MHLEEN Mental Health Lived Experience Engagement Network

National Mental Health Consumer & Carer Forum

Pathways For Supporting The 'Not Negotiable' Lived Experience (Peer) Workforces To Thrive

A scoping paper for formal lived experience expertise training programs and supports

Prepared by

LELAN

2022

Acknowledgement

The National Mental Health Consumer and Carer Forum and the National Primary Health Network Mental Health Lived Experience Engagement Network acknowledge the Traditional Custodians of the lands and waters on which we work and live on across Australia. We recognise their continuing connection to land, waters, culture and community. We pay our respects to Elders past and present.

Suggested citation

Hodges, E., Solonsch, L. & Boniface, S. (2022). Pathways for Supporting the 'Not Negotiable' Lived Experience (Peer) Workforces to Thrive: A Scoping Paper for Formal Lived Experience Expertise Training Programs and Supports. Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. Mental Health Australia, Canberra.

Contents

Executive Summary

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined voice for mental health consumers and carers. It aims to listen, learn, influence and advocate in matters of mental health reform.

The purpose of the National PHN Mental Health Lived Experience Engagement Network (MHLEEN) is to share approaches to co-design, lived experience engagement and the development of the peer workforce (Consumer and Carer Engagement and Peer Workforce Development).

The NMHCCF and MHLEEN jointly funded and managed the work of preparing a scoping paper for a formal Lived Experience Expertise Training Program. The NMHCCF and MHLEEN engaged the SA Lived Experience Leadership & Advocacy Network (LELAN) to prepare this scoping paper.

The project scope initially was to *conduct a training needs analysis, scope the existing offerings available, and provide recommendations and a project brief, including high level budget, for development of a training pathway for the lived experience workforce, including areas of specialisation, supervision and mentoring, blended learning offerings and module-based package options*. As the project progressed there was a change in agreed scope and direction to more widely focus on the issues of lived experience capacity-building, leadership and the lived experience (peer) workforces. This was driven by ongoing and regular discussion with the Project Steering Group as well as limitations on training module budget disclosures.

The experiences of people with lived experience who are part of these workforces are centred throughout the scoping paper. These insights and contributions shine a light on the current landscape and offer an imagining of what the ideal needs to be.

The paper provides recommendations for improving existing training options, career opportunities and support structures to strengthen the lived experience (peer) workforces. They outline key opportunities for growth, expansion, professionalisation and advocacy to ensure lived experience as a unique discipline and skillset is valued, developed and embedded across the mental health and social sectors.

In reading the scoping paper it will be important to contextualise its content and recommendations to the time that it was worked on and written. The lived experience (peer) space is a dynamic environment with a lot of additional theorising, planning and resourcing happening within and across jurisdictions throughout Australia and the world. This means that additional reports, data and standards are continuously emerging and will need to be considered alongside the scoping paper and other projects being overseen by the NMHCCF and MHLEEN.

Introducing A Model for Enabling Progressive, Viable And Sustainable Lived Experience (Peer) Workforces

The scoping paper proposes a model of what is required for progressive, viable and sustainable lived experience (peer) workforces to develop and thrive in Australia. Recommendations in the scoping paper are aligned with the proposed model to support advocacy and actions that need to be taken to ensure the unique value and transformative impact of lived experience is realised.

The model has five pillars:

- Endorsement of and investment in lived experience as a discipline and critical workforce
- Tiered training options accounting for diverse roles, responsibilities, communities, settings and entry points
- Visible career pathways and progression opportunities
- Workplace supports that enable safe, effective and thriving lived experience (peer) workforces
- A professional body providing oversight, development opportunities and advocacy.

Core to the model, and weaving through each of the five pillars, is the need for lived experience involvement, expertise, leadership, values and connection to the movement to be centred. These are foundational requirements of all planning, decision-making and embedded change that needs to occur, they are the mechanism for realising *nothing about us without us* in its truest sense.

Summary Scoping Paper Recommendations

4.1 Endorsement of and investment in lived experience as a discipline and critical workforce

4.1.a Define scope and role of lived experience (peer) workforces

4.1.b Increase accountability to and reporting on lived experience (peer) workforces

4.1.c Increase investment in lived experience (peer) workforces

4.2 Tiered training options accounting for diverse roles, responsibilities, communities, settings and entry points

4.2.a Align training options to career progression opportunities

4.2.b Design and deliver training options aligned to lived experience (peer) values and that meet the needs of the diversity of roles within the lived experience (peer) workforces

4.2.c Advocate for training options that address the needs and preferences of people with lived experience to increase accessibility and improve completion rates

4.2.d Identify and secure funding streams that provide targeted opportunities for people with lived experience to undertake training

4.2.e Develop and deliver training for the broader mental health sector to de-stigmatise lived experience and integrate lived experience (peer) workforces

4.3 Visible career pathways and progression opportunities

4.3.a Expand opportunities for people to enter and/or progress their careers in designated lived experience (peer) workforce roles

4.3.b Develop pathways for people with lived experience to enter, leave and/or return to designated lived experience (peer) workforce roles without discrimination or structural impediments to ongoing career progression goals they may have

4.4 Workplace supports that enable safe, effective and thriving lived experience (peer) workforces

4.4.a Ensure ongoing access to meaningful workplace supports and professional development opportunities are available to all lived experience (peer) workers, from those who provide peer support to others through to those in leadership and executive roles

4.5 A professional body providing oversight, development opportunities and advocacy

4.5.a Establish a national lived experience professional body to promote and advocate for the development and oversight of the lived experience (peer) workforces as its own unique and valuable discipline

The Way Forward

The NMHCCF and MHLEEN are in a unique position to lead the conversation and work in partnership with key committee's and agencies to ensure action is taken. It will be imperative that the NMHCCF and MHLEEN continue to connect with the broader lived experience community in iterative loops to continue to co-create and strengthen the lived experience (peer) workforces.

1 Introduction

1.1 The NMHCCF and MHLEEN Partnership[1]

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined voice for mental health consumers and carers. It aims to listen, learn, influence and advocate in matters of mental health reform.

The purpose of the National PHN Mental Health Lived Experience Engagement Network (MHLEEN) is to share approaches to co-design, lived experience engagement and the development of the peer workforce (Consumer and Carer Engagement and Peer Workforce Development).

The NMHCCF and MHLEEN jointly funded and managed the work of preparing a scoping paper for a formal Lived Experience Expertise Training Program. The training program will provide consumers and carers crucial skills in lived experience co-design and leadership.

This project is one of three connected components of a larger plan to consolidate and promote existing initiatives and resources in order to facilitate effective growth of lived experience voices and leadership.

The other two projects are:

1 The development of a curated central repository of mental health consumer and carer leadership-related knowledge and leadership initiatives.

2 A Mental Health Lived Experience Governance Framework and Toolkit to guide identified priority organisations and jurisdictions when engaging with people with lived experience.

1.2 Purpose of the Scoping Paper

The NMHCCF and MHLEEN engaged the SA Lived Experience Leadership & Advocacy Network (LELAN) to prepare the scoping paper.

The project scope initially was to *conduct a training needs analysis, scope the existing offerings available, and provide recommendations and a project brief, including high level budget, for development of a training pathway for the lived experience workforce, including areas of specialisation, supervision and mentoring, blended learning offerings and module-based package options.* As the project progressed there was a change in agreed scope and direction to more widely focus on the issues of lived experience capacity-building, leadership and the lived experience (peer) workforces. This was driven by ongoing and regular discussion with the Project Steering Group as well as limitations on training module budget disclosures.

The scoping paper situates the need for formal lived experience expertise and leadership training pathways within the current policy and mental health reform context and is informed by an extensive environmental scan of 259 training programs designed for or with significant relevance to the lived experience workforces in Australia (more detail is provided on this in Appendix One).

[1] These words have been taken from the Request for Tender (RFT) document provided by the NMHCCF and MHLEEN

The experiences of people with lived experience who are part of these workforces are centred throughout the scoping paper. These insights and contributions shine a light on the current landscape and offer an imagining of what the ideal needs to be.

The paper provides recommendations for improving existing training options, career opportunities and support structures to strengthen the lived experience (peer) workforces. They outline key opportunities for growth, expansion, professionalisation and advocacy to ensure lived experience as a unique discipline and skillset is valued, developed and embedded across the mental health and social sectors.

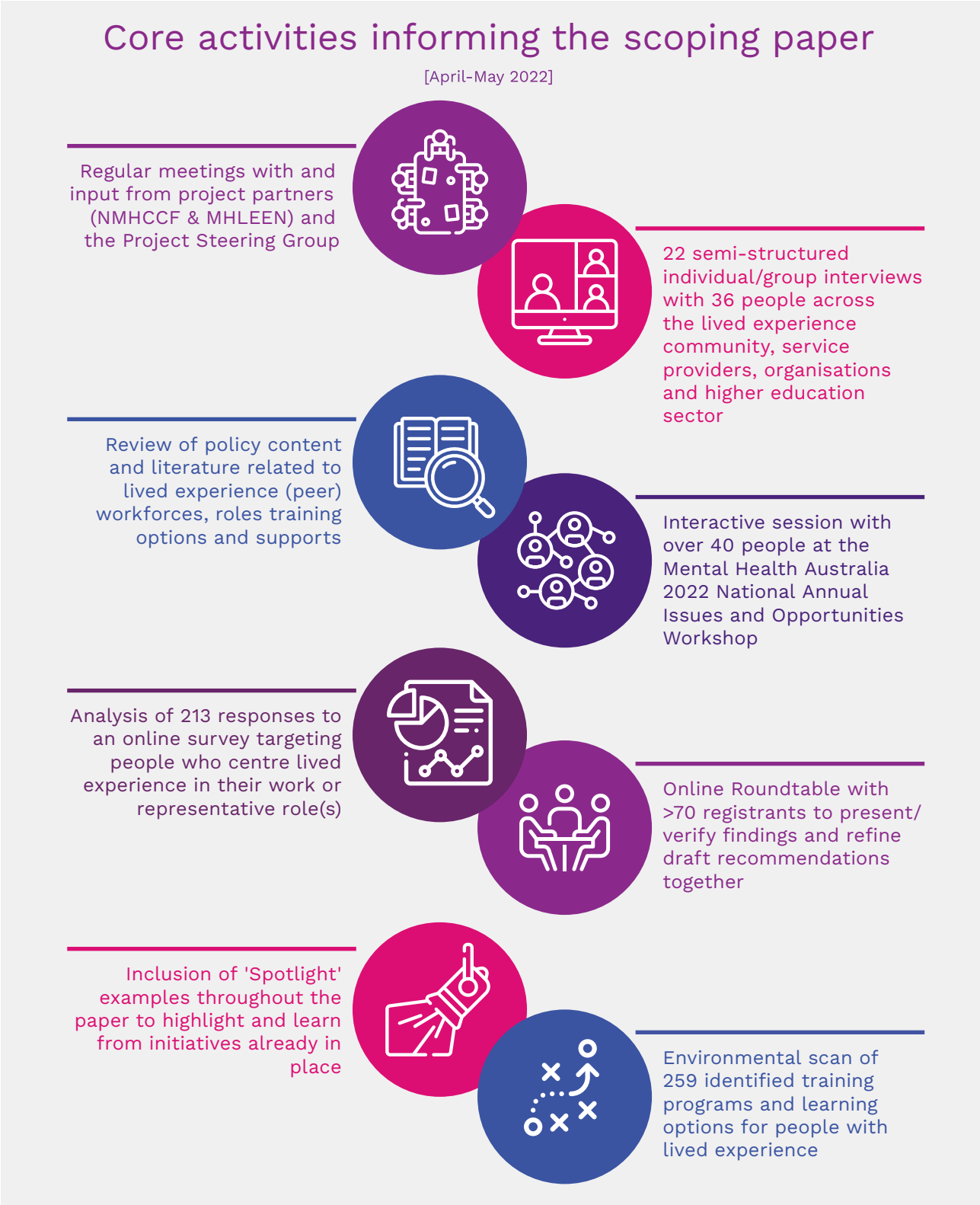
The scoping paper offers actionable steps that individuals, groups and organisations will be able to integrate into their own practice, however, the full potential of the ideas set out in these pages will need concerted collective effort and advocacy at jurisdictional and federal level for the vision to be realised.

In reading the scoping paper it will be important to contextualise its content and recommendations to the time that it was worked on and written. The lived experience (peer) space is a dynamic environment with a lot of additional theorising, planning and resourcing happening within and across jurisdictions throughout Australia and the world. This means that additional reports, data and standards are continuously emerging and will need to be considered alongside the scoping paper and other projects being overseen by the NMHCCF and MHLEEN.

1.3 Scoping Paper Methodology

The image below depicts the core activities that inform the scoping paper. They were completed by the LELAN team between April and May 2022.

We sincerely thank the many people that were involved and have directly shaped this important work.



Several potential limitations with the scoping paper have been identified that will need to be considered when reviewing the findings and recommendations. Representation from the ACT (1.44%), NT (5.29%), NSW (7.25%) and Tasmania (4.33%) was limited within the survey. However, people within these regions as well as people within regional and rural areas participated in interviews. People who held peer worker roles contributed to 58% of survey responses (it may be higher as some people defined peer roles within the other category which had 15.64% of respondents). LELAN recognises that an area for confusion among some people was the distinction between the peer workforces and broader lived experience workforces. Therefore, the findings presented may be overly influenced by the needs of people in peer support roles rather than broader lived experience positions.

Throughout this work there was no collection of demographic information pertaining to age, race, gender, and specific dynamics of lived experience that people hold, therefore we cannot verify the diversity of responses captured. However, information about the specific lived experience of interview participants came through within discussions of their workplace, supports, role, field, or trainings.

Despite receiving some high-level costings to inform future funding and budget considerations, LELAN was not given permission to publish these. Therefore, although guiding our findings around this, the figures presented in Appendix Three are average rather than exact costings.

1.4 LELAN's Approach to Our Work

As a lived experience-led organisation LELAN centres the perspectives, collective insights and solution ideas of people with lived experience in all of our work. It is our role to listen, truly hear and amplify what participants share with us, particularly people with lived experience of the social issue, experience or topic being enquired about, resisting temptation to judge or filter what is shared because it is hard for services and systems to hear, to integrate into policy and/or practice or because resources are not available to do anything about it.

Creating space for and including lived and living experience narratives in honest, visible and influential ways matters to the people who generously share their experiences and are most impacted by the decisions made. LELAN is encouraged that systems and agencies are increasingly demanding that this becomes a required element of redesign and transformation. Reimagining services and rebalancing relationships, through inviting more people into decision-making processes and truly sharing power with people with lived experience and people who work on the frontline, is a justice issue that benefits everyone.

For these reasons you will note that direct quotes captured and shared during the development of the scoping paper appear throughout this report. This is how we continue to honour the people that contributed and their unique insights.

> *Sometimes mobilising our power is holding space for others to take up space and have their stories heard. Holding space is about inviting listening – so that those who control, covet or block the circulations of power do not automatically speak – therefore enabling different stories to be told. Holding space is an action.*
>
> [Sophie Pascoe, Anna Sanders, Andrea Rawluk, Paula Satizabal and Tessa Toumbourou]

2

Understanding Lived Experience And The Different Roles And Experiences Of People Within The Lived Experience (Peer) Workforces

2.1 Clarifying Lived Experience Expertise and the Diversity of Roles Within the Lived Experience (Peer) Workforces

Even with increased recognition of the value of lived experience and commitment to growing the lived experience (peer) workforces there is much confusion about what is meant by these terms and the diversity of roles that exist. The below definitions and clarifications are made to articulate the terms, positioning and source materials that inform this scoping paper and recommendations.

Lived experience

When we speak of lived experience at LELAN, we define it as personal experience(s) of mental distress, social issues or injustice *that have caused life as we knew it to change so significantly we have to re-imagine and redefine ourselves, our place in the world and our future plans*.[2]

Lived experience expertise

Lived experience expertise is the process of applying what has been learned through a person's lived experience to inform and transform systems, services and individual outcomes for those impacted by mental distress, social issues or injustice. *Importantly, it's about learning how to use those experiences in a way that's useful to other people*.[3]

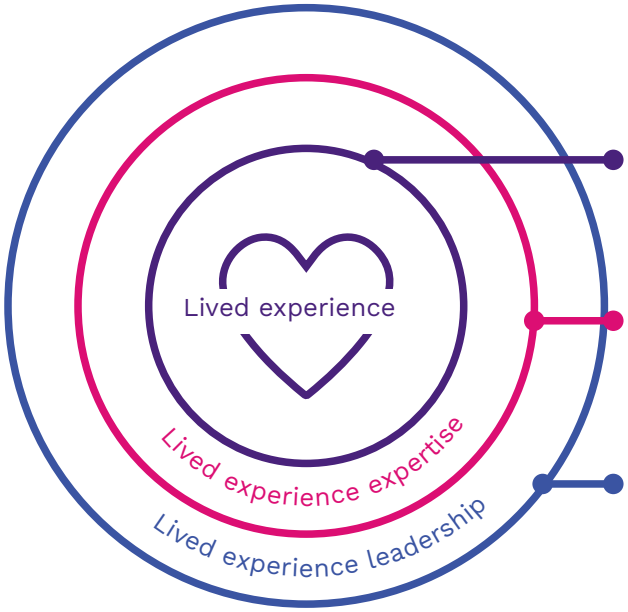
This expertise is grounded and centred in wider lived experience values and history of the consumer movement.

[2] Louise Byrne & Til Wykes (2020) A role for lived experience mental health leadership in the age of Covid-19, Journal of Mental Health, 29:3, 243-246, DOI: 10.1080/09638237.2020.1766002. www.tandfonline.com/doi/pdf/10.1080/09638237.2020.1766002?needAccess=true

[3] ibid.

Lived experience leadership

Lived experience leadership is *where people stand up and speak up for the recognition and valuing of lived experience and advancing the movement. This includes informal and formal activity which promote the values and goals of lived experience as relating to empowerment, peer services, social justice and citizenship.*[4] *Lived experience leaders connect their personal, professional and socio-political worlds in unique ways to lead change, linking local experience with organisational and systems change endeavours. It operates within and outside of roles, organisations and settings.*[5]



Lived experience
To reimagine and redefine ourselves, our place in the world and our future plans[6]

Lived experience expertise
To use those experiences in a way that's useful to other people[7]

Lived experience leadership
To speak up to influence community awareness, organisational culture, policy and politics; create space, pathways and inclusion with others; prompt and support change[8]

[4] Loughhead, M., Hodges, E., McIntyre, H. & Procter, N.G. (2021). A roadmap for strengthening lived experience leadership for transformative systems change in South Australia. LELAN and UniSA, Adelaide. www.lelan.org.au/wp-content/uploads/2021/08/ALEL_digital_linked.pdf

[5] Hodges, E., Loughhead, M., McIntyre, H. & Procter, NG. (2021). The Model of Lived Experience Leadership. LELAN and UniSA, Adelaide. www.lelan.org.au/wp-content/uploads/2021/08/Model-of-Lived-Experience-Leadership_ALEL-Project.pdf

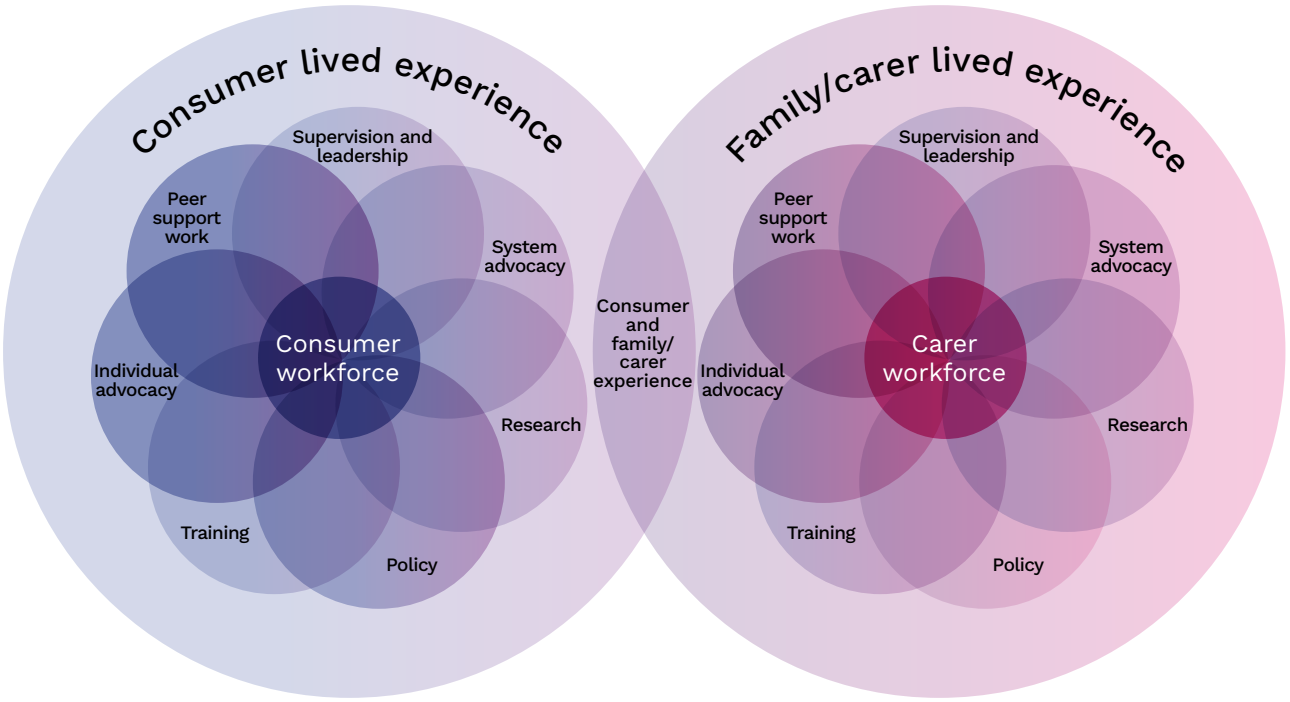
[6] Byrne, L., & Wykes, T., 2020 A role for lived experience mental health leadership in the age of Covid-19, Journal of Mental Health, 29:3, 243-246, DOI: 10.1080/09638237.2020.1766002

[7] ibid.

