health!



# ELEVATOR PITCH

## LORNA DOWNES

### PROFILE



#### Lorna Downes - Lived and Living Experience Instructional Designer, CMHL

Lorna began her career in mental health in 2003. For 7 years she worked in various roles supporting families and carers through peer education, peer support and advocacy before moving into mental health workforce development.

Lorna is an accredited Intentional Peer Support (IPS) core skills facilitator and an Emotional CPR (eCPR) facilitator. She has a Cert IV in Mental Health Peer Work, Cert IV in Training and Assessment and a Diploma of Counselling and Communication. Lorna is also an accredited foster carer. Importantly her work is grounded in her experience of caring for family and friends affected by trauma, mental distress and substance use.

### FROM THE CHAT

*We are superheroes of caring. We are caring for colleagues, We work towards sustainability of our disciplines. we provide Outreach and advocacy."*

*"Great to connect with other carer workers to talk about this as we are constantly reframing, developing our language and narrative re our work and workforce."*

*"I like to ask them what they understand my role is and how they would want to work together...Carer LE workers are not a threat to clinicians, we do not do clinical work but compliment their work."*

### ACTIVITY

Fun activity allowing participants to fine tune their story about the job they do.

Have you ever found yourself having to explain what you do, and don't do, to others in your organisation?

Family/carer LE work isn't well understood by our non-lived experience colleagues in mental health and community services.

Over the course of the two days of the forum the Elevator Pitch sessions will give you a chance to have a bit of fun trying out different ways of speaking to others about your role and tailoring your message to maximise your impact!

# SESSION 1

## MARY O'HAGAN

### PROFILE

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**Mary O'Hagan - Executive Director Lived Experience in the Mental Health and Wellbeing Division at the Department of Health in Victoria.**

Mary O'Hagan was a key initiator of the psychiatric survivor movement in New Zealand in the late 1980s and was the first chairperson of the World Network of Users and Survivors of Psychiatry between 1991 and 1995. She has been an advisor to the United Nations and the World Health Organization.

Mary was a full-time Mental Health Commissioner in New Zealand between 2000 and 2007. Mary established the international social enterprise PeerZone which provides peer support and resources for people with mental distress. She has written an award-winning memoir called 'Madness Made Me' and was made a Member of the New Zealand Order of Merit in 2015.

All Mary's work has been driven by her quest for social justice for one of the most marginalised groups in our communities.

### PRESENTATION

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We will discuss the opportunities created by the Royal Commission, the role of the Lived Experience Branch and our vision for the lived experience workforces.

### RESOURCES

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A link to Mary and Fiona's presentation is [here](#).

To join the Department of Health Lived Experience Branch mailing list email: [livedexperiencebranch@health.vic.gov.au](mailto:livedexperiencebranch@health.vic.gov.au)

### FROM THE CHAT

*"The relational vs individualistic approach is such a cornerstone of the FC viewpoint. It's a challenging space for our colleagues outside of the family/carer workforce, but is critical to develop conversations and approaches around where appropriate."*

*"As a young, queer, gender diverse person of colour, I do sometimes experience impostor syndrome being in the carer space - appreciate there's a conscious effort to address this."*



# SESSION 1

## FIONA PATTERSON

### PROFILE

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**Fiona Patterson - Director, Carer. Lived Experience Branch, Mental Health and Wellbeing Division, Department of Health**

Fiona recently joined the Department of Health as Director, Lived Experience (carer), having been the Director, Independent Advisory Council to the NDIS since 2019.

Fiona has senior carer and consumer advocacy experience across sectors, including cancer and heart disease, coupled with Victorian Government experience across Health Promotion, Women's, Youth and Community Development portfolios.

With mental health carer lived experience, Fiona has a particular interest in the support needs of young carers and those from rural and regional communities.



### FROM THE CHAT

*"Understanding the Act and any Rights that are enshrined in the Act is only part of the equation. The challenge is getting services to embrace their responsibilities with regard to families - this is true of each new Act."*

*The clinical space tends to interpret the ACT as reinforcing an individualistic perspective, hence the need to educate services and hold them accountable to be more holistic and relational. This is an ongoing and very real barrier in Family/Carer practice and often results in the carer voice being marginalised further."*

### PRESENTATION

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We will discuss the opportunities created by the Royal Commission, the role of the Lived Experience Branch and our vision for the lived experience workforces.

### RESOURCES

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Information about the MH and Wellbeing Act 2022 can be found [here](#) through Tandem

Link to the Rising Together report can be found [here](#)

# SESSION 2

## ANDREW TOMLINSON

### PROFILE

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#### **Andrew Tomlinson - Deputy CEO, Tandem**

Andrew is working in a designated family/carer lived/living experience position. He is motivated to work towards a mental health system which is driven by compassion, meeting people, consumers and their families, carers and supporters, where they are at, as equals. A system which empowers people to courageously explore life and realise potential. Andrew is also a credentialed mental health nurse and has worked in a range of roles in public mental health, AOD services, and not-for-profits in Victoria, New Zealand and the UK over the past 30 years, for many of those years in leadership positions.

### FROM THE CHAT

*"For me, building relationships and allies in my team if I am the only LE worker has been so important to bounce ideas and bring up challenging topics to discuss and move forward."*

*"My take is I'm imagining being in the room with my carer colleagues and all the Carers I have spoken with who've shared some of their experience. It doesn't make it ok but it's a little easier to be courageous."*

### PRESENTATION

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#### **Reflections on Leadership**

- LE practice really does require us to bring our whole self to our work.
- You can't lead alone. Family Carer LE workers believe in a vision of a very different system.
- Wise compassionate leadership – the ability to do hard things in a compassionate way.
- Trust your voice, trust your gut and trust your language.
- Leadership is over glorified! There is no movement without the first follower. The best way to make a movement is to courageously follow and encourage others.

### RESOURCES

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Andrew's presentation can be found [here](#) and a copy of his poem can be found [here](#)

# SESSION 3

## CLEW VALUES WORKSHOP

### PROFILE

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#### Heather Pickard - Heather Pickard Consultancy

Heather brings to her work a mixture of clinical skills, governance expertise, and her own personal lived experience of long-term intentional change.

Heather directed her career as a registered nurse toward the alcohol and other drug (AOD) sector, managing a suite of services at Monash Health.

