Framework for Mental Health Lived Experience (Peer) Work in South Eastern NSW

COORDINARE

phn SOUTH EASTERN NSW
An Australian Government Initiative

NSW GOVERNMENT Health
Southern NSW
Local Health District

NSW GOVERNMENT Health
Illawarra Shoalhaven
Local Health District

Forward

A framework is like the scaffolding that supports a building while it is under construction. It is the safe place from which the builders, the carpenters, the plumbers, the painters can work to realise the plans for the building. It is so important for the work to proceed, but in the end the building must be able to stand on its own.

Lived Experience (Peer) Workers are the owner builders of the mental health system. They are also the planners and architects of ways of working where foundations are built on relationships and trust. The evidence for peer work is compelling and the need for it to develop in a planned, systematic and well supported way is essential. The South Eastern NSW Lived Experience (Peer) Work Framework (the Framework) has come as the first action of the South Eastern NSW Regional Mental Health and Suicide Prevention Plan and for this reason alone it is an historic, important and living document. This is the first such Framework in Australia and while it was developed as our regional plan it is also intended that the Framework informs and assists the development of other such Frameworks across NSW and Australia.

Our thanks go to all those who were involved in the development of this Framework – the steering committee, all the Lived Experience (Peer) Workers, leaders, managers and people with lived experience of mental health issues who contributed. It has been a privilege to work closely with Dr Leanne Craze, Bé Aadam and our consumer peak body BEING – Mental Health Consumers, in the construction of the Framework. In particular we must single out Leanne for her amazingly intuitive, compassionate and adaptive way of working, while we all dealt with the impacts of bush fires, floods and a global pandemic. Thank you, Leanne.

This Framework serves as a unique and powerful example of how Regional Plans can work in the ways required by the recent Productivity Commission Report. It demonstrates that state based local health districts can work together with locally focussed PHNs to serve our unique and beautiful region.

This Framework supports a workforce that is still under construction. It provides the Lived Experience (Peer) Workforce and the organisations that employ us with a way forward. It is a compelling piece of evidence for significant investment in a Lived Experience (Peer) Workforce and it enables all this to happen with safety and certainty. It realises the hope and capacity for recovery that exists in us all.

Tim Heffernan

Mental Health Peer Coordinator, COORDINARE
Chair, South Eastern NSW Regional Mental Health Plan Steering Committee

Caitlin Kozman produced the photographic imagery in this report.

South Eastern NSW is a place of such beauty and promise. Many of our Lived Experience (Peer) Workers were born here and have put down roots in the diverse soils of our coastlands, our mountains and our tablelands. Some have chosen to settle or have just ended up here and we too have learned to grow in places we have come to love.

Lived Experience (Peer) Workers are both local and introduced species, and we bloom across our region in the brilliant diversity captured by artist and peer worker Caitlin Kozman throughout the pages of this Framework. As we move forward as an essential mental health workforce, it is wonderful to know that we can grow our peer workforce while also welcoming those who come to work beside us.

Caitlin's photography also reminds us that peer workers are human beings who bring their unique creativity, talents, life experiences and skills to our communities – whole lifetimes that shape, colour and inform personal stories of adversity and recovery. Flowers are blooming in our forests, slopes, mountains and dunes.

Finally, these images remind us that Australia's flora has much in common with the Lived Experience (Peer) workforce. Both are resilient. Both have the ability to withstand or recover from a shock or disturbance. Both have found ways to not only survive but to flourish. Both give nourishment and shelter to many. And both by bouncing back from life's extreme events and extended periods of adversity, fire, scarcity, drought and floods, give hope of recovery, healing and new meaning. Both demonstrate the genuine possibility and the likelihood of recovery.

Commitment to Australian First Nations people

In the South Eastern NSW (SENSW) region, there are four Aboriginal Nations and one common ground:

- Yuin Nation – Traditional Owners of the lands from Kiama down to Eden and out to Braidwood, including the townships of Nowra and Moruya
- Dharawal Nation – Traditional Owners of the lands from southern Sydney down to the Illawarra Shoalhaven region and west to Moss Vale, encompassing Bass Point, Helensburgh and Wollongong
- Ngunnawal/Ngambri Nations – Traditional Owners of the lands covering the ACT, Queanbeyan, Yass and Bungendore areas
- Ngarigo Nation – Traditional Owners of the lands across the Monaro Snowy Mountains region down to the Victorian border around Omeo and Orbost, including the NSW towns of Cooma and Delegate, and
- Goulburn – there is no particular Nation in Goulburn. Traditionally, Goulburn was a common ground and meeting place for many of the neighbouring Nations to come and have Corroboree, discuss common interests, seek permission to cross or enter each other's lands or trade routes and to discuss cultural rights and differences.

We wish to pay respect to Elders, past, present and emerging and acknowledge the vital role of Aboriginal people, their culture and customs. We recognise and value the ongoing enriching contribution of Aboriginal people and communities across our region. The impacts of colonisation, trans-generational trauma, racism, discrimination, marginalisation and disadvantage while having devasting outcomes, have diminished neither Aboriginal peoples' connection to country, culture and community nor their resilience, strength and wisdom.

We thank and acknowledge the advice and guidance of Aboriginal leaders, community-controlled organisations, Aboriginal peer workers and health and community professionals.

Acknowledgements

We acknowledge people with a lived experience of mental health challenges including social and emotional wellbeing; cultural and spiritual; psychological and emotional distress and pain; trauma; mental illness; suicide; alcohol and other drug challenges. We also acknowledge the experiences of their families and significant others. We envisage and hold hope for all to live a purposeful and meaningful life.

We give acknowledgement to the leaders of the Lived Experience movement who have gone before paving the way and upon whose shoulders we stand. We also acknowledge people, who though not peer workers, have supported this workforce to grow and assume its rightful place within the Australian mental health service landscape.

During the development of this Framework, we experienced a groundswell of commitment and enthusiasm from peer workers across the region. We thank and acknowledge all those who joined in conversations over many weeks and who contributed their valuable time, wisdom, experience and expertise to help inform, shape and refine this Framework.

Dr Leanne Craze AM, was commissioned by COORDINARE to develop the Framework through region-wide consultation and collaboration. We thank BEING – Mental Health Consumers NSW for their significant contribution to our understanding of the skills and values that are core to the Lived Experience (Peer) Worker role. We also acknowledge our Steering Group, as listed on page 9, who provided invaluable advice and guidance.

The NSW Ministry of Health provided funding through the Southern NSW Local Health District to make this work possible.

Framework for Mental Health Lived Experience (Peer) Work

The South Eastern NSW Regional Mental Health and Suicide Prevention Plan (2018-2023) outlines the joint commitment of the South Eastern NSW Primary Health Network (COORDINARE), Southern NSW Local Health District (SNSWLHD) and Illawarra Shoalhaven Local Health District (ISLHD) to make mental health a shared regional priority. The Plan's first action, in line with the Fifth National Mental Health and Suicide Prevention Plan, was the development of a Regional Peer Workforce Framework.

VISION

Lived Experience (Peer) Workers engage with consumers, carers, community members, the sector and government working in partnerships to improve the mental health and wellbeing of people living in South Eastern NSW. We envisage and hold hope for all to live a purposeful and meaningful life.

AIM

To foster a collective commitment by government and organisations to build a sustainable, coordinated and responsive Peer Worker network which uses best practice, evidence-based approaches to provide culturally-safe, high-quality, comprehensive peer support.

PRINCIPLES

- Mental health consumers are at the centre of care with respect for their experiences, choices, dignity and rights.
- Peer workforce leadership and guidance in developing and implementing the Framework is recognised.
- There is a need for flexibility in approaches and supports to meet the needs of peer workers, local communities and services.
- There is recognition of the need for partnerships and collaboration within and between primary health and acute care sectors.

South Eastern NSW Lived Experience (Peer) Workforce

Where are we now	The way forward	Positioning for success
• 70 peer workers with a rapidly expanding workforce • Delivering recovery orientated and trauma informed services and practice • Navigate community and acute settings • Advocacy for Aboriginal and CALD groups • Provide services for involuntary, metropolitan, rural and isolated communities	• Development of National peak body to establish professional identity and workplace conditions • Consistency in defining scope of practice, key skills and knowledge for Lived Experience (Peer) Worker and Senior Lived Experience positions • Improving access to professional development (Cert IV Mental Health Peer Work) and Intentional Peer Support and supervision • Career pathways into senior or advanced peer work roles • Embedding and resourcing structured networking including regional peer networks	• Commitment from partner organisations to implement the Framework • Leaders to support and grow the workforce • Promotion of the peer workforce • Commissioned services and programs to include peer worker positions • Implementation of the Intentional Peer Support (IPS) model of co-reflection and supervision • Implementation of the Employer of Choice Tool • Explore opportunities to involve peer workers to build capacity within local communities e.g. disaster response

Table of Contents

Introduction

Lived Experience work is a rapidly expanding and growing role within the mental health sector.

Lived Experience (Peer) Workers are individuals with personal experience of life-changing mental health challenges who are employed to use that experience to support the personal recovery of others and contribute to recovery-orientated, trauma-informed service and practice. Lived Experience work is complementary to both informal peer support and clinical services.

The rapid expansion of the Lived Experience (Peer) Workforce is not without challenges, including maintaining the authenticity of Lived Experience work in the face of organisations and professional groupings who frequently struggle to understand and respect the nature and defining features of Lived Experience work. The relatively small numbers of Lived Experience (Peer) Workers compared to other disciplines, combined with the lack of a national representative peak body, are barriers to the voice of peer workers being heard. Other challenges relate to workplace conditions, limited career structures and a lack of opportunity for professional development and appropriate supervision.

While currently largely employed in public, community and through commissioned mental health services, it is anticipated that a range of new Lived Experience positions will be established in this region. This will encompass a variety of settings and sectors including suicide prevention, disability services, social housing, forensic mental health, justice and corrections and employment.

The Framework is offered as a regional commitment to guide the future of the Lived Experience (Peer) Workforce.

NB: The term “Lived Experience (Peer) Work/ Workers” has been used throughout the document due to a shift in Regional, State and National terminology (Refer to page 8).

Steering Group

Chair

- Tim Heffernan - Mental Health Peer Coordinator, COORDINARE

Members

- Dr Leanne Craze AM, Consultant, Craze Lateral Solutions
- Lynne Blanchette, Project Manager - Regional Mental Health Plan, COORDINARE - South Eastern NSW PHN
- Fiona Read, Project Coordinator, Regional Mental Health & Suicide Prevention Plan, COORDINARE

Peer Workforce Representatives

- Andrea Arndt-Jackman – Peer Project Worker, NEAMI National
- Barbara Boswell - Peer Worker, Flourish Australia, Queanbeyan
- Irene Constantinidis - Team Coordinator Consumer Participation Illawarra Shoalhaven Local Health District
- Ryan D’Lima, Lived Experience Coordinator, Southern NSW Local Health District
- Daya Henkel - State-Wide Mental Health Peer Workforce Coordinator, Mental Health Branch, NSW Health
- Caitlin Kozman - Peer Worker, Wellways, Wollongong
- Claudia Wszola - Peer Worker, Grand Pacific Health, Bega

Industry Representatives

- Amy Bertakis - Program Coordinator, Enhanced Adult Community Living Support Service Illawarra and Shoalhaven Wellways Australia
- Carly Wintin - Acting Service Manager, NEAMI National Wollongong
- Gabrielle Mulcahy - Governance Manager, Mental Health Drug and Alcohol, Southern NSW Local Health District
- John Pullman -Service Development Manager, Mental Health Services, Illawarra Shoalhaven Local Health District
- Nikita Tompkins - Community Services Team Manager, Illawarra Aboriginal Medical Service

Language and Definitions

Lived Experience (Peer) Workers are conscious of the impact that language can have on a person's identity, self-esteem and recovery. They also understand how language can reinforce stigma and self-stigma but also create barriers and an 'us and them' environment. Deficient-based language can traumatise and reinforce a sense of hopelessness and despair. The Lived Experience (Peer) Workforce uses language that is recovery-oriented, strengths-based and 'person first'. This language conveys hope and optimism and affirms that people are not only a diagnosis, prognosis, client, or patient.

The Lived Experience (Peer) Workforce flourish in organisations that use language consistent with a recovery-oriented culture. Conversely, Lived Experience (Peer) Workers will struggle and feel a sense of exclusion and marginalisation when this is not so.

Recovery orientation – refer to approaches focussed on processes by which people come to terms with and overcomes challenges arising from life-changing experiences of mental health issues and challenges. These approaches shift thinking and practice from paternalistic mental health practices to practices that support autonomy and promote personal control and independence.

Trauma-Informed Care – acknowledges the likelihood and far-reaching impact of trauma in people with experience of mental health issues. It instructs services to take action to ensure practice, and polices are safe, welcoming and do not cause further trauma.

Strengths-based – are approaches that emphasise and work with the inherent strengths, assets and resources of people, families, groups and communities to support recovery and empowerment.

Psychosocial – are approaches that focus on interactions between social and political environments in which people live and their personal development and wellbeing.

Social determinants of health and wellbeing – refer to the social conditions in which people are born, live and age that affect a wide range of health, wellbeing, daily functioning and quality-of-life outcomes and risks. Some examples include income, education, employment, gender inequity, prejudice and stigma, access to housing, early childhood experiences, social support and community inclusivity, and exposure to violence.

Aboriginal, local and diverse knowledge bases – the understandings, skills and philosophies of Aboriginal, local and diverse groups are actively and curiously sought and incorporated into practice. They are drawn upon to inform decision-making and guide service design and delivery.

Humanistic – are perspectives that emphasise looking at the whole person and stress concepts such as choice, personal growth, self-efficacy, and self-actualisation. Rather than focusing on deficits and dysfunction, humanistic approaches strive to help people improve their wellbeing and fulfil their aspirations and maximise their well-being. By supporting people to identify what is important to them, their interests, needs and capacities, existing skills can be strengthened, and new knowledge and skills gained.

Holistic – approaches look at the whole person, not just their mental health needs, with a focus on people's values, interests and their physical, emotional, social and spiritual wellbeing.

Where are we now?

Purpose of the Framework

This Framework is focussed on the practice of Lived Experience work at the service delivery level across South Eastern NSW comprising urban, regional, rural and isolated areas.

The purpose is to provide a vision for Lived Experience work across the region and guidance to enable this workforce to develop soundly, assume its rightful place and address key challenges.

The intention is to create a Framework of a formalised and intentional nature that will be shared with other Primary Health Networks (PHNs) and Local Health Districts (LHDs) to assist them in developing their guidance.

How this Framework was developed

This Framework was developed in codesign with Regional Lived Experience workers through three iterative phases:

- **Discovery –** gathering ideas and looking at existing Frameworks (January to March 2020)
- **Design and Development –** co-designing a Framework (April to August 2020), and
- **Positioning for Success –** discussions with organisations and managers and development of guidance for implementation and an evaluation plan (September to October 2020).

The primary strategies used across each of the phases include:

- Discussions and checking in with Peer Work Networks and Consumer/Lived Experience advisory groups across the region
- Regional Peer Work Network Consultations both onsite and online
- Online Weekly Peer Work Practice Conversations
- Online peer worker surveys
- Online consumer surveys
- Online Aboriginal Peer Work Conversations, and
- Informal peer worker brainstorming sessions

Direct contributions and quotations from Lived Experience (Peer) Workers are central to the vision of the Framework and used throughout.

Fundamentals of Lived Experience (Peer) Work

Lived Experience, with its commitment to social justice and change, is increasingly being recognised as a discipline. The workforce is articulating its philosophy and values, and steps are being taken toward the establishment of professional titles, identity and association. Nationally there is a movement toward the umbrella term 'Lived Experience Work'. It includes what is known as 'Peer Work', encompassing direct support work as well as systemic advocacy, service design, policy development, planning, safety and quality roles, promotion and prevention, education, research and other 'non-direct' work. This Framework has adopted the terms' Lived Experience (Peer) Workforce' and 'Lived Experience (Peer) Worker'.

Lived Experience (Peer) Workers are now recognised as essential to delivering recovery-focused mental health services. The Fifth National Mental Health and Suicide Prevention Plan identifies peer workers as fundamental to ensuring a responsive and effective mental health system. Lived Experience (Peer) Workers are also pivotal to the national PHN stepped care model and the National Disability Insurance Scheme (NDIS) has opened a range of new opportunities for peer workers including recovery coaches, disability support and advisory positions.

