



Moving From Engagement to Partnership

Following years of public hearings and written submissions, Victoria's Royal Commission into Mental Health handed down sixty-five recommendations in February 2022. These recommendations cited a broken and fragmented system, which tended to operate from a place of crisis and failed to provide holistic, adequate and timely support to those experiencing mental distress and/or addiction and their families/supporters/carers/kin.

The need for the mental health system to undergo a complete rebuild was recognised, and a new way of engaging and collaborating with all stakeholders within the sector was required. As a result, the Victorian Department of Health (The Department) sought out recommendations on how the mental health system can move from an engagement to a partnership approach.

This document summarises the findings regarding **Maintaining Partnerships** from fourteen community conversations inviting perspectives from people with lived experience of mental distress (LE) and/or alcohol and other substance addiction (AOD); families, supporters, and carers of those directly experiencing these challenges (FSC); and people working within the sector (Lived Experience Department, Community Peaks and Agencies). Some conversation participants additionally identified as a Young Person (YP), as part of the LGBTQ community, or having a Culturally and Linguistically Diverse (CALD) background. The framework for discussion and analysis was developed by First Nations people, using a First Nations partnership lens.

Maintaining Partnerships

Ongoing Partnership Management - Resourcing, supporting, and facilitating partnerships:

To effectively maintain partnerships, appropriate resourcing, support and skilful facilitation is essential. Systems need to be resourced (with everyone on an equal footing) and enabled to make the shift to a truly equitable partnership. Partnerships need shared resources as not everyone has internet access or the tools to create a quiet space to engage in meetings. It is important that there is equal and appropriate standard of pay for people with lived experience and to ensure a process that reaches out to others who experience more barriers to being part of the partnership.

Increasing communication and transparency from the start of processes is key to establishing trust. To be equal, both parties need to feel as though they're being heard and understood, that each one is valued for their contribution to the conversation. Being allowed to fail is important. Having money and funds that ensures capacity to partner with people genuinely (pay, expertise etc.) Organisational readiness for partnering effectively with people with lived experience is also key.

If someone comes from a less privileged place, then it is important to support them to be the best that they can be. (YP)



Supporting people to contribute and having their contributions recognised is very important. It is important to ask what types of adjustments enable partnerships where some partners may have complex needs. Increased advocacy and support, including working with established disability advocacy groups (particularly local groups and community-based organisations) will assist.

It is important that all partners have all information from the beginning.

In partnerships, people work collaboratively towards the same goal. It is an ongoing process and relationship. Partnerships can be riskier and more time consuming because processes are opened up to more perspectives and alternatives, but despite the challenges are worthwhile. Small changes can make a huge impact. Partnerships are often longer-term, with equitable ownership and equitable stakes and a shared life cycle, which can be intensive for the involved parties.

Partnership means you're there the whole way through, you're sharing decision making power, and you feel like a partner. (LE)

It is important therefore to have a mutually agreed plan for when there is a disagreement about what to do, or to repair ruptured relationships within the partnership.

Supporting and facilitating partnerships:

From the inception of the partnership, it is important that all stakeholders are involved from the very beginning including services, the Department, people with lived/living experience (consumers) and families/carers/kin and supporters. Everyone needs to be in the room, mindful of not making assumptions for example, asking whether the particular community uses identity-first language and/or person-first language.

Supports must be equitable, not just equal; ensuring everyone has the same opportunities and access.

Talking with and to the community that is affected by an issue, not just saying 'this is how it is going to be' (LE)

It is important to seek informed opinions from people with lived experience of AOD and/or mental distress and to provide a safe environment where partners listen to those with lived experience and provide space to amplify those voices. Young people talked about the need to have proper supports to help and protect those young people post session e.g., debrief, resources etc. There should also be “an allowance to fail” (YP) akin to dignity of risk.

