Executive Summary

The HSU is pleased that a draft Framework has been released for consultation. This Framework is overdue and, if designed and implemented correctly, will be a positive step toward improving professional outcomes, working conditions and psychosocial safety for the Peer Workforce.

We think the current sections contained within the Framework address important areas which require consistency across the state, such as scope of practice, recognition that there is an over-reliance on part-time work, acknowledgement of the need for professional supervision and reporting lines and the need for ongoing monitoring.

The HSU holds concerns that the content in these areas does not go into adequate detail, does not require genuine action, and may result in being tokenistic.

Part 1 - Background

The Peer Support workforce is an emerging workforce with historically minimal structure and support. This lack of structure and support was acknowledged in the *Framework for the NSW Public Mental Health Consumer Workforce Framework* 2013:

"Concerned about inconsistency in employment conditions and the lack of recognition and support for the growing NSW Public Mental Health Consumer Workforce (the Consumer Workforce)."

The above Framework, formulated the initial step towards a properly structured NSW public sector Peer Support workforce, and outlined the need for implementation of factors such as:

- Role definition.
- Minimum hours.
- Support and development such as supervision and career progression
- Workplace accommodations and adjustments.
- Policies procedures and systems.

In 2014, the *Living Well: A Strategic Plan for Mental Health in NSW* affirmed the need for more work to support The Peer Workforce. The plan identified that, despite two decades of employment within the state public sector, Peer workers continued to experience stigma and discrimination which should be addressed via formal structures, policies, and procedures.

The plan also identified ongoing underfunding, lack of support, and poor record of employment for mental health service users. To address these challenges, the plan called for further action to ensure to support for the workforce, including NSW Health to implement the Framework for the NSW Public Mental Health Consumer workforce by 2024.

In 2018, the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* affirmed the requirement for a comprehensive framework to provide consistency in guidance to employing districts and networks:

"WP 4.6.1 – Develop a NSW Peer Workforce Framework to guide development of and support for the emerging peer workforce in NSW"

The HSU welcomes these developments as Peer Workers continue to be an underrepresented, under-funded and overlooked workforce. The need for action to support the workforce is becoming more crucial as members report high-turnover, continued stigma-related discrimination, physical and psychosocial workplace risk, pay inequity and lack of supervision.

This Framework cannot address every issue, but it can provide a step in the right direction to create consistency in processes, fair and equitable opportunity, and crucial workplace respect and safety for Peer Worker members.

Part 2 – HSU concerns and further claims

The HSU received a vast amount of feedback on all aspects of the Framework evidencing the workforce's interest in ensuring this Framework appropriately addresses the systemic and chronic issues they face.

The Framework in its current form would be a missed opportunity, amounting to at best a conversation starter and at worse a tick box exercise for an already under-supported workforce. Of considerable importance is the requirement for clear processes and agreed strategies for implementation and mandatory reporting on progress.

NSW Health defines guidelines, such as Frameworks, in the following terms:

"Guidelines establish recommended practices in relation to clinical and non-clinical activities and functions and are to be adopted and implemented by NSW Health organisations. Sound reasons must exist for a NSW Health organisation to depart from the recommended practices within a guideline issued through the Policy Distribution System."

Good Frameworks will develop consistency in process and clearly articulate expectations, benchmarks, and reporting. Frameworks which leave recommendations and standards too vague will cause problems, not only for the workforce, but health organisations who are accountable to meeting them outside of a sound reason.

We are concerned that this is the first opportunity the Union has had to consult on this document, considering the scope of the Framework, focusing on duties, the scope of practice, career development, professional reporting lines, and industrial coverage this is out of step with consultation requirements. Of note, the Framework fails to adequately address WHS and anti-discrimination concerns of the workforce in relation to Psychosocial hazards and risks and reasonable workplace adjustments. Furthermore, concern identified in previous Frameworks (see: *2013, 2014*) in relation to the need to address these issues is not identified or expanded.

The Peer Workforce, while relatively new, is constituted of innovators and disruptors who significantly outperform in terms of community health outcomes, such a workforce deserves a comprehensive Framework which is developed in unison with the HSU.