Heather was the CEO of the Self Help Addiction Resource Centre (SHARC), a sector leader in lived experience AOD work with varied programs covering service user advocacy, family services, supported residential recovery and peer workforce development. Heather is a Board Director at Grampians Health Services, and the Director of the National Nurse and Midwife Health Service, leading the establishment of a nationwide health and wellbeing service, by nurses for nurses.



### FROM THE CHAT

*Discussion in the chat that the current values align well. There were some great ideas to tie the CLEW values to the acronym CLEW:*

- *Connection, Leadership, Ethics, Wholistic*
- *Care living empowerment wholistic*
- *Connection, Lived Experience, Ethics, Wholistic*
- *Connection, Lived experience, Ethics Wonder*
- *Care, Link, Ethics, Worldview*
- *Compassion, Authenticity, Relational, Ethical or and acronym which is easier to remember*

### WORKSHOP

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Heather gave an overview of the CLEW values and clarified that CLEW doesn't currently have clear principles, and a further workshop would need to occur to develop those principles. Participants then moved in to breakout rooms to discuss:

- How do we practice values in our work?
- Are these still CLEW's values?
- Are there any new ones?
- Has the recent RC reform changed our consideration around values?

The outcome of this workshop will inform the updated CLEW values and will be shared through CLEW meetings in the future.

### RESOURCES

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Heather's presentation can found [here](#).

# SESSION 4

## DISCIPLINE FRAMEWORK

### PROFILE

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**Caroline Walters - Senior Family Carer Researcher, Tandem,** Caroline's prior role was as a lived experience Advisor, advocating for families within Mental Health System Reform, including initiatives around family carer workforce and new Mental Health and Wellbeing Legislation. Caroline has worked long-term in health care research and is undertaking a PhD, at Monash University, exploring methodologies to elevate and engage family voices in system change.

**Deua Stojanovska - Research Assistant and**

**Amaya Alvarez - Senior Family Carer Researcher** co-facilitated the session.

**Annette Mercuri - Lived Experience Advisor** presented

### FROM THE CHAT

*"I love this development of descriptive language around our roles."*

*"I feel CPSW and LEW will be taken more seriously and included as part of the team when we have a recognised training framework."*

*"Really useful for us to think about these things and all share in it together. So many voices !!!! What an amazing community we have".*

### WORKSHOP

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**Discipline Framework Scope of Practice: Defining what we do.**

The presenters will give a brief update on the Family Carer Workforce Discipline Framework and would like to explore with the attending members of CLEW, what is their scope of practice.

Break out rooms will be utilised to gather an early consensus of family carer workforce scope of practice.

### RESOURCES

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A link to the PowerPoint presentation from the session can be found [here](#) and [here](#).

# DAY 2

# HIGHLIGHTS

Day two started off with puppies and this became one of the connecting points of the day thought to the Panel in the afternoon. Building the table again featured as did our value of connection, compassion and relationships.

**Acknowledgement of Country** - Kanisha Wills - We looked at examples of acknowledgements of country and learnt how to make our own. Kanisha talked to us about cultural load and called on non-Aboriginal people to think and feel deeply and with gratitude when doing an Acknowledgement of Country. Inspiring stuff, thank you so much Kanisha.

**Understanding the needs of Aboriginal Kinship Carers. This is about all of us.**-Julieanne James shared the 35 years in her work in Aboriginal health and well being. She talked to us about kinship carers where informal arrangement is more common. Julieanne described how she worked to be able to mould programs to meet the needs of the people rather than the other way around. Julieanne spoke about programs at Bouverie Centre, Black Dog Institute, Rumbalara Aboriginal Cooperative and Djirra. Julieanne really encourages people to reach out to their ACCHO (Aboriginal Community Controlled Health Organisation) and ask the family they are working with, who they would like involved in their supports. Walk in off the street and ask your local ACCHO, no question is a silly question. Find your local service, approach them, most will be really accommodating. Thank you Julieanne for such practical wisdom.

**Sharing Our Wisdoms & Ways of Working**- Where together we built the table!

Groups moved through three sessions of their choice, in each breakout room the facilitators and scribes used Padlet to capture the rich discussions. Lovely to feel so connected to others in our workforce and share common ideas, concerns, feelings and challenges.

**Affirmations and Glimmers** with Amanda and Kelle who kept us breathing and centring us midway through and at end of day 2. Glimmers the opposite of triggers. What are your glimmers? Sit with a Glimmer for more than 30 seconds and you can turn them into glows!

# DAY 2

# HIGHLIGHTS CONTINUED...

## Day 2 Continued...

**Our Journeys :Leading the Way** –Jen Bite’ shared an amateur video montage of thoughts and reflections of family carer LE workers. There were many comments in the chat celebrating the openness and honesty of the stories. **Please note: We are unable to share a link to the video montage as it was created for exclusive use on Day 2 of the Forum.**

**Panel-Leapfrogging into Leadership** – Bliss Jackman and Jan Holt facilitated questions to the panel from members Violetta Peterson, Dr Caroline Lambert, David Neef, Kate Bristow and Lisa Casaceli and they shared with us how they navigate the stepping stones towards leadership, advocacy and reform. Such a wealth of amazing experience and expertise.

- Leading with Kindness
- Holding a responsibility to raise our voice from others
- Building relationships and allies . It can be lonely – connections are important
- The word career and leadership isn’t comfortable – it feels different – not corporate like
- Gaining of confidence is linked to authenticity – not shying away – leaning in
- Sharing power – integrity is wrapped up in our values – not being afraid to have a voice
- It’s striking a balance - imaging what leadership could look like that’s different
- Sitting in tension while we work it out
- Grit – is what can get you through tender self-compassion & fierce self-companion
- Speak up – raise things to the highest high
- Create a good culture and work environment
- The fights not over – hold the system to account
- There are career opportunities - put yourself forward to lead



# ACKNOWLEDGEMENT OF COUNTRY

## KANISHA WILLS



### PROFILE

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**Kanisha Wills** - Is a Torres Strait Islander woman currently studying psychology and neuroscience. Kanisha currently works as a Health Service Receptionist at Orygen, an Indigenous Course Content Developer at UniSA, and a Bartender. Kanisha has also just started to volunteer on the Youth Advisory Committee at Headspace Bentleigh.

While studying, Kanisha has been working in a variety of spaces to gain a diversity of knowledge and experience. Her past experiences are in customer service, Indigenous Men's Health research, academic writing, and consulting. She has interests are in child and adolescent mental health, Indigenous health and neuropsychological disorders.

