

Webinar Series

Person-centred Care in Practice

Webinar 1: Take the LEAP: Harnessing Lived Experience for Best Care

Thursday 12 December 2024, 11:00am – 12:00pm AEDT

This session explored Western Health's Lived Experience Advisor Program (LEAP), a pioneering initiative designed to embed consumer voices at the heart of healthcare design and delivery.

Webinar panellists include:

- Rebecca Barbara | Acting Operations Manager, Consumer Partnerships & Disability Liaison Service | Western Health
- Alex Potter | Acting Director, Diversity and Inclusion | Western Health
- Melissa Richings | Lived Experience Advisors | Western Health
- Shefton Parker | Lived Experience Advisors | Western Health
- Phoenix Dean | Lived Experience Advisors | Western Health
- Broni Smith | Program Manager, Partnering with Consumers | ACSQHC

The webinar generated a lot of audience engagement and many more insightful questions than our panel members were able to answer in the live Q&A session. The Western Health team has kindly provided responses to the outstanding questions for our network members.

Q&A

- 1. In addition to the incredible initiatives specific to consumer engagement innovations and improvements, has employment of LEAs in your workforce influenced a more inclusive culture, improved ways of working and more people-centred processes more broadly across your LHD as an organisation?**

Yes, LEAs have influenced organisational culture, creating a more inclusive, reflective, and consumer-focused environment. Their contributions, particularly in LEA-Led initiatives (e.g. role out of the sunflower project and development of access guides), have informed a more people-centred and inclusive approach to care. Co-production or LEA-led projects have enhanced collaboration between clinical and non-clinical staff, where lived experience is as valuable as professional experience.

- 2. This is fantastic! Is the language of "Lived Experience Advisor" purposefully chosen as opposed to Consumer?**

The term "Lived Experience Advisor" was intentionally chosen to reflect the depth of expertise and perspective these roles bring, extending beyond the traditional "consumer advisor" designation, which can feel limiting. LEAs are employed as a Western Health staff member; like all staff members, they have key responsibilities and deliverables that extend beyond the consumer advisor scope. They have both lived experience of

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health care services and unique identity lived experiences, including identifying from communities we consider to be our priority populations.

3. Will the 3-level education and training Shefton mentioned be shared to be used in other states?

The three-tiered education and training package is being developed with potential scalability in mind. Once finalised, we will certainly have the discussion about broadening this training beyond Western Health.

4. Great presentations. Thank you! I wanted to ask what role is designated to manage the LEAP team. Is this a person with lived experience or a clinical role / service manager?

Currently, the LEAP team is managed by the Acting Operations Manager, Consumer Partnerships & Disability Liaison Service (*substantiative role: Consumer Partnership Manager*), with clinical expertise and a strong commitment to lived experience inclusion. A Lived Experience Lead role is being explored as LEAP continues to grow. We also work collaboratively with the lived experience workforces in Mental Health and Alcohol and Other Drug services, so look to them for structures around lived experience leadership roles to enable the professionalisation of the workforce.

What is the difference between remunerated Consumer representatives, Lived Experience and Peer support workers?

At Western Health, Consumer Advisors are remunerated via honorarium for their contributions to forums, committees and working groups, whereas peer support workers are typically salaried employees providing direct support based on their lived experience in the mental health setting.

5. Can I ask if your Consumer Advisors are remunerated or reimbursed for out-of-pocket travel / childcare costs? or all are volunteer based?

Depending on the engagement activity, Consumer Advisors at Western Health are volunteers who are remunerated via honorarium. Out-of-pocket expenses, including travel and childcare, are reimbursed to ensure participation barriers are minimised.

6. We've heard a lot about the theory of LEAP, but could the Advisors give us some practical examples or stories of what has been done to enhance patient experiences?

Some examples include redesigning triage processes for allied health services, developing accessible health information materials, and co-designing service models

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for underserved populations and project trials like an overnight carer stay program on inpatient units.

7. I'm not sure if you can provide any information about this, but I am wondering how this program is funded? And how we could attract similar funding at our service.

