

# Mental Health Peer Workforce Development Plan Insert Organisation Name Gold Coast 2015-20

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**Developed by the Peer Workforce Reference Group sponsored by Gold Coast Partners in Recovery**

### **Acknowledgements**

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## Introduction

### *Moving toward a stronger, supported and larger peer workforce on the Gold Coast*

**Vision:** By 2020 the Peer Workforce on the Gold Coast will have contemporary recruitment, retention, support and professional development structures across all sectors, including government and non-government organisations providing mental health and alcohol and drug services.

**Workforce development** refers to the worker, the organisation and the sector.

**Peer workers** are defined as people who are employed in roles that require them to identify as being, or having been, a mental health consumer or carer.

**Recovery-oriented practice** refers to the application of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing, and to define their own goals, wishes and aspirations.

Whilst value is placed on all expertise that workers bring, whether gained through lived experience or professional practice, people with a lived experience of mental illness and recovery are an essential part of the workforce in the mental health sector. This is recognised in [National](#) and [State](#) commitments and growing [international documentation](#) of the benefits of a well-developed and supported Peer Workforce in improving the recovery orientation of services, producing positive outcomes for individuals and families, and reducing some of the pressures on the mental health workforce.

Initial conversations with the Gold Coast Consumer & Carer Workforce Group, combined with a Literature Review and the recognised opportunities for growth of the workforce, identified the need for a Peer Workforce Development Plan. Key issues and needs from a national and international perspective provided the foundation for the local analysis of peer workforce development by the Peer Workforce Reference Group ([Appendix A](#)). Thus, in recognition of the benefits of a strong and developed peer workforce, this Peer Workforce Development Plan for the Gold Coast has been produced.

This document is designed to be a strategic plan that acknowledges the variety of peer work models that exist yet does not support one model over another, allowing for organisational fluidity in the operationalisation of the plan. The intent is that the document will be used by senior management as a reference guide for best practice peer workforce engagement and is designed to be adapted as needed.

#### ***Key roles and functions of peer workers include:***

- Advocacy and representation
- Peer support
- Health promotion
- Education and training
- Quality assurance and research
- Coordination, management and leadership

## Guiding Principles

The following Guiding Principles and Code of Ethics have been adopted by the members of the Peer Workforce Reference Group to guide peer workers in their various roles and relationships within their professional lives. Peer Workers remain subject to their organisations' policies and procedures and the following principles and ethics recognise the nature of peer work itself.

Peer Workers will:

1. Provide a platform for person-centred support where relationships can develop and opportunities are explored together.
2. Engage in a mutual and reciprocal relationship with the person with whom they engage.
3. Share experiences when appropriate and recognise that each person has knowledge and skills to teach and learn.
4. Uphold a recovery-focussed framework, encouraging hope, and supporting access to opportunities and activities as mutually negotiated.
5. Understand that within the relationship differing world views can be explored and perceptions and assumptions can be challenged, so that hope is fostered and we can move toward new experiences.
6. Promote health and wellbeing together.

*As Peer Workers our approach is to adapt and feel the experience. We adapt like water taking any shape and form through the journey of our Peers. This is not about emotions, this is about the nature of our role taking us where the other peer goes and we feel the experience as much as they feel. We see like they see. We think like they think. We walk like they walk. We speak like they speak. We feel like they feel. That's our Strength. That's our Language. That's our Experience. That's our Journey. That's our Role. That's a Peer. That's who I am.*

– Peer Worker, Gold Coast

## Code of Ethics

### Values

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#### Respect

All people have the right to be heard and treated with dignity and respect, have their privacy protected, and have their documentation treated in a confidential manner. Peer workers respect the person, their family and carers, their experience, their values, beliefs and culture. They also respect diversity among people, families, carers, colleagues and communities, in areas including class, gender, culture, religion, spirituality, disability, age, power, status and sexual orientation.

#### Advocacy

Concern for the welfare of others guides the work of peer workers. They strive to uphold the human rights of people, families and carers, including full and effective participation and inclusion in society.

## Recovery

Peer workers support and uphold the principles of recovery-oriented mental health practice articulated in the [National Framework for Recovery-oriented mental health services 2013](#) which is underpinned by the [National Standards for Mental Health Services 2010](#).

- Uniqueness of the individual
- Real choices
- Attitudes and rights
- Dignity and respect
- Partnership and communication
- Evaluating recovery

## Working in partnership

Peer workers foster positive professional and authentic relationships with people, families, carers, colleagues, peers and wider community networks. Safe and professional boundaries are maintained. Peer workers work constructively to resolve tensions that may arise in partnerships. The professional diversity that can exist within teams is respected and valued and there is always endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice. Peer workers believe that quality service provision is enhanced and underpinned by effective working relationships within the service, with partner agencies and communities.

## Excellence

Peer workers are committed to excellence in service delivery, and also to personal development and learning. This is supported through reflective practice, ongoing professional development and lifelong learning.

## Ethical Considerations

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As well as adhering to the values above, organisations and peer workers have other ethical considerations to consider.

### Conflicts of interest

Peer workers will be aware of the potential for conflicts of interest which may affect their ability to exercise professional discretion and judgement.

### Professional boundaries and dual relationships

Peer workers will manage dual relationships (multiple roles) between peers and professionals in their work. Supportive systems and effective strategies need to be in place.

