LEWP

LIVED EXPERIENCE WORKFORCE PROGRAM

Mental Health

Peer Supervision Framework

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Acknowledgment

The LEWP team would like to acknowledge the following organisations and individuals who gave us their time and expertise to co-design the original version of this framework in 2019[1]:

Members of the LEWP Reference Group, representing the following organisations –

Neami National

Relationships Australia SA

STTARS

SYC HYPA

UnitingSA

Flinders Aboriginal Wellbeing Centre

Adelaide headspace

Independent Lived Experience workers who work with NGOs;

Members of the LEWP NGO Lived Experience Workforce Community of Practice;

Heather Nowak – Peer Champion and Lecturer, Certificate IV in Mental Health Peer Work, TAFESA;

Ann Lawrence – Senior Peer Support Worker, Lived Experience in Gambling Program, Relationships Australia SA.

We would also like to acknowledge those people with Lived Experience, whether acquired through personal experience or through loving and supporting others, who have paved the way for this unique skill set to be recognised and valued in paid employment. Without their tireless work, relentless advocacy and great sacrifices, we wouldn't have a Lived Experience Workforce to supervise.

Non-Government Organisations are welcome to refer to this document and utilise the supporting tools we have co-designed, to suit your workforce needs. In doing so, we ask that you please reference and acknowledge the work of LEWP and the MHCSA.

Lived Experience Workforce Program (LEWP), Mental Health Coalition of SA

[1] Current version updated in 2022

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Introduction

The mental health sector has led the way in developing a paid, designated Lived Experience/Peer workforce (from this point, referred to in this document as 'Lived Experience workforce', "a collective term used to refer to both the personal (consumer) workforce and family/carer (support) workforce"[2] and encompasses a variety of roles). The development of a nationally recognised mental health peer work qualification has had a considerable impact in supporting the quality and skills of Lived Experience workers. Programs like SA's Lived Experience Workforce Program (LEWP) have been able to assist both Lived Experience workers and their employing organisations in building capacity to ensure the effective recruitment, retention and growth of their Lived Experience workforce.

Despite the enormous achievements since the early days of Lived Experience work in South Australia, many workers are still experiencing gaps in workplace support including Lived Experience-specific supervision. A review of the literature tells us that best practice is that Lived Experience workers have access to both line management supervision and peer supervision:

> *"Ideally, Lived Experience workers should be line-managed by other Lived Experience workers. Alternatively, their managers should have either a formal relationship or an informal arrangement with a Lived Experience worker leader or a peer-run provider of training and supervision. This will give them the opportunity to discuss and understand peer values, peer roles, and peer practice issues and tensions." (Mental Health Commission NSW, 2016, p.21).*[3]

Feedback from Lived Experience workers and their leaders[4] indicates that few are receiving peer supervision. While organisations recognise its value, provision is a challenge for a number of reasons including access to suitably qualified Peer Supervisors and budget issues.

Definitions

Language, role titles and practice vary greatly between states and territories. Within South Australia, they also vary between programs, organisations and services which contributes to confusion and lack of clarity around what Lived Experience work is and isn't. The National Lived Experience (Peer) Workforce Development Guidelines, launched in 2021, were co-designed to support national consistency in workforce development, language, understanding, practice, support etc.

For the purposes of the work LEWP does and this document, we are using the following definitions, some of which have been taken or adapted from the national document and those used within the nationally accredited Certificate IV in Mental Health Peer Work qualification:

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[2] Byrne, L., Wang, L., Roenfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines: Growing a Thriving Lived Experience Workforce.* 2021, National Mental Health Commission.

