



OPEN ARMS LIVED EXPERIENCE WORKFORCE DEVELOPMENT STRATEGY

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1 Preface

The Department of Veterans' Affairs' (DVA) mission is to support the wellbeing of those who serve or have served in the defence of our nation and their families. Open Arms represents a key capability for DVA in delivering on this mission, providing mental health and wellbeing services to current and former serving members of the ADF and their families. Open Arms is now Australia's leading provider of mental health services for Australian veterans and their families, with a focus on contemporary practices, military aware and trauma informed services to promote wellbeing and support mental health. Open Arms works in partnership with the broader health sector to ensure veterans and families receive the best possible care across primary, secondary and tertiary health services. Open Arms also aligns itself under broader mental health policy and quality and safety standards, such as the guidelines published by the National Mental Health Commission which emphasise the importance of a Lived Experience workforce and engagement of consumers and carers more broadly.

Open Arms' strategic vision is to be a world leader in the provision of mental health and wellbeing support for current serving members, veterans and families. People with lived experience are a fundamental component of a contemporary mental health workforce and a critical factor in achieving this vision.

2 Executive Summary

Open Arms' Lived Experience Workforce are people who utilise their lived experience of mental health recovery, ADF service and/or ADF family life, to support Open Arms' clients. They bring lived expertise into providing support to clients and complement Open Arms' community engagement activities as well as counselling and group services, adding to the holistic and therapeutic experience for clients.

Open Arms is committed to the integration of people with lived experience as a fundamental component of the mental health workforce, bringing valuable skills, knowledge and experiences to de-stigmatise mental illness and assist people accessing mental health services on their recovery journey.

Open Arms' Lived Experience workforce operates in a unique mental health service delivery, policy and program context. This developing capability requires nationally consistent program planning, defined workforce structures and professional development frameworks to be established, reviewed and maintained. Open Arms incorporates a co-design methodology of military-aware, trauma informed, recovery orientated service provision, aligned to the Open Arms' Model of Care and DVA strategic objectives.

The Open Arms' Lived Experience Workforce Development Strategy (the Strategy) aims to enhance communication and improve the organisation's understanding of lived experience and its desired culture. It details the lived experience organisational structure, roles, functions and benefits and supports the opportunity to further expand workforce capability within Open Arms should the need arise. Below is an outline of the Strategy's key considerations to support the development of the Lived Experience workforce:

Workforce Development

- Nationally consistent Induction, Learning & development
- Ongoing opportunities and skill development

Organisational Capability & Culture

- Clarification and mapping of Lived Experience roles & leadership
- Workforce wellbeing and outcomes

Workforce Support

- Procedures & Frameworks for Lived Experience staff and managers
- Education and Promotion of Lived Experience to colleagues
- Work health & safety to support psychologically safe workplace

Career Progression

- Workforce investment & retention
- Career Pathways through Lived Experience pathways & Australian Public Service

Clinical Governance

- Model of Care, procedures & frameworks
- Monitoring & Evaluation
- Quality & Safety

Scope of Practice

- Peer Practice, including informing policy & program design
- Professional supervision
- Communities of Practice, peer networks

3 Introduction

The Strategy acknowledges Open Arms' already established Lived Experience workforce and the employees' unique professional and personal insights into lived experience of mental health and military life, which are critical in helping to improve Open Arms' services, client outcomes and client experiences.

The Strategy has developed the foundations to support nationally consistent Lived Experience service delivery aligned with the National Mental Health Workforce Strategy, National Lived Experience (Peer) Workforce Guidelines (National Guidelines), and the DVA Corporate Plan. The Strategy has been informed by and developed through internal and external consultation, utilising existing peak bodies to draw upon their subject matter expertise.

To maximise success for the Lived Experience workforce the Strategy utilises the *National Lived Experience (Peer) Workforce Development Guidelines: Growing a Thriving Lived Experience Workforce* principles to guide workforce development:



4 Background

“Through lived experience with professionalism and empathy we will work with our clients to build rapport and make connection so that we may understand what it is they are facing and needing. Supporting them to make sense of/or unpack issues surrounding mental health and other life events.”

Dion, Open Arms Community & Peer Team Leader

Lived Experience support in mental health services has been evolving nationally and internationally to enhance and shape quality mental health policy and service delivery. The role embodies principles of recovery and the skills to deliver tailored support to build hope, empowerment, self-management and social inclusion⁰¹.

Within Open Arms, Lived Experience roles predominately sit within the service delivery environment in the Community and Peer Program. This program was originally established nationally in 2019 after a trial period in Townsville, Queensland in 2017⁰². The Community and Peer Program is currently embedded in multidisciplinary teams (MDT) working with clinicians and administrative staff. The Community and Peer Program has three core functionalities: Peer support, community engagement, and working within a multidisciplinary team.



5 Lived Experience (Peer) Workforce Language

The lived experience concept has been difficult to define, often contested, and use of the term has grown across a range of sectors and service settings⁰³. To effectively embed lived experience into the Open Arms Model of Care and service delivery environment, it is essential to establish shared language to determine what lived experience means in the context of Open Arms' mental health service delivery.

While variations of choice in language exist, the National Guidelines and consultation activities identify the foundational principle of lived experience work as the ability to hold space for and

respect different views, allowing language that is understandable and for multiple perspectives^{04, 05}.

Aligning with National Guidelines, defines ‘experiences’ as those that lead veterans and their families to be clients of DVA’s services, as well as experiences as a DVA client. For veterans, these lived experiences include being part of military culture, systems and structures that affect a person’s worldviews, attitudes and beliefs⁰⁶.

The Strategy leverages terminology and definitions used in the Mental Health Council of Tasmania – Peer Workforce Development Strategy (2019)⁰¹ to develop the following:

Open Arms Lived Experience	A consumer and/or carer who is or was eligible to be a client of Open Arms and has experience in engaging with the mental health service sector or supporting others to engage with mental health services.
Open Arms Lived Experience Peer Work	A Lived Experience-led practice incorporating a recovery-orientated approach and authentic engagement and support within Open Arms Model of Care and procedures.
Open Arms Lived Experience Professional	A person employed in Open Arms based on their lived or living experience of military service or military family life, and of a mental health recovery journey, which may include as a relative/carer of an ex-ADF member who has experienced a mental health recovery journey.
Open Arms Lived Expertise	A person employed in Open Arms for their lived experience and can articulate and communicate the knowledge, meaning, understanding, impact of lived experiences. This is the purpose for co-production, design, workforce development, evaluation activities, programs and projects.
Open Arms Lived Experience Workforce	The paid employment of employees in designated Lived Experience roles within Open Arms.

5.1 People employed in ‘non-designated’ Lived Experience roles

Organisations will often have diverse workforces that can include people who may identify privately or publicly as having lived experience. To maintain fidelity of a Lived Experience workforce, the Strategy draws on National Guidelines to establish a distinction between Lived Experience roles and ‘non-designated’ roles. While perspectives and insights from across the workforce are acknowledged and valued; ‘non-designated’ roles are described as not being employed specifically to work from the perspectives of their lived experience.

While the lived experience perspectives of people in non-designated roles add value to the workplace, their role is not a substitute for designated roles⁰⁴. The Strategy guides how Open Arms’ Lived Experience roles will be designated within the DVA workforce to focus on and inform lived

experience values, principles, ethics and positionality for important contributions to organisational priorities and perspectives.

6 Strategy Objectives

The Strategy links to the DVA Corporate Plan 2024-2025 and DVA Workforce Strategy with a long-term key focus for DVA on ensuring lived experience informs organisational decision-making. DVA continues to make significant progress in embedding lived experience throughout its workforce, particularly through the Open Arms Lived Experience workforce. Accordingly, this Strategy will continue to be reviewed to ensure the following objectives reflect contemporary practice. In the context of Open Arms, the objectives of the Strategy are:



7 Open Arms' Lived Experience Workforce Development

7.1 Vision

To strategically cultivate and sustain a professional Lived Experience workforce within Open Arms, empowering individuals to thrive in a combined government and mental health service environment. Working both strategically and operationally, with the organisation and MDT, our workforce will support veterans, families, and communities, guiding them to connect, engage, and advance on their recovery journeys.

