

NSW Peer Workforce Framework

ACKNOWLEDGEMENTS

In the spirit of reconciliation, NSW Health acknowledges the Traditional Custodians of country throughout NSW and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal people today. Note that within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW (NSW Health 2019).

We also acknowledge people with a lived experience of mental distress as well as those impacted by suicide, their families, carers and support people. We recognise the importance of their role and voice in the NSW Peer Workforce Framework.

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- Bridget Berry
- Shifra Waks

The NSW Health CORE Values of Collaboration, Openness, Respect and Empowerment are at the heart of what we do. We strive to reflect these values in this Framework.

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EXECUTIVE SUMMARY

[Placeholder for Executive summary - to be included once content finalised after consultation with key stakeholders]

1. BACKGROUND

The NSW Peer Workforce Framework (the Framework) is the result of the NSW Government's commitment to support the mental health peer workforce as a priority area for reform and workforce growth in response to The Mental Health Commission of NSW's *Living Well: A Strategic Plan for Mental Health Services in NSW 2014-2024* (Living Well) plan. The implementation of a peer workforce framework is in response to actions outlined in *Living Well* (Action 8.2.1) to guide peer workforce development.

In addition, the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* (The Strategic Framework) and *The Mental Health Safety and Quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* both recommended the development of a NSW Peer Workforce Framework to guide development of, and support for, the emerging peer workforce.

This document has been informed by the [National Lived Experience \(Peer\) Workforce Development Guidelines \(2021\)](#), the [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW \(2021\)](#) and the [Queensland Health Mental Health Framework Peer Workforce Support & Development \(2019\)](#) and these documents may be useful resources for Districts and Networks as they continue to support the peer workforce.

1.1 PURPOSE, SCOPE AND TARGET AUDIENCE

This Framework will guide peer workers, managers and employers in supporting peer workers through providing clarity around the role, training and education requirements, supervision requirements and workplace supports. The Framework is applicable to peer workers employed by NSW Health mental health services in all settings.

The Framework defines peer work as roles that are designated mental health consumer positions. I.e., peer workers must identify as having a personal lived experience of mental illness/ distress and recovery and this be explicitly stated in their position descriptions. Specialised mental health peer work positions in suicide prevention may also include a personal lived experience of suicidal crisis or suicidality. Aboriginal Mental Health and Wellbeing Peer Work roles "recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community" (Byrne et al. 2021: 3). It may also be beneficial for peer workers employed in NSW Health mental health services, particularly inpatient services, to have experience accessing public sector mental health services.

In some services peer worker roles may be referred to as consumer consultants, consumer advocates or consumer workers. These positions are considered part of the mental health peer workforce in NSW Health.

The carer workforce has developed independently of the peer/consumer workforce and may have different guiding principles, roles and support needs. Therefore, the carer workforce is not within scope of the NSW Peer Workforce Framework.

2. SCOPE OF PRACTICE

2.1 WHAT IS PEER WORK?

Peer work is increasingly being recognised as a discipline in its own right, underpinned by the values of recovery, hope, lived experience as expertise, self-determination, mutuality and reciprocity, social justice and a grounding in the broader mental health consumer movement. There are three main practices identified as being at the heart of

achieving peer work – recovery-oriented practice, person-centred approaches and trauma-informed care (Peer Work Hub 2016).

Values	Principles
<ul style="list-style-type: none"> • Hope • Equality/equity • Mutuality • Empathy • Choice • Respect • Authenticity • Belonging/inclusion • Interconnectedness 	<ul style="list-style-type: none"> • Lived experience as expertise • Self-determination • Recovery-focused • Person-directed • Strengths-based • Relational • Trauma-informed • Humanistic • Voluntary

Table 1. Values and principles of peer work sourced from the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021: 22-23)

“Peer Work roles are not only informed by an individual’s experience with challenge, support or even ‘recovery’, rather it’s how those experiences are contextualised in relation to the wider lived experience movement and universal issues of marginalisation and loss of identity/citizenship. Ultimately, lived experience work is about how experiences are understood and applied to benefit others.” (Byrne et al. 2019: 10).

Mental Health Peer Workers are paid staff with personal lived experience of life-changing mental health challenges and mental health service use. Peer workers are employed to use that experience to support the personal recovery of others, and contribute to recovery-oriented, trauma-informed services and system transformation (Coordinare et al. 2021). Peer Workers walk alongside consumers on their recovery journey and use their personal lived experience in a meaningful and purposeful way to provide peer support and advocacy.

Peer workers are integral members of multi-disciplinary teams alongside Aboriginal mental health workers, medical and nursing staff, and allied health professionals and play an important role in ensuring the consumer perspective is central to the care the team provides.

Peer work is based on an understanding of, and striving for, recovery and how these experiences are contextualised within the broader consumer movement, rather than on a specific experience of mental distress. However, there may be benefit to specialty positions in mental health peer work being developed. Please see more information in section 2.5.

“The peer support relationship is based on the connection and understanding that comes from having experienced a similar challenge. It is for this reason that those with personal lived experience support others who are in the midst of their own illness or challenges. Peer support is focused on striving for recovery rather than on the specific illness or symptoms. Therefore, the peers do not necessarily need to share the same diagnosis, but rather will find common ground in the challenges and issues that may accompany the illness or mental health challenge, such as

stigma, loss of career or family, and/or loss of independence and hope.” (Mental Health Commission of Canada 2013: 21).

The peer workforce is an important agent for change in the mental health system and benefits of implementing a peer workforce include improved rates of engagement in mental health treatment, reduced critical incidents or need for restrictive practices, improved recovery outcomes, reduced need for readmission or acute care, improved staff retention and a more recovery-oriented and inclusive service system (Byrne et al. 2021).