Defining Lived Experience (Peer) Worker

'Peer work is liberating and transformative – we get to be ourselves; our true selves are recognised and valued and we use our experience and our unique set of skills to support others or to change lives, services and systems'

A Lived Experience (Peer) Worker is defined within this Framework as a person specifically employed to use their personal experience of life-changing mental health challenges and mental health service use, as well as periods of healing and personal recovery to:

- Assist others in their recovery journey to understand and navigate systems and to access services suited to individual needs and preferences. 'Provide unique knowledge and expertise around the reassessment of identity and personal plans'
- Deliver non-clinical and non-coercive support that complements the expertise of other mental health and community workforces including healthy living coaching and mentoring
- Advocate for better service access and more relevant service response
- Promote social and emotional wellbeing and physical health and communities that are accepting and inclusive
- Network and create opportunities for connection with communities. establishing rapport and trust with community leaders and representatives
- Capacity building within communities to provide peer support and to draw on Lived Experience
- Guide the transformation of mental health services and policies and laws embedding recovery oriented and trauma informed practice, service delivery and culture and enabling safe and empowering workplace environments for Lived Experience (Peer) Workers
- Uphold and progress the human rights of people with lived experience of mental health challenges by promoting and celebrating diversity and encouraging people to believe there is a way through stigma and prejudice
- Contribute to the reduction of stigma and discrimination and the promotion of inclusive communities
- Provide education and training within services and organisations and for service users, service providers, communities and students at TAFE and university
- Support safety, quality and evaluation processes through ongoing quality improvement of services with particular focus on reducing restrictive practices and involuntary treatment, and
- Research including work that illuminates the perspectives and experiences of people living with mental health issues. Refer to Appendix One for further detail.

Lived Experience (Peer) Workers combine the knowledge and expertise gained from lived experience with what they have learned and discovered from volunteering, previous work experience and other studies (whether formal or informal). Lived Experience (Peer) Workers in this region have used nurturing imagery to describe the essence of their work:

'Lived Experience work is like a tree with its roots firmly grounded in social justice human rights and addressing stigma and discrimination. The trunk signifies peer work's unifying values and unifying principles. The branches are representative of all the different settings and roles and specialisations; the leaves are loop symbolic of how peer work nurtures people experiencing mental health issues; the tree's canopy and fruit reflects the transformative nature of peer work, e.g. for people, peer workers themselves, non-peer workers, individual organisations and for service systems and the community'.

1 Adapted from Byrne et al 2019, Queensland Framework for the Development of the Mental Health Lived Experience Workforce

Key Concepts

The following are key concepts identified by Lived Experience (Peer) Workers across the region.

Peer and 'peerness' – Central to all Lived Experience work is the concept of "peer". Peers are people who have had similar experiences to each other, such as the lived experience of mental distress that have had a significant impact on a person's life. This concept is based on the connection and mutual understanding that arises from shared experiences of human vulnerability and distress. Peers believe deeply in the possibility of recovery for all and are committed to walking alongside, to learning and growing with other people experiencing mental health challenges. Peers are also committed to supporting fellow Lived Experience (Peer) Workers both with their recovery and their professional journeys. Peers relate to each other, understand each other's journeys and are there for each other. Peers work and reflect on their roles together – peers are not envisaged as working alone or separate from other peers.

Natural and intentional peer relationships – Lived Experience work has its origin in people with experience of mental health issues informally coming together to support each other. This informal peer support was and still is naturally occurring and voluntary. Relationships formed are reciprocal and mutually beneficial. Peers view each other as equals because of their shared experience. Peer work, though still proceeding through reciprocal and mutually beneficial relationships, is formalised and intentional and occurs within service and organisational contexts.

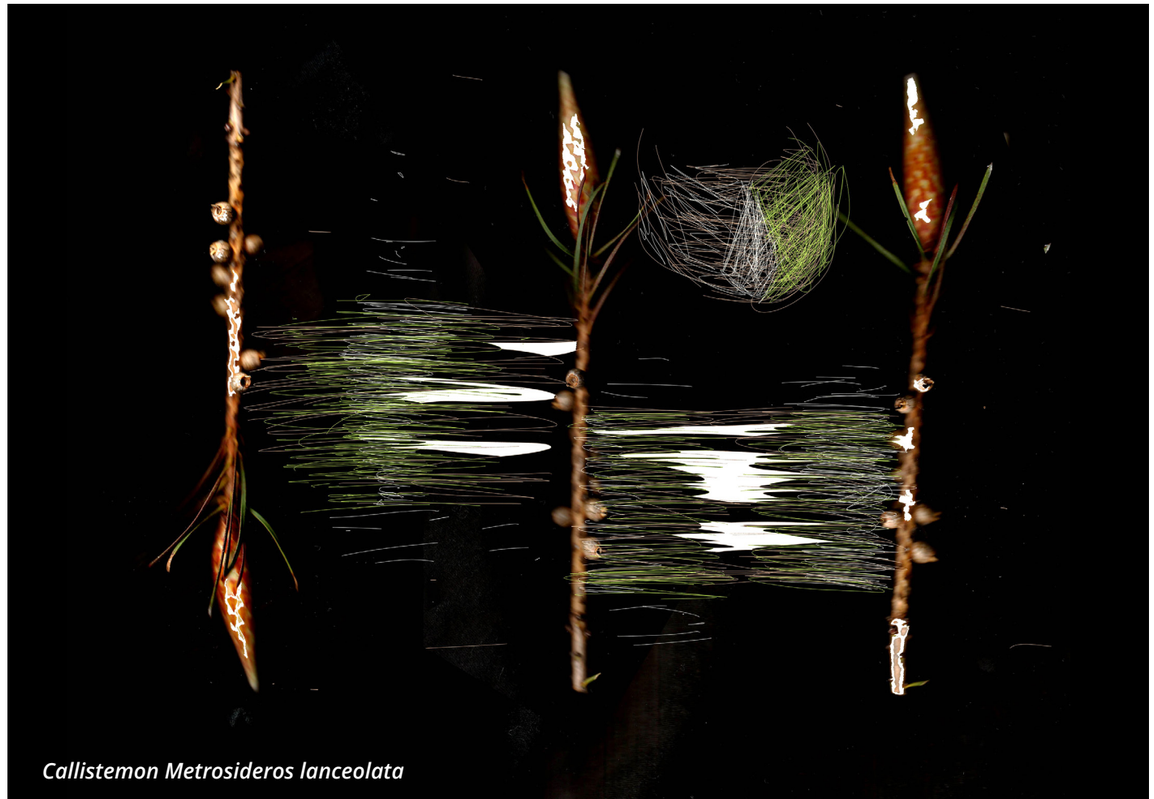
Mutuality, reciprocity and equality – Lived Experience work strives for mutuality beneficial and reciprocal peer relationships. There is shared learning and growth as well as respect and valuing of each other's experience and contribution. Acknowledging that equality of relationships is difficult to attain in service and organisational context where one person has the privileges of an employee, peer workers emphasise the importance of being aware of and understanding the impacts of power imbalances. There is a focus on transparently discussing and working to reduce power imbalance.

Human rights and social justice focus and grounding in the mental health consumer movement – The philosophy of peer support and its values of hope, self-determination and recovery were, in part, a response to the historical social injustice and prejudice experienced by people with mental health issues. Lived Experience work and the mental health consumer movement started as a voice advocating for human rights and continues to have a significant role in questioning current practices and how people are treated. Today's Lived Experience (Peer) Workforce is clear about its mandate to help people move from a place of being discriminated against, excluded and having their human rights denied to being valued and having a contributing and fulfilled life of personal choice. The mental health consumer movement introduced the term recovery to initiate a shift from the traditional medical model to:

- Personal recovery
- Autonomy and self-determination
- Choice
- Inclusion and equality
- Improved health and wellness
- A home
- Meaningful engagement in their community
- Mutual and reciprocal relationships providing support, friendship, love, and hope.

In the National Framework for Recovery Oriented Services , Australian Governments define recovery as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.

The expertise arising from lived experience – Within recovery paradigms, all people are respected for their experience, expertise and strengths. People with lived experience are considered experts in their lives and in experiences of mental health issues, service use and recovery. Lived Experience (Peer) Workers contribute an understanding of what it is like to experience mental health issues. Many have experienced trauma, involuntary treatment, stigma, discrimination and exclusion. All Lived Experience (Peer) Workers contribute recovery expertise and skills and knowledge of what helps and hinders recovery. The nature of peer relationships is that they promote connection and trust based on mutual understanding. Because of this Lived Experience (Peer) Workers frequently get to know what's really happening in 'people's lives. People feel they can approach a Lived Experience (Peer) Worker and have confidence that the worker will understand and be able to help. For example, people with drug and alcohol issues are often more open with Lived Experience (Peer) Workers while they fear judgment and/or sanction from other staff.

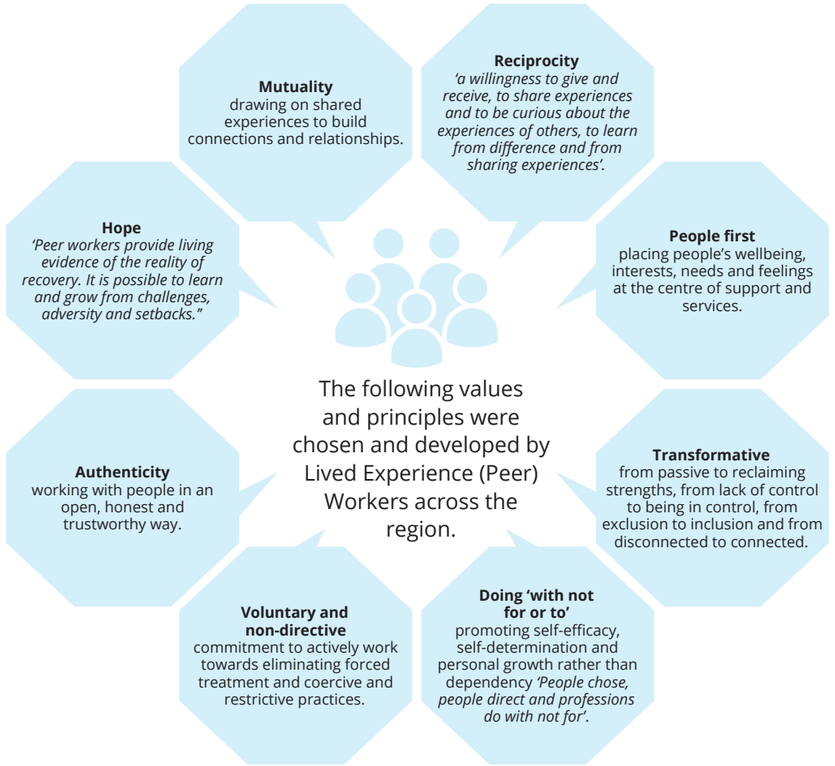


Callistemon Metrosideros lanceolata

The Callistemon Metrosideros lanceolata pictured here is described as the 'fruit and bud of yesteryear.' Like the Lived Experience (Peer) Workforce, the callistemon recognises that it's varying forms hold value, and spends precious time interpreting what they will choose to move towards. These buds may or may not flower a year after their flower has faded. They spend time deciphering whether they will bloom again or, alternatively choose to remain a bud which holds high nutritional value to the fauna in the region.

2 Commonwealth of Australia 2013

Values and Principles



The Unique Contribution of Lived Experience (Peer) Work

'It's about being real and human with people. Sitting in a safe space with no superior persona… not telling people how to run their lives… enabling people to speak freely.'

Lived Experience (Peer) Workers are proud that their roles enable a 'warm' service access point for people as they seek out a service mix suited to personal needs.

1. **Contribute the voice and expertise of lived experience –** *'our unique contribution as a workforce comes from the knowledge, know-how and skill set that we bring to the table and that arises from our lived experience of mental health issues, service use and recovery.'*

   'Every day is recovery for me, I know I can pass on my experience which includes what I'm learning right now.'

   'I wake up every morning knowing I have a purpose again and I can help others to rediscover purpose too. I couldn't have done it without a peer worker.'

2. **A role living out and demonstrating recovery –** Because no other position requires the professional to be living out personal recovery, Lived Experience (Peer) Workers feel a sense of responsibility to work hard on their recovery.

   'Staying on top of my recovery is a motivation … Being in this role, being a role model and being out and proud in this way helps me stay strong.'

3. **Conscious of power imbalance –** It is a crucial role of Lived Experience (Peer) Workers to recognise and taking action to reduce power imbalance in working relationships.

   'It is a unique and important contribution. If it took me 16 months to challenge a doctor, imagine how hard it is for consumers.'

4. **Connection based on mutual or similar experiences –** *'By saying you're a peer worker, you connect', which may allow consumers to 'speak more freely with us than clinicians'.* Lived Experience (Peer) Workers communicate they are OK about discomfort, i.e. *'comfortable with being uncomfortable'.*

   'We respond naturally. We are not shocked; we don't push the panic button of risk; we stay there and are present with the person.'

5. **Safety and trust –** Lived Experience (Peer) Workers are often able to build trusting relationships more readily with people who may fear or distrust other professionals.

   'I am often the only member of the team who is able to contact a consumer and get a response.'

   'Because of shared or similar experiences, people often feel safe with us.' Additionally, Lived Experience (Peer) Workers are generally able to work more flexibly and to spend as much time with people as required. *'We give our attention and presence'. 'We provide what no one else can – an experience-based empathy and understanding'. 'We share the moment with consumers.'*

6. **The power of being a valued member of an interdisciplinary team –** While Lived Experience (Peer) Workers can often feel they are not accepted by other staff members, the role is exciting when doctors and other mental health professionals make it clear they value Lived Experience roles and that Lived Experience (Peer) Workers are valued members of multidisciplinary teams.

   'It is exciting when clinicians begin to approach the peer worker and to ask for their views and to ask what they think.'

   'Another positive is when doctors make it clear that they want peer workers to advocate for patients and without fear or favour bring forward the views and suggestions of consumers about how the ward might be more recovery oriented and more welcoming.'

   'Acceptance of peer workers require leadership from senior clinicians who set the pace by saying that peer workers are equally valued members of the team. And are to be accepted as that.'

7. **Voice opinions about improvements required –** Because Lived Experience work has its origin in promoting social justice and human rights, advocacy concerning improvements and changes required are legitimate roles.

8. **Change agent role and skills –** Lived Experience (Peer) Workers contribute to the change narrative and uses strengths-based language and practices that seek to build up and empower people. Change sought is multidimensional:

   - in people's lives
   - in services
   - in practice and policy
   - in the community
   - the social determinant of health and wellbeing including discrimination and prejudice

9. **A bridge between perspectives -** *'I help reframe language and ways of communicating'* to ensure people are being heard correctly and to help the different parties understand each other.

   'in inpatient units, peer workers help to bridge the "us" and "them" divide.'

   'I do a lot reframing of language and help my colleagues to use less threatening language and to communicate in more equal ways.'

   'In our conversations, we help clinicians to see the whole person, we bring the whole person into the conversation, rather than one or a small number of aspects about the person.'

10. **Translation of practice and service impacts –** Lived Experience (Peer) Workers can provide an understanding to non-peer colleagues about what involuntary treatment means to an individual, *'what it takes away from them', 'what it feels like' and 'how its impacts linger,' 'we humanise consumers'.* Similarly, Lived Experience (Peer) Workers can explain to other professionals how restrictive practices are experienced and can help explore alternatives.

    'we know from our own experience how frightening inpatient units can be particularly if involuntarily admitted. We can explain how the loss autonomy is felt and how it affects self-confidence, self-esteem and sense of identity. We can explain how power is experienced.'

    Fundamentally Lived Experience (Peer) Workers articulate their lived experience in a way that assists stakeholders to develop a greater understanding of impact and recovery from involuntary treatment and contribute more broadly to cultural change.

11. **Capacity building –** *'We help consumers be more confident'.* Lived Experience (Peer) Workers are role models, particularly if one would like to be a Lived Experience (Peer) Worker in the future.

    'We are closer to the action and focus on motivation, emotional energy and building confidence. We can help people believe they have something to offer and can support them to volunteer'.