Elevating our voices when we can't be loud enough or listened to enough. (YP)



Conflict resolution with agreements and disagreements. Expect healthy debate and robust conversations and the importance of value alignment at the start, flexibility, and shared goals. (AOD)

Equip people with the tools and resources to actualise their dreams and being surrounded by peers.

Structure and conciseness reinforces power - allow group to get 'messy', explore, take risks, shared power, responsibility, freedom to express self. (LEDep)

Partnership is not about titles but is an approach to shared problem solving through understanding of different perspectives. Whilst the partnership can comprise of independent partners, they are united in their shared values and goals.

Partnership needs to include and respect the rural areas and people from rural areas. For people in these areas to be equal partners, they and their services need to be (properly) funded, not funded by overflow funds or staffing. (FSC)

We need to not just focus on physical things, but also non-tangible aspects like communication. This includes being available to understand what the language means, including what it means to the individual and communities. Sometimes language can exclude people and is not accessible to everyone, for example, with gendered or clinical language. Use of “un-jargoned accessible language” (YP) that doesn't create a hierarchy is needed for partnership to achieve power sharing. So too is increasing capacity to contribute through multiple methods of communication and dialogue and conversations that promote a respectful curiosity. Access to understandable and accessible information should be supported to communicate decisions and perspectives.

Diverse communities and people of different ages need to be represented in power structures facilitated by diverse people. This can make a difference and have a significant impact. We need to see diverse people in power and actively showcase leaders that are ‘young and diverse’.

Partnership is about actively listening to the voices of those with lived experiences. Senior lived experience roles (e.g., at the Department) often go to people who also have formal university qualifications. Informal education happens ‘behind the scenes’ but may not be widely known or recognised.

If the groundwork and scene setting can be done, then it is an investment in smoother sailing and processes that will save time in the long run. Young people particularly noted that working in partnership with young people with lived experience requires the proper supports to help and protect those young people post session, e.g., debriefing, resources, etc. Other groups also talked about the need for supports.



There is a need to upskill partners about how workers should be working with different communities.

Conflict resolution with agreements and disagreements. Expect healthy debate and robust conversations and the importance of value alignment at the start, flexibility, and shared goals. (AOD)

Compulsory training across government, services, etc. on consumer supervision, discrimination, acknowledgement of harm, defensiveness. (LE)

Lived experience:

There needs to be a willingness among departments and services to be guided by community interests and voices, and more open forums for people with lived experience to get their viewpoints across. Lived experience staff need suitable resources for support and learning which includes access to discipline specific supervision and robust learning opportunities to upskill. It can be more damaging to include people with lived experience if the partnership is not congruent with their goals or if there is too much of an imbalance of lived experience voices compared with others in the room.

Better not to include us if you are only going to have one person in the room. (LE)

It can be daunting [for people with lived experience of addiction] – we need a safe space to partner. (AOD)

Having others with Lived experience in the room means you have back up. (LE)

Fund training, fund supervision, fund co-production. (LE)

Often people with lived experience are thrown into new roles with no structure or support or training and the it becomes peer workers' responsibility to educate everyone else. Peer workers can end up educating the team and the manager. *“Lived experience workers inhabit many spaces where people just don't know what a peer worker even is - that ignorance is out there still” (LE).*

Who tells the story, and on what terms?

Some of us have been doing this for so long...in the past we weren't paid... but now we are over-consulted and constantly being asked and asked without seeing change... and getting burned out from consultation. (LE)



There is emotional impact and emotional fatigue associated with constantly being consulted around personal experiences and then not seeing changes in the dominant culture. It is important that people with lived experience speak for themselves rather than others speak on their behalf and that they feel they are influencing outcomes. There needs to be a change around the narrative through shared exchanges, where partners are speaking the same language and respecting world views.

Expertise established at the micro level of lived experiences of caring and navigating services with loved ones also applies at the macro level. Carer lived expertise can inform decision making at the organisational and systemic level. It is important to give people a voice and ensure people are heard, including within (different) and between groups. Some people and their voices and perspectives might need more support or space, in order for their voices be heard.