2.2 KEY FUNCTIONS AND DOMAINS OF PEER WORK

Peer Workers working in NSW Health are to have a position description that reflects their key functions and activities which may be tailored to the setting or program the peer worker is employed in. Position descriptions are to be developed in accordance with the [NSW Health PD2017_040 Recruitment and Selection of staff to the NSW Health Service](#) policy. Districts and Networks may benefit from aligning position descriptions with the domains, competencies and scope of practice as described below.



Figure 1. The main domains of peer work adapted from the [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW \(2021: 19\).](#)

Depending on local service needs, peer workers may also be involved in:

- Managerial and leadership tasks, including recruitment, orientation, line management and peer supervision
- Project management, policy development and review
- Safety and quality, and continuous improvement activities
- Research, program evaluation, data collection and monitoring etc.

2.3 COMPETENCIES

<p>Understanding of values and principles of peer support</p>	<ul style="list-style-type: none"> ➤ Ability to maintain a non-hierarchical relationship with consumers (mutuality) ➤ Ability to build safe and trusting relationships ➤ Enable consumers to make and use their own strengths, skills and strategies and promote self-determination and self-advocacy ➤ Ability to support consumers to re-frame their experiences to promote meaning, post-traumatic growth and recovery ➤ Understanding of peer work values and ability to apply values in work role
<p>Knowledge</p>	<ul style="list-style-type: none"> ➤ Knowledge of trauma-informed care, recovery-oriented practice and strengths-based approaches ➤ Knowledge of how to work with Aboriginal people, families and communities ➤ Ability to translate knowledge of local health services to support consumers to navigate system and community ➤ Knowledge of, and ability to work with, issues of confidentiality, privacy, consent, and information sharing ➤ Knowledge of mental health and associated difficulties ➤ Knowledge of professional, legal and ethical frameworks and standards, including consumer rights and responsibilities and understanding of NSW Mental Health Act etc.
<p>Core relational skills</p>	<ul style="list-style-type: none"> ➤ Understanding of recovery-focussed and person-centred approaches and language ➤ Ability to meaningfully and purposefully share lived experience to provide peer support and advocacy ➤ The important role of connection to land, community, family, and spirituality for Aboriginal people is recognised and considered when working with Aboriginal people and communities ➤ Ability to work with difference and diversity – work from a culturally competent frame and communicate well with people from various backgrounds, cultures, age groups, and sexual and gender identity ➤ Ability to engage families and carers and refer on to appropriate services and supports
<p>Supporting people as a peer worker</p>	<ul style="list-style-type: none"> ➤ Ability to support people in their personal recovery and recovery planning (e.g. develop and promote use of recovery and wellness plans) ➤ Ability to collaboratively discuss and support care options ➤ Ability to recognise signs of distress and safety concerns, and provide referrals to appropriate services and supports ➤ Ability to judge when to offer support to the person or when to foster independence and their ability to self-manage ➤ Ability to judge when to offer self-disclosure and to decide what would be helpful to disclose
<p>Working with teams and promoting people’s rights</p>	<ul style="list-style-type: none"> ➤ Ability to network and work collaboratively, as part of a team and with other services ➤ Advocates for the improvement of services and ability to influence service transformation ➤ Ability to promote the rights of people being supported ➤ Willingness and ability to network with other members of the peer workforce

Self-care and support	<ul style="list-style-type: none"> ➤ Ability to reflect on their own work and understand the importance of supervision, self-care and stress management to work to best of ability in supporting consumers
Meta-competencies for peer workers	<ul style="list-style-type: none"> ➤ Ability to be aware of own values, and to reflect on the ways that these values might affect consumers ➤ Ability to judge when peer workers have reached the limits of their responsibility and competence and when to seek advice/assistance

Table 2. Competencies for mental health peer workers

2.4 SKILLS AND ACTIVITIES IN SCOPE OF ROLE

Below are the key skills and activities for the peer workforce. This explores the activities that can be undertaken by a peer worker at various levels and outlines the full scope of practice for the peer workforce. Depending on local needs and resourcing, Districts and Networks may benefit from having multiple levels of peer work roles. Using the below job titles will assist with consistency across NSW Health:

- Mental Health Peer Worker
- Senior Peer Worker
- Professional Lead – Peer Work

The table below attempts to be an exhaustive list of peer worker skills and activities with the acknowledgement that some skill sets may become more defined with certain peer work specialisations (see section 2.3 and 3.2 for more information). It is recommended Districts and Networks use the activities below to develop their own scope of practice and position descriptions based on local service requirements. It is expected the below scope of practice will be the basis for a core skill set for all peer workers in NSW Health mental health services and specialised roles may build on this core scope of practice. It is expected senior and leadership roles will build on the skills of direct peer support roles.

Some of the activities listed below may also be practiced by other members of the multidisciplinary team (MDT) and should not be seen as solely the responsibility of peer workers.

Domain	Activities in scope	Out of scope	Peer Worker	Senior Peer Worker	Professional Lead – Peer Work
Peer Support	Provide peer support to consumers individually and in groups		X	X	X
	Share personal lived experience and story in a meaningful and purposeful way to support consumers' recovery journey	It is not essential for peer workers to share their personal lived experience and story with colleagues and other staff at the request of staff	X	X	X
	Promoting peer-led groups and activities		X	X	X
	Coordinating and facilitating, or co-facilitating, peer support programs, recovery groups and activities		X	X	
	Providing information and education on recovery	Peer workers will not be involved in medication management beyond supporting consumers to access information	X	X	X