### FROM THE CHAT

*"That was great Kanisha - for me storey telling is a very unique element of First Nations history that I feels really resonates for us in the family/carer lived experience workforce."*

*Thank you Kanisha for sharing your experience around cultural load and knowledge. It's got me thinking & feeling deeply. thank you*

*I have learnt from you today and thank you for your encouragement."*

### WORKSHOP

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This session is all about learning how to create your own Acknowledgement to Country that is respectful and meaningful. You'll learn a few different ways of respectfully speaking from the heart and have the opportunity to share your own thoughts on and ways of doing so in breakout rooms.

### RESOURCES

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View Kanisha's presentation notes [here](#) and Powerpoint slides [here](#).

# SESSION 5

## ABORIGINAL KINSHIP CARERS

### PROFILE



#### **Julieanne James - Aboriginal Project Officer - Bouverie**

A descendant of the Yorta Yorta and Gunai Kurnai peoples of Victoria, Julieanne's work in program and policy formulation specific to the Aboriginal Affairs portfolio has been vast and highly influential. Prior to taking up the Cultural Advisor and Counselling role with the Bouverie Centre, in 2023, she has held Senior positions within both the Aboriginal Community Controlled and Government sectors for the past 35 years. These roles have included Victorian State Training Manager of the Aboriginal and Torres Strait Islander Commission, Senior Aboriginal Advisor with the Office of Women's Policy, Executive Manager of Rumbalara Family Services Shepparton, and State Engagement Advisor with knowmore Legal Service.

### FROM THE CHAT

*"Beautiful work Julieanne in such a dynamic responsive and collaborative way. It reminds me of co production/ Co design principles/"*

*"I trained a peer support worker who had lived experience of child removal and reunification and supported other Aboriginal people to reunify with their kids. I'd love to see more Aboriginal peer support programs."*

*"Every community needs Julianne in it to make things work."*

### PRESENTATION

**Understanding the needs of Aboriginal Kinship Carers. This is about all of us.** Julieanne shared the highlights of her career which have been empowering Aboriginal people to take on leadership roles within their Communities, establishing core resources and critical supports for Aboriginal Kinship Carers, identifying opportunities for Aboriginal people to be self-determining in programs which are most appropriate to them, their families and communities. Julieanne is dedicated to building partnerships and connecting people up and addressing barriers to access.

### RESOURCES

Links to the organisations and programs shared in Julianne's presentation can be found in the Value Add section on page 21



# SESSION 6

## SHARING OUR WISDOMS



### PROFILE

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**Interactive session - Sharing our Wisdoms and Ways of working in a changing Mental Health Landscape** - Jacqui Hill and Kelle Reid, Workforce Development Coordinators, CMHL. Breakout rooms facilitated by CLEW forum Working Group, CLEW Leadership Team and CMHL staff.

### FROM THE CHAT

*Would have loved more time for these wonderful discussions...great ideas...*

*Agree - I love how diverse the lived experience workforce is. Rather than just health/allied health fields often Lived experience has come from totally different fields and brings diversity in thinking the workplace*

*"Such richness in our conversations."*

*"I hope our new members feel as loved and supported. We are so grateful that you have joined us."*

### WORKSHOP

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Firstly some context - from the evaluations of the CLEW Forum 2022 we heard that connection was important, information sharing was important, practical skill development was important - given the limitations of online environment, the working group shaped this session off the back of this feedback and ambitiously aimed for Basecamp on steroids!

Participants were offered a series of opportunities via breakout rooms to chose 3 topics that interested or challenged them:

Breakout room/Padlet topics:

1. Resources for our work
2. Staying in the Family Carer lane - recognising peer drift and managing the boundaries
3. Coming from the heart & caring for the heart
4. The small griefs - working with feelings of happiness, joy and grief.
5. Leadership and mentoring (inclusive of Supervision & Reflective Practice)
6. Finding our voice - elevating the family/carer voice in advocacy and reform

It was slightly messy to start with - the wild west of breakout rooms - but we all leaned in and enjoyed the conversations and connection.

### RESOURCES

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Links to image of zoom [whiteboard](#) and padlets can be found in the Value Add section on page 21

# AFFIRMATIONS & GLIMMERS

YOU DESERVE  
ALL THE  
GOOD  
THINGS

## PROFILE

Amanda Pockett is Family Carer Consultant. ELMHS, Monash Health. Amanda is a certified meditation, Hatha, Chair and Yin yoga training. Amanda believes we can all find moments to 'be present' or 'in the now' when we focus our attention-even for a few minutes- on moving our bodies and using our breath. Kelle Reid, Workforce Development Coordinators, CMHL

## FROM THE CHAT

*Thanks Amanda, I am relaxed and calm and embraced that."*

*"I love the way some street art puts a smile on my face, and the if I look around and watch others and see their smiles too...that's happy moments right there. Tx for reminder."*

*"My happy place is the beach."*

*"Love glimmers, one of many things I'll be taking away with me today to practice daily...thank you."*

## ACTIVITY

### Affirmations and Glimmers

Affirmations - positive affirmations are an easy and powerful fun tool that can help us build and maintain our well being.

In this quick and easy session, we will help you chose an affirmation that works for you and together do some easy breath work using our chosen affirmation.

Have you heard about Glimmers? Glimmers are the opposite of triggers. Glimmers are small moments that spark joy or peace, which can help cue our nervous system to feel safe or calm. This mindset shift can make a positive impact on our health and well being. During the session, participants were encouraged to go Glimmer hunting, then sit with their Glimmer for 30+ seconds and turn their Glimmer into a Glow.

## RESOURCES

'Breathe it in' by Beautiful Chorus on spotify [here](#)

Find out more about Glimmers [here](#) on [tiktok](#) and this [magazine article](#)

# SESSION 7

## LEAPFROGGING INTO LEADERSHIP

### PROFILE

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**Panel - Leapfrogging into Leadership - navigating the stepping stones towards leadership, advocacy and reform**

Bliss Jackman and Jan Holt facilitated questions to the panel from members Violette Peterson, Dr Caroline Lambert, David Neef, Kate Bristow and Lisa Casaceli and they shared with us how they navigate the stepping stones towards leadership, advocacy and reform.

### PANEL DISCUSSION

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The panel were asked to discuss the following questions:

1. How have you leaned into leadership?
2. Traditional leadership speaks to power what are the pros and cons?
3. Everyone has a personal leadership style - how has it evolved?
4. Do you have any tips and tricks for surviving and thriving?
5. What are your hopes?



