

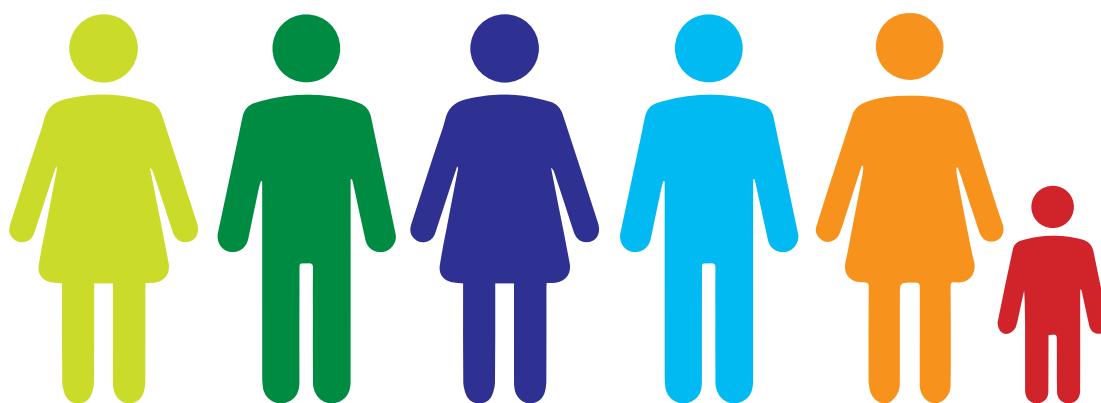
National Mental Health Commission

National Lived Experience (Peer) Workforce Development Guidelines

Getting started:

First steps to a Lived Experience workforce development plan in mental health organisations

A self-assessment tool for employers



Australian Government

National Mental Health Commission

About this report

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This publication is the second in a series of annual consumer and carer perspectives reports. A complete list of the Commission's publications is available from our www.mentalhealthcommission.gov.au.

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Cover graphic: The Contributing Life silhouette shown on the cover represents the diverse range of individuals within our communities. It supports the Contributing Life framework – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. Learn more about this approach on our website: www.mentalhealthcommission.gov.au/Lived-Experience/Contributing-Lives,-Thriving-Communities

A vital component of quality mental health services

A mental health Lived Experience workforce is a vital component of “quality, recovery-focussed mental health services” (Department of Health, 2015).

Lived experience is central to mental health reform. It is the responsibility of every agency in the mental health system to take steps to bring lived experience into the design and delivery of services.

Organisations that provide mental health services have an important role to play in building the foundations for an effective Lived Experience workforce. They are at the frontline in creating employment opportunities, supporting the development of individual workers, and demonstrating the impact of this employment strategy.

The Lived Experience workforce is not an optional addition to service delivery. Investment in developing this workforce is essential to improve outcomes for people who use mental health services and their families. Lived Experience work needs to be supported and embedded as an integral part of the way all mental health services are delivered. The challenge is not simply to create new jobs or recruit new workers, but to embed a new source of knowledge and new ways of thinking about mental health, into an established service system.

The National Mental Health Commission has led the development of the *National Lived Experience Workforce Development Guidelines* (the *National Development Guidelines*) as a key reform initiative of the *Fifth National Mental Health and Suicide Prevention Plan*. The *National Development Guidelines* provide an overview of the professional Lived Experience workforce together with detailed steps for employers at each stage from planning a Lived Experience workforce through to embedding as part of the services core business.

This self-assessment tool maps to the actions for employers in the *National Development Guidelines*. Its purpose is to assist employers to reflect on the practices in their own organisations as a starting point for decision-making.

