

Mission Australia

Flagship Service Models

What is a Flagship Service Model?

The following Flagship Service Model is part of Mission Australia's growing suite of national service models. Each flagship service model is evidence-led and aims to drive consistency and best practice by creating national guidelines that can be customised for local context.

The services documented in flagship models have been chosen based on what we do best, what we want to scale and what we want to be known for. They also support business development by packaging core offerings that can inform tender responses and proactive opportunities.

Each Flagship Service Model contains:

- **A Theory of Change:** an evidence-led description of why we deliver the service in the way we do and what social impact we hope to achieve.
- **Need & client journey:** a description of the client and/or community need and visual mapping of the client's pathway through the service.
- **An operating model:** including staffing, caseload ratios (where relevant) and assumptions to drive financial models.
- **Sector standards and accreditation plan:** Expectation for periodic self-assessment and governance (including clinical) frameworks where relevant.
- **A Measurement, Evaluation and Learning ('MEL') plan:** a description of the overall integrated approach to monitoring, impact measurement, evaluation and learning about a program over time, including inputs, activities, outputs, processes and outcomes.
- **Implementation steps:** a guide for the staged localisation of the model for local services, including development of local service model and/or operational guide.

Flagship Service Models may be used to inform and guide:

- Proactive Business Development
- MA Funded Programs
- Design and re-design of services
- Modelling for tenders
- Prioritising evaluation
- Quality improvement initiatives.

Note: Flagship Service Models are about sharpening focus on where we have common evidence-informed models and those which we want to strategically scale – they do not articulate everything that Mission Australia does. They are also not intended to be entirely prescriptive but provide guidelines for the local nuancing and contextualisation of the service models.

Flagship Service Model: Lived Expertise Workforce

Name of model	Mission Australia Lived Expertise Workforce
Prepared by	Juanita Ford
Informed by	Mission Australia’s Lived Expertise Workers, their Managers and MA’s enabling teams, including: Western NSW AOD and MH programs – Jenna Bottrell, Cameron Leiper, Lee-Anne Ryan, Jessica Silva Central Sydney HASI and CLS programs – Gary Lazarus, Lise Kjaer, Ashley Walker, Peter Starr, Ashley Tuck Adelaide SA AOD and MH services – Keiron Andrews, Nicole Bowering, Lorraine Curtis, Anthony Tucker NT AOD program – Ana Aitcheson People & Culture team – Vanessa Brown, Kath Power, Karol Karas, Mandy Cann
Date	14 February 2024
Date of CSLT ratification	20 November 2023

Mission Australia Copyright Statement

Flagship Service Model: Mission Australia Lived Expertise Workforce

© Mission Australia 2024

Copyright Notice

This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA). The details of this licence are available [here](#).



Attribution

This publication should be attributed as follows:

© Mission Australia (2024). ‘*Flagship Service Model: Mission Australia Lived Expertise Workforce*’

Other uses

Enquiries regarding this licence and any other use of this document are welcome to be sent to our Practice Quality team at practicequality@missionaustralia.com.au

Contents

Flagship Service Model: Lived Expertise Workforce.....	2
1. Introduction and Background.....	4
1.1 Purpose and scope of this document.....	4
1.2 Defining the Lived Expertise workforce.....	5
1.3 Service types suited to Lived Expertise workers.....	7
1.4 Strategic alignment.....	7
1.5 The need for a Lived Expertise Workforce service model.....	8
1.6 Foundational Principles and Evidence Base.....	10
2. Service Design and Delivery.....	13
2.1 Theory of Change.....	13
2.2 Service outcomes and objectives.....	14
2.3 Target needs group.....	15
2.1 Lived Expertise and Client Relationship Pathway.....	18
2.2 Individual and Group Program Activities.....	18
2.3 Critical Success Factors.....	21
3. Financial drivers and staffing models.....	23
3.1 Resourcing considerations.....	23
3.2 Worker to client ratio.....	23
3.3 Designated Lived Expertise Worker profiles.....	23
4. Supporting Tools and Resources.....	30
4.1 Mission Australia resources.....	30
4.2 Practice Standards.....	31
4.3 Staff qualifications and experience.....	31
5. Partnerships and Governance.....	32
5.1 External Partnerships.....	32
6. Measurement, Evaluation and Learning.....	32
7. Localising the model.....	33
7.1 Adapting an existing service model.....	33
APPENDIX A: Theory of Change.....	35
APPENDIX B: Mission Australia Outcomes Hierarchy.....	36
APPENDIX C: Lived Expertise Role Classification Pathway.....	37
APPENDIX D: Implementation Checklist.....	38
APPENDIX E: Monitoring, Evaluation and Learning Plan Overview.....	39
APPENDIX F: Literature Review and Evidence Base.....	47

1. Introduction and Background

1.1 Purpose and scope of this document

The benefits of engaging people with lived experience in services to support clients¹ are well documented. While Lived Expertise workers are not new to Mission Australia and are already engaged in several services primarily in Mental Health and AOD, there remains a few perceived barriers to including Lived Expertise workers in services. This flagship harnesses the learning from services and our existing Lived Expertise workforce, and builds on the work previously undertaken to develop Mission Australia's existing [Lived Expertise Practice Framework](#) to provide tools to broaden the number and scope of services that engage Lived Expertise workers to increase their impact.

This model is different from other flagship models in Mission Australia. It is not referencing a specific service, service line, or category. This model is designed as an extension to existing service models that would benefit from the inclusion of Lived Expertise in the workforce. As Mission Australia develops a lived experience strategy that responds to the expectation of the organisation and key funders, the views and experiences of those that use our services will be heard through client voice and participation activities. This flagship is designed to outline how services can include designated lived experience roles within existing service delivery.

This model provides a high-level overview of several ways in which designated lived experience roles can be incorporated into a new or existing service within Mission Australia. It is not a standalone service model but should be considered as a model that extends existing service models when workers with declared lived experience are included in the service delivery team, to work in roles that specifically draw on their lived experience in the support of clients.

This flagship service model outlines an overarching approach for embedding Lived Expertise Workers into service delivery across relevant Mission Australia services. As with all Mission Australia flagship service models, this document includes:

- Theory of Change - a high-level theory of change articulating the way in which Lived Expertise workers and the relationships they build with clients can be incorporated into services to create greater impact.
- Critical Success Factors – that enable effective Lived Expertise work.
- Worker roles and activities – suggestions for the type of roles and activities that Lived Expertise workers can carry out within a service.
- Monitoring, Evaluation and Learning (MEL) Plan – the elements to be added to a services MEL plan when the service includes Lived Expertise workers.

The Lived Expertise Worker flagship model is intended to be flexible as the approach to lived expertise workers can look different depending on the client group, local area, needs of the community, funding and partnerships available. The model articulates the core components and functions of various roles

¹ We typically use the term 'clients' to refer to the people Mission Australia's Community Services and Housing Services teams work alongside. This can include:

- Former, current and future CS service users, consumers, participants
- Former, current and future MA Housing tenants
- Carers and networks of the above
- Community members we work with.

We acknowledge this term can promote power imbalance, or perceptions of that and that sometimes people don't like being referred to as 'clients'. Services should adapt this terminology to respect the people they work with.

for workers with lived experience, how they can interact with people at various touchpoints of their service journey as a client with an MA service and offers suggestions for growing a Lived Expertise workforce and service offering across Mission Australia services.

It is important to note that this service model does not cover identified Aboriginal and Torres Strait Islander roles; these roles are informed by the Aboriginal and Torres Strait Islander Employment Strategy, Cultural Safety Framework and the Cultural Safety Practice Guidelines. Nor does this model speak to the targets for inclusion of people with a disability in our services, unless the role is specifically designed to use a person’s lived experience of a disability to support others with a disability in a service. This could include system navigator roles that aim to support people with disability to access mainstream community services.

1.2 Defining the Lived Expertise workforce

Lived experience as a professional practice has its roots in civil rights, social and consumer movements and has become a well-established practice, particularly in the Mental Health sector over the last 30 years.² Mission Australia and this flagship model use the term “Lived Expertise” in recognition of the practice wisdom that workers with a lived or living experience develop through their own navigation of systems and adversity, alongside the training they receive in how to use this knowledge to support others facing similar experiences (Figure 1). The lived expertise workforce at Mission Australia includes people with lived or living experience that are employed to use this experience in their direct service support with clients, recognising that Lived Expertise workers engage “... a professional approach in which diverse personal experience-based knowledge is applied within a consistent framework of values and principles.”³

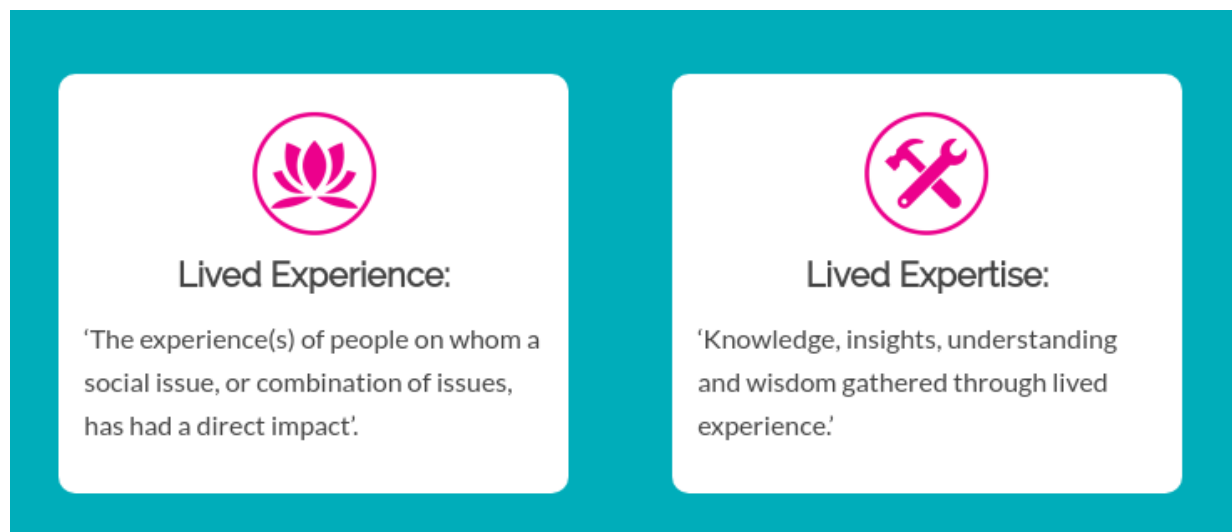


Figure 1: Defining Lived Experience and Lived Expertise.⁴

Lived Expertise workforce roles are diverse and continue to evolve, both in Mission Australia and across the sectors we work in. Lived Expertise roles can be designed to work alongside teams of non-

² Byrne, L., Roennfeldt, H. “Skin in the game: The professionalization of lived experience roles in mental health” *International Journal of Mental Health Nursing* (2021), John Wiley & Sons Australia Ltd

³ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

⁴ Source: <http://www.cloresocialleadership.org.uk/The-value-of-lived-experience-in%20social-change>

Lived Expertise workers, as a part of a case management team, in stand-alone Lived Expertise-led services, and in more traditional roles as a case worker or social worker with declared lived experience. Employing Lived Expertise workers in Mental Health services is now recommended as best practice by State, National and International Guidelines.⁵ To support this, the National Mental Health Commission has identified a diverse range of Lived Experience workforce roles across the Mental Health sector which can also be applied in services outside of Mental Health. These roles include but are not limited to: Consumer Consultants; Carer Consultants; Peer support workers; family/carer peer support workers; specialist peer workers; and various designated Lived Experience roles in executive governance; paid board and committee representation; education; training; research; consultancy; policy design; and systemic advocacy across various service settings (Byrne, 2021).

In Mission Australia we define our Lived Expertise workforce as: *workers that are using their lived experience as an essential component of their work*. This can include Peer Workers, Lived Experience Coaches, Tenant Advocates, Peer Navigator roles and others in service delivery. As the size of the Lived Expertise workforce grows, there is an increasing awareness of the value of Lived Expertise roles in more senior positions, in leadership and in advocacy. These roles would provide career pathways for Lived Expertise workers, support practice supervision, and can broaden the scope of lived experience work into enabling functions informing policy and advocacy campaigns and supporting service design. This opportunity is being explored in Mission Australia's Lived Experience / Client Voice Strategy.

For the purposes of this service model, the scope of Lived Expertise workers is limited to those involved in **direct service delivery with clients or with tenants**, such as Peer Support workers; Peer Mentors; Specialist Peer workers; and Lived Expertise Workers and Coordinators.

People employed in non-designated Lived Expertise roles

It is important to recognise that there are people with lived experience employed in many roles across Mission Australia. Staff members not employed as Lived Expertise Workers, may have relevant experiences of, for example, mental illness, domestic and family violence, having been in Out of Home Care, living with a disability, being or having been a social housing tenant, and so on. The National Lived Experience Workforce Development Guidelines (developed by the National Mental Health Commission in 2021) refer to positions that are not designated Lived Experience roles as 'non-designated'.

Many people in non-designated Lived Expertise roles may identify privately or publicly as having a lived experience. Their lived experience insight is valuable and can enrich and contribute to Mission Australia's culture, operations and decisions. Their contribution will be acknowledged in our organisation-wide Diversity and Inclusion Policy, currently under review. More work is also being done, such as through the Workplace Adjustment Procedure and associated HR policies, to clarify the positioning and support for people working in non-designated roles, to ensure they are supported and able to safely share their experiences and any reasonable adjustments needed to do their work.

Nevertheless, people in these roles are not employed specifically to work from the perspective of their lived experience. Instead, their positions are informed by different priorities and/or disciplines, and as a result, are not part of the designated Lived Experience workforce. The lived experience perspectives of people in non-designated roles are not a substitute for designated roles. Designated positions are

⁵ Byrne, L., Roennfeldt, H. "Skin in the game: The professionalization of lived experience roles in mental health" *International Journal of Mental Health Nursing* (2021), John Wiley & Sons Australia Ltd

firmly focused on, and informed by, lived experience priorities and perspectives and therefore have a unique role to play.⁶

This flagship service model relates only to roles that have been designated as Lived Expertise roles. It will not specifically explore the use of workers in non-designated roles working in roles outside of direct peer work service delivery.