### FROM THE CHAT

*Power in the absence of accountability and transparency is NOT leadership."*

*I am excited at how large our Carer LE Workforce has grown and today showed the level of passion everyone brings to their work!*

*How we can nurture the emerging leadership in our workforce so we don't have to leapfrog. We can develop into these leadership roles.*

*Serendipity and stumbling are all valid ways of moving forward."*

# FROM THE CHAT...

(We) walk alongside carers, listen without judgement, reassure them that we have been through a similar experience.

I think recognising that leadership sits differently in different spaces and having respect for that in giving airspace to that - wouldn't want to be in a Director position at all but want to be listened to and empowered in those spaces.

Interesting that most do not understand our role or that we may have ongoing carer roles not "lived" this highlights the need for flexible workplace arrangements to support workers who are still in an active caring role.

Our values shows the collective principles we work from, what's important to us and how we act, (how we) want to be seen and how we carry ourselves.

(Working in the) LLE workforce provides more opportunities for people who experience poverty through education and employment disruption and I love this and never forget this.

We are not translators, however I relate to that we are interpreters- for carers, for clinicians, for fellow LEW, Deconstructing and explaining acronyms, clinical language, different roles, how things do work currently, whilst looking out for how things could work. It can be a lot.

Our lived experience as our expertise is a challenging transition to make in workplaces.

Peer drift occurs in many ways. LE practice has many strengths and balancing power and working toward what we want instead of accepting what doesn't work are just two.

Mother blaming is still rampant. Along with families in general, caring predominantly falls to women, particularly Mothers.

One of the other challenges is the EBA doesn't really allow for Leadership growth in roles that enables pay levels to reflect role expectations.

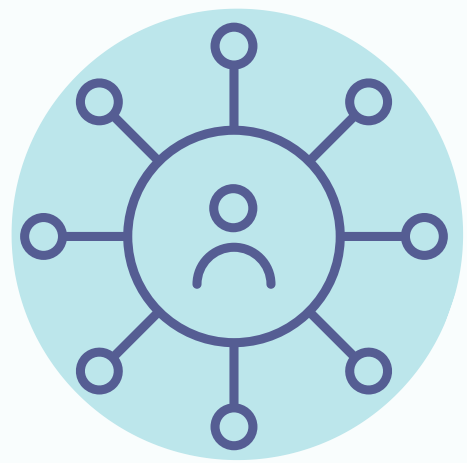
We are superheroes of caring. We are caring for colleagues, We work towards sustainability of our disciplines. We provide Outreach and advocacy.

Really well said Mary it's a bit of a strange space to be in, in a lived experience role and identifying with our LLE colleagues in the sector, but also working for the government and not being viewed as part of the sector.

(To Mary O'Hagan and Fiona Patterson) Interesting how you find yourselves being bridge makers too at the lived experience branch. It must be a sign that we are all really are building bridges and formulating new frontiers for well-being and mental health care for all.

Quality leadership and power don't always coincide of course. I certainly think there are ways to do things differently in a consensus manner rather than a hierarchical system. First Nations thinking can teach us in this space as well.



# VALUE ADDS



- **Link to the spotify playlist**
- Link to [Rising Together](#)
- Links to websites:
  - [CMHL](#),
  - [Tandem](#)
  - [Dept of Health LE](#),
  - [Basecamp](#),
  - [Sharc](#),
  - The [Bouverie Centre](#)
  - [Rumbalara Aboriginal cooperative](#)
  - [Aboriginal and Torres Strait Islander Lived Experience Centre \(Black Dog Institute\)](#)
  - [Djirra - Sharing Stories, finding solutions](#)
  - [ACCHO \(Aboriginal Community Controlled Health Organisations\)](#)
- Mental Health and Wellbeing Act [handbook](#)
- Lived Experience Digital [library](#)
- Some useful information around the Mental Health and Wellbeing [Locals](#) and Family Carer Led [Centres](#)
- **Session 6, Sharing our Wisdoms and Ways of working:**
  - Link to copy of Zoom whiteboard [here](#)
  - Copy of Padlets (the same documents are also included on pages 22-24):
    - [Learning Together - Resources for our work](#)
    - [Learning Together- Staying in the Family Carer Lane](#)
    - [Leaning In - coming from the Heart, Caring for the heart](#)
    - [Leaning In - the small griefs, working with feelings of happiness, joy and grief](#)
    - [Leading The Way - Leadership and mentoring](#)
    - [Leading the Way - finding our voice](#)

