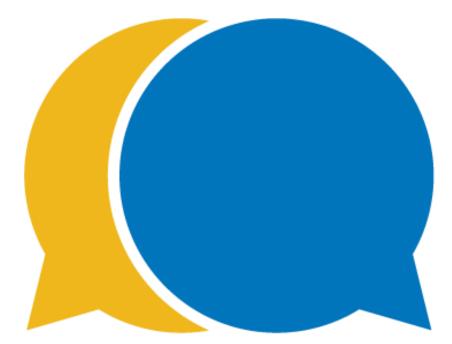
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Self Help Addiction Resource Centre

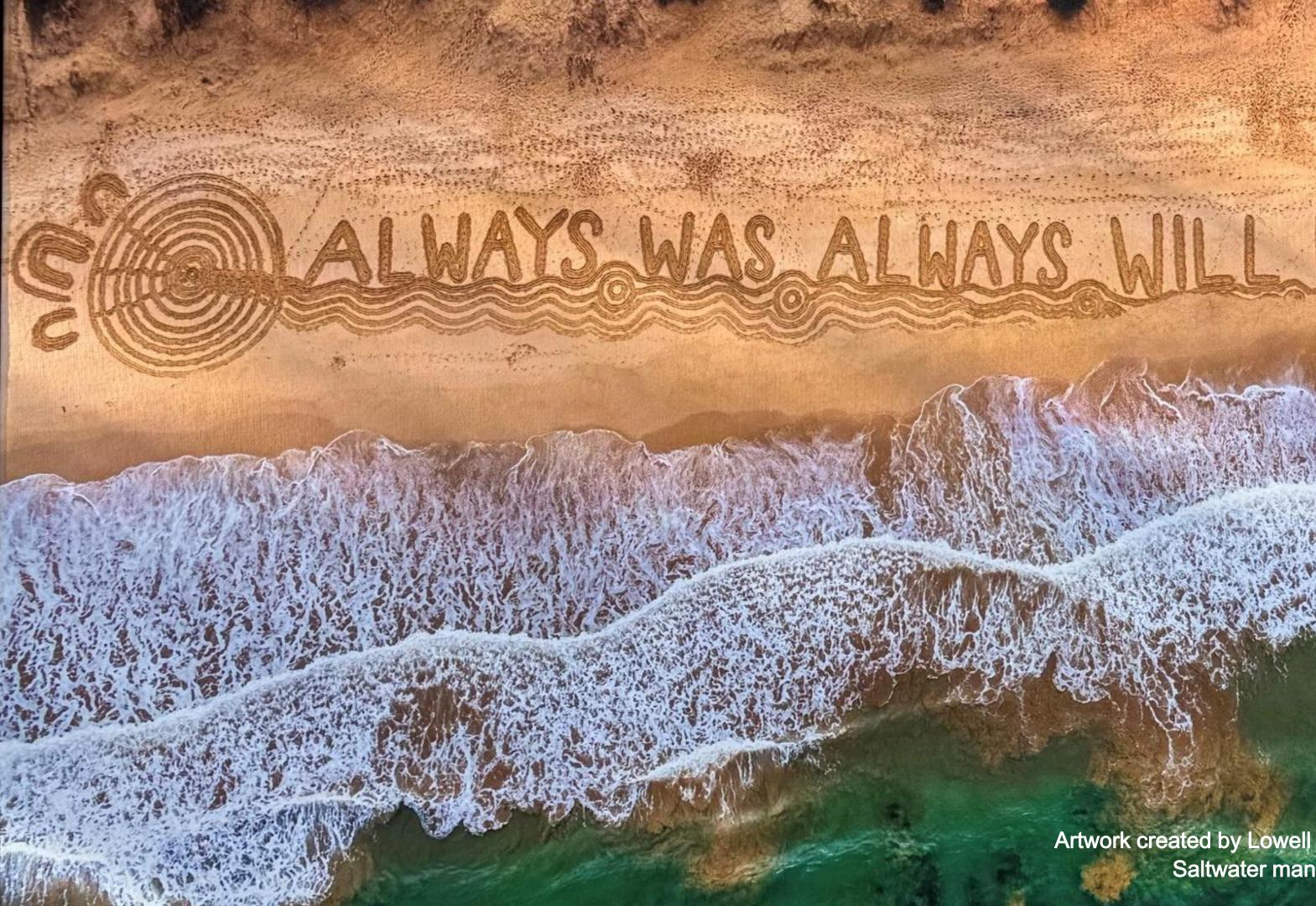


OCOR OF SHARC



ACKNOWLEDGEMENT OF COUNTRY





Artwork created by Lowell Hunter, a proud Nyul Nyul Saltwater man from the Kimberly's, 2024

LIVED & LIVING EXPERIENCE





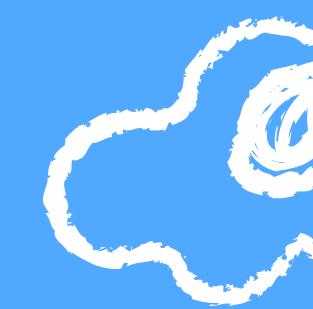
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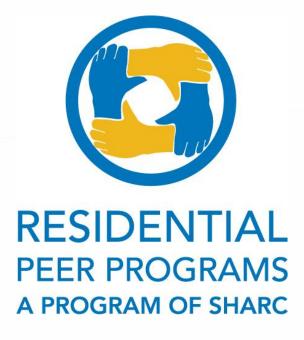
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PEEP PEODECTS

Peer Projects is Victorians lead agency for the AOD lived experience workforce development and a central resource for the states peer led activity. Peer Projects:

- Drives strategic direction for AOD lived experience
- Provides training and support for peer workers and organisations
- Employs and support of peer workers across sectors
- Provides discipline specific supervision to peer workers nationally across sectors
- Runs the Peer Mentors in Justice Program
- Collaborates with lived experience communities
 nationally and internationally



WHAT IS LIVED EXPERIENCE?

- Lived refers to a past experience of substance use and/or addiction
- An experience that radically changes a person's life and influences how they see the world
- For some, this experience includes a selfdetermined healing journey
- Often incorporates exposure to marginalisation, stigmatisation, criminalisation, and adversity

It is important to understand that the experiences, and impacts, are very personal and while 'how much experience is enough' is highly subjective, people with lived experience describe experiences that changed life as they knew it and took them on a different path from what they had planned. The experiences, particularly for people in personal lived experience roles also caused significant change to the way they viewed themselves and their place in the world. **77**