### Commitment to safe practice

Peer workers will take appropriate action if ill-health, impairment or any other factor is likely to interfere with their work performance. They will take steps towards ensuring their continuing wellbeing both in their own interests and in the interests of safe practice.

*I had gone from daily hospital admissions due to constant self-injury and overdosing to finally being confident that this is all behind me now. And I know that the reason I have had such a major shift in my life is because when I sat down with peer support workers we really talked and I would be challenged but in a good way, in a way which helped us all grow. It was different to anything I'd ever experienced before, because I used to get extremely frustrated when a doctor or somebody in the mental health sector tried to "treat" my "symptoms" based on what they'd learned from a text book. I liked how the relationship with the peer workers was based on mutuality and not "I'm superior to you".*

– Megan, Peer in FSG Australia's PEARL Program

## **Objective 1. Recruitment**

### ***1.1 Expand Workforce Numbers***

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#### **Promote peer work as a career option**

Work with Disability Employment Services & Job Services Australia to increase peer work employment and training opportunities.

Develop and distribute targeted ongoing communications covering training opportunities, roles, career pathways and positive stories.

#### **Support entry into the workforce**

Promote and provide information on training opportunities.

Establish a process for short-term work experience placement (shadowing of roles).

Hold information sessions at the beginning of the recruitment phase.

Provide linkages to support the development of job application and interview skills.

Secure funding for training scholarships.

Provide traineeships.

Define pathways from voluntary work to paid employment.

Support voluntary roles in peer work.

#### **Open new positions**

Secure funding.

Develop affirmative action strategies for consumers to be employed in all roles (encourage people with a lived experience to apply for a variety of roles).

### ***1.2 Improve Recruitment & Employment Practices***

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#### **Review HR practices**

Prepare HR guidelines for employers on reasonable accommodations.

Meet the National Mental Health Peer Workforce Development Guidelines, 'Principles for Employment and Reasonable Adjustment' ([Appendix B](#)).

## Provide clear & differentiated position descriptions

Differentiate job titles using nationally recognised key functions ([Appendix C](#)).

Link position descriptions to appropriate levels of the [National Mental Health Core Capabilities](#) ([Appendix D](#)).

## Implement best practice recruitment process

Develop a well-defined and targeted recruitment/advertising strategy.

Develop interview procedures that ensure the best outcome for the applicant (interview panel includes a person with lived experience; interview environment is comfortable and relaxed; interview questions are focused on capabilities and recovery; job offer timeline is clear; feedback and information for professional development is provided to unsuccessful applicants).

### **The Intentional Peer Support Model – FSG Australia PEARL Program**

*It is like being able to interact with people in a mutual way, whilst sharing experiences and learning and growing as individuals. It allows a space for organic connections and opens up new ways of thinking.*

*The focus of an IPS worker is to build stronger, healthier and interconnected communities by inviting powerfully transformative relationships among peers. Participants learn to use relationships to see their lives from new angles, to develop greater awareness of personal and relational patterns, and to support and challenge each other. IPS workers aim to improve mental health and wellbeing through “intentional” peer relationships. The intentional nature of these peer relationships is aimed at breaking through “stuck” patterns to experience new ways of living an independent life not constrained or defined by illness and crisis. This approach is trauma-informed. It addresses how and why meaning is made from life experiences, and how trauma can be overcome in order for participants to be able to move forward in life.*

*An IPS worker/peer relationship is viewed as a partnership that invites and inspires both parties to learn and grow, rather than assuming – as traditional services tend to do – that one person in each relationship needs to “help” another.*

*IPS workers encourage participants to focus on positive goals for their lives, rather than behaviors that they need to stop or avoid doing.*

## **Objective 2. Retention**

### ***2.1 Establish Comprehensive Formal Orientation Processes***

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#### **Review orientation process**

Establish thorough formal orientation process. Give consideration to the identified needs of the employee (e.g. the possibility of the employee having had extended periods outside of the workforce).

Incorporate the following: organisation mission and structure; policies and procedures; IT; relevant legislation; ethical considerations regarding privacy, boundaries and confidentiality; introductions to staff and partner agencies; team work expectations; supervision; and taking care of oneself.

### ***2.2 Establish Well-defined Supervision & Support Mechanisms***

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#### **Enhance team culture of support & prevent isolation**

Facilitate the teaming of peer workers through an initial buddying system and ongoing overlapping hours with one or more peer workers.

Provide opportunities for engaging in existing State, Regional and online peer work networks/groups.

#### **Provide ongoing supervision**

Ensure supervision is regular and focussed on skills, performance and support - not on health status.

Engage peers as supervisors.

Ensure actual job expectations are the same as written job expectations.

#### **Establish a mentoring program**

Adopt the National Mental Health Peer Workforce Development Guidelines, 'Elements of an Effective Mentoring Program' ([Appendix E](#)).

Develop clear goals to be achieved in consultation with the peer worker and selected mentor.

#### **Provide online support mechanisms**

Explore available online forums, video conferencing, and other supportive tools.



### **Provide support to create wellness plans as requested by individual peer workers**

Create individual plans to optimise well-being and avoid issues that may impact performance.

### **Provide professional support programs**

Recognise additional requirements of support due to higher risk of experiencing vicarious trauma.