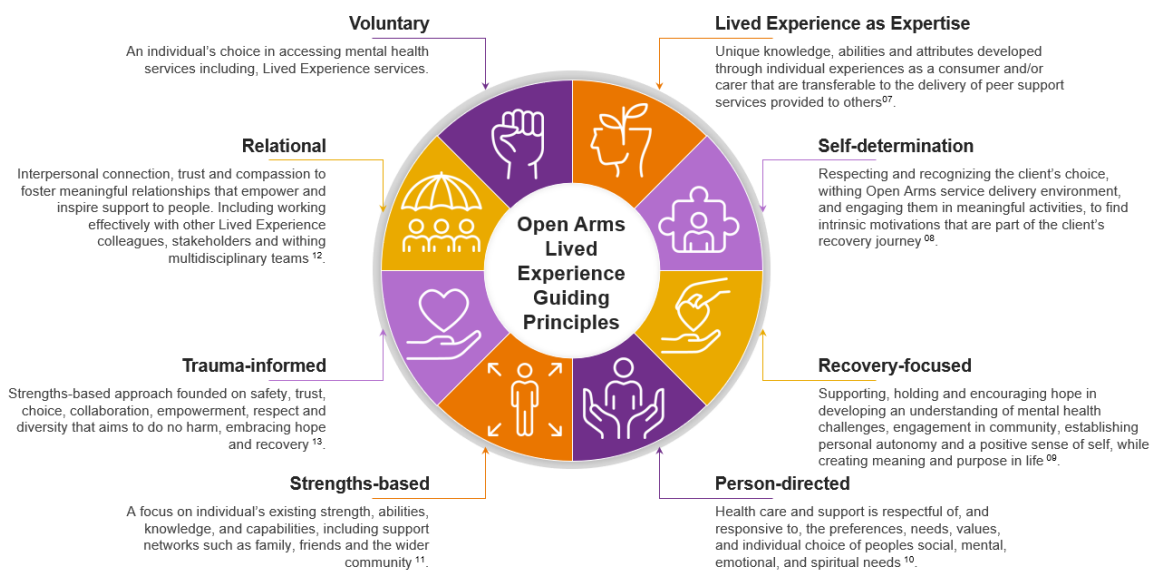
7.2 Purpose

To develop and support a skilled Lived Experience workforce that operates effectively within the Australian Public Service (APS). This workforce will play a key role in supporting veterans, their

families, clinicians and community providers in promoting wellbeing, recovery, hope, and connection.

7.3 Lived Experience Workforce Development Principles

The Strategy draws on the *National Lived Experience (Peer) Workforce Development Guidelines: Lived Experience Roles* which outlines the guiding principles shaping how lived experience is practised and the professionalisation of the Lived Experience roles into the Open Arms Model of Care⁰⁴. The adapted guiding principles provide an active role for Open Arms in creating the bridge between the individual and mental health services:



As adapted by the National Mental health Commission – National Lived Experience Development Guidelines: Lived Experience Roles

As adapted by the National Mental health Commission – National Lived Experience Development Guidelines: Lived Experience Roles

7.4 Professional Workforce - Australian Public Service Commission (APSC)

Professionalisation of an Open Arms Lived Experience Peer Workforce within the APS requires a national organisational structure across multiple APS levels including APS 5, APS 6, and Executive Leadership roles (EL 1 and EL 2).

Alignment of National Guidelines and with the APSC Work Level Standards sets the conditions for Open Arms Lived Experience roles to be designated against Approved Position Names in the APS Job Family Model. Roles and levels to include:

- APS 5 Community and Peer Worker
- APS 6 Team Leader, Community and Peer
- APS 6 – Lived Experience Programs Officer
- EL 1 Assistant Director, Lived Experience (Service Delivery)
- EL 1 Assistant Director, Lived Experience (Programs)
- EL 2 Director, Lived Experience Workforce

Nationally consistent position descriptions for each role and level maintain ongoing continuity of DVA workforce reporting against Approved Position Names in the APS Job Family Model and

establishes business efficiencies for ongoing nationally sustainable recruitment activities and administrative reporting. Position descriptions remain at the Open Arms national level.

It is important to recognise position descriptions will continue to evolve as Open Arms grows and matures its Lived Experience workforce. The process for reviewing and updating position descriptions involve a nationally consistent approach, including co-design processes, data analysis, monitoring and evaluation and use of governance procedures.

7.5 People and Culture

As the Lived Experience workforce grows and integration of their expertise within systems develops, it is essential to acknowledge the emotional responsibility and potential burden of the work on people with lived experience. Lived experience is not something that people can turn on or off at will, and it has an ongoing impact on people's lives, work and actions. It is important that people with lived experience determine the extent of their involvement and for their disclosure decisions to be respected⁰³.

As outlined in the National Guidelines, a well-supported Lived Experience workforce has flow-on benefits for the health of the workforce, including safety and wellbeing of staff. Considerations of flexibility, support and appropriate psychological safety measures in place for staff is imperative. As the Lived Experience workforce bring their lived experience expertise into their role the Strategy recognises the importance of reducing psychosocial hazard and risks through DVA policies and existing processes. This aligns with the Work Health Safety Act, 2011.

“Psychological safety fosters a pro-integrity culture and lays a foundation for honest communication and trust within the APS. It promotes curiosity and a growth mindset which leads to innovation and continual learning. It is fundamental to achieving high performance in teams and can support staff wellbeing, engagement and diversity and inclusion objectives.”

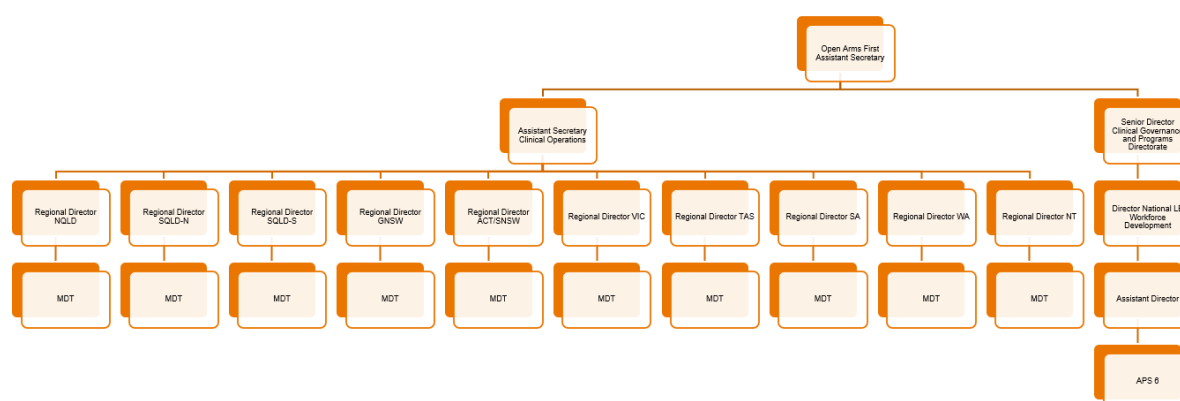
Psychological safety in the APS - The Australian Public Service Commission

The Strategy recognises the need for a scalable organisational leadership structure. This structure is required to maintain oversight of psychosocial hazards and risk, operational outcomes, clinical governance measures including adhering to the Open Arms Model of Care, while also ensuring implementation of business systems and service delivery outcomes are tailored to support the Lived Experience workforce.

The intent is to establish a culture of diversity of work that is distinguishable, scalable, and sustainable within existing frameworks and veteran service offerings that establish reportable outcomes for ongoing monitoring and evaluation whilst also, importantly, creating a supportive environment for the Lived Experience workforce.