[3] *Consumer Perspective Supervision: A framework for supporting the consumer workforce* 2018 © Victorian Mental Illness Awareness Council (VMIAC) and Centre for Psychiatric Nursing p11

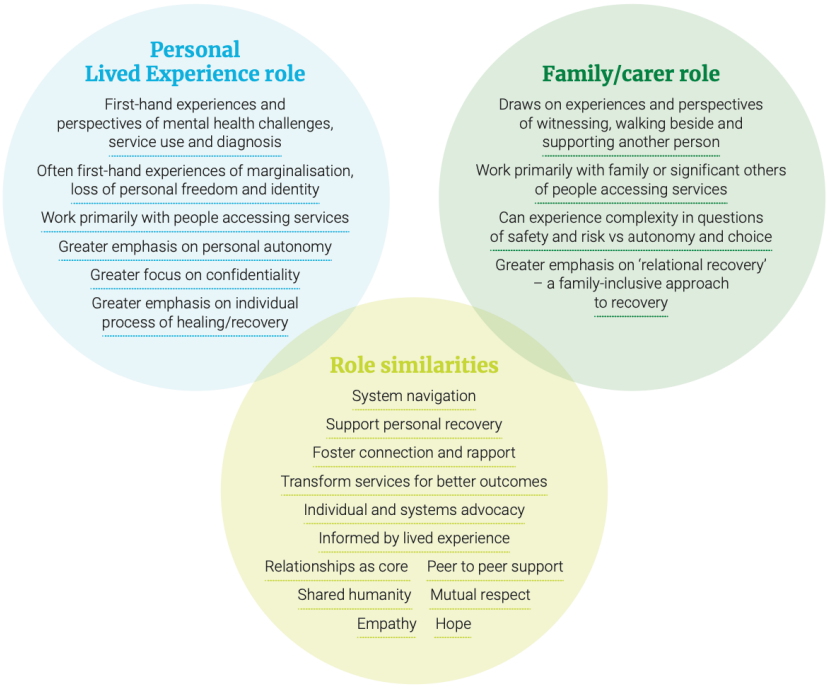
[4] Evaluations collected through LEWP Professional Development sessions for Lived Experience Workers and Training for Leaders of Lived Experience Workforce

Lived Experience

Refers to the experiences of mental health challenges and periods of healing/recovery. Includes personal experience or experience as a carer/family of someone who has personal experience.

Peer and Lived Experience workers

A Lived Experience worker is a person who is in paid employment, where an essential criterion of their Job Description is Lived Experience of mental health challenges and periods of healing/recovery, and the ability to transform the knowledge gained into skills that are applied to work practice. Roles may operate from the personal perspective or carer/family perspective. There are similarities between the perspectives, but the differences are significant, meaning that while a person may have both experiences, they generally practice from the one that has had the most significant impact on their life.



From Byrne, L., Wang, L., Roenfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines: Growing a Thriving Lived Experience Workforce. 2021, National Mental Health Commission.

Lived Experience workers may provide 1:1 or group support, roles often labelled as 'Peer work' as they centre on peer-to-peer relationships. While Lived Experience work began with peer support roles, we are now recognising the value of this skill set in other areas, allowing people to utilise strengths and skills they may have in other areas e.g. policy and advocacy, governance, management, leadership, project work, education, research and so on.

Whatever the role title and scope of practice, ethical Lived Experience work is underpinned by the evidence-based values and principles of Lived Experience work which are included in this document.

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Lived Experience Skill Set

Effective Lived Experience workers are competent in turning Lived Experience knowledge into skills that they apply within the context of their role.

Below are examples5 of experiences and knowledge gained through experience of mental health challenges and periods of healing/recovery. This will be unique to each person and look very different between the personal and carer/family experiences; living through it is a vastly different experience to supporting someone through it:

Mental Health Challenges

- Mental health services
- Disempowerment
- Lack of choice
- Labelling
- Disability, deficits
- Violation of rights, discrimination
- Trauma
- Treatments
- Distress
- Harm e.g. self, others, systems
- Suicide (thoughts, attempts, caring for someone, bereavement)
- Risk
- Related issues e.g. homelessness, AoD
- Stigma, assumptions, judgements

Recovery/periods of healing

- Hope
- Values
- Self-determination, self-management, empowerment, resilience, self-care strategies
- Navigating systems, referral processes, language
- Advocacy
- Awareness; triggers, warning signs
- Boundaries, safe disclosure
- Trauma Informed Care and Practice
- Confidentiality
- Rights
- Holistic approach to wellbeing
- Strengths
- Goal setting
- Dignity of risk
- Active listening
- Not judging

Taken from LEWP Peer Supervision Training © 2022

Lived Experience practice should uphold the foundations, values and principles that underpin ethical Lived Experience work.

