Mental Health Council OF TASMANIA

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Harmonising Language for the Tasmanian Peer/Lived Experience Workforce

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About Us

The Mental Health Council of Tasmania (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Background

The purpose of the 'Harmonising Language for the Tasmanian Peer / Lived Experience Workforce' workshop in February 2023 was to bring together Tasmanian representatives from various sectors and explore the range of ideas, experiences, and language currently in use to describe this unique workforce, including representatives and advocates.

The value and importance of the voice of lived experience in service delivery and design has been gaining momentum for some time across the mental health sector as well as other community service sectors (for example: alcohol and other drugs, social services). This report recognises the extensive work undertaken across the mental health, AoD and community services sectors as they develop a strong Peer / Lived Experience workforce. As an example, Alcohol Tobacco and Other Drugs Council's (ATDC) Lived Experience participation work highlights the importance of ensuring lived experience is at the centre of reform, including their advocacy for building the AoD peer workforce (*Submission to the National AOD workforce strategy).* The Tasmanian Council of Social Service (TasCOSS) is also building its focus on lived experience participation, and Tasmania now has a number of organisations across sectors employing Peer / Lived Experience workers.

In the mental health space, the focus on the Peer Workforce has been sustained and building since 2015, with the release of Tasmania's first *Rethink Mental Health* plan which identified the development of a Peer Workforce as a priority action. And in 2017, the *Fifth National Mental Health and Suicide Prevention* plan equally identified and valued actions related to the peer workforce.

There has been a noted increase in focus from government on the importance and value of the Peer / Lived Experience workforce in the mental health, alcohol and other drug and community services sector, and the potential for a strong and growing Peer / Lived Experience workforce could provide to address the burgeoning workforce needs across these respective systems.

Progress has been significant here, with Tasmania developing a tailored, place-based and State Government-funded Peer Workforce Development Strategy in 2019 to support the ongoing growth of a Peer/Lived Experience Workforce in Tasmania. Development of the Strategy,

undertaken by MHCT, involved extensive, state-wide consultation across the state to understand the barriers and opportunities in the development of a Peer / Lived Experience workforce in Tasmania.

In 2021, the National Lived Experience (Peer) Workforce Development Guidelines were launched and although very much welcomed, the introduction of the term 'Lived Experience Workforce' as their descriptive terminology added another layer of complexity when seeking a consistent description within the mental health sector. In addition, in 2022 the concept of a strong Peer workforce was embedded as a key priority in the National Mental Health and Suicide Prevention Agreement.

In 2022, a supporting Implementation Plan was developed and is reflective of a language shift over the intervening two years since the delivery of the Peer Workforce Development Strategy, coupled with feedback from stakeholders that 'Lived Experience' was becoming the preferred terminology when referring to this workforce. The Implementation Plan identifies specific actions relating to awareness raising and increasing engagement of both people with lived experience and organisations to develop and support the evolution of the workforce in Tasmania.

This constitutes positive and welcome progress to ensuring that services and systems are fit for purpose and build on the valued expertise that only people with lived experience can bring. However, with this increase in attention and focus, the terminology related to Peer and Lived Experience work has become complex and open to differing interpretations. This confusion creates barriers to effective implementation of consistent and cohesive workforce development strategies, and to achieving consistent, informed and significant funding to develop this critical workforce across a range of sectors.

Currently, there is a varied range of terminology in use, for example: Lived and Living Experience; Lived Expertise; Lived Experience Worker; Peer Worker; Peer Practitioner; Lived Experience Professional; and Peer Representative and Volunteers - just to name a few.

To progress the actions identified within the *Lived Experience (Peer) Workforce Development Strategy Implementation Plan*, it is critical to achieve clarity and consistency in how we collectively define, describe, and communicate this work and these roles as soon as possible. Increasing engagement and investment to effectively utilise the voice of lived experience more broadly is reliant upon a common, collective understanding of the Peer / Lived Experience workforce.

Pre workshop Survey

All participants were invited to participate in a short pre-workshop survey, and the information was collated and shared with the group at the workshop to assist the discussion. Key learnings from the survey included:

- Over 50% of respondents identified that a Peer is someone with 'similar experiences' to them and/or 'shared something in common' (for example age, culture). Additionally, the term 'an equal' was referenced several times
- The majority of responses defined lived / living experience as firsthand experience, with those experiences referenced mental illness, alcohol / drug use, experience of systems and supports, experiences of marginalisation, discrimination, and stigma
- 40% of survey responses saw the term Lived Experience worker as interchangeable with Peer Worker. Several responses suggested the term was related to advocacy along with supporting someone who is unwell

Further survey analysis can be viewed in full as *Appendix 1*.