7.6 Organisational Structure

The Open Arms Division is structured across two Branches and a directorate comprising Clinical Operations, Business Operations and Clinical Governance and Programs Directorate. The Lived Experience workforce predominantly operates within the Clinical Operations Branch and new roles created in Clinical Governance and Programs Directorate. The current structure of the Lived Experience workforce in Open Arms is:

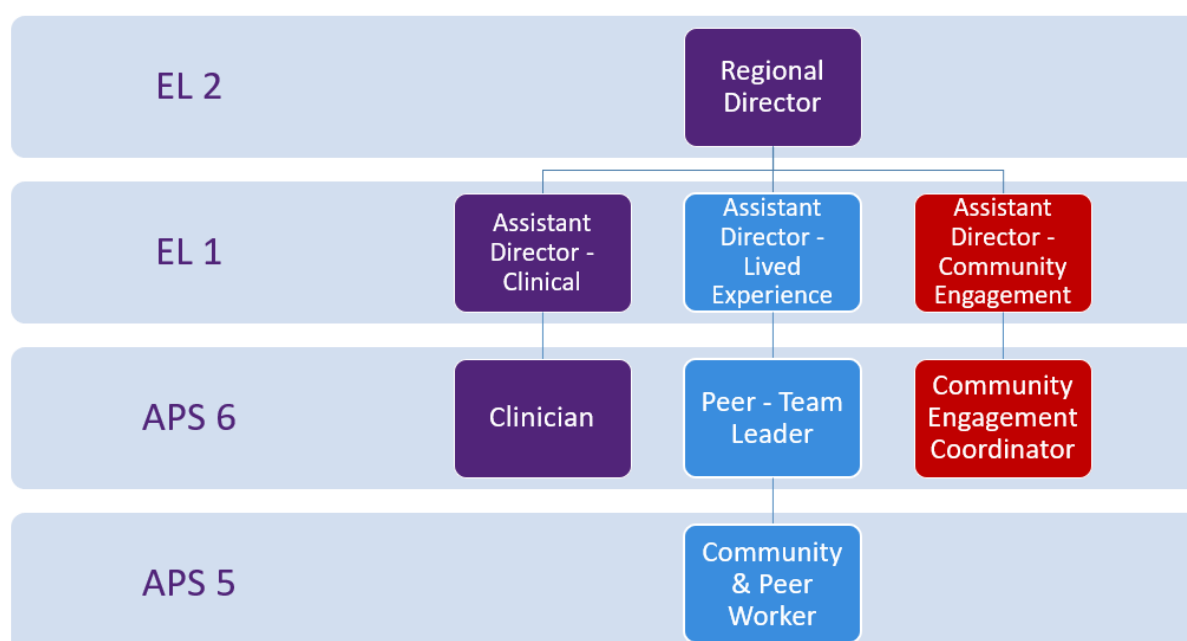


7.7 Future Lived Experience Leadership Workforce Structure

Future and ongoing Lived Experience workforce development will continue to demonstrate professionalisation of the workforce with consideration of appropriate Lived Experience leadership to the quantity of staff. Open Arms has used the APSC Optimal Management Structures (OMS) Guidance (2023) to guide shaping and sizing the workforce. This includes considering the positions that have decision-making authority both horizontally and vertically, the capability of people, complexity of priorities and the number of direct reports.⁰¹

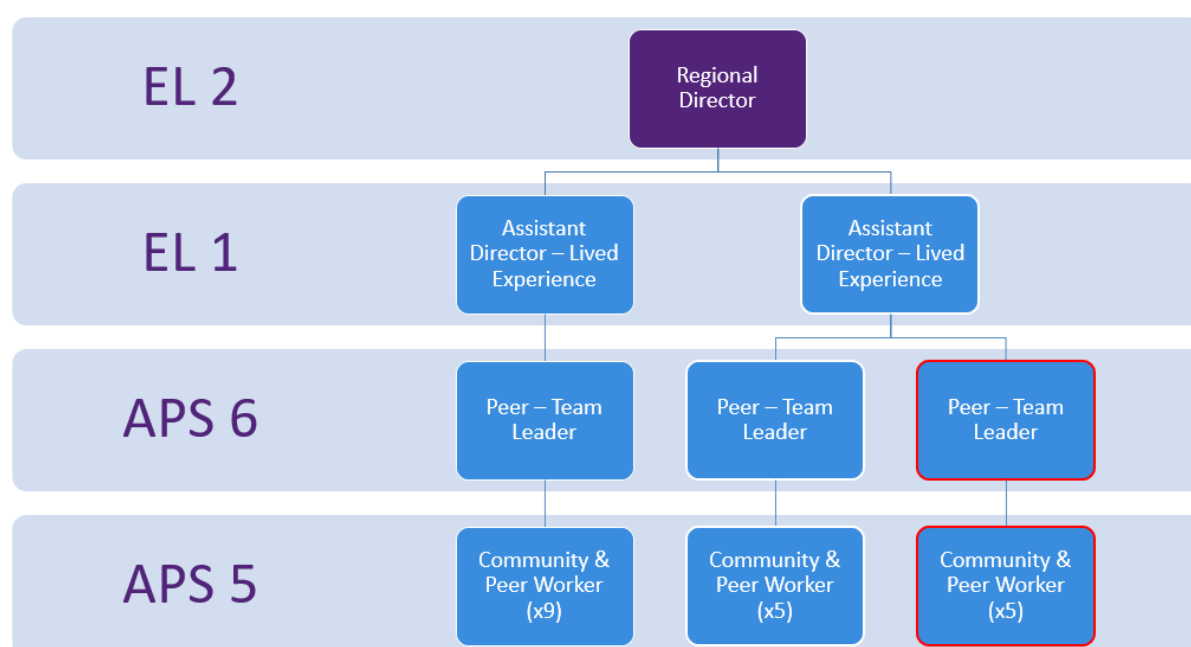
Effective Peer Employment within Multidisciplinary Organisations: Model for Best Practice study, participants identified the importance of peers in leadership positions at multiple organisational levels, including management and executive level roles, as central to guiding workforce development and influencing organisational culture. Lived Experience leadership positions are considered instrumental in guiding Lived Experience workforce development and maintaining role authenticity and providing linkages between non-peers and peers¹⁴.

A nationally consistent approach to Lived Experience roles at the EL 1 and APS 6 level establishes organisational structures, clear reporting lines and achieves the objectives and priority activities of the Strategy. Below is the structure for the Lived Experience roles in the regions:



National alignment to the Strategy structure for the Lived Experience workforce will support consistency for ongoing retention and recruitment, learning and development and career progression. Additionally, the consistency will support alignment as an employee of DVA and the APS more broadly including appropriate record keeping, compliance with financial and privacy legislation and Human Resources practices. This will demonstrate Open Arms' and DVA's commitment to professionalisation of the Lived Experience workforce, embedding cultural identity and fidelity of lived experience practices within an APS culture.

Having a consistent implementation of the structure across the regional workforce also supports the ability for growth in the overall Lived Experience workforce. For example, in regions where APS 5 Community and Peer Workers numbers reporting to an APS 6 Team Leader reach a total of ten (10) this triggers a requirement for an additional APS 6 Team Leader with realignment of the APS 5 Peer Workers to five (5) staff per APS Team Leader. Further expansion of the APS 5 Peer Workers is scalable and sustainable with team structures. Expansion to four (4) Team Leaders within an MDT triggers recruitment of an additional EL 1 Assistant Director role. An example of what this may look like is:



Prior to the consideration of expanding the workforce, workload management considerations will need to be considered to manage periods of surge, staff absences and organisational requirements.

7.8 Lived Experience Recruitment

Recruitment in DVA complies with key legislation that underpins APS recruitment and employment. The APSC provides information and resources, including the Recruitment in the APS Framework. It is imperative to ensure all Open Arms recruitment align with the APSC and DVA policies.

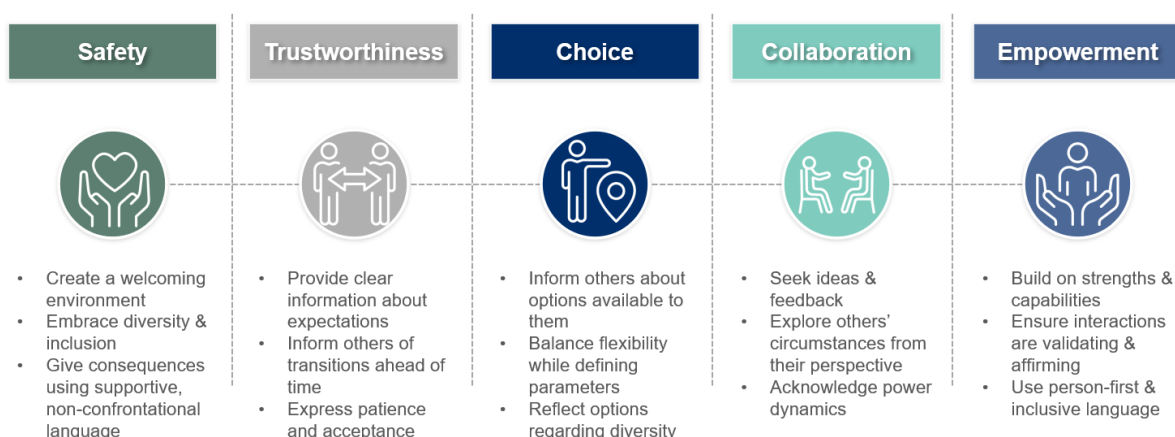
For Lived Experience recruitment there is consideration of various requirements, including three key areas that are presented in position descriptions and the recruitment assessment process.