Underpinning and Guiding Lived Experience Work

We know there are many non-Lived Experience positions held by incumbents who *have* Lived Experience (disclosed or undisclosed). While the values that draw us to this work are likely shared, non-designated positions are not bound to align their practice with the core values and principles that designated Lived Experience positions are.

As with any discipline, effective Lived Experience practice requires specific knowledge and skills development and ongoing guidance in order to maintain integrity of the role and to ensure practice is in line with the ethos of Lived Experience work.

The values and principles of Lived Experience work, that guide practice are:

Table 2: Core values of Lived Experience work

Core values	What does it mean?
Hope	Belief in people's fundamental capacity to overcome challenges.
Equality/equity	Working from a place of common humanity and vulnerability. Actively working to minimise power imbalances.
Mutuality	Being in a relationship with another person where both people learn, grow and are challenged through the relationship. Sharing responsibility in relationships.
Empathy	Understanding another's experience from a point of common experience and genuine connection.
Choice	Acknowledging and respecting each person's choices, dignity of risk and boundaries. Acknowledging that the person is the expert of their own experience.
Respect	Honouring another's view and experience without judgement or making assumptions.
Authenticity	Integrity, being open, honest, trustworthy, and transparent in work practices and relationships. Valuing the use of lived experience and vulnerability in the service of others transforms these from what may have been perceived as weaknesses into strengths.
Belonging/inclusion	Respecting and understanding the value of inclusion and impact of exclusion. Recognising intersectionality and valuing diversity culture, spirituality, membership in chosen groups and community.
Interdependence/ interconnectedness	Recognition that we exist in relationships and that the relationships with families and/or social networks are often impactful in our lives and important to healing.
Justice/Human Rights	Understanding the impact of social justice/inequity on identity and opportunity e.g. race, culture, sexual orientation. Recognising that equal access to resources and support is an important factor in everyone's recovery and healing. Recognising the consumer movement as a response to the history of social injustice and discrimination towards people with lived experience. Recognising how Lived Experience work is connected to the human rights movement and upholding the human rights of people with lived experience.

From Byrne, L., Wang, L., Roenfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines: Growing a Thriving Lived Experience Workforce. 2021, National Mental Health Commission.

Table 3: Guiding principles

Principles	What does it mean?
Lived experience as expertise	The expertise that arises from a lived experience is of equal value to other types of expertise, including academic qualifications.
Self-determination	Respecting individual choice and personal agency.
Recovery-focused	Recognises that individuals can define what recovery/healing means to them, and each person can create a life that is meaningful for them. Interactions are underpinned by hope.
Person-directed	Service access and individual recovery planning/journey is directed by the person themselves and recognises the person as the expert of their own experiences. Respects where each individual happens to be in their journey of recovery/healing, and recognises that goals, values, spirituality, beliefs, and choices will be unique to each person.
Strengths-based	Identifying and drawing on existing strengths to support growth, recovery and healing. Recognising the value/learning that can come from experiences of crisis.
Relational	Relationships are the basis of practice, and connection is used to build relationships of trust. Recognises relationships built on trust and respect as foundational to working effectively with other Lived Experience workers and within multi-disciplinary environments.
Trauma-informed	Acknowledges the impact and prevalence of trauma, negative experiences and loss of control and power. Emphasises the need for physical, psychological and emotional safety. Creates opportunities for empowerment and for people to take an active role in their own healing/ recovery. This is also captured in the lived experience conviction that it is better to ask *"What happened to you?"* not *"What is wrong with you?"*
Humanistic	The relational nature of Lived Experience work is recognised for its effectiveness to engage people through human connection and a holistic focus.
Voluntary	Participation is always voluntary (not coercive) and Lived Experience workers often take an active role in working towards eliminating forced treatment and restrictive practice.

From Byrne, L., Wang, L., Roenfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines: Growing a Thriving Lived Experience Workforce. 2021, National Mental Health Commission.

It is also important to remember that true Lived Experience work is not only about the *worker's* Lived Experience: it is also about universal, collective experiences. Some people find it very challenging to hold the tension between their own experiences and those of others in practice. They may not be aware that they are unable to see past their own beliefs, values and assumptions, which are largely based on their own experiences (upbringing, culture, mental health challenges and recovery etc.).This broader worldview is what the Lived Experience movement was all about and is why we have the designated roles we have today.