1.3 Service types suited to Lived Expertise workers

The use of Lived Expertise workers can be considered in programs across all Mission Australia service categories. It is important to note that many of our clients are affected by a multitude of complex and interconnected issues. For example, in our homelessness services, clients may also be affected by mental health conditions and co-existing AOD issues and / or affected by family violence. What is common is their experience of trauma, stigma and marginalisation. Services need to take a client centred view of lived experience regardless of what program clients are accessing and engage workers with a diversity of relevant lived experiences.

Lived Expertise Workers can form an important part of a multidisciplinary team, working alongside social workers and case workers to support participants to engage with their recovery goals. In Mission Australia, there is also a growing number of Lived Expertise led services operating in mental health and suicide prevention services, such as the Connections and the Safe Haven programs in NSW.

Lived Expertise Workers have been found to have a positive impact in the engagement and intake processes across service types. As the first point of contact with a potential client, Lived Expertise workers are able to bring an understanding and empathy of where a potential client is at and their assessment of readiness for a program. This approach has had a positive impact on referral conversion rates in the Partners Toward Wellbeing program for clients with combined Mental Health and AOD support needs in South Australia. The program has seen an increase in referred clients engaging with services from 69% in the first year of service (to Jun 2022) to 82% (Mar YTD 2023).

1.4 Strategic alignment

The MA Strategy 20-25 identifies our organisational goal as *end homelessness and ensure people and communities in need can thrive* with three externally facing strategic areas of focus:

1. Help Australia end homelessness;
2. Supporting people in need to thrive; and
3. Partner to strengthen communities.

The Lived Expertise Workforce Flagship contributes to each of these focus areas and to our organisational goal by enabling us to deliver better services to people and communities in need.

In addition, the 20-25 Strategy states Mission Australia will *build capacity for client voice and a lived expertise workforce across the organisation*. This commitment has reinforced the importance of lived experience and the client voice and has led to the embedding of approaches to listen and respond to lived experience and to the creation of tools to support the growth of the Lived Expertise workforce.

The inclusion of Lived Expertise workers is one way to ensure that the voice of lived experience is embedded in the design and delivery of services for the people we work with and supports a key principle of “nothing about us, without us”.

⁶ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

1.5 The need for a Lived Expertise Workforce service model

The implementation of this Lived Expertise Workforce flagship across Mission Australia services, along with the supporting Monitoring, Evaluation and Learning plan, will enable the organisation to contribute to the growing evidence of the impact of Lived Expertise work. This, along with the broader Lived Experience strategy and Client Voice Roadmap, will inform how Mission Australia designs services to support people and communities in need into the future.

In 2021, The National Mental Health Commission released National Lived Experience Workforce Development Guidelines⁷ that describes Lived Expertise Workers and the value they bring to services and service participants. While the Guidelines primarily reference the mental health sector, the nature of this work applies across many of the service types Mission Australia provides:

“Lived Experience workers draw on their life-changing experiences of mental or emotional distress, service use, and recovery/healing, and their experiences, or the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experiences, self-determination, empowerment, and hope. It is common to have experiences of distress and emotional pain, loss, stigma, discrimination, loss of rights, and navigating complex systems. Lived Experience also includes experiences and an understanding of losing and regaining hope, and emancipation. People’s paths to healing, hope, and recovery are also different.”

This diversity of experiences that Lived Expertise Workers have brings a unique perspective on the needs of clients. They can act as a conduit between clients and the case worker or clinical team, enhancing connections and bringing insights from their own experience to inform and support client’s engagement with their service goals.

As outlined in a literature review undertaken by Mission Australia’s research team, (see Appendix F) there are significant benefits for clients, workers and services that engage designated Lived Expertise workers. These include:

For clients

- Improved engagement from individuals who are alienated from or not easily reached by formal services;
- Reductions in feelings of guilt or shame;
- Increased feelings of hope and motivation for individuals considering or attempting change;
- Giving clients a new perspective through shared storytelling and seeing opportunities to change their negative thought patterns based on peers as role models of recovery (i.e. cognitive restructuring);
- Enhanced self-esteem, self-efficacy, motivation, hope, coping methods, and positive self-evaluations;
- Greater feelings of empathy and connectedness as compared to a patient-therapist relationship;
- Overcoming feelings of isolation, disempowerment and stress.

⁷ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

For Lived Expertise workers

- Increased self-esteem, confidence, positive feelings of accomplishment and sense of identity;
- An increase in their own ability to cope with their challenges;
- Feel more empowered;
- Peers also benefit from sharing their personal story, finding new ways to re-interpret their past and further developing their identity to integrate a new sense of purpose and meaning.

For services

- Other professional staff and colleagues in the service develop more suitable interventions and practices, encouraging a more person-centred mindset in the delivery of services, and offering a new perspective to the treatment or interventions being provided;
- A strong 'consumer voice' brought to discussions about service design and delivery, alongside new ideas for reframing and reforming service delivery in specific settings;
- Peer voices can add significantly to service improvements.

Mission Australia's *Lived Expertise Manager Guidelines* (available via the MA People Leader portal) offers the following reasons why lived expertise roles should be included in a service:

- Lived expertise roles may be more beneficial to achieving program outcomes than non-lived expertise roles;
- A funder has requested services be delivered by a lived expertise workforce (whole or in part);
- The customer/client has requested their service be provided by a lived expertise practitioner;
- The service outcomes are best achieved through the provision of mentoring and coaching in contrast to case management;
- The service needs to provide intentional opportunities to master personal vulnerabilities that foster self-direction and self-management;
- The service needs to provide opportunities for focussed group learning and community connection;
- The service needs to provide opportunities for people to exercise their rights, responsibilities and self-advocacy capabilities;
- Providing services with non-lived experience practitioners alone does not provide people with all the opportunities they require for their recovery.

The literature review also highlights some specific conditions identified that enable the successful inclusion of Lived Expertise workers. These conditions are reflected in the Critical Success Factors for this flagship service model (Section 2.6).

In response to the increased recognition of the benefits of Lived Expertise work, there is an increasing expectation from funders that lived experience is incorporated into service models and service design. For example:

- In the 2022 Post Care Tender SA Government Department of Child Protection required providers to identify how the lived experience of young people would be incorporated into Post Care Support Services operation and development.
- In 2023 the Adelaide PHN increased funding for additional Peer Workers to support community AOD programs.
- In 2023, the NSW Office of Responsible Gambling issued a request for proposal for the development and support of a Peer Support Workforce for GambleAware services.

In addition to client voice opportunities and co-design of services, this flagship model provides the evidence for Lived Expertise workers and outlines practical ways to respond to this funder expectation.

1.6 Foundational Principles and Evidence Base

The Lived Expertise Workforce flagship service model draws on the foundation of organisational knowledge built over many years of delivering services that include designated Lived Expertise workers across our Mental Health, AOD and other services. This includes drawing on the literature review, interviews with Lived Expertise staff and their managers, and on key organisational documents such as:

- MA's [Lived Expertise Practice Framework](#)⁸
- MA's [National Case Management Approach](#).⁹
- MA's [Recovery Oriented Practice Framework](#)¹⁰
- [Learning from Lived Experience: A Framework for Client Participation](#)

As a result of this research, the following foundational principles apply to all Mission Australia's services that engage Lived Expertise workers:

We are grounded in recovery-oriented practice



Recovery-oriented practice is widely accepted by clients due to their active role in its implementation as well as its focus on strengths, in effect reducing stigma and discrimination. This collaboration between the client and the worker enables a more holistic and empowering approach resulting in better outcomes for the client. Recovery-oriented practice focuses on a clients' journey, sometimes lifelong, toward independence and increased self-esteem in order to find their meaningful place within the community beyond the constraints of their current challenges. Recovery-oriented practice moves away from deficit models of care and centres on hope, self-determination, self-management, empowerment and advocacy. The recovery journey is best supported when an individual feels safe physically and emotionally.

Mission Australia has developed a [Recovery-Oriented Practice Framework](#) to guide and embed this practice across the organisation, emphasising the importance of self-determination and choice for each participant in the service system. The Framework informs all service activities, policies and processes. This framework supports consumers to recognise and take responsibility for their own recovery and wellbeing as well as define their own goals, wishes and aspirations.

Modelling hope and recovery for clients is one key element of the Lived Expertise worker role. *The practice of Lived Expertise workers is grounded in recovery-oriented practice*, and the understanding that recovery will look different for everyone. Lived Expertise workers act as models of recovery while recognising that clients will determine what recovery looks like for them. A successful collaborative, recovery practice relationship draws upon the skills, knowledge and lived experience of individuals accessing services and the lived expertise of Lived Expertise Workers, combined with the skills and knowledge of the staff.

⁸ Mission Australia's [Lived Expertise Practice Framework](#) can be found on the intranet and outlines core practice focus areas that make up Lived Expertise Practice.

⁹ Mission Australia's [National Case Management Approach](#) can be found on the intranet and outlines the principles that underpin best practice case management and support coordination.

¹⁰ Mission Australia's [Recovery Oriented Practice Framework](#) can be found on the intranet and outlines a recovery framework

Drawing on their own experiences and through working in support of clients, Lived Expertise workers develop their knowledge of theoretical recovery models and learn how to apply these alongside their unique experience of recovery to support others even where there may be differences in views and beliefs.

We are trauma informed and responsive



Trauma informed practice is integral to a recovery-oriented approach. A trauma-informed approach recognizes the intersection of trauma with many health and social problems for which people seek services and treatment, aiming to sensitively address trauma along with an individual's issues.¹¹

The key principles of trauma-informed care include safety, trustworthiness, choice, collaboration and empowerment, and an understanding of trauma and its effects on individuals and their support networks. It involves creating safe physical and emotional spaces and supporting individual choice and control.

The principles of trauma informed care are closely aligned with the practice of Lived Expertise workers, as they are utilising their own experience of trauma, are able to recognise the elements of a service that can negatively impact on client's feelings of safety and adapt the service response to build a safe environment for clients.

Shared experiences are the heart of Lived Expertise work



"Social relationships and reciprocal sharing of experiences are at the heart of peer support. Augmenting this peer relationship can influence results positively and minimise harm."¹²

Lived Expertise work is not only informed by a person's individual experiences but also universal experiences of discrimination, marginalisation, exclusion and feeling powerless. The lived experiences of clients and Lived Expertise Workers are diverse and though these experiences may differ, the Lived Expertise workers experiences should be relevant to the target client cohort and type of service.

Lived Expertise workers have the skill and knowledge of how to safely share stories and can work with clients to develop their own safe storytelling. This helps to build the capability of clients to be in control of when, where and how their experiences are shared. The client learns how much of their story they need to share in different contexts to ensure that sharing experiences is useful and not re-traumatising.

¹¹ Bowen, E., and Murshid, N. 2016. "Trauma-Informed Social Policy: A conceptual framework for policy analysis and advocacy" *AJPH. Perspectives from the Social Sciences.* 106:2

¹² Peersman, G., Fletcher, G., Macfarlan, A., Rahman, S., and Hassall, K., 2019. "Peer support approaches: To what extent are they appropriate, acceptable, beneficial? What is needed to implement them well? A systematic review of systematic reviews of the international literature." Melbourne: The Australia and New Zealand School of Government

Underpinned by trusting relationships



Lived expertise work is underpinned by relationships and connection. An effective relationship between Lived Expertise workers and clients is a key foundation of successful outcomes. The strength of these connections supports clients to engage with a service and to try new things in support of their goals. The relationships made possible through Lived Experience work strengthen connection, resiliency, choice, and hope, improving the lives of individuals and assisting to transform services.¹³

A shared experience can be the start of a strong working relationship. Common understanding of life challenges can create a bond between Lived Expertise workers and participants, where trust is built through consistently non-judgmental, honest, respectful interactions over time. Genuine relationship building, working within established professional boundaries, sets the foundations for successful collaboration. Strong and genuine relationships between participants leads to richer dialogue and can enable frank discussions where clients may need a trusted voice to challenge them.

Interviews with Lived Expertise workers and their colleagues in Mission Australia have shared that there are often times clients disclose information to Lived Expertise workers that they have never shared with their support workers before. Lived Expertise workers have the skills and understanding to know when to encourage clients to share what is needed from their experience with other support teams. They also know when the sharing of experiences is not relevant to the case work or current client supports and clients can trust them to respect and honour that trust.

We encourage empowerment, agency and choice for clients



Lived expertise work supports clients towards empowerment, to exercise self-determination and develop agency as the experts in their own experience. Empowerment is described as a mechanism of Peer Support as it allows the client more freedom, control, and choices in their recovery from hardship.¹⁴ Walking alongside clients to build their belief in self and hope for the future leads to improved ability to leverage opportunities which in turn leads to better outcomes.

A strengths-based approach builds from a client's strengths to help them achieve success, rather than focussing on deficits, in turn building their belief that they can create change in their lives and achieve their goals. Lived Expertise Workers advocate alongside clients, supporting them to speak up, find their voice, activate their agency and encourage clients to be an active participant in decision-making about their service journey.

¹³ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

¹⁴ Stephanie L. Barker, Felicity L. Bishop, Elizabeth Bodley Scott, Lusía L. Stopa and Nick J. Maguire. Developing a Model of Change Mechanisms within Intentional Unidirectional Peer Support (IUPS). *European Journal of Homelessness* _ Volume 14, No. 2_ 2020 pp 161-211

We recognise and respect Lived Expertise as professional practice



Expertise gained through an individual's experiences of recovery or overcoming adversity is the essential requirement of Lived Expertise work, The Mental Health

Commission argues that lived expertise is of equal value to other types of expertise, including academic qualifications.¹⁵ The relevance of this experience and the ability for the worker to effectively utilise their experiences for the benefit of others is a skill that is developed through specific training and learning with the support of others. Lived Expertise workers demonstrate an ability to talk about current recovery practices that are relevant to the service and the participant.

Lived Expertise workers, when embedded within a client's support team, are an equally important part of the holistic team, working alongside case workers, health practitioners, or support coordinators to bring valuable insight and perspectives to the experience of the client.

Lived Expertise practice supervision and ongoing training is essential



Training and supervision represent good practice—it would be negligent to send people with lived experience out to support clients without sufficient training and support.