12. **Transformation –** *'We are also role models as people see we are recovering and begin to believe they can too. People begin to think that they could become a peer worker and begin to ask what I have to do. That's how I started. A peer worker changed my life and I began to think I could do the same for others. It helped my recovery.'*
    The purposeful use of lived experience is transformative including:

- Empowering shifts in people's lives from passive to reclaiming strengths; from lack of control to being in control; from exclusion to inclusion; and from disconnected to connected
- Service transformation by guiding and leading the embedding of recovery-oriented and trauma-informed practice, and
- Transforming communities by raising awareness of the importance and value of lived experience and advocating to remove barriers to inclusion.

Banksia Banksia ericifolia

Banksia understands, like the Lived Experience (Peer) Worker, that at different points in time, an alternate or change in approach and function is needed. In the right seasonal climate, Banskia transforms its function to produce nectar which, when combined with water, produces a high energy sweet beverage.

Challenges Experienced by Lived Experience (Peer) Workers

Challenges commonly experienced by Lived Experience (Peer) Workers in South Eastern NSW relate to their small numbers, limited professional and collegial support and difficulty in maintaining the authenticity of their roles. In the absence of a professional body and limited senior Lived Experience positions in the region, role boundaries have been rarely defined with input from Lived Experience (Peer) Workers.

1. **Lack of opportunities for collegial support and peer worker-based supervision –** unlike other professionals, Lived Experience (Peer) Workers lack opportunities to network and for co-reflection with peers, to check in with about challenging decisions, situations and practice dilemmas. Professional supervision with experienced Lived Experience (Peer) Workers is neither an automatic nor routine employment entitlement with supervision frequently undertaken by staff other than Lived Experience (Peer) Workers.

2. **Workplace stigma –** Lived Experience (Peer) Workers are adversely impacted by stigmatising and limiting beliefs in their workplaces about their roles.

    'Some people I work with give the impression that they believe that peer workers are not capable of working autonomously.'

    'Being micro-managed 'pressures us into non peer work ways of working or interacting.'

3. **Contested professional and personal boundaries –** Lived Experience (Peer) Workers and other professionals often have different views about boundaries and authenticity. This includes maintaining mutuality, negotiating power imbalances and keeping the 'peer' in peer work irrespective of role. The experience of power imbalance within organisations sets up a force toward co-option to non-Lived Experience roles and values.

    'Differing perceptions about appropriate boundaries and professionalism can be tough to navigate. There is also no-one to debrief with about these issues and my supervisor, who is a social worker, is big on 'boundaries' so when I talk about some of the work I do with participants, she gets a bit antsy. She thinks I am too empathetic…too involved in their lives when I would say 'I'm just being a peer worker.'

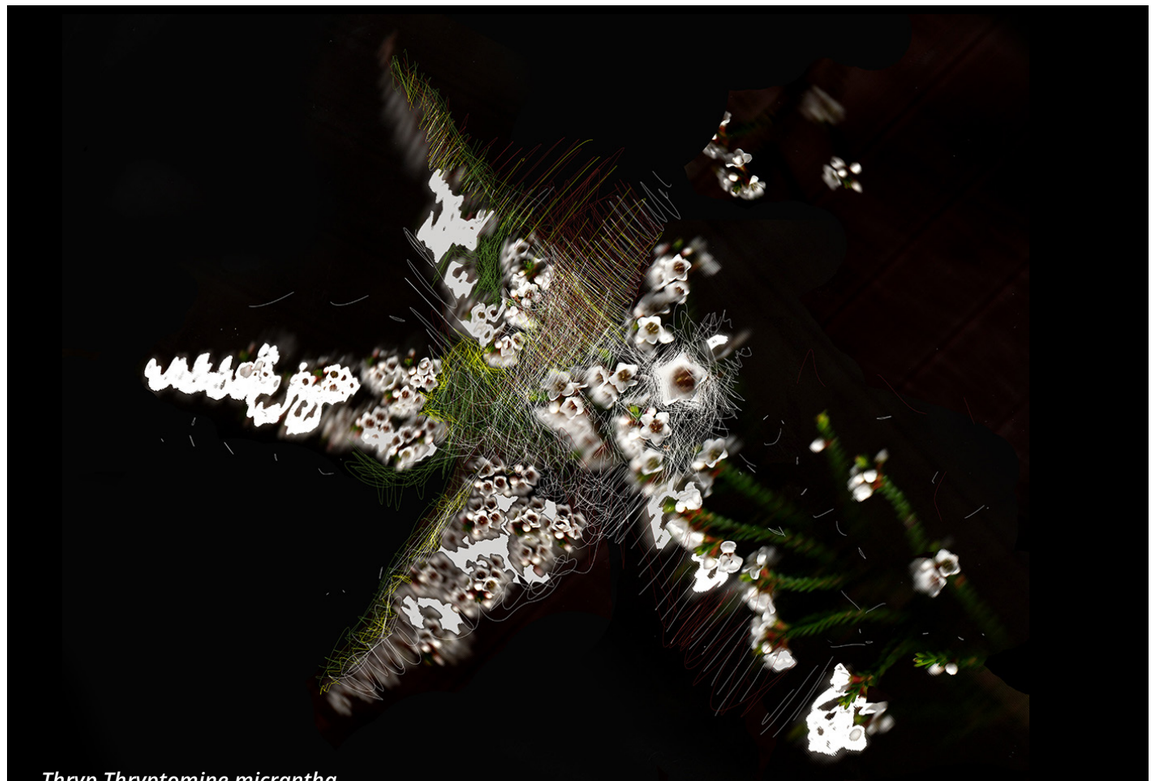
    Challenges Lived Experience (Peer) Workers experience include:

- Tensions arising from being a non-clinical professional in a clinical setting
- Line managers not understanding peer work and confusing or blurring non-clinical and clinical perspectives '*it is possible that someone you are working with will become a friend and that non-peer colleagues or managers might see that as being unprofessional and blurring boundaries*.'
- Direction to undertake tasks at odds with Lived Experience (Peer) Work values
- Strategies to address situations when Lived Experience (Peer) Workers are not taken seriously by clinicians
- Role "creep" and extra demands because of limited services
- Position descriptions requiring non-Lived Experience work roles or reflect a lack of understanding about the specialist nature of Lived Experience work
- Position descriptions written for a generic support worker and leaving out the Lived Experience and "peer" components
- Line managers either not having hard discussions with Lived Experience (Peer) Workers about performance issues or over-reacting and questioning the mental health of peer workers, and
- Working in isolation i.e. being the only peer worker '*means I have no one to check in with about my role and what I am doing*.'

4. **Access and accessibility of technology –** many communities are disadvantaged when it comes to digital inclusion and literacy .Opportunities to work remotely and online are embraced by Lived Experience (Peer) Workers as a means of working more flexibly and having more time for the people they support. However, Lived Experience (Peer) Workers will need to be resourced and equipped with appropriate technology. People experiencing mental health issues may not be able to afford phones, tablets or computers and internet plans.

5. **Safety –** travelling alone and working in isolation in off the track locations with poor mobile phone coverage are safety concerns for Lived Experience (Peer) Workers in rural and remote areas.

6. **Maintaining self-care –** managing personal responses to traumatising aspects of their roles emphasises the importance of self-care for Lived Experience (Peer) Workers. It can also be difficult when working alone and/or in the absence of collegial support. Being a member of a small workforce adds an additional risk of workplace stress and burn out.

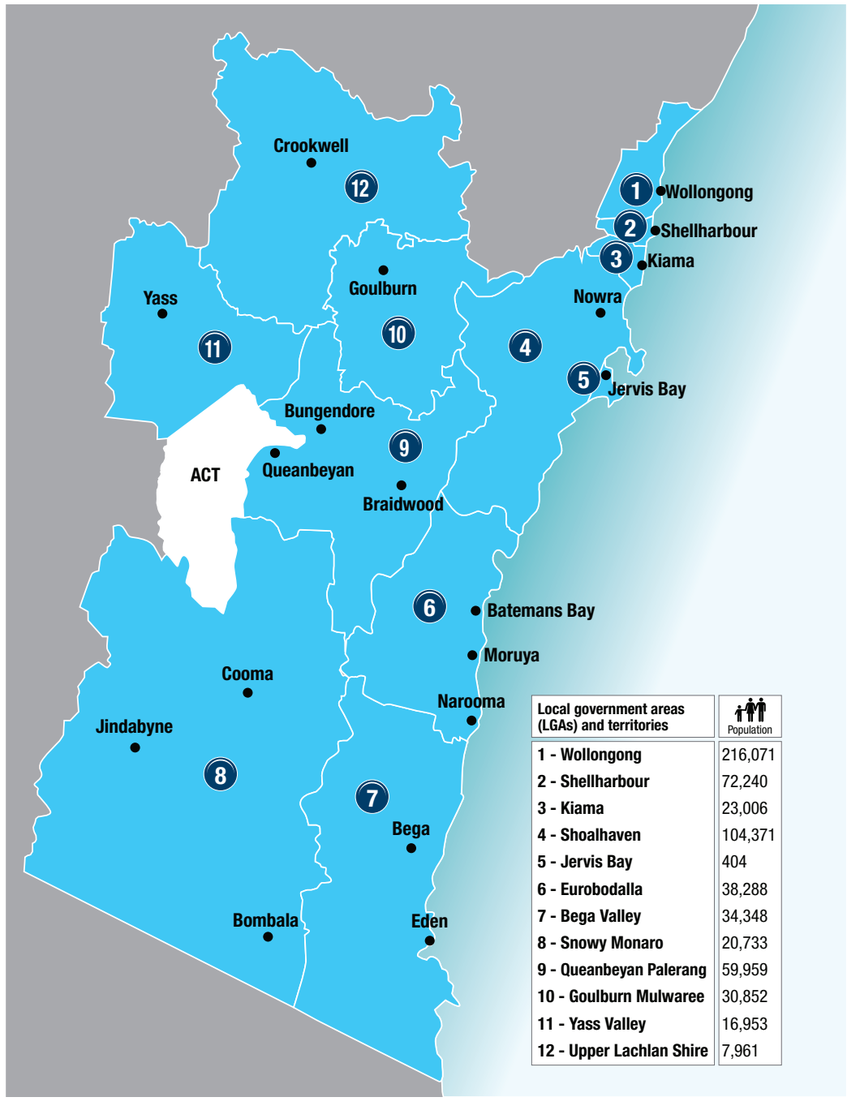


Thryp Thryptomine micrantha

This plant grows in sandy conditions. Thinking of the link between the challenges of the current Lived Experience (Peer) Workforce.

The Region at a Glance

South Eastern NSW includes eleven Local Government Areas and one Commonwealth Territory (Jervis Bay). It is served by Southern NSW and Illawarra Shoalhaven Local Health Districts and COORDINARE, the South Eastern NSW Primary Health Network.



Local government areas (LGAs) and territories	Population
1 - Wollongong	216,071
2 - Shellharbour	72,240
3 - Kiama	23,006
4 - Shoalhaven	104,371
5 - Jervis Bay	404
6 - Eurobodalla	38,288
7 - Bega Valley	34,348
8 - Snowy Monaro	20,733
9 - Queanbeyan Palerang	59,959
10 - Goulburn Mulwaree	30,852
11 - Yass Valley	16,953
12 - Upper Lachlan Shire	7,961

Unique characteristics include the geographic size of the region and the dispersal of its diverse population across a mix of cities, inner regional and outer regional areas. The region is home to a high proportion of people who identify as Aboriginal and Torres Strait Islander (4.2%). The region also experiences higher than NSW and Australian estimates for the prevalence of acute psychological distress, long term mental health distress, suicide deaths and intentional self-harm related hospitalisations. There is also a high level of socio-economic disadvantage (42% of the population).

3 About us (2020) COORDINARE, available at https://www.COORDINARE.org.au/about-us/our-region/about-south-eastern-nsw/

Our Lived Experience (Peer) Workforce Today

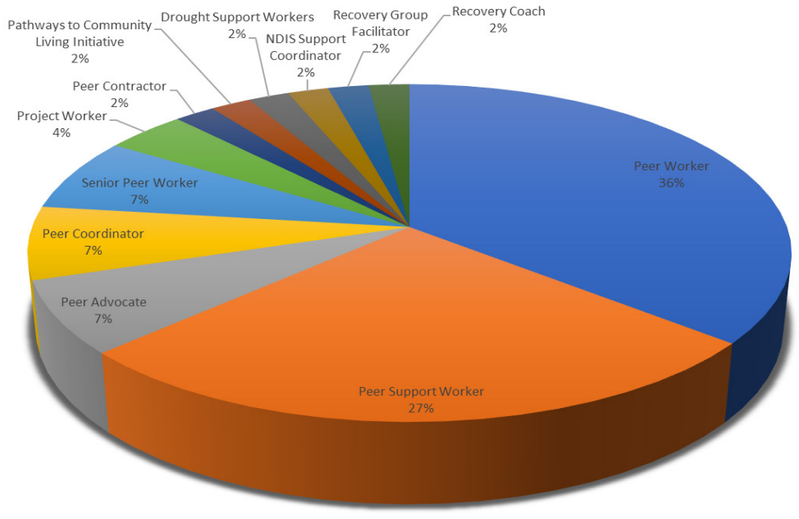
Peer workers are based in clusters around major regional centres and populated areas such as Nowra, Goulburn, Cooma, Ulladulla and Bega. Some cover a relatively small area, while others cover larger regions like the Bega Valley - from Yowrie to the Victorian border is a distance of 150 km or a 2.5 hour drive by car.

It is estimated there are 70 Lived Experience (Peer) Workers equating to one worker for every 9,000 people in the region. The socio-demographic, geographic, physical and mental wellbeing of community members combined with the small number and locations of Lived Experience (Peer) Worker impacts their ability to respond to local needs, connect with each other, and undertake the ongoing quality and safety improvement components of their roles. Working without a defined Framework and resources that are needed to bolster peer workers, can lead to less than optimal role performances and even be demoralising.

In the region there are seven senior Lived Experience work positions (refer to Appendix 3) providing managerial and coordination support including:

- Mental Health Drug and Alcohol (MHDA) Lived Experience Coordinator, Southern NSW Local Health District
- Team Coordinator Consumer Participation, Illawarra Shoalhaven Local Health District; and
- Mental Health Peer Coordinator, COORDINARE - South Eastern NSW PHN.

To gain a better understanding of the Lived Experience (Peer) Workforce in the region a survey was conducted during the Discovery Phase. The survey indicated a wide range of job titles within the Lived Experience (Peer) Workforce:



Experience (Peer) Worker Roles and Responsibilities

Each Lived Experience (Peer) Worker has multiple responsibilities ranging across direct and indirect roles including:

Peer support – individual and group-based, face to face, by phone and online

Individual advocacy – support individuals to understand and navigate systems and services

Education and training – for people experiencing mental health issues, people accessing mental health services, for other mental health professionals and service providers and students at TAFE and university

Health promotion – improving mental and physical health and recovery, and

Systems advocacy – seeking to make positive changes to attitudes, policies, existing structures and laws in mental health including a focus on the human rights and interests of people experiencing mental health issues and/or using mental health services.

Advocacy and change activities undertaken by Lived Experience (Peer) Workers include:

- Promoting community acceptance and understanding of the difficulties experienced by people with mental health issues
- Helping people to have a say and put forward their views and interests
- Improving the operation and atmosphere of involuntary settings
- Influencing decision-makers to develop legislation which provides person-centred, recovery-oriented, safe and quality services,
- Generating changes to policy and procedures in acute and primary health care settings to improve practice and service delivery
- Assisting people to access services and resources, exercise their rights choice and control over treatment and service decisions and to improve the cultural safety of practice and services.

Other roles identified in the survey involve quality and safety review, research and coordination and management tasks. A small number of private contractors, recovery coaches, drought and bushfire relief peer support and online peer support workers are newly emerging positions. Physical distancing and isolation from family, friends and staff has created considerable stress for service users. The restrictions have also created an atmosphere in which recovery can be impeded. Lived Experience (Peer) Workers assist by providing an agile frontline workforce and continue to be an important support during COVID-19 restrictions. SNSWLHD used COVID-19 funding to offer all Lived Experience (Peer) Workers the opportunity to increase their work hours for 12 months to provide additional support during COVID-19.