[8] Loughhead, M., Hodges, E., McIntyre, H. & Procter, NG. (2021). A roadmap for strengthening lived experience leadership for transformative systems change in South Australia. LELAN and UniSA, Adelaide. www.lelan.org.au/wp-content/uploads/2021/08/ALEL_digital_linked.pdf

The lived experience (peer) workforces

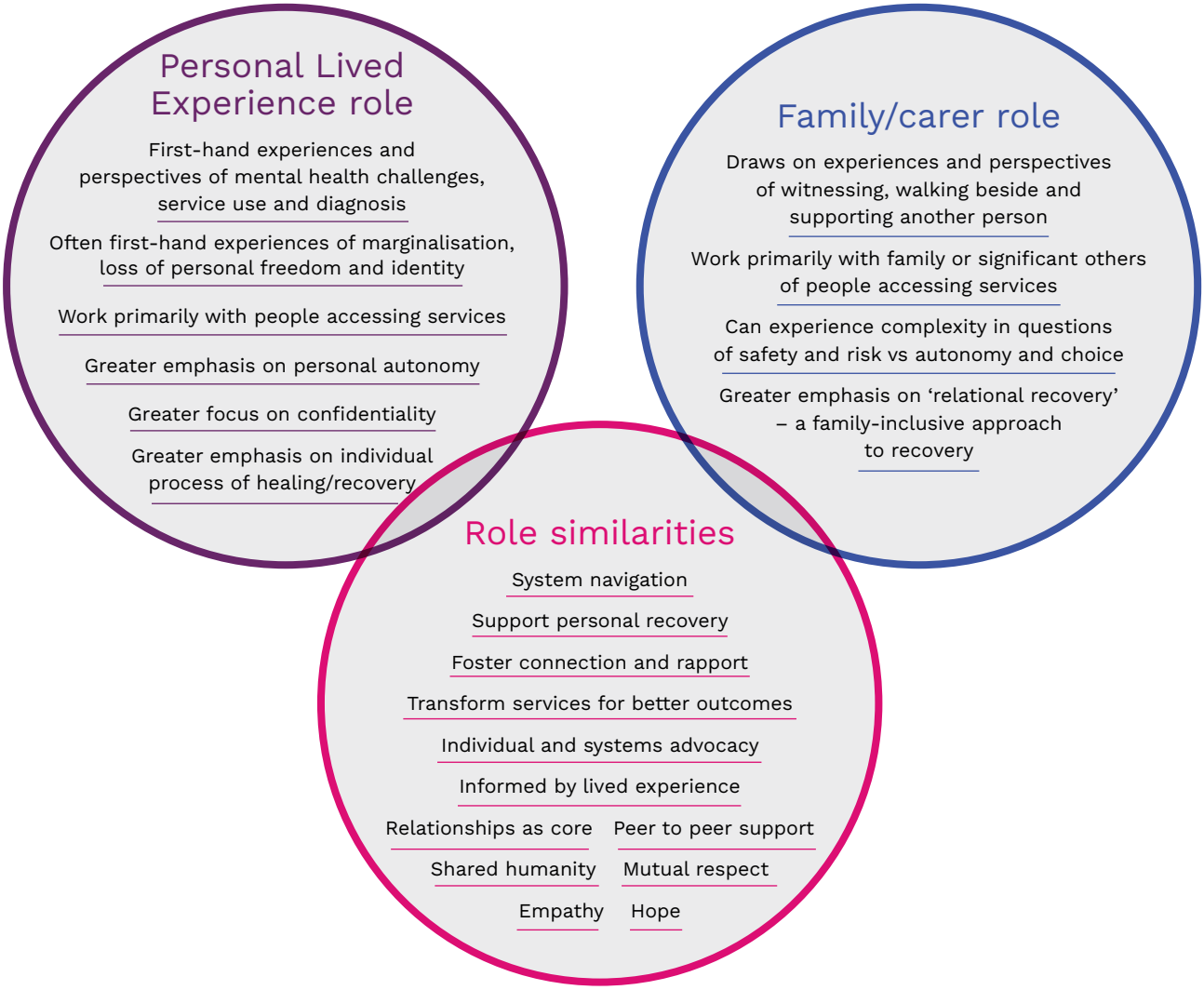
The diversity of roles within the lived experience (peer) workforces is much broader than people new to understanding lived experience positions are aware of. Lived experience workforce roles are depicted below and include (though are not limited to): peer support/work roles; advocacy and representative roles; policy, training and research roles; and leadership roles.[9]



[9] Introduction to Lived Experience Roles by Centre for Mental Health Learning Victoria: www.cmhl.org.au/sites/default/files/resources-pdfs/CMHL-Intro-to-LEW-roles-v3-20190227.pdf

Additionally, the lived experience (peer) workforces are made up of personal lived experience roles and family/carer roles. It is important that this differentiation is highlighted and continues, with a recognition that whilst each of the workforces have individual value and are independent from each other there are many synergies between them and a need for ongoing dialogue and mutual development. Each of these workforces is informed by different experiences, perspective and priorities and will have their own unique needs and preferences for how each workforce will develop, grow and diversify.

The National Mental Health Commission's National Lived Experience (Peer) Workforce Development Guidelines do not recommend combined personal lived experience and family/carer roles as they have high potential to *cause confusion, issues with boundaries, and conflicts of interest.*[10]



[10] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/getmedia/a33cce2a-e7fa-4f90-964d-85dbf1514b6b/NMHC_Lived-Experience-Workforce-Development-Guidelines

2.2 The Experiences of People Within Lived Experience (Peer) Workforce Roles

Empathy Maps were completed during the Mental Health Australia 2022 National Annual Issues and Opportunities Workshop with over 40 people with lived experience from across Australia. Empathy Maps helped us to understand in greater detail the perspective and experiences that people in different roles have within the lived experience (peer) workforces that informs the development of the scoping paper and its recommendations. Empathy Maps consider what people in each of the roles being centred are thinking/feeling, seeing, hearing, and saying/doing. They also speak to the roles pain points (obstacles worth considering, fears, frustrations, etc) and their gain points (hopes, wants/needs, measures of success, etc).

From the information provided the LELAN team wrote narratives to capture the current and hoped for ideal experience of six persona roles that are shared on the next three pages. Words in italics are direct quotes from the information gathered during the interactive session.

The persona roles demonstrates that there is no one-size-fits-all answer to developing the lived experience (peer) workforces and supporting them to thrive. They highlight the need for each role to be uniquely considered in the design, development, implementation and evaluation of training pathways and supports that will emerge in coming years.

Lived Experience Representative / Advocate

As an advocate I feel like there's *no acknowledgment* of the work I'm doing and it's leaving me feeling *frustrated and excluded*. I feel like I'm not being supported, not *getting access to meeting documents or information I need* and am doing *a lot of unpaid work*. There's lots of *decision-making happening without us*, and I'm being *underestimated*, and struggling to deal with *hierarchies* and not being in the system. I'm slowly *starting to see a shift towards more respect*, but it's common to still be met with *patronising* attitudes and for people to *talk above* me.

I want to be *valued and respected for my expertise* and recognised as a *leader and included*. I want to see organisations and governments working with us to develop a *collective agenda*, *walking the walk* and making sure there is *room for all voices*, and they have the *most appropriate person for the role*, including as chairs/leaders. We need to see *upskilling non-peer staff/organisational readiness* and to be able to access *training/ professional development on committee structures and processes* to help create and represent *a genuine commitment to invest* in lived experience.

Peer Worker

As a peer worker I'm feeling *inadequate, misunderstood* and *burnt out*. I know that I'm *satisfied when working with clients* but ultimately feel *powerless, isolated* and *not valued*. As a peer worker I know that there's *positive outcomes when leadership is on board* but I'm *exhausted*, feel like *there isn't career progression*, and am *being told by leadership that my role is not valued. I worry that if I speak up, I'll lose my position* when I just *want better lives for my clients* and want to feel *empowered, accepted* and have *job satisfaction*.

I would want to see my organisation using *true co-design, providing regular supervision* and for *clinicians to have actual understanding of peer roles*. I would love to help with *educating clinicians* to create *better outcomes*, and for that to happen I would need *more tiers within peer work* and *smoother* pathways for *career progression*. I don't want to keep having this *fear funding will be taken away*, and for that to happen people with lived experience would need *lots of senior investment*. It would be even better if we were *involved in management, strategic planning, delivery of service and development*.

Peer Team Leaders

I feel like the team leader role I have is *accepted as 'lip service' only,* and I don't get recognition or accepted *as equal management* to people in non-designated positions. I'm lucky to have ended up in this position because there's *not enough lived experience team leaders,* but we're *not being promoted* and the *value of lived experience team leaders isn't being promoted.* It's also difficult because there's a *lack of supervision for us from lived experience supervisors* and we don't get opportunities *to network with other lived experience team leaders,* and this kind of *network could improve professional development.*

I think the future for lived experience is *peer led organisations,* but we need *current and ongoing funding at federal, state and organisational levels. Getting reasonable adjustments* and both *lived experience and non-lived experience supervision* would help me be good leader overall, not just a good leader with lived experience.

Lived Experience Representatives / Workers With Diverse Identities

Besides myself there's *no peer workers* in this area, so I'm *feeling left out.* When I look for other roles there's *very limited knowledge/ information in job descriptions* or for *job training/certification.* I had a co-worker, but our *workers burn out* and are *re-traumatised due to lack of on job support,* along with a lack of respect in the workplace, whether due to racism or transphobia. They aren't even *getting our names right,* which shows an incredible *lack in cultural inclusiveness,* and is *stripping us of our identities.*

To be safe in our workplaces we need *clear written guidelines on the scope of our* jobs. Our organisations need *training around safety and cultural awareness.* We need to see real consideration of all that we can bring, not just flags on the walls. Everything from *matching peer workers with consumers to documentation structure considering intersectionality to make it inclusive of diversity.* To really succeed we would need to see an attitude shift within our organisations, *we are the ones who need to go to them, yet we keep hearing they want to learn from us. Give us leadership and empowerment opportunities,* invest in us *through scholarships and external training.*

Lived Experience Leadership / Executive Roles

Working at a leadership/executive level in a designated lived experience role is *overwhelming.* It's a role where *one person has to inform, talk to* and provide *emotional support for all* lived experience staff. Not *many services have lived experience at those levels,* which means I have limited peers to practice co-reflection with and to bounce ideas off of, these *small numbers can feel lonely. I*t's also difficult to find trainings at our level, and I've *never had any training,* so I've *suffered from imposter syndrome.*

To succeed at my role, I need opportunities to develop *skills in project management, writing, managing budgets, applying for funding, managing boards, and communication skills,* but the other staff and *board members need training as well,* because getting things done is a collaborative process. It's important that we're able to *set boundaries* at this level and are trusted to *lead decision making* while representing the *voice of people* with different lived experiences. I think the most important thing would be seeing a *government commitment to the value of lived experience leadership and* encouraging system wide *investment in an organisational chart that includes lived experience expertise in all aspects of the business.*

Leaders With Lived Experience In Non-Designated Roles

It's really *isolating not* being *sure whether to 'come out'* and talk about my own lived experience. I think it might *wreck my job and cost* my *career or cost me promotions.* My *non-designated role* and the organisation I work in *does not value the practice of lived experience,* which makes being open about my experience difficult because of *pay, stigma, and career risks.*

I want ***t****he organisation to have a positive culture* where it's *safe to share experiences of mental illness*, to *recognise the difference between working from an expertise of lived experience and having a lived experience.* I would love to *work from a peer/lived experience perspective* if I was supported to build this through training and *peer supervision.* I think I'll only be comfortable to do this if the workplace has a *positive and inclusive culture* and *people with lived experience are treated the same and get reasonable adjustments.*

3

What We Heard About The Training And Support Experiences Of The Lived Experience (Peer) Workforces

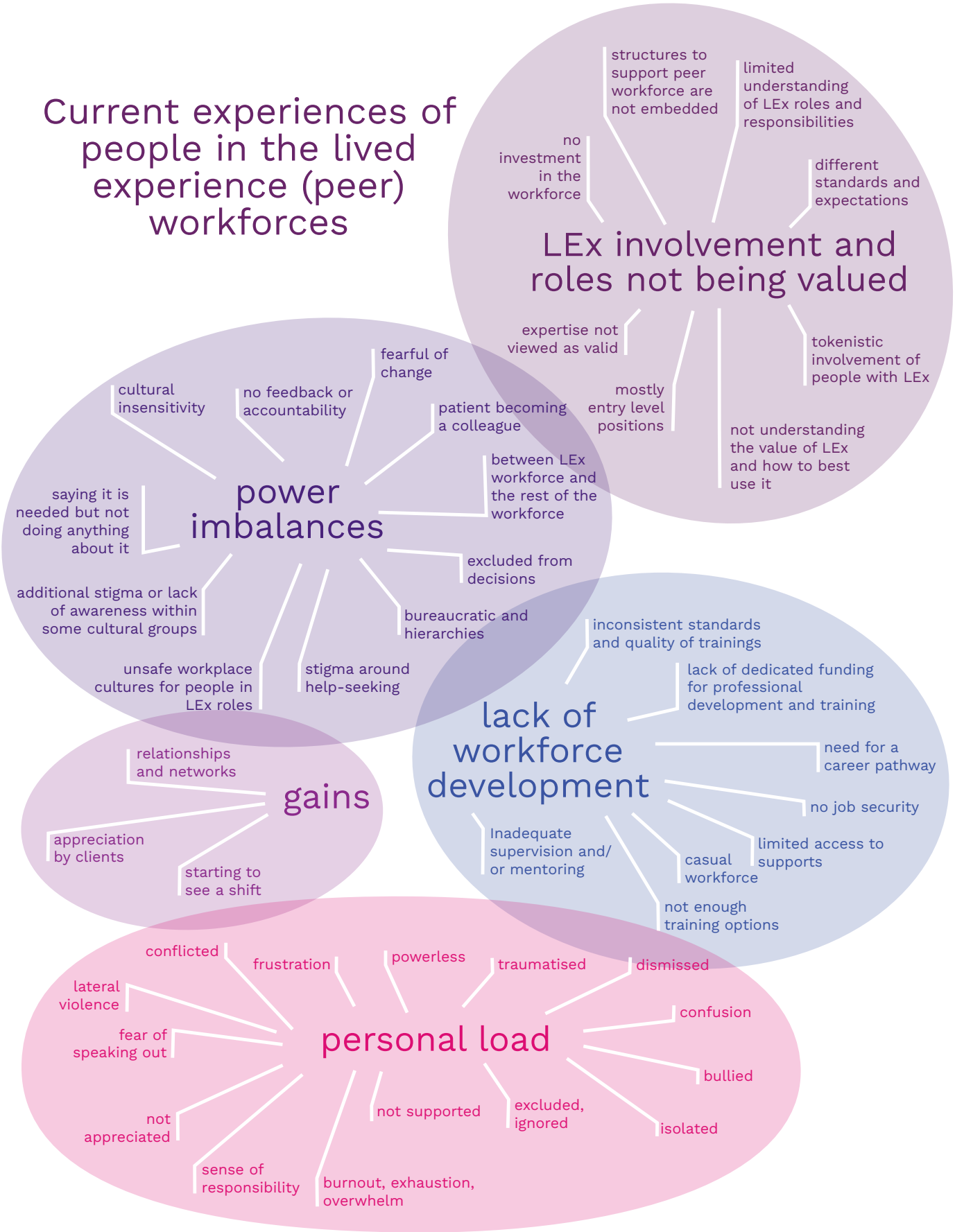
This section presents a themed summary of the insights, experiences and solution ideas that emerged during core activities that inform the scoping paper and its recommendations. They highlight the diverse and at times contradictory perspectives that people hold regarding the needs of the lived experience (peer) workforces and what is required for it to grow and transform the mental health ecosystem.

3.1 A Summary of the Current and Hoped for Ideal Experiences of People in the Lived Experience (Peer) Workforces

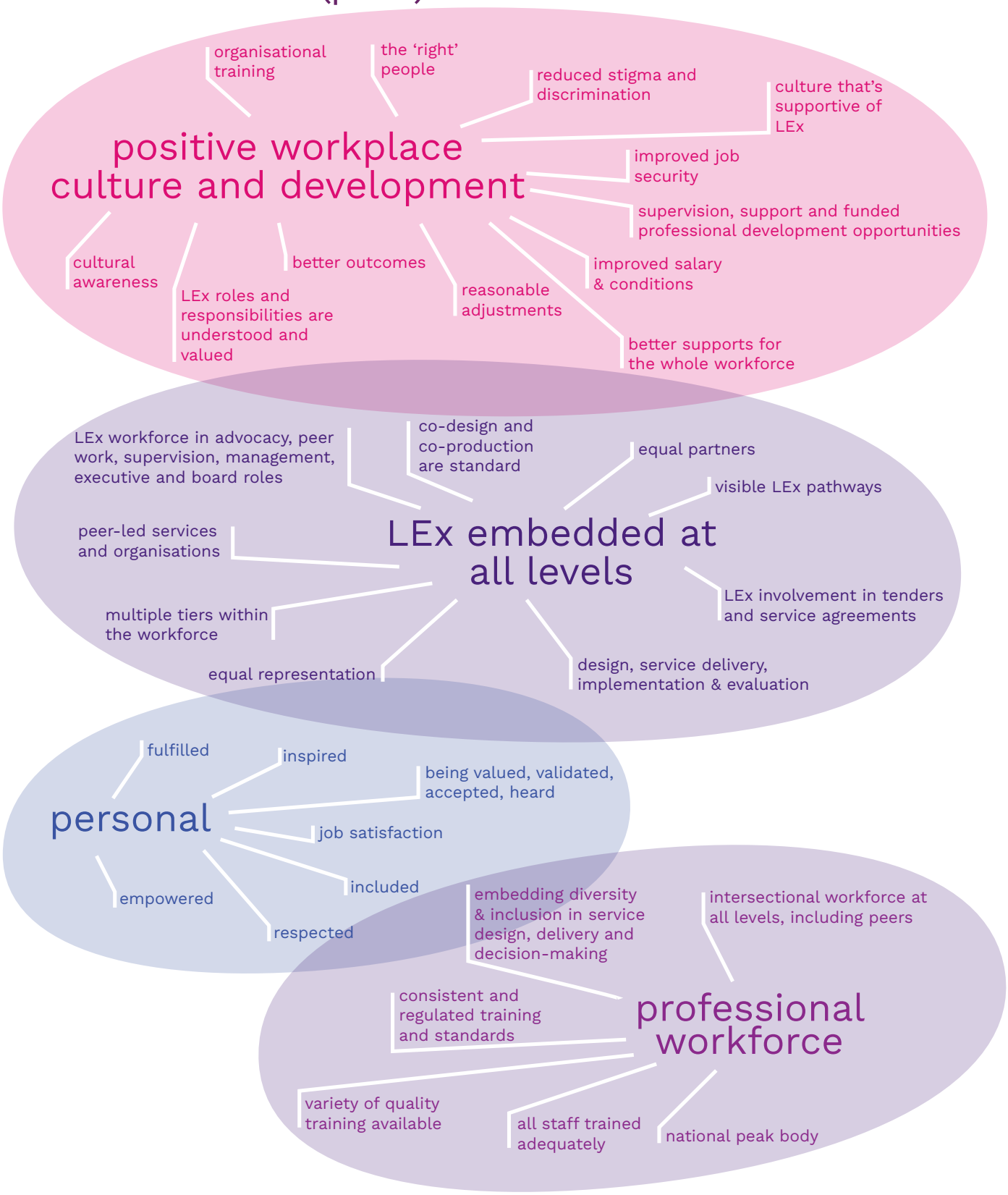
People were asked about their current as well as hoped for ideal experiences of training and career opportunities, workplace cultures they work within, supports available to and expectations of lived experience (peer) workers and the personal and professional impacts they experience.

The next two pages are a collation of themes that emerged.

Current experiences of people in the lived experience (peer) workforces



Hoped for ideal experiences of people in the lived experience (peer) workforces



3.2 Limited Organisational Readiness and Understanding of Lived Experience (Peer) Workforces Value, Roles and Responsibilities

Lack of role clarity

Expectations placed on lived experience (peer) workers are often inconsistent and unrealistic due to a lack of clarity around lived experience, and individual and organisational uncertainty of what role lived experience (peer) workers will play and how they will be utilised within multi-disciplined teams:

> *They'll get asked to do all these little tasks and what not that are not in scope and it's because there's no role clarity with management and that places an additional burden on peers.*
>
> Interview Participant

People described confusion around role clarity resulting in workers not only performing duties that they were not employed to do but being turned into *mini-clinicians*. The burden of this is articulated in the following quotes:

> *Something we've seen happen really regularly is peer workers have been able to get the training and they go into an organisation and the organisation has no idea what peer work is, and so the peer worker is constantly defending the role and they become more of a consumer advocate than a peer worker.*
>
> Interview Participant

> *There is no point in us learning about human rights and what not if we are going to go back into a ward and be asked to challenge our own ethics.*
>
> Interview Participant

Non-inclusive work environments

People spoke candidly about the harm being caused through unsafe working environments due to an absence of organisational structures and supports for both lived experience (peer) workers and workforces. This was described as a general lack of understanding amongst other staff including people being constantly asked to justify their role and to do tasks that are not in their position description (i.e., role creep).