### **Create and maintain a mentally healthy working environment**

Develop strategies in a range of areas that promote wellbeing in the workplace.

## ***2.3 Develop Career Structure***

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### **Form pathways for promotion**

Offer a clear sequence of training credentials and education linked to [National Mental Health Core Capabilities](#).

Differentiate [roles](#) and expand horizontally and vertically.

Recognise career options beyond Mental Health Peer Work.

### **Accommodate multiple entry and exit points**

## ***2.4 Support Inclusive Practices***

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### **Ensure the consistent application of workplace policies**

Research and review remuneration and ensure equal pay between comparable positions.

Ensure peer workers have full and equitable access to permanent positions, as available.

### **Enable opportunities for integration and interaction within the organisation**

### **Provide training to learn the language of the workplace**

## Objective 3. Training & Development

### **3.1 Meet the National Mental Health Core Capabilities ([Appendix D](#))**

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**Provide orientation training on Peer Work frameworks/models/ethics**

**Promote accredited and informal training opportunities to current and potential peer workers**

Promote [Certificate IV in Mental Health Peer Work](#).

**Provide/fund adequate and appropriate accredited and informal training**

Foster professional development growth in core capabilities, peer leadership and peer management skill sets.

Facilitate training in governance, management, supervision, advocacy, anti-discrimination and human rights.

Provide training for managers of peer workers and other relevant non-peers, such as the [Management Skill Set – to promote and establish a mental health peer workforce](#).

**Support and encourage self-identification of professional development opportunities**

### **3.2 Engage with Professional Networks**

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**Support peer workers' membership in the Gold Coast Consumer & Carer Workforce Group and state and national bodies**

## **Objective 4. Organisational Development**

### ***4.1 Embed a Culture of Respect for Peer Work***

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**Engage Champion/s within organisation to drive action and support for Peer Work**

**Review policies and procedures**

Ensure relevant policies and procedures support peer workers.

Recognise and respect models of peer work practice.

**Implement internal communication strategies to reduce stigma & create recovery-based philosophy**

Engage HR and senior leadership in the process.

Disseminate information on the roles, benefits, aims and philosophy of Peer Work; expectations; ethics; boundaries; language; respectful attitudes towards all colleagues.

Provide ongoing success stories promoting the value of lived experience for all departments.

Promote Peer Work as essential rather than add-on.

### ***4.2 Review Organisational Arrangements to Support Peer Workers***

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**Establish clear line management & supervision structure**

Build awareness of the philosophy of Peer Work across the organisation.

Define framework for regular operational and reflective supervision.

Establish targets for the ratio of peers in supervisory positions and support succession planning.

**Provide support and mechanisms to resolve values/ethics conflicts as a peer worker**

## Objective 5. Sector Development

### 5.1 Strengthen the Consumer & Carer Workforce Group as a Community of Practice (*Terms of Reference Appendix E*)

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#### Build further partnerships

Build relationships based on needs (resources, funding, research).

Identify organisations utilising peer support models, invite and encourage participation.

#### Share best practices and research

Secure funding for ongoing professional development of members and representation at state and national networks and meetings.

### 5.2 Conduct Interdisciplinary Advocacy & Education

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#### Support research initiatives & evidence-based learning

Explore local demand/opportunities for peer workers.

Forecast future workforce changes, challenges, issues.

Use formal and/or informal methods to document outcomes, particularly those that complement other disciplines.

Disseminate findings and stories internally and externally.

*Being a Peer Worker, my lived experience made me feel like a better person - it became my strength and an opportunity to give back and make a difference in our community.*

*Knowing that I am valued and acknowledged is important. Something that I thought was a weakness: lived experience: is now a strength.*

– Titta, Recovery Peer Support Worker, Mental Health & Specialist Services, Gold Coast Health

## **Operational Plan** Insert timeframe here

[Copy and paste operational plans here]

## References

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## Appendix A - Reference Group Membership

The Mental Health Peer Workforce Development Plan for the Gold Coast was developed by the following members of the Reference Group. Each individual's expertise, support and contribution is acknowledged and appreciated by all.

Name	Position Title	Organisation
Moy Tierney	Member	The Consumer & Carer Workforce Group
Leila Farahani	Member	The Consumer & Carer Workforce Group
Amanda Eggington	Member	The Consumer & Carer Workforce Group
Michelle Edwards	Carer Consultant, Mental Health & Specialist Services	Gold Coast Health
Jackie Robinson	Consumer Companion, Mental Health & Specialist Services	Gold Coast Health
Zoe Gill	Consumer/Carer Consultant, Mental Health & Specialist Services	Gold Coast Health
Jackie Cohen	General Manager, Mental Health Services	FSG Australia
Titta Gigante	Peer Support Worker, Mental Health & Specialist Services	Gold Coast Health
Paige Gaudry	Services Manager, Mental Health Services	FSG Australia
Craig Stanley-Jones	Regional Manager, QLD	Aftercare
Jacqui Greig	Regional Manager, Gold Coast	Mental Illness Fellowship Queensland
Philip Williams	Manager, headspace Youth Early Psychosis Program (hYEPP)	Headspace
Steve Hackett	Partnership Manager, headspace Youth Early Psychosis Program (hYEPP)	Headspace
Tawanda Machingura	Assistant Director of Occupational Therapy Mental Health & Team Leader of Mental Health Recovery Service, Mental Health & Specialist Services	Gold Coast Health
Vicki Green	Service Director, Inpatient Units, Mental Health & Specialist Services	Gold Coast Health
Lesley Maher	Program Manager	Partners in Recovery Gold Coast
April Turner	Project Officer	Partners in Recovery Gold Coast

