

LIVED EXPERIENCE WORKFORCE PROJECT (LEWP) WORKFORCE DEVELOPMENT STRATEGY

Career Pathways for Lived Experience Workers

Background and Evidence

Over the past decade, Peer Work in Australia has shifted from being a new, little-known concept to a well-established, professional workforce; one that forms a critical element of state and national mental health plans and strategies and with an ever-increasing evidence base.

The Fourth National Mental Health Plan (Commonwealth of Australia, 2009) included the employment of people with lived experience (consumers and carers) and development of a supporting workforce strategy, as an area of priority:

“Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas. Increase consumer and carer employment in clinical and community support settings.”¹

Simply having lived experience does not mean a person will be an effective Lived Experience Worker. Successful Peer Workers are able to take their experience, the things they have learned from it and utilise them in a practical, work practice context, to support the facilitation of recovery with others. As with any other employment skill, this requires appropriate training, skills development and ongoing support. Without these, there may be a negative impact on the worker, participants and the organisation.

In South Australia, the Lived Experience Workforce Project (LEWP) has played a vital role in advocating for the Certificate IV in Mental Health Peer Work to be added to the list of subsidised training courses. As a result, the qualification is now more accessible to people looking to enter into the Lived Experience Workforce and existing Lived Experience Workers, who may have non-lived experience related qualifications (e.g. Certificate IV in Mental Health).

“If I had met a Peer Worker in the early days of my diagnosis, ten years of my life may not have been lost.” (MIFSA/BCSA Introduction to Peer Work Course student, 2006).

We know that the NGO Mental Health sector is facing significant change with the roll out of the NDIS, which has created some challenges where Lived Experience Workforce is concerned. However, the NDIS is an amazing opportunity to grow and develop this specialist workforce, which continues to form an integral part of our national and state mental health strategic direction through the Fifth National Mental Health and Suicide Prevention Plan and the SA Mental Health Strategic Plan.²

¹ Fourth National Mental Health Plan 2009-2014 © Commonwealth of Australia 2009

[https://www.health.gov.au/internet/main/publishing.nsf/Content/9A5A0E8BDFC55D3BCA257BF0001C1B1C/\\$File/plan09v2.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/9A5A0E8BDFC55D3BCA257BF0001C1B1C/$File/plan09v2.pdf)

² Fifth National Mental Health and Suicide Prevention Plan © Commonwealth of Australia 2017

<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

SA Mental Health Strategic Plan 2017-2022, SA Mental Health Commission 2017-2022

<http://samentalhealthcommission.com.au/what-we-do/sa-mental-health-plan/>

The evidence for peer work is readily available. With effective promotion, NGOs can become the organisation of choice for NDIS customers: what better person to understand the journey, than someone who has lived it?

Pathways to a Qualified Lived Experience Workforce

Lived Experience Workers and their Leaders have informed us, through a variety of methods such as ongoing workshop and training session evaluations and the 2015 LEWP Training Needs Analysis, that professional development around the Lived Experience skill set is vital. We also know that time and money are the biggest challenges faced by organisations at present and will become increasingly so as we transition to the NDIS.

How do we overcome these barriers to ensure the integrity of our Lived Experience Workforce is maintained?

Part of our role as the LEWP is to support organisations to assist their Lived Experience Workers and Leaders in accessing non-accredited professional development on an ongoing basis, and to support potential and existing LEWs to obtain professional development, including the nationally accredited Peer Work-specific qualification.

In partnership with SA Health through CALHN and the Office of the Chief Psychiatrist, the LEWP has been actively involved in leading the co-production of non-accredited training, such as the free Statewide Lived Experience Workforce (LEW) Professional Development (PD) Days for existing Lived Experience Workforce and Training for their Leaders (direct Supervisors). We also hold an annual LEWP Conference for Lived Experience Workers and Leaders.

As mentioned earlier, just having lived experience does not make a person an effective Lived Experience Worker. The Certificate IV in Mental Health Peer Work was developed specifically to meet the requirements of the Peer Work role (consumer and carer) and throughout the training, participants are learning how to draw from their story in ways that best support consumers and carers. It is the only peer work-specific qualification of its kind in this country and meets the benchmark qualification for mental health support workers.