Significant power imbalances between lived experience staff and the rest of the workforce such as not being included in 'team' activities or decisions because other team members did not perceive lived experience expertise/positions as valid or valuable were also expressed. Many lived experience (peer) workers experienced ongoing stigma and discrimination by colleagues through language used, lateral violence and isolation. Some described this as having occurred due to the sudden influx of lived experience roles without underlying cultural shifts occurring:

> *The lived experience workforce is facing many struggles, some of these struggles were born form the ad hoc nature lived experience Workers were introduced into the mental health field. Effective integration is so important but often looked over part of ensuring the lived experience Worker is valued for the skills and expertise they bring.*
>
> Survey Respondent

Training for non-lived experience people is needed

People suggested that training for management and workplaces that employ lived experience (peer) workforces would help instill confidence and overcome some of the current challenges highlighted above:

> *Training for the rest of the workforce to build confidence and understanding in the importance of lived experience staff.*
>
> Survey Respondent

Suggestions for training topics for wider workforce development included supporting employers to understand and value lived experience work, reflecting on their commitment to lived experience, roles and responsibilities to support and provide safe work environments and creating clear role and responsibility definitions for lived experience (peer) workers. For example:

> *Training/Education of lived experience and lived experience benefit to the workforce to all staff particularly, HR, management and leadership/executive roles who impact change.*
>
> Survey Respondent

> *How to utilise HR, especially when struggling in the workforce. Leading a peer workforce - currently the peer workforce is being very disadvantages, stigmatised and discriminated against by team leaders and managers have low skill in effectively leading peer workers. Responsibilities of the organisation. Peer workers often don't know their rights and don't know what responsibility that organisation has towards them if they are in a lived experience role. For example, organisations have a legal responsibility to make reasonable accommodations to meet the individual needs of the worker due to their mental health condition. What does this mean? No one seems to have a clear understanding and it varies from organisation to organisation and team leader to team leader.*
>
> Survey Respondent

The role of allies

People as allies, either those without lived experience or those with lived experience in non-designated roles, have an important role to play. Through the core activities informing the scoping paper the value of allyship was primarily recognised through a deficit lens, with lived experience (peer) workers observing that a lack of allyship is harming and stunting the growth of the lived experience (peer) workforces.

When viewed through a strength-based lens, it was stated that one of the most valuable roles of allies for the lived experience (peer) workforces is their ability to create and strengthen a positive and supportive culture which recognises and celebrates the value of people with lived experience and the workforce.

The value of allyship is particularly important for leaders within services or organisations due to their capacity to influence policy, procedure and culture, however if the bulk of a staff body is of like-mind their allyship would also hold the ability to significantly influence culture and practice of an organisation negatively.

One of the top things for supporting a peer workforce is leadership buy-in and organisational culture to support the peer workforce.

Getting the support structures for lived experience right is key, having people in leadership positions who understand the roles and are able to give a defined position description and not having to "wing it" with nobody knowing what it is you do.

Spotlight

Aboriginal and/or Torres Strait Islander Health Workforce

There is a wealth of knowledge and experience that the Aboriginal and/or Torres Strait Islander Health Workforce illustrates about what can be achieved in designing and creating viable training and workforce pathways that serve to respond to community needs while adhering to existing service constraints and adversity.

Aboriginal and/or Torres Strait Islander peoples are employed across the spectrum of workforce roles within health services. The unique value proposition and skill set of Aboriginal and Torres Strait Islander workers is when centrality of culture is grounded no matter what role.

The Indigenous workforce is integral to ensuring that the health system can address the needs of Indigenous Australians. Indigenous health professionals can align their unique technical and sociocultural skills to improve patient care, improve access to services and support the provision of culturally appropriate care in the services that they and their non-Indigenous colleagues deliver (Anderson et al. 2009; West et al. 2010).

(NIAA, 2020)

Although working across all health roles there are currently two identified roles which have been formalised as distinctly by, for and with Aboriginal and/or Torres Strait Islander peoples – Aboriginal Health Workers and Aboriginal Health Practitioners.

It should be noted that health roles are not new within Aboriginal and/or Torres Strait Islander communities. What has been created is formality and mainstream validation of these roles. This formalisation is part of initiatives responding to the various complexities, disadvantage since colonisation, intergenerational trauma and both building and retaining the Aboriginal and/or Torres Strait Islander Health Workforce.

Aboriginal Health Workers:

- Entry level qualifications include both a Certificate II/III in Aboriginal and/or Torres Strait Islander Primary Health Care (HLT30113)
- There is some distinction between jurisdictions generally a Certificate III is considered the minimum requirement
- Workplaces especially ACCHOs will employ people without formal qualifications and support them in gaining a qualification through workplace apprenticeships/traineeships
- The qualifications combine theory with a strong practice component so that they can be undertaken through workplace traineeships or apprenticeships.

Aboriginal Health Practitioners: To be employed as an Aboriginal Health Practitioner the following requirements must be met:

- Minimum qualification is a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (HLT40213).
- Be registered with Aboriginal Health Practitioner Regulation Agency (AHPRA).

The Certificate IV will shortly be superseded by the Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (HLT50213).

Formalised structures for training development, content and review stays within Aboriginal and/or Torres Strait Islander ownership:

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) or the Board is responsible for approving education programs and education providers. To be approved by the Board, education providers and the programs they offer must be accredited as "approved programs of study" by the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee. Once the program and provider are accredited and approved their details are published on the ATSIHPBA website (www.atsihealthpracticeboard.gov.au). To register as a Health Practitioner, the person has to have gained a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Practice from an approved program of study.

(NATSIHWA, 2019)

3.3 Inadequate Training Pathways with No Quality Control

Lack of standardised delivery of Cert IV in Mental Health Peer Work and appropriate level of demand for students

The Certificate IV in Mental Health Peer Work sits in a unique position, where it acts as both the entry level and precipice of recognised lived experience (peer) workforce training in Australia.

The content of the Certificate IV in Mental Health Peer Work has considerable room for deviation between training providers due to the large number of unit options available. People also spoke of the limitation in consistency between providers and the difficulty in gaining expertise relevant to their specific workforce, area of practice or interest area equating to:

> *We need a versatile trusted workforce and the quality and actual relevance of the training will determine the results on the ground.*
>
> Survey Respondent

Concerns around the complexity, workload and Australian Qualification Framework (AQF) level of training within the Certificate IV in Mental Health Peer Work meant people believed it was more equivalent to a Diploma, particularly when incorporating different unit combinations provided within the Certificate:

> *One of my trainers in the Cert IV said that the amount of work in the Certificate IV is more akin to the Diploma.*
>
> Interview Participant

Other areas of concern highlighted was the lack of flexibility and support amongst training providers. This rigidity equated to people not being able to complete qualifications due to competing demands such as *carer responsibilities*. There was also commentary on the excessive assessments and workload of the Certificate IV in Mental Health Peer Work however not having this qualification can be prohibitive, even for individuals with significant experience:

> *Creating a variety of training pathways for diverse learning styles and career progression. Accessible non accredited training (workshops for introduction to peer work, skill development etc.), Certificate II or III in Peer Work (Certificate IV too comprehensive for some), peer supervision training and accreditation, lived experience leadership qualifications including governance and project management.*
>
> Survey Respondent

> *My experience is of a trainer in the lived experience space. For over 7 years participants who apply to study in the Cert IV course are always, without fail, shocked by the level of academic work and the standard that is required. That said, the majority continue with their studies, and when reaching the completion realise the importance of the content and assessment requirements that form the course.*
>
> Survey Respondent

Lack of lived experience specific training sends people on a different path

Some people mentioned that the lack of true training pathways specific to the lived experience (peer) workforces was leading to people in lived experience (peer) roles *upskilling within or migrating towards non-lived experience fields*. However, people stressed the importance of only creating training pathways if there is alignment to viable career pathways and that higher cost and levels of training must equate to higher role responsibility and pay.

Additionally, there is desire for training options past a TAFE level. People highlighted that the current lack of university education opportunities limits recognition of the lived experience (peer) workforces, leads to individuals working within other areas and limits growth opportunities for lived experience (peer) workers. We heard a range of suggestions to introduce a scope of University offerings including Bachelor's Degrees, Graduate Certificates/Graduate Diplomas and Masters Degrees:

> *To offer tiered training so people have the option to complete smaller achievable goals (to build their skills & confidence), with training/qualification's to be as high as a Masters Level.*
>
> Survey Respondent

> *Supporting peer workers to achieve higher level qualifications such as masters' levels - this knowledge, accreditation, and networking would deepen professional credibility for the profession.*
>
> Survey Respondent

> *What I would love to see is lived experience driven, led & developed specific undergraduate degrees and possibly postgraduate as well, personally I think lived experience fits really well with sociology & health promotion, I think there has to be a strong core in lived experience specific units but sociology & health promotion have a lot to offer.*
>
> Interview Participant

People expressed a desire for trainings to cover a broader range of levels, including trainings to enable people to enter the workforces through non-tertiary trainings as well as more diverse training opportunities for roles within the lived experience (peer) workforces, outside of peer work. Being able to access entry level through to advanced qualifications was vital in growing a sustainable, skilled and well regarded workforce:

> *Perhaps so that training is tiered. To target foundational knowledge at people just entering the space, then higher level programs for people that have been participating in the space for a longer time.*
>
> Survey Respondent

> *The Certificate IV doesn't allow for high enough skillsets and the expectations for people in the mental health sector keep getting higher so we need higher qualifications.*
>
> Interview Participant

> *I really believe there needs to be a workplace opportunity that parallels the study.*
>
> Interview Participant

Training focused on lived experience (peer) roles beyond peer support/work are required

Although other trainings are offered, almost 80% are entry level trainings with the majority targeted towards peer support roles specifically rather than lived experience work generally. Thus, people raised concerns about the accessibility and availability of trainings and advanced trainings that move past peer work into leadership or management and other types of lived experience positions:

> *At my level [working in leadership and governance] it can prove difficult to get training when in fact there's things I think I'm still missing.*
>
> Interview Participant

> *The first thing that comes to mind is I would actually like there to be a pathway, at the moment we don't really have a staged pathway – at least in terms of nationally recognised qualifications.*
>
> Interview Participant

After training people do not always feel prepared for lived experience (peer) roles

Within the survey conducted as part of this scoping paper, 37% of people did not feel prepared for any roles within the lived experience (peer) workforces after completing training. Reasons comprised of training courses being delivered by individuals without lived experience, who have limited topic knowledge and who deliver the training to a poor standard, teaching content which is not always relevant and is at times inappropriate or at odds with lived experience values and the wider movement. This resulted in people questioning the perceived benefit that training provides:

> *Reading from pre-prepared notes is very tiresome. I want to hear someone's story, their experiences, what they did right, what they did wrong, what they would do differently in hindsight. It's no use if your presenters portray themselves as experts who have never failed. We're ALL human. It's what we do with our experiences that matters.*
>
> Survey Respondent

A variety of delivery styles and methods, that include application of learnings, are required

People participating in lived experience trainings raised a desire for a range of training options to be available, particularly where there is room for direct workplace application including a need for *more role playing and practical learning to aid in understanding the role, more placements at a variety of workplaces* and greater recognition of prior learning through experience as well as training.

People discussed the need for multiple training delivery methods that included online, face to face and hybrid options. Some really valued the flexibility of online options as study could then slot more easily into the other competing demands on time. For example:

> *I am glad to have the online opportunity to attempt the course as I care for a family member with mental health unwellness and only leave home for work.*
>
> Survey Respondent

However, just as many people spoke of the benefits of support networks that had been created through attending face to face training:

> *Opportunities to network and discuss issues with other consumers and carers are very important so we can learn from each other.*
>
> Survey Respondent

> *Face to face in group is always more enjoyable and productive. It also allows for 'learning together' and relationship building.*
>
> Survey Respondent

Others valued the mix of both online and face to face training as then study could work in with other commitments rather than having to sacrifice other things to undertake study.

People raised a range of issues with the delivery style and support provided for participants in lived experience training programs. Most highlighted a lack of opportunities to apply theoretical learnings into practice. This resulted in people not completing qualifications, not feeling equipped when they enter the workforces and not developing skills for reflection and growth as summarised in the following quotes:

> *The accredited training was not experiential and very theoretical. A lot of peers dropped out or didn't complete.*
>
> Interview Participant

> *It would be nice to have a qualification to enhance my knowledge and practice.*
>
> Interview Participant

> *[We need] Training where facilitators share learning from their own experiences, and examples from their own practice. Training which includes opportunities to incorporate activities to put what we are learning into practice and have small group discussions and reflections on the content.*
>
> Survey Respondent

Solutions to these issues include the training providers offering flexible training delivery and support for students through providing in-person, online and hybrid trainings, webinars and practical, workbook or assessment based certification programs:

> *Flexible training opportunities with delivery. Ongoing supervision and support to ensure success in the workforce.*
>
> Survey Respondent

> *Where possible, more face-to-face trainings - zoom trainings are convenient, yes, but for people who are neurodiverse (such as myself), online training does not offer much in the way of learning.*
>
> Survey Respondent

> *I have enjoyed short webinars focused on a topic, as I feel these generally give you some practical take-aways to apply in your work immediately.*
>
> Survey Respondent

A need for lived experience trainings to make more use of roleplays and reflective practice, including reflecting and exploring the position of lived experience workers within the broader health workforces was also expressed as a solution to embed theory into practice. This would strengthen and prepare individuals better for the workplace. For example:

> *The non-accredited training myself and a colleague delivered using the Peer to Peer was very experiential, reflective on own recovery journey and allowed participants to bond and grow more substantially. It was recovery as well as learning.*
>
> Roundtable Participant

> *You can contextualise content and scenarios and discussions so people can take it back to where they're working.*
>
> Interview Participant

> *What was most valuable [was] the reflections of the lived experience peer worker and what they're learning is where from their role in applying peer work skills. It was particularly helpful to unpack scenarios [exploring] whether peer work approach would be vastly different from general mental health responses. What language do you use to justify the approach and also how to maintain integrity of the role when in such a vastly different environment.*
>
> Survey Respondent

Spotlight

Intentional Peer Support

Intentional Peer Support (IPS) is a training which some organisations utilise as their entry training into peer support work, with the certificate IV not being required until someone is further into their practice. IPS training is highly regarded for two reasons, it being firmly grounded in lived experience values and building off of the lived experience movement, and because the training is highly practical and dialogical allowing for individuals to learn through collaboration, roleplays and discussion which can be directly applied to practice.

Supportive and flexible training delivery is important

People mentioned the need for more accommodations within training to cater for a range of differing learning styles and literacy levels. Several training providers recognised a need to offer supports to students, with Yale's LET(s)LEAD, Centacare's Certificate IV in Mental Health Peer Work and Curtin's Lived Experience Educators Unit building co-reflection, supervision and mentoring into their programs to better assist students on their learning and development journeys.

Spotlight

Yale's LET(s)LEAD

Yale University's Lived Experience Transformational Leadership Academy (LET(s)Lead) program is a transformational leadership program which sees its participants develop and undertake a transformational leadership project. It provides a one hour debriefing session following each session of the program, alongside this it provides mentoring sessions monthly with mentors hand-picked with expertise to support the individual and their transformational project.

Recognition of Prior Learning (RPL) and experience is critical for people within and/or entering lived experience (peer) roles

The need to reexamine Recognition of Prior Learning (RPL) processes was emphasised. The current perception is that there is a lot of inconsistency in the value of experience as prior learning amongst training providers. This can equate to losing people with vast experience and expertise when this is not recognised within current RPL processes. For example, someone who may have been involved in advocacy for years before deciding to attend formal training:

> *Every role seems to require a Cert IV in lived experience. After spending 15 years with severe mental illness, and therefore out of the workforce, it is astounding to me that in order to be considered for employment utilising that rich lived experience, I must first pay for a qualification that gives me "permission" to share those experiences. Where am I supposed to find money for a lived experience qualification when I've been out of work because of that lived experience?*

Survey Respondent

It was also suggested that RPL needs to be reconsidered and evaluated on a more individual level including exploration of practical and theoretical or academic knowledge and interchangeability or cross-application of expertise:

> *I feel like the RPL is too rigid, we're losing a lot of people who're intuitively really good at this work, its more about competencies but not their [training providers'] competencies, [it's about] skillset competencies. Deconstruct it again, let's be curious, is this still relevant? Does that still serve us?*

Interview Participant

Spotlight

Mental Health Coordinating Council

The Mental Health Coordinating Council within Sydney offer a variety of lived experience specific trainings including the specially tailored Fast Track Certificate IV in Mental Health Peer Work. This fast-track certificate centres recognition of prior learning within its program, enabling individuals to complete large portions of the degree though reflection based activities and assessment tasks alongside based upon their work experience, with the participants of this program only needing to complete six days of face-to-face training. As part of this training is based around workplace activities it does require support from one's employer.

Embedding topics core to lived experience values and the movement within training programs is desirable

Most people spoke of the need to have consistent content underpinning all lived experience training. Suggestions of this was lived experience values, advocacy and for the content to be centered in the wider lived experience movement so that individuals can bring their lived experience into practice and apply it to their setting and purpose:

> *A lot of those entry levels workers are coming in with no understanding of lived experience being an activist movement and the importance of that work or the history of that work, and that's great but they help the ways they've always been helped which is a clinical way of helping, without a strong culture wrapped around them saying this is our roots in activism this is about social change and helping people.*

Interview Participant

Other content for short courses or modules both entry level and advanced, as well as professional development topics that people thought of as valuable included trauma-informed practice, peer work values and mad studies theory, managing discrimination in the workplace, self-care, holding space, boundaries, supervision, mentoring and leadership.

Solutions to address these issues focused on encapsulating essential elements for trainings so they would be truly beneficial and valued, including the necessity for people with lived experience to deliver the training and ensuring that their lived experience was relevant to the topic being taught:

> *The depth of knowledge a lived experience trainer was able to offer, particularly if they had worked to develop the content. It wasn't just about a facilitator picking up a program to deliver it, but a person being passionate and intimately familiar to communicate nuance and depth in a way that consolidated and extended my knowledge.*

Survey Respondent

Another solution for addressing current inconsistencies with quality, alongside being delivered by people with lived experience, was that trainings need to be designed, reviewed and evaluated by people with lived experience through co-models:

> *In training programs... Co-design is important and opportunities for learning from feedback are really, important.*

Survey Respondent

> *Co-design, co-evaluating services provided from a lived experience perspective.*

Survey Respondent

Spotlight

Curtin University Lived Experience Educators Unit

Curtin University's Lived Experience Educator program is a four unit program within the college of Social Work which educates around the history of lived experience movements, particularly within mental health, the application of self-care, critical exploration of mental illness and recovery, and the process of teaching lived experience in a tertiary setting as a sessional lived experience academic. The program and its materials have been co-designed, and the program embeds time for co-reflection and debrief among the students each week.

Spotlight

Lived Experience Development, Governance and Education (LEDGE) Training

LELAN's Lived Experience Development, Governance and Education (LEDGE) training program contains two streams, a leadership and governance stream, through streams they educate participants utilisation of lived experience in governance and systems advocacy/ leadership. These trainings have been co-designed and co-evaluated.

A skillset approach and short course options will contribute greatly to learning pathways

Utilising standards outlined at https://training.gov.au/Training/Details/CHCSS00104 to create a leadership skillset would be a logical way to progress some of the desire to have additional training beyond the Certificate IV in Mental Health Peer Work. Although some RTOs and providers may be working towards the development of training around this, at the time of writing there were currently none available despite most people wanting further training in this area:

> *When you start moving into advocacy and leadership you are starting to move towards probably the Diploma side of the AQF, and you know of course if people are really passionate you're starting to look at degrees around research and a whole bunch of other areas.*
>
> Interview Participant

Entry level, modules and short courses could also serve as a way to allow people with lived experience to determine if they want to enter the lived experience (peer) workforces or build their lived experience expertise. Many trainers and those in management/leadership positions highlighted the benefit of these courses:

> *I believe it is important to have non-accredited peer work training before entering an accredited training pathway. The non-accredited/introductory training needs to be as much a recovery space as a learning space. Participants should have the opportunity to 'try on' peer work before signing up for a Cert IV. It is too much of a step change to go straight into Certificate IV level training.*
>
> Interview Participant

Training options to support specialisation will be hugely beneficial

The limited number of training options at intermediate and advanced levels means there is currently little room for development of more diverse and intersectional lived experience (peer) workforces. Although some programs offered specialised trainings such as First Nations, LGBTQIA+, AOD, youth and lived experience programs for people hearing voices, people recognised more varied offerings in specialisations would be valuable in growing the scope of opportunity and development of the lived experience (peer) workforces:

> *Cultural specific unit that focuses on the history of Australia and the impact this has had ongoing towards Aboriginal and Torres Strait Islander People for example, intergenerational trauma and stolen generation.*
>
> Survey Respondent

> *If things like diversity aren't addressed it's very hard to have a properly holistic practice.*
>
> Interview Participant

Along with broadening training options that parallel other disciplines and given the myriad of things that fall under lived experience, people believed a greater suite of training options across and specific to different lived experience (peer) workforces would provide value to the lived experience community as well as workplaces. Examples included carer and consumer specific training, neurodiverse experiences, LGBTQIA+, CALD and Aboriginal and Torres Strait Islander lived experiences. People also wanted trainings to prepare them for work within specific settings including acute, NDIS, child protection and quasi-legal/review tribunal settings:

> *Supporting people at the review tribunals, the legal sort of mental health act side of things, they're some specialist skill sets that there is not currently great training around.*
>
> Interview Participant

Spotlight

Kimberly Empowerment, Healing and Leadership Program

The Kimberly Empowerment, Healing and Leadership program is a training and psychosocial education program for Aboriginal peoples within the Kimberly region. The training program has been designed and delivered by Aboriginal peoples and has been found to be beneficial for individuals intending to utilise their learnings within the lived experience workforce and for individual healing and growth. The program is a strong example of culturally specific training for and by individuals with lived experience.