"

LOUISE BYRNE

THE UMBRELLA OF THE LLEW

***** Peer Workers (Direct LE or Family/Supporter LE)

LE Consultants – Advisory role, project work, policy development.



Executive LE roles – Managers, Team Leaders, Directors, Board **Members**

LE advocate/representative – direct advocacy role, campaign development, public speaking.

LE researchers and educators

Designated and non-designated roles (The Difference?)

Our values are illustrative of who we are, what is important to us and what underpins our work. They are born from passion, lived experience and lived expertise and provide a compass for the work we do today and the work of the AOD LEW in the future.

LIVED EXPERTISE

the knowledge and insights gained from life changing experiences provide a unique and invaluable expertise that can transform services, systems and communities.

EMPATHY

lived experience and lived expertise provide a pathway for relationships, where empathy, vulnerability and trust thrive.

COMMUNITY

the AOD Consumer LEW is part of a longstanding community movement. We are diverse but unified by shared goals.



LIVED EXPERIENCE VALUES

CONTINUED

PARTICIPATION

consumers have the right to participate in, partner and lead in decision making that affects them.

MUTUALITY

in relationship, we work from a basis of mutuality, minimising power imbalances, embracing opportunities for co-learning and encouraging selfdetermination.

EQUITY

we advocate for an equitable society where everyone has the opportunity to thrive, free from stigma and discrimination.

INTEGRITY

our practice is underpinned by integrity, strong adherence to values and ethical principles.

