

Elevating Lived Experience Expertise

A Framework for the
NSW Health Mental Health
and Suicide Prevention Peer
(Lived Experience) Workforce

October 2025





Our Shared Path to Healing

by Holly Sanders, a proud Bundjalung woman from the North Coast of NSW

This artwork shares the story of the NSW Health Peer Workforce, highlighting the profound impact of lived experience support. It speaks to their role of the Peer Workforce in walking alongside individuals as they navigate their unique health journeys, offering understanding, strength, hope and connection.

Across this artwork, pathways and journey lines represent individual health journeys. These paths acknowledge that life's journey can be complex, sometimes challenging, and often requires courage to navigate. They signify the unique path of each person towards health, healing and wellbeing.

Acknowledgement of Country

In the spirit of reconciliation, the NSW Ministry of Health acknowledges the traditional custodians of the many countries throughout NSW and their connections to land, sea and community. We pay our respect to Elders past and present, and to all Aboriginal people and communities of the land.

Recognition of Lived Experience

The NSW Ministry of Health recognises people with a lived and living experience of mental distress as well as those impacted by suicide, including families, carers and kinship groups. We recognise lived experience advocates who paved the way for the NSW Health Peer Workforce, and the voices, skills and experiences of peer workers who continue to shape the future.

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The NSW Ministry of Health thanks those who provided feedback that has informed and shaped The Framework. This includes those involved in the consultation survey, interviews, workshops and submissions. The NSW Ministry of Health acknowledges the significant contribution of the Peer Workforce in supporting this work, and those who support, lead and champion the development of the Peer Workforce in NSW Health services.

The NSW Ministry of Health acknowledges the history of the NSW Health Peer Workforce and those who gave their time and expertise in the development of previous iterations of The Framework.

Expert Reference Group

The NSW Ministry of Health thank and acknowledge the Expert Reference Group who gave their time and expertise to support the development of The Framework. Members of the Expert Reference Group between 2021-2025 include:

- Andrea Worth, formerly Sydney Children's Hospitals Network
- Andrew Padayachy, Justice Health and Forensic Mental Health Network
- Brad Boon, Illawarra Shoalhaven LHD
- Catherine Garner, HSU Peer Workforce Industrial Advisory Committee
- Chelsea Edwards, Far West LHD
- Christine Love, formerly NSW Consumer Peer Workforce Committee
- Daya Henkel, formerly NSW Ministry of Health, Mental Health Branch
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- Jacob Pearce, NSW Consumer Peer Workforce Committee
- Jessica Radican, NSW Ministry of Health, Mental Health Branch
- Julie Dixon, NSW Ministry of Health, Mental Health Branch
- Kim Sully, formerly Northern NSW LHD
- Megan Still, Sydney LHD
- Rachel Mason, formerly NSW Ministry of Health, Mental Health Branch

- Ryan D'Lima, NSW Consumer Peer Workforce Committee
- Suzanne Rix, Western Sydney LHD
- Tahlia Kerin, Far West LHD
- Teena Balgi, NSW Ministry of Health, Mental Health Branch
- Tiffany Thompson, Murrumbidgee LHD
- William Woods, South Eastern Sydney LHD

The University of Sydney

The NSW Ministry of Health recognises The University of Sydney research team who facilitated the consultation process to inform the development of The Framework in collaboration with the NSW Ministry of Health and the Expert Reference Group. The team comprised of clinical and lived experience researchers, including:

- Associate Professor Nicola Hancock
- Associate Professor Justin Scanlan
- Bridget Berry
- Shifra Waks

CORE Values

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 The Framework.

Foreword

A message from the Minister for Mental Health

The future of mental health care and suicide prevention in New South Wales must be more recovery-focused, trauma-informed and deeply rooted in lived experience.

While these principles are increasingly recognised, we must do more to embed them across the system. Our Peer Workforce plays a vital role in making this vision a reality, bringing first-hand understanding, empathy, and hope to people navigating their own mental health challenges and suicidality.

Each year, over 1.2 million people in NSW experience mental health challenges, and peer workers — drawing on their own lived experience — offer invaluable support. Their contributions not only enhance individual recovery journeys but also strengthen the broader health system by fostering more person centred, compassionate, and effective care.

The value of our Peer Workforce cannot be overstated. Peer workers create safer, more inclusive environments through their unique ability to connect and support others. I want to acknowledge the vital role peer workers play and thank them for their dedication to improving the lives of people across NSW.

It is my privilege to introduce Elevating Lived Experience Expertise: A Framework for the NSW Health Mental Health and Suicide Prevention Peer (Lived Experience) Workforce. This Framework provides a foundation for further professionalising and embedding peer work within NSW Health.

NSW Health has made significant strides in expanding the Peer Workforce, with a growth of 244.9% since 2017. Growth of the Peer Workforce highlights the commitment of NSW Health services to embed this emerging workforce. To further develop this workforce, the NSW Government has invested over \$1.5 million in scholarships since 2015 and increased access to nationally accredited training. We have also committed \$2.64 million annually to the Peer-Supported Transfer of Care Initiative, and \$143.4 million over four years for Towards Zero Suicides Initiatives which has expanded the Suicide Prevention Peer Workforce in Safe Havens and Suicide Prevention Outreach Teams.

There is still more work to do, and this Framework provides the foundation to continue growing and strengthening the Peer Workforce in NSW Health. I am committed to ensuring peer work remains an integral part of the mental health and suicide prevention system, improving access to peer workers for people seeking mental health and suicide prevention care across the state.

To all peer workers — thank you. Your expertise, compassion, and dedication are invaluable. Your work changes lives, and I am proud to stand with you in ensuring the Peer Workforce remains at the heart of mental health and suicide prevention care in NSW.



Hon. Rose Jackson, MLC

Minister for Water
Minister for Housing
Minister for Homelessness
Minister for Mental Health
Minister for Youth
Minister for the North Coast

The Framework: at a Glance

Figure 1

The Framework: at a Glance



1

Language for the NSW Peer Workforce



Language

The NSW Ministry of Health recognises the diverse perspectives and language preferences used to describe the Peer Workforce. The terminology has evolved from the history and foundation of this workforce within the consumer movement, grounded in principles of human rights, recovery-orientation and self-autonomy. Terms used to describe the Peer Workforce have been shaped by the perspectives and preferences of people with lived experience.

This Framework adopts the term “Peer Workforce” to reflect commonly used language across NSW Health but does not mandate or prioritise any single term. It aims to encompass the range of terms used while respecting individual and organisational preferences.



The language of the mental health peer workforce is underpinned by... recovery values that have grown out of the mental health lived experience movement. This language focuses on strengths and abilities, using terms that convey hope, rather than the language of deficits and hopelessness. It frames mental illness as a variation on human wellbeing and human differences.

Peer Work Hub
The Mental Health Commission of NSW¹

Peer Workforce

The Peer Workforce encompasses all roles where personal lived experience of mental health challenges or distress, personal recovery, or suicidality (consumer perspective), or the experience of caring for family member, friend or loved one (family and carer perspective), is a core requirement of the role. These roles span service delivery, advocacy, policy, projects, education, research, participation, management and leadership.^{2,3}

The Framework provides a scope of practice, identifies necessary supports and workforce development strategies for Peer Workforce positions underpinned by consumer perspectives and personal lived experience (See [Scope of The Framework](#)).

The terms *Peer Workforce* and *Lived Experience Workforce* are used across Australia to describe roles underpinned by lived experience expertise, values and principles.² *Peer Workforce* is the most commonly used term across NSW Health, however some LHDs and SHNs use *Lived Experience Workforce* and *Lived and Living Experience Workforce* interchangeably.

Within The Framework, the term *Peer Workforce* is used to collectively describe peer workers as a distinct workforce and a priority discipline for growth and development within NSW Health services.

Peer Worker

The term *Peer Worker* is commonly used across NSW Health, including job titles. However, some LHDs and SHNs use terms such as *Lived Experience Worker* or *Lived and Living Experience Worker* interchangeably to describe roles aligned with the scope of practice outlined in The Framework. Historically, titles such as *Consumer Consultant*, *Consumer Worker*, *Peer Support Worker* and *Consumer Advocate* were also used to describe the role of Peer Workers.

The NSW Ministry of Health acknowledges the evolution of language to the term *Peer Worker* and emergence of the term *Lived Experience Worker*.



Key Terms

Term	Definition
Aboriginal	Collective reference to Aboriginal and/or Torres Strait Islander people. ⁴ The term 'Aboriginal' is generally used by NSW Health in preference to 'Aboriginal and Torres Strait Islander' in recognition that Aboriginal people are the original inhabitants of NSW. ⁵
Aboriginal Mental Health and Wellbeing Peer Worker	Aboriginal Mental Health and Wellbeing Peer Workers are people with personal lived experience of mental health challenges or suicidal distress, who identify as Aboriginal. Aboriginal Mental Health and Wellbeing Peer Workers have connections to community and utilise their lived experience to support Aboriginal consumers and cultural safety in services.
Carer	A person who provides ongoing, unpaid care and support to a family member or friend who lives with mental health challenges, distress or suicidality.
Consumer	<p>A person with a lived experience of mental health challenges, distress or suicidality, who accesses support and care from a NSW Health service.</p> <p>The term 'consumer' originates from the consumer movement. The term was chosen by people accessing mental health care to reflect their autonomy, choice and right to have an active role in personal recovery. Alternative terms used in NSW Health and chosen by consumers include 'people with lived experience', 'people accessing services' and 'survivors'.</p>

Term	Definition
Culturally responsive	Culturally responsive services and staff are self-aware, respectful of all cultures, and actively respond to the cultural needs and strengths of all people. ⁶ Culturally responsive practice involves attention to social and cultural factors when interacting with consumers and providing culturally safe care environments.
Designated lived experience role	Refers to a paid position in NSW Health that clearly identifies lived experience as an essential criterion of the role and is outlined in the position description. Designated lived experience roles are underpinned by peer work values, principles and scope of practice.
eMR	Electronic Medical Record
FTE	Full Time Equivalent
LHD	Local Health District
Lived experience (consumer)	Refers to the deeply unique knowledge, experience, values, perspectives and expertise formed through personal lived and living experience of mental health challenges, distress, service use, recovery, or experiencing suicidality or suicidal crisis.
Multidisciplinary Team (MDT)	A team of health professionals from different mental health disciplines who work together to care for and support the mental health, personal recovery and wellbeing of a consumer.

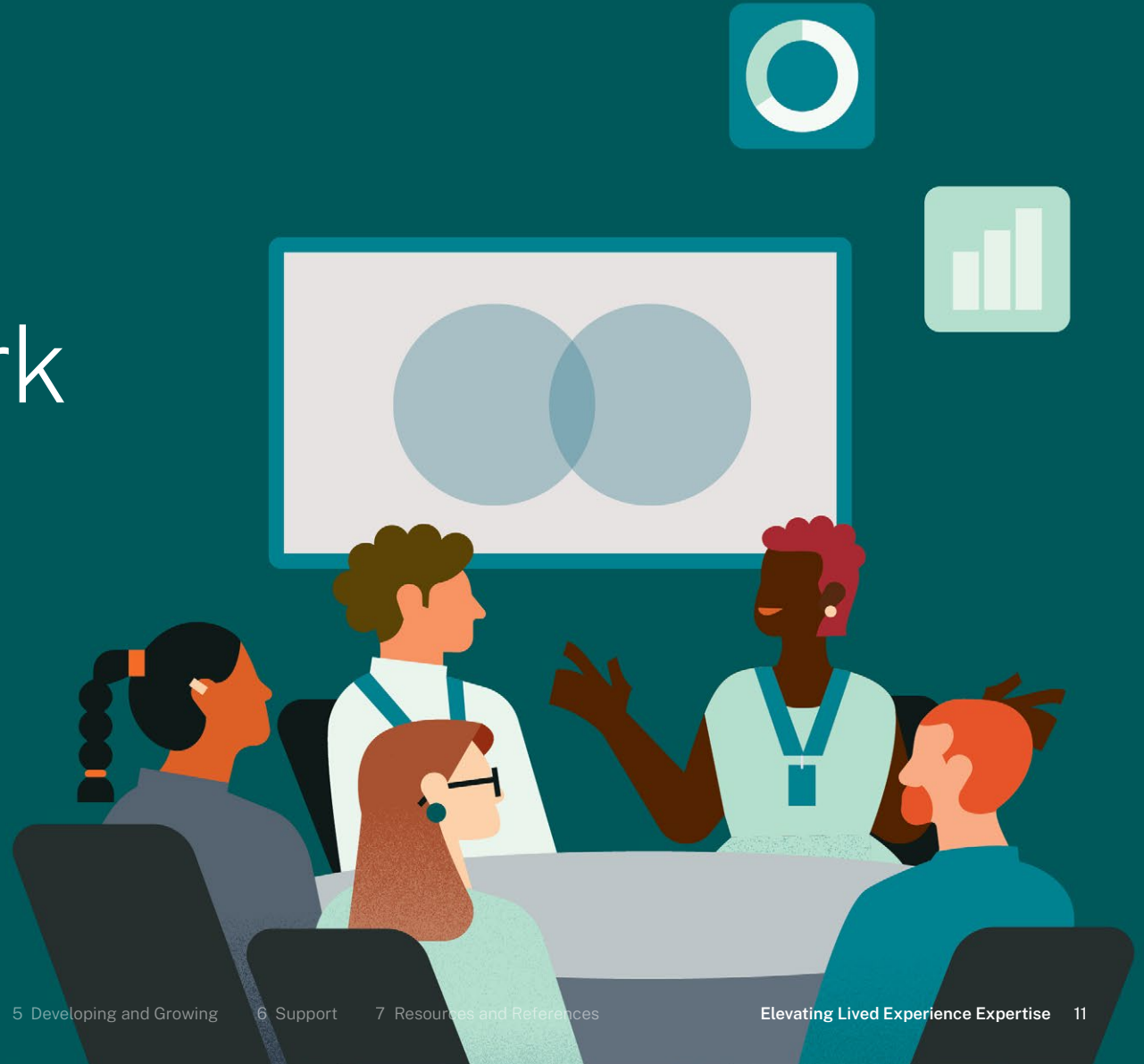
Key Terms continued

Term	Definition
NSW Health services	NSW Health services include Local Health Districts and Specialty Health Networks that employ peer workers. This term is inclusive of all service settings where peer workers are employed such as mental health services, suicide prevention services and emergency departments.
Peer Supervision	Peer supervision is within-discipline supervision provided to a peer worker by an experienced peer worker or Senior Peer Worker who has undertaken supervision training.
Peer Worker	A person who is employed by NSW Health who draws on their personal lived experience (consumer) expertise of mental health challenges or suicide and recovery, as an essential requirement of their role. Peer workers apply peer work values, principles and scope of practice to inform their work.
Peer Workforce	A workforce discipline with its own unique values, principles, theories and scope of practice, underpinned by lived experience expertise. ² The Peer Workforce encompasses a wide range of roles employed by NSW Health where drawing on lived experience knowledge and skills purposefully is an integral component of the role.

Term	Definition
Personal Recovery	The deeply unique and personal experience of living a meaningful and contributing life, as defined by the person, with or without the presence of mental health concerns. Personal recovery recognises that individuals can define what recovery and healing means to them within the context of their life and their goals.
Recovery Oriented Practice	The practice of capabilities that support individuals to recognise and make their own decisions regarding their personal recovery, their goals and wishes, and in creating a life that is meaningful to them. ⁷
SHN	Specialty Health Network
Trauma informed care	Recognises the lasting impact and significance of trauma and negative life experiences on the wellbeing of individuals and communities. ² This may include a loss of control and choice, and imbalance of power that impacts physical or psychological safety. Trauma informed care empowers individuals to have an active role in their care, fostering trust, hope and choice.

2

Introducing The Framework



Introduction

The Peer Workforce is a priority workforce within NSW Health mental health and suicide prevention services. Key reform priorities outlined in *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*⁸ and *Living Well in Focus 2020-2024*⁹ have been embedded by NSW Health and have led to significant growth and professionalisation of the Peer Workforce.

The Framework fulfills key commitments made by the NSW Government to support and strengthen the Peer Workforce as a critical area for reform and workforce expansion. It incorporates best practice guidelines and research on Peer Workforce development, including the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (The National Guidelines).²

The NSW Ministry of Health is committed to supporting, developing, growing, and sustaining the Peer Workforce in NSW. The Framework underscores the value, effectiveness and role of the Peer Workforce in delivering safe, recovery-oriented and impactful mental health and suicide prevention services across the state.

The Framework defines peer work as designated lived experience roles employed within NSW Health where personal/consumer lived experience expertise is an essential requirement of the role.

Peer workers are employed to utilise their own lived experience to support others. They must identify as having consumer/personal lived experience of mental health challenges or emotional distress, personal recovery, or experience of suicidal crisis and suicidality. Peer workers apply the learnings and skills developed from these experiences to safely and purposefully support individuals accessing NSW Health services.



Peer work is recognised both nationally and internationally as a distinct discipline defined by its unique values, principles and theoretical foundations.² Peer workers bring invaluable knowledge, skills and perspectives derived from their personal lived experience. They purposefully draw on their lived experience with a wide range of professional skills, knowledge and practices to support the mental health, wellbeing and personal recovery of individuals accessing NSW Health services.

Peer work is an evidence-based discipline. Research indicates peer work is as effective as other mental health professions in achieving positive outcomes for people accessing mental health and suicide prevention services.¹⁰ Benefits of peer work for consumers include improved personal recovery outcomes, enhanced engagement with mental health services, reduced hospital readmissions and delivery of recovery-oriented care.^{11, 12, 13} Peer work is both effective and essential in delivering contemporary person-centred health care in NSW.