The tool is intended to be used in conjunction with the *National Development Guidelines* and the suite of companion documents (see page 17 for details)

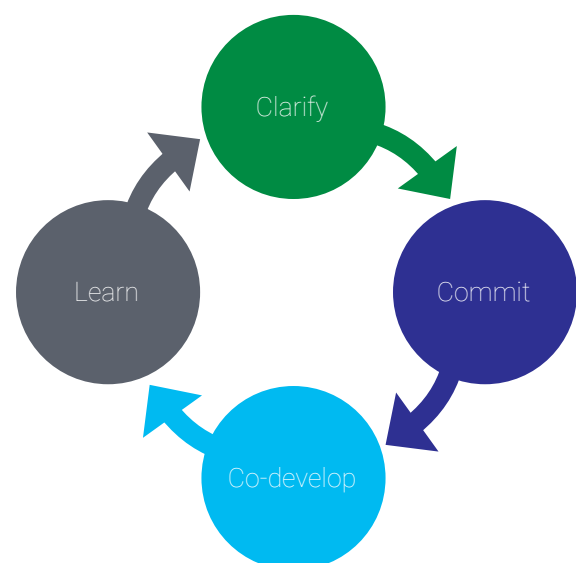
Principles to guide workforce development

The *National Development Guidelines* promote six core principles that are relevant to employers, policy makers, funding bodies and service planners and commissioners:

- 1. Co-production**, engaging all stakeholders in equal and respectful partnership for all aspects of workforce development is essential for Lived Experience workforce development to be effective and meaningful.
- 2. Maintain the integrity of Lived Experience work** ensuring that all work is consistent with the values, and principles of Lived Experience work and develops from its strong foundations in the consumer movement.
- 3. Create the conditions for a thriving workforce**, developing flexible, recovery-oriented workplaces where Lived Experience workers are enabled to achieve in their professional roles with flow-on benefits for the whole workforce and for service users and their families.
- 4. Respond to diversity**, engaging with diverse communities to ensure that all aspects of service delivery meet their needs and engaging a Lived Experience workforce that reflects the diversity of service users and their families and supporters.
- 5. Reduce coercive and restrictive practice**, ensuring that Lived Experience workers are not placed in positions where they are expected to support coercive or restrictive practices, and working to co-produce more effective alternatives to restrictive practices.
- 6. Support systemic change and professionalisation** of the Lived Experience workforce, identifying areas for prioritisation in funding, policy, planning and service commissioning.

Depending on the current status of an organisation or region's Lived Experience workforce, many steps may be required to fully embed a sufficient workforce to support change. The *National Development Guidelines* identify four simple stages of development that can be implemented by any organisation or service provider, regardless of resources or current stage in development.

- 1. Clarify** – develop understanding of Lived Experience work and recovery. Assess current practices for alignment with this understanding. Create opportunities to connect with consumers, carers and families, and lived experience services in your area.
- 2. Commit** – put Lived Experience workforce development and recovery-oriented practice on the agenda as core business. Include it in all planned activities and budgets.
- 3. Co-develop** – work with people with lived experience and their families and supporters to review existing practices and develop new approaches.
- 4. Continuously learn** – collect data, service user and staff feedback. Regularly co-evaluate and apply new knowledge to the next steps in development.