# SESSION 6 PADLET 1

Padlet  
Jacquihill + 2 + 2mo  
1) Learning Together - Resources for our work

Key touchstone Doc's National	Key touchstone doc's State	Key touchstone doc's Workforce	Key touchstone Orgs & Services	Where do we refer?	Tips and tricks - what has helped you in your work?
<p><b>new (2022) mental health act</b></p> <p><b>Cert IV in mental health peer work</b></p> <p><b>OCP - working together with families and carers</b> office chief psychiatrist</p>	<p><b>new (2022) mental health act</b></p> <p><b>Cert IV in mental health peer work</b></p> <p><b>OCP - working together with families and carers</b> office chief psychiatrist</p>	<p><b>Mental health LE capability framework</b></p> <p><b>carer workforce strategy</b> informing what is in the scope of what we do</p> <p><b>carer life course framework</b></p> <p><b>resources about non supportive carer environment</b> in addition to family domestic violence. differences in approaches by members of the family to the care</p> <p><b>Rising together report</b></p> <p><b>Carer supervision framework</b></p> <p><b>Our futures report</b></p> <p><b>mental health act</b> understanding how the act relates to family carers and supporters</p> <p><b>carer supervision framework</b> the underpinnings of the ways we work</p> <p><b>Discipline specific framework</b> Project completed end 2024</p>	<p><b>migrant resource centre</b></p> <p><b>24/7 services</b> 1800RESPECT LIFELINE MENSLINE BEYOND BLUE</p> <p><b>askizzy</b> Askizzy is great website to refer to as it is a database that is very specific based on search requirements and locations <a href="http://www.askizzy.com.au">www.askizzy.com.au</a></p> <p><b>Relationships Australia Victoria</b></p> <p><b>Bouverie Centre</b></p> <p><b>Carers Victoria</b></p> <p><b>carers gateway</b></p> <p><b>Tandem</b> access and support line</p>	<p><b>SEPHN</b> here is the link in chat: <a href="http://www.semphn.org.accessandreferral">www.semphn.org.accessandreferral</a></p> <p><b>eating disorders vic support groups and resources</b></p> <p><b>semphn</b>   <a href="http://semphn.org.au">semphn.org.au</a> Access and Referral <a href="https://www.semphn.org.au/access-and-referral">https://www.semphn.org.au/access-and-referral</a></p> <p><b>alfred health carers</b></p> <p><b>family carer led centre</b></p> <p><b>financial conellers VIC</b> have new program specifically for carers</p> <p><b>emhprac</b> resource of huge range of digital resources and apps Prints out a fact sheet of range of online resources</p> <p><b>local councils</b></p> <p><b>community houses</b> art, craft computer</p> <p><b>community services</b> provide - financial supports</p> <p><b>accessible psych interventions program</b></p> <p><b>Carer respite</b></p> <p><b>Community information services (locally)</b> for supports around- fina</p> <p><b>Carer support groups</b></p> <p><b>headspace fc peer groups</b></p> <p><b>parent zone</b></p> <p><b>Carers gateway</b></p> <p><b>Caers vic</b></p>	<p><b>Keep a carer guide folder of resources and add to it</b></p> <p><b>Carer Support fund</b></p> <p><b>diverse workforce</b> Very helpful to employ FC LE workers from a diverse workforce with many varied skills and perspectives</p> <p><b>working with Carer Consultant</b> new FLC peer working has found working with a carer consultant has been a great human resource in the work</p> <p><b>Gap identified - map of all the services</b></p> <p><b>single session family consultation</b></p> <p><b>challenges as new worker</b> not having worked in medical sector before eg - what is required in hospital environment such as documentation</p> <p><b>discipline specific training</b></p> <p><b>Standard 2 - partnering with consumers and carers</b></p>

# SESSION 6 PADLET 2

:Padlet

Jacquihill + 2 + 2mo

## 2) Learning Together - Staying in the family/carer lane

### Key touchstone documents - Workforce

#### Have meetings - to establish scope of practice

#### Asked to do things outside scope

Every week re-establish the boundaries to maintain fidelity to the FC work

#### Boundaries

Boundaries is about having open, respectful conversations with your team or people asking you to do something that isn't part of your role. I always explain my lived experience and if something is outside of that I would say that.

#### Allies - who are they

Social Workers

#### Not knowing what the line is between SW and FC

Do we hand out resources?

#### Being trained by Carer Consultant rather than Peer Worker

Need for bank of position descriptions.

Problematic PD's that just specify LE

### Key Family/Carer LEW Frameworks

#### FC - boundaries

- working out of hours  
- moving into areas out of scope - greyness somewhat enables moving out of FC lane.

#### The Framework will be essential to providing structure

### Key Family/Carer LEW Research

#### Understanding carer experiences in public mental health services using carer peer support data

: Annette Mercuri, Jennifer Burton, Anna Epifanio & Peter McKenzie (2022): Understanding carer experiences in public adult mental health services using Carer Peer Support data, Advances in Mental Health, DOI: 10.1080/18387357.2021.2020142  
To link to this article: <https://doi.org/10.1080/18387357.2021.2020142>

### Key Family/Carer LEW resources

#### Guidelines from the Mental Health Commission

One of many good resources to be able to refer to push back against role drift and create role clarity is the national peer guidelines - <https://www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines>

#### Less about the resources but how you use it

In terms of providing resources, I've always believed it's less about the resources but how you use it - and more or less working within the principle of doing with rather than for. So it's not appropriate to provide a resource and say go read it and ask any questions if they come up, but going through them and using them as a starting point for a discussion, and using that as an opportunity to build the peer relationship.

#### Non-designated LM wanting to pull FC into Clinical Space.

#### Carer Specific Supervision

- not clearly defined roles of managers and supervisors  
- right people providing supervision  
- LM and Supervision completed by the same person - not protected space  
- Community Health - not receiving Discipline specific supervision but started to receive external supervision

#### Charter of Human Rights

Does not necessarily support the carer voice or workforce

### Tips & Tricks - What has helped you stay in your lane

People should be able to feel safe to push back on trainings that are not appropriate for FC workforce

#### PT work - positives/negatives

The Change of Landscape and what parts do we pick up as helpful

#### Wary of the dual role and teasing that apart

Using FC Language rather than consumer language

#### Having each other's back - consumers

Knowing the difference and building allyship.

Acknowledging that any carer/supporter who steps forward is owed respect, beign heard, being supported in their caring role even when there's no sharing of info on a consumer, even when consent to share info is present or not

#### Use clinical language in order to fit in and be accepted

#### Asked to write your position description

Make the role your own

#### Lumped in with consumer peer work

# SESSION 6 PADLET 3

Padlet

EXCURSION • 12 • 2020

## 3) Leaning In - Coming from the heart Caring for the heart

### F/C work - bringing the heart to work in safety

**Authentic and purposeful sharing**  
Maintaining the authenticity of our sharing, but protecting ourselves, and not sharing too much.

**Working from the heart can be draining and navigating this can be instead of sharing specific story you can share challenges and empathy. It is hard in a bed-based facility. Opinions of families can be hard to hear and have to advocate on behalf of. Introducing compassion into the space when people are desensitized and only focussed on consumers. We are the only people who see the full picture.**

**Protecting yourself in small office spaces when you hear disparaging opinions of carers and speaking up on their behalf. This can be so draining. Not having a safe space whilst sharing, colleagues and leadership can allow others to judge you or look down on you. Less sheltered workplaces can be unsafe.**

**Protecting our hearts while leaning into healthy relationships with colleagues. This fosters safety.**

**Story can be diluted and be less from the heart if we don't have safe boundaries.**

**Respectfully sharing experiences of delineation between home and work**

**Treat yourself the same way you treat the person you're helping - you have a duty to look after yourself**

**Treat others the way we want to be treated.**

**trust**

**not having to explain ourselves**

**Sometimes we can be taken by surprise by a question or sharing when it makes things hard in our own journey. Being self-aware is a key to managing this. It can also be a foundation to grow from.**

**Recognizing that the traumas and challenges we experience and then needing to share in our roles can be very hard to deal with. It's important to recognize or name this. Maybe seek help. Acknowledge and take time for self. This is critical for well-being.**