Given the unique nature of the Lived Experience workforce, additional preparedness for the recruitment organisation is critical to the success of the Lived Experience roles¹⁵. Organisational preparedness needs to consider but is not limited to^{04, 15, 22}:

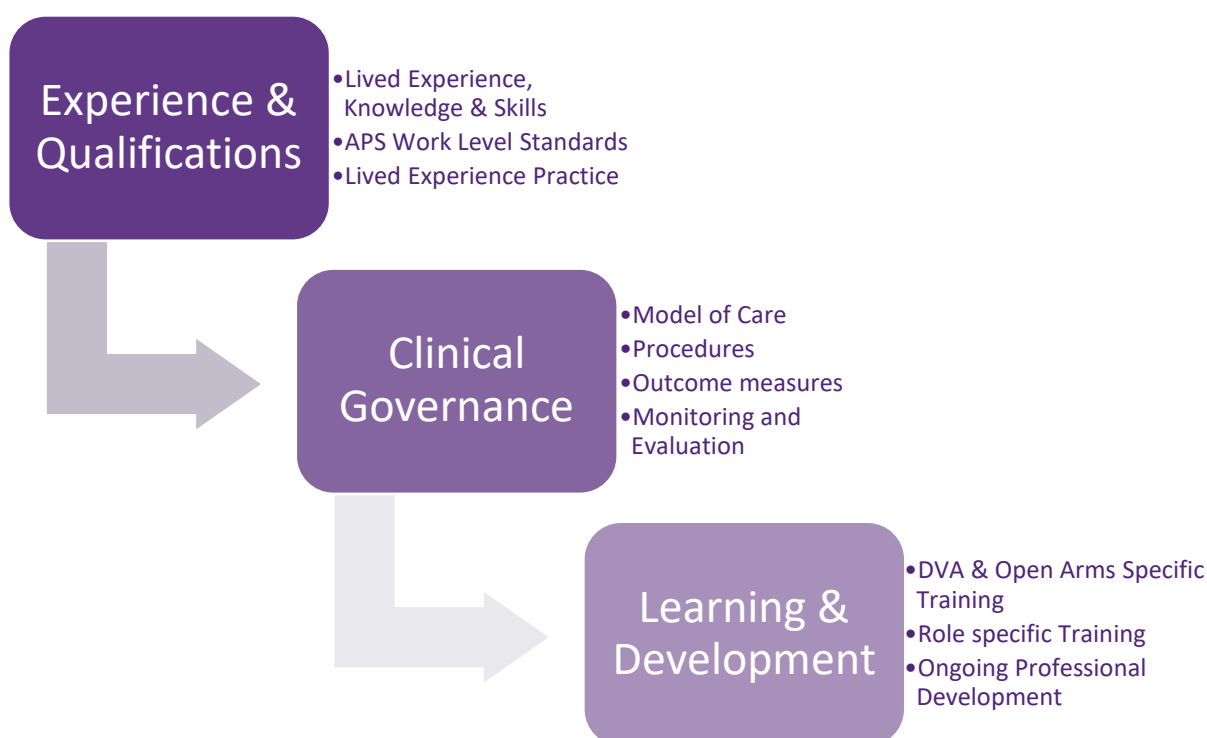
- understanding organisational and strategic objectives
- role analysis (including currency of position descriptions and position availability)
- tailored recruitment panels to include
 - a thorough understanding of the APSC and DVA recruitment rules and limitations
 - a panel member with experience in undertaking a lived experience role
 - strong understanding of the role, purpose and needs, including seeing lived experience as a strength and not a risk
 - knowledge of the Strategy and other key supporting documentation
- recruitment processes to include:
 - communication to applicants, ensuring the recruitment process is clear and applicants are aware they don't need to share personal details of their experience
 - consistency in recruitment approaches
 - Interview questions aligning with APSC WLS and role
 - Constructive and strengths-based feedback

Additionally, and particularly unique, is understanding that trauma informed processes are embedded into Lived Experience recruitment in order to reduce the risk of vicarious trauma to staff and re-traumatising the applicant during the interview. Additionally, trauma informed processes acknowledge the impact and prevalence of trauma, negative experiences and loss of control and power, whilst emphasising on the need for psychosocial safety⁰⁴. Lived Experience recruitment draws upon the following trauma informed principles¹⁶:



Adapted from the Institute on Trauma and Trauma-informed Care (2021)

8 Experience, Qualifications, Clinical Governance, and Learning and Development



8.1 Experience and Qualifications

Lived Experience roles can be diverse across the range of supports and services offered by Open Arms. Positions descriptions cover the foundational aspects of a role, however there will be fluctuations based on Organisation priorities and service demands and an APS workforce needs to be flexible and adapt to change. The Strategy addresses this with an adaptable approach of alignment to APSC Work Level Standards: APS Level and Executive Level classifications for the professionalisation of Lived Experience roles into Open Arms.

APSC Work Level Standards have been developed to provide a consistent platform for classifying jobs. They accommodate the diversity of roles across the APS and are structured to clearly differentiate between the work expected (i.e. responsibilities and duties) at each classification level. APSC Work Level Standards contain two key elements: characteristic and functionality.

Characteristics. Characteristics contain general statements about the broad job requirements and operating context for each classification level:

- Leadership and accountability;
- Management diversity and span;
- Stakeholder management;
- Job context and environment; and
- Independence and decision-making.

Functions. Functions detail the typical duties and provide examples of the types of tasks and/or functions performed at each classification level. Importantly Lived Experience roles incorporate various duties from more than one function to meet business requirements. While Open Arms Lived Experience roles across all levels may draw elements from each function, the primary aspects are¹⁷:

1. **Service delivery** – Relates to the delivery of outcomes in support of policy objectives, program delivery or delivery of finite government initiatives. Service delivery to internal and external clients is a feature of this function. This includes but is not limited to:
 - a. One-on-one Peer support with veterans and family members
 - b. Group programs (co/facilitation)
 - c. Community Engagement; including stakeholder engagement, community development, education and Health promotion
 - d. Administration tasks (e.g. case note, documentation, reports, emails, scheduling)
 - e. Working within a multidisciplinary team, and attending meetings
 - f. Connections to non-clinical supports (e.g. broader DVA)
2. **Professional / Technical** – The most significant contribution of roles in this function is the provision of technical, professional and specialist advice or expertise. This knowledge has a primary influence on adopted strategies, plans, targets and outcomes in terms of effectiveness or efficiency. Roles in this functional stream may have a relevant qualification or recognised expertise in a field or area. This includes but is not limited to:
 - a. Contribution to policies and procedures
 - b. Contribution to group programs
 - c. Contribution to projects and, quality improvement activities
 - d. Providing Lived Experience expertise in a safe manner
 - e. Role modelling wellbeing and recovery
 - f. Creating, maintaining, and monitoring own wellbeing
3. **Leadership and Accountability** – Relates to leadership functionalities within specific APS levels as well as accountability across all APS levels and roles. This includes but is not limited to:
 - a. Supervising staff and managing a team
 - b. Setting priorities, organisational objectives and risk management
 - c. Comprehensive knowledge on policies, procedures and where to access information to support staff and team
 - d. Role modelling and supporting wellbeing as well as managing uncertainty in the workplace
 - e. Monitoring, evaluation, and reporting

4. Policy, Program & Project Management:

- a. Interpret, draft, review policy and procedural directions within a speciality area
- b. provide advice on more complex areas of policy, specific areas of specific project or program activities
- c. develop, manage and deliver projects/programs, including evaluation reporting,
- d. liaise with other sections, external agencies and stakeholders

Code of Conduct. In keeping with the broader employment framework for the APS it is expected that in performing any role, all APS employees display behaviours consistent with the APS Values and Employment Principles and the APS Code of Conduct. Employees are also expected to apply principles and practices relating to workplace diversity, a safe working environment and workplace participation.

Lived Experience Supplementary Guidance. The APS Work Level Standards acknowledge there may be need to consider supplementary guidance to enable the application of work value descriptions to specific roles. Employment into designated Open Arms Lived Experience roles does not currently require specific qualifications, however, the National Guidelines outlines the need to acknowledge the significance and importance of lived experience stating, “expertise that arises from a lived experience is of equal value to other types of expertise, including academic qualifications.” The National Guidelines have supported the Strategy establishing mandatory requirements of lived experience.