Summary of employer actions for Lived Experience workforce development

	Preparation: Clarify	Preparation: Commit	Implementation: Co-develop	Transformation: Learn and grow
Leadership and culture	<p>Build</p> <ul style="list-style-type: none"> ✓ Leadership understanding of: <ul style="list-style-type: none"> • Lived Experience workforce • Recovery-oriented practice • Diverse perspectives and needs ✓ Strengthen commitment to diversity and inclusion 	<p>Prioritise</p> <ul style="list-style-type: none"> ✓ Mission statements recognise Lived Experience work as core business ✓ Build whole-of-workforce commitment to lived experience 	<p>Lead</p> <ul style="list-style-type: none"> ✓ Identify champions and allies for the Lived Experience workforce ✓ Partner with people with lived experience to develop and implement workforce strategy ✓ Consider opportunities to develop Lived Experience leadership roles 	<p>Embed</p> <ul style="list-style-type: none"> ✓ Lived Experience roles represent diverse culture and perspectives ✓ Person-directed and recovery-oriented service delivery and practices are established ✓ Safe sharing of lived experience is prioritised for the whole workforce
Policies and planning	<p>Review</p> <ul style="list-style-type: none"> ✓ Identify the gap between current practices to recovery-oriented practice standards ✓ Current levels of diversity in service users, workforce and community 	<p>Review</p> <ul style="list-style-type: none"> ✓ HR and other policies for flexibility to support Lived Experience work ✓ Outline a Lived Experience workforce strategy ✓ Include Lived Experience work in long-term budgets and plans 	<p>Plan</p> <ul style="list-style-type: none"> ✓ Develop an implementation plan ✓ Develop position descriptions and recruitment processes ✓ Budget for sufficient numbers of roles and Full Time Equivalent and all necessary supports and training 	<p>Grow</p> <ul style="list-style-type: none"> ✓ Lived Experience roles are employed at all levels sufficient to meet needs ✓ Career pathways are available for Lived Experience workers ✓ A range of supervision and training options are available to Lived Experience workforce
Development	<p>Educate</p> <ul style="list-style-type: none"> ✓ Whole-of-workforce about Lived Experience roles and the value of diversity ✓ People accessing services and their families about Lived Experience roles ✓ Provide service users with information on peer support services in the region 	<p>Connect</p> <ul style="list-style-type: none"> ✓ Create opportunities to listen to service users ✓ Build relationships with Lived Experience agencies ✓ Form a co-development steering group ✓ Work with other organisations for co-learning 	<p>Equip</p> <ul style="list-style-type: none"> ✓ Ensure access to appropriate supervision and training for Lived Experience workers ✓ Consider Lived Experience apprenticeships/traineeships ✓ Enable connections for Lived Experience workers with Lived Experience networks 	<p>Learn</p> <ul style="list-style-type: none"> ✓ Review and evaluate the impacts of and remaining challenges to embedding the Lived Experience workforce ✓ Evaluate to contribute to a lived experience informed evidence base

Note: This summary represents key actions that any employer may take to develop and embed a Lived Experience workforce. Actions for organisations with specific interests, including regional and rural services, involuntary services, and service planning and funding appear in separate checklists throughout the Guidelines.

Getting started: Self-assessment checklist for employers

The Lived Experience workforce is an essential core element in the development of recovery-oriented care. Lived Experience workers can enable organisations to move towards recovery-oriented practices in all areas of the organisation. To achieve this, they need the support of employers and colleagues who are committed to recovery-oriented practice. Shared understanding and commitment are essential for effective collaboration between designated lived experience and non-designated colleagues. Without this understanding, the potential benefits of Lived Experience work are restricted.

Before creating a Lived Experience workforce development plan, it can be helpful to know where your organisation or service is up to in the stages of workforce development. This toolkit may assist in identifying those aspects of performance that contribute to recovery-oriented practice and commitment to the Lived Experience workforce, and to understand which aspects of performance are not yet fully developed. This information can be used to inform the organisation's improvement and development plans.

The *National Development Guidelines* are compatible with State, Territory and organisation-specific guidelines and the checklists can therefore be helpful in many different organisational settings. The questions in this toolkit highlight the essential areas where action is required to develop the Lived Experience workforce. Please read the *National Development Guidelines* for a full discussion of areas for change.

Completing the checklists

Checklists should be completed in consultation with lived experience consultants, or a person engaged to review current practices from a lived experience perspective.

The self-assessment tool provides simple checklists based on core principles and actions described in the *National Development Guidelines*. The checklists can be completed by individuals or by groups. They may be of greatest value when completed by several people in one organisation, including service users and service providers. Differences between your understanding of your stage of change and that of others in your workplace, especially Lived Experience workers, will highlight areas where there is a need to develop shared understanding. Each checklist provides an opportunity to identify if the actions is fully embedded in practice, partly embedded, newly implemented, or not yet started. If you would like to create a numeric score to assist comparison with other reviewers and between performance over time, there is also a simple assessment score.

Checklists

1. Developing and maintaining the foundations for recovery-oriented care
2. Supporting the current workforce to thrive
3. Developing the future Lived Experience workforce.

Description	Rating	Suggested score
This score is given if you believe that an approach has been fully embedded in practice.	YES	4–5
This score is given if you believe that an approach has been partly implemented but is not yet fully embedded.	PART	2–3
This score is given when you believe that action has been taken towards the new approach but it is has not yet been implemented .	NEW	1
This score is given when you believe that an approach does not happen or is not relevant.	NO	0

Checklist 1

Developing and maintaining the foundations for recovery-oriented care

1a: Commitment to organisational change

Putting people at the centre of everything we do.