2.1 - Key requests

a) Commit to genuine consultation with the HSU in relation to:

i. Scope of practice, including but not limited to carer Peer Workers and specialty areas.
ii. Recommendations contained with the *Framework for the NSW Public Mental Health Consumer Workforce* in relation to classifications and appropriate pay rates.
iii. Supervision requirements and models for supervision.
iv. Recognition of "unique, relevant and transferable skills" when considering pay grades, with potential for creating peer-produced guidelines managers can use.
v. Peer Workforce needs regarding psychosocial hazards and risks and anti-discrimination (e.g., reasonable workplace adjustments).
vi. Agreed core training and qualification requirements.
vii. Creation of a specific award or classification schedule for Peer Workers.
viii. Creating executive-level peer workforce and consumer engagement roles in every district and network.

b) Commit to funding guarantee for:
   i. Centralised and structured supervision model.
   ii. Access to more hours for staff on 0.2-0.5 FTE roles to meet the commitments made in the *Framework for the NSW Public Health Mental Consumer Workforce*.
   iii. The creation of core peer management or professional lead positions at every district or network.
c) Publish the Framework with a mandatory implementation plan or policy directive with clear procedures to ensure Framework structure is consistently utilised across LHD's and networks to meet the recommendations contained in the *Framework for the NSW Public Health Mental Consumer Workforce.*
d) Inclusion of and reference to clear policy directives in relation to:
   i. Reasonable workplace adjustments (including clear procedure manuals for requests, assessments, implementation, and review) to ensure employer obligations under anti-discrimination legislative framework is met.
   ii. Routine psychosocial WHS screening which includes a process for reporting experiences of stigma-related discrimination.
   iii. Anti-discrimination obligations in relation to mental health and neurodivergence.
e) Develop, in consultation with HSU, a strategy for Framework implementation with mandatory benchmarks supplemented with timelines which will be publicly available for the workforce.

Note: The Peer workforce deserve an appropriate award or classification structure which reflects the scope of practice and duties of Peer Workers and provides the workforce fair and reasonable pay. The HSU strongly supports award reform discussions with a view to achieving these goals.

2.2 General Feedback Summary

a) The HSU 's consultations with both members and non-members identified the following priorities:
   i. Greater options for career progression into senior positions.
   ii. Higher wages.
   iii. Recognition of unique or transferrable skills.
   iv. More jobs and role diversity (inpatient, community, and specialist roles).

v. More access to supervision.
vi. Better training & role orientation.
vii. More workplace flexibility.
viii. Greater contracted hours of work for Peer Workers.
ix. More options for permanent work.
x. Greater emphasis on WHS and prevention of stigma-related trauma.

Peer workers did not believe that the Framework adequately addressed these issues. The HSU Peer membership has collective concern in relation to the release of a Framework which is vague and does not develop consistency of process. For this workforce, such vagueness poses a unique but considerable WHS risk. It is necessary that the Framework must be published with an implementation plan agreed with the HSU and in place at launch.

For example, the obligations of Networks and Districts as PCBU's are not identified under the Framework, nor is there any inclusion of processes to create a safe workplace on commencement and throughout employment. Reasonable adjustments are alluded to without explanation of what this requires, how it might apply to Peer Workers, the potential for stigma related discrimination and how managers should appropriately manage this process.

The Framework expressly states Peer Workers should be supervised in an equivalent sense to clinical staff. It is also identified in Section 1.1 that the Framework is intended to provide clarity on supervision requirements. However, no structure or guidance is provided as to models for supervision, funding, access to internal / external supervision etc. The Framework makes vague comments, which do little to support workers, such as:

"New peer workers may benefit from more regular peer supervision in the first 6-12 months of employment, and this is to be determined in line with individual need and local policy."

In comparison, other Frameworks provide clear and useful guidance which retains flexibility while setting standards which must be met - see *Allied Health Assistants Supervision and Clinical Oversight:*

"Arrangements are to be in place so that the work of an AHA is supervised by an AHP. The clinical and operational supervisor may be the same or two different AHPs. <u>These arrangements need to be communicated to all relevant staff to minimise confusion</u>. Arrangements will include both permanent and temporary situations. It is important to have a contingency plan if the supervisor is unavailable."

This shows that Frameworks do provide important consistency, this is of greater importance when the workforce is emerging and does not have structures of support in place already. Even though, the Framework itself states the Peer Workers should have supervision in-line with clinical supervision requirements.

The current Framework leaves too much discretion to Networks and Districts to not provide adequate supervision. Prioritising peer supervision is crucial for protecting peer workers psychological safety in the workplace and preventing burn out and staff turnover. NSW should follow the lead of Victoria in ensuring that every peer worker has access to regular, high quality peer supervision.