Open Arms Lived Experience Workforce: The Strategy guides the establishment of a nationally consistent approach toward:

Mandatory requirements:

- Personal experience of mental health recovery and periods of healing, and experience in accessing mental health services or experience of supporting someone in mental health recovery and periods of healing, and experience in accessing mental health services; and
- A current or ex-serving Australian Defence Force member, veteran or veteran’s family member.

Desirable qualifications and/or experience:

- Experience working in Lived Experience and/or Peer support service delivery roles
- Qualifications, or ability to obtain, in Lived Experience specific training and ongoing professional development.
- A strong understanding of the Mental Health Commission’s National Lived Experience (Peer) Workforce Development Guidelines.
- Demonstrated experience in the development and implementation of public policy, and program design.
- Knowledge of relevant governance policies and practices.
- Stakeholder management, communication, negotiation and influencing skills.

For APS 6 Team Leader, EL 1 Assistant Director and EL 2 Director role the additional desirable qualifications and/or experience:

- Skills and experience in deliver of Lived Experience support
- in leading and delivering high quality written and verbal advice in a complex and sensitive environment.
- Management and leadership skills, including supporting staffs learning and capability development.

- Stakeholder management, communication, negotiation and influencing skills, including the ability to represent and negotiate on behalf of the Section, Branch and Division.

8.2 Clinical Governance

Open Arms recognises the need for continual growth and capability development of lived experience within the mental health sector. The Strategy guides how clinical governance frameworks with associated procedures and instructions will support future learning and development. It is recognised while these processes and procedures exist, there will be reviews, updated and development of procedures utilising current evidence-based resources and co-design.

The purpose of clinical governance is to ensure the Lived Experience Workforce, when executing their role are to work within the Open Arm's Model of Care, procedures and instructions, located in the Open Arms Clinical Governance Hub, include, but are not limited to¹⁸:

8.2.1 Table 1

Open Arms Policy, Procedures, Instruction	Reference
Operational Procedures (02 – 12)	11 Quality and Safety Review Procedure
Clinical Procedures (13 – 32)	13 Clinical Governance Procedure 20 Group Treatment Programs Procedure 27 Care Coordination Procedure <ul style="list-style-type: none"> • 27-01 Care Coordination Instruction 29 Community Engagement Procedure 30 Peer Support Procedure <ul style="list-style-type: none"> • 30-01 Peer Support - Conducting Peer Sessions • 30-02 Peer Support - Completion of Case Notes • 30-03 Peer Support - Completion of Action Plan • 30-04 Peer Support VERA Taskcard - Post Session Actions • 30-05 Peer Support VERA Taskcard - Action Plan 31 Clinical Risk Management Policy <ul style="list-style-type: none"> • 31-01 Risk Assessment and Management Plan (RAMP) Instruction 32 Clinical Escalations Procedure <ul style="list-style-type: none"> • 32-01 After Hours Support Calls Instruction

Administration & Workforce Procedures (33 – 45)	33 - Personal Safety Procedure 34 Professional Development Procedure <ul style="list-style-type: none"> • 34-02 Learning and Development Framework – Community and Peer Advisors • 34-03 Staff Recognition and Rewards Framework • 34-04 Peer Practice Development Schedule Instruction • 34-T01 Peer Practice Development Schedule 35 Professional Supervision Procedure <ul style="list-style-type: none"> • 35-01 External Professional Supervision Instruction • 35-02 External Peer Supervision - Engagement and Procurement Instructions • 35-03 External Peer Supervision Financial Management Instructions 36 Flexible Delivery Procedure
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Clinical governance additionally focuses on the establishments and maintenance of monitoring and evaluation and quality safety plans and frameworks for the Lived Experience workforce.

8.3 Learning and Development

To enhance, sustain and grow the Lived Experience workforce in their role and within the APS, learning and development is a key requirement. Learning and development begins with creating nationally consistent:

- Induction and training plan for the Lived Experience workforce;
- Training and information on Open Arms Model of Care including Lived Experience procedures; and
- Role specific Lived Experience training and specialisations.

Additionally, as outlined in the APS Learning and Development Action Plan¹⁹, learning and development increases capability, expertise, and improves culture and performance. The APS Learning and Development Action Plan further outlines the requirement of building an APS workforce that is highly capable and future ready.



The Strategy and the APS Learning and Development Action Plan will inform the Learning and Development Framework: Lived Experience Workforce (the Framework) to identify and outline APS

specific training and the Lived Experience role specific and specialisations training. The Framework considers a tiered approach to training starting with induction, formal training methods and professional development¹⁹. Consistent criteria for approval of funding and support will be established to reduce risk of inconsistencies and inappropriate training. As the Framework will identify the required training, the Strategy focusses on the required skills to build the capability of the individual. These skills include:



The Lived Experience Governance Framework and Effective Peer Employment within Multidisciplinary Organisations: Model for Best Practice identifies the successful implementation of Lived Experience workforce needs consideration for whole of workforce training which contributes to successfully driving culturally responsive action and transformation in Lived Experience program delivery. Managers who are not employed in designated Lived Experience roles are required to undertake relevant training, support and knowledge to manage, operate and supervise Lived Experience staff.

By building the capability of the Lived Experience leadership, they will be able to train and provide awareness to inform managers who are not employed in Lived Experience roles and other staff on:

- Why the Lived Experience role is embedded into Open Arms: building on the knowledge and understanding around the Lived Experience work;
- What the Lived Experience role is: creating role clarity and understanding of responsibilities including strengths; and
- How to work with the Lived Experience workforce: identifying functions and ways to utilise Lived Experience roles to achieve best outcomes for clients and the service.

9 Benefits

Having a well-supported Lived Experience workforce ensures holistic benefits for the clients, the community, colleagues, the workforce itself and the Organisation. Having a thriving and embedded Lived Experience workforce supports enhanced access to mental health services through the establishment of a relational approach which facilitates hope, empowerment and engagement^{05,20}.

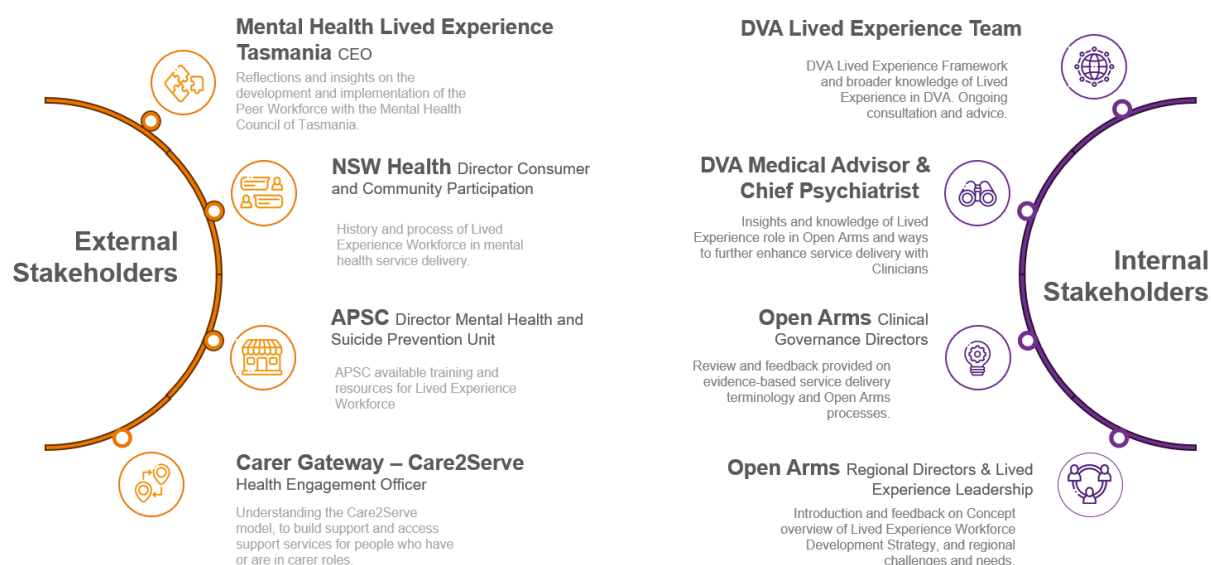
Inclusion, professionalisation and promotion of lived experience into mental health service delivery is instrumental in creating organisational change that reduces stigma, reduces strain on other clinical provisions and improves client engagement in non-clinical services. Having lived experience embedded into the Organisation can strengthen governance, procedures and resources through co-design activities, in which achieves positive outcomes for clients. Additionally, it can strengthen knowledge and understanding of the unique nature of military service and positive client/carer experiences and provide awareness of appropriate language and recovery-orientated practices.