Regional Networks of Lived Experience (Peer) Workers

The Regional Networks of Lived Experience (Peer) Workers began in June 2017 with the formation of the Illawarra Shoalhaven Professional Peer Workers Network. Soon to be known more simply as the Illawarra Shoalhaven Peer Worker Network (ISPWN) the network was an initiative of the Illawarra and Shoalhaven Providers of Mental Health Services and funded through a short-term community development grant from Illawarra Shoalhaven Partners in Recovery. From the beginning ISPWN was supported and led by Illawarra Shoalhaven Partners in Recovery, Illawarra Shoalhaven Local Health District, Grand Pacific Health, Wellways, Flourish Australia, NEAMI National, and One Door Mental Health.

At the same time as ISPWN began, COORDINARE established the role of Mental Health Peer Coordinator to help support and develop the peer workforce across the whole of the PHN region. Following the immediate success of ISPWN in 2017, COORDINARE, in collaboration with Southern NSW Local Health District and local services, decided to expand the Peer Work Networks across the whole region and to resource the networks though the Mental Health Peer Coordinator. As a result, and because of our vast geography, a further two networks were formed on the South Coast and in the Southern Tablelands.

Since the beginning of 2018 three Peer Work Network have been operational in South Eastern NSW.

- Illawarra Shoalhaven
- Southern Tablelands, and
- South Coast.

The networks are open to all mental health Lived Experience (Peer) Workers employed in public mental health, community managed and commissioned organisations. Lived Experience (Peer) Workers in private practice or operating as sole traders also participate.

The purposes of the network are to:

- Support Lived Experience (Peer) Workers across the region
- Promote and develop the Lived Experience (Peer) Workforce
- Build networks across the region, and
- Provide opportunities for professional development, mentoring and the sharing of knowledge and opportunities.

The organising group for each network comprises the Mental Health Consumer Participation Coordinator ISLHD or the Mental Health Drug and Alcohol Lived Experience Coordinator SNSWLHD, the Peer Leader, Grand Pacific Health, the Mental Health Peer Coordinator, COORDINARE and any interested network members. The organising groups perform secretarial functions.

In South Eastern NSW meetings are held bi-monthly with a minimum of four and a maximum of six full network meetings per calendar year. All members of each network are a collaborative part of the network's activities.

Lived Experience Work in Rural, Regional and Isolated Communities

People living in regional, rural and isolated areas experience mental health concerns at similar rates as those in the cities but they face greater challenges due to issues accessing the support they need and to the greater visibility of mental illness in a smaller community[4].

Those living in rural and remote communities can find it difficult to access mental health services. Often that is because the services are just not available to them but sometimes it is because of reluctance to seek help. Common attitudes to mental health issues remain framed by perceptions of stigma and discrimination impacting on both the awareness and acceptance of mental health issues. The reality of living in rural and remote areas means that it is difficult to maintain privacy compounding the fear of being exposed and labelled. In addition to a lack of local services, 'rural stoicism' and a belief in the desirability of self-reliance can also cause people to attempt to 'tough it out' or to withdraw from family and friends.

In South Eastern NSW Lived Experience (Peer) Workers are demonstrating they have an important role in changing community attitudes and encouraging people to access appropriate help in smaller and more remote or isolated communities. Through their experience of mental health issues being publicly 'out', Lived Experience (Peer) Workers demonstrate that their journey of illness and recovery is part of being human. Stigma is challenged by the living out of recovery that keeps the hopes and aspirations of others alive and offers glimpses of possibilities. Importantly, Lived Experience (Peer) Workers demonstrate values that are central to how rural and remote communities view themselves – resilient, persistent, brave, determined and 'having each other's back'. Lived Experience (Peer) Workers demonstrate that while the experience of mental health issues might be feared it can add to and enrich a person's life.

People with mental health issues including Lived Experience (Peer) Workers experience a high level of stigma, especially within small communities which may lead to discrimination and the fear or reality of discrimination. Lived Experience (Peer) Workers are often one of only a handful of health and mental health professionals in a community or region and it is likely that Lived Experience (Peer) Workers know the people they are supporting.

As pioneers in the Mental Health system Lived Experience (Peer) Workers across the region identified the following common strengths and challenges in rural and regional areas of South Eastern NSW:

1. **Known and visible –** Lived Experience (Peer) Workers are very visible and are often known locally. Additionally, they are known as being the person whose job requires a lived experience of mental health issues.

   'It means a peer worker is "out" as having lived experience of mental health issues in a very public way.'

   'Sometimes it is hard to explain what we do as it involves us outing ourselves as having a mental illness.'

   Family members can be affected by community acceptance and attitudes toward lived experience roles.

   'My daughter is reluctant to say her mum is a peer worker because we live in a small town.'

   A lack of anonymity often results in Lived Experience (Peer) Workers not being able to step out of their roles at the end of the day.

2. **Pioneering role –** there may be little or no history of Lived Experience participation more broadly and a Lived Experience (Peer) Worker might be the first and only person in such a designated position. By their work breaking new ground, the function of Lived Experience (Peer) Workers often involves education and awareness-raising. Though exciting, this pioneering role often brings a sense of responsibility both professional and personal. An obligation to stay well and to consistently demonstrate recovery can weigh heavily.

4 *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*

3. **The accentuated importance of mutuality –** the importance of mutuality between Lived Experience (Peer) Workers and people being supported is amplified as it counters feelings of isolation.

   'People look for commonality. They take comfort when they find someone who knows what it is like.'

   'Being able to share a common experience as well knowledge that comes from living local is powerful, e.g. knowing the streets, the shops, having been to the hospital, the police station or the court, Centrelink or other government offices. This shared knowledge helps and strengthens connection.'

4. **Managing long-distance travel –** many people supported by Lived Experience (Peer) Workers have difficulty accessing transport (e.g. no car, no spare funds for petrol or public transport). Therefore, spending a considerable proportion of their time travelling is not optional for many Lived Experience (Peer) Workers.

   'I can spend a whole day just to see one person' (due to the distance I need to travel).'

   'I sometimes have to spend three hours one way to see someone.'

   'On average, I spend about an hour driving to see each person I am supporting.'

   As many are in sole Lived Experience (Peer) Worker positions, travelling is undertaken alone. Managing this aspect of work requires considerable time management as well as strategies for keeping up to date with administrative requirements. Effective self-care strategies are also vital.

5. **Professional and personal resilience –** working in isolation and across considerable distances requires high levels of resilience and self-reliance.

   'Sometimes, peer workers can feel alone (because they are alone). Not enough chances to network and meet other peer workers. I am "solo", I feel out on my own", requiring me to push past and through vulnerability.'

   'I have to be resilient as I can go all week without seeing another peer worker.'

6. **The advantage of local knowledge –** Lived Experience (Peer) Workers draw on many layers of local expertise:

- Local geography and layout of towns
- How towns relate to each other (or don't)
- Local services, their staff and how accessed
- Lived experiences of work, leisure, family, community
- Local leaders, volunteer and support networks, and
- Local stresses, strains and adversity including mental health trends.

Importantly, knowledge of what it is like to experience mental health issues and to embark on a personal journey of recovery and wellbeing is used. This familiarity with the community and its people promotes shared understanding and "comradery."

7. **Adaptability –** Live Experience workers have a wider and more diverse role in rural settings, where geographic isolation and the opportunity to access services is limited. Adaptability and flexibility are essential.

   'Services are limited, unlike metropolitan areas, so we fill in the gaps. This may mean people stay with services longer.'

   'Unless you have experienced it, it is impossible to believe the lack of services in rural areas compared to cities. It changes the nature of peer work. I think our role is bigger. On the positive side, peer workers can create their roles for themselves.'

8. **The importance of partnerships –** there is a sense that smaller communities are better organised and hold deeper relationships. Professional services are fewer but more connected to each other.

   'There are less services, but people know people'.

   'You're not just a face, but a person'.

   'Because there are fewer services, communication between services seem to work well together'.

   Fewer opportunities to peer network require Lived Experience (Peer) Workers to consciously build and sustain a sense of collective identity. There is a view that with this extra effort comes a stronger sense of identity, solidarity and connection to each other. Partnerships are essential, not optional and Lived Experience (Peer) Workers from the outset are required to embrace both the challenge and opportunity of developing partnership-based practice skills and knowledge.

Challenges of Isolation

Dimensions of isolation include isolation arising from difference, physical and geographical and isolation arising from a fragmented workforce. As previously highlighted, Lived Experience work is an emerging profession whose presence, though increasing in rural and remote areas, is a more recent development than is the case in metropolitan areas. Lived Experience (Peer) Workers can be an unknown entity within some organisation and communities and positions can be viewed as threat or with apprehension. A consequence can be the experience of being "othered" – of being the "them" in the "us and them divide". Being viewed as different in this way can set up dynamics, processes, and structures giving rise to marginality and persistent inequality.

Physical and geographical isolation, being small in numbers and located distantly from each other can compound the resulting isolation for Lived Experience (Peer) Workers. Rapid expansion without structures in place to include suicide prevention, drug and alcohol, industry-based and specific life adversities risks fragmenting and over-stretching this specialist mental health workforce.

In regional and rural areas Lived Experience (Peer) Workers may work alone and frequently lack opportunity for co-reflection or supervision with another Lived Experience (Peer) Worker. Lacking in particular is someone with more experience who can help them maintain the unique aspects of Lived Experience work and think through what is consistent and what is inconsistent with Lived Experience values, and what to do when being asked to do something outside of their role and or value base. In the absence of this key professional and collegial support, Lived Experience (Peer) Workers require determination, resilience and effective strategies for self-care.

Other attributes include being approachable, being non-judgmental and trustworthy and being honest, direct and transparent.

Isolation for Lived Experience (Peer) Workers can feel disconnected, unsupported and lonely:

Feeling disconnected – Lived Experience (Peer) Workers can feel isolated, not only geographically, but professionally as an organisation endeavour to integrate Lived Experience roles and to *'work with an unknown or unfamiliar model'.*

Feeling unsupported – having collegial support provides the opportunity to *'check in, provides reassurance and assuages self-doubt'.*

Feeling lonely – *'isolation looks lonely and loneliness is not good for me. I need the social aspect of the role. Connection is key to my ongoing recovery'.* The presence of fellow Lived Experience (Peer) Workers provides a sense of safety and validation.

'when with other peer workers I don't feel self-conscious or the need to justify my position. I feel validated.'

'Isolation is not necessarily a bad thing. It is however if it is experienced as uncomfortable and causes self-doubt and lack of confidence.'

Lived Experience Work with Aboriginal Communities

Lived experience as a role requirement in Aboriginal communities is not based on diagnosis, treatment or mental health service-use but a holistic approach to social and emotional wellbeing (SEWB), intergenerational trauma, connection to family, community and country. The Black Dog Institute's Aboriginal and Torres Strait Islander Lived Experience Centre has partnered with Aboriginal and Torres Strait Islander people nationally to develop a lived experience definition for Aboriginal and Torres Strait Islander communities. The approach recognises the differences of mental ill health and suicide for Aboriginal and Torres Strait Islander people is fundamentally different to mainstream definitions of mental ill health and suicide.

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples ways of understanding social and emotional wellbeing[5]*.*

Lived experience of mental health issues as a requirement for a peer work role readily translates in Aboriginal communities where all community members have lived experience and where "peer work" is already occurring both formally and informally, paid and unpaid. "Looking out for and supporting each other is a cultural obligation – 'it is what is done naturally'.

Benefits and challenges in addition to those previously described under Defining Lived Experience (Peer) Worker include:

1. Lived Experience (Peer) Workers provide an **opportunity to work alongside other health and community workers** and assist by providing a safe and non-judgmental 'go to' place for community members – outside of service systems. Through the survey Aboriginal Community Controlled Health Organisations in the region have told us they recognise and value the empowering nature of lived experience. Peer workers are understood to work with a deeper genuine and empowering connection and level of understanding and respect for meaningful recovery. In the region there is support for the introduction of a non-clinical role to assist and advocate for Aboriginal people and to increase cultural safety. Requirements would include Lived Experience (Peer) Workers being well enough, supported and culturally connected. Elders will be resourced to provide cultural advice and wisdom. There is however apprehension about both the term "peer work" and peer work roles with a preference for the term's "mentor", "coach" or "advocate."

2. There is a need to **acknowledge and work through jeopardy for peer workers** recognising that creating Aboriginal peer work positions potentially places workers at risk of significant and increased stigma by requiring both identification as Aboriginal and as having lived experience of mental health issues. Acknowledgement of context will be critical as it is very different being a peer worker in a community-controlled organisation compared to working in the public mental health sector. Workplace and cultural supports and supervision would need to be thought through carefully, resourced and sustained.

3. **Acknowledgement of context** is critical as the peer worker experience in culturally safe community-controlled organisation will be different to working in the mainstream public mental health sector. As with all Lived Experience (Peer) Workers, Aboriginal-identified work will not always occur during business hours and health and community workers are often approached for support after hours. This stems from cultural, family and community obligations. Workplace and cultural supports and supervision would need to be thought through carefully, resourced and sustained.

4. There is **synergy between the values, principles and ways of working of Aboriginal healing approaches and peer work**, particularly Intentional Peer Support. For example, trust and safety, hope, identity, language and culture, connection to community, self-determination, strengths-based, trauma informed, decolonising, restoration of power. There is also synergy by reason of the mutual acknowledgement of the value of personal experiences of trauma, adversity and life changing events including service use.

   Waminda's Balaang (Women's) Healing Framework values every person's lived experience. While not called "peer" work, workers draw on their own life experience and walk beside women coming to the service. For example, staff draw on their own experience of trauma to know what to do to help women feel safe. Women are supported to be their own healers and to support each other to heal. Women can undertake healer/mentor programs and can then volunteer, build up their skills and transition into work roles with women and families.

5. **Mental health inpatient units** are endeavouring to respond to concerns about lack of cultural safety for both Aboriginal service users and Aboriginal staff. Involuntary treatment and associated trauma and distress is feared. The resulting divide between hospitalisation and Aboriginal communities means Aboriginal people are not able to step up or down into culturally safe and connected recovery and healing. A role of walking beside people both while in hospital and upon leaving is envisaged for Aboriginal peer workers.

As the Aboriginal peer work role become further established, it will provide essential support for Aboriginal people using mainstream mental health services. It will allow connection with someone they can relate to culturally and who understands the broader public community, acute and subacute mental health system.

5 Lived experience definition released for Aboriginal and Torres Strait Islander communities - Black Dog Institute

Supporting the Development of a Lived Experience (Peer) Workforce in Aboriginal Communities

Conversations with Aboriginal health and community professionals and community members across South Eastern NSW provided the following guidance for supporting the future development of a Lived Experience (Peer) Workforce in Aboriginal communities. Sample Questions to guide conversations about Lived Experience (Peer) Work in Aboriginal communities Appendix Two.

Step 1

Conversations with Aboriginal communities, ACCHOS, and the existing peer workforce to make joint decisions about:

- Whether Aboriginal peer work roles are needed/wanted
- Developing an Aboriginal-identified mental health/SEWB peer worker role. (A set of questions to guide initial conversations is found in Appendix Two), and
- The potential establishment of an Aboriginal Lived Experience work community of practice.

Step 2

Aboriginal elders and communities will be invited and resourced to lead the development of the Aboriginal-identified Lived Experience (Peer) Workforce to allow workers to be supported within healing and social and emotional wellbeing Frameworks such a:

- The Waminda's Balaang (Women's) Healing Framework, and
- The foundational principles of the Gayaa Dhuwi (Proud Spirit) Declaration.

These Frameworks will also be used more broadly as training resources for Lived Experience (Peer) Workers.

Step 3

Exploring entry level non accredited and/or other educational and vocational opportunities as pathways into Lived Experience work to build local and regional resilience and capacity for the longer term.