The majority expressed that there needs to be a more consistent and equitable pathway into senior peer worker roles that recognises commitment to the discipline through time spent working as a

peer worker, combined with leadership skills, relevant transferable professional skills, and/or qualifications.

The HSU notes at 3.2 of the Framework a suggestion that Districts and Networks create a designated peer professional lead role for the mental health peer workforce to provide leadership, guidance and ensure a district wide approach. The HSU submits that direct funding support should be made available to ensure this occurs and that any deviation from this guidance be explained and made publicly available.

Many peer workers struggle with insecure employment, underemployment, and repeated fixed-term contracts. Career progression is tied to security of employment, workers cannot stay in a job long-term if security of employment and hours are not guaranteed. The Ministry must commit to funding district peer lead positions as the peer workforce recognises that without additional funding the creation of these roles will not be a financial priority for Local Health Districts. This is even more crucial in rural and regional areas. This would ensure the envisioned Peer structure contained in the 2013 *Consumer Workforce Framework* is brought to fruition.

The 2023 Draft Framework acknowledges the challenges that an over-reliance on casual and part time workers causes for the workforce, supervision, and professional development. Yet nothing proposed that will rectify this and currently, too many Peer Workers are constrained at minimal hours below 0.5 FTE. The HSU seeks that the recommendation in the 2013 *Consumer Workforce Framework* is actioned and all Peer Workers are provided the option of minimum 0.5 FTE under this Framework.

2.3 Award Classification and Remuneration

There is a convincing argument for a Peer-Specific classification structure and the merging of Peer Worker's expected scope of practice and remuneration.

The "Health Education Officer" structure does not reflect the complexity and nuance of Peer Work. The NSW Peer Workforce Framework should recognise this inconsistency and commit to steps towards establishing a specific Peer Worker Award classification. For example, at 3.6 in the Framework it is acknowledged that PSW's require supervision in-line with clinical staff. This should be reflected in Award structure and fair and reasonable pay.

The feedback on the current Award structure can be summarised at high-level as follows:

- Health education is only one of the many and varied tasks of peer work e.g., direct support, advocacy, facilitation, quality improvement, educating non-peer staff, de-escalation, home visits, community engagement, co-design, and co-delivery etc)
- Does not recognise peer work as a specialist mental health professional role.
- Does not match the classification scale of colleagues in multi-disciplinary teams who have the same, similar, or equivalent responsibilities.
- Does not factor in emotional labour or inherent psychosocial risks of peer work.
- No clarity around what a "relevant degree" for graduate grade leads to inconsistency and inequity.
- Not recognising Cert IV for "graduate" grade is an equity issue.

- No clarity for recognition of existing or "transferable" skills and experience, especially when changing career path from professions outside health service.
- Does not recognise the Framework's own assertion that Peer workers require clinical level supervision.

The current HEO Award does not recognise the skillset and emotional toll of reaching into an individual's lived experience daily to support others through their recovery. This is even more so for the non-graduate rate which is incredibly low considering the complexity, risk and emotional toll of the work involved.

As an interim measure, the HSU requests that the full recommendations of the *Framework for the NSW Public Health Mental Consumer Workforce* in relation to the Award be implemented. Notably, the *Consumer Workforce Framework* expressed the following:

"As a future vision for the Consumer Workforce, however, it is recommended that the minimum starting rates of pay for Consumer Workers commence at the 5th or 6th year of service for the Health Education Officer Non-Graduate classification under this Award."

As work towards a genuine classification structure is undertaken, the above recommendation must be implemented immediately for commencing employees.

The Framework places particular emphasis on the Cert IV currently available, however this is not recognised to qualify a Peer Worker to be on the graduate rate, this should change.

Qualification requirements and transferable skills require consultation and agreement with the HSU. Currently, many workers are disadvantaged due to unclear and inequitable interpretation of these. For example, older workers and workers with significant professional experience outside peer work are particularly disadvantaged as they may come to Peer work later in life and therefore have significant relevant knowledge or non-clinical skills, which are transferable to peer work, but are currently not recognised.

The HSU seeks consultation to resolve the ongoing and inconsistent application of qualifications and transferable skills, acknowledging that there will be some need for flexibility, the current opaque and unclear approach is disadvantaging highly skilled, experienced and qualified staff.

The pay rates and classification of Peer leads, and managers tied to the HSM Award also require greater clarity.

Peer Workers did express the key role the NSW Peer Workforce Framework would play in the establishment of a Peer Work-specific Award, sharing that it would be "a very important part of recognising the Peer Workforce as a discipline in its own right and for its ongoing growth, legitimacy, value and recognition."