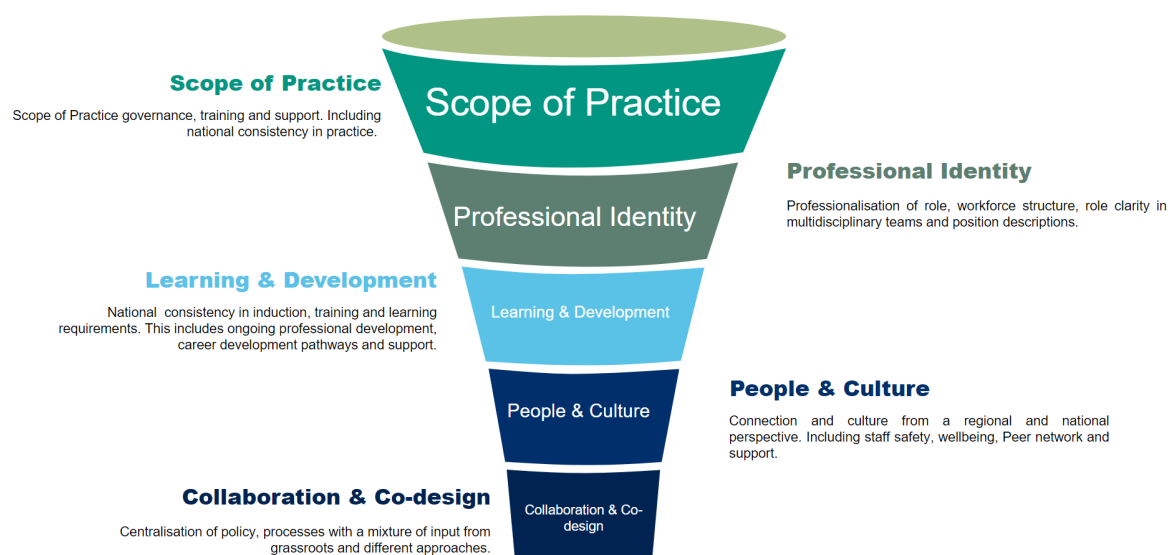
10 Stakeholder Engagement

Stakeholder engagement is imperative to the Lived Experience workforce development and the Strategy. Stakeholder engagement involves various methods to help inform and shape the Strategy's priorities and intent. Stakeholder engagement undertook various methodologies including consultation, collaboration and co-design. The strategy has been utilised various types of stakeholder engagement:

- **External stakeholders:** understanding the national background history of Lived Experience roles in service delivery environments, training and program requirements, as well as benefits of a workforce strategy and implementation lessons.
- **Internal stakeholders:** engagement has occurred to assist the understanding of the Lived Experience workforce needs from a departmental level and divisional operational requirements.



The Open Arms Regional Directors and Lived Experience Workforce were consulted at various points during the development of the Strategy and other implementation processes of Lived Experience workforce development, for example establishment of nationally consistent position descriptions. Below reflects primary key points raised:



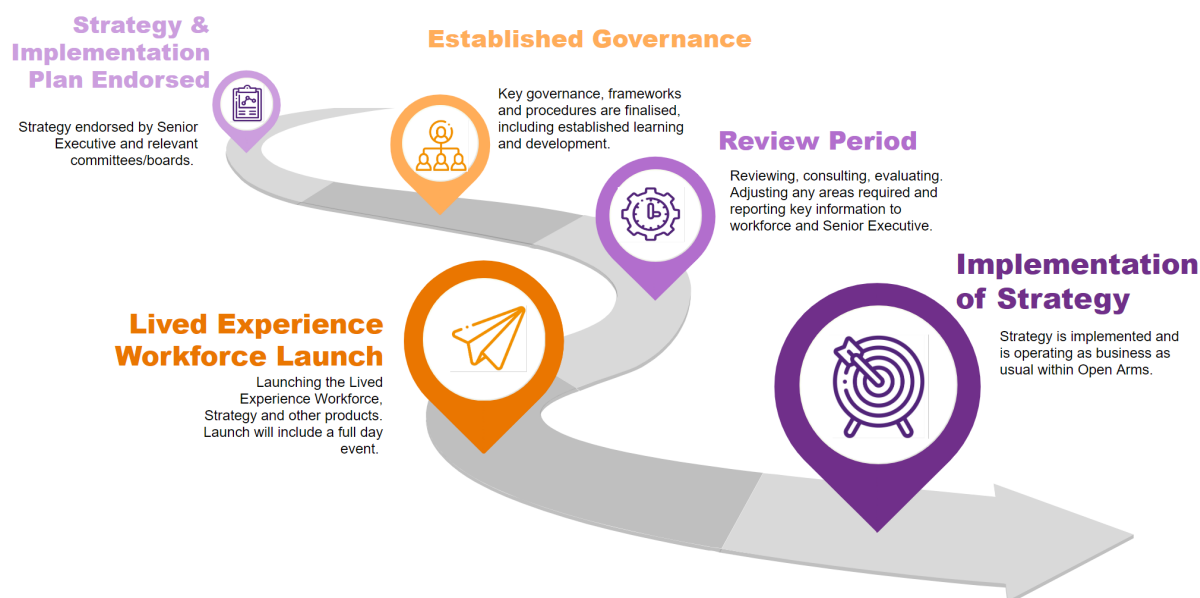
11 Action Plan

The Strategy's action plan outlines milestones and priority actions for the launch of and implementation of the Strategy. By outlining actions identifies the key areas of responsibility and

requirements to ensure the success of cultivating and sustaining a profession Lived Experience workforce within Open Arms.

11.1 Milestones

A overarching milestones timeline is outlined below in which shows the significant achieved outcomes from the Strategy:



The table below outlines further detail of key tasks and events to ensure the success of the Strategy.

11.1.1 Table 2

Ref	Milestone	Target Date
1	Lived Experience Workforce Development Strategy 1.1 Endorsed and distributed	December 2024
2	Capability Development 2.1 National Workforce Structure Alignment 2.2 Learning and Development Framework	February 2025
3	Nationally Consistent Governance 3.1 Implementation of Monitoring and Evaluation 3.2 Quality and Safety and reporting mechanisms 3.3 Review and establish procedures	April 2025
4	Communication Plan 4.1 Open Arms Providing education, information and key updates on Lived Experience workforce	Periodically

	<p>4.2 Community</p> <p>New promotion, information and media on Community and Peer Program</p> <p>4.3 DVA</p> <p>Providing education, information and key updates on Community and Peer Program including referral pathways for DVA Clients</p>	
5	Lived Experience Workforce Launch	TBC

11.2 Priority Actions

The overview of the priority areas stem from the six key considerations outlines in the Strategy. A high level image of these areas and actions are outlined below with further detail provided in Table 5 in which includes a further description of areas responsible.



11.2.1 Table 3

Priority Area	Action
<p>Clinical Governance</p> <p>Develop organisational relationships and responsibilities aligned to the Open Arms Model of Care that establish service delivery efficiencies, ongoing quality and safety, including monitoring and evaluation in a nationally consistent manner.</p>	<ol style="list-style-type: none"> 1. Policies, Procedures, Frameworks and Guidelines <ol style="list-style-type: none"> a. Clinical Governance maintaining Open Arms Model of Care and Open Arms procedures. b. Clinical Governance to be the technical authority to Clinical Operations to support and enhance workforce. c. Clinical Operations to implement Model of Care and procedures into practice and contribute to any changes, or

	<p>advice requirements to Clinical Governance.</p> <p>d. Business Operations to implement Model of Care and procedures into practice and contribute to any changes, or advice requirements to Clinical Governance.</p> <p>2. Clear reporting pathways</p> <p>a. Clinical Operations ensuring all reporting pathways are implemented, including accurate use of systems for data collection.</p> <p>b. Business Operations ensuring all reporting pathways are implemented, including accurate use of systems for data collection.</p> <p>c. Clinical Governance to evaluate relevant data for quality, safety and governance of service delivery workforce.</p>
<p>Organisational Capability and Culture</p> <p>Mapping Open Arms Lived Experience roles with identifiable leadership pathways for service delivery capability and DVA workforce reporting.</p>	<p>1. Role clarity in Service Delivery</p> <p>a. Clinical Governance to provide relevant resources and information on Lived Experience roles, responsibilities and functions including updated position descriptions, procedures, and, learning and development.</p> <p>b. Clinical Operations updating all relevant staff on the Lived Experience role, responsibilities and functions.</p> <p>c. Clinical Operations updating Lived Experience Workforce to have the correct position descriptions, position titles including on systems.</p> <p>d. Clinical Operations ensuring compliance with Lived Experience roles, scope of practice and procedures.</p> <p>e. Business Operations maintain ongoing DVA workforce reporting alignment.</p> <p>2. Multidisciplinary Team (MDT)</p>