## Appendix B – Principles for Employment & Reasonable Adjustment

*The following is based on the National Mental Health Peer Workforce Development Guidelines 'Principles for Employment and Reasonable Adjustment'.*

### Principles and associated workplace strategies

#### **Mental health peer workers are a valuable workforce element of recovery oriented mental health services.**

- a. Organisational commitment to recovery is articulated in the mission statement or key service documents.
- b. Employment of peers is proactively undertaken as part of interdisciplinary workforce considerations.
- c. Written job descriptions are developed for all roles, including peer work roles.
- d. Training is provided to all staff to ensure understanding of peer work roles and the contribution they can make in the workplace.
- e. Clear positive recruitment strategies are in place.
- f. Peers and non-peers in comparable positions are comparably remunerated.

#### **A safe and healthy workplace benefits the organization.**

- a. New employees receive a formal and consistent orientation.
- b. Workplace policies are consistently applied to peer and non-peer workers.
- c. All workers are provided with essential work resources to complete their role, for example, office space and appropriate technology.
- d. Benefits counselling is available so that prospective workers on income support are clearly advised on financial implications of work and work hours.

#### **Personal information about a worker's health status is confidential.**

- a. A formal process is established for sharing work-related information between peer and non-peer workers.
- b. Training is in place on policies and practices relating to confidentiality.
- c. A policy is in place to avoid, where possible, peers receiving services in organisations or sites where they are employed.

#### **Reasonable adjustments may be required to enable a worker to work to the best of their ability.**

- a. Policies are in place regarding the supports available to workers, which may include flexible or part-time hours, changed location, leave of absence, or flexibility to attend external appointments related to health and wellbeing.

#### **Organisational support mechanisms are in place to support workers and are communicated to workers.**

- a. Clear policies are in place regarding available support mechanisms, such as employee assistance programs, and the policies are communicated to staff.
- b. Proforma agreements or plans are available to support advance directives for workers who may become unwell or be required to respond to caring responsibilities.

#### **Training and supervision are important elements of effective job performance.**

- a. New peer workers receive training prior to commencement.
- b. Line management supervision is in place.
- c. Discipline specific supervision is supported by the organization.



## Appendix C - Key Roles & Functions

*The following is based on the National Mental Health Peer Workforce Development Guidelines.*

Key roles and functions for peer workers include:

- Advocacy and representation
- Peer Support
- Health promotion
- Education and training
- Quality and research
- Coordination and management

Job titles will reflect the importance of the peer worker yet differentiate between the key functions of peer workers. For example, the job title Peer Worker (education and training) or Peer Support Worker.

### *Advocacy and representation*

Peer workers can support individual consumers and carers to understand and navigate mental health services, and other services they may need. This might include the provision of information; liaison with services, and attending appointments with the individual service user or carer.

Systemic advocacy can involve participation by consumers and carers at all levels of the mental health system, including at individual services, district, state and national levels. The role provides a lived experience perspective and may involve membership of committees; involvement in policy development or service redesign; or participation in workshops, forums or conferences.

### *Peer Support*

Some peer workers will provide peer support to other consumers or carers. [Mead \(2003\)](#) suggests that 'Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships'.

### *Health Promotion*

Peer workers may be involved in health promotion in relation to mental health, recovery, physical health, and other areas. Some consumer peer workers are specifically employed in roles aimed at improving the physical health of people with severe mental illness. Program aims may include improvements in physical health, self-esteem and social connectedness.

### *Education and Training*

Education of other health and mental health professionals, and students undertaking health studies, can be an area of focus for peer workers. The [National Practice Standards for the Mental Health Workforce](#) (2002) stress the importance of involving both consumers and carers in the education of the workforce. Peer workers may be involved in facilitating education groups for peers in a range of areas from art therapy to relaxation.

### *Quality and research*

The role of some peer workers includes participating in quality projects or research. This may include facilitating the evaluation of mental health services by consumers and carers, and promotion of the involvement of consumers and carers in quality improvement initiatives and research.

### *Coordination and Management*

Some peer workers have a management role, supervising and managing peers, volunteers and other team members. Tasks may include managing budgets and other resources, identifying referral and support services in the local community, facilitating shared services, managing the design and delivery of new peer workforce managed services.

## Appendix D – Mental Health Core Capabilities

*The following is based on the National Mental Health Peer Workforce Development Guidelines.*

The National Mental Health Core Capabilities are the foundation for demonstrated workplace capabilities. They are divided into four levels based on the responsibilities of the peer worker. Below is a summary of the core capabilities. Further details are provided in the [National Mental Health Core Capabilities \(2014\)](#).