		and make informed decisions about their own care			
	Supporting consumers to develop wellness and/or care plans as member of the MDT		X	X	
	Providing information on community resources and services		X	X	
	Providing peer support to consumers in distress or experiencing suicidality, in conjunction with MDT		X	X	
	Providing support to consumers before, during or after seclusion or restraint, including post-seclusion debriefing. Peer workers may use de-escalation strategies like other staff	Peer workers will not be a member of response teams or involved in implementing restrictive practices	X	X	
	Enable consumers to build and use their own strengths, skills and strategies and promote self-determination and self-advocacy		X	X	
	Assisting with discharge planning and referral to appropriate peer support services in the community		X	X	
	Provide post-discharge peer support to consumers (if in scope of service)		X	X	
Individual advocacy	Provide individual advocacy to consumers relating to rights and service needs		X	X	
	Providing information to consumers on rights and responsibilities		X	X	
	Assist and provide support before, during and after meetings with treating team and other services, if requested by consumer		X	X	
	Liaise and advocate with other staff and services with the consumer (where possible) or on behalf of the consumer if necessary		X	X	
	Build capacity of consumer so they can advocate for themselves		X	X	
	Ability to translate knowledge of local health services to support consumers to navigate system and community		X	X	
	Promote consumer rights to colleagues and the service to support system transformation		X	X	X
	Support consumers at Mental Health Review Tribunal hearings or similar, if requested by consumer, including assisting them to complete a MHRT Self-Report form		X	X	
	Support consumers through feedback or complaints processes as necessary	Leading or managing complaints processes or investigations	X	X	X
Systemic advocacy and representation	Facilitate consultation with consumers to gather input into issues relating to mental health consumers including service planning		X	X	X

	Provide consumer input into the design and implementation of policies, procedures, models of care and service direction for mental health services as required		X	X	X
	Represent the consumer perspective at service management level			X	X
	Work with peer workforce colleagues to provide a collective knowledge of consumer issues in service development		X	X	X
	Participate on committees requiring input into policy decision making and strategic direction	Committees that require independent consumer and carer representation		X	X
	Share personal lived experience in a meaningful and purposeful way to support system transformation		X	X	X
	Promote recovery-oriented perspective to service planning and delivery		X	X	X
	Promote the rights of consumers and principles of consumer participation and recovery		X	X	X
Coordination, management and peer supervision	Manage peer workers			X	X
	Coordinating orientation and on-boarding of new peer workers			X	X
	Participate in recruitment and selection process of peer workers, including contributing to peer work position descriptions and sitting on interview panels			X	X
	Develop business plans for peer-led programs and new peer work roles			X	X
	Participate in peer supervision and mentoring activities		X	X	X
	Provide peer supervision to peer workers			X	X
	Coordinate peer supervision for peer workers in District/Network			X	X
	Organise and facilitate peer work networks, team meetings and communities of practice			X	X
	Raise opportunities and challenges and provide reports to Professional Lead and other senior leaders on the peer workforce			X	
	Provide reports, including identifying opportunities and challenges, to executive leadership team on peer workforce development				X
Education and training	Provide education to staff and consumers about issues from a consumer perspective, recovery and trauma-informed care and practice, and the role		X	X	X

	of peer workers (basic through to advanced depending on role)				
	Contribute to the development and delivery of training programs to staff and consumers		X	X	X
	Identify professional development needs of peer workforce and facilitate access to, or delivery of, training			X	X
Health promotion	Developing and implementing consumer health promotion initiatives, including development of consumer information materials		X	X	X
	Developing and implementing activities that reduce stigma in the service and within the community		X	X	X
Quality and research	Facilitation of pathways for consumer participation in service evaluation and quality improvement			X	X
	Assist consumers to provide feedback via mechanisms such as the YES survey, consumer rounding interviews and similar	Coordination of YES survey responses (management is responsible for response rates and consumer engagement)	X	X	
	Provide feedback to consumers on quality improvement initiatives being undertaken and facilitate mechanisms for ongoing consumer participation	Broader consumer and carer participation and engagement strategy to be led by Consumer Participation Coordinator or similar role	X	X	
	Promote the development and implementation of consumer-led research and evaluation			X	X
	Support service accreditation activities regarding peer work with other managers/executive leadership team		X	X	X
	Support peer workforce data collection and monitoring			X	X
	Engage in accurate record-keeping such as documenting in eMR and other medical records and incident management systems etc.		X	X	X

Table 3. Scope of Practice for mental health peer workers, adapted from [Queensland Health Mental Health Framework Peer Workforce Support & Development 2019](#), QLD Health.

2.5 SPECIALTY MENTAL HEALTH PEER WORK ROLES

Speciality services may benefit from the creation of positions which have additional criteria to support specific communities, in addition to a lived experience of mental distress. This may include positions focused on the lifespan, cultural diversity, or in specialist services such as dual diagnosis, forensic mental health or suicide prevention. It is important that careful consideration of the need for a specialised role, role clarity and scope, position descriptions and training and support needs are undertaken before speciality roles are developed. All mental health peer workers can work across services and it may not be necessary to develop or identify with a specialist role. The shared

experience of accessing mental health services and experiencing mental distress and recovery underpins all roles. Co-design of specialist roles with the community receiving support and the broader peer workforce is recommended when development of a new specialist role is identified as essential.

All mental health peer workers, including new specialty roles, should work closely and collaboratively as a connected workforce. It is recommended that all peer workers, irrespective of their role or where they are employed, have access to the same supports, supervision arrangements, and networking and professional development opportunities where possible within local resourcing. It is suggested all peer workers use the core scope of practice outlined in section 2.4 with specialised roles building on this expertise.

It is important to note that Aboriginal Mental Health and Wellbeing Peer Workers have not been included as a specialist role in this section as Aboriginal roles should be considered as part of the staffing mix for all peer work services. Information to support Aboriginal peer work roles can be found at Section 2.6.

It is important that the peer workforce, like other mental health professions, embraces difference and diversity including encouraging people from culturally and linguistically diverse communities, LGBTIQ+ communities and people with a disability to enter the peer workforce. Effort should be made to ensure the diversity of the workforce is reflective of the demographics and diversity of the community the service supports. A list of specialty positions that may be appropriate for development is included below.