**For clinicians to understand our role this is needed for safety.**

**Is it safe to be vulnerable? IPS training speaks to purposeful sharing.**

**Permission to share is a powerful agent of safety.**

**Rural vs Urban is a factor for safety too. Small communities know a lot about each other. Cultural groups too are very close.**

**Recognize if we are oversharing and what intentional sharing means. This takes practice.**

**Know when to contribute and when to protect your heart.**

**Others can take away the safety by their words or judgments.**

**Know your audience**

**Being open and respectful of others to foster safety**

**Connection is the foundation of our work. To build from this and how do we create safety in the carer space?**

**Respect and is it mutual?**

**culturally safe**

**Safety means different things to everyone. Who is safe to share with?**

**Being authentically you!**

### What is needed from the workplace for your wellbeing

**Need more appropriate language. Being the "crazy" mother.**

**Clinicians get care but we are left to our own distress or need. Having to speak up is hard and hurtful.**

**Psychological safety**

**Safe time and place for debriefing after peer work**  
Expectation to set up safe people to debrief with after doing peer work when needed. Or being able to say no to outside hours peer work if debriefing is not available.

**Not hearing the same story over and over.**

**Other people recognizing your need for support or space is incredibly vital. Authorized care is valuable.**

**flexible workplace arrangements**

flexible start and finish times  
ability to work from home  
ability to work around caring and parenting (ie working school hours or ability to change days to fit around appointments)

**Flexibility for carers in workforce like there is for consumers.**

**being able to share with colleagues when having a hard time due to carer contact, etc. that can be triggering**

**Do no harm. Don't let ourselves sink during the course of our work. Services need to protect and support this. Role modeling is also so important for supporting others as well.**

**respect**

**Being able to not accept a referral if it is detrimental to our own wellbeing.**

**Develop some words to use when you have to make the decision to not share something that we have been asked - due to it being too hard to discuss/share at that time.**

**The ability to sometimes work from home is very healing for some of us. Team bonding is important too but choices are always good.**

**time for reflection**

need to have time between meetings to reflect and mechanisms for reflection

**Building connections and knowing others outside of just work. This builds authentic connections. Casual relations can allow for this.**

**A safe and private space in which to have conversations with Carers**

**Supervision and recognition of your lived experience.**

### Tips Tricks for personal wellbeing

**Adding breaks into calendar, including reading emails and work...and keeping a record of everything you attend to review just how much work you are doing so you can re-evaluate and get support if it becomes too much**

**Seeking out resources for more training and support.**

**"I am mum, I am home, I am love" to have a good distinction between work and home.**

**Find your tribe or a tribe**

**Do be able to delineate our personal selves from our professional selves. Taking home emotionality of other can be very draining. Leave work at work if possible. Home can be a sacred space. Staying away from emails and work when home.**

**treat yourself the way you treat others**  
with the same kindness and consideration

**make time to process things, during the work day**

**Walking out of the office for a bit or make phone calls from the car.**

**journaling - reflecting on where I am sitting within myself, includes gratitude practice and self-love**

**mindfulness**

**Self-compassion reminds us to not kick ourselves when we aren't at our best or things go wrong.**

**meditation**

**Letting go**

**exercise**

**Self care routine**

### What is available in the workplace for your wellbeing

**consistent catch ups with supervisor, teams and management**

**Working from home for better home work life balance**

**Lunch room with colleagues to engage with in connection that demonstrates our humanity.**

**A community of practice**

**being able to take time out to sit quietly, or go for a walk**

**A generous kitchen with many tea and coffee choices (and biscuits)**

**Quiet room (warm, cosy, private space for those who need a place to centre themselves during the busy days)**

**EAP**

**Reflection**

**Debriefing**

**Supervision**

### What is needed from the workplace for your wellbeing

**Privacy**  
Private space for carers to have safe and private conversations with CLEW

**Strong human resource policies**

**supported work and home life balance, managing time to ensure you don't become overwhelmed or taking on more then you can and when to stop and take the break needed.**

**Safe to say no (when being asked to do lots of 'extra')**

**That you have access to the resources that other disciplines do**

**ability to be autonomous**

**having the space to step out when need to**

**other staff recognising that everyone's self care is individual**

**support for physical wellbeing**

discounted gym membership  
access to dieticians  
partnership with health insurers perhaps or local councils and local businesses  
eg my partner's work gives employees and their family members two free swim sessions at the pool they also sponsor free yoga for the community.

**wellbeing spaces**



# SESSION 6

## PADLET 4

Padlet

Jacquihill + 4 • 2mo

### 4) Leaning In - The small griefs - working with feelings of happiness joy and grief

#### Our wild heart backpack - packing mindfully for our daily work

creative outlets - identify and use what works for you

The vulnerable hangover!!!

recognizing the joy and elevating the wins

challenge of being in our personal caring spaces and having to be at work

Take time to process emotions

seeking mutuality

have awareness and feel the things that are coming up - setting off an alarm to be mindful

small rituals can be comforting - sometimes if am feeling overwhelmed by feelings - not sure where to go with them - particularly when there is other work things you have to deal with - making a cup of tea - or coffee - or going for a short walk - just shifting and anchoring differently .....

its okay to feel what we feel - and not try to change it internally- allow it to flow through

trauma and grief are parts of our individual and collective stories - forever

#### Toolkits for understanding the wild heart

Managing the vulnerability - Checking in with colleagues around how did that land for you?

stress bucket analogy

co-reflection spaces every week for an hour

best to out the feelings - not bottle them in - because those feelings will out themselves

self reflection/ curiosity and honesty and keeping it real

Think of someone you would admire and reflect on choices

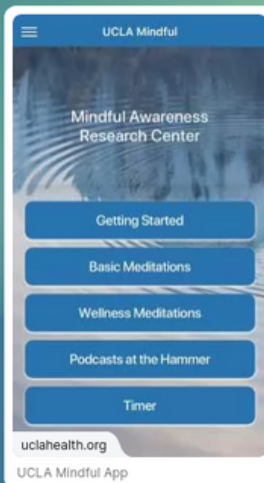
discipline specific supervision

not allowing "it" to linger

checking in with myself

debriefing - talking it out

#### resources -



Mindfulness- what can I see, what can I hear, what can I smell, what can I touch or feel, what can I taste?