Providing a safe and effective employment context that enables Lived Experience workers to achieve their purpose.

Question	Yes	Part	New	No
Our mission or purpose is recovery-oriented reflecting commitment to service user and staff wellbeing.				
Leaders engage with service users, their carers, family and supporters, and with Lived Experience workers and agencies outside the organisation to increase understanding and commitment to recovery-oriented practice.				
We routinely refer to recovery-oriented guidance such as the National Framework for Recovery Oriented Mental Health Services (www.health.gov.au/sites/default/files/documents/2021/04/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers.pdf).				
Our culture and values are compatible with a recovery orientation and with change.				
We actively seek ways to improve service user experience and outcomes; we promote continuous learning and use evaluation results in our decision-making.				
We promote a team approach to solve care problems. Staff work together cooperatively to improve the effectiveness of care.				
Our policies and practices align with recovery-oriented values and support a flexible, mentally healthy workplace for everyone.				
Organisational commitment score				

1b: Recovery oriented practices

Question	Yes	Part	New	No
Staff believe that recovery is possible.				
We support people to use and build on their personal strengths, resourcefulness and resilience and to make individual choices, creating plans and finding solutions based on their personal goals.				
Trauma-informed practice and an understanding of human rights are embedded in our service delivery and in professional development for our staff.				
Service users are supported to include people who are important to them, such as carers, family, friends or kinship groups, in their recovery/treatment planning.				
Service users experience our service or organisation as supportive and helpful in working through their recovery journey.				
Recovery-oriented practices score				

Checklist 1 Developing and maintaining the foundations for recovery-oriented care

1c: Recognising the value of lived experience

Consumer and carer participation and a thriving Lived Experience workforce are essential foundations for recovery-oriented practice.

Question	Yes	Part	New	No
Lived Experience work is identified as core business in all key documents.				
Leaders engage with Lived Experience workers and with lived experience leaders outside the organisation to increase their understanding and active commitment to Lived Experience work.				
Whole-of-organisational training is delivered on a recurrent basis, led by Lived Experience workers, to increase understanding, acceptance and perceived value of lived experience roles.				
We regularly gather information on service user experience to improve and inform the development of our services.				
Service users and Lived Experience workers are involved in the planning, design, delivery and evaluation of policy, processes, training and services.				
All improvement activities are developed and implemented collaboratively through co-design and co-production.				
We work to develop a safe space for dialogue and respectful inclusion of different experiences and perspectives.				
Value of Lived Experience score				

Checklist 1 Developing and maintaining the foundations for recovery-oriented care

1d: Cultural safety

All services must be safe for people of all cultural, sexual and gender identities.

Question	Yes	Part	New	No
Our culture embraces diversity and fosters respect for all employees and service users.				
We actively improve our understanding of diverse perspectives by building connection to vulnerable communities including disability, people from the Deaf community, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people identifying as LGBTQIA, and other diverse experiences to ensure their needs and expectations are met.				
Staff at all levels regularly attend training to build cultural capacity. This training is designed and facilitated by people from the relevant communities.				
We have inclusive hiring policies and practices and a diverse workforce.				
We adapt our services to fit each service user’s unique culture and life experiences.				
Our policies and practices recognise the unique position of Aboriginal and Torres Strait Islanders as the Indigenous people of Australia, their right to self-determination, and the impacts of historical trauma resulting from colonisation.				
Cultural safety score				

Checklist 1 Developing and maintaining the foundations for recovery-oriented care

Priority 1: Opportunities for Development

What is going well?

How do our perspectives compare and differ?

What are the barriers or challenges to using these approaches?

Where are our opportunities for development?

How will we address these in our workforce development plan?

Overall, where are we on the Lived Experience workforce development journey?

- 1. Contemplation:** we are starting to think about this
- 2. Preparation:** we have started to develop strong foundations
- 3. Implementation:** we are embedding the Lived Experience workforce
- 4. Transformation:** the Lived Experience workforce is essential to our service systems and transformation.