SPECIALTY MENTAL HEALTH PEER WORK ROLES		
Role title	Who the peer worker supports	Required (or desirable) skills or experience
Young Persons or Youth Peer Workers	Children and young people	Mental Health Peer Workers who have experience accessing mental health services as a child or young person
Older Persons Peer Workers	Older persons	Mental Health Peer Workers who have lived expertise around ageing and issues impacting older persons
Suicide Prevention Peer Workers	People who are experiencing suicidal crisis or suicidality	Mental Health Peer Workers who have a personal lived experience of suicidality
Forensic Mental Health Peer Workers	People engaged in the forensic mental health system or correctional services	Mental Health Peer Workers who have experience accessing forensic mental health or correctional services
Mental Health and AOD Peer Workers	People living with mental health and alcohol or other drug issues	Mental Health Peer Workers who have a personal lived experience of alcohol or other drug use
Perinatal Mental Health Peer Workers	People living with perinatal mental health concerns	Mental Health Peer Workers who have personal lived experience of perinatal mental health concerns
Drought/Farmgate Mental Health Peer Workers	People impacted by drought and natural disasters (particularly farmers or people living in rural areas)	Mental Health Peer Workers who have personal experience living in rural communities and understand needs of these communities, including impact of drought and natural disasters

Table 4. List of specialty mental health peer work roles for consideration.

Information to support the suicide prevention peer workforce can be found in the [Towards Zero Suicides Initiatives Peer Workforce Guidance material and resources](#). Additional information to support specialty positions where available can be found in Section 6: Resources.

2.6 ABORIGINAL MENTAL HEALTH AND WELLBEING PEER WORK ROLES

It is recognised that Aboriginal communities have differing concepts of mental health from the mainstream service system and may place greater significance on the role of kinship, interconnectedness and spirituality (Byrne et al. 2021). Districts and Networks will benefit from engaging with Aboriginal communities to explore the specific

considerations and needs of Aboriginal peer work roles before positions are established. The definition of lived experience for Aboriginal communities recognises the effects of ongoing negative historical impacts and/ or specific events on the social and emotional wellbeing of Aboriginal Peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community (Black Dog Institute, 2022).

Districts and Networks will benefit from having ongoing conversations with Aboriginal communities to explore development of Aboriginal peer work roles, and how peer work might be viewed differently within communities, such as taking into account concepts of social and emotional wellbeing. It is important for services to build relationships and gain guidance from local Aboriginal communities and organisations as well as national Aboriginal organisations such as [The Aboriginal and Torres Strait Islander Lived Experience Centre](#). Further resources can be found in Section 6: Resources.

Aboriginal Mental Health and Wellbeing Peer Workers are peer workers who identify as Aboriginal and are of Aboriginal descent, have connections to community and will utilise their lived experience to support Aboriginal consumers and cultural safety in services. The Aboriginal Mental Health & Wellbeing Peer Worker must be able to demonstrate knowledge and understanding of the local Aboriginal community and engage and involve Aboriginal community when drawing from lived experience of mental health issues.

Aboriginal peer workers should have access to appropriate cultural supports and ongoing professional development such as cultural supervision and access to broader Aboriginal health workforce forums and events. Additional information to support access to professional development and supervision for Aboriginal Mental Health and Wellbeing Peer Workers can be found in Section 3.5 and 3.6.

3. CAREER PATHWAYS AND PROFESSIONAL DEVELOPMENT

3.1 RECRUITMENT AND ORIENTATION

Effective recruitment and orientation of peer workers will ensure the staff employed in these roles are appropriately skilled and qualified for the roles, understand peer work values and scope of practice, are oriented to the LHD/SHN and broader NSW Health service system, and assist with staff retention. The [NSW Health PD2017_040 Recruitment and Selection of staff to the NSW Health Service](#) policy should guide recruitment processes in Districts and Networks.

An overreliance on part-time positions may impact recruitment and may cause a resourcing challenge for services due to the increased number of peer workers requiring peer supervision and other professional development. This may be a particular consideration in rural and remote areas due to additional challenges such as long-distance travel (see Section 4.2 for more information on supporting peer workers in regional and rural areas).

Recruitment and orientation should be supported by engaging with the existing peer workforce in recruitment and orientation processes. It is essential that peer workers are involved in the development of new peer work programs, position descriptions and provide representation on recruitment panels for peer work roles to ensure positions adhere to peer work values and scope of practice. Districts and Networks may also benefit from building a strong workplace culture that understands and values the peer work role through training for managers, teams and human resources personnel on the peer work role.

New peer workers are to undertake local orientation programs in line with other staff in their District or Network. New peer workers may also benefit from a peer-led orientation program or mentoring with an experienced peer worker. This may include formal or informal mentoring, regular meetings with a Senior Peer Worker, and engagement with other peer workers in the District or Network to support orientation. 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. A mentoring or buddy system for new peer workers may be beneficial to reduce isolation, improve orientation to the service and encourage sharing of new skills and knowledge.

Districts and Networks may benefit from exploring opportunities for alternate pathways into peer work such as traineeships and work placement options for students undertaking the Certificate IV in Mental Health Peer Work to expand recruitment opportunities and reduce barriers to inclusion for peer workers from diverse backgrounds and experiences. This may be particularly beneficial for services in regional and rural areas.

3.2 CAREER PROGRESSION AND ROLES

Peer work roles span from entry level to leadership positions and include specialised mental health peer work roles. Having a variety of peer work roles ranging in experience level, skill set, and responsibilities enables peer workforce development and provides career progression opportunities, necessary to attract and retain peer work staff.

All Districts and Networks will structure their service based on local need and resourcing. Districts and Networks may benefit from identifying a designated peer professional lead role for the mental health peer workforce to provide leadership and guidance to the growing peer workforce and ensure a consistent district-wide approach to peer workforce development. Senior Peer Workers reporting to the district-wide professional lead will provide guidance, education and supervision to peer workers and ensure consumers receive high quality care from a well-supported and trained peer workforce. It is suggested that Senior Peer Workers have experience in a peer work role to be eligible for a senior position, in addition to the skill set outlined in Section 2.4.