be kind to ourselves

Team huddle daily - weekly

Team plans - being able to feed in to the teams to celebrate the successes

wellbeing plan that was transparent with manager etc

going for a walk - creating space to allow the flow

#### Protective factors - tips and tricks

co-reflective spaces - weekly with peers

using the quiet times to plan and train and educate

its a long game and its very relational

some stories for carers only - not to be shared with Services

If you have to put on your superperson cloak to go to work then that's not okay and also not your responsibility to deal with on your own - the service holds responsibility here as well

challenge of being part time

what helps when having a bad day or just an emotional day

separating home from work both physically and emotionally

allowing the choice around workload - prioritizing work and self balance

#### challenges

systemic and leadership roles still require space and time to reflect (during work time)

less control over time and calendar when working in teams or having to book in meetings with multiple people added to the pace of reform and short timeframes for complex work

how to drum up business

differences between people in direct peer work being able to engage in debriefing vs people in systemic roles where the environment is different

Holding a lot of trust of peoples in these spaces - can be a lot

The vulnerable hangover - how do we manage the sharing of our LE stories and the feelings that arise

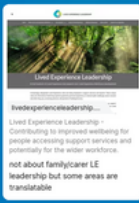
that dreadful overwhelming feeling - how to manage these feelings

not being properly supported in the workplace - feeling like you need to put forward a different version of you on the day

Personal crises dont fit with 9 to 5 workplace

part time work in full time environment

Key documents in understanding LEWs Leadership



Key resources/trainings supporting LEWs leadership growth

Carer perspective framework

DH grant to help LEWs access leadership training

Research Groups eg FaCRAN and FCWRN

Advocacy of organisations in reform  
Tandem, VMAC, CMH, advocating to have at least 2 LE in workshops, meetings, projects

Communities of Practice



lets lead

Lead Experiences Translational Leadership Academy (LETLA)

Lead Experiences Translational Leadership Academy (LETLA)

Lead Experiences Translational Leadership Academy (LETLA)

accessing further study opportunities

Undertaking further studies and having an academic mentor

Informal mentors invested in LEW growth

Carer Perspective Supervision & Training



supervision via accessing supervision program has been invaluable

Tips & tricks - what has helped you lean into leadership

Absorb and analyse information that you hear or read

Getting comfortable with speaking up and educating other staff about the importance of Carer engagement and inclusion, and of LE perspectives to improving recovery-oriented service delivery

The service committing to a formal structure for LEW is essential. Pathways and opportunities.

Intentionally seeking out training opportunities or opportunities to speak up at and put myself forward for working groups and committees

ask as many questions as you like - there are no silly questions. Actually silly not to ask

Co-reflection opportunities with other Carer LE leaders

Building relationships is a key skill that is so important.

Formal supports have included supervision (although I'm not receiving Carer discipline specific supervision, and feel this would be really helpful); postgrad study and scholarship support is also helping me;

team building exercises

being mentored by a more experienced CLE leader - not being left to sink or swim

what has supported my leadership growth: training and supervision; networking with other CLEWs and LLE workers; being given the opportunity to act up into a leadership role; being prepared to have a go and put myself out there

building relationships with colleagues, especially those who hold roles opposite to yours

Intentionally seeking out new and diverse perspectives

Seeing others step into the space

Training in public speaking

Remembering that your role is to advocate and be the voice of families and carers and never have to apologise in clinical settings for doing your job

Growth  
Get use to being in times of discomfort as this is where the most growth occurs. Challenging spaces call on you to grow to meet the challenges

energy input into self growth

Building confidence

Reaching out to Family/carer leaders to ask questions

connecting with the broader workforce

networking

Mentor  
Seek out a Mentor aside from a supervisor which can be via external/independent sources. Where you can be authentically yourself and also be gently challenged to grow and develop yourself personally and professionally

Attending other Forums like Themes and also growing guest speaker skills

desire to grow systematically

Realising that their is great need to support each other

Creating own pathways  
Looking for opportunities to create own pathways. Taking the initiative to create a meeting point for emerging leaders to share learnings and talk about barriers to progression

Networking with LE Workforce

Say yes to opportunities and keep turning up to events to build "bigger" connections

Learning both systemic work and peer helps support growth and building skills in leadership

family/carer LE supervision

Supportive colleagues/managers/mentors & supervisors

Attending CLEW Forums and regular meetings to learn and grow

Challenges - what are some barriers to leaning into leadership

Professionalism and governance training - don't know if I am adding something, but I do wish there was something similar for CLEW to what VMAC offered Consumer peer workers.

Having varied skills and attributes acknowledged and recognised, may not be appreciated

Feeling 'stagnant' and a loss of passion, feeling unappreciated and unsupported

Completing a leadership course/training is very helpful but expensive and services don't often fund these for LE workers

Giving too much  
Taking lots of opportunities but not all are valued. Being asked to help others and wanting to please!

no leads in your area

a challenge is that your own organisation may not recognize your leadership as much as you would want. It would be great if there is a pathway to step up after senior peer role and help to learn new skills

Being solo and new to carer LEW

What do I need: discipline specific supervision-- this would really help; being part of a LE leadership network would also be helpful, both in terms of support and mentoring but also to feel more connected; being part of a CLEW community of practice that meets regularly

Lack of belief in own ability/skills

not having a leader that values all contribution and contributors

Public health EBA - mid-level LE roles not identified. Consultant levels too low and descriptions unclear

not having good leaders to model

Clarity around training expectations for career progression

Lack of access to LE peer mentors

Lack of authorising environment - leading without power

Working in a very part time role

Not being recognised for providing mentorship but still being expected to do it.

Not enough time

not being valued in your workplace

Lack of support from manager

learning to have a good life work balance and not just advising others to do what you're not doing for yourself because you feel you don't want to say no to things

Distance!  
Living rural and a lot of Leadership Roles are in the city

Remembering you are an expert in your own field and don't need to hold a paper degree to stand strong in your voice

funding for training that's not university eg Lets Lead

Funding for the carer leadership positions is on hold while deputy director and codesign and coproduction director positions are filled

Imposter syndrome and self-doubt

lack of specific training for family/carer LE leaders

managers that are unsupportive

Limited opportunities in the organisation

small carer workforce causes loads of gaps needing to be filled and potential inability to focus properly on leadership to meet frontline need of carers

Family carer sensitivities to others

Sometimes family carer advocates express not being able to fully voice their concerns because of holding the space for other perspectives

agreed  
balancing allyship and family/carer leadership and voice

Other

A high need for mentors

Definition of Leadership - having much more than just a 'lived experience' - how is that recognised and/or appreciated within the space in which we work

cmhl could put more into giving more about leadership

Developing a better structure and pathway for moving up into leadership roles

Take a genuine interest in your team.