Lived Experience Work with Diversity (Workforce and Population)

The Lived Experience (Peer) Workforce is both diverse and a reflection of diversity. In addition to the lived experience of mental health challenges, service use and recovery previously described under Defining Lived Experience (Peer) Worker further layers of diversity within the peer workforce include:

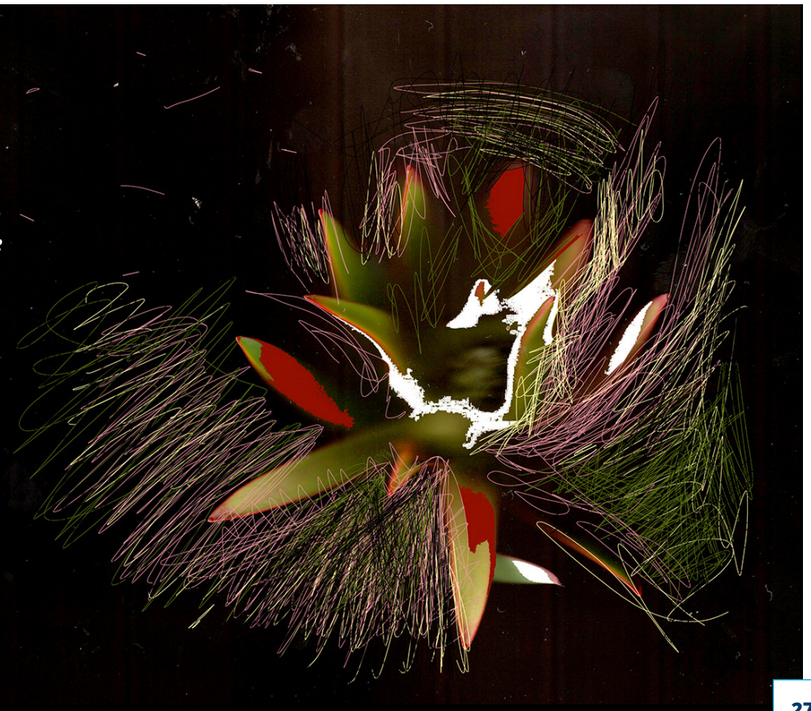
- Mental health experiences
- Recovery journeys and pathways
- Experiences of being marginalised or a member of minority groups
- Gender and sexuality diverse
- Culture (race, ethnicity, language, faith),
- Age
- Socio-demographic
- Pathways into peer work
- Skills and knowledge, and
- Prior learning and/or education and training.

This diversity of experience enables connection with diversity in the community.

'Diversity can enable connecting on a familiar level - finding connection in difference - meaning connecting with a person you perceive to be different (whether gender, age or ethnicity etc) is a powerful force to an individual. It has the power to ground an individual in their own thoughts about the human condition while adding a combination of perspective changers, and connecting people and thereby demonstrating that socio-political and economic factors do not inherently separate individuals…'

Safari Sunset

Commonly accepted to be an Australian Native, the Leucadendron is, in fact, native to South Africa yet it flourishes in the South Eastern Coast line of Australia because of the climate and rainfall. The Luecadendron crave lots of light in order to flourish. As with the Lived Experience (Peer) Workforce, we strive for transparent needs for diversity and equity within the workforce to light the way forward in order to reduce the current social stigma associated with a mental health diagnosis.



Lived Experience work with diverse communities requires ground up approaches over time. Diverse communities in the South Eastern NSW include people of different age, caring responsibilities, cultural background, disability status, gender, religious affiliation, sexual orientation, gender identity, intersex status, and socio-economic background.

Lived Experience (Peer) Workers report additional support for diverse communities includes:

- Promoting and celebrating diversity and encouraging people to believe there is a way through stigma and prejudice
- Ensuring interpreters and assistive technology are used
- Helping people to access technology and use hand-held devices
- Bridging perspectives

Lived Experience (Peer) Workers also assist clinicians to view people and their situation through a diversity lens.

'Peer workers with experience of migration or resettlement and of learning English as a second language, are well positioned to assist colleagues to understand the importance of using interpreters – for example, when I am unwell and even though I am fluent in English, it becomes hard for me to communicate in English.'

'Peer workers can discuss with people how they wish to use interpreters or cultural leaders/advisers – if, how, when and about what.'

Within a social justice and social determinants of health remit, Lived Experience (Peer) Workers advocate to reduce the exclusion and marginalisation often experienced by diverse groups. In recovery direct support is provided in the region to assist diverse groups resume or continue education and training, obtain employment and take up volunteering opportunities.

Some examples of Lived Experience work with diverse and specific populations include the following:

- Headspace Bega – established a Youth LGBTI Group that meets fortnightly; outreach program into schools and sponsors the Rainbow Wave festival.
- Nurturing Women, Queanbeyan
- Men's Walk and Talk/Man's Walk groups e.g. in Wollongong, Nowra, Kiama, Eden, Merimbula
- Veteran's community and peers program e.g. Open Arms
- Peer workers with Aboriginal Medical Services e.g. Next Steps Suicide Response Team
- South Coastal Babbingur Mia, Community Peer volunteers
- The Mudjilali Men's Group project collaborates with partner agencies and elders to run Aboriginal men's groups across the lower south coast of New South Wales in Eden, Wallaga Lake and Bega.
- South Coast Medical Service, Shoalhaven Women's Group supports local women around substance use, confidence, self-esteem, and health and wellbeing; held weekly and provides a safe place for women to heal with other likeminded Aboriginal women.
- South Coast Lifeline Online Peer support - SANE Australia's Online Forums have been integrated into the Lifeline South Coast website and are now live.

There are challenges experienced when working with diverse communities in the region include reaching the range of groups and negotiating the complex layers of marginalisation and injustice often experienced. Lived Experience (Peer) Workers have highlighted a requirement for:

- Resources for networking
- Time to build relationships, rapport, and trust (difficult if working part-time)
- Travel time to scattered groups or dispersed locations
- Strategies to address working in isolation
- Promotion about the knowledge and skill sets of peer workers e.g. links to specific communities, languages spoken and Auslan proficiency.

Lived Experience (Peer) Work with People Subject to Involuntary Provisions

This section draws on the wisdom and expertise of Lived Experience (Peer) Workers who are or have worked in declared inpatient and community mental health facilities within South Eastern NSW. It is envisaged moving forward this may expand to youth justice and adult forensic mental health settings.

Restrictive Practices – Lived Experience (Peer) Workers contribute to the reduction and elimination of restrictive practices such as seclusion and restraint and work with non-Lived Experience colleagues and service recipients to explore, identify and implement alternatives to restrictive practice and involuntary treatment. Empathic support is provided to consumers during and following restrictive practices. Lived Experience (Peer) Workers provide a valuable consumer perspective in seclusion and restraint committees and project groups.

While it is essential Lived Experience (Peer) Workers are not involved in seclusion and restraint, there is strong evidence that they change the culture to reduce seclusion and restraint practices in mental health units.

Strengths of Lived Experience (Peer) Workers in Involuntary Settings – Lived Experience (Peer) Workers understand and explain the impact of trauma on people's lives and how involuntary settings and restrictive practices may traumatise, re-traumatise and hinder recovery. They help other professionals understand how to be trauma informed and use strength based language that is 'down to earth and jargon free', ensuring consumers do not feel like they are being judged or put down. Lived Experience (Peer) Workers understand how to communicate to uplift a person, assist them to feel respected, accepted and feel as though their individuality and humanity is acknowledged and valued. Lived Experience (Peer) Workers in involuntary settings:

- walk and talk recovery based on personal experience
- share what happens during an admission, easing fear and uncertainty
- provide hope and convey strongly that people can recover
- understand and interpret the different perspectives of service users and clinical staff, and
- They convey, on behalf of the consumer, their preferred treatment and ongoing supports with the treating team.

Lived Experience (Peer) Workers understand the experience of inpatient admission and involuntary treatment. They know that a person's first admission to a mental health unit is daunting and that a person may feel angry, ashamed and afraid. Lived Experience (Peer) Workers appreciate what it is like to experience loss of rights, to have freedoms taken away and not to be able to make decisions. They share the frustration of wanting to go home as quickly as possible due to impacts on employment, business or farming responsibilities and separation from families, children and pets.

Lived Experience (Peer) Workers in Involuntary Settings understand the unique barriers faced by people subject to involuntary provisions and effectively advocate to assist them to navigate service systems. They communicate with empathy and mutuality; build rapport and convey hope, while still helping to understand their rights and responsibilities under the NSW Mental Health Act (2007) and other relevant legislation and policies within the facility.

Lived Experience (Peer) Workers advocate for individuals and assist them in understanding involuntary treatment processes. They ensure that people have the information they require for the hearing on time; help them to understand the accompanying paperwork and support them at the hearing.

They also support people to understand their rights and avenues for support around involuntary treatment such as applying for leave, taking medications or having Electro Convulsive Therapy (ECT), and how to access advocacy and other services such as Legal Aid NSW's Mental Health Advocacy Service and Official Visitors Program NSW. Other roles include:

Recovery – Lived Experience (Peer) Workers support people to exercise choice and make decisions about their treatment irrespective of the setting. They run recovery and other groups within the mental health unit. Examples in South Eastern NSW include hearing voices, developing self-advocacy skills, understanding rights and responsibilities and wellness planning. People report appreciating the safe space of a recovery group and enjoy being able to say what they feel without being judged or interpreted being mentally ill or requiring involuntary treatment. Being able to share helps a person to understand what is happening for them. It also provides an opportunity for everyone present in the group to exchange ideas and strategies about recovery. Lived Experience (Peer) Workers also work with people individually to support strengths and connections, encouraging detained people to connect with their inherent strengths, close relationships, support networks, community and to perform as many life tasks as possible.

Support and Navigation – Lived Experience (Peer) Workers assist people in understanding the daily and weekly routines of an inpatient unit. They also assist people in:

- keeping up with changes both within the inpatient unit and concerning their treatment and care (these changes can be unsettling and compound distress)
- communicating their views and wishes to clinicians to feel better heard and understood. Consumers often invite Lived Experience (Peer) Workers to attend an interview with a doctor or attend a care conference.
- providing reassurance and assisting if a conflict arises
- transitioning through different mental health units such as from a high care area to acute to rehabilitation.
- day to day matters like rent, bills and clothing as well as discussions and negotiations with Centrelink and utilities. While this is the responsibility of all members of the multidisciplinary team, peer workers may undertake these tasks from time to time to support people during hospitalisation.

Indirect Lived Experience (Peer) Roles in Involuntary Settings – Within their current roles in involuntary settings, Lived Experience (Peer) Workers are often involved in systemic advocacy, education, service design, policy and planning, research and leadership areas. It is envisaged moving forward that these roles would be a significant part of the specialist Senior Lived Experience (Peer) Worker position.

This position would allow for a greater focus on:

- Utilising organisational, state-based, national and international human rights Frameworks and complaints processes in work
- Service change and systems advocacy
- Systemic advocacy, with the ability to seek positive changes to:
  - > policies, systems and laws
  - > power imbalances in services and society that discriminate against people experiencing mental health issues, and
  - > stigmatising, prejudicial and limiting attitudes and beliefs concerning people experiencing mental health issues.

Also demonstrated are skills for promoting the human rights and interests of people experiencing mental health issues and remedy infringements; and

- the ability to understand and use or create processes that ensure Lived Experience participation and leadership occurs effectively at all levels of the organisation.
- the ability to bring Lived Experience perspectives into service improvement and quality improvement processes, including providing education and training to staff and service users.

Important Lessons about Lived Experience work in Involuntary Settings

The following lessons were shared by Lived Experience (Peer) Workers who contributed to the development of this Framework.

Honesty and clarity about the role – Lived Experience (Peer) Workers employed in involuntary settings emphasise the importance of being honest, for example, about:

- the legislative requirements of the unit and limitations of their role
- what they will and will not do, and
- what is inconsistent with their professional values.

Ability to set and maintain clear boundaries – Lived Experience (Peer) Workers in involuntary settings must be able to engage people in discussion about limits and to set clear and appropriate boundaries.

Professional isolation – There is often only one Lived Experience (Peer) Worker on each unit. It is essential that this potential isolation is recognised and that they have the opportunity to network and gain support from peers and other workers in these settings.

Importance of co-reflection – Working in an involuntary setting can be daunting and can be traumatising when workers see other people being traumatised. It is crucial that Lived Experience (Peer) Workers can talk with each other about their reactions and dilemmas.

Trust intuition – Lived Experience (Peer) Workers are encouraged to listen to the intuition rather than self-doubt. Acting on intuition is an essential aspect of the role as those instincts are often based on lived experience.

Positioning For Success

Growing Professional Identity

While there are different views among the Australian Lived Experience (Peer) Workforce about the merits and desirability of establishing a professional body, peer workers across South Eastern NSW express have expressed support. A key reason relates to the professional isolation that Lived Experience (Peer) Workers in rural and remote locations frequently experience. A professional body offers the opportunity for peer workers to unite, have a collective voice and to learn and grow together. It offers a sense of strength, belonging and professional solidarity. A professional body would also be able to take on the educative role of promoting awareness and understanding about the Lived Experience (Peer) Workforce – its roles, contribution and rightful place among mental health professions. Other reasons for supporting a Lived Experience work professional identity include:

- Progressing industrial awards
- Establishing processes for accreditation
- Securing arrangements for professional insurance
- Advocating for the workforce
- Being party to decisions concerning the workforce and putting the views of members
- Developing workforce guidelines, practice standards and code of ethics, and
- Articulating and supporting the development of career pathways.

Additionally, and importantly for Lived Experience (Peer) Workers in South Eastern NSW, a professional body could facilitate and consolidate opportunities for professional development, co-reflection and networking.

Fringed wattle Acacia fimbriata

The Fringed wattle is called thus because of the appearance of miscroscopic hairs that make up the flower. The Fringed wattle loves to be maintained, as would benefit the Lived Experience (Peer) Workforce, so that it can grow, getting slightly bigger and more vibrant each year.

Lived Experience (Peer) Worker Positions

Lived Experience (Peer) Workers will be expanded across the region in a diverse range of positions including:

1. **Lived Experience (Peer) Workers –** As the most considerable portion of the workforce, these generalist positions would encompass peer support and advocacy roles in a variety of settings.
2. **Senior Lived Experience (Peer) Workers –** Enabling experienced Lived Experience (Peer) Workers to further pursue a specialist career path, these Senior Lived Experience (Peer) Workers may apply for this status within their current role, or be appointed to a designated Lived Experience (Peer) Specialist position within their organisation (Refer to Appendix Three: Skills for Leadership and Senior Lived Experience (Peer) Workers).

Into the future, Lived Experience (Peer) Workers and Senior Lived Experience (Peer) Workers may increasingly hold positions in more specialised services (Section Three: Opportunities and New Frontiers across the Region).

3. **Lived Experience (Peer) Consultants –** within organisations, the NDIS or sole traders as:
   - Mentors
   - Supervisors
   - Coordinators, and
   - Recovery Coaches.
4. **Designated Lived Experience (Peer) roles –** in academia, education, management and research.

Lived Experience (Peer) Worker Knowledge and Skillset

Table 1 provides a summary of specific knowledge and skill sets. These are presented as a starting point and a guide. A full discussion can be found in Appendix Four.

Core	Understanding of "peerness"; Purposive sharing of lived experience; Recovery and resilience practice; Change agent; Rights-based and social justice practice; Awareness of and action to reduce, power imbalance; Respectful practice with difference and diversity; Strengths-based and trauma-informed communication and engagement; Capacity to establish and maintain appropriate boundaries; Self-aware and reflective practice; Self-care; Teamwork and collaborative practice; Ability to engage in co-reflection and to make effective use of supervision
Direct work	Supporting recovery, autonomy, self-determination and resilience; Overcoming barriers to communication; Supporting self-advocacy; Supporting people to engage in meaningful activities and participate in the community; Community capacity building; Bridging of perspectives; Knowledge of, and ability to work with, issues of confidentiality, consent and information sharing; Self-harm and suicide prevention, and procedures for maintaining safety
Working with people subject to involuntary provisions	Trauma informed practice; Contribute to the reduced use if not elimination of restrictive practices; Support strengths and connections; Being with people; Explain policies and legislation and support people to exercise rights; Advocate for and support autonomy and decision-making; Individual advocacy; Service change and systems advocacy
Indirect work	Knowledge and use of rights Frameworks; Systemic advocacy; Consumer participation and leadership; Contribute to quality, safety and service improvement
Working in rural and regional settings	Professional and personal strategies for managing the visibility of the Lived Experience role; Professional and personal strategies for managing isolation; Organisational and time management skills; Knowledge and use of naturally occurring supports and resources in the community; Partnership and networking practice skills; The ability to discuss and negotiated contested issues (or stand one's ground)
Leadership and senior positions	Vision and agenda leading and setting; Bringing Lived experience perspectives to decisions and decision-making processes; Providing expert advice on policy, planning, evaluation, process and strategic direction; Ability to establish strategic partnerships; Business development; Education, training and research; and Supervision and mentoring.