For partnerships to work well, transparency is needed regarding where different people are coming from, including acknowledging and including others, and ensuring that minority perspectives are covered. Partnering well would be letting them know that people with lived experience have relevant viewpoints to share.

Decolonial methods of storytelling and reporting:

There is a need to be inclusive of cultural practices, and respectful of differing world views, where people can bring their whole self to any encounter. This includes clinicians being able to share more of their humanity and their lived experience in their work.

Stereotypes and structures that entrenches power in certain hands, only when these are allowed to 'get messy' that groups can find freedom and feel like they can bring their whole selves and contribute to these things. (LEDep)

When power is shared, it is important to be able to ask who is in the room and identify reasons why they should be included. People need to be prepared (and supported) to take on (or take up) power. Many structures reinforce the status quo, and it is only through time that you can wade through and get to true power sharing. Partnerships should overcome the pressure of being articulate, which can stifle conversations.

Ongoing review:

Understanding that partnerships are like all other human relationships, and that there will be ups and downs, sometimes big ones. And need time, communication, commitment, respect, etc. to move through the challenges. (LE)



Accountability is vital to any effective partnerships and means working ‘on’ and ‘in’ the partnership. Ongoing, critical reflective practice and constantly evaluating to ensure the partnership is equitable is key – inequity may be obvious at the time or more obvious in hindsight. There is a need for ongoing conversations about boundaries such as this is what we can do, and this is what we can’t do.

When partnerships are not going well, we must voice it, stand up and have the integrity.
(AOD)

We don’t want more of the same. (LE)

We need to be asking the questions about who is holding services to account when they practice unethically. Thinking about accountability, if bodies that are meant to be regulating the sector are not doing their job, it is difficult for reform to actually take place. If lived experience voices are being heard but their ideas are not actually taken on, they need to be given answers as to why. However, often when answers are provided, they are hollow and unconvincing. It is important for partners to feel they can reflect and provide feedback when they do not feel the partnership is balanced.

Attending to the partnering relationship includes the need to keep checking in with people and communities about whether it is working and equitable. Whether anything needs to change. Often the onus is on the people with the structural power or authority in that situation, but there is a need to share accountability for partnership too. Like how it is measured and is there shared problem solving, genuine listening and the opportunity for honest (anonymous) feedback? There needs to be a willingness to try new things, make mistakes and for partners to step out of their comfort zone. But also, a belief that things can be done.

Maintaining Partnerships – First Nations perspectives

Many of the First Nations sector workers relayed shared challenges in working towards common goals in partnerships, when partners are generally talking vastly different languages, or ideals, to describe project outcomes. Whilst they felt a framework on language and concepts would be useful, both agreed it was much deeper than terminology, it was non-Indigenous people being immersed in Aboriginal principles and concepts and having an appreciation of Aboriginal social and emotional wellbeing. And that understanding the historical political and social context, or completing cultural competency training, or cultural immersions should be non-negotiables in First Nations partnerships.

A strong partnership is reciprocal rather than extractive. Adequately resourcing community service providers over a longer period would allow for long-term sustainable change. Current reporting



requirements are onerous and are not aligned with Aboriginal knowledge systems, transforming reporting frameworks to be reflective of Aboriginal ways of knowing, being, and doing is a critical step in maintaining effective partnerships.

The nature of engagement has been extractive and one way, and often the government or NGO will fly into a community and leave after a year without an exit strategy. In the end this does more harm than good. We need more reciprocal partnerships where the focus is on what the community gets out of it.

Flip the power structure so it is less about the government getting something from us. Government can help us build something for our communities that is long term, place based and sustainable. 10-year funding agreements would assist to create long term solutions that are beyond election cycles. 'We need government to hand over resources and get out of the way. We have the answers.