There is a need for continuing professional development

Lived experience (peer) workforces currently have no structured continuing professional development program or incentive for people to continue to upskill themselves. Although the survey highlighted an overwhelming desire (95%) to implement this, several people cautioned enforcing this:

> *It should be required to be offered along with assistance and support to access for all who wish to participate.*
>
> Survey Respondent

Obtaining relevant professional development is difficult for many, either due to limited training offerings or workers not being supported to access opportunities:

> *Ensure there is baseline training available, however post this it is critical to have ongoing opportunities for professional development and review of peer work.*
>
> Survey Respondent

Members of the lived experience (peer) workforces expressed concern that this could contribute towards the lack of validation and recognition of lived experience (peer) roles and workforces, as it holds esteem within other similar workforces such as counselling and social work:

> *If you want a workforce to have status and recognition inevitably there has to be benchmarks and those benchmarks need to be around credentialling and training.*
>
> Interview Participant

3.4 Lack of Career Pathways Into, Out Of and Through the Lived Experience (Peer) Workforces

Lack of career progression gets in the way of developing and keeping people in lived experience (peer) roles

Lived experience (peer) workers observed that although there are numerous opportunities for a diverse range of lived experience (peer) roles across the workforces very few opportunities currently exist outside of peer work. There is also a more prominent career progression pathway amongst peer worker roles i.e., peer worker to senior peer worker to lived experience team leader etc., as the peer workforces mirror existing organisational hierarchies in which they operate.

For the wider lived experience (peer) workforces there was no clear pathway evident, resulting in people being recruited into lived experience (peer) positions with other qualifications being the primary requirement and lived experience being the secondary requirement. Many people in broader lived experience (peer) roles discussed already being in a particular field or role and then moving across into lived experience roles. For example:

> *I personally have reached a high level before working from my LE perspective but there is very limited opportunities for other LE professionals to pursue development opportunities.*
>
> Survey Respondent

There are also limited opportunities to move vertically within organisations as there is currently not enough depth of lived experience (peer) roles for this to be possible:

> *If there is a leadership role there's only one, so unless the person leaves there's not much opportunity to build skillsets or move through those pathways.*
>
> Interview Participant

Spotlight

Brook RED

Brook RED are a lived experience led organisation, in which every position from frontlines to leadership requires lived experience. This creates an environment in which the need for lived experience expertise is understood, respected and valued. They provide a suite of lived experience appropriate trainings for new staff and publicly host their policies for the sake of transparency. Importantly, having all roles as lived experience designated roles means there is genuine room for career progression within the organisation.

Similarly, there are few opportunities to progress from volunteer positions to paid roles. Often people in these positions have had opportunity to develop lived experience expertise. However, there is limited recognition and options for volunteers to be supported to move into or skip over career hurdles:

> *In the AOD family carer space the vast majority are actually volunteers, there's not much paid employment at all, so there's not even much opportunity to go from unpaid to paid, let alone career progression, it's just not a thing.*
>
> Interview Participant

One way people highlighted to address the issue of career progression was to see more roles available across a range of areas. Although there was mention of workplace quotas being introduced, consensus was that where possible there needs to be designated lived experience (peer) roles at every level of the organisational hierarchy:

> *People with lived experience having opportunity to participate (in a lived experience role) in all aspects of health pathways, training options, co design, evaluating services provided from a lived experience perspective, being involved from a local and grass roots level right through to State/Federal areas.*
>
> Survey Respondent

Alongside the creation of more roles across all levels and to prepare, upskill and build capacity of the lived experience (peer) workforces, opportunities to take on traineeships, cadetships and shadow other individuals would be beneficial:

> *I would love to see more mentoring in a buddy system because you don't know what you're getting into until you enter your first meeting.*
>
> Interview Participant

Non-peer support/work lived experience roles need more visibility and pathways into them

Many people spoke of the lack of visibility of lived experience roles outside of peer support/work. This lack of exposure creates limitations for people with lived experience to enter and progress their career or move into the lived experience (peer) workforce from other disciplines:

> *Individuals, who have navigated and been able to move forward towards thriving and flourishing need to be visible and in significant positions, creating and contributing.*
>
> Survey Respondent

Another idea to enhance workforce progression and sustainability is greater exposure to a diverse range of lived experience (peer) roles for example consumer academics, project workers and lived experience executive/governance positions, *because if people entering the lived experience workforce don't know these roles exist they can't strive for them.*

Lived experience (peer) workers also believed that to gain greater recognition and acceptance that more advocacy was needed around lived experience expertise not always looking like academic expertise, and that it does not need to. It is the presence of lived experience expertise which is necessary for all lived experience positions:

> *Understanding all lived experience roles need to apply a lived experience lens because then I think that it is working out how do we apply the lived experience lens in project work rather than delineating between peer work and this and this. We are all delivering a lived experience lens so we need a better understanding about what that lens is and then develop good feedback loops. How does this apply to service delivery, strategically? I think that creates consistency and collaboration across all our roles. Rather than saying you're doing peer work but I'm in a project officer role. No, we are all part of the lived experience discipline but the difference is in the delivery. Paving those connections. What are the universal learnings we can connect with as a workforce fitting in different spaces?*
>
> Interview Participant

Spotlight

VMIAC's Consumers Leading in Governance Pilot Program

VMIAC's Consumers Leading In Governance Pilot Program is an example a program which meets multiple of the needs identified within this report. The program is specifically designed to upskill members of the lived experience workforces within leadership and governance, an area in which we found high desire for training opportunities. The program then provides genuine opportunities to make use of this training through placing lived experience community members within relevant boards and subcommittees by promoting the values of lived experience and lived experience leadership to a range of organisations. Through also creating a peer network of participants in the program, alongside facilitating and creating opportunities for the development and implementation of lived experience leadership, the Consumers Leading in Governance Pilot Program ensures that participants within the program are meaningfully supported in an ongoing manner.

Caution must be taken for people moving into lived experience (peer) roles without prior experience in similar roles

Some people had concerns around whether individuals moving from outside workforces into lived experience roles would necessarily equate with them having the required level of lived experience expertise and whether moves into roles would devalue the recognition of the unique skillset of lived experience by employers:

> *[To gain recognition in the workforces] you kind of need to show your stripes by taking yourself away from the work you want to be doing or should be doing.*
>
> Interview Participant

> *There's a bit of cynicism like, are they really going to give it to someone with lived experience or are they going to give it to someone who has this degree or this experience but then discloses that they've also struggled in their life as well.*
>
> Interview Participant

It is important to emphasise that not all people with lived experience who are in high level roles are equipped to take on all lived experience designated roles. People need to be given the opportunity to develop lived experience expertise and connections to the movement, as well as be supported and prepared for moving into newer or more advanced roles:

> *We also seem to be missing a bit of a stepping stone, I'm thinking about well, myself but also a lot of people who make this jump up to a more senior leadership position but have come from [early career positions]. It feels like going from stacking shelves in the back of a supermarket to being a manager that doesn't actually step into one.*
>
> Interview Participant

3.5 Limited Access to or Absence of Workplace Supports such as Supervision, Mentoring and Co-reflection

Many lived experience (peer) workers experience isolation in their roles and/or workplaces

Many lived experience (peer) workers reported experiencing isolation within their roles due to being the sole or one of only a few lived experience (peer) workers within the organisation, not having access or sustained access to other lived experience workers and enduring stigma and discrimination or lateral violence by their own community. For example, people described their experiences in the following ways:

> *Not having just one single lived experience role so that you have support within the workspace. You're not just one island of lived experience surrounded by clinical, so that you don't have to eat on your own in the lunchroom and so that you're not just the 'other'.*
>
> Roundtable Participant

> *I don't think that organisations have a strong understanding of the impact that that can have when you don't have a network of peer workers to support you.*
>
> Interview Participant

Lived experience (peer) workers feel unsupported in the workplace

Many lived experience (peer) workers described feeling unsupported in the workplace. Over a quarter of those who responded to the survey do not receive any supervision while 43% do not receive any mentoring. For those that do receive supports these were generally ad hoc rather than regular and were the first thing to go in busy workplaces. There were also limited co-reflection opportunities despite these supports being perceived by lived experience workers as offering the highest value to their practice:

> *Having other people within the lived experience community that I can go to for advice when I am facing a particularly difficult issue or when struggling with how slowly things change. Being able to talk and reflect with other people who are also passionate and understand why we do what we do is really important.*
>
> Survey Respondent

Additional challenges in accessing supports were highlighted for those in more senior positions, especially for those who were sitting at that level alone:

> *Who do you get peer supervision from when you are working in those peer leadership roles and there's no one above you, how do we build in co-reflection?*
>
> Interview Participant

Concerns also highlighted inappropriate supervision and mentorship being provided for the lived experience (peer) workforces. This was depicted through having non-lived experience workers providing support and people who are not qualified providing support:

> *The lived experience workforce needs supervision and guidance from lived experience people not from clinicians.*
>
> Interview Participant

People highlighted that consideration also needs to be given to ensuring that people can access supports which are appropriate. For example, consumer supports for consumer roles, carer supports for carer roles and culturally specific supports.

There is a need to access *independent supervision and mentoring* supports provided *independent of the workplace as workplace issues and barriers need to be discussed safely and with independent people.*

Lived experience workers hoped to see the importance of supports reflected in budgets and embedded through *clear guidelines for supervision embedded in organisational policies and procedures*, as opposed to being optional or something that people need to advocate for. In conjunction with holding a place within organisational policies and procedures, people want this reinforced by professional bodies:

> *I've been in meetings with other mental health peer workers and they're not getting supervision. I think the governing body should be setting standards, and one of the things should be clinical supervision or peer mentoring.*
>
> Interview Participant

There is a recognised gap in both supporting people to become peer supervisors and enabling access to peer supervision. People thought the answer to this is the *need to have a lot more investment in is peer supervision, that needs to be invested in a long term sustainable way across Australia.*

Spotlight

Flourish Australia

Flourish Australia's Personal Situation Plans allow for flexibility and harm minimisation within the workplace, enabling people to still complete their work where possible and indicating what supports they may need within the workplace, including considering working locations, shifts to processes and shifting between outwards facing and internal work. These plans are available for all staff members, not singling out those with lived experience, and are made in collaboration with a manager to explore areas of flexibility and create support.

People are worried that the lack of support and development will lead to an exodus from lived experience (peer) workforces before they are even established

Several people raised genuine concerns that if people continue to be placed in lived experience (peer) positions without supports there will be a workforce exodus:

> *The issue of supervision, mentoring, coaching, establishment of peer networks and those sorts of things is at a super critical level and if systems and practices are not put in place in the near future then we're going to see a number of people moving out of the sector completely and not returning.*
>
> Interview Participant

> *I know I'm getting treated pretty well but I know it's not like that for everyone and improving the standards would be amazing because we're going to lose these amazing people if they aren't getting the support they need and aren't getting paid properly.*
>
> Interview Participant

Networking is an important mechanism for supporting the lived experience (peer) workforces

A viable answer to some of the lack of supports for the lived experience (peer) workforces was enabling more networking opportunities internally and externally such as communities of practice, conferences, meet ups and informal or formal group supports. These opportunities to connect have a significant impact on lived experience (peer) workers:

> *If you brought people from regional areas to a venue where they could share their passion, their stories, it might be enough for them to go back and be like 'Hey I might be working here by myself but I'm not on my own'.*
>
> Interview Participant

Spotlight

Grand Pacific Health

Grand Pacific Health's Next Steps suicide aftercare service provides external supervision to lived experience staff, has lived experience leadership embedded, holds monthly co-reflection and training sessions for their lived experience workers and holds informal meetings for their lived experience staff to connect twice a week. Additionally, despite already providing a significant level of support in these ways the organisation is continuing to examine their ongoing support options.

Spotlight

Aboriginal and/or Torres Strait Islander Health Workforce

Cadetships and Mentoring programs

There are a wide variety of cadetships programs offered in other areas of health and allied

health. Cadetships offer financial and professional support such as mentoring to Aboriginal and/or Torres Strait Islander peoples throughout their studies and when transitioning into the workforce. They are offered while undertaking study so people can access support in the workplace and in their study.

A core focus of cadetship and transition to professional practice is *preparation, implementation and participation in Aboriginal and/or Torres Strait Islander Cadetship and TPP Programs, so there is sufficient, effective and culturally safe support in the workplace for participants.*[11]

Cadetships and mentoring are successful in growing the capacity and cultural understanding of organisations. Individuals value the supportive working environment which leads to improved staff retention rates and greater Aboriginal and/or Torres Strait Islander people in the workforce.

Continuing professional development

All practicing Aboriginal Health Practitioners are required to undertake at least 20 hours of CPD yearly to meet Board registration standards[12]. The focus is on lifelong reflective learning and providing opportunities for connection with other practitioners.

Accommodations for lived experience (peer) workers need to be thought through

Accommodations within the workplace were raised throughout this piece of work. Although people advocated for flexibility and accommodations within the workplace, the breadth of what should be offered or included within this was vastly different. Responses encompassed offering anything that individual lived experience (peer) workers needed to do their job, through to more collective approaches such as:

> *Notions of accommodations need to be across the board. I think of whole of workforce benefits. I think there's a push for orgs to be culturally safe and socially safe. I'd just keep an eye out for the potential collapsing of pushing stuff onto peers when all humans need flexible work.*
>
> Interview Participant

Some people raised concerns about the unintended consequences of designing accommodations for the lived experience (peer) workforces from a deficit and vulnerable workforce perspective, believing that sometimes concerns in this area are what prevents employers adopting and developing lived experience (peer) roles. This is an area that needs to be addressed.

[11] www.catsinam.org.au/wp-content/uploads/2021/05/cadetship-graduate-program-national-resource-final-wfhhqbmkniby-1.pdf

[12] www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Continuing-professional-development.aspx

3.6 Investment and Structures to Support Workforce Development, Growth and Professionalisation

Establishing a National Professional Body

Establishing a national professional or governing body was seen as an integral solution to many concerns raised around training and career pathways, professionalisation of the lived experience (peer) workforces and ensuring they are adequately and appropriately supported. This entity would create clear definitions for lived experience (peer) roles, including training and continuing professional development standards for these roles:

> *I think the governing body should be setting standards and one of the things should be clinical supervision or peer mentoring and setting a standard for pay is something they absolutely should be doing.*
>
> Interview Participant

> *[The body] need to create that role clarity.*
>
> Interview Participant

Aside from growing the visibility of the workforces, a professional body to advocate and provide clarity around the lived experience (peer) workforces and the unique offering it provides was the most popular solution offered.

Greater accountability of organisations to support people to access relevant professional development was viewed as a solution also. Likewise, holding a minimum standard of providing professional development was viewed as essential. Once again it was suggested that a national professional body would be best placed to do this work.

Alongside introducing a continuing professional development program there is hope that the professional body could assist in directing people towards relevant professional development opportunities. This was especially important for those in early career or who had stepped into lived experience positions:

> *To get [professional development] we need a body whose role is to define that and support that, and it can't be all carrot no stick.*
>
> Interview Participant

> *If we had a national body you could just ring up and ask them for advice 'I'd like to do some professional development but I'm not really sure so can you advise me or give me a brief spiel on what IPS is, on what the Cert IV entails then we'd have that and that would help clear up a lot of confusion.*
>
> Survey Respondent

If that peak body is going to have any value to the workforce at all they need to have a very strong advocacy role for and with the workforce.

Interview Participant

Spotlight

Aboriginal and/or Torres Strait Islander Health Workforce

The Aboriginal and/or Torres Strait Islander health workforce have multiple peak bodies providing representation over many facets each with their own robust governance structures. The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) has been funded by the Australian Government since 2009 as a national peak workforce association responsible for professionalising, promoting and expanding the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.[13]

Designated Aboriginal and/or Torre Strait Islander peak bodies have been established to represent other areas of the workforce such as Australian Indigenous Doctor's Association (AIDA) and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

Within Aboriginal and Torres Strait Islander Australia, this workforce is renowned as a vital and reliable community resource critical to the health and wellbeing of Aboriginal and Torres Strait Islander people. Evidence directly connects their roles to improved health outcomes across the life course.
(NAATSIHWP, 2021).

The National Aboriginal Community Controlled Health Organisation (NACCHO) is responsible for representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal health and wellbeing issues.

Funding matched to training, qualification, skill and job opportunity levels for people in the lived experience (peer) workforces is needed

We heard a mix of concern regarding lived experience trainings needing to be free or low cost to allow for those who are disadvantaged to enter the workforce, while needing to ensure that trainings are not devalued by being free:

[13] www.naatsihwp.org.au/history

> *Trainings and the cost of trainings for the lived experience workforce should match social work and other supporting professions.*
>
> Interview Participant

> *The last thing you want to happen is to have some kind of financial or budgetary constraint that prevents people from coming in.*
>
> Interview Participant

To balance conflicting needs people suggested that TAFE and introductory trainings need to be subsidised through scholarships by the federal government as these qualifications allow for entry into the lived experience (peer) workforces. However, higher level (i.e., professional development and university) trainings should be paid for through the individual, their workplace, or HECS-HELP as an investment into oneself as trainings which will be undergone by those most likely already in professional roles.

The purpose of the budget tables in Appendix Three is to inform pricing regarding a range of potential lived experience (peer) training options, with greater emphasis towards those lived experience training options which have been recommended as training pathways. Although LELAN sought and received some higher-level costings information that would have been beneficial to include, we were not given permission for these to be published.

Spotlight

Aboriginal and/or Torres Strait Islander Health Workforce

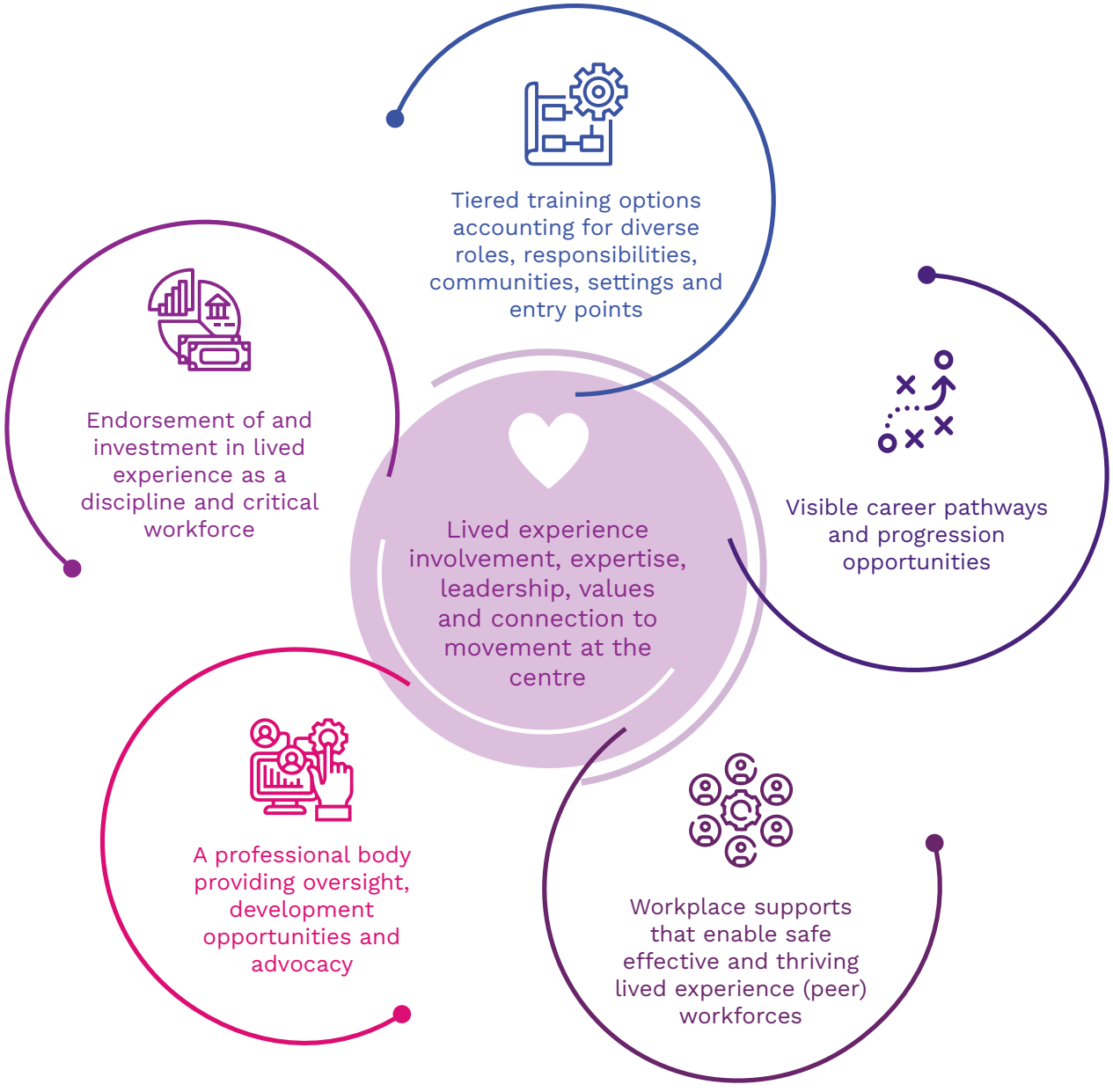
There has been a concerted effort to support Aboriginal and/or Torres Strait Islander people to enter into higher education. Numerous scholarships at federal, state and through individual training organisations are now available that offer different funding options as well as funded traineeships.

www.health.gov.au/health-topics/indigenous-health-workforce/programs

4

Recommendations For Enabling Progressive, Viable And Sustainable Lived Experience (Peer) Workforces

Below is a proposed model of what is required for progressive, viable and sustainable lived experience (peer) workforces to develop and thrive in Australia. Recommendations in this scoping paper are aligned with the proposed model to support advocacy and actions that need to be taken to ensure the unique value and transformative impact of lived experience is realised.