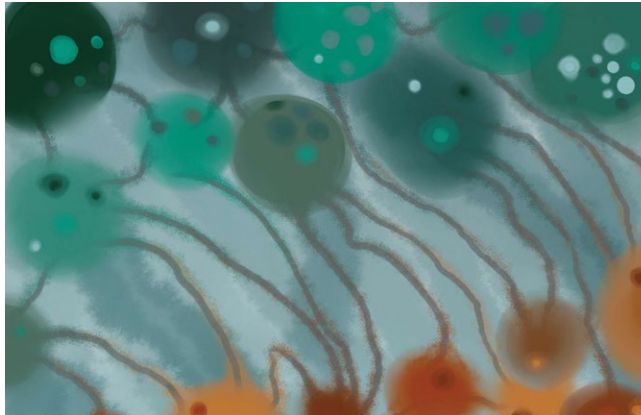
Peer Workforce roles are embedded across the NSW Health system and peer workers are employed in a variety of settings such as in hospitals, community mental health and outreach services, suicide prevention services such as Safe Havens and in some emergency departments. These roles work alongside medical, nursing and allied health clinicians to complement and enhance the work of multidisciplinary teams.^{10, 13, 14}

Growing the Peer Workforce in NSW

The Peer Workforce has experienced significant growth, increasing by 244.9% over the past seven years. This expansion has been driven by funding from the NSW Ministry of Health for statewide programs and LHD/SHN investment through their annual budgets. The NSW Ministry of Health acknowledges the ongoing commitment of LHDs and SHNs in creating Peer Workforce roles alongside state-funded initiatives.

A variety of specialised Peer Workforce positions have been established to support specific groups, communities, and individuals (**Specialisations**). Beyond these specialised roles, the Peer Workforce contributes across all levels of NSW Health, encompassing areas such as the delivery of care, leadership and management, policy development, project work, advocacy, research and education.

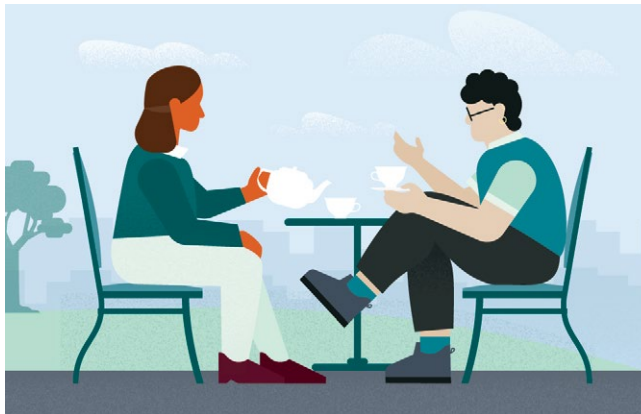
NSW Health have funded programs and initiatives that have led to growth of the Peer Workforce:



[Peer-Supported Transfer of Care \(Peer-STOC\)](#)



[Aboriginal Mental Health and Wellbeing Peer Workers](#)



[Towards Zero Suicides Initiatives](#)



[Peer Navigators](#)

Highlights

 **244.9%**

Peer Workforce growth

The Peer Workforce has **grown by 244.9% over 7 years**. This includes a growth from 70 FTE in 2017 to 241.4 FTE in 2024.




\$1.5m Funding for scholarships

NSW Ministry of Health has **funded over \$1.5 million** to deliver scholarships for the Certificate IV Mental Health Peer Work between 2015-2026.



\$2.64m Annual funding for Peer-STOC

The Peer Supported Transfer of Care (Peer-STOC) program was established in 2017 to support people with complex mental health needs transition from hospital to home and **receives recurrent annual funding of \$2.64 million**.

 **\$143.4m**

Invested in Towards Zero Suicides Initiatives

The NSW Government has **invested \$143.4 million over 4 years** in [Towards Zero Suicides Initiatives](#).

These initiatives have **recognised the importance of peer workers** in providing personalised and compassionate care to individuals in suicidal distress.



Safe Havens

Since 2020, peer-led Safe Havens have been established across NSW. Safe Havens **provide a calm, culturally sensitive and non-clinical space** for individuals experiencing distress or suicidal thoughts. These services are predominantly delivered by peer workers.



Suicide Prevention Outreach Teams

Since 2020, Suicide Prevention Outreach Teams (SPOT) **provide proactive outreach-based care** by engaging with people experiencing suicidal crisis in the community. This care is provided in partnership between a peer worker and a clinician.

Peer Workforce growth

[Statewide evaluation of Peer-STOC](#)

demonstrated the program's effectiveness in **reducing readmission by 32%**, **reducing average bed days by 7,904** over 3 years, **improving engagement** with community mental health services by **54%** and returning an **estimated cost saving of \$1.85 million** over three years.



32% reduced readmission



7,904 reduced bed days



54% improved engagement



\$1.85m cost saving over 3 years

Vision and Purpose

Vision

A thriving, well-supported and empowered Peer Workforce that provides lived experience expertise to enhance care and support for individuals accessing NSW Health mental health and suicide prevention services.

Purpose

The Framework will guide NSW Health Local Health Districts and Specialty Health Networks to support, develop and grow the Peer Workforce.

Audience

This Framework is intended for:

1. Peer workers employed by NSW Health
2. Managers who support, supervise and develop the Peer Workforce
3. All LHDs and SHNs who employ the Peer Workforce.

Consultation activities identified shared priorities that encompass a wide range of workforce development strategies and needs for these audiences ([Appendix 1: Consultation Summary](#)).

Table 1

Areas within and outside scope for The Framework

The Framework will	The Framework won't
<ul style="list-style-type: none"> ✓ define peer work for the NSW Health context ✓ define the underpinning values, principles and attributes ✓ set a minimum scope of practice for peer work in NSW Health ✓ outline Peer Workforce specialisations ✓ describe Aboriginal Mental Health and Wellbeing Peer Work roles ✓ outline best practice workforce development strategies for employing peer workers ✓ articulate the minimum training, education requirements and professional development ✓ outline workforce development strategies to support and enhance the Peer Workforce ✓ provide resources for managers who supervise peer workers ✓ reference best practices resources. 	<ul style="list-style-type: none"> ✗ address industrial issues ✗ address role grading, award or pay scale outside of identification of common awards that peer workers may be engaged under ✗ provide direction around degree recognition outside of the Certificate IV in Mental Health Peer Work ✗ mandate line management or staff reporting structures.



Scope of The Framework

In scope

The Framework applies to all Peer Workforce and lived experience designated positions employed within NSW Health mental health and suicide prevention services. This includes all roles where personal lived experience/consumer perspective is an essential requirement of the role and is explicitly stated in the position description. This is inclusive of all service settings that employ the NSW Health Peer Workforce.

The Framework applies to all specialty peer workforces that include personal lived experience of mental health challenges, psychological distress or suicidality, and personal recovery as an essential requirement for the role. The NSW Ministry of Health recognises that specialty Peer Workforce positions may also benefit from additional statewide guidance that reflects the unique needs, service settings and experiences of peer workers employed in specialty positions.

Aboriginal Mental Health and Wellbeing Peer Work is an essential part of the NSW Health Peer Workforce. Guidance to develop, enhance and grow Aboriginal Mental Health and Wellbeing Peer Work positions is included in The Framework.

Out of scope

Peer workers employed outside of mental health and suicide prevention services

Peer Workforce positions that do not require personal lived experience of mental health challenges, psychological distress or suicidality, and personal recovery, as a core requirement are not within scope of The Framework. Examples include emerging roles in Alcohol and Other Drug services or those focussed on shared experiences of physical health challenges.

While peer work roles outside of mental health and suicide prevention may reference The Framework to guide the development of local frameworks and resources tailored to their specific workforce and definitions of lived experience, these roles are distinct.

Family and Carer Peer Workers

Similarly, the Family and Carer Peer Workforce is not within the scope of The Framework as this workforce developed independently of the consumer workforce and may operate under different guiding principles, roles and support needs. However, this workforce remains a priority for the NSW Ministry of Health under *Living Well in Focus*.⁹ The Family and Carer Peer Workforce may require a dedicated scope of practice and workforce development strategies tailored to these positions.

Peer workers employed by Community Managed Organisations

Community Managed Organisations (CMOs) employ peer workers in accordance with their own local policies, procedures and practices to deliver NSW Health funded services and programs. The CMO Peer Workforce is also not within scope of The Framework. However, CMOs may refer to The Framework as a resource when developing their own local policies and practices.

Consumer, carer and community representatives

Consumer, carer and community representatives contribute their experience and perspectives to inform NSW Health reform, programs, policies and practices. Peer work is not intended to replace or supplement the unique role and purpose of consumer and carer representatives in NSW Health. As such, consumer and carer representatives are not included within scope of The Framework.

Key Strategies

The Framework was designed and implemented in response to an action within the *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*⁸ (Living Well), Action 8.2.1.



The commitment to deliver a Framework to support and develop the NSW Health Peer Workforce has been reaffirmed in state-wide strategic plans, frameworks and reports including:

- *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*¹⁵
- *Living Well in Focus: A strategic plan for community recovery, wellbeing and mental health 2020-2024*⁹
- *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 (2018)*¹⁶
- *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025*¹⁷
- *New South Wales Parliament, Legislative Council, Portfolio Committee No. 2 Health, Report No. 64: Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales (2024)*¹⁸
- *Shifting the Landscape for Suicide Prevention in NSW: A whole-of-government Strategic Framework for a whole-of-community response 2022-2027*¹⁹
- *NSW Regional Health Strategic Plan 2022-2032*²⁰
- *Future Health: Guiding the next decade of care in NSW 2022-2032*²¹

Development and growth of a well-supported Peer Workforce is a commitment shared nationally. This includes reference in the:

- *National Mental Health and Suicide Prevention Plan (2021)*²²
- *National Lived Experience (Peer) Workforce Development Guidelines (2021)*¹
- *National Mental Health Workforce Strategy 2022-2032*²³
- *Productivity Commission's Inquiry Report into Mental Health (2020)*²⁴
- *National Mental Health and Suicide Prevention Agreement and associated Bilateral Schedule on Mental Health and Suicide Prevention (2022)*²⁵

Implementation of The Framework

The purpose of The Framework is to guide local planning and support the development and growth of the Peer Workforce within NSW Health services. It calls for commitment and action to elevate the Peer Workforce and realise the vision of a thriving, well-supported and empowered Peer Workforce.

Following publication of The Framework, NSW Ministry of Health will develop an implementation plan through a consultative process with LHDs and SHNs. This plan will outline key actions for NSW Health services and the NSW Ministry of Health, aligned with The Framework's workforce development strategies.

The implementation of The Framework will contribute to the strategic outcomes outlined in *Future Health*²¹ and other statewide plans, strategies, and frameworks. To ensure it remains aligned with best practices and evolving state and national priorities, The Framework will undergo a formal review in 2028.



3

Defining Peer Work



Defining Peer Work



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: 10²⁶

Peer workers employed across NSW Health bring personal lived experience of life-changing mental health challenges and personal recovery to support others on their journeys. Drawing on their lived experiences that may include distress, emotional pain, suicidality, stigma, trauma, discrimination, and loss and regaining of hope,² they provide advocacy and support that is both meaningful and purposeful.

Peer workers are employed to use their lived experience to support the personal recovery of others, and contribute to recovery-oriented, trauma-informed services and system transformation.²⁷ 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 nursing, allied health, medical and Aboriginal mental health professionals. Peer workers play an important role in ensuring the consumer perspective is central to and shapes the care provided.

Peer work is based on an understanding of, and striving for, personal recovery and how these experiences are contextualised within the broader consumer movement, rather than on a specific experience of psychological distress.²⁶



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: 21²⁸

Values and Principles of Peer Work

The Peer Workforce is recognised in The National Guidelines as a distinct discipline with its own unique values, principles and theories.²

Peer work is underpinned by the values of recovery, hope, lived experience as expertise, self-determination, mutuality and reciprocity, social justice and the principles of the broader mental health consumer movement.

Three core practices are central to peer work. These include recovery-oriented practice, person-centred approaches and trauma-informed care.²⁹

These values and principles form the foundation of peer work and are essential for all peer workers and designated lived experience roles employed within NSW Health.

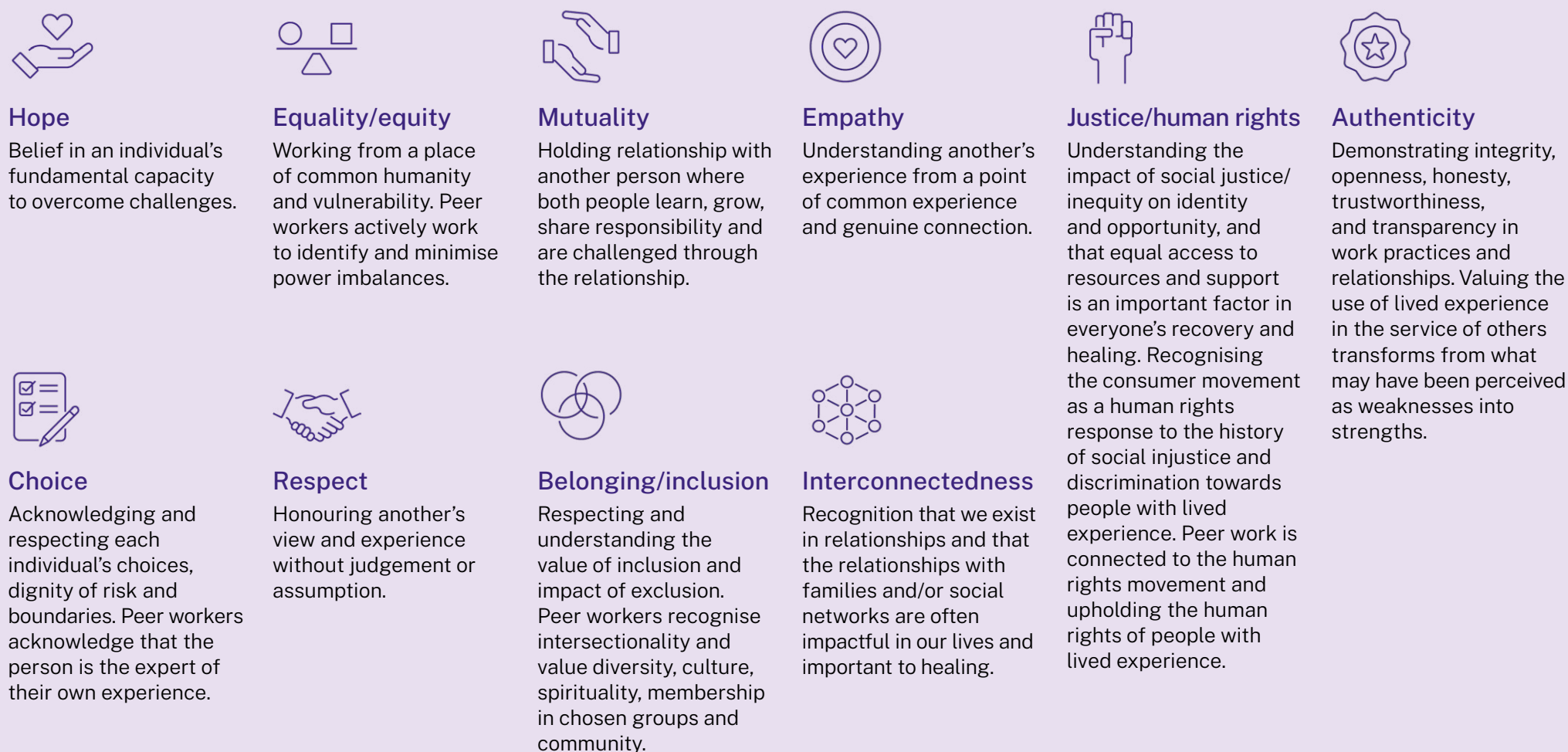
Values and principles

The Framework applies definitions of peer work values and principles as sourced and adapted from the National Mental Health Commission's *National Lived Experience (Peer) Workforce Development Guidelines* (2021).²



Values and Principles of Peer Work continued

Figure 2A
Definitions, values of peer work

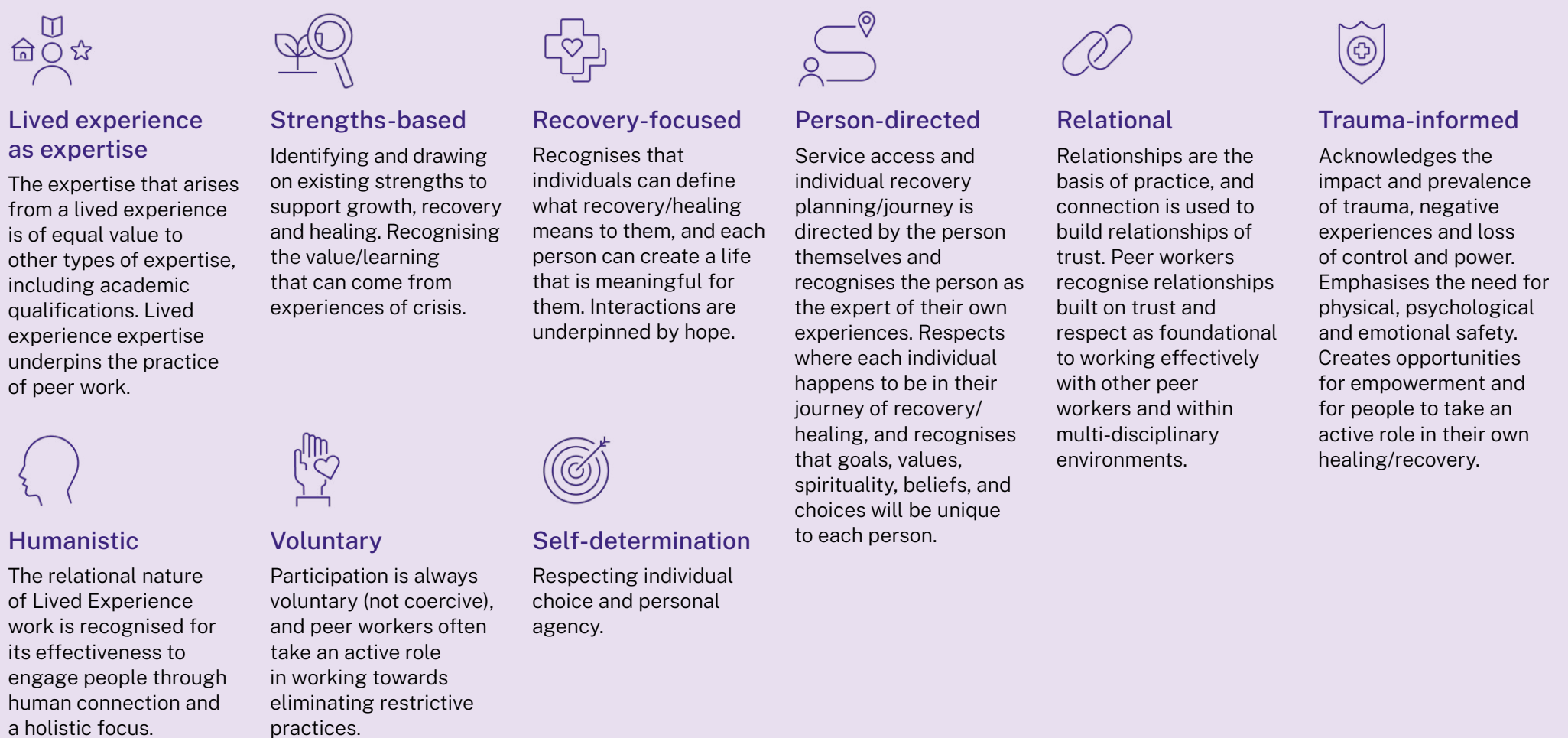


Sourced from the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021: 22-23).²

Values and Principles of Peer Work continued

Figure 2B

Definitions, principles of peer work



Sourced from the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021: 22-23).²


Specialised Knowledge, Skills, Experiences and Attributes of Peer Work

The National Guidelines offer a foundational framework for understanding the unique knowledge, attributes and abilities that define the Peer Workforce discipline.²

These attributes, knowledge, abilities, values and principles provide NSW Health services with a strong foundation for developing peer work roles while maintaining the integrity and uniqueness of the Peer Workforce discipline.