Ensuring Lived Expertise workers have ongoing access to training supports the ongoing development of their skills in sharing their stories safely and purposefully and will broaden the knowledge of safe practices in lived expertise work. Training should be extended to colleagues and wider organisational staff so that the approach is recognised, understood and supported across the organisation. The National Lived Experience Workforce Guidelines state that: "Training that explains the connection between Lived Experience work and better recovery understanding can assist colleagues to see how lived experience involvement is relevant and useful to their work, and benefits people accessing services."¹⁶

Working in an environment that may be emotionally triggering is understood to be part of the job for Lived Expertise workers and access to practice supervision is critical to ensure that Lived Expertise workers are able to sustain their own self-care and recovery. The inclusion of specialist Lived Expertise practice supervision ensures the Lived Expertise workforce is well supported and minimises the risks associated with Lived Expertise work and is a critical success factor for the growth of this workforce.

2. Service Design and Delivery

2.1 Theory of Change

The 'Theory of Change' for this flagship model is underpinned by the evidence-informed foundational principles of Lived Expertise work, alongside practice insights gathered from Mission Australia subject matter experts. It articulates the expected benefits we believe clients will achieve as a result of the enhanced connection and relationships established with designated Lived Expertise workers. Lived Expertise practice is understood to also benefit the Lived Expertise Workers and the Service staff they work alongside, a summary of the short, medium and long term outcomes for participants and service staff are listed in Figure 3.

¹⁵ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Development Guidelines: Lived Experience Roles. 2021, National Mental Health Commission.

¹⁶ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

The complete theory of change can be found in Appendix A and includes short, medium and long-term outcomes for Participants, Lived Expertise workers and Service teams, in addition to Community Level outcomes.

	Short-term Soon after entry	Medium-term During the service	Long-term On exit and beyond
Participant	<ul style="list-style-type: none"> ✓ Feels listened to, understood, not judged and able to engage with workers knowing they have someone "on their side"; ✓ feels safe to disclose experiences with workers to help identify and connect with services or supports; ✓ builds genuine and trusting relationship with their LE worker; ✓ spends time with LE worker to make progress towards goals; ✓ sees the LE worker as an ally; and ✓ has hope for their future. 	<ul style="list-style-type: none"> ✓ Learns how to share their story with staff and peers safely; ✓ Reduced feelings of guilt of shame; ✓ are more confident and empowered to speak up and advocate for themselves, discussing goals, options and services available to them; ✓ Increased motivation for change; ✓ Improved engagement with services and workers; ✓ sees the LE worker as a role model that helps them reframe their own recovery experience and journey. 	<ul style="list-style-type: none"> ✓ has self-confidence, resilience, self-worth; ✓ has built a network of peers that support each other through any relapses and ongoing recovery; ✓ understands the LE worker is available and wont judge them if they need support again in future; ✓ develops new perspectives on experiences as opportunities ✓ builds skills and capabilities needed to use their own lived experience in ways that support others.
Service Staff	<ul style="list-style-type: none"> ✓ Has better understanding of needs and challenges of people in their service. 	<ul style="list-style-type: none"> ✓ Learn to see things from a different perspective and adapt service practices and activities to be more suitable for diverse client needs. 	<ul style="list-style-type: none"> ✓ Value the positive impact LE workers bring to the service and actively seek out LE workers to support clients.

Figure 3: Short, medium and long-term outcomes for participants and service staff

2.2 Service outcomes and objectives

Mission Australia’s Lived Expertise Workforce aims to support people to better engage with services, through building strong trusting relationships founded in shared experiences.

As outlined in the Theory of Change (Section 2.1), the long-term social impact of including Lived Expertise workers in a service links back to the MA Outcomes Hierarchy (Appendix B) and the Stronger Communities Domains outlined in our Strengthening Communities Framework.¹⁷

Mission Australia believes that the benefits designated Lived Expertise workers have in sustaining clients’ engagement with services, offering clients’ a role model for the future and acting as an advocate for change in service practices enhances a services ability to deliver on the specific service objectives and therefore leads to better client outcomes.

Service outcomes for services that include Lived Expertise Workers are:

Service Outcomes

For clients:

- Clients report feeling safe and understood by the service staff. They are motivated by the recovery and experience of the Lived Expertise workers and feel more confident in themselves and optimistic for their future.
- Clients and other service staff value the positive role modelling and leadership from Lived Expertise workers.
- Clients are inspired and value the connection with Lived Expertise workers who understand the challenges and barriers they are working through and encourage others that need support to connect with the service.

¹⁷ Details of Mission Australia’s Strengthening Communities approach can be found: [Strengthening Communities \(sharepoint.com\)](https://sharepoint.com)

Service Outcomes

- Clients can return to share their story and inspire peers that are facing similar challenges and barriers that they have been working through.

For Lived Expertise Workers:

- Lived Expertise workers have time to connect with and learn more about a client's needs and make connections with support services that can deliver improved service outcomes.
- There is an increase in the self-esteem, confidence and positive feelings of accomplishment in Lived Expertise workers own abilities to cope with their challenges.

For Services:

- Services with Lived Expertise workers deliver greater engagement and outcomes for clients.
- Services are more responsive to and understanding of the lived experiences of clients.

For Community

- Enhanced community cohesion through cultivating effective partnerships, action and collaboration.
 - Lived Expertise workers feel empowered; have greater confidence and a more positive sense of identity when Lived Expertise is recognised and valued as a professional practice.
 - Reduced social stigma associated with the sharing of lived experience in the community.
 - Reduced stigma associated with the declaration of lived experience in profession practice.
 - There is an increase in the size and diversity of the Lived Expertise workforce.
-

2.3 Target needs group

As the literature review (Appendix F) has indicated, there is increasing evidence for designated Lived Expertise workers across a wide variety of social services and at different times during the client's service journey. The needs of the specific target group should be considered when designing roles and engaging Lived Expertise workers. As previously stated, as this Lived Expertise Workforce flagship service model is an extension model for existing or new services, the target needs group for the specific service will be identified in the primary service model for the service.

Broadly, Lived Expertise practice has been shown to be effective for services where clients:

- feel stigma and shame from their experiences and working with a peer means they feel understood without having to explain everything to workers without that shared experience;
- may be less likely to engage with services or have previously had negative experiences of the service system;
- would benefit from peer connections as a safe and supported way to access group services and making social connections;
- struggle to make connections with adults in positions of authority;
- struggle with the hierarchy and power imbalance when working with some caseworkers or clinicians;
- are alienated from or not easily reached by formal services.

Whatever the target needs group, it is essential that the experiences of the Lived Expertise workers are relevant to that cohort. It is important to remember that people contain multiple dimensions of diversity and don't lead single issue lives. Consider how Lived Expertise workers' many characteristics, such as whether they are Aboriginal and Torres Strait Islander, their gender and sexual identities or

CALD status should reflect the people in the services and the communities you are working alongside, in addition to the specific types of lived experience workers have and how clients will respond to these experiences. For example, some clients of AOD services prefer to work with a Lived Expertise worker that has been addicted to the same substance, for others any experience of addiction is valid for their recovery. Having a diversity of experiences in the team can help connect and engage with clients that have multiple and complex experiences.

Clients that have worked with Lived Expertise workers have told us how they felt entering services and the difference connecting with a Lived Expertise worker made to them and how much they valued having the opportunity to share their lived experiences with others (Figure 4).

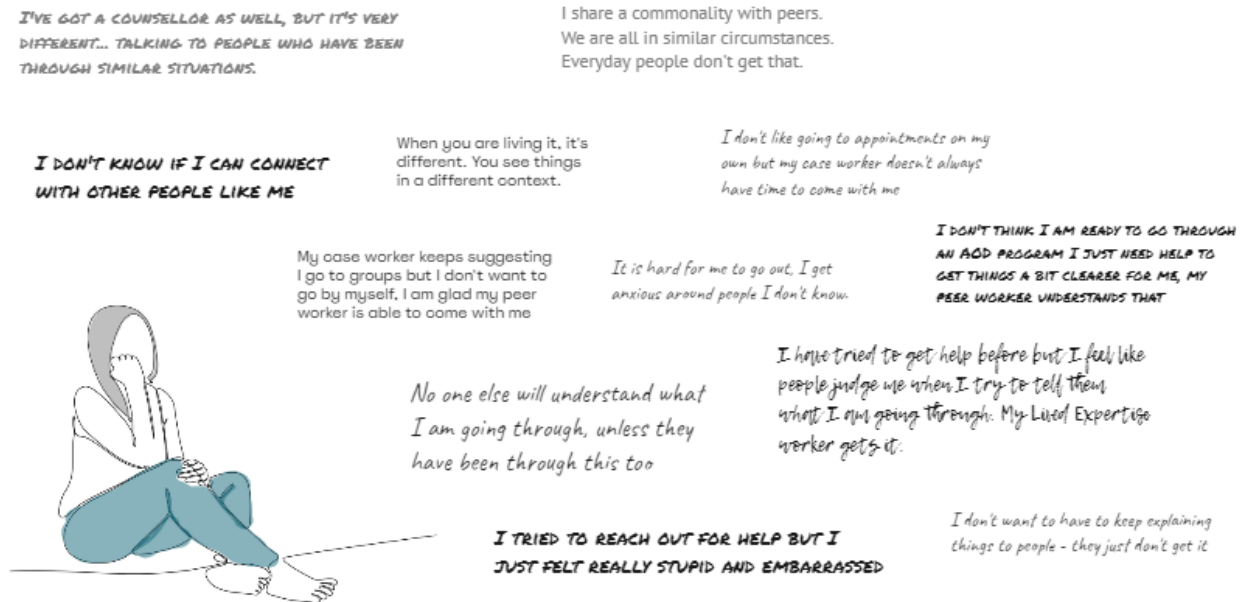


Figure 4: Statements from Clients and Lived Expertise workers during 2020 -2025 MA strategy consultation and 2020 Orange Peer Worker Service Review, some are direct quotes others reflect the sentiments that have been shared.

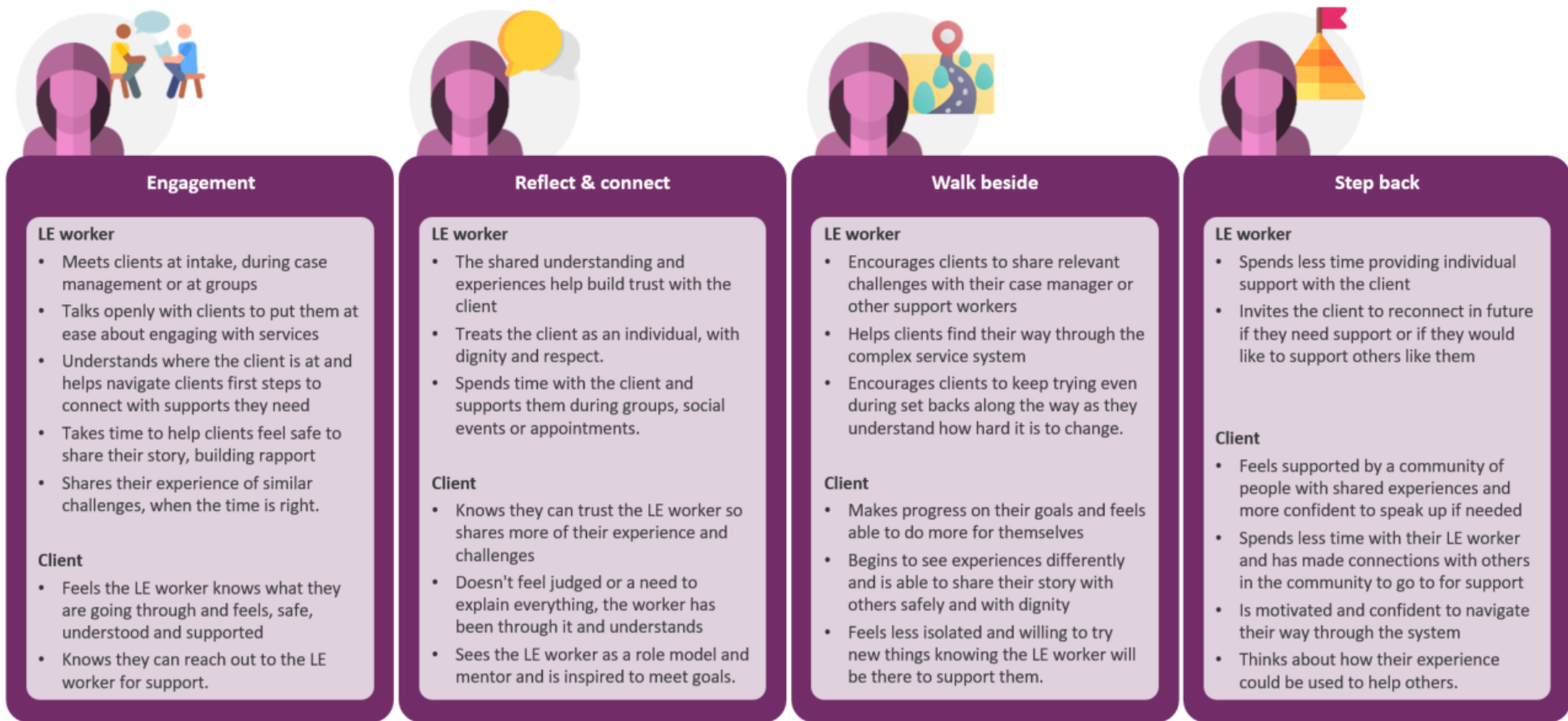


Figure 5: Lived Expertise Worker and Client relationship pathway during the service journey

2.1 Lived Expertise and Client Relationship Pathway

Lived Expertise workers bring value along the client service journey through the relationships they build with clients as they role model hope and recovery. There are many touchpoints where designated Lived Expertise Workers can be incorporated into a service, whether or not the client is in a goal-based case management service. These journey steps (Figure 5) describe a relationship, built to enhance the client's experience, deliver increased engagement in a service and contribute to improved outcomes for clients.

2.2 Individual and Group Program Activities

The activities offered by Lived Expertise Workers will depend on the type of designated Lived Expertise roles the service engages and can be tailored to the phase of the client's journey that Lived Expertise workers are supporting. These roles can range from a Lived Experience Volunteer to a Lived Expertise Coordinator and are outlined in more detail in Section 2.7.

The nature of Lived Expertise work means services need to allow time for Lived Expertise workers to build connections and establish trust with clients. Within a case management services, Lived Expertise Workers can work individually with clients such as supporting a client's intake into the services, assisting the program manager to assess a client's readiness for a program, provide insights to the case manager that will support the creation of genuinely client-centred case plan goals, and support clients in the achievement of their goals. Outside of case management, individual activities can build clients capability and capacity for change, through mentoring and role-modelling.