An example professional reporting structure is provided below for adaption to each District and Network, depending on local service requirements and resources. Peer workers may operationally report to Service Managers, Nurse Managers or similar while receiving professional support from Senior Peer Workers. Districts and Networks are also supported by state-wide roles such as the State-wide Mental Health Peer Workforce Coordinator at the NSW Ministry of Health.

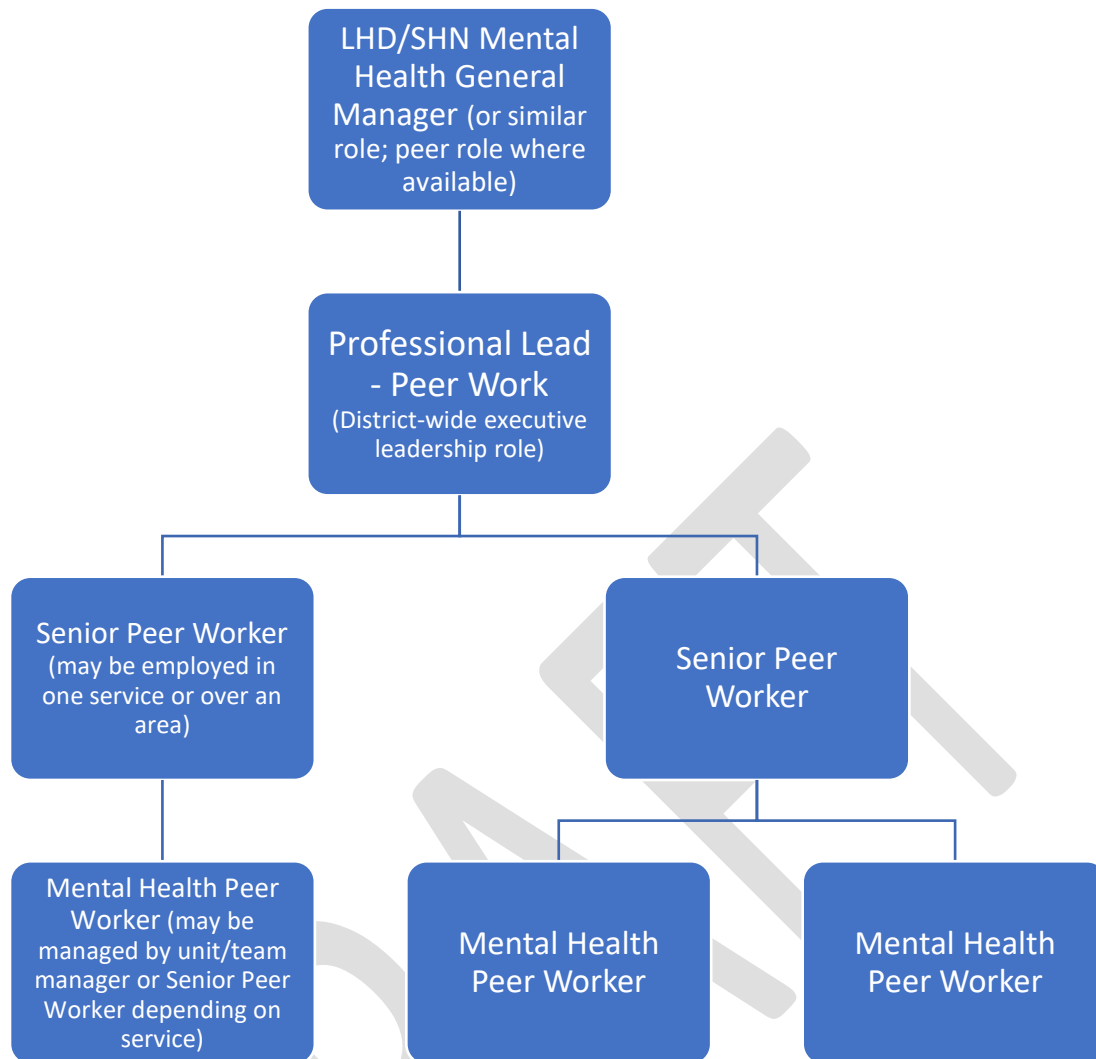


Figure 2. Example professional support structure for the peer workforce for adaptation in each District or Network. NB: Operational reporting lines may differ from professional support structures.

Districts and Networks should promote opportunities for peer workers to access job rotation and work in a range of settings or services to encourage a broad scope of practice where possible. Districts and Networks may benefit from having peer workers who are experienced in a range of services and specialty areas to meet service needs and improve service flexibility, particularly with more peer-led programs being established.

Peer workers should be encouraged and supported to apply for roles within and external to the peer workforce where they meet the requirements of the role. NSW Health may benefit from peer workers moving into roles across the health system, including in the NSW Ministry of Health, NSW Health pillars and other agencies as the peer workforce grows.

3.3 REMUNERATION AND GRADING OF POSITIONS

Peer Workers are to be remunerated appropriately for the level of capability required for the role and in accordance with award classification. Peer workers in NSW Health are currently primarily engaged under the [Health Education Officers Determination](#) and the conditions of employment are available in the [Public Hospitals \(Professional and Associated Staff\) Conditions of Employment \(State\) Award](#). Senior Peer Workers are to be remunerated under the Senior Health Education Officer classification as per the Determination. Roles may be remunerated as a graduate or non-graduate depending on qualifications.

Peer workers employed in management or leadership roles, such as district-wide professional lead roles, are to be remunerated under the [Health Managers \(State\) Award](#), with the classification level determined by the role responsibilities as per the Award.

3.4 MINIMUM EDUCATION AND TRAINING STANDARDS

NSW Health is working towards the minimum qualification for peer workers being the CHC43515 - Certificate IV in Mental Health Peer Work (Consumer). The Cert IV is a nationally recognised qualification and provides the core skills to work effectively with consumers as a peer worker.