The table adapted from The National Guidelines² highlights the Peer Workforce is a distinct discipline with its own specialised knowledge, skills, attributes, and experience foundation.

Table 2A
Uniqueness of Peer Work

 Specialised knowledge, skills, experiences and attributes	
<ul style="list-style-type: none"> • Profound life-changing mental health challenges that have led to a new life direction and concept of self. • Personal identification with, and experiences of service use. • Understanding experiences of marginalisation, exclusion, discrimination, loss of identity/human rights/citizenship. • Willingness to purposefully share experiences and parts of personal story in work role. • Understanding both experiences of hopelessness and the critical need for hope — how to move from a position of hopelessness to one of hope. • Willingness to use emotional understanding and knowing as key to work role. 	<ul style="list-style-type: none"> • Willingness to be vulnerable and publicly ‘out’ as having lived experience. • Understanding the personal impact of experiences of trauma. • The degree of empathy and ability to understand and empathise with others. • Greater equality and efforts to reduce power imbalances with people accessing services, including no involvement with coercive or restrictive practice of any kind. • Being an advocate/change agent. • Level of awareness about self-care and skills/strategies to prioritise it.

Adapted from the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021: 22-23).²

Specialised Knowledge, Skills, Experiences and Attributes of Peer Work continued

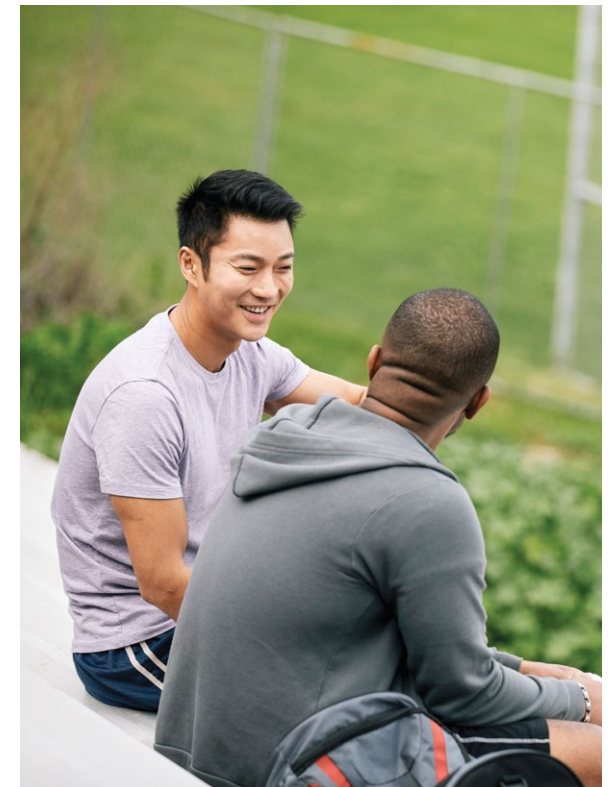
Table 2B

Effectiveness of Peer Work



What makes Peer (Lived Experience) Work effective?

- Applying lived expertise: not just having a lived/living experience but what has been learned through that experience and how it's applied.
- Links with and understanding of the wider consumer movement and concepts.
- Work that is values-based and authentically lived experience-informed, person-directed and aligned with recovery principles.
- A social justice and fairness focus informed by understanding power imbalances.
- Significant understanding and ability to use personal story effectively and appropriately, for the benefit of the other person or system/service reform.
- Convey or inspire optimism and hope.
- A bridge between organisations and people accessing services/supporting people accessing services.
- Understanding of overlapping identities and experiences (intersectionality) and the impacts of culture and identification.
- Trauma-informed: awareness of the role/impact of trauma and how to respond sensitively and appropriately.
- Resilience in the face of discriminating, prejudicial and disempowering attitudes, practices and policies.
- Focus on the relationship.
- Greater flexibility/scope/ability to be responsive to the person, rather than being driven by a prescribed agenda.
- Specialisation may be useful depending on the context and experience (see [Specialisations](#))



Adapted from the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021: 22-23).²

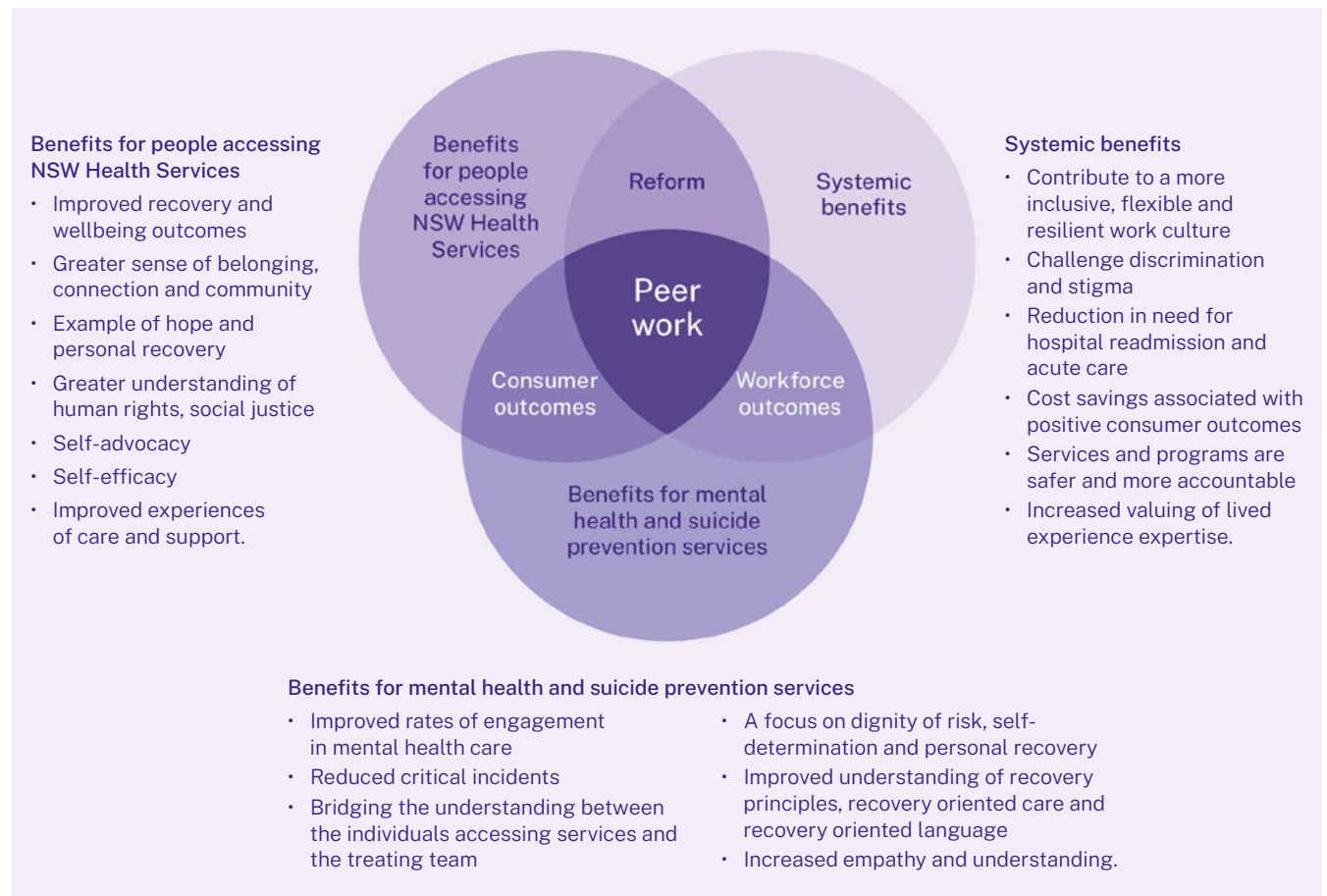
Benefits of Peer Work

The Peer Workforce provides a crucial role as a change agent in the mental health system. The benefits of implementing a Peer Workforce include improved recovery outcomes, higher engagement in mental health treatment, fewer critical incidents or reliance on restrictive practices, reduced demand for readmissions or acute care, a stronger recovery orientation and a more inclusive service system.^{2, 11}

A well-supported Peer Workforce delivers positive outcomes for individuals accessing mental health services, as well as for organisations and for the broader mental health workforce.² These findings are backed by two decades of research demonstrating the benefits and impact of peer work.

The following diagram illustrates the positive outcomes achieved by implementing and embedding of a well-supported Peer Workforce.

Figure 3
Benefits and outcomes of peer work



Findings amalgamated from the National Lived Experience (Peer) Workforce Development Guidelines,² Peer Work Hub,¹ Solomon, P. (2004).,¹⁰ Hancock, N., Scanlan, J.N., Banfield, M., Berry, B., Pike-Rowney, G., Salisbury, A. & Norris, S. (2021).,¹¹ Byrne, L., Roennfeldt, H., O'Shea, P., & Macdonald, F. (2018),¹² Health Workforce Australia¹³

A Diverse and Growing Peer Workforce

Specialisations

Specialty Peer Workforce positions are designed to support diverse communities and populations.² Peer workers in these roles bring a deep understanding of intersectionality and the unique barriers to safe and recovery focussed care that individuals and communities with diverse and intersecting identities, backgrounds, cultures and life experiences may face.

The Framework outlines a core scope of practice applicable across all peer work positions. Specialty roles build on this foundation by incorporating additional domains, competencies, knowledge, skills and attributes tailored to the specific communities these roles are designed to support.

Specialty peer work roles span the lifespan, cultural diversity and specialist services, such as dual diagnosis support. They also extend into areas like forensic mental health, rural health, youth mental health and suicide prevention, further broadening the impact and reach of the Peer Workforce.

All new specialty positions should be co-designed with peer workers, consumers and carers of the communities that the role will work with (see [Co-design](#)).

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 essential staffing mix for all Peer Workforce programs and services (see [Aboriginal Mental Health and Wellbeing Peer Workers](#)).

Specialty roles are different from service settings and programs

Service settings or specific programs that do not have desired additional experience or knowledge to work with a community or population have not been included as a specialty Peer Workforce.

Peer workers may be employed in a range of service settings including community mental health, inpatient mental health facilities, justice and forensic health settings, emergency departments, safe havens or a combination of multiple settings.

Equally, peer workers are employed across programs that do not require peer workers to have specialised lived experience to be effective in their role. For example, Pathways to Community Living Initiatives (PCLI), Peer Supported Transfer of Care (Peer-STOC) and Police and Clinician Emergency Response teams (PACER).

Peer Work roles outside of mental health and suicide prevention

There are peer work roles outside of mental health and suicide prevention services that apply a peer support model of service delivery, for example, peer work positions in alcohol and other drug services, and physical health settings that include lived experience of physical health concerns. Lived experience or peer work roles outside of mental health and suicide prevention services may apply a similar scope of practice but require their own local Frameworks relative to their workforce's values and principles, definitions of lived experience and service settings.

Example Peer Workforce Specialty positions

A list of specialty positions across NSW Health is included below. This list is not intended to be exhaustive but highlights the diversity and depth of Peer Workforce positions employed by publicly funded mental health and suicide prevention services.

A Diverse and Growing Peer Workforce continued

Table 3
List of specialty peer work roles working in or connected to NSW Health mental health and suicide prevention services

Example specialty peer work roles		
Role title	Who the peer worker supports	Desirable skills or experience in addition to lived experience of mental health challenges, distress or suicidality
Youth Peer Workers	Children and young people	Peer workers who have personal lived experience of mental health concerns as a child or young person.
Older Persons Peer Workers	Older persons	Peer workers who have lived expertise or knowledge around ageing and issues impacting older persons.
Suicide Prevention Peer Workers	People who are experiencing suicidal crisis or suicidality	Peer workers who have lived experience of suicidality or suicidal crisis.
Forensic Peer Workers	People engaged in the forensic mental health system or correctional services	Peer workers who have experience with or knowledge of forensic mental health or correctional services.
Rural Response and Recovery Peer Workers	Individuals and communities in regional, rural and remote NSW	Peer workers who have lived experience and knowledge of the unique experiences and needs of regional and rural communities.
Perinatal Mental Health Peer Workers	People living with perinatal mental health concerns	Peer workers who have personal lived experience of perinatal mental health concerns.
Peer Navigators	People from identified communities seeking support to navigate healthcare and social supports	Peer workers who have connection to communities and familiarity with local services, to help individuals access the right care and supports.

A Diverse and Growing Peer Workforce continued



Aboriginal and Torres Strait Islander Lived Experience-led Peer Work is Social and Emotional Wellbeing work undertaken by a skilled Aboriginal and Torres Strait Islander community person with shared knowledge, experience and understanding as other community members for the purpose of helping community members to be heard, supported, respected and empowered in their Social and Emotional Wellbeing healing journey.

Aboriginal and Torres Strait Islander Lived Experience Led Peer Workforce Guide (2024), Black Dog Institute and Western Australia Mental Health Commission³⁰



Aboriginal Mental Health and Wellbeing Peer Workers

Aboriginal Mental Health and Wellbeing Peer Workers are employed across NSW Health and are pivotal to providing culturally driven peer support for individuals accessing mental health and suicide prevention care. Establishing designated Aboriginal positions to provide cultural support, including within the Peer Workforce, is a reform priority under the NSW Aboriginal Health Plan 2024-2034³¹ and the NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025.¹⁷

Aboriginal people and communities are recognised as the First Peoples of Australia, with the longest, continuous cultures in the world. Aboriginal cultural practice and knowledge emphasise the significance of kinship, interconnectedness and spirituality in promoting individual and community social, emotional and cultural wellbeing.²

The lived experience of Aboriginal people and communities is profoundly shaped by the enduring impact of historical events, including colonisation. The ongoing negative impacts of colonisation continue to be felt today.

This includes experiences of intergenerational and vicarious trauma, disconnect from culture and country, grief and loss, discrimination, racism, displacement through the Stolen Generations, abuse and violence, exclusion, segregation and social disadvantage.³¹

Aboriginal communities experience disproportionate health and social outcomes due to systemic social and economic inequalities. The rates of mental health, suicide, self-harm and social disadvantage are disproportionality higher for Aboriginal people than non-Aboriginal people,¹⁷ and furthermore the rates of suicide and self-harm are continuing to rise.

A well-supported and embedded Aboriginal Peer Workforce is essential to enhancing the social and emotional wellbeing of Aboriginal people and communities. The Aboriginal Peer Workforce brings a diverse range of lived experience expertise, skills and knowledge to their roles. They apply a holistic approach to wellbeing, drawing on both individual and community experiences of mental health, social and cultural wellbeing resilience.

A Diverse and Growing Peer Workforce continued

Definition of lived experience for Aboriginal people and communities

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.”^{2, 32}

The Aboriginal and Torres Strait Islander Lived Experience Led Peer Workforce Guide (2024)³⁰ recognises peer support is essential to culture and connection, and the cultural responsibility of caring for community and Country. Aboriginal peer work is grounded in Social and Emotional Wellbeing practices and emphasises interconnectedness, reciprocity, and respect.²⁷

Definition of Aboriginal Mental Health and Wellbeing Peer Work

Aboriginal Mental Health and Wellbeing Peer Worker positions are designated positions requiring the peer worker to identify as Aboriginal. Aboriginal Mental Health and Wellbeing Peer Workers bring their connections to community and draw on their lived experience, knowledge, and skills to support the wellbeing of Aboriginal consumers, while promoting cultural safety within services.

Aboriginal Mental Health and Wellbeing Peer Workers embody cultural knowledge and a deep understanding of Aboriginal communities and histories. They actively engage with and involve Aboriginal communities, integrating lived experience into their peer work practice in ways that honour and uphold cultural values.



Aboriginal Mental Health and Wellbeing
“Peer workers know that practical application of skills and knowledge, storytelling, collective decision making, use of metaphor, and yarning contribute to healing and regularly utilise these in their practice.”

Aboriginal and Torres Strait Islander Lived Experience Led Peer Workforce Guide (2024)³⁰

Recognising the uniqueness of the Aboriginal Peer Workforce

The Aboriginal and Torres Strait Islander Lived Experience Led Peer Workforce Guide (2024) highlights that the responsibilities and ways of working in peer work intersect with cultural responsibilities to community. This experience is often described as ‘*walking between two worlds*,’ reflecting the parallels between peer work practices, the ways of supporting community, and the balancing act peer workers may navigate to fulfil these dual responsibilities.