While not all Lived Expertise workers will deliver group programs, group activities can be a valuable component that complements other elements of a service. These may take a wide range of forms to suit client needs and support clients in different ways including providing opportunities for clients to connect with others, social and recreational activities, engaging with different target cohorts, and meeting needs that have been identified as common across the target group in an efficient way.

The following tables outline the types of activities that designated Lived Expertise workers may be involved in or lead across the phases of a client journey. It is important to note that Lived Expertise Workers do not need to be involved in all activities across all phases of the service journey, for example a service may choose to focus Lived Expertise Workers on intake or after care. This needs to be designed based on the needs of the clients, service context and resources available.

Engage

Individual Level	<ul style="list-style-type: none">• Spend time being available, listening to clients stories and experiences, without judgement• Establish a trust-based relationship• Sit with clients during support sessions if needed to help explain the processes and advocate for the clients choices with service staff• Understand the complex barriers to participating in a service and provide support and advice to engage• Check in with clients after appointments, follow up if appointments are missed• Ensure that trauma informed practice methods are always implemented.
-----------------------------	--

Group Level	<ul style="list-style-type: none"> • Facilitate information and engagement sessions • Facilitate groups and check-ins with waitlisted clients to keep a connection until a service / worker becomes available for them (i.e. “active holding” support).
Service Level	<ul style="list-style-type: none"> • Contribute to client assessments • Input into case review and planning • Meet with local community members to learn more about the target group, where they are and what the local challenges are • Support the team to actively implement trauma informed engagement processes

Reflect and connect

Individual Level	<ul style="list-style-type: none"> • Relationship building through informal activities (coffees, walks, shopping, eating out) • Listen to client’s story, share own experiences • Encourage client to reflect on goals and values • Use knowledge from lived experience to provide practical support, identify goals and diverse pathways to achieve them • Make time to be with clients when they need support outside of case work or service appointments • Always make the person feel validated.
Group Level	<ul style="list-style-type: none"> • Facilitate social connections through group outings • Design group sessions with clients that will build client trust • Engage people in safe sharing of stories and experiences in group settings.
Service Level	<ul style="list-style-type: none"> • Offer insights into the lived experiences of clients that contribute to their service engagement • Regularly check in with the team and reflect on and adapt the program to meet the client’s needs • Design group sessions and programs that will build client trust, capability and support progress toward client goals.

Walk alongside

Individual Level	<ul style="list-style-type: none"> • Role model positive lifestyle choices and changes in patterns of behaviour • Provide practical support by accompanying people to counselling sessions, court, health or medical appointments and other meetings • Use knowledge of the system and other services to connect clients with practical support • Attend groups or other activities with clients and encourage participation • Contact clients if they are absent from groups or miss appointments to re-engage • Listen and provide support during set backs • Advocate for access to resources and to navigate other service systems • Help clients recognise and build confidence, agency.
-------------------------	---

Group Level	<ul style="list-style-type: none"> • Group social activities to build connections with others in the local community • Group coaching in social and life skills • Design group sessions that support capability building and progress toward client goals • Co-facilitate or lead group sessions in collaboration with clients and service staff • Facilitate safe storytelling coaching sessions • Coordination of creative workshops.
Service Level	<ul style="list-style-type: none"> • Attend team meetings and client case conferences to be the voice of experience and to advocate for clients • Suggest practical tools and tips from experience in navigating complex service systems • Offer information from personal experience to case workers and other support team members to help build team capability and understanding • Engage in training and supervision to reflect on clients progress and build team capability and awareness • Lead practice sharing sessions to further team understanding of clients' experiences and reinforce the value of Lived Experience.

Step back

Individual Level	<ul style="list-style-type: none"> • Less frequent calls and check-ins as clients become more independent and engaged with their local networks • Invite clients to check back in with them if they need support in the future • Ensure that during a person's recovery journey they are aware that support services may not always be available and how to manage set backs • Connect with peer networks to provide support options in future • Encourage clients to re-frame their lived experience and identify ways to develop peer support skills.
Group Level	<ul style="list-style-type: none"> • Invite clients groups to continue supporting each other through informal groups and networks • Maintain contact to build peer networks and alumni support groups.
Team Level	<ul style="list-style-type: none"> • Set aside time to reflect on the clients outcomes and learn from how the activities and support were received by the client and the supporting team members • Contribute to co-design and service improvement initiatives that support teams to provide better services.

2.3 Critical Success Factors

Although local implementation of designated Lived Expertise Workers will vary, there are common factors that are critical to successful integration of Lived Expertise Workers into a service model to achieve the target outcomes.

Critical Success Factor	What does this mean?
1. Managers set and communicate clearly defined roles and expectations for Lived Expertise Worker roles	<ul style="list-style-type: none"> ✓ Any engagement of a person with Lived Expertise, whether as a volunteer or in paid employment, will have a clearly specified role and position description, so the worker and other staff understand what Lived Expertise workers will be doing in the team in relation to other team members. ✓ All Lived Expertise workers receive training in the Mission Australia Lived Expertise Practice Framework. ✓ The Manager and colleagues/team-mates of Lived Expertise workers are well prepared and receive training in working alongside Lived Expertise workers. ✓ There is adequate budget / funding available to support the work and activities of Lived Expertise workers e.g. client group activities or outings.
2. Recruitment practices are designed to support assessment of Lived Experience and readiness for undertaking Lived Expertise roles	<ul style="list-style-type: none"> ✓ Recruitment practices allow for the understanding of where Lived Expertise workers are at in their own recovery. ✓ When we recruit for Lived Expertise workers, we respectfully ask candidates about their experience and their recovery, to ensure candidate experience and stage of recovery are a good fit for the role. ✓ Candidates will be provided a clear understanding of the role they are applying for including physical and psychological demands of the role. ✓ Managers and recruitment staff know how to ask appropriate questions of Lived Expertise worker candidates that enable them to understand what specific support systems and practices a Lived Expertise worker might need. ✓ Wherever possible, Lived Expertise workers are involved in the recruitment of other Lived Expertise roles. ✓ Managers ensure reasonable adjustments are made for the Lived Expertise worker where pre-existing physical/ psychological conditions are identified including the identification of 'potential triggers' in the role.
3. Lived Expertise workers have relevant life experience for the service and client cohort	<ul style="list-style-type: none"> ✓ Services that are engaging Lived Expertise workers have identified the specific areas of a client's experience that the Lived Expertise workers need to share to bring the most support, understanding and value to the clients. ✓ The experiences of Lived Expertise workers are aligned to the experiences of the client groups they are engaging with. ✓ Lived Expertise workers reflect the diversity of experience, culture, gender and language groups of the client groups they work with.
4. Lived Expertise workers have ongoing access to specialised training to support their development and skills as a practitioner and as an advocate	<ul style="list-style-type: none"> ✓ Some funding contracts require Lived Expertise workers to have or be working towards a Certificate 4 in Peer Work. Where this is the case, we provide time, support and encouragement to these workers to ensure they are able to complete these qualifications. ✓ In addition to Peer Work qualifications, Lived Expertise workers will have access to a range of specialised training, for example in Safe Storytelling, Managing Boundaries, and Motivational Interviewing.

Critical Success Factor	What does this mean?
	<ul style="list-style-type: none"> ✓ Lived Expertise workers will be encouraged and supported to advocate for change in practices and policies to build better services for clients.
<p>5. Lived Expertise workers have access to specialist practice supervision and opportunities for reflective practice</p>	<ul style="list-style-type: none"> ✓ Managers of Lived Expertise workers receive training in the provision of supervision for Lived Expertise workers. ✓ Lived Expertise workers will have access to specialised Lived Expertise practice supervision, from a person with Lived Experience that understands the nature of working as a Lived Experience practitioner. This may be with internal Lived Expertise Senior Workers or Managers, or with external Lived Expertise Supervision providers. ✓ Lived Expertise staff can access Lived Expertise supervision in groups or through one-on-one sessions. ✓ There are opportunities available for Lived Expertise workers to reflect on their interactions with clients and examine their own beliefs, attitudes, and assumptions.
<p>6. Lived Expertise workers have reached a stage in their own recovery that enables them to use their lived experience to help others</p>	<ul style="list-style-type: none"> ✓ Lived Expertise workers have established self-care practices and coping strategies to support them during this work. ✓ Lived Expertise workers feel safe to share their coping strategies with their team and people they work with. ✓ Lived Expertise workers are able to decide when and how to share their story for the benefit of clients. ✓ Sharing of lived experiences is done appropriately and at the right time for the worker and the client.
<p>7. Teams working alongside Lived Expertise roles are well prepared and understand and value the work of Lived Expertise workers</p>	<ul style="list-style-type: none"> ✓ Teams with Lived Expertise workers complete training to introduce them to Lived Expertise work and understand how and when these roles should be used with clients. ✓ Lived Expertise workers are recognised as a valuable asset to the team and receive the same workplace tools and orientation as all employees. ✓ Lived Expertise workers are actively sought out by team members to work alongside clients. ✓ Lived Expertise workers are recognised as the client’s advocate and included in case conferences, team meetings and in policy and planning for service improvements. ✓ Colleagues of Lived Expertise workers are able to recognise when Lived Expertise workers will improve clients engagement and support.
<p>8. Lived Expertise workers have access to a network of other Lived Expertise workers in the organisation</p>	<ul style="list-style-type: none"> ✓ This may include group supervision, Communities of Practice, or informal mentoring arrangements between Lived Expertise workers. ✓ Where there is only one Lived Expertise worker in a team, they have access to a network of Lived Expertise workers in other areas of Mission Australia so they can be connected to specialised peer support.
<p>9. Lived Expertise workers have a career pathway in Mission Australia services</p>	<ul style="list-style-type: none"> ✓ Lived experience workers are treated as equals, with the same right to recognition and advancement as any other worker. ✓ As per other roles, there are opportunities for Lived Expertise workers to move into senior roles, management roles and advocate roles within Mission Australia.

3. Financial drivers and staffing models

3.1 Resourcing considerations

Resourcing considerations should be included in the implementation of the Lived Expertise Workforce model, alongside the primary service model cost drivers. Note that Lived Expertise Workers will contribute to the same financial drivers as other service staff for motor vehicles, IT systems, property costs, and contribution margin. There are some additional considerations for resourcing and costs for workers, clients and the service.

3.2 Designated Lived Expertise Worker profiles

A few example role profiles and position descriptions have been developed to indicate the level of skills and experience that may be needed in Lived Expertise roles and the different types of activities that Lived Expertise workers can undertake in a service. These work profiles offer some examples, though it should be recognised that some Lived Expertise roles will overlap. Example Lived Expertise Worker Position Descriptions are available on the People Leader portal that can be used as a starting point when designing Lived Expertise roles.

When developing roles, consider the specific role title used. Recent consultation with Lived Expertise workers has determined that some prefer to describe themselves as Lived Experience Worker or Peer Worker. For them, the use of “Expertise” in a role title creates a power hierarchy for the worker, suggesting they have something that the client does not. In addition, the use of “Peer” may be more widely recognised during recruitment for these roles. With this in mind, it is recommended that Mission Australia use the Lived Expertise Worker term internally to describe the workforce, however allow workers to use Lived Experience / Peer in their role titles.

NOTE: ALWAYS INVOLVE MISSION AUSTRALIA'S VOLUNTEERING BUSINESS PARTNER WHEN IDENTIFYING THE VOLUNTEER ROLES, PARTICULARLY WHERE THESE INVOLVE FORMER CLIENTS

Lived Experience Volunteer



A Lived Experience volunteer can provide a safe and warm welcome to clients visiting Mission Australia offices or attending group sessions, offering a calm and patient presence for people in distress. Volunteers can be engaged to spend time with people, making informal connections and sharing information about where people can access support and services.

Under the supervision of others in the team, a lived experience volunteer is able to support service staff in the set up and running of groups or events, sit alongside apprehensive clients, encourage participation and help clients overcome barriers to engaging such as fear of judgement or stigma. Volunteers can provide support for other service staff during community-based activities with clients, attending outings and group social activities.

Lived Experience Volunteers may be former program clients that are looking to support others going through similar challenges to what they have overcome. These roles can also provide an opportunity for people interested in Peer Work to get some early experience.

Possible Activities			
1. Engage	2. Build Connection and Trust	3. Walk alongside	4. Step back
Provide a warm welcome when clients call in to a service office	Listen to the experience and needs of the client and offer non-judgemental, compassionate support for clients.	Share knowledge of where to access services and help clients to connect with other services and resources in the community.	Contact clients if they are absent from groups or miss appointments.
Role considerations			
Alternate Role titles	Lived Experience Guide, Lived Experience Concierge		
Core Attributes	<ul style="list-style-type: none"> Interested in Peer Work and starting out in their experience In a suitable place in their own journey to be able to assist others Strong communication skills and able to discuss experiences with others appropriately with an awareness of professional boundaries Able to work alongside and be led by people without lived experience 		
Qualifications & Training (minimum)	Safe Storytelling Managing boundaries		
CSE Level (minimum)	N/A		
Additional financial drivers	Worker induction time Training for colleagues new to working with Peers IT systems access, laptop, mobile Access to vehicle		

Lived Expertise Mentor



Mentoring involves peers using their experience to model specific behaviours and practices through various types of social support, providing direct support for individual clients through one-on-one meetings.

Mentors meet with clients where they feel comfortable, introducing clients to new social activities and groups, and connects clients with services and supports that may help them better engage with achieving goals.

The focus of a Lived Expertise Mentor is role modelling social participation, supporting clients to build social connections that will continue beyond the completion of a program. While they will work with clients that may be in a case management service, they are not providing therapeutic interventions.

Mentors may have experience with the specific program or service that they are now supporting clients to navigate and may come from a program alumni network. Once they have built their skills and knowledge of peer work, they can take on 1:1 mentoring with clients.

Mentoring may also form a part of the Lived Expertise Worker role but can be a distinct role focussed on working with individuals alongside the lead case worker that oversees the Lived Expertise Mentor.