The model has five pillars:

- Endorsement of and investment in lived experience as a discipline and critical workforce
- Tiered training options accounting for diverse roles, responsibilities, communities, settings and entry points
- Visible career pathways and progression opportunities
- Workplace supports that enable safe, effective and thriving lived experience (peer) workforces
- A professional body providing oversight, development opportunities and advocacy.

Core to the model, and weaving through each of the five pillars, is the need for lived experience involvement, expertise, leadership, values and connection to the movement to be centred. These are foundational requirements of all planning, decision-making and embedded change that needs to occur, they are the mechanism for realising *nothing about us without us* in its truest sense.

The proposed model and recommendations offer actionable steps that individuals, groups and organisations will be able to integrate into their own practice, planning and decision-making. However, the full potential of the ideas set out in these pages will need concerted collective effort and advocacy at jurisdictional and federal level for the vision to be realised.

The NMHCCF and MHLEEN are in a unique position to lead the conversation and work in partnership with key committee's and agencies to ensure action is taken. It will be imperative that the NMHCCF and MHLEEN continue to connect with the broader lived experience community in iterative loops to continue to co-create and strengthen the lived experience (peer) workforces.

4.1 Endorsement of and Investment in Lived Experience as a Discipline and Critical Workforce

4.1.a Define scope and role of lived experience (peer) workforces:

- Clearly articulate the place and role of the lived experience (peer) workforces across sectors and settings, including where it aligns and fits with other disciplines and the broader policy context
- Define and develop a 'Scope of Practice' and/or practice standards for lived experience (peer) roles

4.1.b Increase accountability to and reporting on lived experience (peer) workforces:

- Increase visibility of and accountability to/for lived experience (peer) workforces in existing governance and accreditation processes
- Have lived experience (peer) workforce roles defined and classified in key workplace awards/agreements and classification systems, including the Australian and New Zealand Standard Classification of Occupations (ANZSCO)
- Improve reporting requirements on the growth and impact of lived experience (peer) workforces across jurisdictions and nationally, including within the mental health workforce section of reporting completed by the Australian Institute of Health and Welfare (AIHW) on mental health services in Australia

4.1.c Increase investment in lived experience (peer) workforces:

- Targeted investment into the lived experience (peer) workforces to develop structured training pathways and career opportunities to meet the need of an in-demand growing workforce and ensure quality is prioritised, including traineeship and scholarship models

4.2 Tiered Training Options Accounting for Diverse Roles, Responsibilities, Communities, Settings and Entry Points

4.2.a Align training options to career progression opportunities:

- Design and support access to developmental training pathways for the lived experience (peer) workforces that enable people to enter into, retrain and enter, or progress their career
- Work with relevant sectors, RTOs and other training providers to develop accredited and non-accredited tiered training options that includes short courses/modules through to TAFE and University level qualifications

4.2.b Design and deliver training options aligned to lived experience (peer) values and that meet the needs of the diversity of roles within the lived experience (peer) workforces:

- Embed co-design and co-production methodologies in the design, delivery and review of all lived experience (peer) trainings and training materials
- Ensure training options recognise and incorporate distinctions between personal lived experience and family/carer experience
- Ensure training is delivered by people with relevant lived experience expertise, for example that training for family/carers is delivered by people with family/carer lived experience and that training for working in LGBTQIA+ lived experience (peer) roles is delivered by people who are part of the rainbow community
- Enable specialisations to expand within and across lived experience (peer) workforces through targeted and specific training matched to role, setting, diagnosis, culture, identity, other community and/or level of responsibility
- Training content and quality should be regularly reviewed and evaluated against consistent national standards by people with lived experience
- Build capability and competency of people with lived experience in designated and non-designated leadership and executive roles

4.2.c Advocate for training options that address the needs and preferences of people with lived experience to increase accessibility and improve completion rates:

- Work with training providers to ensure flexible delivery options are available, including online, face-to-face and hybrid options, as well as trainings which are centred in theory and others centred in practice

- Work with training providers to ensure all lived experience (peer) work trainings that exceed a three-month training period include mechanisms for support, mentoring, supervision, flexibility and networking
- Ensure accredited training programs are applied and include practical components for relevant lived experience training,
- Develop clear guidelines and consistent processes for recognition of prior learning (RPL) and experience within accredited training programs

4.2.d Identify and secure funding streams that provide targeted opportunities for people with lived experience to undertake training:

- Early career and TAFE trainings should be funded nationally through a variety of full and partial scholarships
- Work with key stakeholders (for example government, training providers and workplaces) to develop traineeship models
- University level and other higher-level trainings should be funded through HECS-HELP loans where possible and/or otherwise funded by the individual or their organisation as an investment in themselves and to avoid the risk of devaluing the lived experience workforces. However, support from employers of the lived experience (peer) workforces is necessary to make sure there is a return on these investments through job opportunities at levels of responsibility that match higher qualifications and skillsets

4.2.e Develop and deliver training for the broader mental health sector to de-stigmatise lived experience and integrate lived experience (peer) workforces:

- Develop shared understanding of the value of lived experience and recognition of the unique contribution of lived experience (peer) workforces
- Training content should cover discrimination and stigma, clarify roles and responsibilities of various disciplines and how they intersect with each other, how to support and develop lived experience (peer) workers and challenging assumptions that lived experience (peer) workers need additional support or are more vulnerable than other health workers

4.3 Visible Career Pathways and Progression Opportunities

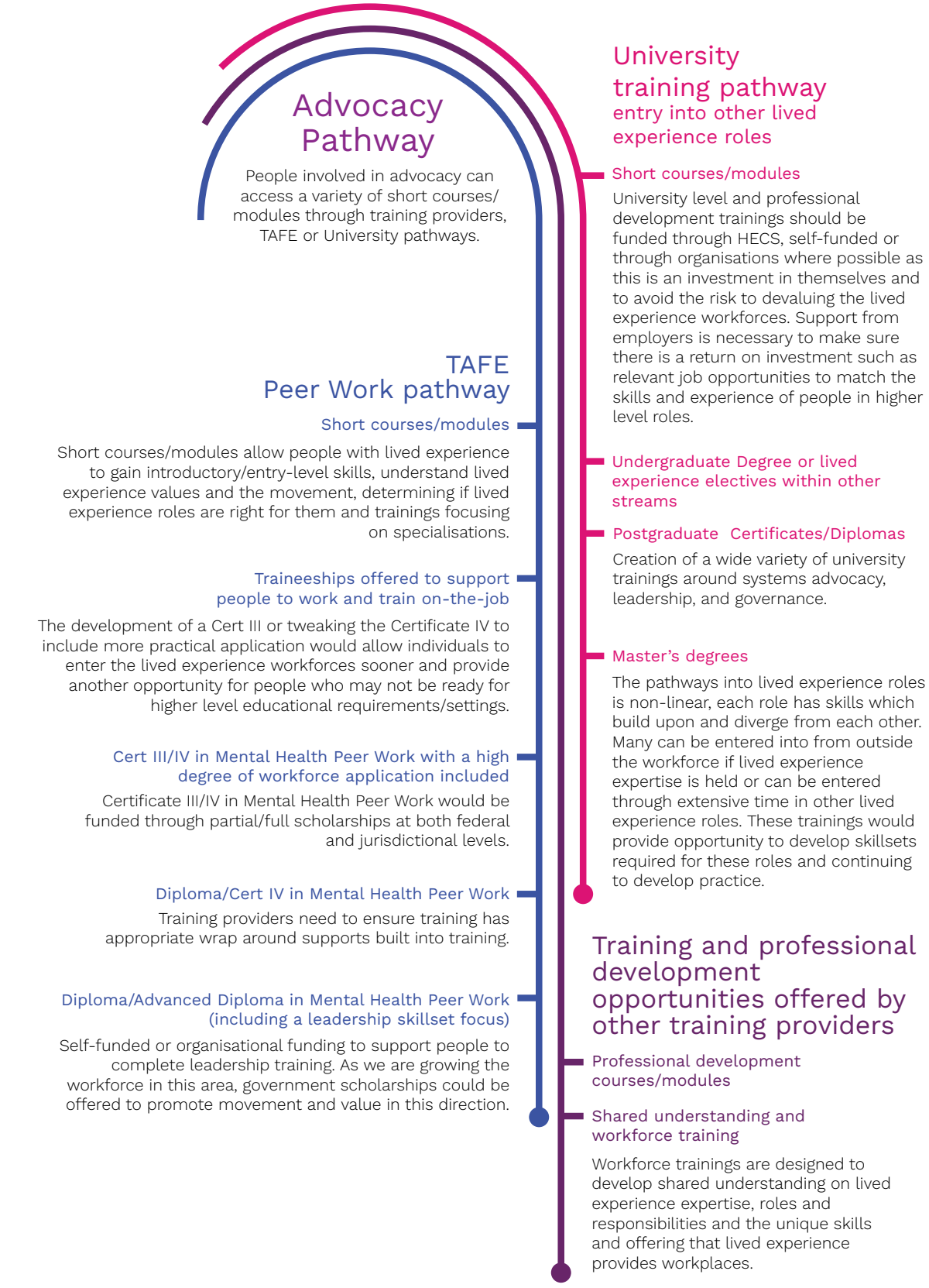
4.3.a Expand opportunities for people to enter and/or progress their careers in designated lived experience (peer) workforce roles:

- Create opportunities for people with lived experience to enter designated lived experience (peer) workforce roles through traineeships or cadetships
- Advocate for designated lived experience (peer) workforce positions to exist at all levels, including leadership, management and governance roles where appropriate, by embedding within contracting and funding arrangements

4.3.b Develop pathways for people with lived experience to enter, leave and/or return to designated lived experience (peer) workforce roles without discrimination or structural impediments to ongoing career progression goals they may have:

- Support the development of lived experience expertise and leadership for people moving into designated lived experience (peer) roles from other positions, disciplines and/or workforces
- Promote and enhance broader opportunities for people with lived experience to fill positions and/or contribute to the sector by mapping gaps and barriers that exist around their employment or progression and develop strategies to overcome these

4.3.c The infographic below summarises the tiered training options and career pathways required for progressive, viable and sustainable lived experience (peer) workforces to exist and thrive.



4.4 Workplace Supports that Enable Safe, Effective and Thriving Lived Experience (Peer) Workforces

4.4.a Ensure ongoing access to meaningful workplace supports and professional development opportunities are available to all lived experience (peer) workers, from those who provide peer support to others through to those in leadership and executive roles:

- Outline within practice standards the requirement for peer supervision and mentoring to be a necessary investment to support the development of the lived experience (peer) workforces, rather than an add-on or optional extra
- Advocate for workplaces to include support for and development of people in lived experience (peer) roles to be embedded in organisational policies, procedures and budgets
- Ensure supervision and/or co-reflective practice development is provided by lived experience (peer) workers and not people from other disciplines and/or training or qualification backgrounds
- Create a structured program for continuing professional development for lived experience (peer) workers, similar to other disciplines such as Aboriginal Health Practitioners, Counsellors and Social Workers
- Work with key stakeholders to secure funding for the lived experience (peer) workforce to access regular opportunities for connection, skill development and spotlighting the discipline with other lived experience (peer) workers at national, jurisdictional and local levels
- Develop guidelines to advise workplaces on effective ways to support and provide accommodations/reasonable adjustment for people in designated lived experience (peer) workforce roles that do not further stigmatise, retraumatise, diminish or under-estimate the skill, capacity and value of the lived experience (peer) workforces

4.5 A Professional Body Providing Oversight, Development Opportunities and Advocacy

4.5.a Establish a national lived experience professional body to promote and advocate for the development and oversight of the lived experience (peer) workforces as its own unique and valuable discipline:

Ensure broad representation across lived experience (peer) workforces as well as from all jurisdictions

Endorse lived experience (peer) workforce training requirements and standards including a continuing professional development (CPD) program

Set and enforce standards around workplace supports including supervision, mentoring, professional and personal development and accommodations

Develop clear role and responsibility definitions for the lived Experience (peer) workforces

Develop and enforce standards for workplaces to create positive and safe environments for lived experience (peer) workers to thrive

5 Attachments

Glossary of Acronyms and Language Used

Appendix One

Background to and Need for Strengthening the Lived Experience (Peer) Workforces

Appendix Two

Summary Data From Survey Responses (N=211)

Appendix Three

Funding Options

Workshop Art

About LELAN

Glossary of Acronyms and Language Used

This report was written on the lands of the Kaurna people. Within this document we use Aboriginal and/or Torres Strait Islanders to refer to First Nations peoples of Australia. While there is limited opportunity to do so within this report, where possible we have referred to Aboriginal and Torres Strait Islander peoples by their specific nation or language group.

AOD • Alcohol and other drugs

CALD • Culturally and linguistically diverse

Consumer • Someone who has personal experience of mental health challenges, service use, periods of healing/personal recovery

Carer • Someone who has experience of supporting someone through mental health challenges, service use, periods of healing/ personal recovery

Note: Lived experience is used as an umbrella term that conflates the experiences of consumers with the experiences of carers. While some people who have personal lived experience are also carers, and there are some issues where consumer and carer perspectives align, in some cases the interests of consumers are in clear opposition to those of carers. It is not possible for one person to authentically represent both positions at the same time with integrity. To avoid tokenism, both experiences must be recognised as independent and separate of each other and both be given opportunities for involvement and representation matched to the context and issue being explored (Hodges & Reid, 2021).

CPD • Continuing Professional Development

LELAN • Lived Experience Leadership & Advocacy Network

LEx • Lived experience

Lived experience expertise • The process of applying what has been learned through a person's lived experience to inform and transform systems, services and individual outcomes for those impacted by mental distress, social issues or injustice. 'Importantly, it's about learning how to use those experiences in a way that's useful to other people.' (Byrne & Wykes, 2020).

Lived experience leadership • Includes informal and formal activity which promote the values and goals of lived experience as relating to empowerment, peer services, social justice and citizenship. Leaders speak up to influence community awareness, organisational culture, policy and politics; leaders create space, pathways and inclusion with others; leaders prompt and support change (Loughhead, et al, 2021)

'Lived experience leaders connect their personal, professional and socio-political worlds in unique ways to lead change, linking local experience with organisational and systems change endeavours. It operates within and outside of roles, organisations and settings' (Hodges, et al, 2021)

Lived experience worker • Anyone who works in a designated role who utilises their lived experience and lived experience values to benefit others with lived experience at either individual, operational or systemic levels. It is not just about having relevant personal experience; it is about centring lived experience expertise in our work to influence and drive change (Hodges & Reid, 2021).

Lived experience workers draw on their life-changing experiences of mental or emotional distress, service use, and recovery/healing, and their experiences, or the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experiences, self determination, empowerment, and hope (Byrne, et al, 2021).

Lived experience workers roles can be direct (e.g. peer support roles) or indirect (e.g. LEx academic, LEx leader etc).

Lived experience (peer) workforces • Workforces which are 'made up of people who are employed in paid positions that require Lived experience as an essential employment criterion, regardless of position type or setting. This is a professional approach in which diverse personal experience-based knowledge is applied within a consistent framework of values and principles (Byrne, et al, 2021).

LGBTQIA+ • lesbian, gay, bisexual, trans, queer, intersex, asexual and otherwise non-cisgender and non-heterosexual/heteronormative

MHLEEN • Mental Health Lived Experience Engagement Network

NDIS • National Disability Insurance Scheme

NGO • Non-government Organisation

NMHCCF • National Mental Health Consumer & Carer Forum

Peerwork/Peersupport is sometimes considered a subset of the wider lived experience workforces, although language differences exist across jurisdictions. It predominantly refers to supporting others through recovery. 'Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships' (Mead, Hilton & Curtis, 2001).

RPL • Recognition of prior learning

Note: Discussions within the Roundtable informed language and provided recommendations around the use of the following:

Lived experience (peer) workforces • The pluralisation towards lived experience workforces acknowledges the dynamic and differentiated experiences of those who are working from carer or consumer perspectives, alongside acknowledging the different fields and settings which lived experience can be utilised in, including mental health, AOD, LGBTQIA+, CALD, Aboriginal and Torres Strait Islander, NDIS, Acute, etc.

Early Career • Within draft recommendations the term entry level was utilised as opposed to early career. It was highlighted that a framing as “entry level” may validate perspectives of lived experience work as a steppingstone into other professions as opposed to a profession in its own right or validate perspectives of lived experience workforces lacking value or skill. Therefore, the term early career has been adopted where possible, as while this does apply to discussion of roles, this same framing cannot be utilised when exploring workforce trainings.

Supports • during the Roundtable concern was raised around the use of supports, with community members expressing concern that discussion of workplace supports may reinforce a perspective that members of the lived experience workforces are uniquely vulnerable. The term professional development was raised as a potential replacement to this, and while professional development is a broad term, it does not capture the combination of professional development opportunities and workplace accommodations/flexibility which are discussed as “supports” within this report. While LELAN has made the choice not to change our language about this, we do so with the acknowledgement that the supports (professional development, supervision, communities of practice, professionalisation, workplace flexibility & accommodations) we are discussing within this report are ones which all workplaces and all health professionals require, and ones which the lived experience workforces are uniquely depleted of.

Appendix One

Background to and Need for Strengthening the Lived Experience (Peer) Workforces

A1.1 Policy Context and Reform Agenda Linked to the Lived Experience (Peer) Workforces

National Lived Experience (Peer) Workforce Development Guidelines (2021)[14]

The National Lived Experience (Peer) Workforce Guidelines were developed to improve understanding of the unique benefits of the lived experience (peer) workforces and enhance commitment to their successful implementation with decision makers, organisations and funders.

> A thriving mental health lived experience (peer) workforce is a vital component of quality, recovery-focused mental health services. This principle is embedded in the mental health plans and policies that influence all mental health care services in Australia.
>
> [National Lived Experience (Peer) Workforce Guidelines]

The Guidelines provide extensive list of actions, tools and resources for developing the lived experience (peer) workforces so that their potential is realised. Rather than providing an exhaustive repeat in this scoping paper the five priority areas for change are noted:

1 Develop understanding as a foundation for workforce development
where lived experience (peer) workforce practice connected to recovery-oriented care is centred and underpins service improvements.

2 Support a thriving lived experience workforce
by ensuring recognition of the lived experience (peer) workforces and that employment environments and conditions are supportive.

3 Planning for workforce growth
through presence at all levels of service delivery and decision-making and matching the diversity of people who access services and live in our communities.

4 Integrate lived experience work in community care
enabling lived experience-led and co-delivered services to be available to people in the community across Australia, including in rural and remote areas.

[14] National Lived Experience (Peer) Workforce Development Guidelines: www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

5 Development is supported by a national lived experience strategy through the establishment of representative peak bodies for the lived experience (peer) workforces to ensure investment in and development of the workforces.

In addition to the aforementioned priorities, the Guidelines offer key considerations for people in designated lived experience leadership and senior roles which is relevant to this scoping paper. The Guidelines *strongly recommend* that people in these roles have previous experience in other lived experience positions and are connected to the broader social movement for consumers and the lived experience (peer) workforces.

> Like any senior role, designated lived experience leadership roles are not an entry level position. Rather, they require deep understanding and an ability to actualise the concepts and practices of lived experience work.
>
> [National Lived Experience (Peer) Workforce Guidelines]

Select Committee on Mental Health and Suicide Prevention (2021)[15]

The House of Representatives Select Committee on Mental Health and Suicide Prevention was established to inquire into recent reviews and report findings related to mental health and suicide prevention, with consideration for the impacts of the 2019 bushfires and COVID-19. Approaches to early intervention, workforce roles, training and standards, funding arrangements, and the use of telehealth and digital services were also in scope. Specific recommendations were provided to enhance the involvement of consumers and carers as well as to strengthen the lived experience (peer) mental health and suicide prevention workforces.