LIVED EXPERIENCE VALUES

d morky

'A peer support worker utilises their lived experience, plus skills learned in formal training, to deliver services in support of others."



Victorian Alcohol and other Drugs (AOD)

Peer workers provide non-clinical assistance; they utilise their personal experiences in a way that promotes understanding and fosters connection. Peer workers offer support to others who have shared experiences by:

- Sharing their personal experiences in a way that inspires hope
- Offering help and support as an equal, within a defined role; and
- Developing positive relationships that demonstrate the power and possibility of change

Facilitating authentic connections

MYTHS & MISCONCEPTIONS

There is no difference between peer workers & other staff that have personal experience of alcohol & other drug use

Peer support is for people working on their own recovery

Peers will be too fragile; they are likely to break down or relapse

Peer workers cannot work full time due to the level of responsibility and stress

Peers don't know the difference between friendships and working relationships

Peer workers uncover information about an individual receiving services to bring back to the rest of the team

An organisation needs to develop special policies for peer workers

As long as we're all invested in integrating peer support roles, and take all the right steps, this should be easy, right?

Peers cannot be expected to conform to usual standards confidentiality

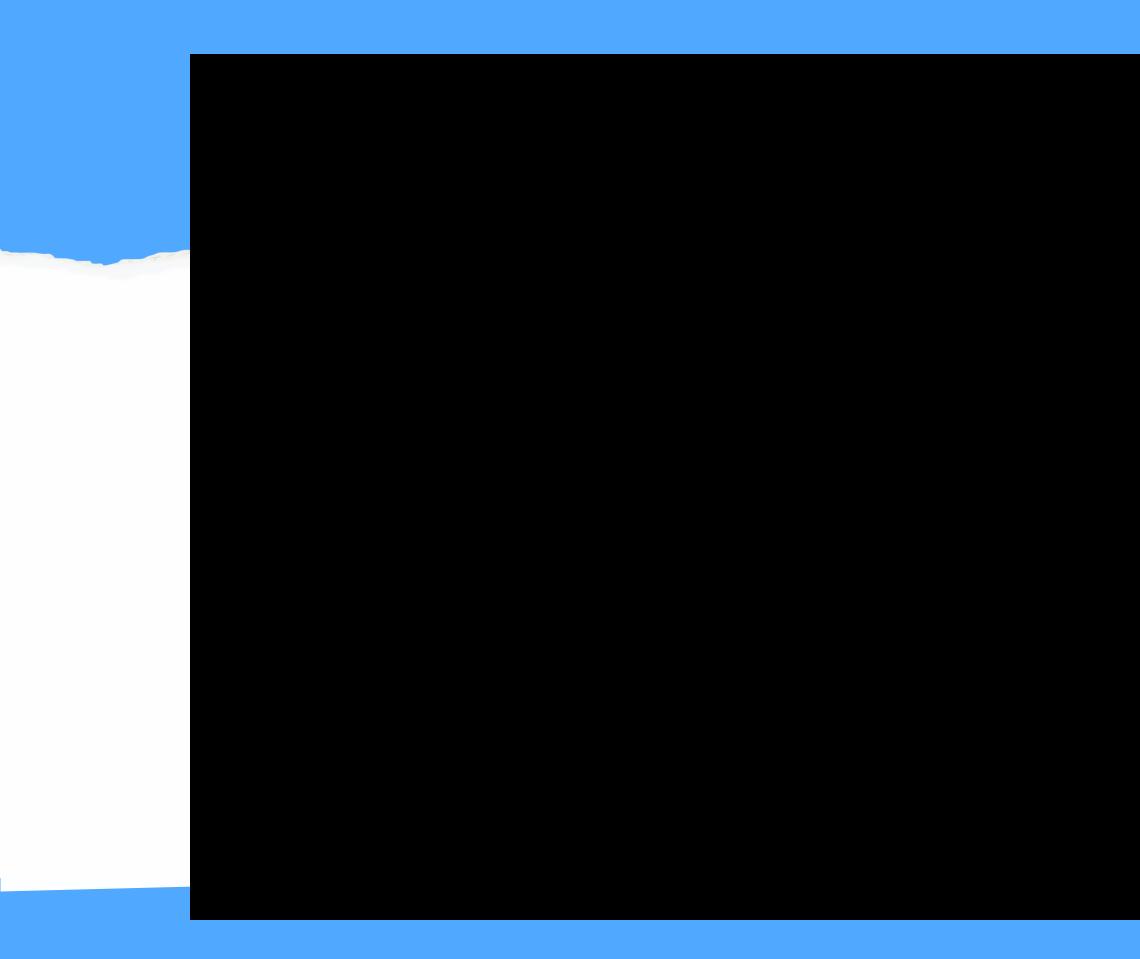
Anyone who has received alcohol and drug treatment will make a good peer worker