Providing culturally safe and responsive services is a shared responsibility of all NSW Health staff and services, not solely that of the Aboriginal Peer Workforce. The Diversity Council of Australia [*Gari Yala Speak the Truth Report \(2020\)*](#)³³ found a high prevalence of cultural load in workplaces. Contributors to this load include additional work demands, educating non-Aboriginal colleagues and expectations to represent all Aboriginal people. Cultural load is particularly pronounced in workplaces with few identified roles.

Leaders and organisations can support the development of the Aboriginal Peer Workforce by fostering workplace environments that are committed to cultural safety and Social and Emotional Wellbeing principles and practices. This includes actively working to reduce cultural load and ensuring multiple avenues for co-designing and engaging with a diverse range of Aboriginal people, communities and leaders.

A Diverse and Growing Peer Workforce continued

Aboriginal Mental Health and Wellbeing Peer Workers should have access to the same supports as all Peer Workers, along with additional culturally safe and specific supports. These include cultural supervision, mentoring and opportunities to participate in broader Aboriginal health workforce forums and events.^{26, 30}

Growing the Aboriginal Peer Workforce

Aboriginal Mental Health and Wellbeing Peer Work roles align with the scope of practice outlined for the NSW Health Peer Workforce. In addition to this Framework, the development of Aboriginal Peer Workforce roles should incorporate the role definitions and workforce development strategies outlined in the *Aboriginal and Torres Strait Islander Lived Experience Led Peer Workforce Guide (2024)*.³⁰

NSW Health services should engage with and co-design all Aboriginal Peer Workforce roles in partnership with Aboriginal communities. This process should include exploring the specific considerations and needs of the community before establishing a role. Building strong relationships and seeking guidance from local Aboriginal communities, leaders and Aboriginal organisations are essential steps in ensuring these roles are culturally safe, relevant and effective.

Suicide Prevention Peer Workforce

The Suicide Prevention Peer Workforce is an emerging and growing speciality workforce across Australia, with significant investment through the [Towards Zero Suicides Initiatives \(TZS\)](#) in NSW, contributing to its development.

Statewide strategic frameworks recognise that a whole of government response is required to reduce the suicide rate in NSW.^{19, 34} This approach includes efforts to prevent suicidal distress, support people who experience suicidality or suicidal distress, provide timely care and support to those who have attempted suicide, and assist individuals and communities who have lost someone to suicide. TZS initiatives highlight and amplify the critical role of peer work and lived experience expertise in supporting people experiencing suicidal distress or suicidality.

Defining Lived Experience in a Suicide Prevention context

Lived experience in suicide prevention settings is underpinned by experience of suicidal distress and suicidality. Lived experience may encompass personal lived experience of suicidality or suicidal crisis (consumer perspective), or bereavement by suicide (carer perspective).*

*It is acknowledged that families and carers who share their lived experience of bereavement by suicide are a critical part of the Family and Carer Peer Workforce. The Family and Carer Peer Workforce is not in scope of The Framework (See [Scope of The Framework](#))

To effectively support and address all experiences of suicidality and distress, the Suicide Prevention Peer Workforce employs individuals who purposefully and safely draw on their personal lived experiences of distress, suicidality or suicidal crisis.

It is important to recognise that suicide prevention peer work roles may not require individuals to identify as having lived experience of mental health challenges. This workforce recognises that not all people who experience suicidal distress, suicidality or situational crisis identify as having a mental health concern or have had contact with mental health services.³⁵

A Diverse and Growing Peer Workforce continued

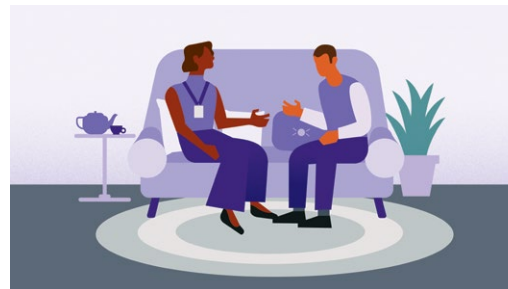
Roses in the Ocean (2023)³⁴ highlights that people in situational crisis often face barriers to accessing peer workers. These barriers can affect individuals who do not identify as having a mental health challenge, do not meet criteria for admission to a mental health service, or who choose not to seek help from mental health services. The implementation of the Suicide Prevention Peer Workforce aims to overcome these barriers by providing access to peer workers for individuals experiencing situational distress, suicidal crisis or suicidality.

Suicide Prevention Services in NSW Health

Suicide prevention peer workers are employed within NSW Health services to support people experiencing suicidal crisis or suicidality. Suicide prevention services that employ peer workers were found to build a greater understanding and awareness of why suicidal thoughts occur and decrease the intensity of suicidal thoughts.³⁶

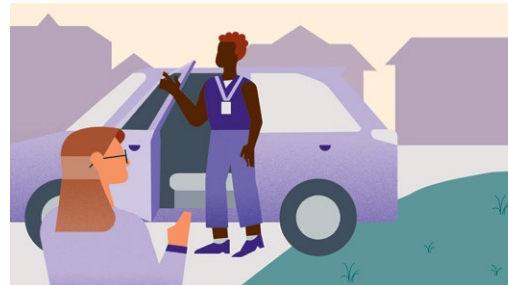
Figure 4

Towards Zero Suicides Initiatives that employ peer workers



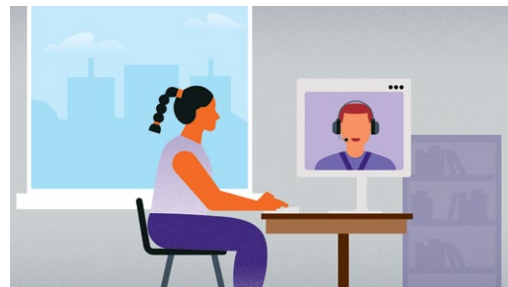
Safe Havens

Peer-led space that provides a calm, safe and culturally supportive space for people experiencing distress or suicidal thoughts.



Suicide Prevention Outreach Teams

Mobile response teams supporting people at-risk of suicide in the community.



Universal Aftercare

NSW Health and Commonwealth Government funded initiative that provides free support for people who recently attempted suicide.

A Diverse and Growing Peer Workforce continued

Recognising the uniqueness of the Suicide Prevention Peer Workforce

A well-supported Suicide Prevention Peer Workforce requires a deep understanding of the unique nature of the specialty, the specific service settings, and the lived experiences of suicide prevention peer workers.

Building on the scope of practice outlined by The Framework, this may include additional domains and competencies related to suicide prevention for this specialty Peer Workforce (see [Scope of Practice: Overview](#)).

Shared priorities for workforce development

The workforce development strategies outlined in *The Framework* are applicable to all specialty Peer Workforce positions and service settings. These strategies can be adapted to meet the specific needs of emerging specialty positions, including, but not limited to, the Suicide Prevention Peer Workforce.

Table 4

The unique elements of the suicide prevention peer worker role

Peer Workers working in Suicide Prevention services

Deliver brief or short-term contact and connection points with people experiencing suicidal crisis or situational distress.

Are often the first connection point into additional support, services and care for individuals experiencing distress or suicidality, and their friends, families and carers. This includes health supports, as well as psychosocial supports such as housing, relationship counselling or financial assistance to help address the causes of distress.

May be working as part of a service that operates beyond business hours, such as Safe Haven or Suicide Prevention Outreach Team (SPOT).

May require additional clarity regarding risk assessment, escalation and safety pathways, especially for services operating outside of business hours.

May work in services that are closely connected, or jointly delivered with community organisations, including other support services and local businesses. Many services have been co-designed with local communities and people with lived experience of suicidal crisis and suicidality.

Participate in ongoing suicide prevention training, supervision, mentoring and group reflection opportunities to support skill development, promote personal recovery and professional growth.

A Diverse and Growing Peer Workforce *continued*

Peer Workers in regional, rural and remote NSW

Peer workers in regional, rural and remote NSW provide invaluable mental health and suicide prevention services that are tailored to meet the unique needs of these communities.

These peer workers understand the unique challenges experienced by individuals accessing care and support in these regional, rural and remote communities. Across NSW, challenges to accessing mental health, suicide prevention and wellbeing services are compounded by factors such as geographical location, isolation, financial pressures, privacy concerns, limited housing, few-service options and stigma.² The employment of peer workers in these settings can improve access to supports and help reduce the prevalence of community stigma.³⁷

Services employing peer workers in regional, rural and remote areas should actively address the distinct challenges these workers may encounter. This includes providing the necessary support to manage community stigma, role creep, and complexities surrounding boundaries and privacy, which may be more pronounced in these environments.

The South Eastern NSW Primary Health Network (Coordinare), Southern NSW Local Health District and Illawarra Shoalhaven Local Health District, have highlighted a range of experiences for peer workers in regional and rural areas, identifying both strengths and challenges.²⁷ These experiences include;

- Being known and visible to members of the community in a role where peer workers draw on their personal lived experience.
- Building awareness of the Peer Workforce and educating others in areas where peer work may be newly established.
- Managing long distances and travel requirements to fulfill the role as a peer worker.
- The challenge of working in isolation, which also displays resilience and adaptability of the workforce.
- The advantage of local knowledge when navigating the mental health and broader wellbeing ecosystem.

Supporting the regional, rural and remote Peer Workforce requires tailored workforce development strategies that address the unique challenges these workers face. For example, collaborating with peer workers to design and deliver equitable access to supervision, resources, training, and professional development networks is essential. Enhancing accessibility may include utilising technology such as information systems, online training and video or telehealth services.



4

The scope of practice for the NSW Peer Workforce



Scope of Practice: Overview

The Framework provides guidance for the development and implementation of Peer Workforce roles across NSW Health, aiming to clarify roles and strengthen the understanding of the discipline and practice of peer work. The Framework:

- Outlines the uniqueness of peer work, including the discipline-specific **foundations** such as values, principles, and the unique knowledge and attributes that underpin the work.
- Provides a **scope of practice** for peer work in NSW Health, detailing the domains, competencies, skills and activities of peer workers.

Using the scope of practice

The scope of practice will support the development of peer work roles and position descriptions, aligned with local service needs. Local Health Districts and Specialty Health Networks may find it beneficial to implement multiple levels of peer work roles depending on their local needs and resourcing.

The scope of practice also highlights potential career development pathways, assisting NSW Health services to embed a well-supported and skilled Peer Workforce. The Framework encourages the development of a diverse range of Peer Workforce positions, including but not limited to the three levels outlined in the scope of practice. Roles such as Senior Peer Worker and Professional Lead Peer Work, with a focus on leadership positions, will help ensure the integrity and alignment of the Peer Workforce with peer work values and practices.³⁸

Additional lived experience roles, such as peer education or specialisations may require a broader scope of practice. While the skills and activities identified in the scope of practice form the foundation for peer work positions, further skill sets may be built, adapted or more clearly defined as roles evolve.



Key Functions and Domains of Peer Work

Peer workers are employed by NSW Health and undertake a range of key functions and activities, which are tailored to the specific setting, role or program they are part of.

Aligning peer work roles with the following functions and domains of peer work will help LHDs and SHNs enhance role clarity, build consistency and ensure roles align with best practice.

Lived experience designated roles including positions in advocacy, policy, projects, education, research, participation, management and leadership may have additional domains related to the scope and responsibilities of their position.

Figure 5

The main domains of peer work



Adapted from the Framework for Mental Health Lived Experience (Peer) Work in South Eastern NSW (2021)²⁷

Key Functions and Domains of Peer Work continued

Figure 6
Domains and functions of peer work



Peer support

Working relationally and drawing on lived experience purposefully to support the wellbeing of others in an individual or group setting. Peer support may be delivered face-to-face, by phone or through virtual care.



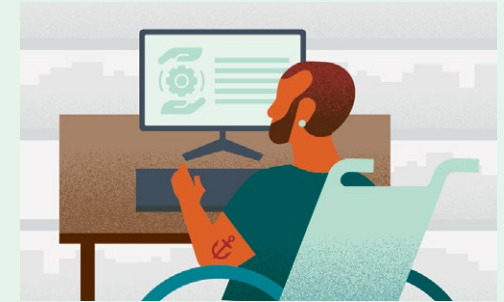
Individual advocacy

Support consumers to advocate for their personal needs, goals and rights, and to navigate services and systems. Peer workers recognise the right and self-agency of all people to make their own decisions for their care and personal recovery.



Systems advocacy

Seek to make positive changes to attitudes, policies and existing structures in the mental health system, including a focus on the human rights and interests of consumers.



Education and training

Design and deliver education and training for consumers, fellow staff and students. Peer workers deliver education from a lived experience lens that promotes personal recovery, trauma informed care and the role of peer workers.

Adapted from the [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW \(2021\)](#)²⁷

Key Functions and Domains of Peer Work continued

Figure 6 (continued)

Domains and functions of peer work



Health promotion

Support consumers to improve their mental health, physical health and wellbeing and to take an active role in leading their personal recovery. Health promotion includes delivering initiatives, education and activities that promote health and wellbeing, and decrease stigma for consumers and health services.



Quality and research

Participate in, promote or actively lead quality improvement and engagement of consumers in service evaluation. Peer workers amplify lived experience voices and provide pathways for consumers to share their experience. This includes activities related to safety and quality, research, program evaluation, data collection and monitoring.



Leadership and management

Lead, manage, support and develop the Peer Workforce. For peer workers in leadership or management positions, this includes the delivery of peer supervision, line management activities and implementation of workforce development strategies.

Adapted from the [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW \(2021\)](#)²⁷

Competencies

The Framework outlines core competencies for the NSW Peer Workforce that underpin all domains and activities. The competencies include discipline-specific knowledge, skills, abilities and ways of working that contribute to safe, effective and high-quality peer work practice.

In addition to the core competencies, peer work roles may also include supplementary competencies tailored to local needs, specialisation, and service design. For example, this may include additional competencies related to leadership or other areas of expertise.

Figure 7
Competencies for the NSW Health Peer Workforce



Peer Workforce values and principles

- Ability to maintain a non-hierarchical relationship with consumers, promoting mutuality.
- Ability to build safe and trusting relationships through mutuality and peer support.
- Enable consumers to develop and use their own strengths, skills and strategies to support their personal recovery.
- Ability to promote self-determination and self-advocacy.
- Ability to support consumers to re-frame their experiences to promote meaning, post-traumatic growth and personal recovery.
- Understanding of, and ability to apply, peer work values and principles within the scope of the role.
- Understanding of the impact of power in peer relationships and the ability to address where there are imbalances of power.



Knowledge

- Knowledge of trauma-informed care, recovery-oriented practice and strengths-based approaches.
- Knowledge of culturally safe, responsive and inclusive practices.
- Knowledge of how to work effectively and collaboratively with Aboriginal people, families and communities.
- Knowledge of local health and social services and ability to support consumers to navigate the health system and community services.
- Knowledge of and ability to work with issues of confidentiality, privacy, consent and information sharing.
- Knowledge of the broad range of experiences and adversity that form lived experience. This includes mental health challenges, distress, suicidality, service use, loss of power and control, loss and finding of hope, impacts on sense of identity, and experiences of marginalisation, discrimination, isolation and exclusion.²
- Knowledge of professional, legal and ethical frameworks and standards. This includes an understanding of the NSW Mental Health Act 2007 and consumer rights and responsibilities.



Core relational skills/abilities

- Understanding of and ability to apply recovery-focused and person-centred approaches and language.
- Ability to meaningfully and purposefully share lived experience, knowledge and skills to provide peer support and advocacy.
- Ability to recognise and consider the important role of connection to land, community, family, and spirituality for Aboriginal people when working with Aboriginal people and communities.
- Ability to work respectfully and inclusively with difference and diversity. Working from a culturally competent frame and communicating well with people from various backgrounds, cultures, age groups, and sexual and gender identities.
- Ability to engage with families and carers, where appropriate, and refer on to carer and family specific services and supports. This includes providing referrals to Family and Carer Peer Workers.

Competencies continued

Figure 7 (continued)

Competencies for the NSW Health Peer Workforce



Working with consumers

- 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 to empower consumers to take an active role in their care and personal recovery.
- Ability to recognise signs of distress, risk of harm and safety concerns, and use appropriate escalation and referral pathways.
- Ability to provide safe and appropriate referrals to services and supports.
- Ability to judge when to offer peer support, and when to foster independence and ability for a person to self-manage.
- Ability to judge when to offer or share personal lived experience, and to decide what would be helpful to share.
- Ability to work autonomously and in line with the NSW Health Peer Workforce scope of practice.



Working as a member of a team

- Ability to network and work collaboratively. This includes working as a member of a team and working with other peer workers, health disciplines and services.
- Ability to work from lived experience perspectives and practices. Maintain fidelity to the scope of practice for peer workers when working as a member of a multidisciplinary team.
- Ability to advocate for the improvement of services and to influence service transformation.
- Ability to promote the rights of people being supported by NSW Health services.
- Ability and willingness to network with other members of the Peer Workforce.



Workplace wellbeing

- Ability to reflect on their own practice and understand the importance of supervision, self-care and stress management to work to best of their ability.
- Ability to set and maintain effective personal and professional boundaries.



Reflective competency

- Ability to be aware of personal values and world view. Reflect on the ways that these values and world views might affect consumers.
- Ability to identify when the extent of the peer work scope of practice, responsibility and competence has been reached. This includes ability to seek advice and assistance and make an appropriate referral.

In Scope: Skills and Activities

The Peer Workforce Scope of Practice outlines the key skills and activities of peer workers across seven domains of peer work. It defines the scope of practice for the Peer Workforce, including three levels of roles that reflect current and emerging positions within NSW Health:

- Peer Worker
- Senior Peer Worker
- Professional Lead — Peer Work

The scope of practice identifies a professional development pathway with buildable skills and activities between these roles: Peer Worker, Senior Peer Worker and Professional Lead — Peer Work. It outlines the core skills and activities for each level, though is not intended to be restrictive.

LHDs/SHNs may adapt the scope of practice to meet their local service needs. For example, Senior Peer Workers may be involved in delivery of peer support in addition to the core responsibilities of their role.

The NSW Ministry of Health acknowledges that as the Peer Workforce continues to professionalise, new skills and activities may emerge within the scope. However, no peer workers should engage in activities deemed out of scope.