### Summary

<b>1.0 Values</b> <ul style="list-style-type: none"><li>1.1 Respect</li><li>1.2 Advocacy</li><li>1.3 Recovery</li><li>1.4 Working in partnership</li><li>1.5 Excellence</li></ul> <b>2.0 Diversity and whole person focus</b> <ul style="list-style-type: none"><li>2.1 Diversity</li><li>2.2 Working with Aboriginal and Torres Strait Islander people, families and communities</li><li>2.3 Prevention and promotion of wellbeing</li><li>2.4 Whole person focus</li></ul> <b>3.0 Professional, ethical and legal approach</b> <ul style="list-style-type: none"><li>3.1 Ethical and legal practice</li><li>3.2 Scope of practice and accountability</li><li>3.3 Communication, documentation and conflict management</li><li>3.4 Self-management and care</li></ul> <b>4.0 Collaborative practice</b> <ul style="list-style-type: none"><li>4.1 Shared responsibility with people using services and their families and carers</li><li>4.2 Interprofessional collaboration<ul style="list-style-type: none"><li>4.2.1 Vision and objectives</li><li>4.2.2 Collaboration within and across teams</li><li>4.2.3 Collaborative interprofessional decision-making</li></ul></li><li>4.3 Collaborating across time and place<ul style="list-style-type: none"><li>4.3.1 Transfer of care, follow up and referral, including clinical handover</li><li>4.3.2 Integrated care</li></ul></li></ul>	<b>5.0 Provision of care</b> <ul style="list-style-type: none"><li>5.1 Access &amp; engagement</li><li>5.2 Assessment</li><li>5.3 Performing health care activities<ul style="list-style-type: none"><li>5.3.1 Individual planning</li><li>5.3.2 Deliver care</li><li>5.3.3 Monitor, evaluate and revise plans</li></ul></li><li>5.4 Supporting processes and standards<ul style="list-style-type: none"><li>5.4.1 Evidence-based practice</li><li>5.4.2 Quality care provision and general safety</li><li>5.4.3 Dignity of risk</li></ul></li></ul> <b>6.0 Life-long learning</b> <ul style="list-style-type: none"><li>6.1 Holistic learning and development</li><li>6.2 Self-reflection</li><li>6.3 Professional support relationships</li><li>6.4 Feedback and peer assessment</li></ul>
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## Appendix E – Mentoring Program

*The following is based on the National Mental Health Peer Workforce Development Guidelines 'Elements of an effective mentoring program'.*

Elements of an effective mentoring program		
Characteristic	Description	Impact
Clear purpose and values	A clear statement of what the program is trying to achieve, and its underlying philosophy.	Robust framework for developing policies and procedures, promotional activities and so on.
Policies and procedures	Well documented policies, procedures and protocols that guide program implementation and management.	Consistent fidelity in program application.
Orientation and training	Training of mentors and mentees includes program requirements and rules, communication and limit-setting skills, relationship building, ways to interact, cultural awareness, and understanding of mental health.	Mentor volunteers are aware of the commitments of being a mentor, understand their role, and have realistic expectations. Mentees understand the role of the mentor and their own role in the relationship.
Matching process	Matching procedures take into account the preferences of the peer worker and the mentor.	Good matches that minimise the risk of early termination of relationships. Peer worker's goals more likely to be achieved. Mentor more likely to stay involved and gain more personally.
Ongoing support	Programs include professional staff providing ongoing and regular supervision and support to mentors and mentees before and after they are matched.	The likelihood of effective matches increased. Builds capacity of the mentor to get through the early stages of the match while the relationship is established. Follow-up areas of additional training or organisations support. Programs in which mentors are not contacted regularly by staff are most likely to fail. Poorly supervised matches are more likely to be disbanded because of loss of interest.
Selection of mentors	Aim to select mentors who: <ul style="list-style-type: none"> <li>• Respect and have a genuine interest in peer work</li> <li>• Actively listen, suspend judgement, ask thoughtful questions</li> <li>• See solutions and opportunities</li> </ul>	Peer worker is assisted to achieve their goals and handle difficult situations. Peer worker is provided with an opportunity to explore their own thoughts and find solutions.
Length of program	Twelve months may be a minimum, as longer programs can produce beneficial outcomes.	Earlier than expected terminations dissolve the bond of trust between mentor and mentee, and can have longer term negative effects.
Managed closure	A closure policy with procedures for exiting the program and assistance for mentees to define the next steps in achieving their goals.	Formal relationships are ended responsibly. Reward and recognition of relationship and celebration of achievements. Expectations for further contact are clear for both parties. Mentee is supported.

## Appendix F – Evaluation Framework

The aim of this framework is to provide an adaptable tool for evaluating the peer workforce on the Gold Coast for the purpose of determining the Peer Workforce Development Plan's impact on peer workers, mental health services, consumers and carers.

The evaluation will be conducted by *Insert organisation name and person responsible*.