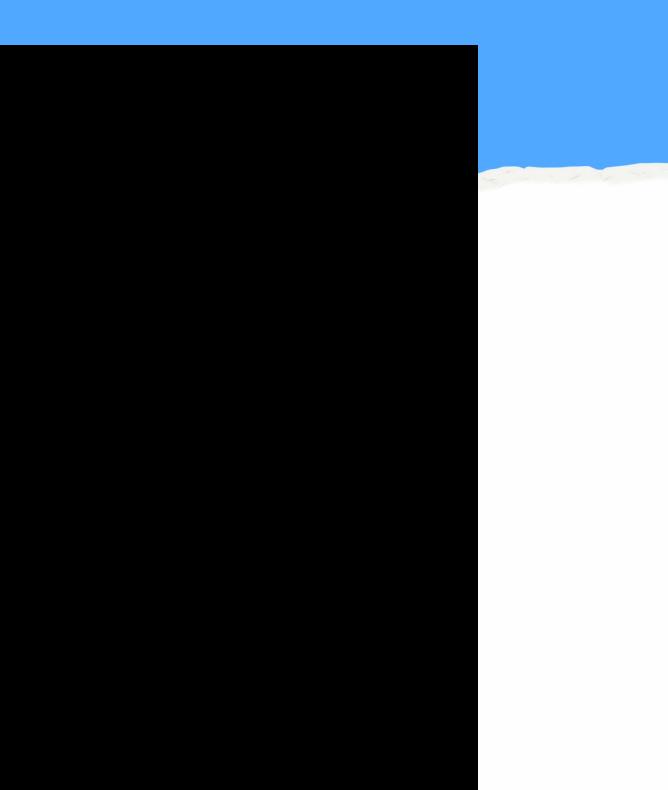


There are no boundaries in peer work

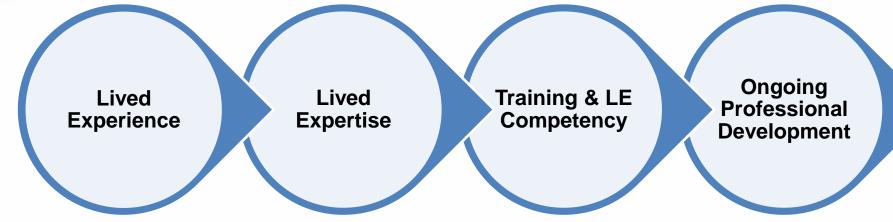
CUPIOSITY AND CONNECTION







LIVED EXPERIENCE TO LIVED EXPERISE



Personal experience past or present that radically changes their life and influences how they see the world

Knowledge, perspectives, insights, and understanding gained through lived experience

Formal training in peer work practice, guidance on the intentional and purposeful use of lived experience & training in competencies to work in formalised settings

Targeted training, both discipline specific and mainstream that enables a peer worker to operate in certain environments and deliver on responsibilities



Discipline Specific **Supports**

Ongoing learning, discipline specific supervision and engagement with the broader peer workforce community

BENEFITS OF PEEP WOPK

Benefits for people accessing services

Mutuality

Increased empathy

Foster a sense of belonging/ community

More equitable relationships

Lived understanding aids trust

Living example of hope

Enhanced rapport, connection and trust

Advocacy

Risk adverse approaches replaced by dignity of risk

Benefits for all

Increased hope and optimism Greater wellbeing and inclusion Improved culture for safe sharing **Challenges discrimination and** prejudice