Possible Activities			
1. Engage	2. Build Connection and Trust	3. Walk alongside	4. Step back
Contact clients for appointments Meet with clients and lead case workers to identify goal-based supports.	Listen to the experience and needs of the client and offer non-judgemental, compassionate support for clients. Meet clients in the community, introducing new social activities and groups, and connect clients with services and supports that may help them meet goals.	Provide information regarding support options and resources, assist navigating community services and promote client engagement with services and supports. Contact clients if they are absent from groups or miss appointments to encourage clients not to disengage.	Check-in with the clients occasionally to advise about upcoming groups and invite to join alumni networks. Complete exit interviews, PWI and IM exit surveys
Role considerations			
Alternate Role titles	Lived Experience Mentor, Peer Mentor		
Core Attributes	<ul style="list-style-type: none"> • Use of initiative, tact and discretion • Stable in their own journey to be able to assist others • Able to mentor others appropriately with awareness of professional boundaries • Ability to work with people in crisis towards problem solving • Can work autonomously 		
Qualifications & Training (minimum)	Safe Storytelling; Managing boundaries; Introduction to Lived Expertise work		
CSE Level (minimum)	CSE Level 3		
Additional financial drivers	Client brokerage; IT systems access, laptop, mobile; Access to vehicle		

Lived Expertise Worker



Lived Expertise, Lived Experience or Peer Support workers can form part of a holistic support team, working alongside case managers, allied health practitioners and other support workers to increase a participant’s engagement with a service and understanding of the treatment options. While they may not be leading case management, they are helping clients to set and achieve case plan goals. Lived Expertise workers can plan and facilitate group activities and programs that respond to client needs. They bring a new understanding and perspective to case work that facilitates greater connection and engagement from clients.

Some Lived Expertise workers with significant experience and skill can become the lead worker and have a client case load. This may be lower than other case workers to allow the time for Peer Work practice but will be dependent on the individual and service. They can assume responsibility for the ongoing therapeutic relationship; phone calls, text messages, and community-based outreach as part of the service provided.

Lived Expertise Workers can be engaged alongside other Lived Expertise workers, under the supervision of Senior Lived Expertise Workers or Coordinators as part of peer-led services.

Possible Activities			
1. Engage	2. Build Connection and Trust	3. Walk alongside	4. Step back
<p>Contact clients at referral to discuss their needs.</p> <p>Complete intake assessments, PWI and IM surveys</p> <p>Establish a pattern for when, where and how to contact clients</p> <p>Set up appointments with Case Workers</p> <p>Invite waitlisted clients into group sessions to maintain a connection and build engagement for future services</p>	<p>Seek to learn about the client’s interests, their connections with family and friends, and work with the client in building their capacity to be part of their community.</p> <p>Provide emotional support to clients by purposely applying lessons learnt through own lived experience, i.e. provide hope that recovery can and does occur.</p> <p>Share insights with the client’s case worker or support team about where the client is at and suggest ways to support their progress.</p>	<p>Attend appointments or group sessions with clients to build their social skills.</p> <p>Arrange and attend social activities and outings with clients, providing opportunities to role model recovery, increase social connection and build skills and capacity for clients</p> <p>Share knowledge of where to access services and help clients to connect with other services and resources in the community.</p> <p>During sessions with clients, engage in motivational interviewing, provide coping strategies, and offer emotional, social, and familial support.</p> <p>Design and develop group activities tailored to the needs of the target groups.</p>	<p>Check-in with the clients occasionally to advise about upcoming groups and invite to join alumni networks.</p> <p>Complete exit interviews, PWI and IM exit surveys</p>

Role considerations	
Alternate Role titles	Lived Experience Worker, Peer Worker, Lived Expertise Coach
Core Attributes	<ul style="list-style-type: none"> • Stable in their own journey to be able to assist others • Able to discuss experiences with others appropriately with an awareness of professional boundaries • Ability to work with people in crisis towards problem solving • Can work autonomously • Confident to facilitate groups and lead group programs with the support of others
Qualifications & Training (minimum)	<p>Introduction to Lived Expertise work</p> <p>Motivational Interviewing</p> <p>Safe Storytelling</p> <p>Managing boundaries</p> <p>Certificate IV in Peer Work (or working towards)</p>
CSE Level (minimum)	CSE Level 3-4
Additional financial drivers	<p>Client brokerage</p> <p>IT systems access, laptop, mobile</p> <p>Access to vehicle</p>

Lived Expertise Recovery Case Worker



Lived Expertise Recovery Workers, Lived Experience or Peer Support Case Workers can also form part of a holistic support team. These roles fill more traditional case management or recovery worker roles but bring their own declared lived experience to the role. These roles require the integration of personal knowledge and skills gained from overcoming the

impacts of adversity or disadvantage (your lived expertise) with your practice experience and qualifications, to provide lived expertise coaching to individuals and groups.

Case workers and recovery workers are skilled in self-disclosure of their lived experience in a safe and meaningful way while mindful of the potential for adverse effects from self-disclosure if used inappropriately.

Possible Activities			
1. Engage	2. Build Connection and Trust	3. Walk alongside	4. Step back
Assist people to determine their needs and the vulnerabilities that they experience	Provide emotional support to clients by purposely applying lessons learnt through own lived experience, i.e. provide hope that recovery can and does occur.	Provide case management sessions utilising lived experience Group activities conducted and support provided to the wider team to implement and maintain groups	Complete exit interviews, PWI and IM exit surveys
Role considerations			
Alternate Role titles	Lived Experience Case Worker, Peer Recovery Worker		
Core Attributes	<ul style="list-style-type: none"> Combines Case Management and/or Recovery Work with the appropriate sharing of Lived Experience Able to discuss personal experiences with others appropriately with an awareness of professional boundaries 		<ul style="list-style-type: none"> Ability to work with people in crisis towards problem solving Can work autonomously Confident to facilitate groups and lead group programs with the support of others
Qualifications & Training (minimum)	Introduction to Lived Expertise work Cert IV in Mental Health, AOD, or Community Services Social Work		
CSE Level (minimum)	CSE Level 3-4		
Additional financial drivers	Client brokerage; IT systems access, laptop, mobile; Access to vehicle		

Lived Expertise Coordinator



A Lived Expertise Coordinator or Practice Lead manages a program or team from a Lived Expertise perspective where there are several of the team working in lived expertise roles. This role is a driver of developing, extending and sustaining lived expertise programs and practice within the organisation.

A Lived Expertise Coordinator plays an active part in ensuring the Lived Expertise workforce has access to appropriate supervision and training.

They provide leadership and mentoring for the Lived Expertise workforce and offer guidance for individuals and teams about how best to support and utilise Lived Expertise workers in the team.

Lived Expertise Coordinators have significant experience working as a Lived Expertise practitioner and may still provide one on one or group support for clients in addition to their internal service support.

Possible Activities			
1. Engage	2. Build Connection and Trust	3. Walk alongside	4. Step back
Participates in the recruitment of Lived Expertise workers and helps to ensure recruits are in a good place in their recovery to undertake Peer Work.	Coaches and mentors other Peer Workers as they build their knowledge and experience of Peer work. Conducts practice supervision sessions with peer workers in groups or individually.	Provide practical support and advice to Lived Expertise workers as they work with clients and continue to develop their practice. Continues to work with clients directly, providing peer support, role modelling recovery and hope. Designs and conducts training programs for Lived Expertise workers and their colleagues to better establish and reinforce Peer Work Practice.	Support clients and Peer workers to navigate the end of their service journey with Mission Australia. Offers opportunities for future alumni group engagement where this is established.
Role considerations			
Alternate Role titles	Senior Lived Expertise Worker; Lived Expertise Practice Lead		
Core Attributes	In addition to LE worker:		<ul style="list-style-type: none"> • Able to mentor other Peer Workers and build their knowledge and skill in Peer Work • Ability to work with people in crisis towards problem solving
	<ul style="list-style-type: none"> • Leadership • Use of initiative, tact and discretion • Qualifications in Lived Expertise/Peer Work 		
Qualifications & Training (minimum)	Certificate IV in Peer Work Cert IV in Mental Health, AOD, or Community Services Significant experience in Peer Work practice		Leadership and supervision skills and experience Management of Lived Expertise workforce
CSE Level (minimum)	CSE Level 4-5		
Additional considerations and financial drivers	Allocate time for training and supervision; IT systems access, laptop, mobile; Access to vehicle		

4. Supporting Tools and Resources

4.1 Mission Australia resources

Mission Australia has developed a suite of supporting tools to help managers identify the type of Lived Expertise roles that would work in the service context.

Lived Expertise Managers Guidelines

A mechanism to support Mission Australia's Managers and People Leaders in their management, support and development of a lived expertise workforce within existing and potential programs. The advice, ideas, examples and resources have been developed with Mission Australia's management and human resource teams and focus on designing Lived Expertise roles; determining the right classification; recruiting a lived expertise workforce; managing the changing dynamics within a team culture; supporting the safety and wellbeing of lived expertise practitioners; providing supervision and ultimately ensuring a highly productive lived expertise service delivery.

Lived Expertise Practice Framework

A comprehensive practice framework that details the nature of lived expertise work, and how it differentiates from other service provision such as case management. The framework articulates the lived expertise discipline and specialisation that through (i) sharing experiences, (ii) learning with and from each other, (iii) inviting challenge and being challenged, (iv) supporting the negotiation of personal power and (v) focussing on living life beyond the adversity, creating opportunities for a person to better master and manage the vulnerabilities they experience.

Role Classification decision-making tool

Lived Expertise Workers have been benchmarked and classified according to the SDEA. The classification pathway (Appendix C) is part of the Lived Expertise Managers Guidelines and has example position descriptions developed to provide a starting point for designing Lived Expertise roles.

Lived Expertise Worker role profiles

A series of Lived Expertise worker profiles developed to help managers identify the Lived Expertise work that is the best fit for their clients and team, based on the types of activities they would be delivering, the level of experience they need, the access they have to other Lived Expertise workers and Lived Expertise supervision providers. These profiles include the recommended skills, attributes and qualifications needed to undertake a Lived Expertise role.

Lived Expertise Workforce Implementation Checklist

A simple guide to support managers prepare for the recruitment and safe implementation of Lived Expertise roles in a service. The Lived Expertise Workforce Implementation Checklist (Appendix D) should be used in conjunction with the Lived Expertise Manager Guidelines and this Lived Expertise Workforce Flagship Service Model.

4.2 Practice Standards

The roles identified for Lived Expertise practitioners under this service model sit within evidence-based programs and provide a valuable supplementary support for clients. In addition to the practice standards for the specific service, Lived Expertise workers work under the following relevant organisational practice frameworks and policies (available on the MA intranet):

- Lived Expertise Practice Framework
- [National Case Management Approach](#)
- Recovery Oriented Practice Framework
- Quality Assurance Framework
- National Principles for Child Safe Organisations
- Clinical and Care Governance Framework
- Learning from Lived Experience: A Framework for Client Participation
- National Service Charter Guidelines

4.3 Staff qualifications and experience

Lived Expertise workers delivering support to the complex cohorts within MA's diverse service areas require qualifications, skills and experience in delivering person centred and holistic evidence-based practice approaches, including:

- Recovery oriented practice
- Trauma informed care
- Mental Health First Aid
- Responding to challenging behaviour
- Critical incident management
- Cultural competency
- Motivational Interviewing
- Stakeholder coordination and engagement skills
- Safe Storytelling and Managing Boundaries

While the relevant experience is crucial, the following qualifications are suggested for Lived Expertise workers in roles classified in SDEA at level 3 or above:

- Certificate IV in Mental Health Peer Work (or working towards)
- Certificate IV in Alcohol and Other Drugs (or working towards)

For services supporting people with complex needs, it is recommended a minimum of CSE L4 in the MA Service Delivery Enterprise Agreement classifications, as effective support requires navigation of the service system and strong advocacy with other organisations.

Where the target cohort of the service is less complex, Lived Expertise workers may range from CSE L3 to CSE L4 as identified as most appropriate to meet the needs of clients and suit the local context.

Where entry level Lived Experience roles are being included in a service, it is important to ensure adequate training is provided and workers are mentored by more experienced and qualified Lived Expertise workers as they gain their skills and experience. Refer to the Lived Expertise Managers' Guidelines for more information on supporting and developing Lived Expertise workers.

5. Partnerships and Governance

5.1 External Partnerships

Key areas of focus for partnerships include:

- External Lived Expertise Worker supervision provider.
- Lived Expertise training providers e.g. through TAFE, State based Mental Health Councils or providers of specific Lived Expertise worker training such as Roses in the Ocean or LELAN.
- Partnerships to create opportunities to engage with clients and community and build positive relationships.
- Partnerships to support and enable projects to meet community needs and goals.
- Partnerships to create wide ranging support pathways and opportunities to thrive.
 - Referral pathways should include informal, volunteer, community and mainstream services and organisations to facilitate social connection and support people to achieve independence, particularly in pro-social community settings.
 - Key partnership areas (including mental health, physical health, NDIS, Aged Care/Home Care, Employment Services, Alcohol and Other Drugs, Complex Case Management, Domestic and Family Violence)
- Partnerships with organisations who can provide specialist support to particular cohorts e.g. ATSI clients, CALD or refugee groups or young people.

6. Measurement, Evaluation and Learning

A Monitoring, Evaluation and Learning (MEL) is an essential element of how we deliver services and has been embedded within all our Flagship Service Models. The purpose of MEL is to bring together, synthesise and make sense of existing data sources in the organisations. We want to do this to:

- Generate credible evidence of our impact.
- Learn about the quality, efficiency and effectiveness of service types, common service models and different practice elements.
- Provide services with integrated access to multiple data sources to identify what is working well and areas for service improvements, enhancement, and growth.
- Share best practice internally and with the external sector.
- Support organisational learning and decision-making.

The MEL plan for assessing this Lived Expertise Worker flagship service model is also designed as an extension to the specific service MEL plan to capture the impact Lived Expertise workers are making in the experience of our clients.

For a detailed description of the MEL approach see Appendix E: Monitoring, Evaluation and Learning.

7. Localising the model

7.1 Adapting an existing service model

As an extension to other existing service models, when localising the Lived Expertise Worker flagship model questions about the availability of skilled staff, the training and capability development of people with lived experience and access to supervision and support for Lived Expertise workers need to be considered, in addition to the allocation of caseloads and case workers in the staffing mix.

A five phase localising process has been developed for localising all flagship service models:



For localising this model, consider the following additional points to support teams incorporate Lived Expertise Workers:

PHASE 1: USER & COMMUNITY RESEARCH – ‘SHOULD WE INVEST IN LIVED EXPERTISE WORKERS?’