Table 1

Training and Qualifications

The development and national accreditation of the Certificate IV in Mental Health Peer Work has further recognised and enabled the contribution of the Lived Experience (Peer) Workforce, there are a range of views about entry-level requirements for Lived Experience work. Given the region's demographics and limited and stretched service infrastructure, flexibility is required. It is also vital that people with diverse experiences and backgrounds can enter peer work through a range of alternative pathways and journeys outlined in Table 2.

Entry-level requirements as a minimum will include:

- Recognition of relevant prior learning and experience
- A Certificate IV in Mental Health Peer Work or a Certificate IV in a relevant area (e.g. mental health, community services, disability services etc.) or a willingness to undertake such training
- Equivalent training, or
- Experience in mental health Lived Experience work and peer support - paid and/or voluntary.

The Framework promotes shared training programs and resources across regional agencies including:

Equivalent training

might include Intentional Peer Support; providing online peer support; Hearing Voices group facilitation training; and training provided by a number of community mental health organisations e.g. Artful Voices Program with Aftercare, Flourish, NEAMI and MIND.

Professional development training

that might be provided for Lived Experience (Peer) Workers includes Safe Story Telling; Intentional Peer Support; supporting people in a suicidal crisis; Incidental Counsellor; understanding and responding to trauma; motivational conversations (interviewing); selfcare training; group facilitation; connecting physical and mental health; and working with voices etc.

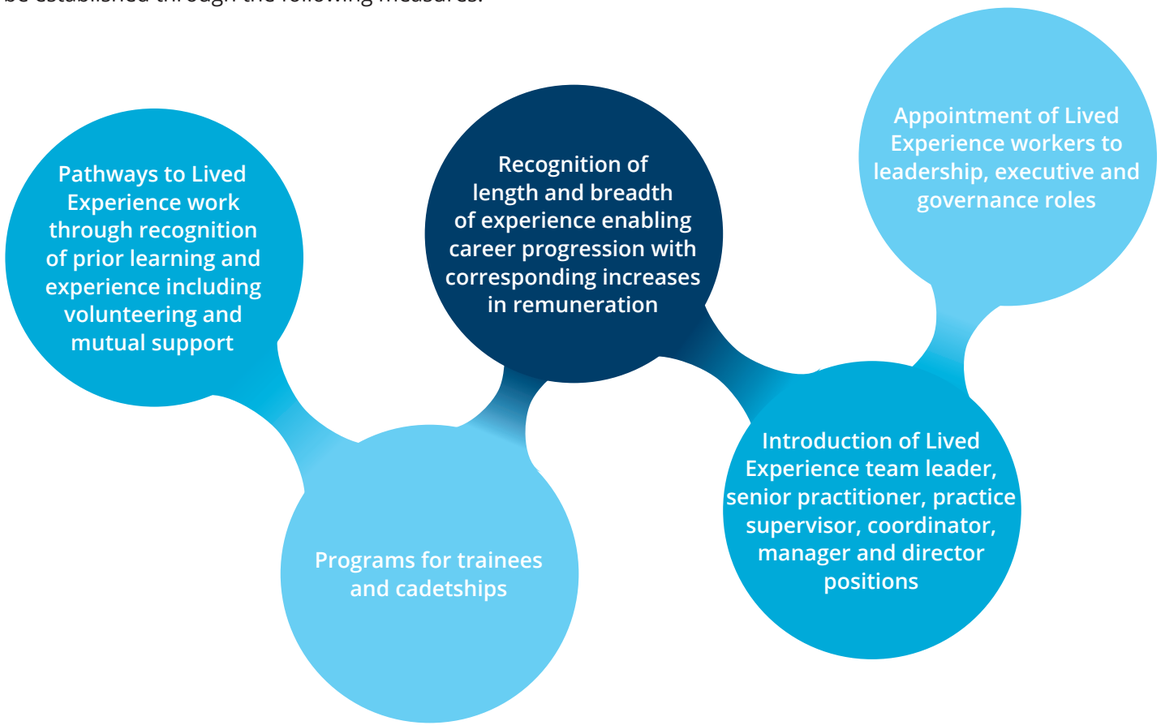
It is envisaged that **Aboriginal social and emotional wellbeing and healing Frameworks**

including the Waminda's Balaang (Women's) Healing Framework will be incorporated into professional development of all Lived Experience (Peer) Workers across the region.

Table 2

Career Pathways Across the Region

To support Lived Experience (Peer) Workers to stay in the peer workforce, career pathways and opportunities for progression and recognition of experience within organisations are required. The vision is for career pathways to be established through the following measures.



Opportunities for career progression will ensure experienced peer workers continue working in the profession and can support new peer workers. It also ensures peer workers continue to work within peer work values and defined roles and boundaries are embedded in the peer workforce in an organisation and “corporate knowledge” isn’t lost in the workforce.

As is the case with other mental health workforces, members of this equally essential workforce are to be encouraged to pursue their own personal and professional development and career directions. Opportunities to move between Lived Experience designated and other positions will be of benefit.

Refer to Appendix Three: Skills for leadership and senior positions.

Bottlebrush Callistemon viminalis

Vibrantly colourful, the bottlebrush is shy in cold weather and flourishes in the climate of the South Eastern NSW region.

Priorities for Practice

Strategies identified by current Lived Experience (Peer) Workers across the region for supporting the development of their workforce included the following:

- Promotion of the Lived Experience (Peer) Workforce and raising awareness and understanding of this workforce
- Ensuring routine Lived Experience-based co-reflection and supervision is automatically included in the employment entitlements of all Lived Experience (Peer) Workers
- Appropriate career pathways into senior or advanced peer work roles to ensure there are enough peer supervisors to provide supervision in the region
- Embedding and resourcing networking with other Lived Experience (Peer) Workers in position descriptions
- Structured and planned opportunities for networking and professional development both informal and formal.

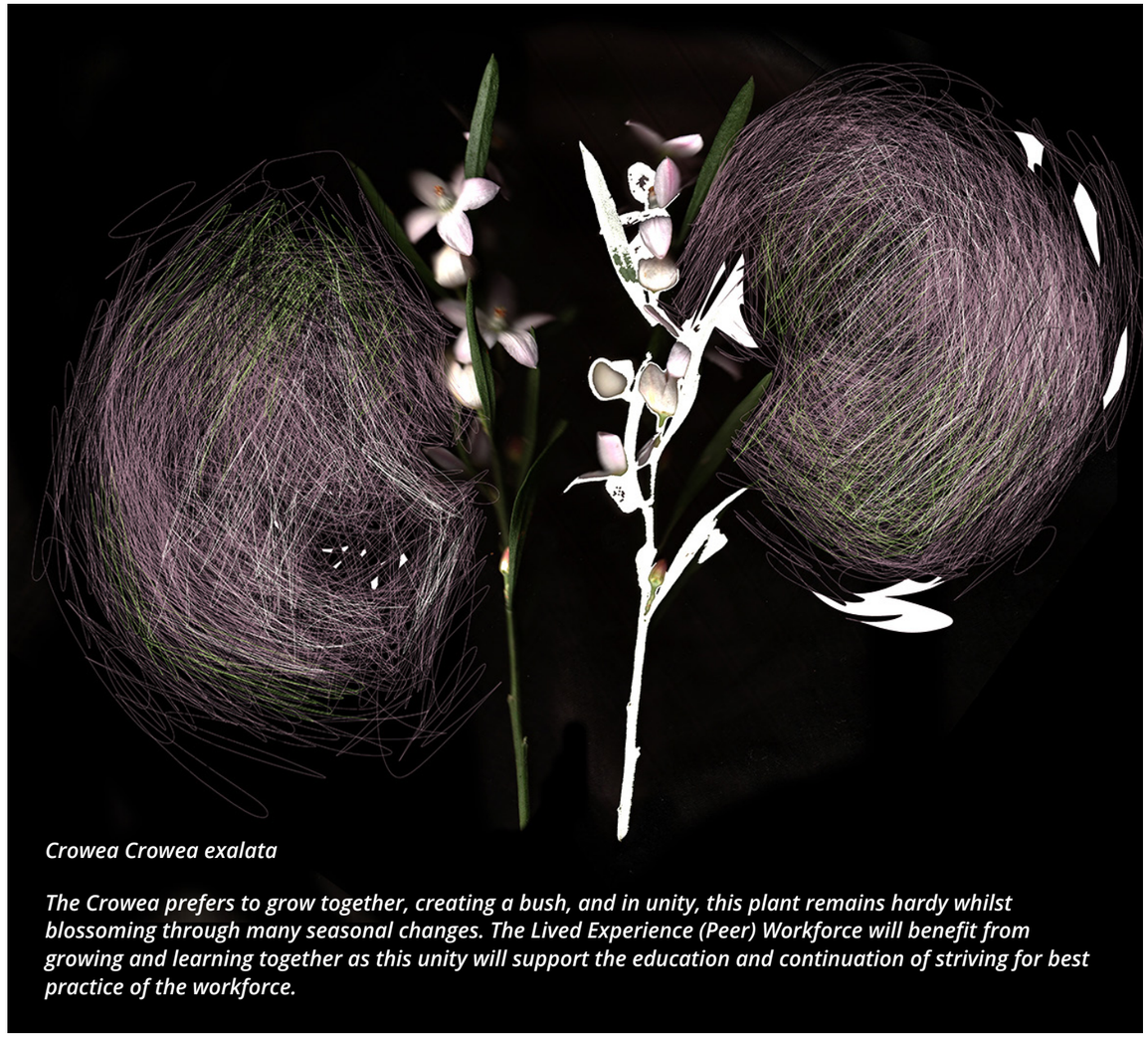
Lived Experience (Peer) Workers will require **resourcing** including:

- To sustain their identity within the community as a person and not just a Lived Experience (Peer) Worker
- Their families my need additional support – if issues of stigma and discrimination emerge such as bullying and harassment
- Time and resources for travel e.g. safe cars, meal and accommodation allowances, phones with internet access, and
- Access to, and additional training in technology.

Additionally, a **Rural and Regional Peer workforce** requires:

- Access to a variety of lived experience work networks, both in person and on-line
- Access to the same range of professional development forums and conferences that are available to regional and urban peer workers
- Co-design of self-care resources that take into account the realities of Lived Experience roles in rural and regional areas
- Access to regular peer supervision, mentoring and co-reflection
- Education and support for organisations that employ peer workers
- A recognition of the fluid boundaries when working in a Lived Experience role in the communities they live, and
- Develop ways to rapidly mobilise and resourced to respond to community needs during times of crisis bringing together services to provide comprehensive and planned support.

During early stages of service design it's useful for funders and organisations to consider the unique needs of people in regional and rural areas and the specific provisions that are required to introduce, grow and sustain a Lived Experience (Peer) Workforce including linkages with other professional workforces in rural settings. Refer to Considerations for Funders and Commissioning Services.



Crowea Crowea exalata

The Crowea prefers to grow together, creating a bush, and in unity, this plant remains hardy whilst blossoming through many seasonal changes. The Lived Experience (Peer) Workforce will benefit from growing and learning together as this unity will support the education and continuation of striving for best practice of the workforce.

Supervision, Co-Reflection and Peer Mentoring

In South Eastern NSW, supervision, peer mentoring and co reflection will be managed through the implementation of an Intentional Peer Support (IPS) model of co-reflection and supervision within the applicable Supervision Framework of the organisation and be provided by experienced Lived Experience (Peer) Workers. The program would initially focus on supporting role authenticity, appropriate boundary clarification and navigation and strategies for being 'publicly out' and for working in isolation.

All employers of Lived Experience (Peer) Workers will honour their responsibilities and ensure opportunities for professional development, co-reflection and peer mentoring are, routinely and regularly provided as part of the employment entitlements of Lived Experience (Peer) Workers. This entitlement will be articulated in conditions of employment or similar workplace documents.

A range of complementary workplace supervision and co reflection arrangements are possible including:

- **Internal –** supervision and co-reflection with a more experienced Lived Experience (Peer) Worker from within the organisation (and separate to line management)
- **External –** supervision and co-reflection with an experienced Lived Experience (Peer) Worker external to the organisation and with no line management responsibilities
- **Peer to peer co-reflection –** in pairs, buddy-system, in teams, group-based and inter-agency
- **Cultural –** supervision and reflection for example with an Aboriginal elder or person from a cultural or community group focusing on cultural issues.

A Regional Structure for Lived Experience (Peer) Worker Networks

The vison for the future incudes a strengthening of the current regional networks and a resourced and expanded role with both Lived Experience (Peer) Workforce development and professional development.

Continuing to be supported by COORDINARE, the existing three networks (Illawarra/Shoalhaven, Southern and South Coast) will remain inclusive of all Lived Experience (Peer) Workers from all mental health and community services across the region. This will be inclusive of lived experience (peer) Workers in the public, community managed, commissioned, Aboriginal community controlled, private, disability and other community sectors such as Family and Community Services and Housing. Lived Experience (Peer) Workers operating as sole traders and/or running peer-led businesses and programs are also welcome.

The three Regional Networks will be collectively linked to:

- The NSW Consumer Peer Workers' Committee which supports the public sector peer workforce in NSW
- Local Health Districts' Peer Worker forums and mental health consumer advisory processes
- NSW regional peer work networks
- The national professional body (when formed) and national peer work networks
- NSW's consumer and other Lived Experience and mental health consumer networks through BEING – Mental Health Consumers NSW and their NSW Peer Work Network, and
- Community mental health organisations Lived Experience (Peer) Worker networks and consumer advisory processes and the PHN Mental Health Lived Experience Engagement Network.

Each of the three Regional Network's will continue to hold at least quarterly half-day meetings. The purpose will remain to:

- Support Lived Experience (Peer) Workers across the region
- Promote and develop the Lived Experience (Peer) Workforce
- Build networks across the region, and
- Provide opportunities for professional development, mentoring and the sharing of knowledge and opportunities.

Members of each network will continue to co-produce the program and agenda for each meeting. Ideally representatives for each organisation, will plan each meeting, with all Lived Experience (Peer) Workers having the opportunity to contribute to the final agenda.

To develop cross organisation and peer worker relationships, Network meetings will be hosted in turn by each organisation that employs peer workers. The meeting will be held in towns across each region to ensure equity of access for peer workers.

The Lived Experience (Peer Networks) have always been supported by the organisations that employ a Lived Experience (Peer) Workforce by enabling their employees to attend meetings as part of their planned work and professional development. It is hoped that employers of Lived Experience (Peer) Workers will incorporate membership of and participation in the networks into position statements and their scope of practice.

Funding for people who are working in Sole Trader business (an emerging workforce in the NDIS) to attend the network meetings should be available so that they are able to attend.

Strengthening the Professional Development Role of the Regional Network

Community of Practice – In addition to the quarterly meetings of the networks, monthly two-hour online Community of Practice conversations are envisaged. This conversation will be open to all Lived Experience (Peer) Workers across the region and will provide a regular opportunity for discussion of practice issues as well as for professional development.

Lived Experience (Peer) Work Retreat – An annual Retreat, potentially known as LEARN (Lived Experience Activity Recovery Nurturing) Retreat is being considered in the region. The LEARN Retreat will provide:

- a time for Lived Experience (Peer) Workers to refresh, focus on self-care and participate in recovery and wellbeing activities
- building 'collective conscience' and professional identity
- showcasing and celebrating Lived Experience work across the region
- professional development activities
- free time for relaxation, sport, the Arts and relationship building.

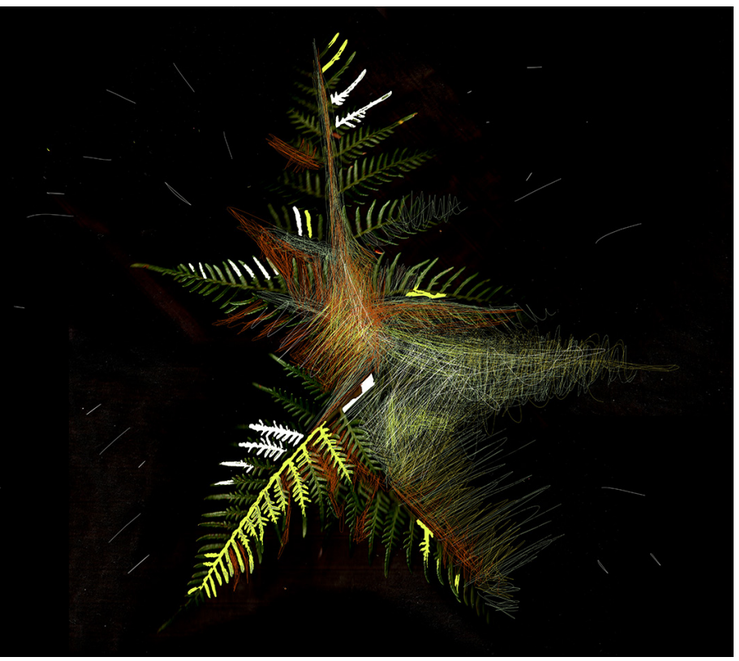
The two-day camps would utilise talents of Lived Experience (Peer) Workers including for example art, music, craft, sport and recreation. Partnerships and sponsorship would be sought to provide possible avenues for the camps to be self-funded.