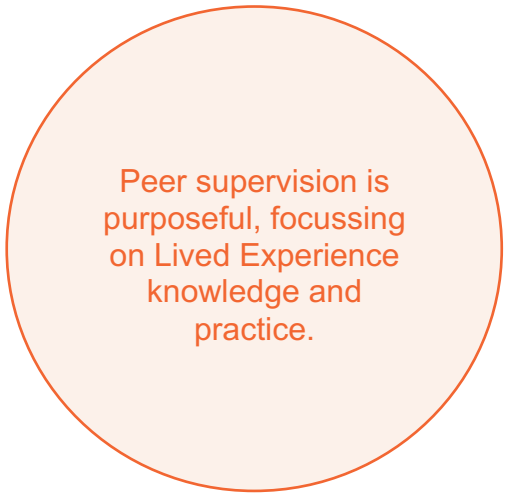
To do this well is a skill that needs to be learned, practiced and constantly reflected upon. If a person cannot do this, it can turn the role into something that does not truly represent Lived Experience work.

This foundation is what ensures the role is different to other support roles and allows Lived Experience workers to see, authentically connect with, be genuinely open to and respectful of other perspectives, in a way that ensures shared/equal power in the relationship.

Peer Supervisors are Lived Experience workers. The above apply to this role and the working relationship with Supervisees. Peer supervision:

- Puts the Supervisee at the centre of all decision-making
- Makes space for other worldviews
- Is founded on an authentic, equal relationship built on warmth, genuineness, openness, trust and honesty
- Focusses on strengths
- Promotes self-determination
- Recognises, respects and values the lived and other experiences of both people in the relationship
- Is mutual and reciprocal: based on shared responsibility, learning and growth and not on one "helping" the other
- Understands and practices genuine connection and disconnection
- Upholds human rights

Purpose of Peer Supervision



We know that line management supervision is an essential support mechanism for all staff. For designated Lived Experience roles, peer supervision is equally as important. It differs from line management supervision in that it concentrates specifically on Lived Experience practice and development of the Lived Experience skill set.

The term 'peer', as it relates to peer supervision, identifies the supervisor's position within the relationship as being equal to the person receiving supervision ('supervisee'). This immediately distinguishes it from line management supervision, a relationship in which one person holds a position that the other reports to.

The Certificate IV in Mental Health Peer Work course suggests there are five key roles in the supervision of staff:

1. Supportive role
2. Practice development role
3. Professional development role
4. Administrative role
5. Evaluative role

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It also states that best practice means "…practice development should be performed by an independent specialist, rather than a line manager. This can eliminate potential conflicts of interest and role confusion." [6]

A Peer Supervisor is someone who is highly experienced and skilled in working from the perspective of either personal or carer/family Lived Experience. Ideally, the Peer Supervisor should have undertaken the Certificate IV in Mental Health Peer Work and have extensive practice experience, through which they are able to demonstrate sound knowledge of the underpinning foundations, values and principles of Lived Experience work. It is preferable that they have experience in a similar role to the supervisee and also in leadership.

The Human Rights foundations of Lived Experience work, and operating "in" the system but not "of" the system, can lead to great tension. Having worked in the same or similar roles, Peer Supervisors are able to relate first-hand to the ethical dilemmas Lived Experience workers face and can provide support to navigate these, meeting the requirements for service delivery while remaining true to the ethos of the role.

Given that almost half of Australians will experience mental health challenges[7], many Line Management Supervisors will have Lived Experience. But the nature of the reporting relationship means they are not best placed to supervise as a peer. Line managers do play an important part in the development of Lived Experience practice.

Conversations that take place within peer supervision may result in required actions, such as accessing Lived Experience professional development. The Supervisee and Line Manager can discuss strategies and actions that support practice needs to be met. It should be noted that peer supervision is not a substitute for Lived Experience-specific professional development; Peer Supervision is complementary. It can also provide valuable cultural awareness support to non-designated positions, to develop understanding of Lived Experience perspectives within their own practice.