- Develop an understanding of the local availability of Lived Expertise workers
- Initiate conversations with clients about lived expertise roles
- Identify gaps in the local availability of appropriately qualified lived expertise workers and opportunities to build local capability
- Consider opportunities for training and developing workers through creation of program alumni networks

PHASE 2: SERVICE DESIGN – ‘WHAT DOES THE LOCAL SERVICE LOOK LIKE?’

- Develop local staffing model with Lived Expertise roles:
 - Consider the intensity of engagement needed from Lived Expertise worker to provide support to the clients
 - Determine when and for how long will this level of support will be required
 - Understand the activities and service interactions that will be led or supported by Lived Expertise workers
 - Determine the hours of group work (including preparation and de-brief time) would be needed vs individual support
 - Consider the aspects of individual goal based support a Lived Expertise Worker would be supporting or delivering.
- Confirm funding for training of Lived Expertise staff and related training for co-workers
- Identify the roles that Lived Expertise workers will work alongside for training needs

PHASE 3: SERVICE ESTABLISHMENT – ‘HOW DO WE PREPARE FOR LIVED EXPERTISE WORKERS?’

- Ensure the service is ready for to support and incorporate Lived Expertise Workers safely
- Provide training and induction for existing non-Lived Expertise team members and the Managers of Lived Expertise Workers
- Complete recruitment, induction and training of Lived Expertise workers
- Update MEL tools and resources (e.g. MA Connect, IM surveys) to capture Lived Expertise worker impact measures
- Internal MA and external community communication/promotion

- Internal communication to local staff re. Lived Expertise staff messaging





PHASE 4: SERVICE IMPLEMENTATION AND GROWTH – ‘HOW DO WE DEVELOP THE LIVED EXPERTISE WORKFORCE?’

- Include Lived Expertise workers in the client care coordination and discussions
- Collect ongoing qual and quant information on the experiences of clients working with Lived Expertise staff
- Engage staff, clients and other stakeholders in reviewing the model to support continuous improvement
- Participate in Internal Practice Reference Groups and other professional development

PHASE 5: REVIEW AND EVALUATION – ‘HOW DO WE MEASURE AND EVALUATE LIVED EXPERTISE WORKER IMPACT?’

- Include the Lived Expertise Worker MEL in service reviews and report on service delivery
- Complete an Evidence to Action process to reflect on the service data and create action plans for service improvements
- Report to community on outcomes
- Review and update Flagship Service Model
- Ensure we are making a difference in the lives of clients and our Lived Expertise Workers

APPENDIX A: Theory of Change

	What we do	Short term outcomes	Medium term outcomes	Long term outcomes	Service outcomes
Individual Participant Level	 <p>Lived Expertise workers:</p> <ul style="list-style-type: none"> • Are available and spend time with people. • Listen and build trusting relationships through empathy, understanding and shared experiences; • Safely share their own experiences that offer social, emotional and practical assistance; • Walk alongside, helping clients to speak up about the supports they need and the way they need them so clients remain engaged and focused on their recovery and goal setting; • Attend appointments and events to support clients; • Use their lived experience to encourage clients to continue with services through difficult times; • Provide "wayfinding" support, advocacy, mentoring and advice to clients navigating complex systems; • Lead or co-facilitate group activities for clients with similar experiences; • Help clients learn how to share their story and experiences safely; • Provide service staff with different perspectives of client behaviours; • Offer clients an opportunity to maintain an informal connection with the service; • Model hope for a brighter future. 	 <p>Client</p> <ul style="list-style-type: none"> • feels listened to, understood, not judged and able to engage with workers knowing they have someone "on their side"; • feels safe to disclose experiences to workers that help identify and connect with services or supports; • feels the LE worker is available and has time to spend with them when they need it; • builds genuine and trusting relationship with their LE worker; • spends time with LE worker to make progress towards goals; • sees the LE worker as an ally; and • has hope for their future. <p>Lived Expertise worker:</p> <ul style="list-style-type: none"> • Has increased sense of interpersonal competence and social approval; • Feels accepted, valued and actively collaborates with their team on service improvements. 	 <p>Client</p> <ul style="list-style-type: none"> • Learns how to share their story with staff and peers safely; • are more confident and empowered to speak up and advocate for themselves, discussing goals, options and services available to them; • sees the LE worker as a role model that helps them reframe their own recovery experience and journey. <p>Lived Expertise worker:</p> <ul style="list-style-type: none"> • Becomes a better helper and experiences an increase in confidence, self-esteem, and coping skills; • Is sought out for their knowledge and understanding, they see how this has an influence on service planning and practice. 	 <p>Client</p> <ul style="list-style-type: none"> • has self-confidence, resilience, self-worth; • has built a network of peers that support each other through any relapses and ongoing recovery; • understands the LE worker is available and wont judge them if they need support again in future • develops skills and capabilities needed to use their own lived experience in ways that support others. <p>Lived Expertise worker:</p> <ul style="list-style-type: none"> • Develops their professional practice which enhances their employment prospects; • Through 'giving back' to support others, can continue to benefit their own recovery journey; • Can input into the issues that are important to them and their community and they are listened to. 	<p>Clients report feeling safe and understood by the service team. They are motivated by the recovery and experience of the Lived Expertise workers and feel more confident in themselves and optimistic for their future.</p> <p>Clients and other service staff value the positive role modelling and leadership from Lived Expertise workers.</p> <p>Clients are inspired and value the connection with Lived Expertise workers who understand the challenges and barriers they are working through, and encourage others that need support to connect with the service.</p> <p>Clients can return to share their story and inspire peers that are facing similar challenges and barriers that they have been working through.</p> <p>Lived Expertise workers on the clients support team have time to connect with and learn more about a client's needs and make connections with support services that can deliver improved service outcomes.</p> <p>There is an increase in the self-esteem, confidence and positive feelings of accomplishment in Lived Expertise workers own abilities to cope with their challenges.</p>
Service Level	<p>Lived Expertise workers:</p> <ul style="list-style-type: none"> • Act as agents for change and use their lived experiences to advocate for better services processes; • Advocate for and provide opportunities for people with Lived Experience to have a voice in service design. 	<p>Service Staff:</p> <ul style="list-style-type: none"> • Develop more suitable interventions and practice; • Have a better understanding of needs and challenges of people in their service. 	<p>Service Staff:</p> <ul style="list-style-type: none"> • Learn to see things from a different perspective and adapt service practices and activities to be more suitable for diverse client needs. 	<p>Service Staff:</p> <ul style="list-style-type: none"> • Value the positive impact LE workers bring to the service and actively seek out LE workers to support clients. 	<p>Lived Expertise workers feel empowered; have greater confidence and a more positive sense of identity when Lived Expertise is recognised and valued as a professional practice.</p>
Community Level	<ul style="list-style-type: none"> • Build connections with local community members and organisations to support events and activities; • Advocate for and provide opportunities for people with Lived Experience to have a voice in the community. 	<ul style="list-style-type: none"> • Lived Expertise input is recognised and respected; • There is a growing Lived Expertise workforce in more communities; • People in recovery are supported and have a safe place to go in community for that support whatever the issue. 	<ul style="list-style-type: none"> • Lived Expertise Advocacy networks support people that want to use their experiences to shape social services and the policy landscape in future. • There is growing knowledge and understanding of the role Lived Expertise workers play in the recovery model. 	<ul style="list-style-type: none"> • Lived Expertise workers have a demonstrated influence in policy development, service planning and practice. • Lived Expertise contributes to advocacy networks that shape community services and the policy landscape. • Members of the community advocate and recommend service pathways that include Lived Expertise workers. 	<p>Enhanced community cohesion through cultivating effective partnerships, action and collaboration.</p> <p>Reduced social stigma associated with the sharing of lived experience.</p>
Enablers	<p>Clearly defined roles and recruitment practices</p> <ul style="list-style-type: none"> • Lived Expertise roles are clearly defined and understood within the team; • Recruitment practices support and encourage the safe assessment of Lived Expertise to ensure work readiness and support needs of workers are met; • Managers are supported to appropriately assess a Lived Expertise workers readiness to undertake the role during the interview and recruitment processes; • Lived Expertise roles allow time for self-reflective practice. 	<p>Support, development and supervision</p> <ul style="list-style-type: none"> • Lived Expertise workers have relevant training and experience, and access to opportunities for ongoing learning; • Lived Expertise workers have access to internal or external supervision from others with experience of Lived Expertise work, in addition to Line Manager supervision; • Lived Expertise staff are supported to complete specialist training in Peer Work, safe story telling and managing boundaries. 	<p>Peer to peer connections and partnerships</p> <ul style="list-style-type: none"> • There are peer to peer connection opportunities in the service, for example: youth groups, mentoring and peer led activities; • Genuine partnerships with people with lived experience offers the opportunity to create an effective, efficient and thriving systems; • Service staff and colleagues are educated in and value Lived Expertise roles on their teams and work in partnership to deliver client outcomes. 	<p>Safe spaces and trauma-responsive care</p> <ul style="list-style-type: none"> • Lived Expertise workers are non-judgmental, confident, empathetic, reliable, and safe; • Services ensure clients have access to safe spaces to share experiences; • Lived Expertise workers are at the table to represent the voice of clients during case conferences; • Service teams provide Lived Expertise workers with safe spaces and support to maintain their own recovery. 	<p>Services with Lived Expertise workers deliver greater engagement and outcomes for clients.</p> <p>There is an increase in the size and diversity of the Lived Expertise workforce</p> <p>Reduced stigma associated with the declaration of lived experience in profession practice.</p>

APPENDIX B: Mission Australia Outcomes Hierarchy

We contribute to

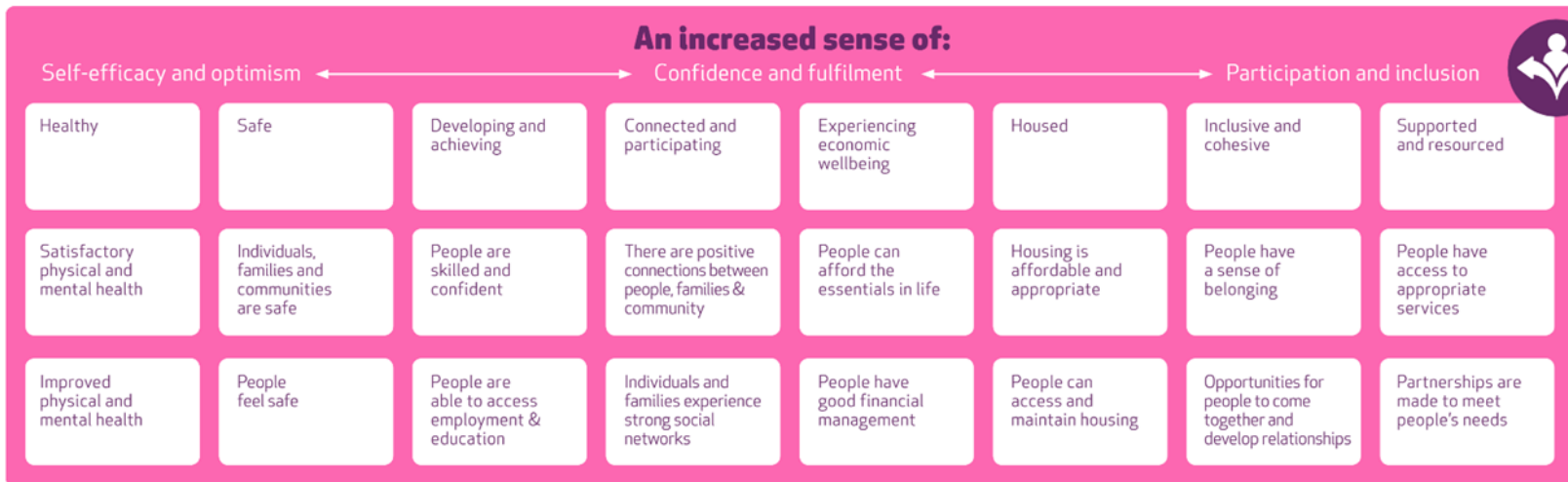
Reducing homelessness & strengthening communities by:

Reducing entry into homelessness Increasing exits out of homelessness Maintaining stable housing Building strong communities

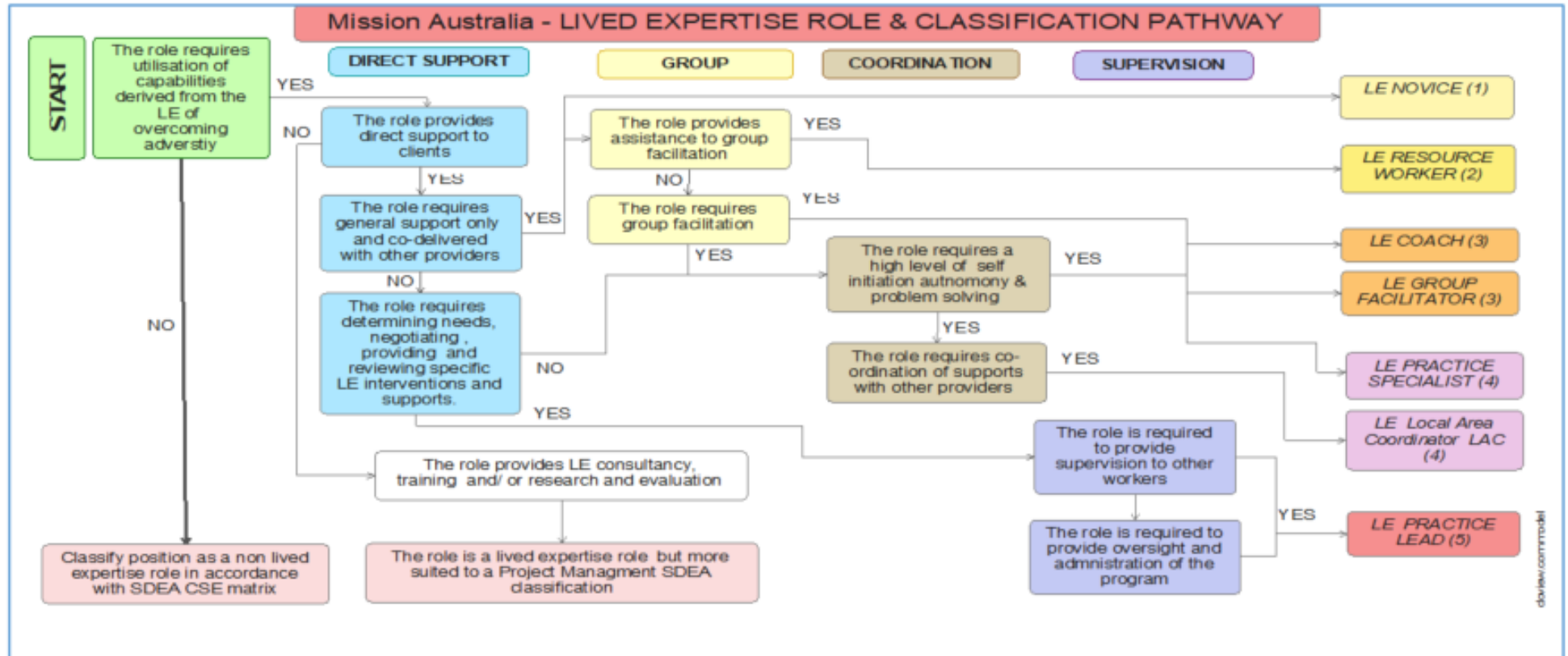
Independence is gained through

People & communities are

Our services facilitate



APPENDIX C: Lived Expertise Role Classification Pathway



APPENDIX D: Implementation Checklist

Lived Expertise Workforce

Implementation checklist.