	<ul style="list-style-type: none"> a. Clinical Governance provides advice on MDT structures for the Lived Experience Workforce. b. Clinical Operations implements changes including ensuring correct line management, reporting (e.g. ESSentials). <p>3. Team Building</p> <ul style="list-style-type: none"> a. Clinical Operations updating staff on the Lived Experience role, responsibilities and functions. b. Clinical Operations implementing team building processes including consistent team meetings, MDT case reviews, group reflective practice, and learning and development.
<p>Workforce Development</p> <p>Nationally consistent induction with mandatory and beneficial learning outcomes aligned to the Open Arms Model of Care that professionalise the workforce and supports ongoing identification of opportunities and skills development.</p>	<p>1. Learning and Development Framework</p> <ul style="list-style-type: none"> a. Clinical Governance utilising co-design processes to update the Learning and Development Framework, including external supervision for Lived Experience workforce. b. Clinical Operations to embed the Learning and Development Framework into practice and performance agreement plans, including external supervision requirements. c. Business Operation to follow any funding, contract and financial requirements <p>2. Ongoing professional development</p> <ul style="list-style-type: none"> a. Clinical Governance to develop a Learning and Development Library to support Lived Experience Workforce. b. Clinical Operations to embed Learning and Development Library in performance agreements plans and a resource to support

	<p>professional development required for the Lived Experience Workforce.</p> <p>c. Business Operations maintain business continuity and financial compliance processes and reporting.</p>
<p>Lived Experience Scope of Practice</p> <p>Lived Experience operating within MDT having clarity of procedural and instructional outcomes aligned to the Open Arms Model of Care and procedures.</p>	<ol style="list-style-type: none"> 1. Nationally consistent standardised induction and on-boarding <ol style="list-style-type: none"> a. Clinical Governance to develop Lived Experience Induction and Training Plan. b. Clinical Operations to implement Lived Experience Induction and Training Plan for new starters. 2. Nationally consistent Lived Experience learning and development package <ol style="list-style-type: none"> a. Clinical Governance develop: Lived Experience Induction and Training Plan; Learning and Development Framework. b. Clinical Governance updating Lived Experience Learning and Development Framework. c. Clinical Governance and with the support of Clinical Operations to assist in monitoring and evaluation of compliancy with learning and development. 3. Clarity of Lived Experience work roles & responsibilities <ol style="list-style-type: none"> a. Clinical Governance to update, monitor and maintain Model of Care. b. Clinical Governance to update existing procedures involving Lived Experience or create new procedures. c. Scope of Practice to define roles, functions and expectations to support informed decision making in Peer Practice d. Clinical Governance providing information, training and

	<p>guidance on the procedures to support Clinical Operations.</p> <ul style="list-style-type: none"> e. Clinical Operations embedding Model of Care and procedures in practice. f. Clinical Governance developing nationally consistent position descriptions for Lived Experience Workforce from APS 5, APS 6, EL 1 and EL 2 and Clinical Governance to be engaged as technical authority for any future amendments or reviews on Lived Experience position descriptions.
<p>Career Progression</p> <p>Open Arms' Lived Experience career pathways that support a recovery-focussed culture by reducing stigma, attracting and retaining staff.</p>	<ul style="list-style-type: none"> 1. Nationally consistent Position Descriptions <ul style="list-style-type: none"> a. Clinical Governance developing nationally consistent position descriptions for Lived Experience Workforce from APS 5, APS 6, EL 1 and EL 2. b. Clinical Governance to be engaged as technical authority for any future amendments or reviews on Lived Experience position descriptions. c. Business Operations to utilise position descriptions for bulk recruitment and future recruitment. d. Clinical Operations to utilise position descriptions in ensuring nationally consistent Lived Experience practice. 2. Individual Performance Agreements <ul style="list-style-type: none"> a. Clinical Operations responsible for all Lived Experience staff having Individual Performance Agreements including outlining Lived Experience and APS learning and development requirements, and external supervision. 3. Tailored career development <ul style="list-style-type: none"> a. Clinical Operations responsible for all Lived

	<p>Experience workforce having an Individual Performance Agreement in line with the Lived Experience Learning and Development Framework and DVA/APS requirements.</p> <p>b. Clinical Governance updating and maintaining currency for the Learning and Development Framework to support Clinical Operations.</p>
<p>Workforce Support</p> <p>Through connection within Communities of Practice, DVA working groups, DVA staff diversity and inclusion networks, including professional supervision.</p>	<p>1. External Supervision</p> <p>a. Clinical Governance monitors and reviews existing external supervision procedures, evaluate compliance through reporting mechanisms.</p> <p>b. Clinical Operations to abide by supervision procedures including reporting documentation. Including a responsibility to report existing external supervision as required if providers are not fit for purpose.</p> <p>c. Business Operations to manage external supervisor provider list and other financial requirements.</p> <p>d. Clinical Operations to support the concept of supervision training and development as identified in the relevant procedures and frameworks.</p> <p>2. Line Management Supervision</p> <p>a. Clinical Operations to abide by supervision procedures including reporting documentation.</p> <p>b. Clinical Operation Supervisors who are not employed as Lived Experience to ensure knowledge, understanding in managing Lived Experience workforce and engage in any relevant training, and advice.</p> <p>3. Networks</p> <p>a. Clinical Governance to coordinate and oversee Community of Practice.</p>

	<ul style="list-style-type: none"> b. Clinical Operations to develop regional Lived Experience networks internally and/or externally to Open Arms. c. Clinical Governance engagement with the Lived Experience workforce, maintaining continuity of communication and support with national consistent perspectives. <p>4. Technical Authority</p> <ul style="list-style-type: none"> a. Clinical Governance as the technical authority for Lived Experience Workforce. b. Clinical Governance engage with Lived Experience workforce for co-design <p>5. Mentoring</p> <ul style="list-style-type: none"> a. Clinical Operations to support the mentoring and coaching for Lived Experience Workforce as identified in individual performance agreement plans. <p>6. Leadership (hierarchical and escalation pathways)</p> <ul style="list-style-type: none"> a. Clinical Governance provides advice on team structures for the Lived Experience Workforce. b. Clinical Operations updating reporting lines through ESSentials and other areas to accurately reflect hierarchical pathways. c. Clinical Governance to monitor and provide procedures on risk management and escalations. d. Clinical Operations to identify clear escalation pathways that align with procedures. <p>7. Human Resources management and support</p> <ul style="list-style-type: none"> a. Lived Experience staff and managers to work together to ensure psychosocial hazards are reduced
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	<ul style="list-style-type: none"> b. Lived Experience staff and managers to utilise DVA People Services Branch (PSB) to c. Managing Clients Who Work for DVA - August 2020. d. Supporting Psychological Wellbeing. e. Managers Guide to Supporting Staff in Distress 0.3.
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12 Resources and Related Documents

12.1.1 Table 4

Document Name and Brief Description	Reference
National Mental Health Workforce Strategy 2022/2032 – Mental ill-health is one of Australia's most pressing issues. The challenge is complex and impacts all Australians—almost half of us will experience a mental health condition at some point in our lives. As the demand for mental health support and services increases, there is an urgent need to grow and create a well-rounded and responsive mental health system across Australia that is supported by an appropriately skilled and contemporary workforce to meet the needs of all Australians.	24579602E
National Lived Experience (Peer) Workforce Development Guidelines – To achieve the benefits of engaging a Lived Experience workforce, the workforce needs to be well supported, sufficient in numbers and embedded across all areas of the mental health system. The responsibility for workforce development sits across a diverse range of jurisdictions, agencies and professions. The partnership for change sits between employers, health professionals, Lived Experience agencies and Lived Experience workers. Therefore action is required by all stakeholders to ensure the development of the Lived Experience workforce.	24517578E
National Lived Experience (Peer) Workforce Development Guidelines: Lived Experience Roles – Is structured to provide a brief overview of the collective Lived Experience workforce and Lived Experience work, followed by the essentials of position descriptions that authentically represent Lived Experience practice.	24722743E
Fifth National Mental Health & Suicide Prevention Plan 2017 – The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) was endorsed by the Council of Australian Governments (COAG) Health Council in August 2017. The Fifth Plan represents commitment from all governments to work together to achieve integrated planning and service delivery of mental health and suicide prevention related services.	Fifth National Mental Health and Suicide Prevention Plan National Mental Health Commission
National Framework for Recovery Oriented Mental Health Services Guide For Practitioners and Providers – Is a guide for mental health practitioners and services to Australia's national framework for recovery-oriented mental health services. It provides definitions for the concepts of recovery and lived experience. It describes the practice domains and key capabilities necessary for the mental health workforce to function in accordance with recovery-oriented principles.	A national framework for recovery-oriented mental health services: guide for practitioners and providers Australian Government Department of Health and Aged Care
National Mental Health Consumer and Carer Forum - Lived Experience Governance Framework – The Framework provides a mechanism for organisations and sector leaders to have a clear	The Lived Experience Governance Framework: Centring