Workshop

Participants from a range of sectors came together in Hobart on 22 February to explore how far we have come collectively towards embedding the principles of Peer / Lived Experience work in our organisations and sectors. Participants including members of the Peer / Lived Experience workforce across a range of sectors; government and agency representatives; and organisational representatives. Together, the group reviewed the development of a professionalised workforce including the language we all use to define it in Tasmania, whilst exploring the purpose and key attributes of the role. The workshop agenda can be viewed as *Appendix 2*, and the participant list as *Appendix 3*.

Together, the workshop participants sought a shared definition for the role, with a common goal to achieve a harmonious approach and definition that will assist government and agencies, organisations, services and supports, consumers, families, friends and communities to minimise confusion, whilst supporting increased education, awareness and understanding around the contribution, value and expertise of a Peer / Lived Experience workforce.

The workshop was funded by Primary Health Tasmania (PHT) with workshop facilitator, Kym Goodes from 3P guided discussions throughout the day.

Key Learnings and Highlights

There was significant interest from workshop participants to focus in on the functions / purpose and attributes of the role, rather than a sole focus on the role 'name' / title or definition. There was also discussion around what outcomes our sectors and organisations would like to see from the workforce.

A consensus was sought around the terminology we collectively use to describe the Peer / Lived Experience workforce, together with a broad agreement on the key attributes associated with the role. This work will then mitigate many risks faced on three fronts, by:

1. avoiding confusion or disengagement by individuals who may initially be interested in pursuing training to join the Peer / Lived Experience workforce, but are unsure about the role;
2. minimising confusion across sectors as they recruit, train and retain this workforce; and
3. ensuring consistency about the role description and key attributes in order to secure continued funding from government, agencies and other funding bodies.

Collective Definitions

Participants workshopped collective definitions for 'a Peer' and 'Lived and Living experience' in groups. The results below illustrate common themes, but also highlight diversity and some of the sensitivities that can lie with language. The nuanced range of responses are outlined below:

A peer

- Works directly with individuals
- Similar life stage-age
- Similar life experience – internal and external
- Sharing with the right intent and with the ability to be self-aware and moderate sharing
- Someone who gets it / can and will meet you there
- Someone who is like me and has shared experiences 'one of us'
- Someone I can trust more easily because we have a shared experience / identity
- Peer can be narrow / exclusive term when over intersectional identities are so different that even if there's a shared experience of one thing, the other are too different to be relatable (for example: gender, age, sexual orientation etc.)
- Challenging to define by organisation / sector, so we see many changes, and this makes it confusing for the consumer and funders
- An ability to be vulnerable and self-determinate and be the expert in your own life
- Commonality - experience, age, culture (for example)
- Raises assumptions - focuses on commonality which may not always be accurate
- The term makes no reference to formal training or expertise?
- Can cause confusion - for example if consumer doesn't know of, or understand role / purpose of peer work

- Broadness can create challenges - varying assumptions on commonality (for example, Age, gender, not experience)
- Peer workers need to be stable, work-ready
- Tiered approach for peers allows for progression (trainee, volunteer, worker, practitioner)
- Connection with the person, not the diagnosis / substance
- In the mental health system, the term 'Peer' instigated change. How does that affect the 'work' if the term Peer is removed?
- Peers are directly involved in support, whereas Lived Experience Advocacy is, as the name suggests advocacy focused