EVALUATION		MONITORING		
Broad Evaluation Question	Monitoring Question	Data Source/Method	Responsibility	Timeframe
<b>How effective has the implementation of the plan been?</b>	What has been the impact for peer workers, the organisation, consumers and carers?	Interviews Surveys Focus groups External feedback Self-assessments		
	How satisfied are consumers/carers with the service?	Interviews/surveys		
	Is the demand for peer workers meeting the supply of staff/volunteers?	Waiting lists		
<b>To what extent has the goal of a stronger peer workforce been met?</b>	How many training opportunities have been provided?	Course outlines Learning and Professional development plans		
	What percentage of staff are satisfied with the education & training provided?	Surveys		
	How many peers are in supervisory roles?	Staff records		
	How many peer workers have completed the Certificate IV in Mental Health Peer Work?	Staff records		
	How many local peer workers are trained to deliver accredited training in peer work?	Training certificates		
<b>To what extent has the goal of a more supported peer workforce been met?</b>	Do peer workers have position descriptions that are differentiated and link to the Core Capabilities?	Position descriptions		
	Are peer workers satisfied with supervision and support mechanisms?	Survey/focus group		
	Is there equal pay between comparable positions?	Staff records		
	Do peer workers feel part of the team?	Survey/focus		

		group/interview		
	Is regular job-specific and reflective supervision provided?	Survey/focus group/interview		
<b>To what extent has the goal of a larger peer workforce been met?</b>	To what extent have the workforce numbers expanded?	Staff records		
	How many peer workers have been promoted?	Staff records		
	How many voluntary positions are available in peer work?	Volunteer records		
<b>To what extent has there been attitude change towards mental illness and peer workers?</b>	Is there an organisational culture of support, understanding and respect of peer work?	Survey/Interviews		
	How many communication materials have been developed and disseminated (external and internal)?	Communication materials		
	Has there been an increase in staff being open about lived experience?	Focus groups Staff records		
	Has there been an increase in the use of recovery language?	Focus groups		
	What percentage of staff believe in the possibility of recovery?	Survey		

# Terms of Reference

### Gold Coast Mental Health and Integrated Care Consumer and Carer Workforce Group

<b>Ratified:</b>	24 February 2015	<b>Review Date:</b>	24 February 2016
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#### 1.0 Purpose

- 1.1** The Gold Coast Mental Health & Integrated Care (MH&IC) Consumer and Carer Workforce Group has been established to promote the inclusion and participation of consumers, carers and family members within the public Mental Health and Integrated Care Service and Community NGOs in the Gold Coast region. This group aims to specifically support the needs of consumer and carer workers endeavouring to coordinate their efforts influencing the quality of services provided to consumers, carers and families and ensuring a recovery focus.

#### 2.0 Scope and Functions

- 2.1** Support the Consumer and Carer workforce in the Gold Coast region working within the Directorate of Mental Health and Integrated Care and Community Non-Government Organisations.
- 2.2** Take a leadership role in providing an inclusive and supportive network which includes Consumer and Carer workers, allowing a unified and co-ordinated approach to our work advocating for Consumer-led, Recovery-oriented, and Family/Carer-sensitive services.
- 2.3** Provide guidance, supervision and mentoring as requested/required by group members.
- 2.4** Provide information pertaining to training and professional development opportunities.
- 2.5** Maintain partnership links to other peer networks.
- 2.6** Promote networking and information sharing.
- 2.7** Provide updates regarding relevant 'key matters' under consideration in meetings being attended by group members.
- 2.8** Encourage partnerships and project sharing.
- 2.9** Enable co-ordinated and efficient use of the Gold Coast regions Consumer and Carer workforce and resources available to them.
- 2.10** Support the interests of Consumers and Carers in the Gold Coast region.

#### 3.0 Membership (Positions held only)

- 3.1** The committee shall be comprised of:
- Consumer and carer workers employed by the GCHHS Directorate of Mental Health & Integrated Care including, but not limited to:
  - Consumer and Carer Consultants
  - Peer/Recovery Support Workers
  - Consumer Companions
  - Consumer and Carer Representatives

<b>3.0</b>	<b>Membership (Positions held only)</b>
	<ul style="list-style-type: none"> <li>– Consumer and Carer workers from community NGOs including, but not limited to, MIFQ, enVisionFSG, Aftercare, Headspace, Consumer &amp; Carer Advisory Group, Elanora Carers Group and Ozcare</li> </ul>
<b>3.2</b>	<p>Other staff members are invited on an ad hoc basis:</p> <ul style="list-style-type: none"> <li>– Team Leader – Mental Health Recovery Services</li> <li>– Other Qld Health employees and Community members by invitation</li> </ul>
<b>4.0</b>	<b>Chairperson (Position held only)</b>
<b>4.1</b>	Co-chairs: MH&IC Consumer Consultant & Carer Consultant.
<b>5.0</b>	<b>Secretariat (Position held only)</b>
<b>5.1</b>	Rotational between Consumer and Carer Consultants.
<b>6.0</b>	<b>Reporting Relationships</b>
<b>6.1</b>	The group reports to the Team Leader – Mental Health Recovery Services and is tabled at MH&IC Directorate's Quality & Safety Committee.
<b>7.0</b>	<b>Frequency of Meetings</b>
<b>7.1</b>	The group meets monthly.
<b>8.0</b>	<b>Quorum</b>
<b>8.1</b>	Consumer or Carer Consultant plus 3 members.
<b>9.0</b>	<b>Agenda Items</b>
<b>9.1</b>	Agenda items, together with relevant discussion papers, should be submitted not less than three days prior to the meeting.
<b>9.2</b>	The agenda, together with relevant discussion papers, will be distributed electronically to members prior to the meeting.
<b>9.3</b>	All agenda, minutes, correspondence, files, reports and Consumer and Carer Service Reports will be kept securely by the Consumer and Carer Consultant.
<b>10.0</b>	<b>Minutes</b>
<b>10.1</b>	Minutes shall be disseminated to all members within one week prior to the next meeting.
<b>10.2</b>	Minutes confirmed by the committee will be forwarded to the Team Leader – Mental Health Recovery Services for tabling at the Directorate's Quality & Safety Committee, and, if requested, to other peer networks at the discretion of the Co-Chairs.
<b>10.3</b>	The minutes shall be informal and record the general discussion of the group members and the agreed outcomes.
<b>10.4</b>	Minutes will be saved on the GCHHS Mental Health & Integrated Care shared drive.
<b>11.0</b>	<b>Access to Information / Confidentiality</b>
<b>11.1</b>	Members of the group have the right to access information and documents relevant to issues being considered within the terms of reference. It is acknowledged that certain issues being examined may be of a confidential and/or sensitive nature, which will require members of the group, and the secretariat, to exercise utmost tact and