Learn more about development stages for employing organisations in the *National Development Guidelines* (page 34).

Checklist 2

Supporting the current workforce to thrive

Identifying opportunities to support Lived Experience workers

Safety and wellbeing underpin a thriving workforce. When individual workers do not feel safe or experience poor health as a result of their employment the workforce as a whole will not thrive.

This checklist is designed for people and organisations that are currently employing, or are about to start employing, Lived Experience workers. The questions highlight some of the critical actions needed to support a thriving Lived Experience workforce.

2a: Our Lived Experience workforce profile

We currently employ Lived Experience workers YES NO

If you answer no, please go to Priority 3: Developing the Lived Experience workforce.

How many designated roles are there?

How representative is the Lived Experience workforce of service users and families?

Are these roles integrated across the workforce or clustered in one or two service areas?

What is the primary purpose of these roles? What level are they at in the organisation?

Are they expected to contribute to the organisation's recovery-oriented change agenda? How do they achieve this?

Note: If your service is an involuntary setting or uses coercive or restrictive practices check the information on Lived Experience work and coercive or restrictive practices on page 12. Lived Experience workers should never be involved in the use of these practices.

Position descriptions are developed in the context of the service or organisation however, they should also reflect the scope of practice of the profession. Development of position descriptions with input from lived experience consultants ensures that the position is consistent with the values of the Lived Experience workforce. The companion document to the *National Development Guidelines*, 'Lived Experience Roles: A Practical Guide to Designing and Developing Lived Experience Positions' provides further details on how to develop position descriptions for a range of lived experience roles.

Checklist 2 Supporting the current workforce to thrive

2b: Conditions for a thriving workforce

Question	Yes	Part	New	No
Co-developed: Lived Experience workers are partners in the co-creation of their own roles, the organisations practices and workforce development.				
Other staff in the organisation receive training in working and collaborating with Lived Experience workers.				
Opportunities for open conversations between colleagues are routine practice to respectfully and safely discuss how they can best work together.				
Unique: Lived Experience roles are founded on Lived Experience work values and principles and are distinctly different to other roles in the organisation.				
Lived Experience roles are designated and permanent employment positions.				
Lived Experience roles have clear job descriptions that include specific functions that are different to other roles in the organisation.				
Roles and position objectives include advocacy for service and systems change.				
Skilled: All Lived Experience workers have regular opportunities for training that are equal to other staff including:				
<ul style="list-style-type: none"> adequate orientation to allow them to understand and work effectively in the organisation/context 				
<ul style="list-style-type: none"> specific training for the roles they are expected to perform e.g. subsidised access to the Certificate IV in Mental Health Peer Work and Intentional Peer Support 				
<ul style="list-style-type: none"> training to understand and value the unique contributions of colleagues in non-designated roles 				
<ul style="list-style-type: none"> training to prepare them for their role as change agents in the service or organisation. 				
Lived Experience workers have regular and equal opportunities to participate in professional development activities, including access to a wider range of role specific training, refresher courses, and conferences.				

Checklist 2 Supporting the current workforce to thrive

Question	Yes	Part	New	No
Supported: Lived Experience workers have access to peer-led mentoring and supervision.				
Supervision and support is provided by someone in a senior Lived Experience role. Where this is not available, the supervisor is someone who has been trained to provide supervision within the lived experience framework of values and principles.				
Lived Experience workers are supported to network within the organisation and across the mental health and social services system.				
Recognised: Lived experience is recognised as a distinct discipline within the workforce and the role is valued across the organisation.				
Lived Experience worker remuneration benchmarks wages against relevant mental health and community sector awards. Workers with formal qualifications (e.g. Cert IV in Peer Work) are appropriately remunerated.				
Lived Experience workers have a champion in a senior leadership position and allies/champions at various levels in the organisation.				
There are opportunities for promotion for Lived Experience workers including within existing practice and in specialist and leadership roles.				
Workforce conditions score				

Checklist 2 Supporting the current workforce to thrive

Priority 2: A thriving workforce: Opportunities for development

What is going well?

How do our perspectives compare and differ?

What are the barriers or challenges to using these approaches?