Saying yes to all training offered.

Seek Redress/Accountability  
As change makers this is important

speak up to difficult conversations

Value your voice and speak up where you feel you need to. Get support to debrief and process events that can be de stabilizing.

# SESSION 6 PADLET 5

# SESSION 6 PADLET 6

## 6) Leading the way - Finding our voice - elevating the family/carer voice in advocacy and reform

### Key documents family/carer reform & advocacy

Service delivery guides

Chief Psychiatrist's guideline on working with families/carers

National Lived Experience Development Guidelines

Human Rights Roadmap, Castan Centre (Monash)

Chief Psychiatrist's guideline on working with families/carers

National Lived Experience Development Guidelines

Evidence of what we have been doing doesn't work What is best practice?

Carers Recognition Act 2012

Carer recognition act

Relational Recovery

Relational recovery, beyond individualism in the recovery approach. [researchgate.net](https://researchgate.net/publication/318411111)

Royal Commission recommendations

Our Future report

Rising Together

Rising Together report web final

[https://cmfhs.org.au/sites/default/files/2018/07/RisingTogether\\_report\\_web\\_final.pdf](https://cmfhs.org.au/sites/default/files/2018/07/RisingTogether_report_web_final.pdf)

### Tips & tricks - individual voice in systemic advocacy

Advocating for carers in a consumer dominated environment

There are more consumer workers than carer workers, and the consumer is the reason we get engaged. I often hear about the need to explain our work to non-LEW folk, how do we advocate carer to a consumer-dominated environment? The consumers (may) have the more complex issues to deal with, but the consumer side deals with one person. There may be multiple carers involved. They may or may not cooperate with each other and may not be uniformly helpful. Some may have their own mental health issues. So carer work has different complexities from consumer work.

Co-design and co-production and carer led innovations

Don't always be in defensive and justifying space

Medicalised psychiatric system doesn't work - admission that system has failed. Don't always know the answers, together we can find them. Creating spaces for innovation.

How does a person's personality affect advocacy?

Some people may feel less comfortable, acknowledge that sometimes you need to develop these skills - seek support/training. And allowing yourself to have times when you need quieter space.

Important to learn about your own skills/strengths and lean on these

Educating the Clinical Teams

Starting conversations on how to best engage with the carer lived experience team in the service so that the CLT perspective is included from the start in any service improvements or developments (rather than as a token input at the last minute).

Be seen - speaking up in front of a group can promote support and validation of our role.

Take the opportunity to make presentations or join in public discussions within the workplace.

Find allies

Trying to establish a voice more than tokenism but not quite troublemaker

Find a tribe

Not being afraid to break out of the box. Push the envelope in respectful and appropriate ways. Representing a voice that's not in the room and needs not heard, ultimately may have a detrimental effect on consumer. Knowing how to escalate and not being afraid to escalate.

Educating clinicians

Families can have a voice that is independent from that of the consumer and not necessarily a conflict of information sharing/privacy.

Representation and speaking up

Whilst it may be challenging - remind people in meetings that we are representing all families/carers and if don't say something failing them.

Sensitivity of messaging

When consumers in the room, being sensitive not to offend. Sometimes things not said and to detriment of family/carer. Idea: approach the chair after the meeting - I didn't have a chance to say...

Acknowledge that not always beneficial for family members to be involved eg family violence, but the opposite doesn't always occur eg other people within the family can be complex.

Idea: emotional violence either way, highlight relational.

participate in forums and research groups

Advocating for ourselves

I'm not just anything (carer, parent etc), I've earned the seat at the table and deserve to be heard.

Building relationships

With clinical staff and people you sit on executive with. Say 'this is what I'm hearing from carers' so not just one voice, sounds like a bigger voice. Don't be scared to repeat yourself.

Personal/collective story

When to use personal story, and how much to share, and when to speak from the collective.

Basecamp

Sharing on Basecamp - if people going to the same meeting, contact beforehand to strategize, work together.

Invited to committees/meetings

Go into the meeting with key 5 topics wanting to influence in that particular meeting. Look at who else is there so have collective voice - shared voice - working together eg similar language.

### Toolkit & resources for muscling up

<https://www.infoxchange.org.au/tags/ask-tzy>

infoxchange.org

Communities of practice

advocacy & education for carer work in the LEW workforce - not just to the clinical workforce

Training - share good stuff

A lot of training but no structures to share and encourage LE colleagues to take it up for shared language and understanding.

Basecamp

Ask the brains trust

Repository for evidence

CLEW will be having page on Tandem. Basecamp can hold documents.

CES survey results

See some of the negatives and things that need to be improved for carers, comparison to previous years.

Research

Being involved in and taking opportunities.

Familiarise with evidence base for Carer Lived Experience work - Rising Together, sustainability

Ensure evidence based approach for upper management and clinicians.

knowing family/carer rights

put forward solutions

Be a part of the solution by suggesting alternate approaches. Value your LE and the LE of others.

Curiosity around language use

Ask questions with curiosity about the use of language with may not be inclusive or respectful.

Royal Commission recommendations

Reinforcing the RC Recommendations

Difficult conversations

It's okay to raise difficult issues/barriers. In fact it's essential to effect gradual change and reform in meeting the needs of all service users.

Having a reflective space with a supervisor to gather our thoughts and plan of "attack"

Reinforcing the National Standards expectations

Case studies of particular situations

This is the scenario, this happened and here's the result - works with advocating.

research groups

Practical resource

Can be beneficial - speaking for families/carers/supporters - responding to compliments, complaints.

### wellbeing of self in f/c advocacy

Reflective space after CLEW meetings

Co-reflection/supervision

prioritise supervision if available

Journaling

Reflect back, show supervisor. Document positive comments.

Having a supportive manager/supervisor makes a big difference; someone who "has your back".

being courageous and knowing that if we think it, often others share the same feeling.

mindful of good work life balance and knowing when you start to feel overwhelmed

network with our peers

Self Care

Schedule/write down self care plan and recognize how impacting advocacy can be physically, mentally and emotionally. Honor yourself which role models to others.

Take a breath

Mindfulness

I don't always practice or do every day and let families/carers know that it's ok not to be able to do this.

Reminder to be kind to ourselves

Peer support