The Final Report made the following points in relation to the lived experience (peer) workforces:

- Support for the professionalisation of lived experience (peer) workers to increase their recognition and integration into multidisciplinary care and other team settings.
- Recommendation to establish an office for lived experience that should sit within the Department of Health portfolio and could leverage the administrative structures in place as for the National Suicide Prevention Office. The role of this office would be to consolidate best practices within lived experience (peer) workforces from all jurisdictions, develop nationally consistent guidelines for practice, explore the necessity of and best location – within government or elsewhere – for overseeing lived experience (peer) worker registration and establish a monitoring and evaluation framework to support a safe and thriving lived experience (peer) workers sector.
- Support for the establishment of a national professional association for lived experience (peer) workers through the provision of seed and guaranteed funding for at least five years of operation. The association would be responsible for constructing a recognisable identity for the workforce,

[15] Select Committee on Mental Health and Suicide Prevention: www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Mental_Health_and_Suicide_Prevention

advocate for its integration into the broader mental health and suicide prevention workforce and settings, provide training and professional development opportunities for both lived and non-lived experience (peer) workers, ensure additional mechanisms of support, such as supervision, for the lived experience (peer) workforces are available and provide advice to government on what is and what is not working.

- Recommendation that procurement processes and commissioning activity linked to mental health and suicide prevention require services to reasonably demonstrate the inclusion of lived experience in service design and delivery.

> To realise the full potential of the emerging lived experience (peer) workforce, help people navigate complex mental health systems and provide support and reassurance throughout the process, there needs to be some degree of professionalisation. While the Committee acknowledges the Productivity Commission's view on the unique nature of the lived experience (peer) workforce, it differs on the need for regulation, training or qualifications.
>
> [Select Committee on Mental Health and Suicide Prevention]

Consultation Draft of the National Mental Health Workforce Strategy (2021)[16]

The National Mental Health Workforce Strategy once endorsed will provide a pathway and guidance for strengthening the mental health workforce and ensuring it is appropriately skilled, adequately supported and resourced. A number of priority areas for action to define and develop the lived experience (peer) workforces were identified within the Strategy.

The Strategy made the following points in relation to the lived experience (peer) workforces:

- Identifying *pathways into, and within*, both consumer and carer roles within the lived experience (peer) workforce as requiring *immediate action (<12 months)*.
- The need to develop a scope of practice for the lived experience (peer) workforces and establish an appropriate regulatory framework aligned to it.
- Recommended actions to strengthen the skills and capability of lived experience (peer) workers through increased subsidies to access vocational and higher education opportunities as well as work placement, traineeship and multidisciplinary community of practice models.
- Ensure training and development opportunities tailored to lived experience (peer) roles and scoped of practice are *peer led, co-designed and co-delivered.*
- Support the development of lived experience (peer) educators by adding lived experience specific modules into the Certificate IV in Training and Assessment.
- Develop a framework on reasonable workplace adjustments to guide employers and improve career options for the lived experience (peer) workforces.

[16] Consultation Draft of the National Mental Health Workforce Strategy: acilallen.com.au/uploads/media/NMHWS-Consultation-DraftStrategy-040821-1628234534.pdf

- Expand utilisation of the lived experience (peer) workforces through development of *new and innovative service delivery models*.
- Increase the number of designated lived experience (peer) roles through incentive programs and ensuring service agreements have specific funding for them.

National Suicide Prevention Adviser – Final Advice (2021)[17]

The National Suicide Prevention Adviser was tasked with increasing understanding of the needs of people with lived experience of suicidal distress and how services, systems and government structures can be transformed to better address and support them.

Throughout their Final Advice the Adviser identified *lived experience knowledge and leadership* as one of the four key enablers to drive change. Integrating diverse lived experience voices across the service system and having them to shape the public narrative on suicide, enabling lived experience-led education and service initiatives to emerge, as well as increased access to peers and non-clinical options were recommendations relevant to the lived experience (peer) workforces included in the Final Advice.

> In reality, lived experience knowledge and insights are the 'not negotiable'[18] component at all stages, from research that builds the evidence base and guides government policy and program planning, to service design and delivery, program implementation and evaluation.
>
> [National Suicide Prevention Adviser]

Royal Commission into Victoria's Mental Health System (2021)[19]

The Final Report of the Royal Commission into Victoria's Mental Health System sets an ambitious reform agenda to redesign Victoria's mental health and wellbeing system with far reaching recommendations that other jurisdictions would benefit from adopting. The Royal Commission proposes that the leadership of people with lived experience will be foundational to the future system and made a number of recommendations for the lived experience workforces and lived experience-led initiatives.

[17] National Suicide Prevention Adviser – Final Advice: www.health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice

[18] This quote, particularly the proposition that lived experience is 'not negotiable', informs the overall title of this scoping paper

[19] Royal Commission into Victoria's Mental Health System: finalreport.rcvmhs.vic.gov.au/

> Strong foundations create the conditions for the reformed mental health and wellbeing system to be sustained. These relate to effective leadership, governance and oversight, accountability and collaboration across governments and communities, and ensuring that people with lived experience or mental illness or psychological distress are leading and partnering with others in reform efforts.
>
> [Royal Commission into Victoria's Mental Health System]

The Royal Commission made the following points in relation to people with lived experience and the lived experience (peer) workforces:

- Ensuring lived experience leaders are embedded across the system and that people with lived experience are able to *fully and effectively take part in decision making about the issues that affect their lives.*
- Provide training and development opportunities to develop the leadership capability of people with lived experience.
- Creating designated lived experience Commissioner roles within the new Mental Health and Wellbeing Commission.
- Ensuring key roles across the system are designated for people with lived experience of mental illness or psychological distress as well as designated for people with lived experience as a family member or carer.
- Establish a *new non-government agency* to be led by people with lived experience to develop lived experience-led services as well as support other lived experience-led organisations through the provision of training, resources and opportunities for partnership, shared resourcing, learning and networking.

> The value of lived experience work is starting to be recognised, but faces challenges. There is great potential to expand and support lived experience workforces. These workforces, however, experience unique challenges, including stigma and discrimination as well as a lack of infrastructure, professional supports and legitimacy as a profession. Expanding and unlocking the true value of these workforces will require services to be ready to promote, support and empower lived experience workforces.
>
> [Royal Commission into Victoria's Mental Health System]

Productivity Commission Mental Health Inquiry (2020)[20]

The Productivity Commission Mental Health Inquiry provided a comprehensive review into the economic and productivity impacts of mental health and offered clear recommendations for improving current and future responses. The role of consumers, carers and the lived experience workforces were recognised as vital to the reform that needs to occur.

> Although there is considerable evidence of the value peer workers can provide, there are nonetheless issues for policymakers to consider. Getting the most value from peer workers requires careful consideration of their role, workplace environment (including the attitudes of other workers), sufficient support for their own mental health, and training and professional development opportunities.
>
> [Productivity Commission Mental Health Inquiry]

The Final Report made the following points in relation to the lived experience (peer) workforces:

- Peer workers were identified as a *valuable but under-utilised part of the mental health workforce.*
- The need for training and professional development opportunities for clinicians and other professionals on the role, value and scope of practice of lived experience workforces to address current attitudes toward and advancement of peer workers and *a negative workplace culture within the health system that stigmatises people with mental illness.*
- The need for greater role clarity within peer worker position descriptions.
- Highlighting that *as for all workers, peer workers should have ready access to supervision and support, including by experienced peer workers* to develop skills, address isolation, increase accountability and reduce the potential for re-traumatisation.
- Acknowledging that whilst career pathways are emerging within the lived experience workforces, unclear paths and limited professional learning opportunities impacts on the development of peer workers and effectiveness of the workforce, including specialisations that could occur, *such as skills in particular settings or with particular types of mental illnesses, or could include the development of business or management skills.*
- Recognition that peer work is a skillset that must be supported by training, with a declared reluctance to set minimum standards for qualifications that are highly regulated or are specified in provider contracts.
- Recommending that *once off, seed funding* should be provided to establish a representative *professional association for peer workers* to strengthen the workforce, promote its value for improving outcomes, provide clarity on role and scope of practice and support access to training and other professional development opportunities.

[20] The Productivity Commission Mental Health Inquiry Report: www.pc.gov.au/inquiries/completed/mental-health/report

> The unique value of peer workers is that they bring to bear their lived experience of mental ill-health and recovery, rather than qualifications obtained through education. Peer workers require certain key skills, rather than qualifications. Among others, these skills include the ability and empathy to translate their knowledge and experience effectively, and an understanding of recovery-oriented practice.
>
> [Productivity Commission Mental Health Inquiry]

We Are Not the Problem, We Are Part of the Solution: Indigenous Lived Experience Project Report (2018)[21]

The Indigenous Lived Experience Project Report outlines themes related to the lived experiences of suicide for Aboriginal and Torres Strait Islander peoples that emerged during a workshop facilitated by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention in 2018. The report highlights that Aboriginal and Torres Strait Islander peoples lived experiences are unique and that culturally appropriate understandings and responses are required.

> Aboriginal and Torres Strait Islander lived experience is contextualised within a history of colonisation that has resulted in disadvantage, racism, lack of acknowledgement of cultural differences and exclusion.
>
> [Indigenous Lived Experience Project Report]

The Indigenous Lived Experience Project Report made the following points in relation to the lived experience of suicide of Aboriginal and Torres Strait Islander peoples:

- The need for a definition of lived experience by and specific to Aboriginal and Torres Strait peoples rather than adopting those determined by mainstream organisations.
- The need for networks and mechanisms that enable the *genuine inclusion* of diverse Indigenous lived experience expertise that is culturally safe and not reliant on one person.
- A focus on capacity building to ensure self-determination and Aboriginal and Torres Strait Islander leadership in organisations and communities.
- Recognition of the important role and need for resourcing of *natural helpers* who provide support in community in paid and unpaid roles.
- Highlighting that experiences of grief and loss extend beyond lived experiences of suicide to also include the concepts of loss of *country and culture* [due to colonisation], *which continue to impact the social and emotional wellbeing of Aboriginal peoples and communities.*

[21] We Are Not the Problem, We Are Part of the Solution: Indigenous Lived Experience Project Report: www.blackdoginstitute.org.au/wp-content/uploads/2020/04/lived-experience-report-final-nov-2018.pdf

- The intergenerational effects of racism and trauma and the need for greater response capacity of mainstream services to address this when supporting Aboriginal and Torres Strait Islander peoples.
- The need for Indigenous understandings of social and emotional wellbeing and cultural healing practices to be better understood, integrated and adopted in service design and delivery.
- The need for increased recognition and valuing of the dual role that many Aboriginal and Torres Strait Islander employees hold in the mental health and social sectors.

> Aboriginal and Torres Strait Islander understandings and practices of wellbeing and healing must be prioritised. These concepts should be valued by non-Indigenous organisations and support persons, in order for them to be recognised and prioritised to ensure that Indigenous peoples and communities have sufficient access to them.
>
> [Indigenous Lived Experience Project Report]

A1.2 Guidance from Other Reviews and Writing on the Lived Experience (Peer) Workforces

The use of lived experience in professional roles requires not just having direct personal lived experience or lived experience of caring for or supporting someone, but also the skill to draw from these experiences with purpose informed by an approach centred in recovery and empowerment. This delineation between simply having lived experience and having the practical and theoretical background to apply this experience is expertise.[22] Lived experience expertise is nurtured and strengthened through training, experience, support and supervision within educational and workplace contexts.

Within Australia, access to streamlined and quality learning and development opportunities, supported spaces for reflection and application of ones lived experience, work and policy environments that understand and value the unique contribution of lived experience workforces and clear pathways for career specialisation and/or progression are severely limited.[23] [24]

A snapshot of these issues are highlighted below.

Current training and qualification pathways for lived experience (peer) workforces

The development and delivery of training programs for the lived experience workforces has been an ongoing process, with the most notable training program currently being the Certificate IV in Mental Health Peer Work. This program was developed and initially launched in 2012 and has since been revised in 2013 and 2015.[25] As the only widely available tertiary education program available for the lived experience workforces, the Certificate IV in Mental Health Peer Work sits in an odd position, where it acts as both the entry level and precipice of recognised Australian lived experience workforce trainings. Outside of the Certificate IV in Mental Health Peer Work there are many training programs available for lived experience workers, however there is a lack of recognition and external accreditation for the majority of these.

Experiences of trainings for members of the lived experience workforces are not always positive either, within the Peer Workforce Survey Summary Report by Queensland Alliance for Mental Health (QAMH)[26] it was noted that there are significant issues of courses being delivered by individuals without lived experience and with limited topic knowledge delivered at a poor quality, with content that is not always relevant. The report also included comments about the Certificate IV in Mental Health Peer Work as having excessive assessments, a lack of support for trainees, overly clinical content and a lack of academic support.

---

[22] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L. Queensland Framework for the Development of the Mental Health Lived Experience Workforce. 2019, Queensland Government: Brisbane. www.qmhc.qld.gov.au/documents/qmhclivedexperience-workforceframeworkwebpdf

[23] McMahon, J. Towards Professionalisation: Final Report. 2019. PMHCCN: Australia. www.mentalhealthcommission.gov.au/getmedia/2cae09c7-9d6d-43c8-bade-382c0261b38f/Towards-Professionalisation-final-report

[24] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

[25] National Register of Vocational Education and Training (VET). CHC43515 – Certificate IV in Mental Health Peer Work (Release 2). training.gov.au/training/details/CHC43515

[26] Queensland Alliance for Mental Health. Peer Workforce Survey Summary Report. 2021. Queensland Alliance for Mental Health: Brisbane. www.qamh.org.au/wp-content/uploads/Peer-Workforce-Survey-Summary-Report_Final-1.pdf

The QAMH Peer Workforce Survey Summary Report also demonstrates that outside of the Certificate IV in Mental Health and Peer Work Skill Set peer workers are receiving training which is not lived experience specific. The necessity of individuals within the lived experience workforces to receive training and education within non-lived experience specific programs results in lived experience as a profession being made to fit within pre-existing systems, as opposed to developing unique and specific lived experience pathways.

In a 2015 Training Needs Analysis by the Mental Health Coalition of South Australia[27] 86.96% of lived experience workers surveyed reported that they believe they need skills training and development or ongoing/refresher training within their roles. Within the same survey, 47.62% of lived experience workers reported intending to complete a nationally recognised qualification at diploma levels or higher demonstrating a desire among the lived experience workforces to access further training and skills development opportunities. This suggests that due to lack of higher education options specific to lived experience, a significant number of lived experience workers are upskilling within or migrating towards non-lived experience fields.

The need for robust workplace supports such as supervision and mentoring

Many reports into the Australian lived experience workforces have identified a greater need for mentorship and supervision within the workplace. Alongside training opportunities these allow for the opportunity for lived experience workers to reflect, strengthen and develop new skills and capabilities[28]. The need for management and supervision from individuals with lived experience specifically was highlighted within the Lived Experience Workforce Document by VMIAC.[29]

In recent years programs and organisations such as the Lived Experience Workforce Program[30] and Brook RED[31] have started to provide opportunities for externally led peer supervision sessions, enabling organisations without internal peer supervisors to still access peer supervision. These sessions allow for discussions among peers without fears of power imbalance and repercussions from management, unlike regular internal peer supervision sessions. However, resources for supervision are typically limited, meaning the opportunity to access external supervision is one that is likely underutilised.[32] [33]

---

[27] Lived Experience Workforce Project (LEWP). 2015 Training Needs Analysis: Summary Document. 2017. MHCSA: Adelaide. mhcsa.org.au/wp-content/uploads/2021/09/2015-LEWP-TNA-Summary-Document.pdf

[28] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

[29] VMIAC. 5. A Lived Experience Workforce. Unknown date. VMIAC: Melbourne. www.vmiac.org.au/wp-content/uploads/VMIAC-Lived-Experience-Workforce.pdf

[30] Lived Experience Workforce Project (LEWP). Fee-for-service Peer Supervision Overview. 2022. MHCSA: Adelaide. www.mhcsa.org.au/wp-content/uploads/2022/02/LEWP-FFS-PS-Overview-110522.pdf

[31] Brook RED. Supervision: Lived Experience Perspective. www.brookred.org.au/supervision

[32] McMahon, J. Towards Professionalisation: Final Report. 2019. PMHCCN: Australia. www.mentalhealthcommission.gov.au/getmedia/2cae09c7-9d6d-43c8-bade-382c0261b38f/Towards-Professionalisation-final-report

[33] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

To support people within the lived experience workforces to access supervision personally or through their workplaces, the Centre for Mental Health Learning in Victoria has created a Consumer and Family Carer Perspective Supervision Database.[34]

In addition to supervision as a vital support for the lived experience workforces the VMIAC Lived Experience Workforce Document raised the possibility of developing formalised buddy systems between new and senior lived experience workers as a means for mentorship where management are unable to provide other options. Reports identify that without commitment time may act as a barrier for the use of internal mentorship programs[35], again highlighting the necessity of increased resourcing for the support and development of lived experience workers.

The increased recognition of specialisations within the lived experience (peer) workforces

Specialisation opportunities within lived experience roles would allow for those with more specific forms of lived experience to gain expertise specifically relevant to these, such as lived experience work within diverse and marginalised communities, among survivors, those who have experience of more stigmatised mental illness or those who work within or have lived experience in specific settings.[36] Specialisations would also better align the lived experience workforce with other community and mental health workforces.[37] Additionally, these specialisation opportunities could focus on the application of specific techniques or approaches towards leadership, advocacy or providing mental health care and recovery through a lived experience lens.[38]

The National Lived Experience (Peer) Workforce Development Guidelines offer the following list of the specialisations that could emerge within the lived experience workforces: Aboriginal and Torres Strait Islander Peoples, people from culturally and linguistically diverse backgrounds, people from the Deaf and hard of hearing community, people identifying as LGBTQIA+. people with a history of trauma, people with experiences of eating disorders, people with experiences of suicide, people with experiences of involuntary treatment, people with experiences with the criminal justice system, people hearing voices, people with experience of homelessness, people who have experiences of AOD use or dependence, people with experiences of neurodivergence, people with disabilities, older persons, veterans and members of defence forces, youth and people living in regional, rural and remote areas.[39] While this can be viewed suggestions for specific specialisations based on the categories of experiences of marginalisation,

[34] Centre for Mental Health Learning. Consumer and Family Carer Perspective Supervision Database. CMHL: Victoria. supervision.cmhl.org.au

[35] Le Bon, G. The Lived Experience Project. 2013. Northern Rivers Social Development Council: NSW. www.socialfutures.org.au/wp-content/uploads/2015/11/LivedExperienceProject_prototype.pdf

[36] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

[37] Ibid

[38] Loughhead, M, Hodges, E, McIntyre, H, and Procter, NG 2021, A Roadmap for strengthening lived experience leadership for transformative systems change in South Australia, SA Lived Experience Leadership and Advocacy Network and University of South Australia, Adelaide. www.lelan.org.au/wp-content/uploads/2021/08/ALEL_digital_linked.pdf

[39] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

discrimination and survivorship and experiences of mental illness, these reports do not explore specialisations based on approaches linked to leadership, management and governance roles and responsibilities which is newly emerging opportunities for people with lived experience.[40]

Alongside the development of these more diverse and specialised lived experience workforces, there is a greater need for trainings and initiatives which enable individuals with intersectional lived experiences to work within, as opposed to disregarding, their intersections.[41] One of the key recommendations of a report by Mental Health Victoria exploring NDIS Psychosocial Supports is the need for research and development into NDIS workforce capacity to enable projects exploring methods of supporting diverse communities with intersectional experiences.[42]

A common factor among reports exploring the needs of the lived experience workforces has been that workplaces need to enable lived experience workforces through facilitating workplace supports and having organisational understanding towards lived experience and recovery-oriented practices.[43] [44] Developing a shared understanding includes role definitions, organisational readiness trainings, the development of appropriate lived experience positions and the development of career pathways for lived experience workers.[45] [46]

Introducing specialisations, strengthening training pathways and increasing the role and availability of supervision within lived experience workforces would have a range of positive impacts, these include: increasing the quality of care provided by the lived experience workforces through increasing knowledge and pathways, increase retention and reduce burnout among lived experience workers through better supporting current lived experience workers and creating training pathways for new workers whom the load can be shared with. This will also create the potential for career progression and upwards mobility which is currently lacking for lived experience workers, contributing towards a sense of direction and roles for current workers and promoting progression and a vision of success for future lived experience workers. Stronger and more specified and specialised training would help to develop clarity around the roles of peer workers. Additionally, it would further legitimise lived experience roles which would contribute towards reducing the stigmatisation of lived experience and those who work in lived experience roles.

---

[40] Loughhead, M, Hodges, E, McIntyre, H, and Procter, NG 2021, A Roadmap for strengthening lived experience leadership for transformative systems change in South Australia, SA Lived Experience Leadership and Advocacy Network and University of South Australia, Adelaide. www.lelan.org.au/wp-content/uploads/2021/08/ALEL_digital_linked.pdf

[41] Brophy, L., Brasier, C., Fossey, E. & Jacques, M. Final Research report: Enablers and Barriers to NDIS delivered Recovery-Oriented Psychosocial Disability Support. 2022. La Trobe University & Mental Health Victoria. www.mhvic.org.au/images/PDF/MHV%20ROPDS%20Stage%203%20Report%20FINAL%2003_03_2022.pdf

[42] Mental Health Victoria (MHV). NDIS Recovery Oriented Psychosocial Disability Support Project: Final Report. 2021.Recovery Oriented Psychosocial Disability Support (ROPDS) Project – Growing National Workforce Capability, MHV, Victoria. www.mhvic.org.au/images/ROPDS_final%20report.pdf

[43] Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission. www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines

[44] Northern Territory Mental Health Coalition. 2018-2019 Mental Health Peer Support Workforce Needs Assessment. 2019. NTMHC: NT.