Lived and living experience

- Both depend on the 'context'
- Lived experience - Been 'through it', finished (or in the past)
- Living experience - Still going 'through it' (or current)
- First-hand experience and insight of having lived / living with a similar challenge
- The challenge is stigma (impacted by culture / society)
- Very broad - we all have experience of 'something'
- Needs / requires link to mental health / AoD / suicide / trauma (the context of living experience is important)
- Know how to frame questions - based on their experience of asking or being asked the same questions themselves at times
- Presenting within the context of lived experience
- Non-clinical support
- Applying a lens for those accessing support - hesitation at the word 'Peer', 'recovered' varying perceptions of what this means as it can be really personal, and there also needs to be a mechanism to help build trust and support
- 'Masks are off' tapping into each other's experience
- Shared understanding, joint discoveries
- Clarity on to approach and consider 'coping', 'planning for the future'
- Lived Experience is your 'experience base'
- The terms are broader – umbrella terms for many different roles (including Peer roles)
- Lived Experience advocates operate at a systemic level
- Core facet of Lived and Living Experience is experience of oppression, discrimination, stigma, prejudice
- There is a tension there because there is more stigma attached to 'living' - connotations of fear, deficit model thinking for organisations
- But for clients, it's a must - more relatable because the journey is happening 'alongside' - know they are seen and understood

The group then discussed what these collective definitions mean for roles in the Peer / Lived Experience workforce. There was consensus that any ongoing confusion around role definition definitely has an impact of funders' abilities to engage and support these critical roles. There

was some discussion around the titles themselves being less relevant, rather the purpose, functions and outputs are what is most important (for example, the purpose and function of the role and the ability to educate stakeholders about the functions and attributes). On reflection, the general consensus appeared to be support for terminology that included the term 'Lived Experience', rather than Peer.

It was noted, however, that individuals and organisations who already have their own language and definitions for these roles and their values may be hesitant or slow to change or conform with consistent language, due to predetermined 'branding', engagement or understanding. There was a broad acknowledgement that shared consistent language will assist our sectors to secure funding because people in strategic decision-making roles can start to speak and understand a common language around the purpose and functions of the Peer / Lived Experience workforce.

Functions

The workshop discussed the various roles within the Peer / Lived Experience workforce and identified the skills, attributes, expertise and unique qualities that each role possessed. This, in turn, can be used to develop common language for position descriptions and job role specifics:

Group 1: Advocate (employed or volunteering in an organisation ie. lobbyist, campaigner, individual, organisational; systemic, professional; Navigator/coordinator/adjunct (including in a clinical setting); mentor/role model; coach, specialist Peer, Trainer, group facilitator, support worker, first Responder

Attributes: empathy, compassion, connector, self-awareness, intuitive, non-judgemental, emotional agility, honesty, authenticity, vulnerability and a willingness to disclose, cultural compatibility (recognition of), optimism (especially for recovery roles), passion/commitment, goal setting, professionalism

Skills: connection/s - both establishing and maintaining, reflective listening, flexible/adaptable, communication - verbal and non-verbal, trainable, boundary-setting, cooperative – willing to seek advice, build trust and rapport, conflict resolution, strong negotiator (especially trainer, educator, facilitator), willingness and ability to take on responsibility, ability to prioritise

Expertise: appropriate training and qualifications (will vary dependant on role. For example, trainer). Lived Experience

Unique areas: facilitation - emphasis on building trust as essential, self-awareness, ability to influence, ability to 'read' a room, ability to inspire self-reflection in others.

Group 2: representative; consultant, liaison, advisor, practice supervisor, coordinator

Attributes: leadership, passion, goal oriented, empathy and human skills (practice supervisor); high level verbal communication, emotional intelligence, professionalism, creativity, willingness to learn, well developed boundaries, connecting to community (to be able to look broadly), system lens, perseverance or 'stickability', compassion, perceptive, genuine and authentic

Skills: computer literacy, communication written and verbal, advocacy skills, human resources knowledge, effectively representing the consumer voice, inter-personal skills, navigating complexity, agile, public speaking skills, diverse perspectives, advocating on behalf of your community (representing), persuasive communicator, critical thinker, facilitation - of ideas / groups / conversations / presentations, literacy - digital and functional

Expertise: clarity of purpose, understanding scope of role and team, understanding policy and procedures and operating environment and internal governance, sector literacy, reform space, knowledge of other stakeholders and key players, lived experience in context or area. Intersectionality, navigation of specialist service system complexity

Unique areas: defined as educating, information sharing (advisor); sector knowledge, skills in building relationships, networking and navigating systems (Liaison) - linked to advocacy work and purposeful disclosure, analytical thinker, self-care, perspective, MH/AoD/eating disorders experience, experience of the treatment/service system and the value in hearing from people who haven't accessed the system (AoD)

Group 3: Research/Policy, Academic, Trainer, Educator, Public Speaker, Communication/media/community awareness/information sharing

Attributes: qualifications, professionalism, boundary-setting, connection, confidence in understanding of a lived experience role

Skills: understanding broader social context, communication (written and verbal), boundary setting, curious questioning, active listening, self-awareness / critical evaluation

Expertise: lived experience, qualifications, organisational, system understanding/experience

Unique areas: pathways/career development, analytical thinking, written comms, creativity

What does all this mean to our current work, systems, strategies and funding?