This checklist has been created as a useful guide to support managers to prepare for the recruitment and safe implementation of Lived Expertise roles in a service. This checklist should be used in conjunction with the Lived Expertise Manager Guidelines and the Lived Expertise Workforce Service Model extension.

Pre-recruitment		Completed
1	Team managers and staff have completed the training module: Understanding the Role of Lived Experience and Peer Workers	<input type="checkbox"/>
2	Managers have completed training in Line Managing and Supervision of Lived Expertise Workers	<input type="checkbox"/>
3	Review the Lived Expertise Workforce Managers Guidelines	<input type="checkbox"/>
4	Identify the most suitable type of designated Lived Expertise role/s for this service	<input type="checkbox"/>
5	Determine the types of lived experience that are relevant for the clients in the services	<input type="checkbox"/>
6	Identify the minimum qualifications needed for the role and the mandatory training components needed	<input type="checkbox"/>
7	Determine the training budget allocation and funding available within the contract for Lived Expertise Workers	<input type="checkbox"/>
8	Review the position description to ensure this outlines the specific activities and tasks for the Lived Expertise worker	<input type="checkbox"/>
9	Review or complete the assessment of reasonable adjustments for the job profile and consider possible physical or other adjustments that can be accommodated if required	<input type="checkbox"/>
10	If Lived Expertise workers are new to your team, complete the Team Readiness Assessment	<input type="checkbox"/>
Is the team ready for the inclusion of Lived Expertise workers?		<input type="checkbox"/>
During Recruitment		
11	Work with the Talent Attraction Advisor to determine appropriate interview questions that will help assess individual readiness for the role	<input type="checkbox"/>
12	Contact the Lived Expertise Worker network to request a Lived Expertise staff member join you on the interview panel	<input type="checkbox"/>
13	Invite the preferred candidate to share if there are any further supports they may need and to advise any adjustments they feel will support them to manage the recruitment process or the role	<input type="checkbox"/>
Is the preferred candidate ready to undertake Lived Expertise work?		<input type="checkbox"/>
Post Recruitment		
14	Introduce the Lived Expertise Worker to the Lived Expertise PRG and add them to the LE Worker Hub on MS Teams	<input type="checkbox"/>
15	The Lived Expertise Worker has completed training in Mission Australia's Lived Expertise Practice Framework	<input type="checkbox"/>
16	Enrol the Lived Expertise Worker in the relevant training courses (e.g. safe storytelling, motivational interviewing)	<input type="checkbox"/>
17	The Lived Expertise Worker has time allocated to allow for mandatory training and to support any external Peer Work qualifications (e.g. Cert IV)	<input type="checkbox"/>
18	Individual or Group Peer Practice Supervision initial appointments have been arranged	<input type="checkbox"/>
Is the Lived Expertise Worker connected with other Lived Expertise and Peer Workers across Mission Australia?		<input type="checkbox"/>

Monitoring, Evaluation and Learning Overview

Lived Expertise Workforce Flagship Service Model



**MONITORING
EVALUATION
LEARNING**



**MISSION
AUSTRALIA** | together
we stand

Monitoring, Evaluation and Learning

What is Monitoring, Evaluation and Learning?

Monitoring, Evaluation and Learning (MEL) is an essential element of how we deliver services at Mission Australia and has been embedded within all our Flagship Service Models. It is a process that:

- Enables us to understand the contributions our services, and organisation, make towards improving the lives of people accessing our services and the communities we work in.
- Generates discussion, learning, and action to improve the effectiveness of MA’s services and bring about better outcomes for the people and communities that we serve.

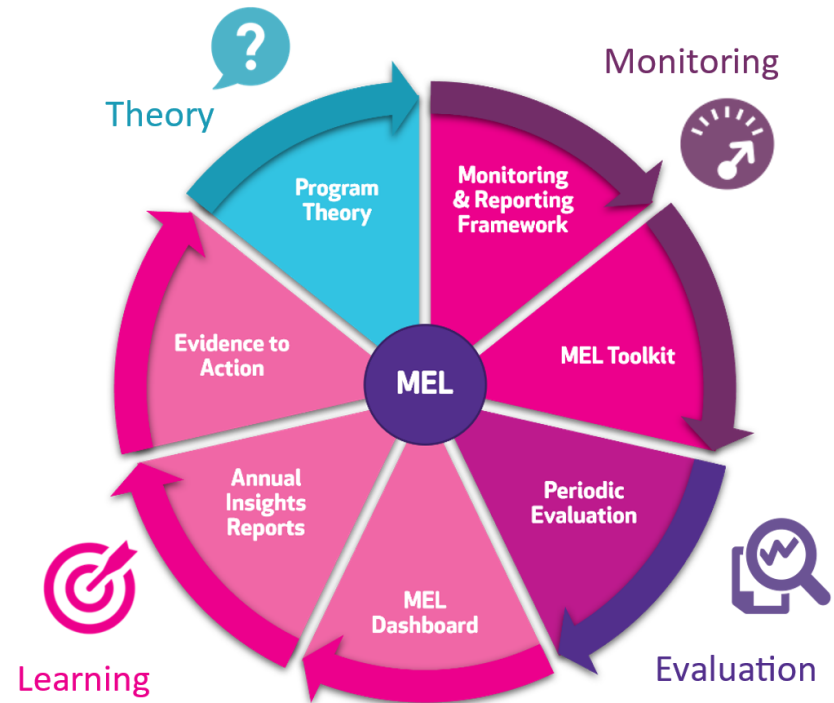
Our organisational approach to MEL includes four distinct yet closely interrelated elements:

Program Theory – defines how and why our services make a difference for people and communities.

Monitoring – routine data collection to monitor implementation and outcomes.

Evaluation – periodic in-depth assessment to make a judgement about merit, worth or value.

Learning – intentional sharing and use of monitoring and evaluation data to improve service delivery and outcomes.







Flagship Service Model Theory of Change

Description

The **Lived Expertise Workforce FSM** outlines an overarching approach for embedding Lived Expertise Workers into service delivery across relevant Mission Australia services. It is designed as an extension to existing FSMs for services that would benefit from the inclusion of Lived Expertise in the workforce.

Aim

The FSM and supporting MEL plan will enable Mission Australia to contribute to the growing evidence of the impact of Lived Expertise work. This, along with the broader Lived Experience Strategy, will inform how Mission Australia designs services to support people and communities in need into the future.

	What we do	Short term outcomes	Medium term outcomes	Long term outcomes	Service outcomes
Individual Participant Level	 <p>Lived Expertise workers:</p> <ul style="list-style-type: none"> Are available and spend time with people. Listen and build trusting relationships through empathy, understanding and shared experiences; Safely share their own experiences that offer social, emotional and practical assistance; Walk alongside, helping clients to speak up about the supports they need and the way they need them so clients remain engaged and focused on their recovery and goal setting; Attend appointments and events to support clients; Use their lived experience to encourage clients to continue with services through difficult times; Provide 'wayfinding' support, advocacy, mentoring and advice to clients navigating complex systems; Lead or co-facilitate group activities for clients with similar experiences; Help clients learn how to share their story and experiences safely; Provide service staff with different perspectives of client behaviours; Offer clients an opportunity to maintain an informal connection with the service; Model hope for a brighter future. 	 <p>Client</p> <ul style="list-style-type: none"> Feels listened to, understood, not judged and able to engage with workers knowing they have someone 'on their side'; Feels safe to disclose experiences to workers that help identify and connect with services or supports; Feels the LE worker is available and has time to spend with them when they need it; Builds genuine and trusting relationship with their LE worker; Spends time with LE worker to make progress towards goals; Sees the LE worker as an ally; and Has hope for their future. <p>Lived Expertise worker:</p> <ul style="list-style-type: none"> Has increased sense of interpersonal competence and social approval; Feels accepted, valued and actively collaborates with their team on service improvements. 	 <p>Client</p> <ul style="list-style-type: none"> Learns how to share their story with staff and peers safely; Are more confident and empowered to speak up and advocate for themselves, discussing goals, options and services available to them; Sees the LE worker as a role model that helps them reframe their own recovery experience and journey. <p>Lived Expertise worker:</p> <ul style="list-style-type: none"> Becomes a better helper and experiences an increase in confidence, self-esteem, and coping skills; Is sought out for their knowledge and understanding, they see how this has an influence on service planning and practice. 	 <p>Client</p> <ul style="list-style-type: none"> Has self-confidence, resilience, self-worth; Has built a network of peers that support each other through any relapses and ongoing recovery; Understands the LE worker is available and wont judge them if they need support again in future Develops skills and capabilities needed to use their own lived experience in ways that support others. <p>Lived Expertise worker:</p> <ul style="list-style-type: none"> Develops their professional practice which enhances their employment prospects; Through 'giving back' to support others, can continue to benefit their own recovery journey; Can input into the issues that are important to them and their community and they are listened to. 	<p>Clients report feeling safe and understood by the service team. They are motivated by the recovery and experience of the Lived Expertise workers and feel more confident in themselves and optimistic for their future.</p> <p>Clients and other service staff value the positive role modelling and leadership from Lived Expertise workers.</p> <p>Clients are inspired and value the connection with Lived Expertise workers who understand the challenges and barriers they are working through, and encourage others that need support to connect with the service.</p> <p>Clients can return to share their story and inspire peers that are facing similar challenges and barriers that they have been working through.</p> <p>Lived Expertise workers on the clients support team have time to connect with and learn more about a client's needs and make connections with support services that can deliver improved service outcomes.</p> <p>There is an increase in the self-esteem, confidence and positive feelings of accomplishment in Lived Expertise workers own abilities to cope with their challenges.</p>
Service Level	<p>Lived Expertise workers:</p> <ul style="list-style-type: none"> Act as agents for change and use their lived experiences to advocate for better services processes; Advocate for and provide opportunities for people with Lived Experience to have a voice in service design. 	<p>Service Staff:</p> <ul style="list-style-type: none"> Develop more suitable interventions and practice; Have a better understanding of needs and challenges of people in their service. 	<p>Service Staff:</p> <ul style="list-style-type: none"> Learn to see things from a different perspective and adapt service practices and activities to be more suitable for diverse client needs. 	<p>Service Staff:</p> <ul style="list-style-type: none"> Value the positive impact LE workers bring to the service and actively seek out LE workers to support clients. 	<p>Lived Expertise workers feel empowered; have greater confidence and a more positive sense of identity when Lived Expertise is recognised and valued as a professional practice.</p>
Community Level	<ul style="list-style-type: none"> Build connections with local community members and organisations to support events and activities; Advocate for and provide opportunities for people with Lived Experience to have a voice in the community. 	<ul style="list-style-type: none"> Lived Expertise input is recognised and respected; There is a growing Lived Expertise workforce in more communities; People in recovery are supported and have a safe place to go in community for that support whatever the issue. 	<ul style="list-style-type: none"> Lived Expertise Advocacy networks support people that want to use their experiences to shape social services and the policy landscape in future. There is growing knowledge and understanding of the role Lived Expertise workers play in the recovery model. 	<ul style="list-style-type: none"> Lived Expertise workers have a demonstrated influence in policy development, service planning and practice. Lived Expertise contributes to advocacy networks that shape community services and the policy landscape. Members of the community advocate and recommend service pathways that include Lived Expertise workers. 	<p>Enhanced community cohesion through cultivating effective partnerships, action and collaboration.</p> <p>Reduced social stigma associated with the sharing of lived experience.</p>
Enablers	<p>Clearly defined roles and recruitment practices</p> <ul style="list-style-type: none"> Lived Expertise roles are clearly defined and understood within the team; Recruitment practices support and encourage the safe assessment of Lived Expertise to ensure work readiness and support needs of workers are met; Managers are supported to appropriately assess a Lived Expertise workers readiness to undertake the role during the interview and recruitment processes; Lived Expertise roles allow time for self-reflective practice. 	<p>Support, development and supervision</p> <ul style="list-style-type: none"> Lived Expertise workers have relevant training and experience, and access to opportunities for ongoing learning; Lived Expertise workers have access to internal or external supervision from others with experience of Lived Expertise work, in addition to Line Manager supervision; Lived Expertise staff are supported to complete specialist training in Peer Work, safe story telling and managing boundaries. 	<p>Peer to peer connections and partnerships</p> <ul style="list-style-type: none"> There are peer to peer connection opportunities in the service, for example: youth groups, mentoring and peer led activities; Genuine partnerships with people with lived experience offers the opportunity to create an effective, efficient and thriving systems; Service staff and colleagues are educated in and value Lived Expertise roles on their teams and work in partnership to deliver client outcomes. 	<p>Safe spaces and trauma-responsive care</p> <ul style="list-style-type: none"> Lived Expertise workers are non-judgmental, confident, empathetic, reliable, and safe; Services ensure clients have access to safe spaces to share experiences; Lived Expertise workers are at the table to represent the voice of clients during case conferences; Service teams provide Lived Expertise workers with safe spaces and support to maintain their own recovery. 	<p>Services with Lived Expertise workers deliver greater engagement and outcomes for clients.</p> <p>There is an increase in the size and diversity of the Lived Expertise workforce</p> <p>Reduced stigma associated with the declaration of lived experience in profession practice.</p>

Monitoring Questions - what do we want to know?