understanding and oversight of expectations, objectives, accountabilities and performance that ensures the voice, contributions and decision-making power of people with lived experience is evident at all levels.	People, Identity and Human Rights for the Benefit of All
Department of Health – Primary Health Networks (PHN) Primary Mental Health Care Guidance, Stepped Care 2019 – Provides overarching advice on a stepped care approach to mental health and outlines expectations of Primary Health Networks (PHNs) in its implementation through the Primary Mental Health Care Flexible Funding Pool. Stepped care involves providing person-centred care, targeted at the individual needs of consumers for mental health services.	Primary Health Networks (PHN) primary mental health care guidance – stepped care Australian Government Department of Health and Aged Care
Australian Public Service Commission Optimal Management Structures Guidance – Optimal Management Structures (OMS) guidance is a toolkit for Australian Public Service (APS) agencies. It helps senior leaders and their corporate teams to design management structures that operate effectively.	Optimal Management Structures Guidance 2023 Australian Public Service Commission
Australian Public Service Commission Work level standards: APS Level and Executive Level classifications – The Australian Public Service (APS) Work Level Standards for the APS Level and Executive Level (EL) classifications have been developed to provide a consistent platform for classifying jobs. They accommodate the diversity of roles across the APS and are structured to clearly differentiate between the work expected (i.e. responsibilities and duties) at each classification level.	Work level standards: APS Level and Executive Level classifications Australian Public Service Commission
Mental Health Council of Tasmania Peer Workforce Development Strategy – The growth and expansion of the peer workforce in Tasmania is a key priority of this strategy. Both the Tasmanian and Commonwealth Governments consider that peer workers play a crucial role in mental health services and are committed to developing a peer workforce in Tasmania.	24464035E
Lived Experience Workforce Development Strategy Implementation Plan May 2022 – The purpose of the Lived Experience (Peer) Workforce Development Strategy Implementation Plan is to provide an understanding of the timeframes and activities that will be undertaken to implement the 38 actions originally outlined in the strategy.	24717035E
Effective Peer Employment Within Multidisciplinary Organizations: Model for Best Practice – The study sought a clearer understanding of organisational mechanisms reinforcing effective peer employment and organisational change from the perspectives of peer workers, non-peer staff and management in multidisciplinary mental health and substance use recovery services.	24714848E
Actions targeting the integration of peer workforces in mental health organisations: a mixed-methods systematic review – Lived experience workforces are amongst the fastest growing emerging	24714841E

disciplines in Australian mental health service settings. Individuals with lived and living experience of mental distress employed in mental health services, often referred to as peer or lived experience workers, are widely considered essential for mental health recovery and reform. Despite vast growth of this workforce, concerns remain over the widespread integration of peer workforces to align with recommended movement of healthcare services toward greater recovery-orientated and person-centered practices. Previous research has identified barriers for peer work integration including a lack of clear role definition, inadequate training, and poor supportive organisational culture. Stigma, discrimination and a lack of acceptance by colleagues are also common themes. This systematic review seeks to identify organisational actions to support integration of peer workforces for improved mental health service delivery.	
APS Learning and Development Action Plan – The APS Learning and Development Action Plan sets out the practical steps to implement the APS Learning and Development Strategy. It outlines four pillars of action: 1. Culture, 2. Governance, 3. Capabilities, 4. Technology.	Highly Capable, Future Ready: APS Learning and Development Action Plan Australian Public Service Commission
Open Arms Strategic Workforce Plan: Interim Report – The interim report forms part of a larger body of work addressing workforce design, including the review and realignment of Position Descriptions and the development of a Learning and Development framework within Open Arms.	24455291E
Open Arms Model of Care – Open Arms' Model of Care defines its remit as a specialist service, focused on the delivery of military aware and trauma-informed care for the veteran community.	Our Model of Care Open Arms
Dennison and Varker – 2024: Training needs to support LLE workforce 20240530 FINAL – DVA requested Phoenix Australia conduct a brief literature review of two related topics. Topic 1: Identifying the key skills that allow people with lived experience to contribute their lived expertise to the development, delivery and evaluation of programs. Topic 2: Identifying the key skills that prepare leaders and managers to work alongside people with lived experience in safe and productive ways.	24720317E
Recovery Oriented Language Guide, Edition Three – The Mental Health Coordinating Council developed the first Recovery Oriented Language Guide in 2013 because language matters. The Guide continues to be important in the context of mental health, where words can convey hope, optimism and support, and promote a culture that fosters recovery and wellbeing. 2 The Recovery Oriented Language Guide is recognised as a valuable resource widely used across mental health and human services in Australia and overseas.	24830724E
Program Overview – The purpose of the Project Outline is to initiate engagement with the DVA Program Monitoring and Evaluation section.	24464437E

The overview highlights alignment of DVA strategic outcomes and objectives to the program.	
Program Logic – Provides a high level overview of the programs logic outlining how the LE program operates.	24497166E
Monitoring and Evaluation Plan – Defines how the program is monitored and evaluated. This document supports DVA development of evaluation planning.	24474536E
VVCS Townsville Community Engagement Pilot Qualitative Evaluation - Gripfast Consulting was engaged by the Veterans and Veterans Families Counselling Service (VVCS) to conduct a qualitative evaluation of the Community Engagement Pilot (CEP) being conducted in Townsville. By request the evaluation was completed in a five-week time frame.	241576522E

13 Glossary of Terms

Co-Production	
Lived Experience as expertise	Unique knowledge, abilities and attributes developed through individual experiences as a consumer and or carer that are transferable to the delivery of peer support services provided to others ⁰⁷ .
Self-determination	Respecting and recognising the client's choice, within Open Arms service delivery environment, and engaging them in meaningful activities, to find intrinsic motivations that are part of the client's recovery journey ⁰⁸
Person-directed	Health care and support that is respectful of, and responsive to, the preferences, needs, values, and individual choice of peoples social, mental, emotional, and spiritual needs. ¹⁰
Strengths-based	A focus on individual's existing strength, abilities, knowledge, and capabilities, including support networks such as family, friends and the wider community ¹¹ .
Relational	Interpersonal connection, trust and compassion to foster meaningful relationships that empower and inspire support to people. Including working effectively with other Lived Experience colleagues, stakeholders and within multidisciplinary teams ¹² .
Trauma Informed	Strengths-based approach founded on safety, trust, choice, collaboration, empowerment, respect and diversity that aims to do no harm, embracing hope and recovery ¹³ .
Humanistic	A holistic focus on free will and self-discovery to achieve one's full potential, rather than focusing on individual problems and symptoms ²¹ .
Multidisciplinary Team	
Open Arms Lived Experience	A carer and/or consumer who is previously or currently eligible to be a client of Open Arms and has experience in engaging with the mental health service sector or supporting others to engage with mental health services.
Open Arms Lived Experience Peer Professional (Worker)	A person specifically employed in Open Arms based on their lived or living experience of military service or military family life, and of a

	mental health recovery journey, which may include as a relative/carer of an ex-ADF member who has experienced a mental health recovery journey.
Open Arms Lived Experience Peer Work	A Lived Experience-led practice incorporating a recovery-orientated approach and authentic engagement and support within Open Arms Model of Care and procedures.
Open Arms Lived Experience Peer Workforce	The paid employment of Lived Experience Peer Professionals within Open Arms.
Scalable Organisational Leadership Structure	An essential aspect of a scalable organisational structure are clear roles and responsibilities. Leadership clarity, communication, consistency and decision making is established as well as, defining each team member's responsibilities and ensure they are aligned with the overall objectives boosting productivity, job satisfaction and outcomes.
Voluntary	An individual's choice in accessing mental health services and Lived Experience work.

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