LEAP is funded through the organisation's budget or available Full Time Equivalent (FTE) and external grants/funding. Where appropriate, budget for administrative or clinical project roles is redistributed into LEA roles. For the sustainability of the program, we are working towards a centralised budget

8. Will Western Health consider having a Carer Lived Experience Advisor, as the carer is so important in a consumer's recovery journey, and the carer's perspective is very different from the consumer's perspective?

We absolutely recognise the unique perspectives of carers. A few of our current LEAs are carers, and we are also actively advertising for a carer LEA role to support us in the redevelopment of the Dementia Unit Model of Care.

9. What are some things Western Health doing to make the recruitment process inclusive and accessible for everyone who would potentially apply?

To ensure that the recruitment process is accessible and inclusive, we have implemented a few strategies

- Providing interview questions in advance
- Allowing applicants time to respond and opportunities for "time out"
- Assisted with offline applications if the online application process was not appropriate
- Providing interpreters upon request
- Allowing applicants to bring a support person to interview.

We are all about equitable opportunities. We seek out guidance from experts in this field, for example, Down Syndrome Victoria in our partnership with them for a LEA with Down Syndrome, they help us design the advertising material and adapt the recruitment process to be accessible.

10. Are LEAs generally happy/able to contribute in a voluntary capacity? Is there a recommendation on the minimum number of LEAs for a smaller healthcare service (~90 staff).

LEAs are professionalising lived experience as a recognised form of expertise. We deeply value their time and contributions, which is why we employ them as staff and ensure they are equal members of the team.

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Volunteer roles are not suitable for the level of work required in these positions, as it's essential to demonstrate our commitment to driving meaningful cultural change. Just as I am employed for my expertise, it only makes sense to employ LEAs for theirs. By embedding LEAs in our workforce, we reinforce the principle that lived experience is not just valuable but essential and deserving of the same respect and recognition as any other professional expertise. This approach reflects our dedication to creating a collaborative, inclusive, and consumer-focused healthcare system.

For a small organisation, 0.2-0.4 may be all required to make a start, but you would want to ensure they were well supported. We can discuss more; you can reach out to us via consumers@wh.org.au.

11. I know that standard onboarding proposes/training requirements are highly burdensome for non-professional staff (i.e., LEAs), any tips?

When required, we work closely with our LEAs to complete this training. In collaboration with our recruitment teams, we would like to work towards more accessible onboarding for all staff. Ask the LEAs what they need, and just change the process. Sometimes we never ask the question. When we have asked, our LEAs have made suggestions that are infinitely sensible.

12. Also, would you be willing to share the generic Lived Experience position description? We have just gained funding approval for a Youth Peer worker (lived experience role) and would love to utilise your generic position description/ coupled with our Peer Worker position description.

Yes, we are happy to share the position description.

13. Are the Advisors physically in the hospital and talking to patients and staff? How do they actually implement best practice for person-centred care?

LEAs are embedded in projects rather than being patient-facing. They collaborate with staff to co-design and implement person-centred care practices. They are physically in the offices with the teams they support, and when appropriate, they would talk to patients, more likely staff though.

14. Can I ask about the supports that are in place for the LEA (is there peer co-reflection/supervision)?

LEAs receive a lot of support from Rebecca, Acting Operations Manager, Consumer Partnerships & Disability Liaison Service, as well as from their project leads. In addition to this, we facilitate fortnightly Community of Practice (CoP) meetings where all LEAs come together to discuss their projects, offer/share insights and troubleshoot ideas. The added benefit of the CoP is that projects get a breadth of lived experience insights.

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We also facilitate monthly informal training for ongoing professional development to ensure their well-being and effectiveness in their roles.

We are looking at the supervision models and structures in Mental Health for guidance around supervision and ongoing development.

If you have any additional questions about LEAP or would like to hear more, the Western Health team is more than happy assist. You can contact Rebecca Barbara at Rebecca.Barbara@wh.org.au.