Peer supervision scope examples

Managing tensions

- Operating within systems but not 'of' systems
- Ethical dilemmas
- Lived Experience/Support Worker differences
- Boundaries
- Confidentiality
- Difficult conversations and scenarios
- Co-optation to other practices
- Impact of role on Lived Experience e.g. retraumatisation, compassion fatigue
- Working in isolation

[6] Foundations of Peer Work – Part 3 pp116, 117 Ó 2015 National Mental Health Commission

[7] Australian Bureau of Statistics. (2009). National Survey of Mental Health and Wellbeing: Summary of Results, 4326.0, 2007. ABS: Canberra

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Practice reflection

- Staying 'peer' (integrity of practice, values and principles, practice frameworks) •
- Clarity of role
- Purposeful application of Lived Experience knowledge to practice
- Responsibilities for own recovery, self-care practice
- Debriefing in a safe space
- Guiding frameworks: e.g. Trauma Informed Care and Practice, Recovery Approach

Skills development

- Lived Experience skills and knowledge development, access to training
- Peer and Lived Experience network opportunities
- Reflective practice
- Career progression and personal growth

Target Group

All designated mental health Lived Experience roles should have access to a trained and experienced Peer Supervisor.

This Peer Supervision Framework has been developed specifically to guide the practice of providing peer supervision within the non-Government mental health sector in South Australia, to people in paid roles in which Lived Experience of mental health challenges and periods of healing/ recovery is noted as an essential criterion (consumer and carer positions).

Outcomes

- All Lived Experience workers within the NGO mental health sector have access to an appropriately experienced and qualified Peer Supervisor, sourced internally or externally, who has experience in the same or a similar role
- Peer Supervision is trauma informed, strengths-based, recovery-focussed and upholds the values and principles of Lived Experience work
- Peer Supervision is delivered in a consistent manner across the NGO mental health sector

Peer supervision benefits the Lived Experience worker, their organisation, those receiving support and the Peer Supervisor.

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- Peer Supervisors receive ongoing supervision, training and development in order to effectively provide peer supervision in line with best practice and the values and principles of Lived Experience work
- Peer Supervisees will feel adequately supported within their roles, be clear on the requirements of their position and capable of effectively fulfilling these, and be skilled in turning Lived Experience knowledge into practice as it relates to their position
- Peer supervision will be monitored and evaluated to ensure the needs of the Lived Experience Workforce and organisations that employ them, are being met

Key Elements

The following have been identified as critical to the effectiveness of Peer Supervision:

- The Peer Supervisor has successfully completed the Certificate IV in Mental Health Peer Work and/or is able to demonstrate sound knowledge and extensive experience in Lived Experience practice
- Peer Supervisors and Supervisees will uphold the values and principles of Lived Experience work at all times
- The Peer Supervisor will have first-hand experience in the same or a similar role to the Supervisee

- Peer Supervisors and Supervisees are covered by the required insurances e.g. Public Liability, Professional Indemnity
- The relationship and interaction between Peer Supervisor and Supervisee will do no harm to either party (trauma informed)
- Peer supervision will remain focussed on building and developing knowledge and skills relating solely to Lived Experience practice
- At the initial supervision meeting, Supervisees will sign a declaration, which gives consent/outlines their preferences for recording and sharing information, agreed frequency and environment/location of sessions, conduct, process. This will be reviewed during subsequent supervision sessions
- Each Supervisee will work with the Peer Supervisor to co-design supervision sessions that are tailored to meet their specific Lived Experience practice needs
- Confidentiality, including limitations, will be discussed and the initial meeting and maintained at all times in line with the policies and procedures of the employing organisations, relevant legislation and declared wishes of the Supervisee

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Roles and Responsibilities

Peer supervision is mutual and reciprocal. Peer Supervisors and Supervisees share responsibility for the supervision relationship

Peer Supervisor:

- Operate within the values and principles of Lived Experience work, using a Trauma Informed and Recovery approach
- Role model and reinforce these to the Supervisee
- Provide Lived Experience discipline-specific support through open, purposeful sharing from own lived and work experience (including anxieties and mistakes) and respectful challenging
- Provide supervision based on experience in a similar role and the same Lived Experience perspective (personal or carer/family)
- Understand the Supervisee's role, including scope
- Actively listen
- Provide a safe space for critical reflection, growth and development of Lived Experience skills and practice through discussion, activity (e.g. role playing) and exploration
- Promote self-efficacy and decision-making
- Maintain own knowledge and skills relating Lived Experience work practice – e.g. history, best practice, innovations
- Recognise the value of the Supervisee's Lived Experience knowledge and expertise
- Carry out agreed actions in a timely manner
- Commit to the working relationship
- Operate and maintain confidentiality in line with policies, procedures and guidelines of any organisation involved, relevant legislation and within those agreed upon with the Supervisee
- Accurately record details of supervision session discussion and provide a copy to the Supervisee
- Seek feedback from the Supervisee
- Maintain required insurances
- Know the purpose and boundaries of the role and the supervision relationship; maintain them and know when to refer on (e.g. EAP)
- Promote the value of, and advocate for, the Lived Experience role within the workplace and community
- Provide links to Lived Experience networks, professional development and training

Supervisee:

- Where possible, choose a Peer Supervisor who:
  - ✓ Is suitably qualified and experienced to meet specific needs
  - ✓ Is someone with whom trust exists or will develop
  - ✓ Has both leadership experience and experience in a similar Lived Experience position

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- ✓ Operates from the same Lived Experience perspective (personal or carer/family)

- Operate within the values and principles of Lived Experience work, using a Trauma Informed and Recovery approach
- Role model these in the supervision relationship
- Purposefully share from own lived and work experience (including anxieties and mistakes) and be open to respectful challenging. In turn, respectfully challenge the Supervisor
- Actively participate in critical reflection, growth and development of own Lived Experience skills and practice through discussion, activity (e.g. role playing) and exploration. Seize every opportunity to develop self-efficacy
- Maintain own knowledge and skills relating Lived Experience work practice – history, best practice, innovations
- Recognise the value of the Supervisor's Lived Experience knowledge and expertise
- Carry out agreed actions in a timely manner
- Commit to the working relationship
- Operate and maintain confidentiality in line with policies, procedures and guidelines of any organisation involved, relevant legislation and within those agreed upon with the Supervisee
- Support the Supervisor to record accurate details of supervision session discussion and ensure a copy is provided
- Provide feedback to the Supervisor
- Ensure the Supervisor maintains required insurances e.g. Professional Indemnity
- Know the purpose and boundaries of the Supervisor's role, the supervision relationship and maintain them. Know when to seek support elsewhere (e.g. EAP)
- Promote the value of, and advocate for, the Lived Experience role within the workplace and community
- Role model and communicate learning (best practice) to participants, Line Management Supervisor, Team and Organisation to effect positive change to workplace culture, mental health programs, systems and processes

Considerations

Organisations and individuals are responsible for ensuring the delivery of peer supervision upholds the values and principles of Lived Experience work.

Environment

Peer supervision should be trauma informed: that is, it should acknowledge that many people with Lived Experience have experienced trauma of some description, and therefore should not add to this or do harm. This applies to both parties within the peer supervision relationship.

For this reason, the environment in which supervision occurs is important to consider. This should be negotiated between the Peer Supervisor and Supervisee, so that a location and venue that is accessible and comfortable for both is considered.

Documentation and confidentiality

Any information recorded and managed should be done so in line with the values and principles of Lived Experience work and consider organisational policies, procedures and relevant legislation.

During the initial meeting, it is good practice for the Peer Supervisor and Supervisee to discuss what will be recorded during sessions, who will do it and how. Recorded information can be useful for outlining any agreed actions and follow ups, details of the next session (e.g. date, location) and for self-reflection following the session. It can also be useful for reflecting on progress at subsequent sessions.

It is up to the Supervisee whether they want to share details of discussion with any party outside the supervision relationship. It is also their decision as to what is shared, how and with whom. Informed consent must be sought prior to sharing of information. Organisations will likely require evidence that sessions have occurred; Peer Supervisors may be required to submit regular reports outlining dates of sessions, hours etc. This should first be discussed with the organisation and the Supervisee.