Example Pathways

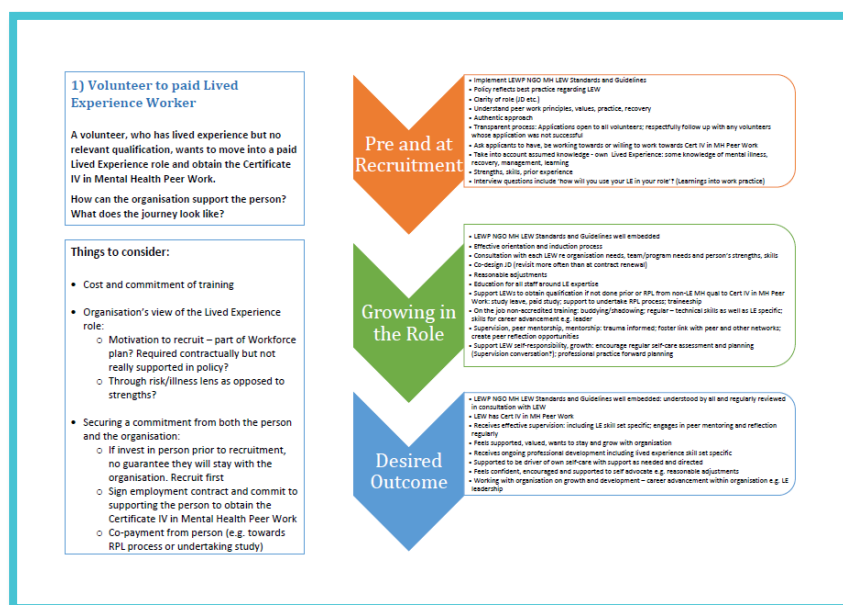
The LEWP Reference Group, which consists of NGO-based Lived Experience Workers and Leaders of Lived Experience Workforce, participated in a co-production process based around three typical real-life scenarios. The resulting examples provide a helpful foundation for organisations, as they co-design career pathways with volunteers and paid workers, who wish to become qualified Lived Experience Workers:

- 1) Volunteer to qualified, designated Lived Experience Worker, with Certificate IV in Mental Health Peer Work
- 2) Paid employee in a non-lived experience role, qualified, designated Lived Experience Worker with Certificate IV in Mental Health Peer Work

3) Paid employee in designated lived experience role with Certificate IV in Mental Health, qualified, designated Lived Experience Worker with Certificate IV in Mental Health Peer Work

For each of these examples, the LEWP and our Reference Group have worked closely with TAFESA to map the potential RPL process. This will be unique to the individual as it is dependent on a number of factors such as the person's lived and work experience, previous education and so on. It is intended that these maps be used as helpful tool, enabling organisations and existing/potential Lived Experience Workers to work together to achieve the desired outcome, thereby building stronger working relationships that support workforce retention.

Refer to Toolkit Resources - 'Career Pathways Examples' A3 document (sample below).



1) Volunteer to paid Lived Experience Worker

Example of RPL Process

	Volunteer Responsibilities	Organisational Support
Step 1	Gain experience in the workplace	<ul style="list-style-type: none"> • Assistance with obtaining DCSI check • Assistance with gaining Police Certificate • Training WELS
Step 2	Register through SATAC	<ul style="list-style-type: none"> • Identify areas of knowledge • Provide assistance with applying for scholarships e.g. Wyett • Provide scholarship from organisation
Step 3	Undertake course counselling Provide: <ul style="list-style-type: none"> • Copies of other qualifications • Statements of attainments Identify areas for credit transfer or RPL	
Step 4	RPL NLTWHS01: <ul style="list-style-type: none"> • Job description • Resume Undertake RPL by providing examples of knowledge in the area	<ul style="list-style-type: none"> • Assist to undertake health and safety workplace check and document • Allow volunteer to attend WHS meetings and obtain minutes
Step 5	Identify other areas of knowledge in relation to subjects and undertake RPL or attend study: <ul style="list-style-type: none"> • CHCPWK001 Apply peer work practices in the mental health sector • CHCPWK002 Contribute to the continuous improvement of mental health services for consumers and carers • CHCPWK003 Apply lived experience in mental health peer work • CHCPWK004 Work effectively in consumer mental health peer work (consumers only) OR • CHCPWK005 Work effectively with carers as a mental health peer worker (carers only) • CHCPWK001 CHCLEG200 Work legally and ethically • BSBCIM401 Assessment Requirements for BSBCIM401 Make a presentation • CHCGRP001 Support group activities • CHCOW001 Work with diverse people • CHCPRP003 Reflect on and improve own professional practice • HLTWHS006 Manage personal stressors in the work environment • CHCCS003 Increase the safety of individuals at risk of suicide • CHCMM5007 Work effectively in trauma informed care • CHCMM5008 Promote and facilitate self-advocacy • CHCMM5011 Assess and promote social, emotional and physical wellbeing 	<ul style="list-style-type: none"> • Provide opportunity for work placement, supervision and mentoring
Step 6	Gain qualification CHC43515	