Where are our opportunities for development?

How will we address these in our workforce development plan?

Overall, where are we on the Lived Experience workforce development journey?

- 1. Contemplation:** we are starting to think about this
- 2. Preparation:** we have started to develop strong foundations
- 3. Implementation:** we are embedding the Lived Experience workforce
- 4. Transformation:** the Lived Experience workforce is essential to our service systems and transformation.

Learn more about development stages for employing organisations in the *National Development Guidelines* (page 34).

Checklist 3

Developing the future Lived Experience workforce

Lived Experience roles are embedded in all areas of mental health service

A recovery-oriented system of mental health and social support needs Lived Experience workers everywhere in the mental health system, at all levels in service delivery and decision-making. Growing and diversifying the Lived Experience workforce will provide services users, their carers and families with more choice and support.

The following questions focus on opportunities to develop, expand, and diversify the Lived Experience workforce.

Identifying workforce development opportunities

Do any of these situations describe our experience?

- We are not currently employing people in designated Lived Experience roles**
- Service users have requested access to peer support**
- Our non-designated staff do not have enough time to focus on the relational work of recovery**
Lived Experience work has a humanistic focus, with relationships as central to the work. These relationships strengthen connection, resiliency, choice, and hope, improving the lives of individuals and assisting to transform services.
- We rely on volunteers and/or untrained Lived Experience workers**
The National Development Guidelines focus on developing the paid Lived Experience workforce as a distinct profession. Regular employment enables specialist and leadership skill development and workforce retention.

Do any of these situations describe our experience?

- We employ Lived Experience workers to deliver services but there are no designated senior or specialist roles**
Specialisations build on the core skills of the Lived Experience workforce and contribute specific skill sets in areas of work and knowledge relevant to particular experiences, populations or settings. Lived experience leadership/senior roles are important to guide and influence change and to offer career progression pathways.
- Our Lived Experience workers are supervised by a non-designated worker or we secure supervision externally**
Having access to several designated lived experience supervisors ensures the integrity of authentic lived experience practice and promotes choice for Lived Experience workers.
- We only have one or two Lived Experience workers**
It is essential that there is more than one Lived Experience worker in a team, and that they are not professionally isolated.
- Some of our programs or services do not have access to Lived Experience workers**
All levels, departments and programs or services in an organisation can benefit from integrating Lived Experience workers. Collaborating with Lived Experience workers across the organisation will improve the development of recovery-oriented practice and improve workplace culture.
- Our Lived Experience workforce does not reflect the diversity of service users or the local community**
A diverse Lived Experience workforce assists organisations to better meet the needs of people with different experiences, identifications, and backgrounds. Diversity encourages inclusion.

Intensive and involuntary service settings

A restrictive practice is any intervention that restricts a person's rights or freedom of movement. Practices include chemical, mechanical, environmental, and physical restraint and seclusion. Service users and their families and carers experience these practices as detrimental to the relationships of trust they need to build with service providers (Melbourne Social Equity Institute, 2014). There is a push to eliminate these practices from mental health care settings.

Minimising coercive care is one component of recovery-oriented service change aimed at reducing trauma and increasing personal empowerment and hope (MHISSC, 2015). The Lived Experience workforce has a vital role to play in changing practices to meet the needs of service users more effectively. Outcomes of embedding Lived Experience workers in an organisation include improved recovery-oriented practice, improved engagement with service users and a reduction in critical incidents and the perceived need for restraint.

If your organisation provides mental health intensive care units, involuntary care or is part of the criminal justice system, embedding the Lived Experience workforce in your organisation can help you to find more effective approaches to behavioural issues, reducing risk and increasing positive outcomes.

Policies clearly identify that Lived Experience workers must not be involved in the use of coercive or restrictive practices and it is inappropriate for clinicians to request lived experience support in implementing these practices.