Accessibility of the Certificate IV qualification is improving in NSW, however flexibility is still needed to support implementation of the course as a minimum qualification. Therefore, it is recommended that all position descriptions list the “CHC43515 - Certificate IV in Mental Health Peer Work (Consumer) or willingness to obtain in 12-18 months of commencing employment”, as an essential criterion. This requirement should be applicable to all peer workers, including those working in direct support roles and peer workers in senior or management roles, to ensure a minimum standard of competence in the peer workforce. It is suggested that completion of this qualification is included in any professional development and learning plans for peer workers to encourage and monitor uptake.

Districts and Networks are to consider how they can support peer workers to obtain the qualification, such as supporting peer workers to access study leave or complete the qualification in work time as per [PD2022_006 Leave Matters for the NSW Health Service](#).

In addition to the Certificate IV, all peer workers are required to undertake mandatory training in accordance with NSW Health policy as mental health professionals. Guidance on appropriate Violence Prevention and Management Training for peer workers based on the setting they are employed in is available in [PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations](#).

As there is currently no nationally recognised qualifications for peer work beyond the Certificate IV, it should not be a requirement for peer workers to obtain a university degree or similar. However, additional qualifications in leadership and management or other qualifications relevant to the position may be beneficial for leadership roles along with experience as a peer worker. See Section 3.5 for more information on professional development.

3.5 ONGOING PROFESSIONAL DEVELOPMENT AND TRAINING

Peer Workers are to be encouraged and supported to attain additional training and access professional development related to the core skills of their position. This may be peer-specific training or general mental health training that all mental health professionals may benefit from (e.g., training in topics like trauma-Informed care and practice, cultural competence and safety, motivational interviewing, open dialogue etc.). Peer Workers should also have access to ongoing professional development available to other mental health staff such as staff in-services, training in facilitating ward activities and groups, and understanding mental health legislation etc.

Training should be guided by local service needs and the professional development goals of the individual and may include education in leadership and management, supervision and mentoring, project management and quality improvement. Senior Peer Workers and Professional Leads, as well as peer workers wishing to apply to these positions, would benefit from leadership and management training as per the [NSW Health Leadership and Management Framework](#) and [HETI's Leadership and Management Development pathway](#). Training in leadership and management that is tailored to peer workers should be encouraged where available. Peer workers should have a professional development and learning plan developed in line with [PD2016_040 Managing for Performance](#). This plan is to be reviewed on an annual basis as part of their Performance and Talent Development process and as needed.

Peer Workers will benefit from attending mental health and peer work conferences, forums and events to ensure they have access to current knowledge and new developments in mental health care and peer work and to provide opportunity to connect with peers. Districts and Networks are encouraged to support peer workers to attend state-wide events and consider hosting their own forums or networking opportunities to assist with information sharing, problem-solving, collaboration and connection with fellow peer workers.

Aboriginal Mental Health and Wellbeing Peer Workers may benefit from participating in broader Aboriginal health and Aboriginal workforce networks, forums and professional development opportunities. Peer Workers in specialised roles should have access to training in their specific areas of work, where available, with an emphasis on peer-led training. More information on training and professional development is available in Section 6: Resources.

3.6 PEER SUPERVISION AND SUPPORT

What is peer supervision?

As with any position working closely with consumers in NSW Health, the peer workforce should be provided with supervision in line with that offered to clinical staff as part of good practice in service delivery. Peer Supervision is within-discipline supervision provided to a peer worker by an experienced peer worker who has undertaken supervision training (preferably peer specific supervision training where available). Peer Supervision establishes a confidential space for peer workers to reflect on their practice, explore new ways of working, engage in problem-solving or de-briefing, and discuss ethical dilemmas. Peer Supervision is grounded in the peer work value of mutuality where both the supervisor and supervisee form a relationship that fosters mutual learning and facilitates the exchange of life experiences, skills and knowledge (VMIAC and Centre for Psychiatric Nursing 2018).

Peer Supervision is important for all peer workers because the role requires a person to share from their own lived experience of mental distress and recovery which brings with it unique challenges. Peer supervision provides a formal structure for peer workers to reflect on their practice, navigate challenging or complex work situations, ensure they are working in line with peer values and scope of practice and link their peer work to the organisational context. Peer Supervision will assist peer workers to navigate situations that may conflict with their personal or professional values.

Where possible, peer workers should have a choice in who their peer supervisor will be, and flexibility in options for supervision such as individual or group peer supervision, or face-to-face or online. Peer workers from diverse backgrounds or cultures may benefit from access to supervision from within the community they identify, where available. Peer workers will also benefit from access to group supervision with the multidisciplinary teams in which they work, separate to peer supervision arrangements.

As with other disciplines, line management of peer workers is intended to be separate from discipline-specific supervision and provides guidance around daily tasks, allocation of workload, job performance and support with immediate issues in comparison to a formalised reflective practice process provided in peer supervision.

Supervision requirements for peer workers in direct support and leadership roles

Peer Workers will benefit from supervision with an experienced peer worker on a regular basis, in line with the supervision requirements for other mental health professionals. It is recommended peer workers, including those in senior positions, receive monthly peer supervision with the potential for more frequent supervision sessions when a peer worker is first employed to assist orientation and understanding of the role (see section 4.1 for further guidance). Peer workers may benefit from access to supervision on an ad hoc basis as issues emerge or for de-briefing.

Supervision may be provided by a peer supervisor employed within the same LHD/SHN (separate to line management), from another LHD/SHN or from an appropriate external provider. It is recommended that Districts and Networks build capacity within their organisations to offer internal peer supervision where possible to meet the

needs of this growing workforce. Entitlement to supervision should be articulated in position descriptions or similar workplace policies or documents. Formal supervision sessions will be documented in accordance with local requirements.

Group peer supervision or peer-to-peer co-reflection, either formal or informal, may be beneficial within LHDs/SHNs such as in pairs, buddy-systems (particularly for new peer workers), or in teams or district-wide groups.