<b>11.0</b>	<b>Access to Information / Confidentiality</b>
	discretion and ensure any confidential information will remain confidential.
<b>11.2</b>	Members will abide by the Gold Coast Hospital and Health service media policy. Members are not to make public statements on behalf of the GCHHS unless specifically requested to do so by the Executive Officer or with their approval. Examples include media interviews, speaking at conferences or material for publication.
<b>11.3</b>	In cases where the Consumer and Carer Group wishes to make a statement about health issues, the Gold Coast Hospital and Health Service Media officer must be consulted.
<b>12.0</b>	<b>Out-of-Session Functions of the Committee</b>
<b>12.1</b>	Out-of-session information will be disseminated to members by email via the committee's secretariat.
<b>13.0</b>	<b>Consumer Engagement</b>
<b>13.1</b>	All members of the Consumer and Carer Workforce Group have a lived experience of mental illness or support someone with a lived experience. All members hold peer positions in the Health Service, NGOs or in community groups. A core function of these positions is to engage with consumers/carers in order to provide systemic advocacy on behalf of this group.
<b>14.0</b>	<b>Periodic Performance Review</b>
<b>14.1</b>	<p>The Committee will consider the function and operating principles of the Committee as part of the broader review of the Committee structure no later than January for the forward year.</p> <p>It will consider the outcomes and conduct of the Committee in the previous year and consider changes to the Terms of Reference for the year to come.</p>
<b>14.2</b>	<p>Key Performance Indicators (KPI) for the group are:</p> <ul style="list-style-type: none"> <li>• A minimum of ten (10) meetings to be held every calendar year</li> <li>• 50% of members or more to be present at each meeting</li> <li>• Four (4) guest presenters to speak at meetings over the course of the calendar year</li> <li>• Provide consultation to a minimum of two (2) stakeholder groups</li> <li>• Maintain high scores on annual group evaluation</li> </ul> <p>The function of the Consumer and Carer Workforce Group relates to the following NSQHS and EQulP National standards:</p> <ul style="list-style-type: none"> <li>• Standard 1 – Governance of Quality and Safety in Health Service Organisations</li> <li>• Standard 2 – Partnering with Consumers</li> <li>• Standard 13 – Workforce Planning and Management</li> </ul> <p>The effectiveness of the group will be reviewed annually using the HHS Evaluation tool.</p>

## Objective 1. Recruitment

### 1.1 Expand Workforce Numbers

Promote peer work as a career option				
Work with DES & JSAs to increase peer work employment and training opportunities.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Develop and distribute targeted ongoing communications covering training opportunities, roles, career pathways and positive stories.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Support entry into the workforce				
Promote and provide information on training opportunities.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## Peer Workforce Development Operational Plan Insert timeframe here– Insert Organisation Name here

Establish a process for short-term work experience placement (shadowing of roles).

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Hold information sessions at the beginning of the recruitment phase.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Provide linkages to support the development of job application and interview skills.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Secure funding for training scholarships.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## Peer Workforce Development Operational Plan Insert timeframe here– Insert Organisation Name here

Provide traineeships.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Define pathways from voluntary work to paid employment.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Support voluntary roles in peer work.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Open new positions				
Secure funding.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## Peer Workforce Development Operational Plan Insert timeframe here– Insert Organisation Name here

Develop affirmative action strategies for consumers to be employed in all roles (encourage people with a lived experience to apply for a variety of roles).

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### 1.2 Improve Recruitment & Employment Practices

#### Review HR practices

Prepare HR guidelines for employers on reasonable accommodations.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Meet the National Mental Health Peer Workforce Development Guidelines, 'Principles for Employment and Reasonable Adjustment'.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

#### Provide clear & differentiated position descriptions

Differentiate job titles using nationally recognised key functions.

**Peer Workforce Development Operational Plan** Insert timeframe here– Insert Organisation Name here

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Link PDs to appropriate levels of the National Mental Health Core Capabilities.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
<b>Implement best practice recruitment process</b>				
Develop a well-defined and targeted recruitment/advertising strategy.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Develop interview procedures that ensure the best outcome for the applicant (interview panel includes a person with lived experience; interview environment is comfortable and relaxed; interview questions are focused on capabilities and recovery; job offer timeline is clear; feedback and information for professional development is provided to unsuccessful applicants).				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## Objective 2. Retention

### 2.1 Establish Comprehensive Formal Orientation Processes

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Review orientation process				
Establish thorough formal orientation process. Give consideration to the identified needs of the employee (e.g. the possibility of the employee having had extended periods outside of the workforce).				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Incorporate the following: organisation mission and structure; policies and procedures; IT; relevant legislation; ethical considerations regarding privacy, boundaries and confidentiality; introductions to staff and partner agencies; team work expectations; supervision; and taking care of oneself.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### 2.2 Establish Well-defined Supervision and Support Mechanisms

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Enhance team culture of support & prevent isolation
Facilitate the teaming of peer workers through an initial buddying system and ongoing overlapping hours with one or more peer workers.

## Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Provide opportunities for engaging in existing State, Regional and online peer work networks/groups.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Provide ongoing supervision				
Ensure supervision is regular and focussed on skills, performance and support - not on health status.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Engage peers as supervisors.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Ensure actual job expectations are the same as written job expectations.				



## Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
<b>Establish a mentoring program</b>				
Adopt the National Mental Health Peer Workforce Development Guidelines, 'Elements of an Effective Mentoring Program'.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Develop clear goals to be achieved in consultation with the peer worker and selected mentor.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
<b>Provide online support mechanisms</b>				
Explore available online forums, video conferencing, and other supportive tools.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

### Provide support to create wellness plans as requested by individual peer workers

Create individual plans to optimise well-being and avoid issues that may impact performance.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### Provide professional support programs

Recognise additional requirements of support due to higher risk of experiencing vicarious trauma

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### Create and maintain a mentally healthy working environment

Develop strategies in a range of areas that promote wellbeing in the workplace.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## 2.3 Develop Career Structure

## Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

### Form pathways for promotion

Offer a clear sequence of training credentials and education linked to National Mental Health Core Capabilities.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Differentiate roles and expand horizontally and vertically.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Recognise career options beyond Mental Health Peer Work.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### Accommodate multiple entry and exit points

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## 2.4 Support Inclusive Practices

Ensure the consistent application of workplace policies				
Research and review remuneration and ensure equal pay between comparable positions.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Ensure peer workers have full and equitable access to permanent positions, as available.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Enable opportunities for integration and interaction within the organisation				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Provide training to learn the language of the workplace				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS

**Peer Workforce Development Operational Plan** Insert timeframe here - Insert Organisation Name here

1.				
2.				
3.				
4.				

## Objective 3. Training & Development

### 3.1 Meet the National Mental Health Core Capabilities

Provide orientation training on Peer Work frameworks/models/ethics				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Promote accredited and informal training opportunities to current and potential peer workers				
Promote Certificate IV in Mental Health Peer Work				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Provide/fund adequate and appropriate accredited and informal training				
Foster professional development growth in core capabilities, peer leadership and peer management skill sets.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

Facilitate training in governance, management, supervision, advocacy, anti-discrimination and human rights.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Provide training for managers of peer workers and other relevant non-peers, **such as the** Management Skill Set – to promote and establish a mental health peer workforce.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### Support and encourage self-identification of professional development opportunities

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

### 3.2 Engage with Professional Networks

Support peer workers' membership in the Gold Coast Consumer & Carer Workforce Group and state and national bodies.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				

Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

3.				
4.				



Objective 4. Organisational Development

4.1 Embed a Culture of Respect for Peer Work

Engage Champion/s within organisation to drive action and support for Peer Work				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Review policies and procedures				
Ensure relevant policies and procedures support peer work				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Recognise and respect models of peer work practice				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Implement internal communication strategies to reduce stigma & create recovery-based philosophy				

## Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

Engage HR and senior leadership in the process.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Disseminate information on the roles, benefits, aims and philosophy of PW; expectations; ethics; boundaries; language; respectful attitudes towards all colleagues.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Provide ongoing success stories promoting the value of lived experience for all departments.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

Promote Peer Work as essential rather than add-on.

TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

**4.2 Review Organisational Arrangements to Support Peer Workers**

Establish clear line management & supervision structure				
Build awareness in the philosophy of Peer Work across the organisation.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Define framework for regular operational and reflective supervision.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Establish targets for the ratio of peers in supervisory positions and support succession planning.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Provide support and mechanisms to resolve values/ethics conflicts as a peer worker				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
5.				
6.				

Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

7.				
8.				

## Objective 5. Sector Development

### 5.1 Strengthen the Consumer & Carer Workforce Group as a Community of Practice

Build further partnerships				
Build relationships based on needs (resources, funding, research).				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Identify organisations utilising peer support models, invite and encourage participation.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Share best practices and research				
Secure funding for ongoing professional development of members and representation at state and national networks and meetings.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				

## 5.2 Conduct Interdisciplinary Advocacy & Education

Support research initiatives & evidence based learning				
Explore local demand/opportunities for peer workers.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Forecast future workforce changes, challenges, issues.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Use formal and/or informal methods to document outcomes, particularly those that compliment other disciplines.				
TASKS	START/END MONTH	PERSON RESPONSIBLE	ISSUES	PROGRESS
1.				
2.				
3.				
4.				
Disseminate findings and stories internally and externally.				
TASKS	START/END	PERSON	ISSUES	PROGRESS

Peer Workforce Development Operational Plan Insert timeframe here - Insert Organisation Name here

	MONTH	RESPONSIBLE		
1.				
2.				
3.				
4.				