Supporting Opportunities for Career Advancement

Challenges for Lived Experience Workers

There is significant evidence to show the effectiveness of Peer Workers in supporting others in their recovery. However, it appears this has led to a limited view of the value and role of mental health Lived Experience Workers. The 2015 LEWP Training Needs Analysis determined that direct consumer or carer support formed part of the role for 95% of the Lived Experience Workers who responded. More than half of the Leaders who responded view their organisation's Lived Experience Workforce as being "case workers".

The 2015 LEWP Training Needs Analysis also tells us that the majority of NGO Lived Experience Workers work on a part time or casual basis, with only 9% holding full time positions. Conversely, most Leaders work on a full time basis. Some Lived Experience Workers deliberately choose not to work full time. There are a variety of reasons for this including flexibility (e.g. family commitments) and as a component of self-care and self-management, both of which form part of the Lived Experience employable skill set. This may present as a barrier or challenge for Lived Experience Workers who are looking to advance their career.

An additional barrier is the number of senior level, designated Lived Experience roles in South Australia. The statistics tell us that "around 45% of South Australians will experience a diagnosable mental illness at some time in their life. The 55% of South Australians who don't experience mental illness are likely in some way to care for or be impacted by those who do."³ With this in mind, it is reasonable to conclude that there are many people currently in senior roles who are or will be directly impacted by mental illness. The LEWP has had conversations with many leaders who have confidentially disclosed that they have lived experience, which informs their practice but they have not received training or support in how to effectively do this. In many cases, they have not disclosed to their organisation for fear they will be perceived differently by organisation leadership, that it will be detrimental to their current position or future opportunities, or that it will impact on their own wellbeing.

Things to Consider

Respondents to the 2015 LEWP Training Needs Analysis (Leaders, non-Lived Experience Case Workers and Lived Experience Workers) identified that their organisation could more effectively utilise their Lived Experience Workforce, for example to better inform and support organisational design.

The core skills of effective, qualified Lived Experience Workers provides organisations with a valuable internal resource beyond participant support:

- Lived Experience: what the person has learned and how they apply these things to work practice (as a consumer, carer, or both)
- Deep understanding of Recovery and skilled in promoting it within others

³ SA Mental Health Strategic Plan 2017-2022, SA Mental Health Commission 2017-2022
<http://samentalhealthcommission.com.au/what-we-do/sa-mental-health-plan/>

- Operating from Trauma Informed and Strengths-Based Approaches
- Ability to engage authentically and non-judgmentally with people from diverse backgrounds, with different views and experiences
- Group skills
- Team player
- Education skills (in working with individuals and/or groups)
- Communication and conflict management skills
- Stress management, self-care
- Goal setting
- Understanding of the mental health system e.g. experience, navigation, referral pathways

There is evidence to show that embedding Lived Experience at all levels across the organisation is a strategic way of supporting a workplace culture that not only delivers a service that is recovery-focused but is one that “lives it”. Lived Experience perspectives can assist in stigma reduction and in the promotion of self-care best practice, leading to greater wellbeing and workforce retention, through reduction in stress-related illness, absenteeism and presenteeism.⁴

Leaders and non-Lived Experience Case Workers feel that their work practice would benefit from mentoring delivered by qualified, experienced Lived Experience Workers. Lived Experience Workers themselves highlight a need for lived experience-specific mentoring and Supervision. Experienced, skilled and qualified Lived Experience Workers, employed in leadership roles, are a valuable resource in providing such mentoring, Supervision and professional development to existing staff at all levels as well as emerging Lived Experience Workers. This investment may provide organisations with a cost-effective way of overcoming the greatest identified barriers to professional development: time and money⁵.