Peer workers employed in Aboriginal roles may benefit from cultural supervision and co-reflection in addition to peer supervision. This may be with an experienced Aboriginal Mental Health Worker or Aboriginal Liaison Officer within NSW Health, an Aboriginal elder or other appropriate person from the Aboriginal community who understands the mental health peer workforce.

Peer Workers in leadership roles are to have access to regular peer supervision as a member of the peer workforce, even when they may no longer regularly engage in direct support to consumers. This will ensure peer workers in leadership roles providing guidance to the broader peer workforce are well supported, engage regularly in co-reflection and problem solving, and continue to work in alignment with peer work values. Districts and Networks may benefit from exploring inter-LHD/SHN opportunities for co-reflection or external peer supervision to ensure adequate supervision for these senior roles. Peer workers in leadership roles may also benefit from access to supervision or mentoring in identified areas for development such as coaching, leadership and project or financial management. This may be provided by a mentor outside of the peer workforce with the appropriate skill set.

Peer Supervisors need to have the skills and training to provide support and supervision. This training should be included in professional development planning for the peer workforce. Senior Peer Workers supporting staff may benefit from continuing to provide peer support to consumers to ensure they are maintaining their skills and understand the current needs of the peer workforce.

4. SUPPORT IN THE WORKPLACE

4.1 INFORMATION TO SUPPORT MANAGERS AND DISTRICTS AND NETWORKS TO DEVELOP THE PEER WORKFORCE (INCLUDING NEW PEER WORKERS)

Clear line management is necessary for all workers and the peer workforce requires line management which understands, supports and values peer workers (QLD Health 2019). Staff, such as Managers or Senior Peer Workers, who provide line management or guidance to peer workers will benefit from an understanding of peer work and how to appropriately support peer workers in the workplace. 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.

Specific training for staff who manage peer workers is recommended such as the Mental Health Coordinating Council's "[Managing Workers with Lived Experience](#)" course which provides an overview of peer work and helps build skills to create a supportive and safe workplace. More resources to support managers can be found in Section 6: Resources.

Peer workers are integral members of the multidisciplinary team (MDT) and are to have access to the same resources as other members of the MDT. Peer workers are to be included in all regular MDT activities such as handover and rounding. Access to orientation programs, training and support for new mental health professionals is to be provided to peer workers, including regular meetings with line management and access to supervision. It is recommended that peer workers spend the majority of their time providing direct support to consumers in line with other members of the MDT (e.g., 65% of time providing client-related hours).

Newly employed peer workers must have access to eMR/CHIME, and other medical records and workplace documentation programs, and training on how to use them in line with other health professional staff. Peer workers are to have access to business resources such as access to computers/laptops, desk, phone, business cards etc. Peer workers will require resourcing to allow time and ability to travel where needed for consumer support (particularly in rural areas) or professional development e.g., vehicles, internet enabled mobile phones, travel, meal and accommodation allowances. Peer workers are to comply with local policies regarding staff movement when undertaking home or community visits. More information on supporting new peer workers can be found in Section 3.1: Recruitment and orientation.

Peer workers would benefit from being embedded in health system infrastructure like other professions with specialty staff coding, specific peer worker identifier in eMR and similar health records systems and standardised mandatory training requirements across LHDs and SHNs.

More information to support Districts and Networks to develop the peer workforce, including how to prepare your organisation to implement a peer workforce, developing peer roles and fostering a recovery-oriented and trauma-informed workplace culture to support introduction of peer workers is available in the [National Lived Experience \(Peer\) Workforce Development Guidelines \(2021\) and associated resources](#).

4.2 SUPPORT FOR REGIONAL AND RURAL DISTRICTS AND NETWORKS

Districts and Networks should consider areas for support required for peer workers working in rural and remote areas where issues with community stigma, and complexities around boundaries and privacy may be more prominent. Peer supervision for peer workers in regional and rural areas may assist with some of the unique practice issues of living and working in a rural area as a peer worker.

Supervision for peer workers in regional and rural areas can be challenging to access. Where capacity for peer supervision is limited, it may be appropriate to engage experienced peer workers from other Districts or Networks, or an external supplier, to provide peer supervision (including via videoconferencing facilities). Where these options have been exhausted, it may be appropriate to engage non-peer staff to provide supervision to peer workers. This should only be offered by staff who have a strong understanding of the peer workforce and there should be a choice of supervisors available for the peer worker. Steps should be taken to enhance within-discipline supervision availability as the workforce grows in regional and rural areas.

It was highlighted in the consultation process that peer workers in regional and rural areas would particularly benefit from greater access and training to telehealth services and other digital technology to enhance connection with consumers. Districts and Networks in rural areas should ensure peer workers have access to these resources and training opportunities where available. Consideration of other resources or supports for peer workers in rural areas, such as additional travel requirements and support when working in isolation, is to be undertaken by LHDs/SHNs. Districts and Networks are recommended to consider employing 2 peer workers in the same service or location in rural areas due to the challenges of the role with long distance travel and peer workers working in isolation.

Peer workers in rural areas may particularly benefit from enhanced networking opportunities with both their rural colleagues and metropolitan counterparts. Inter-LHD networking, communities of practice, site visits and staff shadowing should be encouraged to increase connectedness and opportunities to reflect on practice among the peer workforce. Peer workers in regional and rural areas are also more likely to be strongly linked with community-managed organisations in their area and time and resources to collaborate with community organisations should be encouraged. Support for collaboration with Primary Health Networks (PHNs) and community-managed organisations to develop regional communities of practice and events should be considered.

4.3 SUPPORT MECHANISMS AVAILABLE FOR PEER WORKERS

The workplace expectations for peer workers are equivalent to the expectations of all NSW Health employees. Employment of NSW Health staff should be in accordance with Equal Employment Opportunity (EEO), disability anti-discrimination legislation and diversity and inclusion principles. Peer Workers are to have access to NSW Health wellbeing and support services, including access to the Employee Assistance Program (EAP) and reasonable adjustments (including during recruitment, appointment and while working in the position).