2.4 Scope of Practice

Peer Support Workers desperately need a consistent, accurate and safe scope of practice to guide Networks and Districts, the Union and workers.

Primarily, Peer Workers expressed a desire for greater clarity and consultation for Peer Worker's scope of practice as outlined in the current Framework. The overriding sentiment expressed was that many Peer workers do not see themselves and the work they perform as holistically covered in the Framework. The HSU believes it is necessary to clarify what a Peer Worker is not expected to do, which is only partially completed in the Framework about what is "out of scope". However, there is scope for this to be further developed, e.g., being friends with consumers, performing menial tasks or assisting with clinical tasks.

The list of core capabilities listed as "activities" are vague and do not consistently align with Peer Worker principles nor the professional capabilities set out in the Cert IV. These activities prioritise the use of existing healthcare processes and documentation as opposed to supporting and advocating for a consumer's individual and self-determined recovery.

The definition of Peer Worker in the Framework is inconsistent with the national guidelines. Members wish to see greater emphasis on the distinction between Peer and clinical work, e.g., advocacy, empowerment and mutuality utilising an approach that is strengths-based, recovery-oriented, trauma-informed and person-centred.

The structure of the current scope of practice does include a section expressing what is not in a Peer workers role, this is good. However, it must be expanded and address all areas in which Peer Workers currently struggle with role creep and role confusion.

Peer work is highly personal and unique type of work. The Framework has not accurately captured this when explaining the scope of practice. Clarity is required on why the carer workforce was excluded from the Framework.

Feedback identified strong support for specialty roles, however, there is a need to ensure this does not lead to increased segregation or constrained career opportunities. Specialty roles can fill a crucial part of service delivery and it is important that these roles do not become seen as career-limiting moves.

2.5 WHS and Discrimination

All clinical, executive, and non-consumer peer staff should undertake training on anti-discrimination and Peer Worker principles. The Framework does little to provide guidance on this, in section 4.1 it states:

"training should explore ways of responding to possible challenges such as stigma in the workplace and workplace culture, the response of other workers and team cohesion, the potential workplace stress associated with the peer work role and building skills in how to have sensitive conversations about employee's wellbeing and workplace supports. The Framework provides recommend training, but we would like to see clarity on requirements for this training that go further than a recommendation. We would also like to see transparency on how many staff complete this training; it is important that Peers are aware whether their manager has completed the requisite training contained in the Framework.

There is a need for further consultation on the Position Description, specifically around wording in Peer Workers core selection criteria. Of particular concern is the use of clinical / deficit terms in

formal Peer Worker documents, e.g., *mental illness*. Further consultation is requested on the benefits of including strengths-based / recovery-orientated / trauma informed language in defining lived experience. The general view on language was:

- The National Guidelines language should be adopted and consistently applied throughout the Framework.
- Strong support for further consultation on the use of strength-based and recovery focused language.
- Clinical and deficit-based language does not align and may even be counter-productive to the core principles of Peer Work.
- Using clinical and deficit-based language in position descriptions or definitions can result in exclusion, isolation and marginalisation of peer workers who do not use such terms to define their lived experience of recovery

The HSU generally supports LHD's implementing and conducting routine psychosocial risk assessments in the workplace and screening for stigma-related discrimination and bullying. However, there is concern over how this would be developed so as not to increase bullying or stigma-related discrimination.

In accordance with employer obligations under WHS legislation and anti-discrimination, the HSU requests NSW Health develop and/or articulate policies and procedures on reasonable adjustments. Peer workers have consistently identified psychosocial risk in their experience with the current processes, making it a priority for consultation.

Peer worker onboarding tasks must be updated in reflection of the psychosocial risk of the role. For example. Pre-employment process cause confusion and distress for members who are unsure of disclosure requirements throughout these processes. The HSU is concerned that the potential implications of these disclosures in instances such as a work-place injury are not understood by commencing workers. Further consultation is required to balance the requirement for "lived experience" and NSW Health's obligation to provide a safe workplace, including pre-employment declaration form.

Peer Workers are strongly opposed to personal wellness plans being listed as core responsibilities. The HSU has heard many stories of workers experiencing these documents as proxies for genuine reasonable adjustments which attempts to place this obligation onto individual employees. For example, wellness plans have been 'weaponised' against HSU members in ways which breach rights and impact their safety.