Peer Workforce positions which extend beyond the three core roles listed, for example Peer Education or specialty roles, may further expand the scope of practice to include additional domains, competencies, skills and tasks specific to lived experience designated roles.

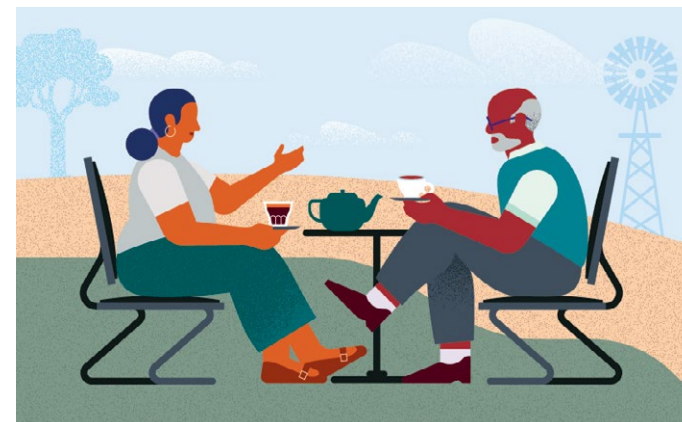


In Scope: Skills and Activities continued

Domain 1

Peer Support

Peer support encompasses working relationally from shared lived experience to support people accessing services in NSW. It is underpinned by the values, principles and practices of peer work, with peer workers in purposefully drawing on their personal lived experience to support the wellbeing of others, either individually or a group setting. Peer support may include the following activities and skills:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Provide peer support to consumers individually and in groups	•	•	•
Share personal lived experience and story in a safe, meaningful and purposeful way to support consumers' recovery journey	•	•	•
Promote peer-led groups and activities	•	•	•
Provide information and education on personal recovery	•	•	•
Coordinate and facilitate, or co-facilitate, peer support programs, recovery groups and activities	•	•	
Support consumers to develop wellness plans, care plans and/or safety plans as member of the MDT	•	•	
Provide information on community resources and services	•	•	
Provide peer support to consumers experiencing distress or suicidality, in conjunction with the MDT	•	•	
Provide support to consumers before or after seclusion or restraint, including post-seclusion debriefing. Peer workers may use de-escalation strategies like other staff	•	•	
Enable consumers to build and use their own strengths, skills and strategies and promote self-determination and self-advocacy	•	•	
Assist with discharge planning including referral to appropriate peer support services in the community	•	•	
Provide post-discharge peer support to consumers	•	•	
Utilise consumer self-report tools such as the RAS-DS, K10 and APQ6	•	•	

In Scope: Skills and Activities continued

Domain 2

Individual Advocacy

Individual advocacy includes activities and skills where a peer worker supports a consumer to advocate for their personal needs, goals and rights, while helping them navigate services and systems. Peer workers walk alongside consumers, recognising their right to self-agency and empowering them to make informed decisions about their care and personal recovery. Individual advocacy may include the following activities and skills:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Provide individual advocacy alongside consumers relating to rights and service needs	•	•	
Provide information to consumers on their rights and responsibilities	•	•	
Assist and provide support before, during and after meetings with treating team and other services, if requested by consumer	•	•	
Support consumers to build capacity to advocate for themselves	•	•	
Support consumers to advocate for their rights, wishes, goals and personal recovery, where possible. Or advocate and liaise with other staff and services on behalf of the consumer if necessary	•	•	
Translate knowledge of local health services to support consumers to navigate services, systems and community programs	•	•	
Support consumers at Mental Health Review Tribunal (MHRT) hearings or similar, if requested by consumer. Assist them to complete a MHRT self-report form	•	•	
Promote and uphold consumer rights with colleagues and the service to support system transformation	•	•	•
Support consumers to provide feedback, compliments or complaints	•	•	•

In Scope: Skills and Activities continued

Domain 3

Systems Advocacy

Systems advocacy refers to the role of peer workers in contributing to and making positive changes to attitudes, services and structures, policies and consumer experience across the mental health and suicide prevention sector. Peer workers apply a human rights lens to systems advocacy, ensuring that the voices of those with lived experience are heard and considered in shaping services. Systems advocacy may include the following activities and skills:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Facilitate consultation with consumers to gather input into issues relating to consumers including service planning	•	•	•
Provide input into the design and implementation of policies, procedures, models of care and service direction as required	•	•	
Lead and facilitate the engagement of peer workers in the design and implementation of policies, procedures, models of care and service direction as required			•
Work with Peer Workforce colleagues to provide a collective knowledge of consumer issues in service development	•	•	•
Participate on committees requiring input into policy decision making and strategic direction	•	•	•
Share personal lived experience in a meaningful and purposeful way to support system transformation	•	•	•
Promote recovery-oriented perspective to service planning and delivery	•	•	•
Promote the rights of consumers and principles of consumer participation and personal recovery	•	•	•
Represent the consumer perspective at service management level		•	•

In Scope: Skills and Activities continued

Domain 4

Education and Training

Education and training refer to the role of peer workers in the design, co-facilitation and delivery of education and training programs. Peer workers bring their lived experience to the process, offering a unique perspective when educating consumers, staff, other peer workers and students. Education and training activities may include the following skills and tasks:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Provide education to staff, consumers, students and/or other peer workers about issues from a consumer perspective. This includes basic through to advanced education in recovery and trauma-informed care and practice and the role of peer workers.	•	•	•
Contribute to the development and delivery of training programs to staff, consumers, students and/or other peer workers	•	•	•
Identify professional development needs of the Peer Workforce. Facilitate access to and/or develop and deliver professional development training and education		•	•
Monitor the training, professional development and qualifications available to and completed by peer workers			•

In Scope: Skills and Activities continued

Domain 5
Health Promotion

Health promotion refers to the role of peer workers in delivering initiatives, education and supportive conversations that promote mental health, physical health, wellbeing and personal recovery. Health promotion may include the following activities and skills:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Develop and implement consumer health promotion initiatives, such as consumer information materials	●	●	●
Develop and implement activities that reduce stigma in the service and within the community	●	●	●

In Scope: Skills and Activities continued

Domain 6

Quality and Research

Peer workers play a key role in facilitating and promoting quality improvement initiatives, engaging consumers in service evaluation, and contributing to the documentation related to their roles. Peer workers amplify the voices of lived experience and create pathways for consumers to share their experiences and feedback. Activities related to quality and research may include the following activities and skills:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Facilitate pathways for consumer participation in service evaluation and quality improvement		•	•
Assist consumers to provide feedback via mechanisms such as the Your Experience of Service (YES) survey and consumer rounding interviews	•	•	
Provide feedback to consumers on quality improvement initiatives being undertaken and facilitate mechanisms for ongoing consumer participation	•	•	
Promote the development and implementation of consumer-led research and evaluation		•	•
Support service accreditation activities regarding peer work with other managers/executive leadership team	•	•	•
Lead service accreditation activities regarding peer work with other managers/executive leadership team			•
Support Peer Workforce data collection and monitoring		•	•
Engage in accurate record-keeping such as documenting in eMR and other medical records, and incident management systems	•	•	•

In Scope: Skills and Activities continued

Domain 7

Leadership and Management

Peer workers who are in leadership and management roles will have additional activities and skills that relate to leading, supporting, managing and developing the Peer Workforce. Leadership and management may include the following activities and skills:



Activities in scope	Peer Worker	Senior Peer Worker	Professional Lead Peer Work
Lead and manage peer workers		•	•
Coordinate orientation and onboarding of new peer workers		•	•
Participate in recruitment and selection process of peer workers. This includes contributing to peer work position descriptions and sitting on interview panels		•	•
Develop business plans for peer-led programs and new peer work roles			•
Participate in peer supervision and mentoring activities	•	•	•
Provide peer supervision to peer workers		•	•
Coordinate peer supervision for peer workers in LHD/SHN			•
Organise and facilitate peer work networks, team meetings and communities of practice		•	•
Identify challenges and opportunities experienced by the Peer Workforce. Report on opportunities and challenges to Professional Lead and other senior leaders to promote continual learning and workforce development		•	
Provide reports to the executive leadership team and senior leaders on Peer Workforce development, including identification of opportunities and challenges			•
Lead strategic workforce development strategies to enhance, support and grow the workforce			•

Scope of Practice adapted from the Queensland Health Mental Health Framework Peer Workforce Support & Development 2019, *QLD Health*.²⁶

Outside of Scope: Skills and Activities

The Peer Workforce is a non-clinical workforce that brings unique value to the multidisciplinary team. Peer workers contribute through their lived experience and do not replace the roles or responsibilities of clinicians. Similarly, the unique attributes, values, principles and scope of practice inherent to peer work should not be assumed by individuals in clinical roles (e.g. working from a lived experience perspective).

Each member of the multidisciplinary team brings specialised expertise and knowledge from their respective disciplines, collectively supporting the mental health and wellbeing of individuals accessing NSW mental health and suicide prevention services. For peer workers, their expertise is grounded in their personal lived experience and alignment with the values and principles of the Peer Workforce discipline.

Role clarity for peer workers, clinicians and managers is essential to ensure safe and appropriate delivery of mental health and wellbeing care. Understanding activities that fall outside the scope of peer work practice is vital to maintaining role clarity, preventing role creep and ensuring fidelity to the practice of peer work.

Activities outside of the scope of peer work practice:

- **Sharing lived experience at the request of colleagues or other staff:** Peer workers are not required to share their personal lived experience or story with colleagues or NSW Health staff. The decision to disclose is at the discretion of the peer worker.
- **Providing advice on ceasing and commencing medications:** Peer workers are not responsible for providing advice or recommendations on medication prescribing or review. Their role is to support consumers to access information and make informed decisions about their own care. Peer workers are not to be involved in administering or monitoring medication use.
- **Applying seclusion and restraint:** Peer workers are not part of response teams (Code Black team) or involved in applying restrictive practices, including seclusion and restraint. However, they may debrief with consumers following such events, alongside the MDT.
- **Clinical assessments and formulation:** Peer workers do not administer or interpret clinical assessments and formulation, which are tasks designated for clinicians. However, peer workers may support the use of consumer self-report tools such as the RAS-DS, K10 and APQ6, where appropriate.
- **Complaints management and investigations:** Peer workers are not expected to lead or manage complaints or investigations, unless they are in a leadership position where this is explicitly stated as part of their role.
- **Consumer representation:** Peer workers do not replace the role of consumer and carer representatives on committees requiring independent lived experience representation.
- **Coordination of YES surveys:** Peer workers do not assume responsibility for the coordination of YES survey responses. However, if employed in a leadership position with management and oversight of YES surveys, and this responsibility is included in their position description, they may take on this task. Peer workers may support consumers to complete the YES survey and provide education about the avenues to provide feedback.
- **Consumer and carer participation:** Peer workers do not replace the roles of LHD and SHN Consumer Participation Coordinators or similar positions responsible for developing and implementing participation and engagement strategies. Exceptions apply if the peer worker is in a leadership position with these responsibilities explicitly outlined in their position description (e.g. a Professional Lead who has responsibility for both the Peer Workforce and Consumer and Carer Engagement).
- **Administrative duties that are unrelated to peer work:** Peer workers are not employed to perform routine administrative tasks that lack a peer related focus and are better suited for administrative staff, client service officers, or clerical staff. Tasks outside the scope of peer work that do not require lived experience or align with the peer work scope of practice above should not be assigned to peer workers.

5

Developing and Growing a Peer Workforce



Peer Workforce Development

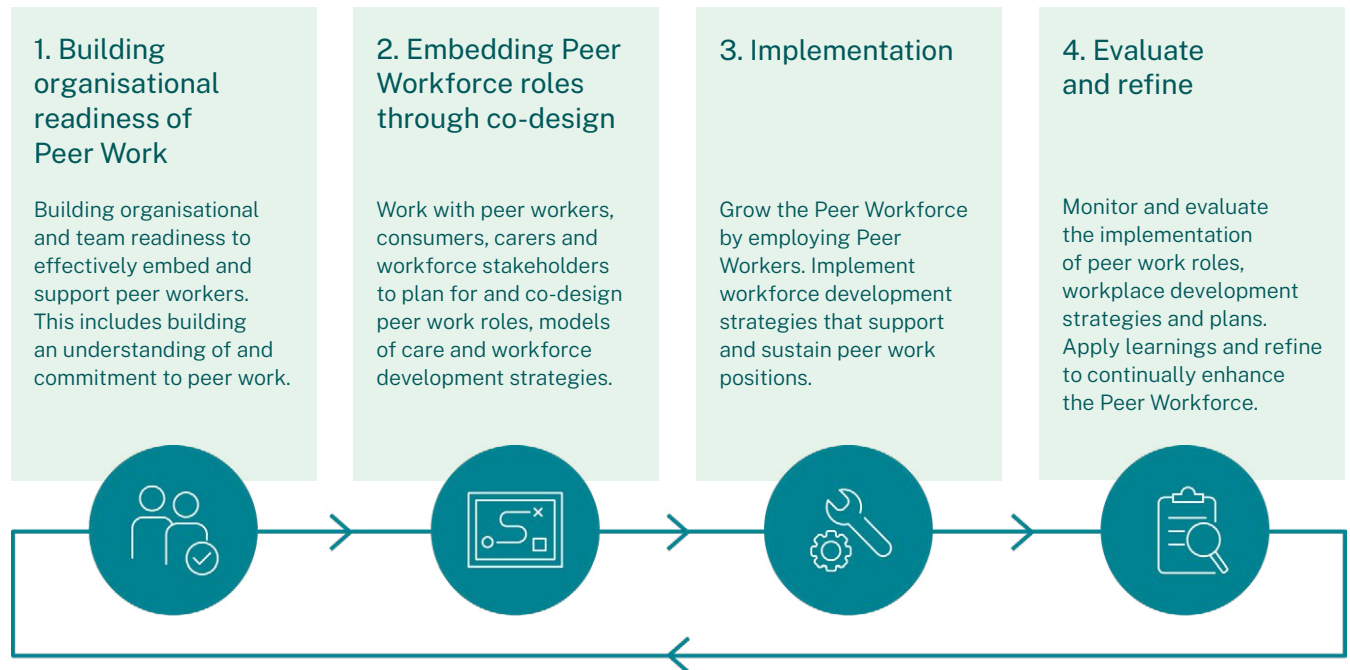
The Framework outlines four stages of development for the Peer Workforce. These stages incorporate best practice recommendations and a structured approach for NSW Health services to guide the introduction, development, and refinement of peer work roles. They can be used to introduce new peer work positions, develop or refine existing positions, or explore new programs that embed the Peer Workforce. The four stages may also be applied to plan, implement and review workforce development strategies that support, sustain and grow the Peer Workforce. These stages are intended to be integrated alongside the [NSW Health's Workforce Planning Framework 2020](#)³⁹ and [NSW Health Workforce Development Plan 2022-2032](#).⁴⁰

The National Lived Experience (Peer) Workforce Development Guidelines (2021)² and Peer Work Hub (2016)¹ provide guidance, templates, recommendations and indicators for success to develop and employ a Peer Workforce. The Framework adapts these tools for the NSW Health Peer Workforce context.

The following figure shows four stages to develop, implement and support a Peer Workforce. Peer Workforce development stages are intended to be an iterative process, promoting continual learning, evaluation and improvement.

Figure 8

The four stages of Peer Workforce development



Adapted from The National Lived Experience (Peer) Workforce Development Guidelines (2021)² and Peer Work Hub (2016).¹



Stage 1

Building Organisational Readiness for Peer Work

A well-supported and thriving Peer Workforce begins with organisational readiness, understanding, and commitment to peer work. Taking steps to build awareness of the role and value of peer work prepares teams, services and LHD/SHNs to embed peer work positions safely and effectively. The National Guidelines identify building organisational readiness and embedding a clear commitment to peer work as national priorities for Peer Workforce development.²



Assess and enhance organisational readiness

Organisational readiness involves preparing the organisation, its services, leaders, and teams to introduce or expand peer work positions. This includes:

- Developing a clear understanding of the role and value of peer work.
- Evaluating organisational practices for alignment of the role, values and principles of peer work.
- Establishing structures and supports to ensure peer workers are successful in their role.

Building readiness is a shared responsibility of all staff, and is most effective when championed by senior leaders, including those in lived experience designated roles.

Embed recovery oriented and trauma informed care principles

Successful implementation of peer work roles is grounded in organisational commitment to recovery oriented, person-centred, and trauma informed care.¹

- Assessing organisational, team and workplace culture and practices for alignment with peer work values and principles supports readiness for new or expanded peer work positions.
- Embedding these principles ensures services are prepared to embrace the unique contributions of peer workers.

The role of leadership

Senior leaders play a critical role in shaping organisational culture, strengthening commitment to peer work, and establishing structures, policies and processes that enable the Peer Workforce to thrive. Employing peer workers in leadership positions further enhances organisational readiness.

Leadership must ensure that peer work is integrated into policies, procedures, workplace supports, training and Human Resource (HR) practices to provide a strong foundation for the Peer Workforce.

Stage 1: Building Organisational Readiness for Peer Work continued

Preparing the workforce

Educating and training NSW Health staff about the role and practice of peer work is essential for building a collaborative and supportive workplace. This includes:

- Providing information about the role of peer workers, and their alignment with recovery-oriented practices.
- Demonstrating the value and impact of peer work in multidisciplinary teams.⁴¹
- Delivering training to reduce stigma and misconceptions about peer work.

Preparing staff with education and awareness fosters positive working environments and ensures peer work can be embedded effectively. Peer workers, senior peer workers and Peer Workforce Professional Leads should actively engage in workforce training and education initiatives.

Building commitment to the Peer Workforce

Building commitment goes beyond understanding peer work. It involves action at all levels of the organisation to enhance, support and grow a thriving and sustainable Peer Workforce.