Increased value of lived experience

Cor

Contribute to gre

'Bridge' of under

Contribute

Co-product

Adapted from Byrne, L., Wang, L., Roennfeldt, H., Chapman M., & Darwin, L. (2019). Queensland Framework for the Development of the Mental Health Lived Experience Workforce. Queensland Government. p.4





Benefits for organisations and colleagues

ribute to more person-directed services
ater recovery understanding/ orientation
standing between people and accessing rvices and colleagues in traditional roles
o more positive/ inclusive/ flexible work culture
ion leads to safer and more accountable

ENABLERS FOR SUCCESS

✓ Staff champions or LE leadership

Importance of developing a staff champion or lived experience lead within organisations to drive change

✓ Education for all staff

The success of integrating peers into the workforce is decided, in part, by the interaction a peer worker has with their co-workers

✓ Culture of wellbeing and inclusivity



BAPPIEPS TO SUCCESS

ROLE CLARITY

- Clear functions, tasks and scope of practice
- Difference between clinician and peer worker

PEER WORK AUTHENTICITY

- Emphasise, retain, and value the distinctiveness
- Remaining peer to peer

PEER DRIFT

- Using clinical language
- Discomfort in utilising one's recovery story
- Focus on barriers, symptoms and diagnosis

ROLE ISOLATION

- If a peer worker is not integrated into the team
- The only LLE worker in the service
- Unable to connect with other LLE workers

LACK OF A SHARED UNDERSTANDING

- Ambiguity for peer worker and other staff
- Everyone has a different understanding
- Utilised in non-LLE specific tasks

LIMITED CAREER TRAJECTORY

- Lack of opportunity to progress
- Lack of organisational vision •
- High turnover of staff





FUNDING AND FTE



THEIVING WORKFORCE



Stakeholders see the value of peer support workers

Peers thrive in their positions and add value for clients

Peer roles are welldefined and effectively recruited

Training and policy matches expectation of roles

Managers, peers and colleagues understand the role





BARELY SURVIVING WORKFORCE



Stakeholders see peer support workers as a liability

Peer roles are poorly defined

High turnover of peers

Training and policy contradicts the realities of the role

Managers, peers and colleagues disagree on what the role is





TLC (The Learning Collaborative): The Yale University Lived Experience Workforce Learning Collaborative project.

Enhancing the capability of Victoria's mental health, drug and alcohol organisations to embed lived experience workforces through mutual support.

SOLE (Supporting Organisational Lived Experience): The Tailored Organisational Supports project.

Tailored support for Victoria's mental health organisations to identify and close gaps in lived experience workforce development.

LIVED/LIVING EXPERIENCE AT HEAPT (LLEAH) PP06PAM

THE LEARNING COLLABORATIVE

The lived experience led Program for Recovery and Community Health (PRCH) at Yale University, have a model for building networks and mentoring between organisations who employ lived and living experience workforce, to create mutual learning and support, to better understand and enable an authentic lived experience workforce.

Peer Projects at SHARC are working with Yale and International expert Dr Louise Byrne to bring this groundbreaking initiative to Australia.

- This will be delivered in Victoria as the Lived Experience Workforce Learning Collaborative (LEWLC).
- The program runs for 12 months and will commence on 30 October 2024.
- Ten organisations are being selected to participate in the Australian first pilot.





SOLE SUPPORTING ORGANISATIONAL LE

This initiative is using a guided assessment tool for Lived and Living Experience Employers in Victoria.

- The tool is based on The National Lived Experience (Peer) Workforce Development Guidelines •
- Through a consultation process using this tool, organisations will understand their current level of LLE literacy and room for development to be able to plan for evidence-informed progress.
- The tool will be tested in one organisation, and then will be piloted in up to 6 organisations • following the testing. There will be an EOI process for the pilot phase, but it's currently limited to MH only.







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