Mental health intensive care units, involuntary settings and criminal justice settings have been identified as challenging environments for Lived Experience workers, due to the use of involuntary treatment and restrictive practice. Coercive and restrictive practices refer to any intervention or treatment process that either puts pressure on another to act in a certain way or restricts the rights and/or freedom of movement of another person. These practices include seclusion and physical, chemical, mechanical or environmental restraint. It is not appropriate for clinicians to request the support of Lived Experience

workers in implementing these practices. Lived Experience workers employed in restrictive settings may be at higher risk of experiencing re-traumatisation and need to negotiate boundaries. Lived Experience work principles and practices are not aligned to restrictive and coercive practices. They should never be expected to be involved in the use of restrictive practices.

Additional considerations for Lived Experience workers in intensive and involuntary service settings

In addition to the general standards outlined for health services (relevant to each state or territory), employers in service settings that use coercive or restrictive practices must take into consideration:

- Engaging a Lived Experience worker to discuss options with a person prior to consideration of restrictive or coercive practices.
- Obtaining advice from lived experience organisations regarding the development of all policies, procedures and position descriptions that relate to lived experience roles.
- Clearly specifying in position descriptions that the worker will not be involved in the use of restrictive or coercive practices.
- Ensuring that policies and processes provide alternate actions for Lived Experience workers in relation to medication monitoring, and any form of restrictive or coercive practice.
- Providing additional support and debriefing for Lived Experience workers in these settings.
- Providing training for Lived Experience workers on mental health laws and the rights of people in involuntary settings including Independent Patient Rights Advisors service.
- Whole-of-workforce training on the role of Lived Experience workers within these settings.
- Using a restrictive practice self-assessment tool such as the Reducing restrictive practices checklist (Stirling, Aiken, Dale and Uxbury, undated).

Checklist 3 Developing the future lived experience workforce

Progress towards eliminating coercive and restrictive practices

Employing a Lived Experience workforce has been shown to contribute to a more recovery-oriented practice and reduce the need for restrictive practices in acute inpatient settings where restrictive practices are prevalent.

Lived Experience roles can contribute to the sector goal of eliminating coercive and restrictive practices and taking action to support this. Lived experience contribution to this goal can include:

- Increasing understanding of the impacts of restrictive and coercive practices by sharing their personal experiences.
- Development of cultures of relational care and modelling to non-lived experience staff.
- Sharing different narratives and ideas for non-restrictive or coercive practices.
- Co-designing and delivering training in recovery-oriented and trauma-informed care, as well as de-escalation strategies.
- Specialised advocacy for people accessing services.
- Providing alternate support rather than restrictive practices.
- Leadership from the Lived Experience workforce on reducing restrictive practices action plans.
- Being an integral part of seclusion review committees.
- Including at least two Lived Experience workers in settings where restrictive practices occur.

As well as Lived Experience workers, it is important to include the following groups in the discussions about reducing restrictive and coercive practice:

- Consumer representatives.
- Representatives of families and friends.
- Consumer bodies/organisations.
- Supervisors and managers.
- Other employees who are working alongside Lived Experience workforce workers.

References

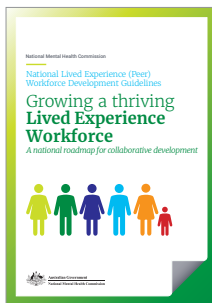
- Melbourne Social Equity Institute 2014. Seclusion and Restraint Project: Overview. Melbourne: University of Melbourne.
- NDIS Quality and Safeguards Commission (2020). *Regulated Restrictive Practices Guide*. Penrith, Australia: NDIS Quality and Safeguards Commission.
- National Mental Health Commission (NMHC) (2015). Position Statement on seclusion and restraint in mental health. Sydney: NMHC.
- RANZCP (Royal Australian and New Zealand College of Psychiatrists) 2016. Position Statement 61: Minimising the use of seclusion and restraint in people with mental illness, Melbourne: RANZCP.
- Stirling, C., Aiken, F., Dale, C. and Uxbury, J. (undated). Reducing restrictive practices checklist. Restraint Reduction Network and Clinical Practice Institute, UK. Accessed from: restraintreductionnetwork.org/wp-content/uploads/2016/11/Reducing-Restrictive-Practices-Checklist.pdf

National Development Guidelines on Lived Experience workforce development

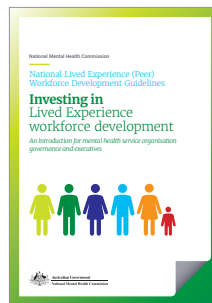
The *National Development Guidelines* are published as a suite of documents that will continue to be developed as the Lived Experience workforce grows and our shared knowledge and understanding of this essential work deepens.