Reasonable adjustments are defined by the Australian Human Rights Commission (AHRC) as changes to a job which can be made to enable a worker to perform their duties more effectively in the workplace. This includes flexible working arrangements or moving the employee to another location if they find situations traumatising, where feasible and where they are still able to meet the inherent requirements of the position. Recruitment and interview processes should encompass an approach to reasonable adjustments, and inherent requirements of the role should be outlined to candidates (e.g., the requirement of a peer worker to work in an inpatient mental health unit should be clearly articulated during recruitment). See Section 6: Resources for more information on reasonable adjustments.

Where workplace wellness plans are in place for the broader workforce, they may also benefit peer workers. Peer workers have the choice to complete a workplace wellness plan that outlines their needs in the workplace, flexible working arrangements, reasonable adjustments and any leave or return to work considerations as needed. This should be completed at the request of the peer worker and in collaboration between the peer worker, their line manager and their peer supervisor if appropriate. The workplace wellness plan should focus specifically on workplace supports and necessary adjustments rather than be a general personal wellness plan.

5. MONITORING AND EVALUATION

It is an expectation that Districts and Networks will use this Framework to embed support structures to develop the peer workforce. It is recommended Districts and Networks use the Framework to guide local planning and support implementation through development of local peer workforce frameworks and action plans. This Framework is to be formally reviewed by 2027 (and updated as needed) to ensure Framework remains current. A state-wide action plan will be developed to support implementation in NSW Health and consideration of evaluation mechanisms to monitor Framework implementation will be included in this plan.

Effective monitoring and evaluation processes are required to support workforce growth and retention, and evaluate program outcomes. Regularly captured data on positions, FTE, qualifications, access to supervision and supports will ensure gaps are identified in workforce capacity, training and skills and assist with monitoring workforce capability over time.

Evaluation of all new peer work initiatives or programs should be considered before program implementation to encourage a focus on program outcomes and ensure high quality consumer care. Peer workers and managers overseeing peer work programs may benefit from training in evaluation processes and research techniques to support evaluation of peer work programs and outcomes.

6. RESOURCES AND REFERENCES

6.1 RESOURCES

Aboriginal Peer Work Resources

[Aboriginal and Torres Strait Islander Lived Experience Centre](#), hosted by the Black Dog Institute

[Aboriginal and Torres Strait Islander Lived Experience Centre Resources](#), hosted by the Black Dog Institute

[Gayaa Dhuwi Declaration](#)

[NGO Aboriginal Mental Health Lived Experience Workforce Standards and Guidelines](#) by Mental Health Coalition of South Australia

[Aboriginal Health Worker Guidelines for NSW Health \(2018\)](#)

While the above guidelines are not specifically for peer workers, it may provide helpful information for developing Aboriginal peer work roles in NSW Health.

Please note, several peer work resources listed below also include specific advice to support Aboriginal peer work roles such as the [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW](#) and the [National Lived Experience \(Peer\) Workforce Development Guidelines](#).

General Peer Work Resources

[Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW](#) (2021)

A Framework to support development of the peer workforce in SENSW, with specific guidance for rural areas and a useful employer of choice checklist.

[Guidelines for the Practice and Training of Peer Support](#), Mental Health Commission of Canada

[National Lived Experience \(Peer\) Workforce Development Guidelines \(2021\)](#) and associated resources

[Peer Work Hub](#), hosted by the Mental Health Commission of NSW

The Peer Work Hub is a free online resource that supports employers in NSW to build and strengthen their mental health peer workforce. The development of a peer workforce in NSW is one of the recommendations in [Living Well: A Strategic Plan for Mental Health in NSW: 2014 2024](#) (Living Well). The Peer Work Hub has been created in response to the recommendations outlined in Living Well as an online resource for organisations wanting to develop and grow their peer workforce.

[Lived Experience Leadership website](#)

This website outlines some of the evidence base for peer work in Australia.

[Lived Experience Workforce Program \(LEWP\) resource guide by Mental Health Coalition of South Australia](#)

[Queensland Health Mental Health Framework Peer Workforce Support & Development \(2019\)](#)

[Orygen Youth Mental Health Peer Work Resources](#)

This includes an evidence guide, education resources, and an implementation toolkit and checklist for youth mental health peer workers.

MHPOD: Supporting a Mental Health Peer Workforce – available in My Health Learning

This module provides an overview about the mental health peer workforce in Australia, its history and work values. It discusses common principles associated with effective peer work and the common challenges, as well as ways to support effective peer work in your service.

MHPOD: MH peer workforce within the broader MH system – available in My Health Learning

This module provides an overview of the invaluable contribution that a peer workforce makes, and discusses pathways around the barriers and challenges associated with their integration into the system as full and equal partners in collaborative care.

Training and Professional Development Resources

[Mental Health Coordinating Council Training](#)

MHCC provides the Certificate IV in Mental Health Peer Work and training for Managers employing peer workers.

[Intentional Peer Support Training](#)

[NSW Health Towards Zero Suicides Initiatives Peer Workforce Guidance material and resources](#)

[HETI Leadership and Management Development Courses](#)

Supervision Resources

[Victorian Consumer Perspective Supervision: A framework for supporting the consumer workforce \(2018\)](#)

[Mental Health Peer Supervision Framework by Mental Health Coalition of South Australia \(2022\)](#)

[BEING NSW Peer Supervisor List](#)

[Victorian Lived Experience/Peer Supervision Database \(open nationally\)](#)

Workplace Supports

[Workers with Mental Illness: a Practical Guide for Managers \(2010\)](#) by the Australian Human Rights Commission

[Working Together: Promoting mental health and wellbeing at work](#) by ComCare for the Australian Public Service Commission

[Heads Up: Better mental health in the workplace website](#)

[Willing to Work - Good practice examples: A resource for employers \(2016\)](#) by the Australian Human Rights Commission

[ComCare's Supporting mentally healthy workplaces website](#)

[Reasonable adjustment resource sheet by JobAccess](#)

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