It is envisaged that the LEARN Retreat would rotate across the three regions with each the network taking turns to organise and facilitate the camp through a committee with representatives from the region.

Further opportunities arising involve Lived Experience (Peer) Workers employed to build peer support capacity within local communities. Examples include Men's Walk, Park Runs, Nurturing Women and Art collectives.

Brackenfern Pteridium esculentum

Brackenfern regenerates swiftly after fires and is considered a 'perrenial' fern. The word perennial means that this ferns history of growth in Australia is immeasurable.



Enabling Strategies

Action on the following enabling strategies will assist the Framework's implementation and will assist with progressing development of this essential mental health workforce.

1. **Commitment from leadership in organisations to implement the Framework and embed the peer workforce –** COORDINARE, Southern NSW and Illawarra Shoalhaven Local Health Districts will continue to seek commitment to growing the Lived Experience (Peer) Workforce from the leadership of organisations. Invitations will be extended for organisational managers to engage in partnerships to collaboratively implement the Framework.

2. **Improving access to training and education like the Cert IV Mental Health Peer Work and Intentional Peer Support –** COORDINARE, Southern NSW and Illawarra Shoalhaven Local Health Districts will explore partnerships to improve access to mental health peer work training.

3. **Promotion of the Lived Experience (Peer) Workforce and implementation of this Framework –** *"We are an essential mental health workforce. We need to be loud, out and proud and self-promote.'* Resources to support the promotion of the Lived Experience (Peer) Workforce across the region to assist people experiencing mental health issues, organisations and communities to understand the unique contribution and essential nature of Lived Experience roles. Resources to promote and implement this Framework are also required.

4. **A Lived Experience (Peer) Workforce data collection –** A data set specifically for the mental health Lived Experience (Peer) Workforce will enable the benchmarking of the distribution and employment characteristics and entitlements of this workforce. It will assist to identify trends, gaps and inequities. It will also guide planning, commissioning and funding decisions and the evaluation of this Framework's impacts and uptake. This data could be developed through the regional peer work networks.

5. **Coordinating the roll out of professional development, supervision and co-reflection through the Regional Networks –** This high priority strategy requires resourcing and immediate action.

6. **A Lived Experience employer community of practice –** given the small numbers of mental health Lived Experience (Peer) Workers throughout the region, the establishment of an employer and manager community of practice will assist with both the embrace of this Framework and the addressing of issues currently experienced by this workforce and employing organisations.

7. **Addressing the gap of Lived Experience (Peer) Workforce research focussed on practice in rural, remote and regional communities –** addressing this gap in the lived experience evidence and knowledge base and then utilising resulting research findings are also priorities.

8. **Building peer support capacity in local communities –** The readiness with which Lived Experience (Peer) Workforces can be deployed to respond to community needs for support during times of crisis and adversity in rural, remote and regional areas, points to the importance of the largely untapped and naturally occurring peer support in many communities. Tapping this resource and providing opportunities for informal peer support can create a pool of trained community volunteers who can reach out to people experiencing mental health issues and who can step forward in times of crisis. This strategy will also help to grow and sustain the Lived Experience (Peer) Workforce by providing pathways into volunteering, training and employment.

Enabling Partnerships

Like Lived Experience work itself, partnerships are essential to the implementation of this Framework. Some key partnerships include the following:

1. **A broadly-based partnership to grow the Lived Experience (Peer) Workforce –** led by the PHNs and NSW Health Local Health Districts other key stakeholders are invited to progress the implementation of this Framework. Key stakeholders include the NSW Mental Health Commission; Being Mental Health Consumers as the peak mental health consumer organisation in NSW; and the Mental Health Coordinating Council as the peak for non-government community mental health organisations. Initial key tasks include championing and securing long term funding for the proper resourcing of this workforce. Strategising and planning, commissioning new positions and programs and the engaging of service providers are also required.

   Additionally, this partnership will provide a vehicle for the development and sharing of practice resources and training – e.g. resources that assist maintaining 'peerness' and role authenticity in regional, rural and remote and isolated settings, responding to being publicly known and recognised as a peer worker, responding to workplace stigma and discrimination and self-care.

2. **Partnerships to develop training and employment pathways –** partnerships with the NSW Health Education Training Institute (HETI) as well as TAFEs, registered training providers and universities across the region will enable the development of tailored training programs and employment pathways suited to the needs of local communities and specific population groups. This will allow peer workers to be trained as educators to raise the awareness of students, trainees and undergraduates about peer work.

3. **Partnerships to recognise and promote the role of the private mental health Lived Experience sector –** recognising the importance of this workforce and its contribution and potential and reaching out to offer collegial support.

Becoming an Employer of Choice for Lived Experience (Peer) Workers

While adaptation will be required across sectors and organisations, the principles and checklist in Appendix Four provide initial guidance for employers to address workplace and employment issues currently experienced by Lived Experience (Peer) Workers.

The principles, drawn from consultations and conversations with Lived Experience (Peer) Workers across the region, are consistent with existing national and international guidance as well as with current research and literature. The guidance is not exhaustive and is designed to be used alongside guidance from the National Lived Experience (Peer) Workforce Guidelines, National Primary Health Network guidance and the Peer Work Hub[6].

The guidance seeks to assist employers and managers to support people in designated Lived Experience positions to work to the best of their capacity and at the top of their scope of practice.

Grevillea "Coastal Dawn"

This flower's petals are affected by and enjoy the coastal climate of South Eastern NSW. As a result of their environmental factors the petals grow delicately lush.

6 https://peerworkhub.com.au/

Considerations for Funders and Commissioners

Funders and commissioning services could support the implementation of this Framework by factoring in the unique needs of people in regional, rural and remote areas and the specific provisions that are required to introduce, grow and sustain a Lived Experience (Peer) Workforce. It is important that the goal of achieving an equitable distribution of Lived Experience (Peer) Workers across the region guides funding and commissioning decisions. Also important are principles of ensuring equitable remuneration and enabling a transition away from sole positions.

It is important that program design and costings include provision for:

- Time and resources for travel
- Working online including access to the necessary technology and to internet connectivity
- Professional development including ongoing training and education, and
- Co-reflection, supervision and networking.

A further important step would be to require all new commissioned services and programs to include Lived Experience (Peer) Worker positions.

Opportunities and New Frontiers across the Region

Lived Experience (Peer) Workers are well positioned to provide effective prevention and empowerment strategies and to contribute to alleviating the effects of life-challenging events.

Opportunities and new frontiers for Lived Experience roles across the region include disaster peer support roles. These positions require the ability to purposefully draw on Lived experience and awareness of pressures faced in rural and/or remote communities affected by current bushfire, drought, floods and economic downturn. The impact of COVID-19 has led to additional funding and new ways of working for peer workers.

Other examples include:

- Lived Experience (Peer) Workers in private practice e.g. sole trades providing NDIS items; one to one and group-based co-reflection and supervision; and on the job professional development
- Lived Experience run businesses providing consultancy services, training and peer support
- Peer run services and programs e.g. warmlines, respite cottages, returning to work support, increasing digital skills and literacy
- Lived experience-run co-design initiatives for example with new suicide prevention programs and peer support programs
- Lived Experience educators and trainers with Recovery Colleges, schools, TAFE, Registered Training Organisations, and Universities
- Lived Experience-run recovery camps and recreational/arts and performing arts activities
- Lived Experience led community organising to tackle stigma and discrimination, and
- Specialisations including for example mental health peer support work with young people, Aboriginal communities and LGBTIQ people.

Implementation

The Framework for Mental Health Lived Experience (Peer) Work is a key action of the South Eastern NSW Regional Mental Health and Suicide Prevention Plan (2018-2023). The joint partnership between COORDINARE, Southern NSW Local Health District and Illawarra Shoalhaven Local Health District will enable us to work in collaboration with health care providers to implement the Framework and support organisations delivering mental health care to become Lived Experience (Peer) employers of choice. Moving forward, the partners will continue to promote and also assist a wider range of organisations to establish arrangements to ensure the provision of necessary supports and governance to position the Lived Experience (Peer) Workforce in South Eastern NSW for success.

Appendix One: Knowledge, Attributes and Skill Sets for Lived Experience (Peer) Workers

This section expands on information presented in Table 2.

Attributes

Some core attributes for Lived Experience (Peer) Workers include personal identification with and experience of life-changing mental health challenges, service use, periods of healing and personal recovery of a mental health challenge and personal identification with the lived experience/consumer movement. All Lived Experience (Peer) Workers share a commitment to social justice and human rights and to the mental health consumer movement. Other attributes include willingness to share experience, respectfulness, compassion, openness, honesty, flexibility and being self-aware and reflective.

Understanding of 'peerness' – the connection and mutual understanding that arises from shared experiences of mental health challenges and other human vulnerability and distress, service use and recovery.

Purposive sharing of lived experience – the ability to purposefully and safely share and draw on personal experiences of life-changing mental health challenges, service use and periods personal recovery and healing.

Recovery and resilience practice – the ability to provide recovery-oriented, trauma informed and strengths-based perspectives and to convey hope; and the ability to form mutually beneficial and reciprocal relationships where there is shared learning and growth as well as respect and valuing of each other's experience and contribution.

Change agent – the ability to contribute toward service and/or policy change and improvement with a focus on embedding of recovery oriented and trauma informed practice, service delivery and culture.

Working knowledge of professional, legal, human rights and ethical Frameworks – using knowledge of relevant legislation and policy Frameworks to promote the human rights of people with lived experience of mental health issues.

Rights-based and social justice practice – the ability to assist people move from a place of being discriminated against, excluded and having their human rights denied to being valued and having a contributing and fulfilled life of personal choosing.

Awareness of and action to reduce, power imbalance – using awareness and understanding of the impacts of power imbalances to transparently discuss any imbalance and to work toward minimising power imbalance.

Respectful practice with difference and diversity – valuing and welcoming diversity and difference; respecting the culture, beliefs, practices and lifestyles of people who use services, and using knowledge of the ways these might impact and/or promote mental health and the experience of mental health services.

Strengths-based and trauma-informed communication and engagement – using strengths-based and trauma-informed language and communication skills to engage, build up and empower people.

Capacity to establish and maintain appropriate boundaries – the ability to assess and manage personal and role-oriented limitations and boundaries.

Self-aware and reflective practice – is aware of own worldview including personal feelings, thoughts, attitudes, assumptions, judgments, agendas, power, privilege, and patterns of thinking and responding; welcomes difference as opportunities to learn and grow both personally and professionally.

Self-care - a personal commitment to self-care through stress management, wellness and strategies to maintain health and wellbeing and the ability to identify and manage any barriers to self-care, recognise signs of personal distress and stress and to seek support from others as necessary.

Teamwork and collaborative practice – the ability to work collaboratively and in partnership with people experiencing mental health issues, with other Lived Experience (Peer) Workers and with other professionals; understanding and respecting the limits of own role and expertise while valuing the roles, responsibilities and expertise of others.

Ability to engage in co-reflection and to make effective use of supervision – uses supervision (mentoring and co-reflection) effectively by monitoring self and practice, engaging in problem-solving strategies and using supervision to increase knowledge and skills as a Lived Experience (Peer) Worker and to maintain role authenticity and work through dilemmas and challenges arising from role.

Direct work skills

This skill set will be most applicable to Lived Experience (Peer) Workers who work directly with people accessing services or support including for example, Lived Experience (Peer) Worker/specialist; Peer Support Specialist/ worker; Farm/rural/drought support worker; Recovery/Wellbeing/Lived Expertise coach; Peer/recovery mentor; Consumer rehabilitation support worker; Peer artist; Peer Lifestyle facilitator; Lived expertise connection worker; Lived expertise resource worker; and Lived expertise group facilitator.

Supporting recovery, autonomy, self-determination and resilience – the ability to support others to take charge of their lives, to define, lead and own their recovery, to pursue what is personally important and to lead lives of their own choosing.

Overcoming barriers to communication – the ability to identify with people's practical barriers to communication and to identify ways to minimise their impact.

Amplifying the voice of people being supported – the ability to promote the human rights of people being supported to assist people to know their rights, identify choices and options, express their views and preferences and to have their voice heard, especially with regard to decisions about their lives.

Supporting self-advocacy – The ability to support people to speak up and express their views, obtain and assess information, make decisions, advocate for themselves and to overcome potential barriers during their recovery journey.

Supporting people to engage in meaningful activities and participate in the community – drawing on knowledge of the local community to support people to identify and engage in activities that are meaningful to them and which assist recovery.

Community capacity building – the ability to build the capacity of communities to provide peer support, draw on Lived Experience and provide opportunities for social connection, participation and inclusion.

Bridging of perspectives – the ability to reframe language and ways of communicating to ensure people are being heard correctly and to help the different parties understand each other.

Knowledge of, and ability to work with, issues of confidentiality, consent and information sharing – the ability to draw on knowledge of organisational policies concerning informed consent, confidentiality and information sharing, and the ways these are applied when working within and between teams or organisations; and the ability to transparently and honestly discuss issues of confidentiality with a person including any limits.

Self-harm and suicide prevention, and procedures for maintaining safety – knowledge of trauma, self-harm and suicide. Ability to be with people in crisis while working with relevant organisational policies. The ability to engage people in safety planning, supporting access to services and peer-led trauma-informed alternatives. Negotiating crisis support with the person if necessary.

Appendix Two: Questions to Guide Conversations about Lived Experience (Peer) Work in Aboriginal Communities

This guide was developed following Aboriginal Peer Workforce Consultations hosted by COORDINARE in August 2020.

Views - What are the views of elders and Aboriginal communities about the desirability of an Aboriginal peer workforce?

Language, concepts and terms – How are Aboriginal peer worker positions to be understood? How is peer to be understood? How is lived experience to be understood? How would a position of Lived Experience (Peer) Worker look from a community perspective? What are the positions to be called? What is the narrative for designated Aboriginal Lived Experience work positions?

Roles – What roles are envisaged? How will the positions work alongside of other designated Aboriginal positions?

- Meeting and greeting and sitting with people
- Walking with people while being in the system but not part of it
- Breaking down stigma about mental health challenges and service use
- Coaching people through the system
- Advocacy
- Mentoring and role-modelling – demonstrating self-healing is possible
- Peer work roles emerging from the Alternative to Emergency Department initiative
- After hours and at weekend support

Location of positions – Where are the positions to be located?

On the job support and training - What training and on the job professional development is required and how will it be provided?

Entry pathways – What entry level experience and/or training is required? What pathways and journeys might Aboriginal people take into peer work? Is there a need for specific Aboriginal Lived Experience work training and qualifications? If so, how might this be achieved?

Cultural connection and guidance – How is connection to be ensured with community elders, community-controlled organisations? How will regional Frameworks for healing and social and emotional wellbeing be observed? How is cultural supervision and mentoring for Aboriginal Lived Experience (Peer) Workers to be provided? How is cultural safety to be ensured? What resources are required for cultural supervision and who will provide them?

Risks – What are the risks and how are the risks Aboriginal Lived Experience work positions to be addressed?

Collaboration with Aboriginal community-controlled organisations – Could ACCHOs play a role in developing Aboriginal Lived Experience (Peer) Workers/mentors? And being their employers rather than public health services? E.g. in-reach roles? Independent positions as well as employed by mainstream health services? Employed and supported through partnerships between mainstream services and community-controlled organisations?

Appendix Three: Skills for Leadership and Senior Lived Experience (Peer) Workers

The vision for the region is one where Lived Experience (Peer) Workers are in leadership and senior positions throughout mental health and community sectors. Senior Lived Experience (Peer) Workers will inspire, set the pace and influence change.