The *National Development Guidelines* are intended to support ongoing development of the Lived Experience workforce in Australia, foster greater consistency in working conditions, and strengthen understand and collaboration across the mental health sector, contributing to more effective services and ultimately, better outcomes for people accessing services, their families, carers, supporters, and communities.

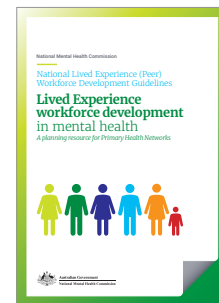
Companion documents to the *National Development Guidelines* include:



Growing a thriving Lived Experience Workforce:
A national roadmap for collaborative development.



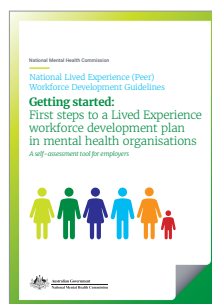
Investing in Lived Experience workforce development:
An introduction for mental health service organisation governance and executives.



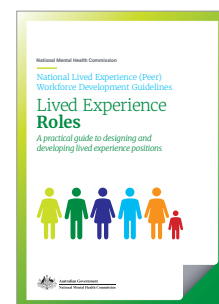
Lived Experience workforce development in mental health:
A planning resource for Primary Health Networks.



Planning the future mental health workforce:
An introduction for mental health service managers and human resource managers.



Getting started: First steps to a Lived Experience workforce development plan in mental health organisations:
A self-assessment tool for employers.



Lived Experience Roles:
A practical guide to designing and developing Lived Experience positions.

All published guidelines are available for download on the Commission's 'Mental Health Reform' webpage:
www.mentalhealthcommission.gov.au/Mental-health-Reform

Appendix 1

Related guidelines and self-assessment tools

Other resources and self-assessment tools that may be helpful include:

- Recovery Oriented Systems Indicators Measure (ROSI)
- Recovery Oriented Practices Index (ROPI)
- Recovery Promotion Fidelity Scale (RPFS)
- Recovery Orientated Service Self-Assessment Toolkit (ROSSAT) (NSW CAG and MHCC, 2011)
- Introducing Peer Workers into Mental Health Services: an organisational toolkit produced by the Peer Worker research team (St George's University of London, 2015)
- Organisational Characteristics Indicating Readiness to Hire Peer Workers (Gagne, Finch et al., 2018)
- *The Peer Work Values and Principles Info Sheet* has more information on these important practices. (www.nswmentalhealthcommission.com.au/sites/default/files/inline-files/5-values.pdf)

Appendix 2

Lived Experience Organisations

The table below lists key agencies for the Lived Experience workforce.

Peak agency	Jurisdiction	Consumer/family/carer workforce
ACT Mental Health Consumer Network	ACT	Consumer
Being	NSW	Consumer
CLEW (Carer Lived Experience Workforce)	VIC	Carer Network
CoMHWA	WA	Consumer
Flourish	TAS	Consumer
LELAN	SA	Consumer
Lived Experience Australia <i>formerly the Private Mental Health Consumer Carer Network (Australia) Limited</i>	National	Consumer/Carer
Mental Health Carers Australia	National	Carer
Mental Health Carers NSW	NSW	Carer
Mental Health Family and Friends Tasmania <i>Formerly Mental Health Carers Tasmania</i>	TAS	Carer
National Mental Health Consumer and Carer Forum	National	Consumer/Carer
NSW Consumer Peer Workers' Committee	NSW	Lived Experience Public Mental Health Workforce
PHN MHLEEN	National	Lived Experience Network
QLEWN	QLD	Lived Experience Workforce
TANDEM	VIC	Carer
TEMHCO (Top End Mental Health Consumer Organisation)	NT	Consumer
VMIAC	VIC	Consumer
WA Peer Supporters Network	WA	Consumer/Carer