In addition to the Lived Experience skill set, there is a need for more in-depth exploration of the person’s unique strengths and skills, followed by greater flexibility within Job Descriptions in order to utilise the role more effectively within the organisation. The LEWP, in partnership with SA Health (CALHN and the Office of the Chief Psychiatrist) has co-produced a series of training sessions for Leaders of Lived Experience Workforce, which addresses the idea of exploration beyond the Job Description. The training encourages Leaders and organisations to think about:

- The person’s strengths, skills, experiences (life and work) and interests –
 - Where do these fit with the needs of the participants/clients?
 - Where do they fit with the needs of the team?
 - What are the organisational priorities – where do these aspects fit?
- What is the value of exploring these unique aspects of the person, to the –
 - Organisation
 - Team
 - Clients/participants
 - The Lived Experience Worker

⁴ Taking a Gamble for High Rewards? Management Perspectives on the Value of Mental Health Peer Workers CQ University, QLD 2018

⁵ 2015 LEWP Training Needs Analysis

Creating Opportunities

How do we create opportunities for qualified, experienced Lived Experience Workers, who are looking to advance their career with Lived Experience as their main essential skill? Or support existing Leaders, who have Lived Experience, to develop their role into a Lived Experience leadership position? The LEWP Reference Group co-designed the following ideas for organisations to consider.

The Role: what could this look like?

- Team Leaders with Lived Experience
- Coordinator with Lived Experience
- Senior Peer Worker
- Senior Lived Experience Practitioner
- Lived Experience Coordinator
- Clinical Lived Experience Supervisor
- Manager with Lived Experience
- Community Development/Community Engagement Lived Experience roles
- Senior Project Officer, Lived Experience
- Lived Experience Consultant
- Lived Experience Trainer/Educator/Lecturer
- Senior Manager with Lived Experience
- CEO with Lived Experience

Organisations Would Need to Consider...

- Strengths and skills of the person, aside from Lived Experience
- Training and development needs e.g. drawing from Lived Experience purposefully within the role, leadership training skills development
- Support – Needs? What is currently available?
- Trauma Informed leadership
- Supervision and mentoring
- Advocacy
- Values and principles of Peer Work
- Train the trainer
- Peer reflection and networking

Challenges and Barriers to Overcome

- Stigma
- Perception of people with Lived Experience (illness/risk vs. strengths view) and self-perception
- Internal culture
- Forensic history – managing risk while reaping the benefit of experience and recovery
- Funding
- Support from senior management
- Supporting policies
- Environment – from top down
- Availability of specific skills training for leaders with Lived Experience

- Conflict of interest to disclose after recruitment (e.g. where employee may have previously indicated in legal documentation there was no personal experience of mental illness)
- Fear that disclosure will close doors e.g. career advancement, opportunities etc.

Benefits to the Organisation

- Skills – valuable resource
- Strong values base for leadership
- Open culture
- Organisational design
- More authentic and better service delivery. Organisation of choice for people seeking service
- Staff relationships – encourages staff to be open and honest
- Reduced stress and negative impact of mental health issues across workforce (benefits extend beyond organisation e.g. families of staff)

NGO Mental Health Lived Experience Workforce Standards and Guidelines

The LEWP Reference Group have co-designed a set of Standards and Guidelines, to assist organisations in best practice recruitment, support and development of Lived Experience Workforce. Designed in a self-assessment format, the Standards and Guidelines will guide an organisation through review of policies, processes and practices. Feedback from one organisation that has been through implementation is that it “opened their eyes” to the benefits of the Lived Experience Workforce. LEWP believes this value is transferrable across the total workforce, especially for those living with mental health issues in non-Lived Experience roles.

Summary

The benefits of implementing and developing a qualified Lived Experience Workforce, and supporting opportunities for career advancement, are clear. The need for Lived Experience leadership roles exists: Leaders and non-Lived Experience staff want to receive mentoring from qualified, experienced Lived Experience Workers. And Lived Experience Workers want to be mentored and supervised by peers.

Evidence shows that “the degree of commitment and action demonstrated by executive/senior management was also shown to proportionately affect the potential for future growth and opportunities for lived experience roles.”⁶ Through implementation of the Standards and Guidelines and participation in professional development training and activities offered by LEWP, mental health service providers are well placed to benefit from their Lived Experience Workforce. The added advantages include building a positive work environment for all staff, as we move through the current changes impacting our sector and community members who need our support.

⁶ Identifying barriers to change: The lived experience worker as a valued member of the mental health team CQ University, QLD 2017