Group discussion and general comments noted throughout the day appear below:

- How do we build a perception and understanding of the purpose and attributes of the Peer / Lived Experience workforce, rather than just a focus on the name or title of these roles?
- General acknowledgement of the need for some definition to be able to effectively recruit for roles, seek funding for the roles and the workforce, and to support the growth of the workforce
- Organisations could 'reimagine' their service with what the Peer worker brings, then work out from there
- We must capture and document the unique difference and advantage interaction / connection with a Peer / Lived Experience worker makes in people's recovery, measure that impact regularly, and have mechanisms in place to review and continuously improve
- There is a need to focus on the role 'type' rather than the difference between Lived / Living Experience or Peer work, or volunteer, advocate or practitioner
- Acknowledgement that measuring social impact and KPI's in the Peer / Lived Experience workforce may be difficult, testimonials and case studies demonstrate most effectively the value and impact
- There are standardised measures for personal experience, quality of life improvement that can be utilised to measure and demonstrate impact. Impact can also be quantified by cost savings, hospital avoidance, recovery trajectory
- The function of the role and the outcomes are important from a funder's perspective, less so the title
- Lived experience of treatment may be important to take on a Peer / Lived Experience role
- A tension does exist between the Peer / Lived Experience and clinical workforces, this bridge needs to be addressed to ensure integrated service delivery across the system
- Peer / Lived Experience workforce evolution would include the development of professional guidelines / governance framework (see the work currently being untaken by SA LELAN https://www.lelan.org.au/ as an example

Next Steps

Following the workshop discussion around harmonising the language relating to this specific workforce, it would appear the term **'Lived Experience Workforce'** when broadly talking in the collective, most comfortably describes the attributes and breadth of this professional role. At an individual / role level, the workshop participants acknowledged there are a number of existing roles and titles that would be appropriate, for example: Lived Experience Practitioner; Lived Experience Support Worker; Lived Experience Concierge; Lived Experience Professional.

MHCT has already begun adopting the above terminology in all communications relating to the Lived Experience workforce going forward, and strongly encourages sectors, government and organisations active in this space to also adopt the same terminology, as we collectively progress the evolution of the Lived Experience workforce across our sectors in Tasmania. The adoption of this standardised terminology will align with the title recommended in the *2021 National Lived Experience (Peer) Workforce Development* Guidelines and will further support the work undertaken within the *Lived Experience (Peer) Workforce Development Strategy* and *Implementation Plan*.

To further support and embed the Lived Experience workforce across a range of sectors and industries in Tasmania, MHCT is currently developing a detailed education focused project plan that will include a targeted campaign aimed at raising awareness and educating Tasmanians about the value, benefits and impact of the Lived Experience workforce. A number of sectors will be encouraged to be involved, providing stories and case studies showcasing the Lived Experience workforce for traditional and social media channels. In addition, the project will deliver a range of online resources and communications to support sectors and industries, as well as targeted resources and communications to support understanding for individuals and communities.

Given the wealth of knowledge workshop participants will bring to the ongoing discussion around these issues, MHCT would like to tap into this informal network of subject matter specialists in relation to this project. MHCT will communicate regularly with the network around the Implementation Plan tasks, the education project and campaign, and seek engagement and advice to utilise this collective expertise. Regular updates will be provided to the group and major activities and milestones will be shared.

Appendices

Appendix 1: pre-workshop Survey results and analysis
Appendix 2: workshop Agenda
Appendix 3: workshop participant list
Appendix 4: Tasmanian Peer Workforce Development Strategy and the Tasmanian Peer Workforce Development Strategy - Implementation Plan

Appendix 1

'Harmonising Language for the Peer / Lived Experience Workforce' Workshop

Survey results and analysis

This analysis sets out a summary of responses to specific questions asked in the survey, noting a variety of opinions and responses related to each question, and some commonalities.

(Question 1) - Over 50% of respondents identified that a Peer is someone with 'similar experiences' to them and/or 'shared something in common' (for example age, culture). Additionally, the term 'an equal' was referenced several times.