[45] Ibid

[46] McMahon, J. Towards Professionalisation: Final Report. 2019. PMHCCN: Australia. www.mentalhealthcommission.gov.au/getmedia/2cae09c7-9d6d-43c8-bade-382c0261b38f/Towards-Professionalisation-final-report

Training	Provider
Aboriginal & Torres Strait Islander MHFA	MFHA Approved Providers
Aboriginal people & lateral violence	Big River Connections
Accidental Counsellor	Lifeline Corporate
Accidental Counsellor Short Course	Human Connections
Accidental Counsellor Training	Human Connections
Addiction & Recovery 101 for Recovery Coaches & Other Peer Workers	AdCare
Advanced Care Planning an Introduction Workshop	Carers Victoria
Advanced Motivational Interviewing Building Skills	Centre for Mental Health Learning Victoria
Advanced Training in Suicide Prevention	Black Dog Institute
Advancing Successful Peer Inclusion & Readiness for Employment (ASPIRE)	Consumers of Mental Health WA
Advocacy 101	Public Health Advocacy Institute WA
Advocacy 102	Public Health Advocacy Institute WA
Advocacy Masterclass	The Equality Project
Advocacy Skill Builder Webinars	Lived Experience Australia
Advocacy Skills for Peer Work Webinar	Lived Experience Australia
An Introduction to Trauma Informed Care	Centre for Mental Health Learning Victoria

Training	Provider
Applied Suicide Intervention Skills Training (Asist)	Livingworks Accredited Trainers
ASIST	Lifeline Corporate
ASIST Training for Trainers	Livingworks Accredited Trainers
Assessment of Mental Illness in People with an Intellectual Disability	Centre for Mental Health Learning Victoria
A Whole-Person Approach to Wellbeing & Self-Care	Lifeline Corporate
B.strong in Pregnancy & Early Life for First Nations Australians	Insight Queensland
Being a Peer Advocate	WSYD Recovery College
Belonging	Brook Red
Breaking the Taboo, Giving a Voice to the Topic of Suicide	Discovery College
Building Confidence when Moving Others	Carers NSW
Bystander Action Training	Lifeline Corporate
CALM Care	CALM The Voice of Education in Suicide
Carer Advocacy	MHPOD
Carer Participation	MHPOD
Carers Emotional CPR	Wellways QLD
Certificate IV in Aboriginal & Torres Strait Islander Governance	Multiple RTOs
Certified Peer Specialist Training	Copeland Centre
Challenging Stigma	SE SYD recovery college

Training	Provider
Codesign Learning Network	TACSI
Co-Facilitation Training	ACT MH Consumer Network
Committee Work	SE SYD Recovery College
Communicating with Family & Friends	Carers Victoria
Communicating with Professionals' Workshop	Carers Victoria
Community Connection & Belonging as Part of MH Recovery	Recovery College ACT
Community Gatekeeper	Wesley Mission
Community Inclusion Peer Facilitator Certification	Copeland Centre
Community Response to Eliminating Suicide (CORES)	CORES
Confidence with Health Care Tasks	Carers NSW
Consumer & Peer Worker Roles in HM	SE SYD Recovery College
Consumer Engagement for Staff	Health Consumers NSW
Consumer Identity & Advocacy	MHPOD
Course in Consumer Leadership	Benchmarque Group
Creative Care for Recovery	Recovery College ACT
Creativity for Wellbeing	WSYD Recovery College
Culturally Informed Trauma Integrated Healing Approach to Care & Practice	Mental Health Coordinating Council

Training	Provider
Current & Emerging Peer Work Webinar	Lived Experience Australia
DBT Credentialing Program (LE)	Australian DBT Institute
Dealing with Depression in Rural Australia	Black Dog Institute
Defining Frames of Mental Health Recovery 1/2	Being Mental Health Consumers
Dementia & You Workshop	Carers Victoria
Depression Dilemmas	Black Dog Institute
Developing Your Story	SE SYD Recovery College
Different Shoes Different Views	Discovery College
Digital Peer Support Certification	Digital Peer Support
Do No Harm Safe Storytelling	Recovery College ACT
Do You Hear What I Hear? Ways of Thinking About Psychosis	Discovery College
Domestic Violence & Mental Health	WSYD Recovery College
Drop in Training Sessions, Communicating about Suicide/Mental Ill Health	Mindframe
DV Aware	Lifeline Corporate
DV Alert	Lifeline Corporate
ECPR	Centre for Mental Health Learning Victoria
ECPR	VMIAC
Educating for Recovery: Foundations	SE SYD Recovery College

Training	Provider
Educating for Recovery: in Practice	SE SYD Recovery College
Effective Communication for Peer Workers 1/2	Being Mental Health Consumers
Effective Communication Skills	WSYD Recovery College
Enhanced Recovery-Oriented Practice	SE SYD Recovery College
Ethical Considerations for Recovery Coaches	Choice Recovery Coaching
Exploring Frameworks for Mental Disease	SE SYD Recovery College
Facilitating Small Groups	Big River Connections
Fostering Change	Lifeline Corporate
Foundations in Consumer Perspective Work	Centre for Mental Health Learning Victoria
Getting a Good Night's Sleep	WSYD Recovery College
Good Medicine Better Health Anxiety & Depression	NPS Medicinewise
Graduate Certificate in Consumer & Community Engagement	Benchmarque Group/ Health Consumers NSW
Group Peer Support Facilitator Certification Program	Group Peer Support
Group Peer Support Facilitator Training	Group Peer Support
Guardianship & Administration Workshop	Carers Victoria
Handling Challenging Calls & Behaviours training	Lifeline Corporate

Training	Provider
Health Consumer Representative Training	Health Consumers NSW
Hearing Voices Approach Training	Voices Vic
Hearing Voices Group Set up & Facilitation	Voices Vic
Honest Open Proud, Erasing Stigma of MH	Recovery College ACT
How Do We Ride the Waves?	Discovery College
How to be Heard	Lived Experience Australia
How to Co-Write a Course	SE SYD Recovery College
IAP2 Building an Engaging Organisation	IAP2
IAP2 Conflict in Engagement	IAP2
IAP2 Engagement Design	IAP2
IAP2 Engagement Essentials	IAP2
IAP2 Engagement Evaluation	IAP2
IAP2 Engagement Facilitation	IAP2
IAP2 Engagement Methods	IAP2
IAP2 Engaging with Influence	IAP2
IAP2 Facilitating the Tough Stuff	IAP2
IAP2 Foundations in Public Participation	IAP2
IAP2 Strategies for Complex Engagement	IAP2

Training	Provider
IAP2 Strategies for Dealing with Opposition & Outrage	IAP2
In Someone Else's Shoes	Discovery College
Inclusive Care Planning	Mental Health Carers NSW
Identifying Strengths	Recovery College ACT
Introduction to Committee Work	Being Mental Health Consumers
Introduction to Peer Work 1/2	Being Mental Health Consumers
Introduction to Self-Advocacy	WSYD Recovery College
Introduction to Supported Decision Making	Mental Health Coordinating Council
Intentional Peer Support - Advanced Training	SHARC
Intentional Peer Support - Core Training	SHARC
Intentional Peer Support - Management Training	SHARC
Intentional Peer Support - Train-The-Trainer	SHARC
Lead Up Leadership Courses	Being - Mental Health Consumers NSW
Leadership Fundamentals	Centre for Mental Health Learning Victoria
LEDGE Lived Experience Development, Governance & Education	LELAN
LGBTQIA+ Professional Development	CORES
Lived Experience Educators Unit	Curtin University

Training	Provider
Lived Experience Engagement Checklist	Centre for Mental Health Learning Victoria
Lived Experience Storytelling	Recovery College ACT
Lived Experience Transformational Leadership Academy (LET(s)Lead)	YALE Program for Recovery & Community Health
LivingWorks Start	Livingworks
Male Peer Support Training	Male Suicide Prevention Australia
Managing Bipolar Disorder	Black Dog Institute
Managing Different Situations	Big River Connections
Managing the Ripple Effects, Strategies for Family Friends & the Healthcare Team	Discovery College
Media Skills Workshop	Public Health Advocacy Institute WA
Medical Treatment Decisions & Advanced Care Directives Workshop	Carers Victoria
Methamphetamine & Mutual Support	SMART Recovery
MH Literacy	Lifeline Corporate
MHFA Instructor	MFHA Approved Providers
Mooditj Leader Training	Sexual Health Quarters
Motivational Interviewing	Mental Health Coordinating Council

Training	Provider
Motivational Interviewing for Recovery Coaches & Peer Workers	Adcare
Motivational Interviewing Foundational Skills	Centre for Mental Health Learning Victoria
Motivational Interviewing: Guiding Clients to Make Beneficial Changes	SMART Recovery
Multiple Pathways of Recovery for Peer Support Workers	Adcare
My Aged Care Introduction	Carers Victoria
My Rights My Decisions	Recovery College ACT
National Comorbidity Trainer Training	USYD
National Comorbidity Guidelines Training	USYD
Navigating Carer Support Systems	Mental Health Carers NSW
Navigating Financial Supports for Carers Workshop	Carers Victoria
Navigating the ACT MH System	Recovery College ACT
Navigating the Mental Health System	WSYD Recovery College
NDIS Introduction Workshop	Carers Victoria
NDIS Plan Review Workshop	Carers Victoria
NDIS Self-Managing Workshop	Carers Victoria
Northam Educator Foundation Program	WA recovery college

Training	Provider
Older Persons MHFA	MFHA Approved Providers
Opening Closets	Living Proud
Orientation to Mental Health Peer work P1	Lived Experience Workforce Program
Orientation to Mental Health Peer work P2	Lived Experience Workforce Program
Orientation to Mental Health Peer work P3	Lived Experience Workforce Program
Our Connection Webinars	Lived Experience Australia
Peer CARE Companions	Roses In the Ocean
Peer Facilitator Training Program	SMART Recovery
Peer Learning	Wellways
Peer Recovery Coach Training	Choices Trainings
Peer Support Certification	Peer Support Canada
Peer Support Officer Training Program	SA Office of the Commissioner for Public Sector Employment
Peer Work Resources Pack	Orygen
Peer Workforce Training	SHARC
Peerzone Facilitator Training	Brook RED
Perinatal in Practice	Black Dog Institute
Physical & Mental Health	WSYD Recovery College
Preparing for Advocacy, Briefing & Debriefing	Lived Experience Australia
Presentation Skills Training	WSYD Recovery College

Training	Provider
Preventure Training for Clinicians & Youth Workers	USYD
Professional Development Webinars	Roses In the Ocean
Professional Practice for Peer Workers	Mind Australia
Psychological First Aid	Lifeline Corporate
Public Speaking	SE SYD recovery College
Purposeful Storytelling	SE SYD recovery College
Recovery Coach Academy	North Shore Community College
Recovery Goal Setting	WA Recovery College
Recovery Oriented Practice	Mental Health Carers NSW
Responding to the Risk of Suicide	Mental Health Coordinating Council
Safe Storytelling	Mental Health Coordinating Council
Safeside Framework for Recovery-Oriented Suicide Prevention	Safeside Prevention
SafeTALK	Lifeline Corporate
SafeTALK	Livingworks Accredited Trainers
SafeTALK Training for Trainers	Livingworks Accredited Trainers
Self-Advocacy Skills	WSYD Recovery College
Self-Care	Mental Health Coordinating Council
Self-Care	WSYD Recovery College

Training	Provider
Self-Care for Aboriginal Workers	Big River Connections
Self-Care for Leaders	Mental Health Coordinating Council
Self-Advocacy & Consumer Rep Training	ACT MH Consumer Network
Sharing Your Lived Experience	Being Mental Health Consumers
Skills for Co-Facilitation	SE SYD Recovery College
Standard MHFA	MFHA Approved Providers
Strong Social & Emotional Wellbeing	WSYD Recovery College
Suicide Prevention for Peer Workers	SE SYD Recovery College
Suicide Risk Engaging Understanding & Responding	Centre for Mental Health Learning Victoria
Supervision of Recovery Coaches & Other Peer Workers	AdCare Educational Institute
Supervisor Training	Lived Experience Workforce Program
Support for Carers	WA Recovery College
Support Services for Carers Workshop	Carers Victoria
Systematic Advocacy	SE SYD Recovery College
Taking the Edge Off, Talk About Drugs & Alcohol	Discovery College
Teen MHFA	MFHA Approved Providers
Telling Your Story in a Public Forum	SE SYD Recovery College

Training	Provider
That Anxious Feeling	Discovery College
The Power of Mentoring Webinar	Lived Experience Australia
The Role of Peer Support in Treatment: The Latest on Research & Practice	SMART Recovery
Time for a Change: Dual Diagnosis Training for LE Workforce	Centre for Mental Health Learning Victoria
Traineeship Opportunities to Become a Peer Supervisor	Being NSW
Training in Peer Work, Facilitation, & Hearing Voices	Prahran Mission
Transforming Through Co-Production	SE SYD Recovery College
Trauma Informed Reflective Supervision	Centre for Mental Health Learning Victoria
Understanding & Responding to Trauma	Mental Health Coordinating Council
Understanding Anxiety	WSYD Recovery College
Understanding Eating Disorders	WSYD Recovery College
Understanding Medication	Mental Health Coordinating Council
Understanding Mental Health	Mental Health Coordinating Council
Understanding Self Harm	Discovery College
Understanding Stigma & Discrimination	Being Mental Health Consumers
Understanding the Importance of Communicating Effectively	Being Mental Health Consumers

Training	Provider
Understanding the NDIS	ACT MH Consumer Network
Understanding Trauma	WSYD Recovery College
Users guide to the NSW MH system	Mental Health Carers NSW
LGBTIQ+ Leadership Program	The Equality Project
What is a Diagnosis?	Discovery College
What is it about Medication?	Discovery College
What Is Recovery	WSYD Recovery College
What is SMART Recovery & How Does it Work Alongside AOD Treatment?	SMART Recovery
Working with Voices	Mental Health Coordinating Council
Working with Youth & Young Adults for Recovery Coaches	Adcare
Workplace Mental Health Training	Wesley Mission
WRAP Facilitator Training	Copeland Centre
Youth Aboriginal & Torres Strait Islander MHFA	MFHA Approved Providers
Youth In Distress: Managing Suicidality & Self Harm	Black Dog Institute
Youth Mental Health Peer Support 101	Orygen
Youth MHFA	MFHA Approved Providers
Zero Suicide Training	Zero Suicide Alliance

A1.3 Environmental Scan of Training Targeting People with Lived Experience

To inform the development of this Scoping Paper LELAN completed an environmental scan of training and development opportunities that target people with lived experience. Within this environmental scan, 259 training programs designed for or with significant relevance to the Australian lived experience workforces were assessed. This is not considered to be a sample of all trainings available, however to the author's knowledge this may be the most complete list of current trainings available. The sample of training programs includes those offered within Australia and internationally, including certified, accredited, and non-certified/accredited trainings. These trainings were assessed for training duration, accreditation status, location, level (i.e. entry, intermediate or advanced training), whether they are lived experience specific trainings, to who's lived experience said training is specific too, availability and cost of each training, alongside which level the trainings are aimed towards and what approach the trainings take.

Categorisation of levels of training has been determined based upon the topic, training contents or competencies (where disclosed), indicated training levels based on the providers advertising of trainings (such a course name stating "entry to..." or "advanced...") course duration. Additionally, 22 programs supporting lived experience workers within the workplace were identified and analysed.

Alongside this, the differences in provision between 29 RTOs that deliver the Certificate IV in Mental Health Peer Work were assessed. This included exploring the status of the Certificate IV delivery, location and method of delivery, cost, what supports the training programs publicly advertise for their participants, and which modules of the 51 modules within the Certificate IV were offered by the RTO. Consideration was also given to the availability of the Mental Health Peer Work and Peer Leadership Skill Sets.

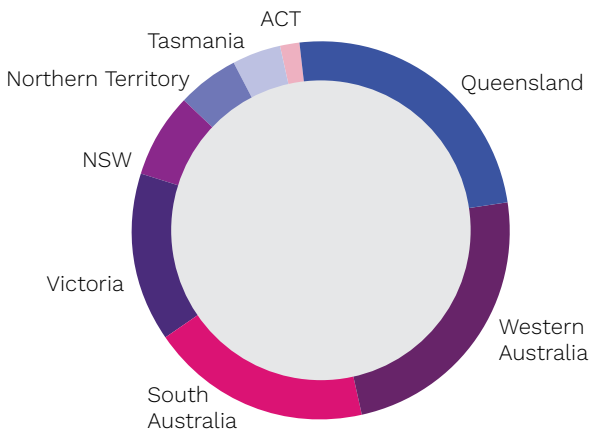
The following is a non-exhaustive list of lived experience relevant trainings and their providers which were available at time of writing the Scoping Paper. Due to inconsistencies around training costings and the flexible nature of whether trainings are specifically tailored for and delivered by individuals with lived experience, this information has not been included within the list. The list also does not include tertiary and vocational trainings which may be relevant to lived experience workers.

Therefore, this list can largely be considered as highlighting options for module-based training enabling individuals to either enter or undergo professional development within different dimensions of lived experience work and roles.

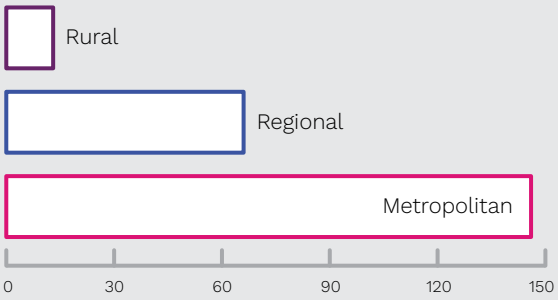
Appendix Two

Summary Data from Survey Responses (n=211)

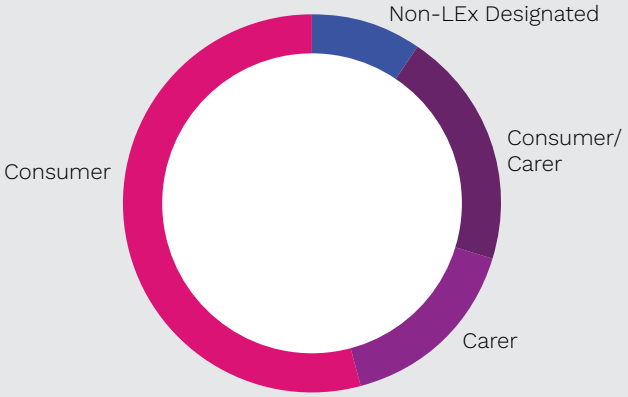
State/Territory of Person



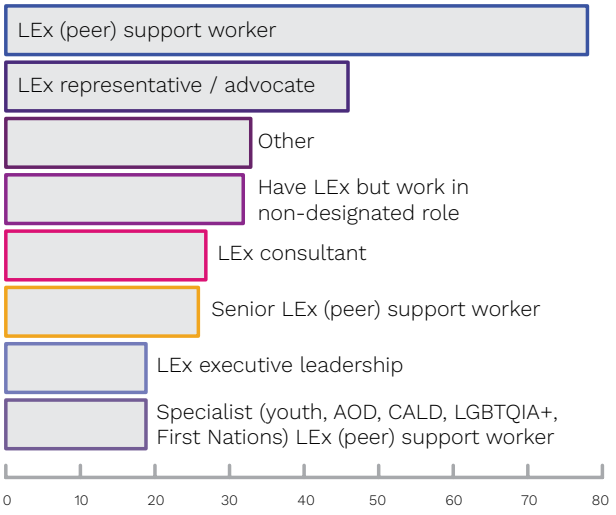
Location of Role



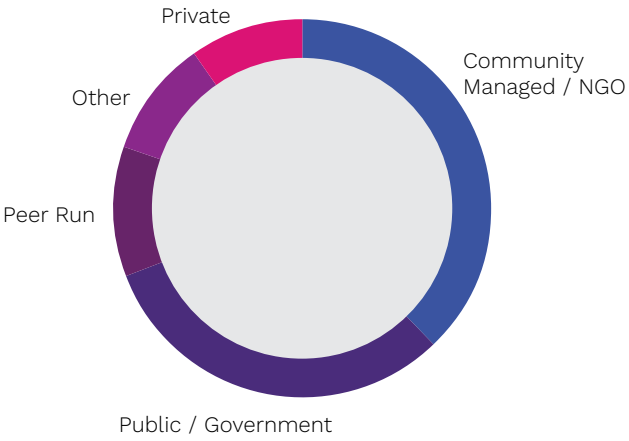
LEx Perspective utilised in primary role