Effective development and employment of the Peer Workforce involves a whole-of-organisation, whole-of-workforce approach.^{2, 14} Understanding of and commitment to the Peer Workforce is most effective when it is supported by Senior Leaders,¹⁴ when lived experience is valued and embedded at all levels, and when lived experience leadership positions are employed throughout the organisation.²

Key actions to strengthen commitment include:

- Securing sustainable funding: Ensuring adequate and ongoing investment to support Peer Workforce roles and initiatives.
- Embedding lived experience leadership: Establishing designated leadership positions for individuals with lived experience to guide and champion peer work within the organisation.
- Integrating peer work into organisational frameworks: Embedding a commitment to peer work within strategies, workforce planning, models of care, and service design and evaluation.
- Enhancing recovery-oriented practices. Promoting recovery-oriented and person-centred principles in service delivery to align with the values and practices of the Peer Workforce.

These actions demonstrate dedication to the Peer Workforce and create an environment where peer work can thrive and deliver meaningful outcomes for consumers and services.^{41, 42}

Stage 1: Building Organisational Readiness for Peer Work continued



Resources for building organisational readiness

- The Peer Work Hub's [Peer Workforce Planning Toolkit](#)¹ provides templates to assess organisational readiness and analyse the critical factors for successful planning and implementation.
- The National Guidelines² provide a checklist for self-assessment of organisational readiness.
- Orygen Australia's Implementation [Toolkit](#)⁴³ and [Checklist](#)⁴⁴ provide considerations for organisations planning for and implementing a youth Peer Workforce.
- Mental Health Commission of South Australia's Lived Experience Workforce Program [Recruitment and Retention Tips and Information](#)⁴⁵ highlights considerations for workforce planning and readiness.
- [National Mental Health Consumer and Carer Forum and Lived Experience Australia's Peer Workforce Readiness Checklist](#)⁴⁶ provides recommended actions to effectively plan for and implement peer work positions.
- NSW Mental Health Commission's [Leading the Change: Checklist to evaluate lived experience inclusion and leadership](#)⁴⁷ and [Toolkit](#).⁴⁸



Actions for building organisational readiness and commitment

- **Analyse** the organisational, workplace and team implementation of recovery-oriented, trauma-informed and person-centred care principles and practices.
- **Reference** local and state-wide strategic plans and resources that support Peer Workforce growth and development.
- **Identify stakeholders** who can support the planning and implementation of peer work roles, including experienced or Senior Peer Workers and Peer Workforce Professional Leads.
- **Identify the needs and outcomes** that would be met by the implementation of peer work positions in NSW Health services.
- **Explore** the policies, procedures, HR practices and workplace supports that will enhance a Peer Workforce.
- **Build understanding of the role and value of peer work** with managers, leaders, HR, team members and co-workers who work with peer workers. This includes training and education related to the role of peer work, unpacking staff perspectives, and understanding lived experience expertise (see [Training for Leaders and Managers](#)).
- **Plan for the role's connection to networks, training and professional supports** that will enable a well-supported Peer Workforce.
- **Plan change management and communication** ahead of time to ensure successful integration of peer work positions.
- **Consider** psychological safety hazards and develop a hazard management plan.
- **Include** Peer Workforce development and growth in local strategic plans, frameworks, models of care and organisational mission.





Stage 2

Embedding Peer Workforce Roles through Co-design



Co-design is important in mental health services because it challenges the status quo, addresses well known power imbalances that exist across many levels and ensures the voice of people with lived experience is a co-driver of change, innovation and leadership. The evidence shows that using co-design creates safer, higher quality and more efficient care.

Agency for Clinical Innovation, Workshop participant, 2019.⁴⁹

Co-design

Peer Workforce roles are most effectively established when their planning and development actively involve peer workers and people with lived experience. Applying co-design principles and practices ensures that the voices, wishes, and needs of individuals with lived experience are at the heart of all Peer Workforce programs, positions and initiatives.

Key Considerations for Co-Design and Engagement

- Lived experience leadership: Engage peer workers as equal partners in designing and shaping Peer Workforce programs and roles.
- Maintaining role integrity: Involving the Peer Workforce in planning helps safeguard the values, scope of practice, and distinctiveness of peer work.
- Consistency across levels: Statewide and LHD/SHN programs and initiatives should prioritise co-design and engagement to ensure alignment with peer work principles and practices.

By embedding co-design in every stage of Peer Workforce development, organisations can create roles and programs that are authentic, effective, and truly reflective of lived experience.



Co-design is a way of bringing consumers, carers, families and health workers together to improve services. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other. Planning, designing and producing services with people that have experience of the problem or service means the final solution is more likely to meet their needs.

Agency for Clinical Innovation, Workshop participant, 2019.⁴⁹

Stage 2: Embedding Peer Workforce Roles through Co-design continued



Resources to support co-design and engagement

- The NSW Agency for Clinical Innovation's [Co-design toolkit](#)⁵⁰ and [Guide to build co-design capability](#)⁴⁹ provide practical tools for co-design in NSW Health services.
- [NSW Health Workforce Planning Framework](#)³⁹ provides guidance for NSW Health services to proactively and collaboratively develop workforce planning strategies.
- [National Lived Experience \(Peer\) Workforce Development Guidelines](#),² provides an overview of [Co-production](#) principles and practice tailored to the development of the Peer Workforce and lived experience designated roles.

Developing and Implementing Peer Workforce Plans

All LHDs and SHNs in NSW Health have established Peer Workforce positions within their mental health and suicide prevention services. However, programs, services, and teams vary in their stage of Peer Workforce development. Some have well-established positions and workforce strategies, while others are in the early stages of planning and implementation.

Why Develop a Peer Workforce Plan?

Creating a Peer Workforce Plan can support LHDs/SHNs to:

- Introduce new peer work positions, specialities, or programs.
- Strengthen workforce support structures for existing Peer Workforce roles.
- Facilitate effective change management when integrating or elevating Peer Workforce positions.
- Ensure alignment with co-design principles to maintain the integrity of peer work roles.

Tools to Support Peer Workforce Planning

LHDs and SHNs can utilise the following resources to guide their planning process:

- Peer Work Hub's [Peer Workforce Planning Toolkit](#)¹ provides a practical guide with templates to support the development and implementation of a Peer Workforce Plan.
- [National Mental Health Consumer Carer Forum and Lived Experience Australia's Peer Workforce Readiness Checklist](#)⁴⁶ is a structured tool to guide the planning process and readiness for Peer Workforce development.
- South Eastern NSW Lived Experience (Peer) Work Framework's [Employer of Choice Tool](#) identifies actions and considerations to effectively implement a Peer Workforce.²⁷

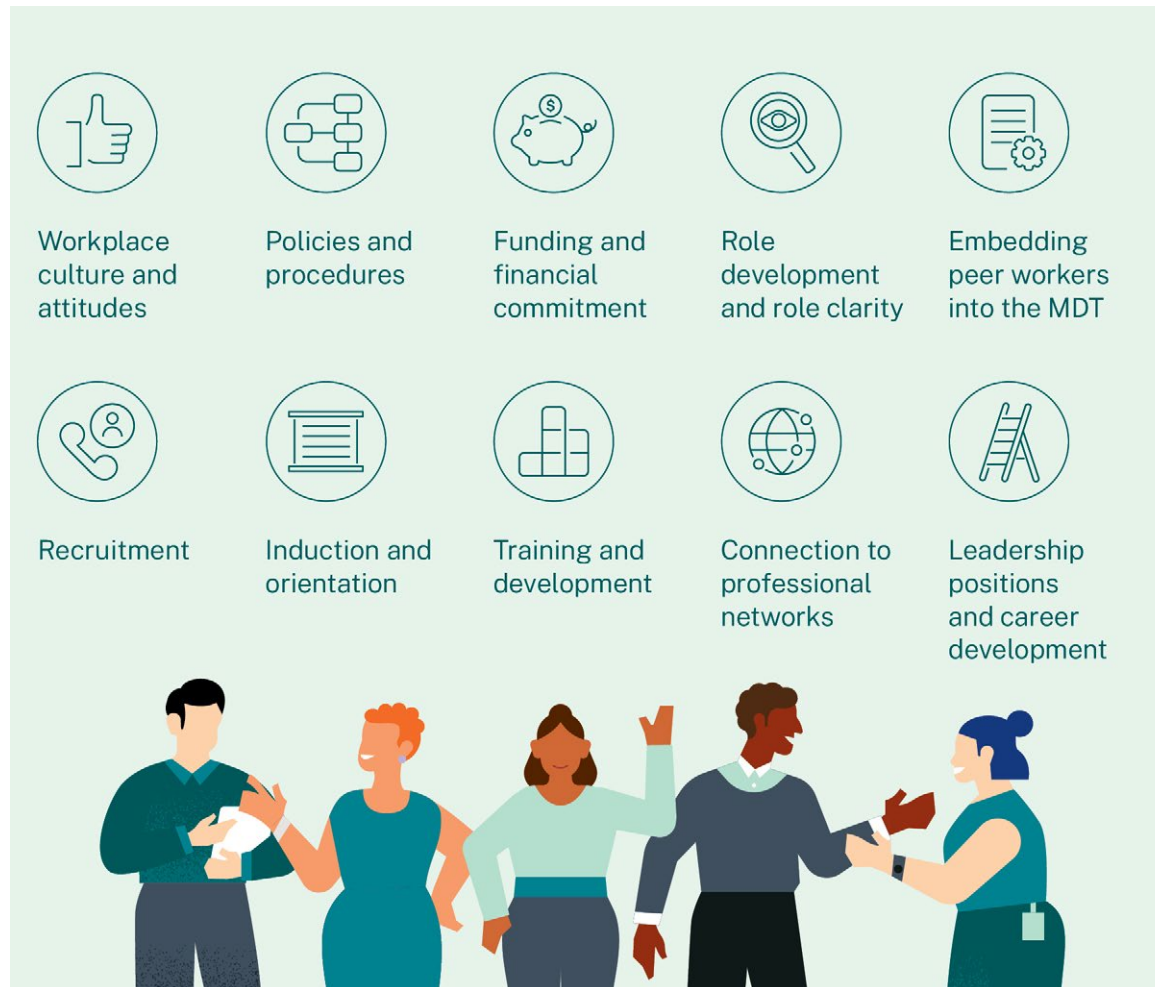
Key Considerations for a Thriving Peer Workforce Plan

- Address all four stages of Peer Workforce development to ensure a comprehensive approach.
- Involve co-design with peer workers at every stage of planning.
- Focus on sustainability, alignments with recovery-oriented principles, and the unique needs of local services and programs.

Planning for a thriving Peer Workforce will ensure that positions are well-integrated, supported, and aligned with the overarching goals of NSW Health mental health and suicide prevention services.

Stage 2: Embedding Peer Workforce Roles through Co-design continued

Figure 9
Considerations for planning a thriving Peer Workforce



Position Descriptions for the Peer Workforce

Position descriptions are essential tools for defining the responsibilities, capabilities, skills and activities required for all NSW Health roles, including those within the Peer Workforce.

Foundations of Peer Workforce Position Descriptions

The scope of practice for the NSW Health Peer Workforce forms the foundation of all peer work position descriptions. These can be adapted to reflect local service needs, while maintaining the integrity of peer work values, principles and practices.³⁶ Engaging Peer Work Leaders, Senior Peer Workers, or experienced Peer Workers in the co-design of position descriptions ensures alignment with peer work values and practices.

Stage 2: Embedding Peer Workforce Roles through Co-design continued

Policy and Framework Alignment

All peer workers employed by NSW Health must have a position description created in accordance with NSW Health policy [PD2023_024 Recruitment and Selection of Staff to the NSW Health Service](#).⁵¹ Position descriptions are also aligned with the [NSW Public Service Commission's Public Sector Capability Framework](#),⁵² ensuring consistency and clarity.

Resources for Peer Worker Position Descriptions

[NSW Health's Recruitment and Onboarding \(ROB\) portal](#)⁵³ contains a Position Description Library which includes:

- Templates for Peer Workers, Senior Peer Workers, and Professional Lead – Peer Work (or equivalent) roles.
- Position descriptions tailored to various service settings and speciality roles.



Actions for planning and co-design

- **Review** the [NSW Health Workforce Planning Framework \(2020\)](#).³⁹
- **Explore** tools to develop a Peer Workforce Plan.
- **Identify the source of funding** (i.e. whether the role is connected to an existing program or initiative, is available due to vacancy or whether funding is available for a new position).
- **Co-design** the position or model of care with peer workers and other key stakeholders. Where co-design is not possible, collaborate and engage with peer workers.
- **Define** the specifics of the role including the role's purpose, key tasks, location, award, audience and any minimum requirements.
- **Develop** a position description that aligns to The Framework's scope of practice.
- **Plan and apply** a change management process to support a smooth transition for all staff and integration of Peer Work into teams and services.
- **Confirm line management** of Peer Workforce position/s.
- **Confirm** professional reporting structures, supervision and workplace support.
- **Consider reasonable adjustments**, if required, to facilitate accessibility and equity in the recruitment process and throughout employment.





Stage 3

Implementation

Implementation focuses on enacting the Peer Workforce Plan, recruiting peer workers, and applying workforce development strategies to support and retain peer workers within the profession.

Effective Recruitment

The recruitment process for peer workers should prioritise attracting, selecting and hiring candidates who possess the appropriate skills, qualifications, and understanding of peer work values and the scope of practice.

Candidates should also gain insight into the workplace culture, role expectations, and service settings to make an informed decision. Information provided should include:

- Role location and settings.
- Any specific lived experience or knowledge required.
- Minimum requirements, such as shift work, multi-site responsibilities, or work outside business hours.

Involving Senior Peer Workers or the Professional Lead in recruitment planning, panels, and selection processes ensures set standards for all NSW Health roles and settings.

NSW Health policy [PD2023_024 Recruitment and Selection of Staff to the NSW Health Service](#)⁵¹ outlines standards for recruiting and selecting staff for employment by NSW Health, and applies to all roles, services and settings.

Fair and Equitable Recruitment

NSW Health is committed to fair and equitable recruitment practices⁵⁴ including reasonable adjustments, to facilitate an applicant's participation. In accordance with the [Disability Discrimination Act 1992](#),⁵⁵ workplaces must [provide adjustments](#) if requested and where no exemptions apply.⁵⁶

Examples of reasonable adjustments include:

- Access to interview questions before the interview.
- Alternative assessment methods or extended time.
- Use of assistive technologies.

Interview panel convenors should discuss adjustments with applicants early in the process to ensure full and equitable participation. Recruitment practices must align with Equal Employment Opportunity (EEO), disability discrimination and anti-discrimination legislation, and diversity and inclusion principles.

Promoting workforce diversity

NSW Health values diversity and encourages applications from culturally and linguistically diverse communities, LGBTQIA+ individuals, and people with disabilities to enter the Peer Workforce.

Human resources practices and processes should promote workforce diversity. Diverse recruitment practices include:

- Promote equitable pathways to employment.
- Attract applicants from varied backgrounds.
- Ensure the Peer Workforce reflects the diverse demographics and experiences of NSW.²¹

Interviewing for a Peer Workforce position

Peer work draws on the knowledge, skills and insights through lived experience. While peer work is not tied to a single lived or life experience, it focuses on applying lived experience within the broader context of Peer Workforce theories, values and principles.

When designing interview questions, NSW Health services must adhere to legal obligations under the Disability Discrimination Act.⁵⁵ Questions should assess how candidates will use their lived experiences to inform their practice, aligned with peer work theories and principles.

Stage 3: Implementation continued

Table 5
Interview questions

Interview questions can	Interview questions shouldn't
<ul style="list-style-type: none"> ✓ Explore understanding of the values, principles and practices of peer work. ✓ Ask how an applicant would apply their lived experience purposefully within the context of the role (e.g. to support consumers accessing NSW Health services). ✓ Ask about the knowledge, skills and expertise related to the domains of the role. ✓ Ask scenario or practical questions. 	<ul style="list-style-type: none"> ✗ Require a peer worker to disclose a specific diagnosis, treatment history or service access. ✗ Exclude an applicant on the basis of diagnosis or history of mental health care (See Disability Discrimination Act ⁵⁵). ✗ Ask peer workers to complete clinical, diagnostic assessments of their wellbeing.



Resources for recruitment and interviewing

- Mental Health Commission of NSW, Peer Work Hub (2016) [Sample Interview Questions](#)⁵⁷
- Mental Health Commission of SA's Lived Experience Workforce Program [Recruitment and Retention Tips and Information](#) highlights considerations for workforce planning and readiness⁴⁵
- Public Service Commission [Recruitment and Selection Guide](#)⁵⁸

Stage 3: Implementation continued

Reference Checks

Selecting Referees

For lived experience designated roles, applicants should provide referees who can speak to their experience in peer work or similar lived experience roles, or who can identify relevant transferrable attributes and skills.

Consent and Confidentiality

Convenors should seek the applicant's consent before contacting referees. This is especially important for applicants applying for their first lived experience designated role, as they may not have disclosed their lived experience to their current workplace or referees.

Appropriate Referee Questions

When discussing an applicant's understanding of lived experience expertise, questions should focus on their skills, competencies, attributes and experience relevant to the role. Referees must not be asked to confirm or disclose a specific diagnosis, treatment history, or details of service access.

Health Declarations

All NSW Health employees complete a Health Declaration during the onboarding process. This ensures any health-related information is disclosed privately and confidentially, separate to the reference check process.

Orientation

Research consistently highlights that early induction and orientation are crucial for building a well-supported Peer Workforce.^{1, 41} The planning and implementation of Peer Workforce roles should prioritise induction and orientation programs that help peer workers understand their role, and how to succeed as an employee of NSW Health.

Tailored Peer Workforce Induction

A tailored induction program is essential for new peer workers, helping them to understand the values, principles and scope of practice unique to peer work. Orientation led by an experienced or senior peer worker fosters the development of discipline specific skills, knowledge, and adherence to peer work values, principles and practices.

Local Orientation

New peer workers should participate in local orientation programs as a standard for all NSW Health staff. This orientation helps peer workers integrate into their teams and familiarise with their role as a staff member of NSW Health. Topics covered include the Code of Conduct, CORE values and legal requirements in healthcare settings.

Mentoring and Ongoing Support

Orientation for peer workers may involve formal or informal mentoring, regular meetings with experienced peer workers, one-to-one meetings with their line manager, and engagement with the broader Peer Workforce. Building connections with fellow peer workers helps combat isolation, improves service orientation and promotes knowledge sharing and skill development.