Lived Experience (Peer) Workers in leadership or senior positions might have one or more "portfolios" or functions:

- Lived Experience (Peer) Workforce planning
- Design of Lived Experience roles
- Recruitment and deployment of Lived Experience (Peer) Workers
- Co-reflection with and supervision of Lived Experience (Peer) Workers
- Line management of Lived Experience (Peer) Workers
- Education and training of Lived Experience (Peer) Workers as well as other professionals
- Systems advocacy and identifying and leading action on wider systems change, human rights and social justice priorities
- Project management or policy development functions that peer workers may undertake (particularly in leadership roles);
- Executive position within the organisation
- Lived experience participation, engagement and inclusion, and
- Governance membership

Activities of Lived Experience (Peer) Workers in senior and leadership positions

Activities undertaken by Senior Lived Experience (Peer) Workers may include the following.

Leadership – demonstrating and promoting understanding of the unique contribution of Lived Experience roles; demonstrating and promoting the core skills of Lived Experience (Peer) Workers; applying lived experience perspectives to decision making processes; modelling problem solving, critical thinking, negotiation and constructive feedback using "peer" processes and through a Lived Experience lens; participating in and promoting the importance of Lived Experience (Peer) Worker networks and networking; demonstrating and promoting self-care practices.

Advocating for the Lived Experience (Peer) Workforce – Communicating the views and advocating for the interests and priorities of Lived Experience (Peer) Workers; mediating and liaising between the worker, management and other stakeholders; advocating for Lived Experience (Peer) Worker participation in ongoing training and networking.

Organisational change – Leading workplace culture change along with other leaders in the organisation; Promoting systems change, better services (informed by lived experience), more equitable policies, recovery-oriented and trauma informed practice.

Promoting and developing the Lived Experience (Peer) Workforce – Bringing Lived Experience roles into prominence within the organisation and across the sector; advocating for Lived Experience roles; leading the design of Lived Experience position descriptions and specification of responsibilities; conducting training and education to ensure the effectiveness of Lived Experience roles and the integration of the Lived Experience (Peer) Workforce within the organisation.

Supervision and co-reflection – Mentoring and coaching Lived Experience (Peer) Workers with their role; providing or facilitating co-reflection in a variety of formats;

Practice development – Providing opportunities for Lived Experience (Peer) Workers to come together and reflect on practice and challenges; ensuring opportunities for professional development are in place; helping to deliver better outcomes through learning that comes from exploring and discussing work issues; promoting confidence and building decision-making skills. Other skills include leading programs including peer-led programs, policy development and review and quality improvement activities.

Key attributes of Lived Experience (Peer) Workers in senior and leadership positions

The criteria for Senior and Leadership Lived Experience positions are not necessarily qualification-based or length of service-based. Rather criteria are sufficiently flexible to recognise experience, knowledge, skills and attributes. Lived Experience (Peer) Workers across the region suggest a requirement of several years' experience of Lived Experience work.

Senior Lived Experience (Peer) Workers maintain 'peerness', are committed to peer networking, inspire trust and are respected by peers as well as non-Lived Experience staff – "someone with clout and authority." In this region, senior and leadership roles require experience and understanding of the dilemmas and challenges of Lived Experience practice in general, and in particular, in rural, remote and regional areas. The ability to maintain role authenticity has been demonstrated as has the ability to manage personal responses to professional isolation and to adverse workplace practices and policies.

Senior Lived Experience (Peer) Workers are strengths-based and demonstrate the ability to support others to identify, use and develop their skills. They also lead by example through actively engaging in their own recovery and role-modelling self-care.

Key skills of Lived Experience (Peer) Workers in senior and leadership positions

Key skills of Senior Lived Experience (Peer) Workers include:

- Vision and agenda leading and setting
- Bringing Lived experience perspectives to decisions and decision-making processes
- Providing expert advice on policy, planning, evaluation, process and strategic direction;
- Ability to establish strategic partnerships
- Workforce development
- Education, training and research, and
- Supervision and mentoring.
- Senior Lived Experience (Peer) Workers also have high level communication skills, the ability to have difficult conversations, negotiate and resolve conflict while upholding Lived Experience values and principles.

Appendix Four: Employer of Choice Tool

Employer of Choice Criteria

1.	**Lived Experience (Peer) Workforce vision and commitment**
1.1	The development of a Lived Experience (Peer) Workforce is included in the organisation's constitution, vision, strategic plan and other corporate documentation
1.2	A Lived Experience (Peer) Workforce development plan is in place with KPIs that are reported and reviewed
2.	**Workplace culture and readiness**
2.1	The organisation's leadership champions the Lived Experience (Peer) Workforce and the role of lived experience in service transformation is welcomed and embraced
2.2	The wellbeing of Lived Experience (Peer) Workers from diverse groups is promoted through organisational culture, leadership, policies and procedures
2.3	Organisational culture is recovery-oriented, trauma informed and strengths-based
2.4	Lived Experience (Peer) Workers co-produce and co-deliver organisational training including: • the Lived Experience movement, its origins and history, underpinning philosophies, roles, positions and the contribution to mental health policy and services. The role and benefits of Lived Experience (Peer) Workers is included in staff orientation including Board members • recovery-orientated and trauma informed practice • training for managers who supervise Lived Experience (Peer) Workers
2.5	Processes are in place for reviewing organisational understanding of the role and remit of the Lived Experience (Peer) Workers
2.6	Lived experience perspectives are valued and reflected in consumer and carer responses to the YES and CES surveys and similar review tools
2.7	Lived Experience (Peer) Workers are engaged and encouraged to take leadership roles in safety and quality improvement activities
3.	**Lived Experience leadership throughout organisations**
3.1	The organisation is working toward the development of Lived Experience (Peer) Workforce roles across all levels including: • membership of organisational committees e.g. governance, Finance and Risk, Culture and safety etc. • positions reflect a diversity and breadth of roles • membership of multi-disciplinary teams and not in tokenistic isolated positions
3.2	Lived Experience (Peer) Workers can see a future within the organisation
4.	**Equitable remuneration and resourcing**
4.1	Positions are fulltime with provision for part-time and job share arrangements
4.2	Employment entitlements and workplace conditions meet legislative requirements and are: • remunerated according to a relevant and appropriate award e.g. Health Education Officers, Health Service Managers, SCHADS, Administrative Officer • previous lived experience roles, contributions and volunteering are recognised including non-formal training and experience (e.g. Intentional Peer Support) and related/or unrelated formal qualifications • training undertaken during employment is recognised and appropriately remunerated • Lived Experience (Peer) Workers have access to business resources including computer/laptops, desk, phone, business cards etc.
5.	**Authentic Lived Experience roles and positions**
5.1	Lived Experience (Peer) Workers have co-produced roles, positions and scope of practice and articulated responsibilities and relationships with other roles in the organisation
5.2	The values and principles of Lived Experience (Peer) Work are embedded in position descriptions including: • networking (local, regional, State) and co-reflection with lived experience colleagues • resourcing of peer facilitated supervision • professional development and peer to peer debriefing and learning • advocacy concerning human rights, social justice, safety and quality improvement
5.3	The lived experience of the person appointed relevant to the people and populations they will be working with
5.4	Aboriginal-designated Lived Experience positions are co-produced with local elders, Aboriginal communities and Aboriginal Community Controlled organisations. Aboriginal elders, cultural advisers and relevantly experienced professionals and community members are invited and appropriately remunerated and resourced to provide cultural advice and mentoring for Aboriginal designated Lived Experience workers
5.5	Process is in place to verifying and routinely reviewing the authenticity of roles and position requirements including an explanation of opportunities to progress in career and within the organisation
5.6	Processes is in place to monitor the ways in which teams relate to and work with Lived Experience (Peer) Workers and to identify and manage issues
6.	**Awareness and action to address workplace stigma and discrimination**
6.1	The organisation is aware and understands the potential for Lived Experience (Peer) Workers to experience stigma and discrimination as a result of their lived experience of mental health challenges
6.2	It is understood that this experience will often be in addition to previous stigma and discrimination
6.3	If a Lived Experience (Peer) Worker has had previous contact with the service or staff to receive mental health care, organisations must ensure the confidentiality and privacy of personal and health information
6.4	Jeopardy arising from workplace stigma and discrimination is compounded for Aboriginal Lived Experience (Peer) Workers is also recognised and understood.

7.	**Career pathways and professional development**
7.1	Career planning is undertaken to enable progression and preparation for future roles including: • support to undertake further training, education or professional development activities for example training in peer work, leadership, management, project management and mentoring and supervision • guidance for progression and remuneration with experience • entry pathways for potential Lived Experience (Peer) Workers including volunteering/secondment opportunities, cadetships, traineeships, student placements • opportunity to move between designated Lived Experience positions and other positions within the organisation • Lived Experience (Peer) Workers are encouraged and supported to undertake research, prepare publications and present at conferences
8.	**Co-reflection/supervision, professional development and networking**
8.1	Opportunities for co-reflection (supervision), professional development and networking with other Lived Experience (Peer) Workers are routine, resourced and documented in position description and terms of employment
8.2	Supervision is provided by experienced or senior Lived Experience (Peer) Workers and reflects lived experience values and principles
8.3	Resourcing for regional networks, including support of employees to actively engage in network meetings and activities
8.4	Aboriginal designated workers are supported to participate in broader Aboriginal health and community worker networks and professional development opportunities
9.	**Proactive responses to rural, regional, remote and isolated care delivery**
9.1	Organisations support Lived Experience (Peer) Workers: • in situations where additional support is need for individuals and/or for families as a result of stigma and discrimination emerging in the workplace and/or local community • to allow time and resources for travel e.g. vehicles, meal and accommodation allowances, internet enabled phones etc • with measures to ensure the safety of workers traveling alone, in remote or isolated areas and/or long distances

References

Byrne, L., Happell, B., & Reid-Searl, K. (2015). Recovery as a lived experience discipline: A grounded theory study. *Issues in Mental Health Nursing, 36(12),* 935-943. doi:10.3109/01612840.2015.1076548

Byrne, L., Happell, B., & Reid-Searl, K. (2017). Acknowledging rural disadvantage in mental health: Views of peer workers. *Perspectives in Psychiatric Care, 53(4),* 259–265. doi:10.1111/ppc.12171

Byrne, L., Roennfeldt, H., & O'Shea, P. (2017). *Identifying barriers to change: The Lived Experience (Peer) Worker as a valued member of the mental health team.* Retrieved from: https://www.qmhc.qld.gov.au/documents/identifyingbarrierstochangesummaryreport.pdf

Byrne, L., Roennfeldt, H., Wang, Y., & O'Shea, P. (2019). You don't know what you don't know': The essential role of management exposure, understanding and commitment in peer workforce development. *International Journal of Mental Health Nursing, 28,* 572–581. doi:10.1111/inm.12562

Byrne, L., Roper, C., Happell, B., & Reid-Searl, K. (2019). The stigma of identifying as having a lived experience runs before me: Challenges for lived experience roles. *Journal of Mental Health, 28*, 260-266. doi:10.1080/09638237.2016.1244715

Byrne, L., Stratford, A., & Davison, L. (2018). The global need for lived experience leadership. *Psychiatric Rehabilitation Journal, 41(1),* 76-79. doi:10.1037/prj0000289

Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., & Darwin, L. (2019). *Queensland Framework for the Development of the Mental Health Lived Experience (Peer) Workforce.* Queensland Government: Brisbane.

Byrne, L., & Wykes, T. (2020). A role for lived experience mental health leadership in the age of covid-19. *Journal of Mental Health.* doi:10.1080/09638237.2020.1766002

Fong, T., Stratford, A., Meagher, J., Jackson, F., & Jayakody, E. (2018). *Peer work in Australia: A new future for mental health.* Australia: RichmondPRA Ltd.

Honey, A., Boydell, K.M., Coniglio, F., Do, T.T., Dunn, L. Gill, K., Glover, H., Hines, M., Newton Scanlan, J. & Tooth, B. Lived experience research as a resource for recovery: a mixed methods study, *BMC Psychiatry,* 20:456. doi.org/10.1186/s12888-020-02861-0

Legere, L. (2015). *A providers' handbook on developing and implementing peer roles.* Retrieved from: http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf

Mead S., & MacNeil C. (2006). Peer support: What makes it unique? *International Journal of Psychosocial Rehabilitation, 10 (2)*, 29-37.

Mental Health Community Coalition (2020). *Working collaboratively with Aboriginal and Torres Strait Islander People: a guide to culturally safe practice.* Retrieved from: https://www.mhcc.org.au/wp-content/uploads/2020/07/WwFNP_Resource_v5.pdf

Mental Health Coalition South Australia (2018). *NGO mental health Lived Experience (Peer) Workforce standards and guidelines*. Retrieved from: https://www.mhcsa.org.au/toolkit/

Mental Health Coalition South Australia (2018). *Mental health peer supervision Framework.* Retrieved from: https://www.mhcsa.org.au/wp-content/uploads/2020/04/FINAL-LEWP-Peer-Supervision-Framework-111219.pdf

Mental Health Coalition South Australia (2018). *NGO CALD mental health Lived Experience (Peer) Workforce standards & guidelines.* Retrieved from: http://www.mhcsa.org.au/wp-content/uploads/2018/09/LEW-CALD-Guidelines_.pdf

Mental Health Coalition South Australia, NGO Mental Health Lived Experience (Peer) Workforce Program (2018). *NGO Aboriginal mental health Lived Experience (Peer) Workforce standards and guidelines*. Retrieved from: https://www.mhcsa.org.au/wp-content/uploads/2018/09/LEW-Aboriginal-Guidelines_.pdf

Mental Health Commission Canada (2016). *Guidelines for the Practice and Training of Peer Support*. Retrieved from: https://www.mentalhealthcommission.ca/sites/default/files/peer_support_guidelines.pdf

National Health Service (UK) *Peer Support Worker Competence Framework for Mental Health: Supporting Document Part One (2020)*. Retrieved from: https://www.hee.nhs.uk/sites/default/files/documents/The%20Competence%20Framework%20for%20MH%20PSWs%20-%20Part%201%20-%20Supporting%20document.pdf

National Health Service (UK) *Peer Support Worker Competence Framework for Mental Health: Full list of competencies Part Two (2020).* Retrieved from: https://www.hee.nhs.uk/sites/default/files/documents/The%20Competence%20Framework%20for%20MH%20PSWs%20-%20Part%202%20-%20Full%20listing%20of%20the%20competences.pdf

National Health Service (UK) *Peer Support Worker Competence Framework for Mental Health: Curriculum Part Three (2020).* Retrieved from: https://www.hee.nhs.uk/sites/default/files/documents/The%20Competence%20Framework%20for%20MH%20PSWs%20-%20Part%203%20-%20Curriculum_1.pdf

Northern Territory Mental Health Coalition (2020). *2018 – 2019 Mental Health Peer Support Workforce Needs Assessment: Report to NT Primary Health Network.* Retrieved from: https://www.ntmhc.org.au/2018-2019-mental-health-peer-support-workforce-needs-assessment/

NSW Mental Health Commission, *Peer Work Hub, Starting a Peer Workforce.* Retrieved from: http://peerworkhub.com.au/

Peer Support Canada (2019). *Peer Supporter Competencies.* Retrieved from: https://peersupportcanada.ca/wp-content/uploads/2019/06/Peer_Supporter_Competencies-ENG.pdf

Productivity Commission. (2019). *Mental Health Productivity Commission draft report.* Retrieved from: https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf

Substance Abuse and Mental Health Services Administration (USA) (2016). *Core Competencies for Peer Workers in Behavioral Health Services.* Retrieved from: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

Scottish Recovery Network (2012). *Experts by experience: values Framework for peer working.* Retrieved from: https://scottishrecovery.net/wp-content/uploads/2012/10/SRN_Values_Framework_Peer_Working_reprint_2013.pdf

Te Pou (2020). *Peer workforce values*. Retrieved from: https://www.tepou.co.nz/initiatives/peer-workforce-values/24

Te Pou (2014). *Competencies for the mental health and addiction service user, consumer and peer workforce.* Retrieved from: https://www.tepou.co.nz/resources/competencies-for-the-mental-health-and-addiction-service-user-consumer-and-peer-workforce/536

FOR MORE INFORMATION:

COORDINARE – South Eastern NSW PHN
Phone: 1300 069 002
Website: www.coordinare.org.au
Email: info@coordinare.org.au

Southern NSW Local Health District
Phone: 1800 662 167
Website: www.snswlhd.health.nsw.gov.au
Email: SNSWLHD-FeedBack@health.nsw.gov.au