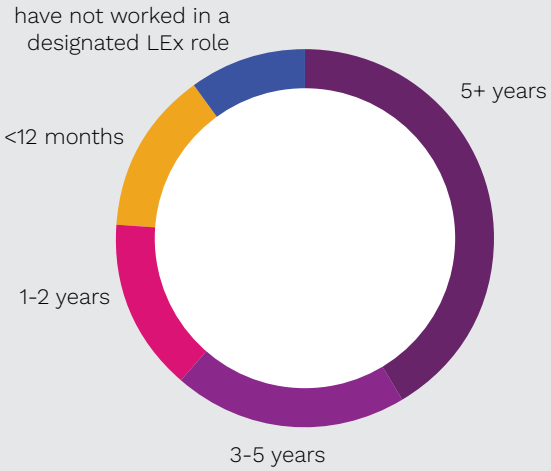
Primary LEx Role



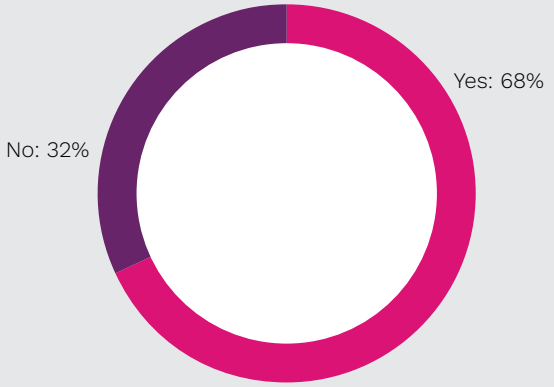
Sector role is based in



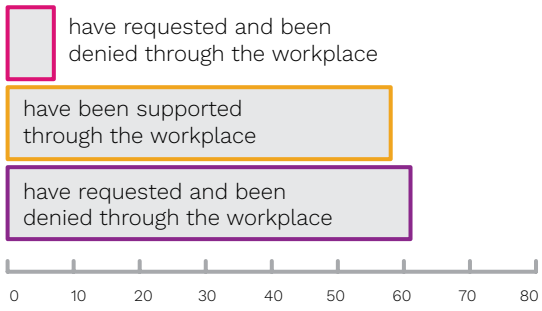
Time in LEx Roles



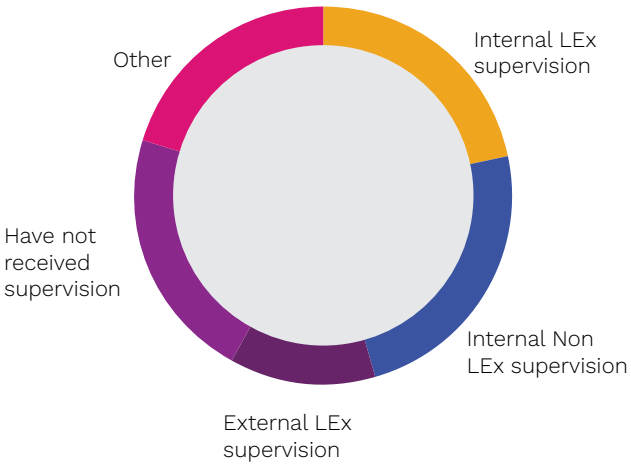
Have participated in specific LEx training



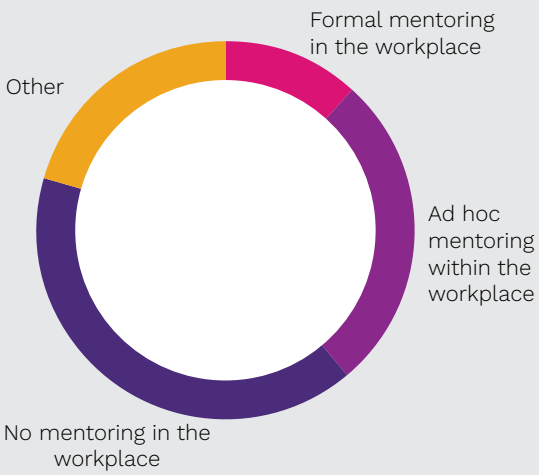
Development opportunities within LEx roles



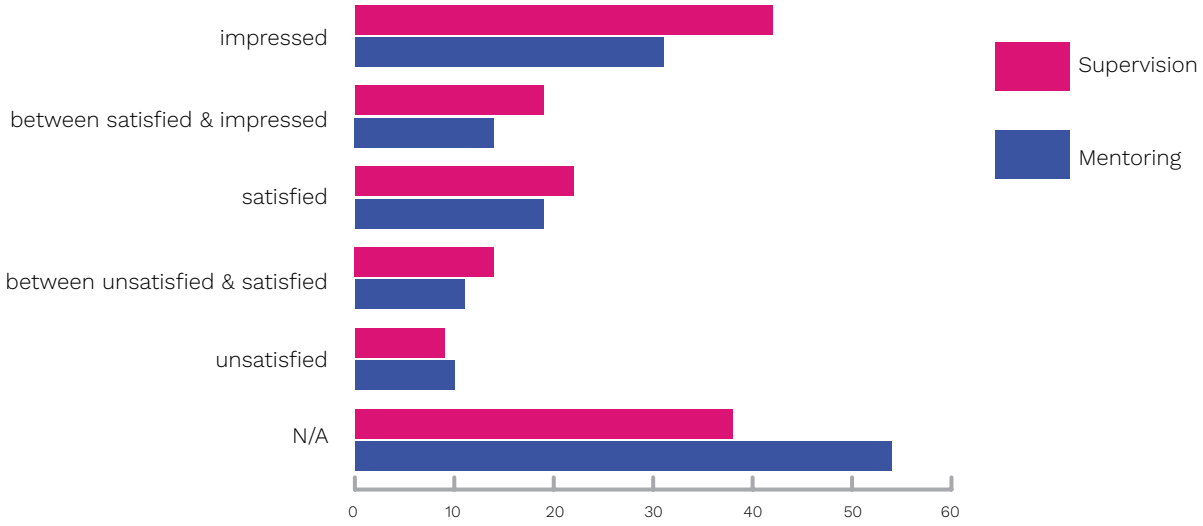
Supervision received in the workplace



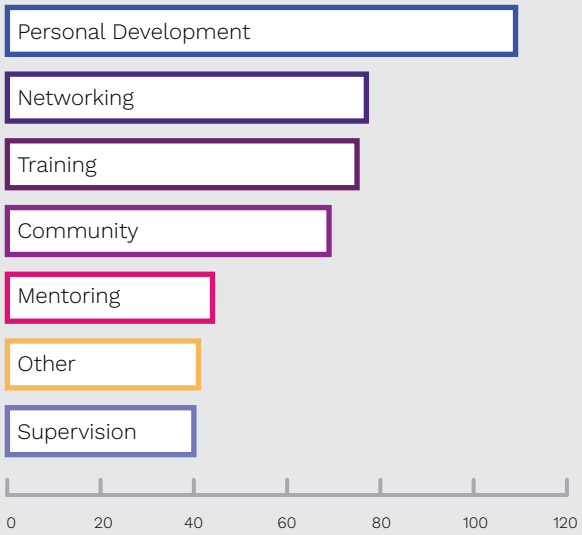
Mentoring recieved in the workplace



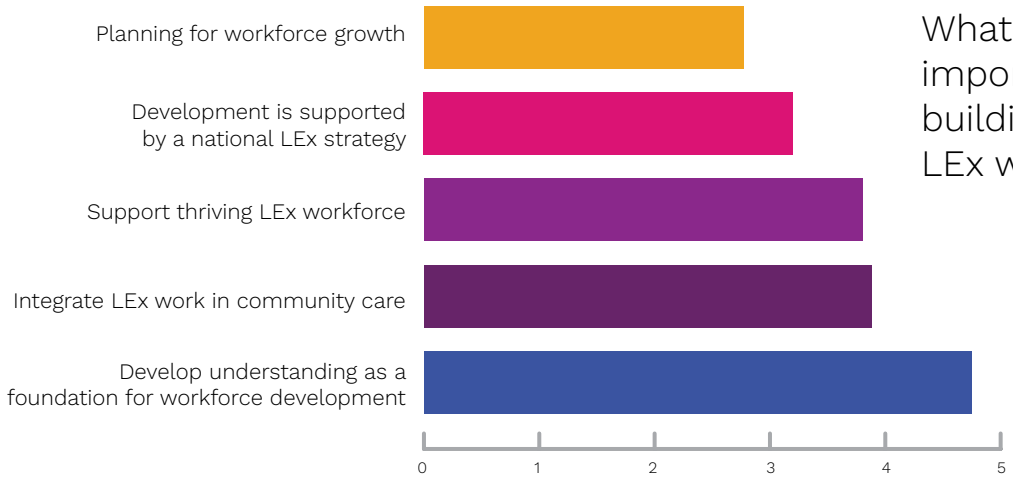
Satisfaction with quality of supervision and mentoring



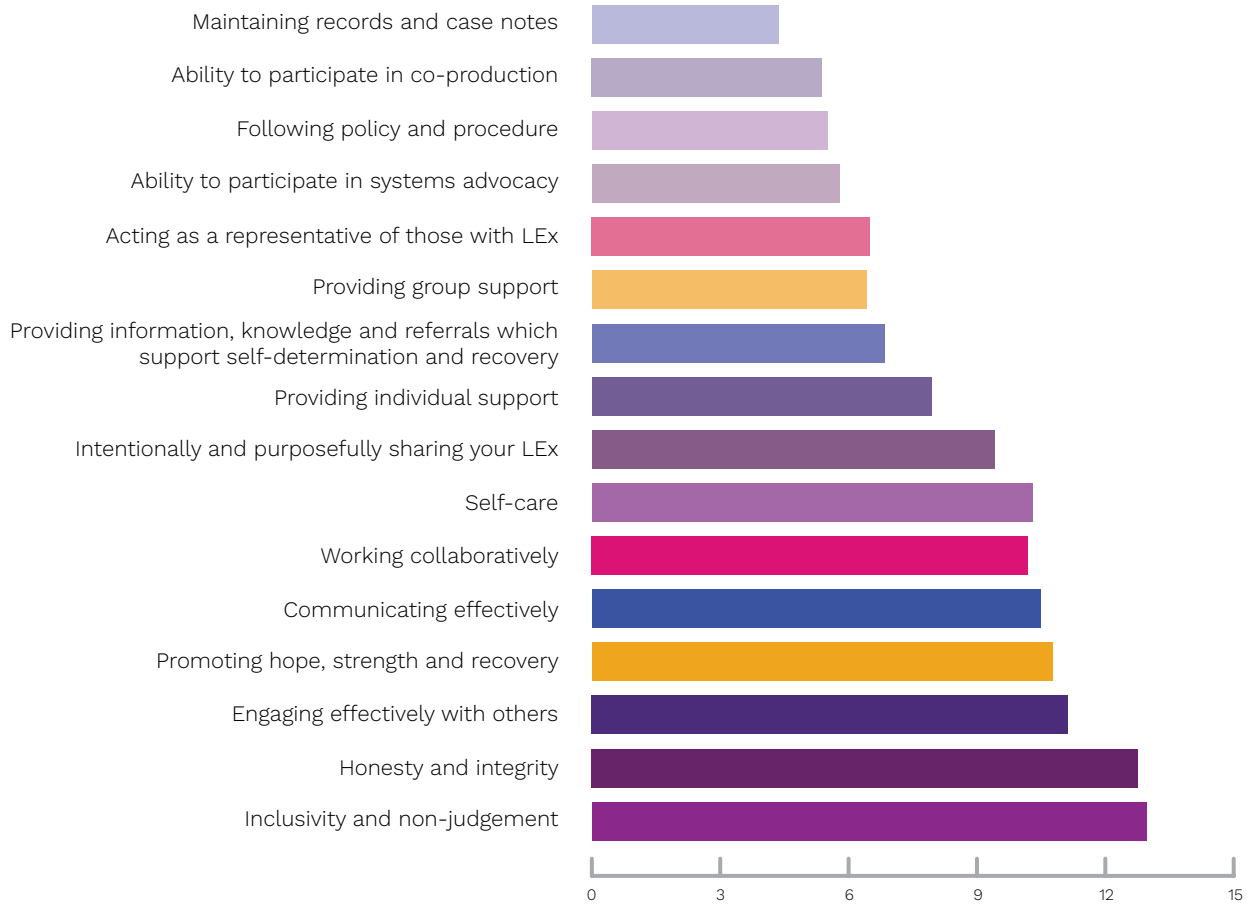
What best prepared them for their LEx role



What is most important for building strong LEx workforces



Competencies, values and skills most relevant to LEx workforces



Training most important for building a strong LEx workforce

Appendix Three

Funding Options

A3.1 TAFE Training Options and Associated Costings

Training Option	Recommended average costing for students	Current average costing for students enrolled in this field	Equivalent discipline costings (noting jurisdictional differences)
Early career/ Introductory modules and short courses	Free through scholarships $350 full fee paying		
Certificate III	Free through scholarships as part of a traineeship or for people entering the workforce		Certificate III in Individual Support (CHC33015) Most Certificate III qualifications are free or low-free through JobTrainer or subsidised training
Certificate IV/Diploma	Free/Partial through scholarships of $5,000 as part of a traineeship or for people entering the workforce	Certificate IV in Mental Health Peer Work (CHC43515): An example of how the Mental Health Coordinating Council have developed a tiered scholarship model is provided below. A full paying student at NSW TAFE is charged $7,880 Average course fee $5,913 Federal budget commitment of $3.1 million to grow and support the mental health peer workforce through up to 390 scholarships and opportunities for professional collaboration equating to $7,948.72 per scholarship and opportunities	Diploma of Counselling $15,504 - $15,368
Continuing professional development modules/ short courses	$200 - $800 dependent on time commitment or content of the module/ course offered		Counselling* $249 5 points (1 day) and $875 10 points (2 day)

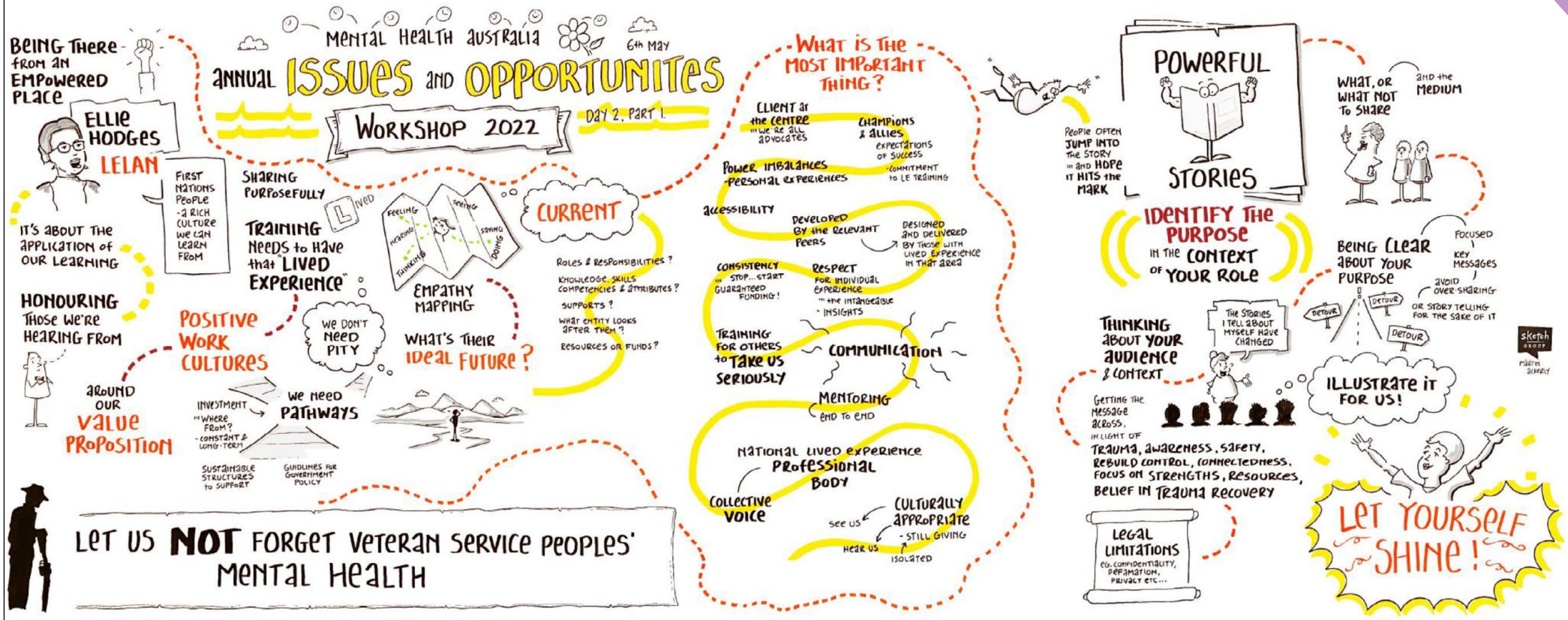
A3.2 University Training Options and Associated Costings

Training Option	Recommended average costing for students	Current average costing for students enrolled in this field	Equivalent discipline costings (noting jurisdictional differences)
Entry level/Introductory University short courses		Curtin University's Lived Experience Educators Unit and Yale University's LET(S)LEAD are both offered at no cost within Australia	Introduction to Mental Health $2050 (SA) Contemporary Approaches in Counselling $3180 (VIC) Psychological Anthropology $1895 (NSW) Social Work and Human Service Practice $2108 (TAS)
Bachelor – there was not enough clarity around the value of a Bachelor degree in LEx to recommend this as a viable training option	$30,000	DoH funded scholarships of up to $13,000	Bachelor of Social Work $30,000 (NSW) Bachelor of Nursing $21,000 (approx.) (WA) Bachelor of Psychological Science $30,000 (approx.) (QLD)
Graduate Certificate in LEx Graduate Certificate in LEx leadership	$4,000 $8,000	DoH funded scholarships of up to $13,000 DoH funded scholarships of up to $13,000	Graduate Certificate of Critical Care Paramedicine $11,050 (VIC) Graduate Certificate of Counselling $4,010 (TAS) Graduate Certificate in Nursing Leadership & Management $11,100 (NSW)
Graduate Diploma in LEx	$10,000	DoH funded scholarships of up to $13,000	Graduate Diploma of Nursing $22,000 (NSW) Graduate Diploma of Counselling $8,010 (TAS) Graduate Diploma of Health Research $29,520 (NT)
Masters	$30,000	DoH funded scholarships of up to $13,000	Master of Nursing with Specialisations $34,800 (NSW) Master of Mental Health Nursing $31,600 (ACT) Master of Social Work $49,824 (SA)

A3.3 Other Training Options and Associated Costings

<table>
<tr><td>Training support</td><td colspan="4">Multi-faceted support for students that include 1:1 support (recommendation is for one session every month or six weekly) and group and/or 1:1 support available around assessment time</td></tr>
<tr><td>Peer Supervision</td><td colspan="4">Individual supervision 60 mins $120-160 (SA)
Group supervision 90 mins $370.00 (SA)</td></tr>
<tr><td>Training for Supervisors of Lived Experience workforces</td><td colspan="4">2 x 4.5 hour sessions $1415-1685 (SA)</td></tr>
<tr><td>(Yale costs in $US) 37,000 (Faculty/external instructors planning, prep and delivery (including selection process) $24000, Mentors $8000, admin/other indirect costs $5000) These costs didn't reflect Paula and my time, probably around extra $5000 in selection process, course prep/coordination, hosting each course, supporting cohort etc</td><td colspan="4"></td></tr>
<tr><td>On selling training modules</td><td colspan="4">Estimated cost to on sell four university modules is $100,000 - $300,000</td></tr>
<tr><td rowspan="3">Example of how the Mental Health Coordinating Council have developed a tiered funding model. (There is also a $500 student contribution.)</td><td>First Qualification</td><td>Subsidised $1990</td><td>Non-subsidised Member $5000
Non-member $5500</td><td rowspan="3">Nursing scholarships that are available within Australia range from $500 for Cert IV/Diploma to $26,288 for Masters</td></tr>
<tr><td>Second qualification</td><td>Subsidised $2320</td><td>Non-subsidised Member $4200
Non-member $4700</td></tr>
<tr><td>Traineeship</td><td>Subsidised Free</td><td>Non-subsidised Member $4000
Non-member $4500</td></tr>
</table>

Workshop Art[44]



[44] This diagram was created during the workshop facilitated by LELAN to inform this scoping paper during the Annual Issues and Opportunities Workshop of the National Mental Health Consumer and Carer Forum, Lived Experience Register and Embrace Group in May 2022.

About LELAN

LELAN is the peak body in South Australia *by, for* and *with* people with lived experience of mental distress, social issues or injustice. Our purpose is to amplify the voice, influence and leadership of people with lived experience to drive systemic change. LELAN has led philanthropic, state and federally funded projects as well as completed commissioned pieces of work.

LELAN's systemic advocacy targets the mental health and social sectors in South Australia, whilst our thought leadership and expertise on lived experience expertise and leadership is borderless.

By centring the experiences, collective insights and solution ideas of people with lived experience in all of our work, as well as being immersed in the lived experience community from grassroots to strategic and governance levels, LELAN demonstrates the principles, practices and change dynamics that the social sector is calling for and desperately needs. Because of our strong and trusted relationships with people in the lived experience community we are able to have deeper conversations about things that matter, drawing our collective experiences and action together in purposeful ways.

LELAN has extensive experience and a proven methodology for leading lived experience-led and/or co-creation initiatives, frequently with a focus on sensitive issues and including groups that bring divergent perspectives to the conversation. The organisation has three external facing strategic pillars:

- Developing the capability and influence of people with lived experience.
- Nurturing organisational and sector capacity for partnering with people with lived experience, and
- Impacting system improvement agendas to benefit people with lived experience.

LELAN was founded in 2017. The organisation received its first funding in 2019, the result of which led to the launch of *A Roadmap for Strengthening Lived Experience Leadership for Transformative Systems Change in South Australia* and the groundbreaking *Model of Lived experience Leadership* in 2021 (both can be accessed at www.lelan.org.au/alel).

Team for this piece of work

Ellie Hodges [Executive Director]
Lucy Solonsch [Peer Project Worker]
Sheryl Boniface [Manager: Projects & Advocacy]

www.lelan.org.au | info@lelan.org.au | 0431 953 526