Stage 3: Implementation continued

Mandatory Training

All peer workers must complete mandatory training as part of their employment with NSW Health. This training ensures peer workers are equipped to work effectively and safely in their roles.

Role-Specific Training

In addition to general mandatory training, peer workers may be required to undertake role specific training tailored to their particular program or service environment. This may include training offered through the Health Education and Training Institute (HETI) and Mental Health Professional Online Development (MHPOD).

Peer workers in specialist roles, such as those in suicide prevention or working with individuals experiencing suicidality or crisis situations, may benefit from additional training specific to these areas. For example, [Zero Suicides in Care](#) offers specialised training for those working in suicide prevention contexts. See [Training](#) for more details on role specific training available to the Peer Workforce.

Violence Prevention and Management Training

In certain settings or programs, peer workers may be required to complete Violence Prevention and Management Training. However, peer workers are not involved in the application of restrictive practices or participation in response teams (Code Black teams). Guidance on appropriate levels of training for staff in violence prevention and management is outlined in [PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations](#).⁵⁹



Actions for implementation

- **Recruit** Peer Workforce positions across LHDs and SHNs.
- **Implement** reasonable adjustments where they are requested and where there are no exemptions that apply throughout recruitment, onboarding and employment.
- **Partner** with senior or experienced peer workers in the recruitment process.
- **Deliver** induction for peer workers that includes peer work specific orientation in addition to general orientation activities available to all staff.
- **Engage** Peer Educators, where available, to design and deliver training and professional development.
- **Connect** new peer workers to a senior peer worker and/or and experienced peer worker in their LHD/SHN.
- **Implement** strategies to support the Peer Workforce including supervision, debriefing, networking opportunities, access to professional development and training.



Stage 4

Evaluate and Refine

Monitoring

Effective monitoring of Peer Workforce growth, retention and development is essential for informing future workforce strategies and plans. Data captured to monitor workforce capability should include:

- Positions and Full-Time Equivalent (FTE)
- Retention and vacancies
- Qualifications and training completed
- Access to supervision
- Access to workplace supports

This data allows for the identification of gaps and opportunities related to workforce capacity, training, and workplace supports.

Regular feedback from peer workers, colleagues, consumers and carers is crucial for highlighting areas for learning and opportunities to further strengthen and embed the Peer Workforce.

Program Evaluation and Impact

Evaluation of peer work implementation and practice helps identify areas of success and opportunities for further workforce development. Examples of data collected for evaluation include:

- Program evaluations
- Consumer and carer satisfaction surveys
- Impact measurement

All new peer work initiatives and programs should incorporate outcome measurement as part of the co-design phase to ensure evaluation is built into workforce development from the outset.

[Your Experience of Service \(YES\)](#)⁶⁰ is the nationally recognised consumer and carer outcome measure for mental health and suicide prevention services in NSW. YES surveys capture both quantitative and qualitative insights into the experiences of care and support in both hospital and community settings.

There has been an increase in research and evaluation on peer work practices and programs, including peer-led research, contributing to the growing evidence base for peer work. However, research methods and measurements for peer work practice are still evolving.

A recent University of Technology Sydney (2023) study on outcome and evaluation for peer work highlighted the importance of partnering with peer workers to ensure evaluations remained aligned with the discipline's integrity and values.⁶¹

To support effective evaluation of peer work programs and outcomes, peer workers and managers may benefit from training in evaluation processes and research techniques.



Actions to evaluate and refine

- Collect data to monitor the growth and development of the Peer Workforce.
- Identify gaps and opportunities.
- Measure impact and satisfaction using outcomes measures including the YES survey.
- Seek opportunities to enhance and refine Peer Workforce development strategies.
- Continually assess commitment to and understanding of peer work in NSW Health services.

6

Supporting a Peer Workforce



Training

Certificate IV Mental Health Peer Work (Consumer)

NSW Health is working towards the CHC43515 — Certificate IV in Mental Health Peer Work (Consumer) as the minimum qualification for peer workers. This nationally recognised qualification provides the core skills required to work effectively with consumers and is essential for professionalising the Peer Workforce. NSW Health services are encouraged to support peer workers in accessing the Certificate IV to ensure the workforce meets minimum competency standards.

The Certificate IV should be a requirement for all roles where lived experience of mental health challenges, distress and personal recovery is essential, including direct support roles, senior peer work roles and management positions.

Pathways to Access the Certificate IV in Mental Health Peer Work

The uptake and completion of the Certificate IV in Mental Health Peer Work is improving in NSW. There are several pathways to access whole or partially subsidised training, including:

- **Smart and Skilled** Pathway: This NSW Government initiative supports people to access training for priority skills and industries. Funding for the Certificate IV is available through Smart and Skilled, with fee-free training options for individuals who identify as having a disability (including psychosocial disability) or as Aboriginal.

- **Traineeships:** Provide a mutually beneficial pathway for peer workers and LHDs/SHNs. Peer workers can access the traineeship pathway during their first six months of employment, with fee-free enrolment in the Certificate IV. Organisations that support the traineeship pathway are eligible for additional benefits.
- **Scholarships:** Scholarships subsidise the cost of the Certificate IV. Eligibility is determined by the Registered Training Organisation (RTO), and the availability of scholarships.

Supporting Peer Workers to Access the Certificate IV in Mental Health Peer Work

NSW Health services can facilitate peer workers' access to the Certificate IV by supporting enrolment, study leave, and work placement requirements. The Certificate IV includes work placement hours that align with the competencies outlined in the qualification. Peer workers' job duties may meet these placement requirements.

Recognition of prior learning pathways are available for peer workers with relevant experience, enabling them to fast-track completion of the qualification.

To enhance accessibility, position descriptions can be flexible by including wording such as "CHC43515 — Certificate IV in Mental Health Peer Work (Consumer) or willingness to obtain within 12-18 months of commencing employment", as an essential criterion for peer work roles.

Supporting peer workers to access study leave in line with [PD2023_045 Leave Matters for the NSW Health Service](#)⁶² and completing work placement hours during working hours help make the qualification more accessible. Incorporating the completion of this qualification into professional development and learning plans for peer workers will encourage uptake and facilitate monitoring of progress.

Other qualifications

Currently, there is no nationally recognised qualification for peer work beyond the Certificate IV in Mental Health Peer Work. Many peer workers may choose to pursue higher education, but it is not a requirement or expectation for peer workers to obtain a university degree in order to undertake their role.

For roles in leadership and management, relevant qualifications or leadership experience may be encouraged in addition to experience as a peer worker. This could include qualifications or work experience in areas such as management, supervision, or other related fields. Similarly, additional qualifications in areas such as policy, projects, research and education can complement the lived experience expertise and contribute to professional growth in peer work roles.

Professional Development

Professional development is essential for the performance and growth of all NSW Health employees, in accordance with the NSW Public Service Commission [Performance Development Framework \(2018\)](#)⁶³ and [PD2023_043 Leading Performance, Development and Talent Management](#).⁶⁴

Performance and Development

Regular discussions about performance and professional development contribute to employee engagement and job satisfaction, retention and career progression. These conversations also support leadership development within NSW Health.⁶⁴

As employees of NSW Health, peer workers have access to the same professional development and performance management processes available to all staff. This includes the professional development plan and performance goals using the NSW Health Performance and Talent (PAT) system.

Professional development goals should be aligned with both the individual's aspirations and the local service needs. This could involve training and professional networking opportunities aimed at enhancing performance and career growth.

Professional Development Training

Peer workers should be encouraged and supported to attain additional training and professional development opportunities related to the core skills required for their roles. Professional development is vital for all mental health professionals to enhance practice, integrate new approaches and research, and ensure high quality care for individuals accessing NSW Health services.

Peer workers should also participate in ongoing professional development activities available to all mental health staff, such as in-services and workplace training activities.

Professional development for peer workers may include both peer-specific training and broader mental health training available to the entire workforce. Examples may include:

Table 6

Examples of professional development training for peer workers

Peer-specific training	
Intentional Peer Support (IPS)	
Peer Leadership	
Safe Storytelling	
Peer Navigation Unit of Competency	
Whole-of-workforce training	
Respecting the difference	
Trauma-informed care and practice	
Recovery-oriented practice	
Cultural competence and safety	
Motivational interviewing	
Open dialogue	

Professional Development continued

Specialty Peer Work Positions

Specialty peer work positions may have additional professional development and training needs that are specific to the unique skills required within their specialisation. For example, peer workers in suicide prevention may complete the [Zero Suicides in Care](#)⁶⁵ training. [Peer Navigators may access the Peer Navigation Unit of Competency](#) to build the skills and knowledge to support navigation of the mental health system.

Peer work positions in leadership, education, research, policy, or projects may also require targeted professional development training, to build competencies in these areas. For example, peer workers facilitating education and training may benefit from training designed to support their skill development in these areas. Similarly, peer workers involved in delivering supervision should have access to supervision training to ensure they can provide effective guidance.

Culturally Safe and Responsive Care

Training to ensure culturally safe and responsive care is available to all NSW Health staff through the HETI My Health Learning platform. HETI modules are available to support the Peer Workforce, particularly in Aboriginal Mental Health and Wellbeing Peer Work. These resources include training in Aboriginal social and emotional wellbeing, cultural supervision, foundations of Aboriginal cultural awareness, and trauma-informed care and practice for Aboriginal communities.

Leadership

Senior Peer Workers and Professional Leads, as well as peer workers aspiring to these positions, may benefit from leadership and management training provided through the [NSW Health Leadership and Management Framework](#)⁶⁶ and [HETI's Leadership and Management Development Pathway](#).⁶⁷ This training supports the development of leadership skills essential for navigating the complexities of peer work at higher levels.

Fee-Free Training

NSW Health staff, including peer workers, can access a wide range of professional development training funded by NSW Health, through platforms like HETI My Health Learning and MHPD websites. HETI Higher Education offer Applied Mental Health Studies, micro-credential and single unit professional development opportunities, alongside scholarships available to the Peer Workforce. More information on these training resources can be found under [Training and Professional Development Resources](#).

Professional Development Networks

Peer Workforce networks, communities of practice, conferences, regional networks, meetings and other events offer peer workers the chance to connect with and learn from others in the field. These professional development networks are instrumental in ensuring peer workers have access to the latest knowledge and developments in peer work practice.

NSW Health services are encouraged to support peer workers' participation in state-wide and local peer work events. Developing local forums or networking opportunities within NSW Health services promotes information sharing, problem-solving, collaboration and connection among 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, alongside those available to the wider Peer Workforce.

Professional networks in regional, rural and remote areas should be designed to foster equity and connection. Peer workers in these areas benefit from networking opportunities with both their rural colleagues, and their metropolitan counterparts. Given that peer workers in these areas are more likely to work closely with community-managed organisations, cross-agency networks are especially beneficial.

Supervision

What is supervision?

Supervision is a professional relationship that provides an opportunity to reflect on work practices. It fosters the development of professional skills and offers a supported space for reflection, growth, development and learning.⁶⁸

Peer supervision is within-discipline supervision provided to a peer worker by an experienced peer worker or senior peer worker who has undertaken supervision training.

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.⁶⁹

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

Peer supervision is important for all peer workers as it helps develop and refine the skills and knowledge necessary for effective peer work. It provides a structured environment for peer workers to reflect on their practice, navigate challenging or complex work situations,⁷⁰ and ensure their work aligns peer work values. Peer supervision also supports the integration of peer work within the organisational context, minimises peer-drift, and helps to navigate situations that may conflict with personal or professional values.

Operational vs. Peer Supervision

It is important that operational supervision or line management is separate from peer supervision,^{69, 70}

This distinction is in line with best practices observed in the clinical supervision arrangements of other mental health disciplines. Operational supervision focuses on daily tasks, workload management, job performance and immediate issues, while peer supervision is a formalised reflective practice process that supports professional development and the alignment of practice with peer values.

Delivering Peer Supervision

Supervision is an essential element of good practice in service delivery. Supervision with a senior peer worker who understands the unique nature of peer work, is invaluable in helping peer workers navigate workplace challenges and uphold the values and principles of peer work.⁷⁰

Where possible, peer workers should have of the option to choose their supervisor and benefit from flexible supervision delivery options, such as individual or group supervision, and face-to-face or online formats. Group supervision structured around pairs, buddy-systems, teams or district-wide groups, can be especially beneficial within LHDs/SHNs.

Peer workers should be provided supervision on a regular basis and during their working hours, in line with opportunities offered to all staff working closely with consumers in NSW Health. This includes access to multi-disciplinary group supervision arrangements, separate from peer supervision. For new peer workers, more frequent supervision may be necessary to support orientation and understanding of the role. Supervision may also be delivered on an ad hoc basis to address emerging concerns or for debriefing following challenging situations.

Entitlement to supervision should be clearly articulated in position descriptions, and workplace policies, and documented in accordance with local requirements.

Supervision continued

Challenges in Regional and Rural Areas

Peer workers in regional and rural areas may face additional challenges to accessing supervision due to geographical distance and location. Utilising videoconferencing technology can improve access to supervision in these areas, ensuring that peer workers in remote locations can still engage in reflective practice and receive equitable support.

Supervision for Leaders

Peer workers in leadership roles should also have access to regular peer supervision even in positions that do not involve direct support to consumers. This ensures that peer workers in leadership roles are well supported, engage in regular co-reflection and problem solving, and continue to align their work with the values of peer work and their defined scope of practice.

Peer Supervisors

Building capacity within LHDs/SHNs to offer internal peer supervision will improve access to, and the sustainability of, supervision for the Peer Workforce. Providing training and resources for peer supervisors is recommended as the Peer Workforce continues to grow.

Peer supervision can be provided by a supervisor employed within the same LHD/SHN, from another LHD/SHN, or by an appropriate external supervisor. Reciprocal arrangements between LHDs/SHNs have facilitated peer supervision with supervisors who are independent of the workplace setting, which can provide additional perspective and objectivity.

In cases where other options are unavailable, non-peer staff may be engaged to provide supervision. However, supervision should only be offered by those who have a deep understanding of the Peer Workforce and the unique nature of peer work.

Skills and Training for Peer Supervisors

Peer supervisors must possess the necessary skills and training to effectively provide support and supervision. Training available through HETI should be included in the professional development plans for the Peer Workforce. Discipline-specific peer supervision training will be available through HETI in June 2026, further enhancing the capacity of supervisors to meet the needs of the Peer Workforce.

Culturally Safe Supervision

Peer workers from diverse backgrounds or cultures may prefer to access supervision from within their own community, where this option is available. Aboriginal Mental Health and Wellbeing Peer Workers may seek cultural supervision and co-reflection. This could be with an experienced Aboriginal Mental Health Professional within NSW Health, an Aboriginal elder, or other appropriate person from the Aboriginal community who understands the Peer Workforce. Cultural supervision is critical in ensuring that Aboriginal peer workers are supported in a way that is respectful and aligned with their cultural needs and values.



Career Pathways

The NSW Health Peer Workforce encompasses a range of roles that span from entry level positions to leadership roles, across a range of service settings and specialisations. This diversity in peer work positions, which vary in experience level, skill set and responsibility, promotes workforce development, offers career progression opportunities and supports staff retention.

Professional Reporting Structure

The Framework supports the establishment of professional reporting structures that enhance the development and implementation of the Peer Workforce. This includes embedding a range of lived experience roles across NSW Health services, settings, specialisations, and leadership levels.

The NSW Ministry of Health acknowledges that governance of the Peer Workforce and peer work positions within LHDs/SHNs may differ depending on local needs, services and available funding. Further, roles such as Peer Educators may also be embedded within LHDs/SHNs in addition to the positions below. While The Framework does not mandate a specific governance structure, it recommends the inclusion of peer work roles at all levels of NSW Health to enhance and support the Peer Workforce.

Professional Structures

Professional structures within NSW Health may include the following positions:

- **Peer Workforce Professional Lead:** A district-wide role as the head of the Peer Workforce discipline. The Professional Lead provides leadership and guidance to the growing Peer Workforce, ensuring a consistent approach to development, strategy, and implementation across the LHD/SHN.
- **Senior Peer Workers:** Senior Peer Workers offer guidance, education and supervision to peer workers, ensuring that consumers receive high quality care from a well-supported and trained Peer Workforce. To be eligible for a Senior Peer Worker role, candidates should have experience in a peer work role in addition to the necessary skills outlined in the scope of practice.

- **Peer Workers:** Peer workers may report operationally to managers in a designated Peer Workforce roles such as a Senior Peer Worker or Professional Lead — Peer Work, or to Service Managers, Nurse Managers or similar roles. While not all peer workers will operationally report directly to a Senior Peer Worker or Peer Workforce Professional Lead, they should still be connected to discipline specific professional development networks and supervision.

LHDs and SHNs are supported by state-wide roles such as the Principal Statewide Peer (Lived Experience) Workforce Officer at the NSW Ministry of Health, Mental Health Branch. This role provides leadership and support across the state, ensuring consistency and alignment with statewide strategies and goals for the Peer Workforce.

Remuneration and Grading

Peer workers should be remunerated for the level of capability required for their role and in accordance with the appropriate classification under the NSW Health employment frameworks.

Peer Workers

Peer workers in NSW Health are primarily engaged under the *Health Education Officers Determination* with the conditions of employment are outlined in the *Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award*. Remuneration may be classified as graduate or non-graduate depending on qualifications.

Senior Peer Workers

Senior peer workers are primarily engaged under the Senior Health Education Officer classification in accordance with the Determination or [Health Managers \(State\) Award](#).

Management and Leadership roles

Peer workers employed in management or leadership positions, such as district-wide Peer Workforce Professional Lead roles, may be remunerated under the [Health Managers \(State\) Award](#). The classification level determined by the role's responsibilities, in alignment with the Award's provisions.

These remuneration structures ensure alignment with role responsibilities, qualifications, and the scope of practice, promoting equity and recognition within the Peer Workforce.



Managers of Peer Workers

Effective line management is necessary for all NSW Health staff, including the Peer Workforce. Managers of peer workers should possess the skills and understanding necessary to support and value peer work within their team²⁶ (See [Stage 1: Building Organisational Readiness for Peer Work](#)).