(Question 2) - The majority of responses to question 2 – defined lived/living experience as firsthand experience – these experiences referenced mental illness, alcohol/drug use, experience of systems and supports, experiences of marginalisation, discrimination, and stigma.

(Question 4) - Over 70% of respondents identified that a Peer Worker, is someone who uses their experience to support another.

(Question 5) - There were mixed responses in terms of what is a Lived Experience advocate is – these discrepancies related to system vs individual level advocacy.

(Question 6) - Similarly in response to what is a Peer Representative – there were mixed understandings – including someone who represents peer workers vs some who represents their peers collectively, vs individual advocacy.

(Question 7)- What is a lived experience worker – 40% of responses saw the term as interchangeable with Peer Worker. Several responses suggested the term was related to advocacy along with supporting someone who is unwell.

(Question 12 and 13) - In terms of offering support to Peer/LE workers – 62% of respondents identified the importance of supervision. Although many respondents saw supervision and coaching as equally important.

Appendix 2

'Harmonising Language for the Peer / Lived Experience Workforce' Workshop

AGENDA - Wednesday 22 February, Hobart	
9:45 am	*Arrival | Coffee / Morning Tea*
10:00 am	Welcome | Acknowledgement of Country | Introductions |Overview of the Session ▪ Why are we here? ▪ Why does this matter? ▪ What is our shared purpose?
10:45 am	Presentation and Group Discussion ▪ Where are the Tasmanian mental health sector and community services industry currently at? (Outcome of the survey presented)
11:45 am	Group Discussion ▪ What are our collective definitions of: o Peer o lived and living experience ▪ What does this mean to roles in the workforce
12:30 pm	*Lunch*
1:00 pm	Group Discussion *(this was adjusted by the facilitator to focus on role attributes)* ▪ What are our collective definitions of: o A peer worker o A lived experience worker o A peer/consumer representative o A lived experience advocate ▪ Are there definitions and considerations for the workforce relating to: o Paid versus volunteer roles o Peer support vs peer representation o Peer supervision o Peer coaching
2:00 pm	Group discussion ▪ What is our preferred shared and consistent language to take forward in Tasmania?
2:30 pm	What does this mean to our current work, systems, strategies, funding etc.?
2:50 pm	Where to next?
3:00 pm	Close

Appendix 3

Harmonising Language for the Tasmanian Peer/Lived Experience Workforce

Participants

Ms Connie Digolis, MHCT
Mr Mark Broxton, Primary Health Tasmania
Ms Kym Goodes, 3P Consulting (facilitator)
Mr Mark Davis, MHCT Individual Member
Ms Deidre Tranter, THS
Dr Robyn Greaves, THS
Ms Kaity Graham, PHT
Ms Jessica Petterwood, PHT
Ms Julie Martin, MHCT
Dr Lucy Mercer-Mapstone, TasCOSS
Ms Kerrie Dare, TasCOSS
Ms Maria Duggan, DEN
Ms Samantha Hodgetts, DEN
Dr Jackie Hallam, ATDC
Mr Greg Taylor, ATDC
Ms Trudy Schmitzer, MHCT
Mr Nick Sullivan, MHCT
Ms Bridget Wallbank, MHCT
Ms Bree Klerck, MHCT
Ms Laura Cini, MHCT
Ms Tash Smyth, Flourish Tasmania
Ms Lynette Pearce, THS
Ms Rachel Sylvester, headspace/The Link
Ms Shannan Harris, headspace/The Link
Ms Beth Langfield, Butterfly Foundation
Ms Jessica Poland, Butterfly Foundation
Ms Naomi Simpson Kitt, Head To Health Launceston
Ms Tricia Ashton, Head To Health Launceston
Mr Darren Jiggins, Lived Experience Australia
Ms Denise Duncan, Baptcare
Ms Amy Rose, Baptcare
Mr Tim Jones, Flourish Tasmania Consumer representative
Ms Monica Hastings, Flourish Tasmania Consumer representative
Ms Laura Johnson, Mental Health Family & Friends Tasmania representative
Mr Jeffrey Ryan, ATDC representative
Ms Kayley Luttrell, Department of Health
Ms Ruth Parsons, GROW
Ms Rhiannon Hamilton, Butterfly Foundation
Ms Corrina Smith, Department of Health