Method

The overarching consideration must be *the delivery of peer supervision within our organisation will uphold the values and principles of Lived Experience work.* Rather than making peer supervision fit the organisation, the organisation should consider the needs of its Lived Experience workforce and how it can make room for best practice peer supervision.

The LEWP Reference Group and members of the LEWP's NGO Mental Health Lived Experience Workforce Community of Practice, engaged in workshops and consultations which looked at individual and group peer supervision. The findings are as follows:

Benefits of Group Supervision:

- Individuals may feel safer to speak out on issues if they know others have had similar experiences
- Allows for diversity in perspectives, skills and strengths
- Provides a space for collaboration in problem solving
- Shared wisdom may bring learning through questions and answers
- Issues presented by a group can often carry more weight for change and development
- Group work promotes a sense of mutual understanding
- Creates community
- Validating, normalising, affirming occurs through open sharing
- Connection to others who understand the challenges and successes of using the Lived Experience skill set
- Builds support and resource sharing networks
- Cost effective for organisations
- Prevents dependency

Challenges of Group Supervision:

- Potential to add trauma e.g. over disclosure of members, members feeling obliged to share in the group
- Individuals may not feel safe to share Lived Experience practice issues with everyone
- Confidentiality issues
- Existing conflict (and potential to create conflict) amongst colleagues
- Lack of trust between members
- Dominating voices, others go unheard
- Challenging to provide space in a group to reflect on *personal* practice needs and fully unpack them
- Takes away choice and control over individual supervision needs and safety
- Less flexible than individual supervision

Frequency

There is no one size fits all approach. Frequency should be negotiated and take into consideration aspects such as:

- The needs and preferences of the Supervisee
- Access to and capacity of the Peer Supervisor
- The capacity of the Supervisee
- The frequency of line management supervision and its interaction with peer supervision

Frequency should be reviewed periodically and approached flexibly. For example, the Supervisee may require more frequent supervision when starting out in the role and less frequent as they become more experienced and connected to other Lived Experience support opportunities and networks.

Professional Development

Peer supervision and Lived Experience-specific professional development are both essential for the support and development of both consumer and carer Lived Experience roles. Peer Supervision complements professional development, as it can support application of knowledge gained into practice and guide practice so that the integrity of Lived Experience work is upheld.

Peer supervision complements Lived Experience-specific professional development but does not replace it.

Lived Experience Workers should be supported and encouraged to engage with training and development opportunities that allows them to reflect on their current practice, build on their Lived Experience knowledge, develop new skills and strategies for application to practice.

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Professional development should also support connection to Lived Experience work-related and general Lived Experience networks.

Evaluation

Peer supervision should be evaluated at regular intervals to ensure integrity of practice and effectiveness, and should take into account:

- The effectiveness of the Peer Supervisor-Supervisee relationship
- Supervisee's growth in Lived Experience knowledge and practice
- Supervisee's feelings of support and confidence in the role
- Supervisor's ability and effectiveness to provide supervision in line with the values and principles of Lived Experience work
- Supervisee's satisfaction with frequency, duration, structure and method of supervision
- Supervisee's willingness to engage and continue engaging in peer supervision
- Positive change to Supervisee's practice as a result of peer supervision
- Supervisee's career pathways and professional development needs and action

Resources

To provide a strong implementation of Lived Experience workforce, we recommend organisations undertake a self-assessment process using our NGO Mental Health Lived Experience Workforce Standards and Guidelines. Three versions have been co-designed to suit the unique needs of organisations and their workforce: Mainstream/LGBTIQA+ Mental Health Lived Experience Workforce, and Aboriginal and CALD Mental Health Lived Experience Workforces. Each aligns to national and state-wide plans and Lived Experience frameworks, and the MHCSA NGO Lived Experience workforce strategy.

All versions and an Action Plan template can be downloaded by visiting our website: https://mhcsa.org.au/lived-experience-workforce-program/

LEWP has also co-designed tools to support the delivery of effective peer supervision, including Supervision Notes and Evaluation templates.

To discuss implementing the Standards and Guidelines or to access peer supervision resources, please contact the LEWP team **Lizzie Graham, Senior Project Officer:** lizzie.graham@mhcsa.org.au

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