Training for Leaders and Managers

Training for managers, leaders and HR professionals who support the Peer Workforce is recommended to enhance their ability to support this workforce. Suggested training includes the Mental Health Coordinating Council's [Managing Workers with Lived Experience](#).⁷¹

Key areas for training should include:

- Addressing stigma in the workplace.
- Enhancing workplace culture to support peer work.
- Managing and enhancing team cohesion and ways of working.
- Understanding the potential workplace stressors specific to peer work roles.
- Building skills in how to have sensitive conversations about employee wellbeing and workplace supports.

Embedding Peer Work in Multidisciplinary Teams

Peer workers are integral members of multidisciplinary teams (MDT) in NSW Health services, bringing a person-centred and a recovery-oriented approach.⁷² Their inclusion enhances the impact of the multidisciplinary team¹⁰ by ensuring that the voice of the consumer is at the forefront of mental health care.

To enable full participation, peer workers should have access to the same resources and opportunities as other members of the MDT. This includes:

- Involvement in regular MDT activities such as meetings, handover and rounding.
- Access to orientation, training and support for new mental health professionals.
- Regular meetings with their line managers.
- Access to supervision to support professional development.
- Clear delineation of responsibility in care planning when multiple disciplines are involved.

It is recommended that peer work positions that have a requirement to deliver services focus on providing direct support to consumers in line with other members of the MDT. For example, Peer-STOC peer workers are expected to dedicate 65% of their hours to client related work, serving as a guideline for workload allocation.

Building Readiness for Peer Work in MDTs

The inclusion of peer workers in MDTs requires preparation and understanding from all team members. Resources such as The Peregrine Centre's [Working Well in Multidisciplinary Teams](#)⁷² offers strategies to build and sustain an effective MDT within mental health services. For more on building team readiness and fostering an understanding of peer work, see the [Peer Workforce Development](#).

Managers of Peer Workers continued

Resources and Electronic Medical Records (eMR)

Access and Use of eMR and Documentation

Peer workers employed by NSW Health to work with consumers, must have access to and document in eMR, and any other equivalent medical records systems or workplace documentation software. Peer workers use eMR alongside members of the MDT to document key information about their interactions with consumers, ensuring continuity and integration of care.

Documentation Approach

Peer workers employed by NSW Health services may apply the CHIME Framework for Personal Recovery when documenting in eMR. The CHIME Framework emphasizes the values and principles aligned with peer work, focusing on five personal recovery processes: connectedness, hope and optimism for the future, identity, meaning in life and empowerment.⁷³

This approach ensures that peer work documentation supports person-centred and recovery-oriented care.

Training Requirements

Training in the use of electronic medical records and other documentation systems, such as the NSW Health Incident Management System (ims+), is provided in line with mandatory training requirements for all NSW Health professional staff. Relevant NSW Policy Directives and Guidelines of reference include [Mental Health Clinical Documentation \(PD2021_039\)](#)⁷⁴ and [Incident Management \(PD2020_047\)](#).⁷⁵

Embedding Peer Work in the Health System Infrastructure

To further integrate peer workers into the health system, infrastructure adjustments could include:

- developing a specific peer worker identifier within eMR and other health records systems.
- incorporating peer work speciality staff coding into documentation practices similar to other professions.

Resources

Access to Equipment and Workspace

Peer workers require access to resources equivalent to those provided to all NSW Health staff to successfully fulfill their roles. This includes computers/laptops, desk space, phones and internet-enabled mobile devices, business cards and any other necessary equipment.

Travel and Mobility Support

Peer workers employed in roles where travel is required to support consumers, appropriate time and resources must be allocated. These considerations are especially crucial for those working in regional and rural areas, where travel distances may be greater. Support may include access to NSW Health vehicles, internet enabled mobile phones, travel expense reimbursement, and allowances.

Additionally, peer workers in regional and rural areas may benefit from resources and training to deliver telehealth services and leverage other digital technologies to maintain connections with consumers.

Safety in Community Settings

Peer workers must comply with local policies regarding staff movement when undertaking home or community visits.

Confidentiality and privacy

Peer workers are required to uphold confidentiality and privacy of all health related and non-health personal information, in accordance with the [Health Records and Information Privacy Act 2002](#)⁷⁶ and [Privacy and Personal Information Protection Act 1998](#).⁷⁷

Support Mechanisms Available to Peer Workers

Workplace supports for the Peer Workforce include support mechanisms available to all NSW Health employees, alongside strategies tailored to the unique nature of peer work.

The Unique Nature of Peer Work

Peer work is distinct in that it requires individuals in these roles to bring their lived experience insights, learnings and expertise to their professional practice. This lived experience expertise elevates the effectiveness of these roles but may also present unique challenges for peer workers.

Research on the workplace experiences of mental health peer workers in NSW has shown that peer workers are no more likely to experience burnout than other mental health professionals.⁷⁸ However, peer workers should be afforded workplace supports equivalent to the broader mental health workforce while also aligning with the practice and values of peer work.

Workplace Responsibilities

Creating a safe and supportive work environment is a collective responsibility shared by all NSW Health staff and workplaces. Employers must:

- Recognise and respect the unique contributions and challenges of peer work.
- Provide equitable workplace supports that align with the discipline's specific needs.
- Actively address and eliminate stigma associated with lived experience roles.
- Foster a workplace culture that values psychological safety and inclusion.

Sustaining the Peer Workforce

To sustain and develop the Peer Workforce within NSW Health, workplaces should implement support strategies that:

- Enhance peer worker retention and wellbeing.
- Promote a culture of respect, acceptance, and collaboration.
- Offer opportunities for professional development, supervision, and debriefing.

These measures ensure the Peer Workforce is valued, supported, and able to thrive while contributing meaningfully to mental health care in NSW Health.



Relevant legislation and resources

- [Disability Discrimination Act](#)⁵⁵
- [Work Health and Safety Act 2011 \(NSW\)](#)⁷⁹
- [Work Health and Safety Regulation 2017 \(NSW\)](#)⁸⁰
- [Code of Practice: Managing Psychosocial Hazards in the Workplace \(2021\)](#)⁸¹



Support Mechanisms Available to Peer Workers continued

Psychological Health and Safety

Psychological safety is a fundamental consideration across all roles and workplace settings. It involves identifying, understanding and addressing psychological hazards in the workplace, as well as responding effectively when these hazards impact the psychological health and safety of staff employed in NSW.⁷⁹

State and National Frameworks

The Safe Work NSW's [*Psychological Health and Safety Strategy 2024-2026*](#)⁸² highlights actions to raise awareness, build capability and strengthen compliance. The Strategy's purpose is to equip workplaces with the knowledge and capability to take effective action to create and sustain mentally healthy work environments.

The Queensland Lived Experience Workforce Network and Mental Health Lived Experience Peak Queensland Report, [*Psychosocial Hazards in the Lived Experience \(Peer\) Workforce*](#)⁸³ outlines commonly reported psychosocial hazards experienced by peer workers. It recommends strategies to manage and mitigate psychosocial hazards and ensure a safe and mentally healthy environment for peer workers in mental health and suicide prevention.

Psychosocial Hazards and Peer Work

While many psychosocial hazards identified are not unique to the Peer Workforce, their impact may differ for peer workers compared to other staff.⁸³ Common hazards include:

- Stigma and lack of understanding about peer roles.
- Limited access to appropriate supervision and professional development.
- Challenges with team integration and role clarity.
- Emotional demands inherent in sharing lived experience as part of their work.

Unaddressed hazards can exacerbate stress and lead to burnout or disengagement, particularly for peer workers, whose roles are grounded in lived experience.⁸³

Organisational Responsibilities

Understanding and addressing common psychosocial hazards specific to peer workers provides an opportunity to strengthen workplace culture and support. Organisations should:

- Proactively address psychosocial risks through training, policies, and supportive practices.
- Implement tailored supports for peer workers, such as supervision, communities of practice, and debriefing opportunities.
- Promote team readiness and build awareness about the value and function of peer work.
- Foster psychological safety by creating environments where staff feel safe to raise concerns, seek help, and work collaboratively.

By addressing psychological health and safety comprehensively, organisations can build resilient, inclusive workplaces that support the wellbeing of all employees.

Support Mechanisms Available to Peer Workers continued

Table 7
Adapted from Mental Health Lived Experience Peak Queensland & Queensland Lived Experience Workforce Network (2024)

Psychosocial hazards reported by the Peer Workforce	Recommendations to manage psychosocial hazards
1. Moral distress and values clash*	1. Increase access to professional development, training and career progression
2. Disregard of the emotional labour in Peer/Lived Experience Work*	2. Increase access to peer supervision, debriefing and co-reflection
3. Epistemic injustice*	3. Increase knowledge of peer work practice, including training for workplaces regarding the scope of practice
4. Lack of role clarity	4. Increase peer/lived experience leadership
5. Vicarious trauma	5. Improve the workplace culture including culture change initiatives and organisation-wide wellbeing initiatives
6. Low reward and recognition	6. Improve accountability for poor practice and workplace behaviour for all staff
7. Poor organisational justice	7. Access to flexible working conditions
8. High and low workload	8. Support and recognition
9. Poor support	9. Lived Experience/Peer Workforce frameworks and policies
10. Poor workplace relationships including interpersonal conflict	

Final report: Psychosocial hazards in the Lived Experience (Peer) Workforce.⁸³
* identifies psychosocial hazards unique to the Peer Workforce.

Employee Assistance Program

Peer workers in NSW Health have access to wellbeing and support services, including access to the Employee Assistance Programs (EAP). However, EAP should not be viewed as the only avenue of support for the Peer Workforce.⁸³

Comprehensive Support Strategies

To ensure a well-supported Peer Workforce, additional strategies should complement EAP access. These include peer supervision, debriefing sessions, communities of practice, co-reflective spaces and team meetings. In combination, these support strategies provide multiple avenues and pathways to meet the needs of peer workers.

Support Mechanisms Available to Peer Workers continued

Reasonable adjustments

Reasonable adjustments are defined by the Australian Human Rights Commission (AHRC) as changes to a workplace that enable employees to perform their duties effectively in the workplace. Reasonable adjustments create equitable access and opportunity, inclusion, promote dignity and increase longevity in employment.

People with a disability, including those who experience psychosocial disability, have a right to employment on an equal basis to others and workplace adjustments that support their full participation in employment.⁸⁴ NSW Health is committed to employing a workforce that reflects the diversity of the community that NSW Health serve.^{21, 85} Reasonable adjustments may be sought throughout recruitment, appointment and while working in the position, where no exemptions apply.⁸⁴

Examples of adjustments may include:

- Flexible work arrangements including working part time, working from home, flexible hours and job sharing.
- Physical workplace adjustments including location and accessibility of the premises.
- Additional or tailored workplace equipment, technology and resources.
- Process and procedure adjustments to facilitate accessibility.

Opt-in Workplace Wellbeing Plans

A growing focus on wellbeing and psychological safety led to the introduction of opt-in workplace wellbeing plans across many organisations. These plans are designed to support all employees and should not be limited to the Peer Workforce.

Peer workers may choose to complete a workplace wellbeing plan. These plans outline workplace supports tailored to their individual needs. This could include:

- flexible working arrangements.
- reasonable adjustments to the work environment.
- leave or return to work considerations that enable full participation in employment.

A workplace wellbeing plan should focus specifically on workplace supports and adjustments rather than general personal wellness. This distinction ensures the plan is targeted toward creating an environment that fosters psychological safety and productivity.

If a peer worker opts to develop a workplace wellbeing plan, the process should be collaborative and may involve the peer worker, their line manager and their peer supervisor (if appropriate). This approach ensures that the plan reflects the peer worker's needs while aligning with workplace policies and expectations.



7

Resources and References



Resources

Aboriginal Peer Work Resources

- [Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide \(2024\)](#). Developed by the Black Dog Institute and the Western Australia Mental Health Commission.
- [Getting Peer Work Right Checklist \(2024\)](#). Hosted by the Black Dog Institute.
- [Aboriginal and Torres Strait Islander Lived Experience Centre](#), hosted by the Black Dog Institute.
- [Gayaa Dhuwi \(Proud Spirit\) Declaration \(2015\)](#). Companion declaration to the *Wharerātā Declaration* hosted by Gayaa Dhuwi (Proud Spirit) Australia.
- [NGO Aboriginal Mental Health Lived Experience Workforce Standards and Guidelines](#). Developed by Mental Health Coalition of South Australia and the Lived Experience Workforce Program.
- Aboriginal Health Worker Guidelines for NSW Health (2018).
- [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW](#) (2021). and the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021) include specific advice to support Aboriginal peer work.

General Peer Workforce Resources

- [National Lived Experience \(Peer\) Workforce Development Guidelines](#) (2021) developed by the National Mental Health Commission provide national guidance for the development of the Peer Workforce. The National Guidelines include a range of companion documents and resources to support growth and development of the Peer Workforce.
- [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW](#) (2021) supports the development of the SENSW Peer Workforce including guidance for rural areas and an employer of choice checklist.
- [Lived Experience \(Peer\) Workforce Checklist](#) (2024), Lived Experience Australia and National Mental Health Consumer Carer Forum.

- [Peer Work Hub](#) (2016) hosted by the Mental Health Commission of New South Wales is a free online resource that supports employers in NSW to build and strengthen their mental health Peer Workforce.
- [Leading the change: Toolkit to evaluate lived experience inclusion and leadership](#) (2024), Mental Health Commission of New South Wales.
- [Leading the change: Checklist to evaluate lived experience inclusion and leadership](#) (2024), Mental Health Commission of New South Wales.
- Lived Experience Workforce Program hosted by the Mental Health Coalition of South Australia provide resources and evidence to support a growing Peer Workforce.
- [QLD Health Lived Experience \(Peer\) Workforce Framework \(2023\)](#). Developed by QLD Health.
- [Guidelines for the Practice and Training of Peer Support](#) (2013), Mental Health Commission of Canada.

Specialty Peer Workforces

Suicide Prevention Peer Workforce

- [NSW Health Towards Zero Suicides Initiatives](#).
- [Expanding the suicide prevention peer workforce \(2023\)](#). Roses in the Ocean.
- [Peer workforce role in mental health and suicide prevention \(2021\)](#). Commonwealth Department of Health.

Other Specialty Peer Workforces

- [Orygen Youth Mental Health Peer Work Resources](#): Includes an evidence guide, education resources, and an implementation toolkit and checklist for youth mental health peer workers.
- [Developing a Peer Workforce for Eating Disorders: Exploring the Evidence \(2019\)](#). National Eating Disorder Collaboration.

Resources continued

Training and Professional Development Resources

- [HETI](#) and [My Health Learning](#)
 - [HETI Leadership and Management Development Courses](#)
 - [Zero Suicides in Care Training for NSW](#)
 - Training for the NSW Health Peer Workforce including orientation training and peer supervision training will be available on My Health Learning by June 2026.
- [MHPOD](#): MHPOD deliver online mental health professional development training and microlearning for health professionals. Online training related to the Peer Workforce includes:
 - *Supporting a Mental Health Peer Workforce*
 - *MH Peer Workforce within the broader MH system*
 - *Microlearning*
 - Additional modules available include *Recovery*, *Recovery oriented practice*, *Strategies for working with people at risk of suicide*, *Supervision and self-care in Mental Health Services*, *Trauma and mental health*, and *Consumer identity and advocacy*.
- [Mental Health Coordinating Council Training](#): MHCC deliver the Certificate IV in Mental Health Peer Work, Peer Leadership, Peer Navigation Unit of Competency, training for Managers employing peer workers, safe storytelling, trauma informed care training, motivational interviewing and range of other professional development courses.
- [Intentional Peer Support Training](#)
- [Lived Experience Training](#)
 - *Orientation/induction to Lived and Living Experience for all staff*
 - *Foundational Knowledge for Lived and Living Experience workforce development*

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](#)

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
- [Work and Mental Health website, BeyondBlue](#)
- [Willing to Work – Good practice examples: A resource for employers \(2016\)](#) by the Australian Human Rights Commission
- [Mentally Health Workplaces website](#)

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- 2 Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. (2021). *National Lived Experience (Peer) Workforce Development Guidelines*. National Mental Health Commission. Retrieved from <https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/national-lived-experience-peer-workforce-development-guidelines.pdf>
- 3 Mental Health Commission of Western Australia. (2022). *The Western Australian lived experience (peer) workforces framework*. Retrieved from https://livedexperienceworkforces.com.au/wp-content/uploads/2022/10/mhc-lived_experience-pw-framework-oct2022-digital.pdf
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Appendix 1: Consultation Summary 2021-2025

1 Review of previous iterations of The Framework

The NSW Peer Workforce Framework builds on the knowledge, feedback and work of the *Draft NSW Consumer Workers Framework 2013*.

2 The University of Sydney were funded to undertake consultation

The University of Sydney research team were funded between 2021 and 2022 to undertake consultation activities to inform the NSW Peer Workforce Framework.

3 Rapid literature review

The University of Sydney research team completed a rapid literature review.

4 Consultation survey

329 people completed a consultation survey which included peer workers, peer work managers and LHD/SHN representatives. The consultation survey was led by researchers at University of Sydney in 2021-22.

5 Individual interviews

17 individual interviews were conducted by The University of Sydney research team in 2022.

6 Focus group consultations

3 group consultations were conducted by The University of Sydney research team, reaching 25 people.

7 Expert Reference Group

An Expert Reference Group was established in 2021 and provided expert advice regarding The Framework's development and direction. The Expert Reference Group continued until 2025 and comprised of LHD/SHN, Consumer Peer Workforce Committee (CPWC) and Health Services Union Peer Workforce Industrial Advisory Committee representatives.

8 Submissions

38 stakeholder groups were invited in 2022-2023 to provide feedback on a draft Framework. This included all LHDs/SHNs, NSW Pillars, NSW Peak Bodies, the NSW CPWC, the Health Services Union and Branches of the Ministry of Health. 33 submissions were received including 998 individual pieces of feedback.

9 Embedding submissions

998 pieces of feedback were analysed and embedded into The Framework in 2024. 226 final comments were provided by the Expert Reference Group in October 2024 and embedded into the final document.

10 Health Services Union Consultation

Final consultation was held with the Health Services Union and feedback was embedded.

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