The following high-level questions frame the data collection, analysis, reporting and reflection on the effectiveness and impact of incorporating designated Lived Expertise roles into the workforce.



EFFECTIVE IMPLEMENTATION

- **To what extent are designated Lived Expertise roles being incorporated into the workforce in alignment with the FSM?**
 - Are there adequate resources in place to support Lived Expertise staff?
 - Are Lived Expertise Workers reaching identified target groups?
 - Are Lived Expertise Workers engaging in core activities?
 - How well are the critical success factors, outlined in the FSM, being implemented?



IMPACT

- **To what extent do designated Lived Expertise Workers contribute to improved outcomes for clients and the community?**
 - Are people accessing services more supported and better connected?
 - Are people accessing services more independent?

Signs of Progress - How will we know if the FSM is successful?

These signs describe the progressive nature of outcomes we expect to see if the FSM operates as intended. Outcomes that occur later in the journey are often dependent on the progress of earlier outcomes.

Sign 1

Services have access to adequate resources to deliver the FSM

- Services have designated Lived Expertise roles
- Lived Expertise Workers are employed at an appropriate level for their role
- Adequate resources are available for training and supervision
- Lived Expertise Workers have access to brokerage

Sign 2

Lived Expertise Workers are engaging with identified target groups and core activities

Lived Expertise Workers:

- reach priority groups
- support clients to work towards their recovery goals
- spend time with clients building rapport and supporting engagement
- provide advocacy, mentoring and advice
- lead or co-facilitate group activities

Sign 3

Services are well aligned to identified Critical Success Factors

- Clearly defined roles and boundaries for Lived Expertise Worker roles
- Recruitment practices support the safe assessment of Lived Experience and readiness for undertaking roles
- Lived Expertise Workers have:
 - relevant life experience for the service and client cohort
 - access to a network of peers
 - a career pathway within MA
- Ongoing access to specialised training
- Specialist practice supervision and opportunities for reflective practice
- Lived Expertise Workers have reached a stage in their own recovery that enables them to use their lived experience to help others
- Teams are well prepared and understand and value the work of Lived Expertise Workers

Sign 4

People accessing services are supported and connected

- People accessing services feel safe and understood
- People accessing services value the support provided by Lived Expertise Workers and encourage others experiencing similar challenges to connect with the service
- People accessing services are more engaged with support

Sign 5

People accessing services move towards independence

- People accessing services are more optimistic for their future
- People accessing services have increased feelings of accomplishment
- People accessing services achieve better outcomes

MEL Key Indicators

The Lived Expertise Workforce Monitoring and Reporting Framework contains detailed indicators for each of the signs of progress. The table below summarises the key indicators based on **existing and common data sources**. Headline MEL indicators will be selected in collaboration with Program Managers.

Sign of Progress	Indicator	Source
Sign 1: Services have access to adequate resources to deliver the FSM	Total number of services with designated Lived Expertise Workers by jurisdiction and service category	SIR/WorkDay
	Number/proportion of designated Lived Expertise staff by level	WorkDay
Sign 2: Lived Expertise Workers are engaging with identified target groups and core activities	Total number/proportion of interactions that received support from Lived Expertise Workers by service category	MA Connect
	Proportion of clients who receive support from Lived Expertise Workers who are: <ul style="list-style-type: none"> - Aboriginal and/or Torres Strait Islander - Culturally and Linguistically Diverse - LGBTQIA+ - Young people - Older people - People with a disability - People affected by family and domestic violence - People exiting institutions/out of home care - Homeless - At risk of homelessness 	MA Connect
	Total number of instances of support provided/attended by Lived Expertise Workers by support type	MA Connect
Sign 3: Services are well aligned to identified Critical Success Factors	Proportion of Lived Expertise Workers who are satisfied with their role, their ongoing training and development, their work/life balance, their access to support, and their relationships with co-workers	Staff Engagement Survey
	Proportion of Lived Expertise Workers who are satisfied with their experiences during the recruitment and selection process, their relationship with and ability to access support from their manager, and their potential to develop their career at Mission Australia	Onboarding Survey
	Proportion of staff who have completed required training related to Lived Expertise	LMS
Sign 4: Support and Connections	Proportion of people who have contact with Lived Expertise Workers who feel comfortable/safe within the service, respected, listened to, that staff know how to help them, and are happy with the overall service and would recommend it to others	Client Satisfaction survey
	Average length of interactions involving Lived Expertise Workers compared to other interactions within the same service	MA Connect
Sign 5: Independence	Proportion of people who have contact with Lived Expertise Workers who have improved wellbeing	Impact Measurement
	Proportion of people who have contact with Lived Expertise Workers who achieve case plan goals	MA Connect
	Proportion of people who have contact with Lived Expertise Workers who successfully complete programs	MA Connect

Evaluation

Evaluation is a periodic assessment which involves the synthesis of information to make judgements about the value, merit, worth, significance or quality of a program. An evaluation can be:

- **Formative evaluation** is used to assist program implementation by identifying improvements.
- **Summative evaluation** generates an assessment of the overall quality or value of a program.
- **Developmental evaluation** is used to facilitate real-time feedback for continuous development and adaptations.

All internal and external evaluations are managed by the Centre for Evidence and Insights, in collaboration with Community Services. The development of Monitoring and Reporting Frameworks lays the foundation for in-depth periodic evaluation which will be established on an annual basis.

The Evaluation Workplan and procedure for initiating and managing evaluations, including all steps involved in evaluation project management, is detailed in the [Evaluation Management Procedure](#).

Potential areas for future internal or external evaluations of the Lived Expertise Workforce

- Do clients who receive support from Lived Expertise Workers have a better experience of the service and/or outcomes?
- To what extent is Live Expertise being embedded within services?
- What are the essential elements in ensuring Lived Expertise workers feel supported?

Evidence to Action Cycles

MEL is only successful if insights are used to inform practice. This MEL approach aims to provide information, evidence and learning to facilitate continuous improvement. For decision makers at all levels to make use of insights and evidence, they need the resources, opportunities and time to reflect on service delivery and practice. Practice, Evidence and Impact will support the evidence to action process through:

- Providing access to data in engaging, useful and useable formats
- Supporting services and/or the Lived Expertise Reference Group to facilitate annual reflection, learning and action workshops, to identify actions to improve or enhance the use of Lived Expertise across service delivery

Sharing insights

MEL data will be available to services through a range of channels, for example:

- **MEL SharePoint**
- **MEL Dashboard:** Data available at a national, regional and service level to collate and report data across multiple data sources.
- **Annual Insights Papers:** Advanced analytics to drill down into key areas of strategic or service interest.

Reflection, learning and action cycles

- Release of **data packs** and presentations
- Completion of the **Flagship Service Models Reflection Activity and Evidence to Action Plan**. The purpose of the Flagship Service Model Reflection Activity is to help managers to assess and monitor the alignment of their service with the appropriate flagship. It is an evidence based reflective practice activity to identify strengths and opportunities to increase impact. It is intended to be used by services, or groups of services, to:
 - Initially assess how they align with the new Flagship Service Model by providing qualitative insights to contextualise the quantitative monitoring data.
 - Continuously improve through annual MEL cycles, to support reflection, learning and action.

APPENDIX F: Literature Review and Evidence Base

Lived Expertise Work Literature Review

A review of the existing literature on Lived Expertise work highlights how well developed this practice is in the area of Mental Health and Alcohol and Drug treatment and recovery programs. The evidence points to improved outcomes for individuals, particularly in the areas of strengthening connection and social integration, improving quality of life, and overcoming fear or shame associated with the experience of mental ill-health or AOD misuse.

The evidence for utilisation of Lived Expertise workers in areas outside of Mental Health and AOD services is less extensive, however growing support for this work has seen more organisations trialling and evaluating Lived Expertise practice across services including Children, Youth and Family services, DFV services, Disability services and Homelessness services.

Overall, the evidence from the literature review provided a strong case, showcasing the benefits of including Lived Expertise workers across the various service streams. The decision on how best to employ Lived Expertise in the service will be shaped by the needs of the cohort, the objectives of the service, other supports and partnerships that may be available, resources required and the location of the service. For example, if the need is for advice on how to shape policy or deliver service than the role would be consultative, where the service aim is to actively engage with clients and build rapport, than the best way to utilise Lived Expertise is through some type of peer support or mentoring role.

Benefits of Lived Expertise work

The literature identified a number of benefits for the inclusion of Lived Expertise workers that extend beyond improved client outcomes, to include benefits for the Lived Expertise workers themselves and for improvements for services and practice. These benefits include:

For clients

- Providing an important opportunity for engaging individuals who are alienated from or not easily reached by formal services;¹⁸
- Significant positive impact and improvement in participants' self-efficacy and positive changes in social support perceptions, reductions in feelings of guilt or shame;¹⁹
- Interaction with peers who have lived experience is thought to offer hope and enhance motivation for individuals considering or attempting change;²⁰

¹⁸ Peersman, G., Fletcher, G., Macfarlan, A., Rahman, S., and Hassall, K., 2019. "Peer support approaches: To what extent are they appropriate, acceptable, beneficial? What is needed to implement them well? A systematic review of systematic reviews of the international literature." Melbourne: The Australia and New Zealand School of Government

¹⁹ Tracy K and Wallace S (2016). Benefits of peer support groups in the treatment of addiction. Substance Abuse and Rehabilitation 2016:7 143–154 Dovepress

²⁰ Barton J. and Henderson J. (2016). Peer Support and Youth Recovery: A Brief Review of the Theoretical Underpinnings and Evidence. Canadian Journal of Family and Youth, 8(1), 2016, pp 1-17

- The use of storytelling and self-disclosure by peers facilitates cognitive restructuring—giving clients a new perspective and opportunities to change their thought patterns based on peers as models;²¹
- Lived Expertise workers model recovery through social interactions and sharing their personal stories with clients, which enables clients to feel as though they are able to achieve a similar lifestyle. This process leads to enhanced self-esteem, self-efficacy, motivation, hope, coping methods, and positive self-evaluations.²²
- The relationships made possible through Lived Experience work strengthen connection, resiliency, choice, and hope;²³
- The authenticity found in peer-support relationships can lead to greater feelings of empathy and connectedness as compared to a patient-therapist relationship.²⁴
- Overcoming feelings of isolation, disempowerment and stress.

For Lived Expertise workers

- Increased self-esteem, confidence, positive feelings of accomplishment and sense of identity;
- An increase in their own ability to cope with their challenges;
- Feel more empowered;
- Peers also benefit from sharing their personal story, finding new ways to re-interpret their past and further developing their identity to integrate a new sense of purpose and meaning.²⁵

For services

- Lived Expertise workers benefit other professional staff and colleagues in the service, through the development of more suitable interventions and practices, encouraging a more person-centred mindset in the delivery of services, and offering a new perspective to the treatment or interventions being provided;
- A strong ‘consumer voice’ brought to discussions about service design and delivery, alongside new ideas for reframing and reforming service delivery in specific settings;
- Adding these ‘voices’ to service design conversations offers opportunities for innovation that cannot be sourced elsewhere. As part of large, well-functioning teams, peer voices can add significantly to service improvements;²⁶
- Participation is always voluntary (not coercive) and Lived Experience workers often take an active role in working towards eliminating forced treatment and restrictive practice.²⁷

²¹ Adame, A.L. and Leitner, L.M. (2008) Breaking Out of the Mainstream: The Evolution of Peer Support Alternatives to the Mental Health System, *Ethical Human Psychology and Psychiatry* 10(3) pp.146-162.

²² Stephanie L. Barker, Felicity L. Bishop, Elizabeth Bodley Scott, Lusya L. Stopa and Nick J. Maguire. Developing a Model of Change Mechanisms within Intentional Unidirectional Peer Support (IUPS). *European Journal of Homelessness* _ Volume 14, No. 2_ 2020 pp 161-211

²³ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

²⁴ Suresh R, Karkossa Z, Richard J, Karia M (2021). Program evaluation of a student-led peer support service at a Canadian university. *International Journal of Mental Health Systems* <https://doi.org/10.1186/s13033-021-00479-7>

²⁵ Moran, G.S., Russinova, Z., Gidugu, V., Yim, J.Y. and Sprague, C. (2012) Benefits and Mechanisms of Recovery Among Peer Providers With Psychiatric Illnesses, *Qualitative Health Research* 22(3) pp.304-319.

²⁶ Duff, C., Hill, N., Blunden, H., Valentine, K., Randall, S., Scutella, R., and Johnson, G. 2021. “Leaving rehab: enhancing transitions into stable housing” AHURI Final Report No. 359, Australian Housing and Urban Research Institute Limited, Melbourne

²⁷ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.

Potential risks of Lived Expertise work

The literature overwhelmingly discusses the benefits of Lived Expertise work, however when developing Lived Expertise roles for a service, it is important to understand and mitigate for "any unintentional negative consequences including: uneven power relationships between peers, feeling rejected when a peer 'dropped out' of the group or one-on-one relationship, becoming over-dependent on a peer, exhibiting negativity or negative social comparison which adversely affected group dynamics, feelings of emotional entanglement, tension or conflict."²⁸

Lived Expertise workers are employed to utilise their personal history and story to enhance their credibility, to model adaptive problem solving, instil hope, and demonstrate the benefits of participation in treatment and rehabilitation. The conversations and interactions with clients often occur in informal settings and present a risk of confusion around the boundaries of friendship and a staff-client relationship.²⁹

It is recognised that clients may still exit services or decline support provided by Lived Expertise workers. There is the potential for the "breakdown of a working alliance, negative social comparisons, and mismatched support needs, for example"³⁰, however the careful recruitment Lived Expertise workers, the provision of ongoing training and professional development, and the ability to build larger teams of Lived Expertise workers to provide choice for clients will help to mitigate these risks.

Key elements of Lived Expertise work

When designing Lived Expertise worker roles to embed into existing service models, managers should consider the key elements and core practices of Lived Expertise work and ensure that the roles are designed to facilitate and maintain the integrity of this specialised work.

Lived Expertise workers:

- Hold space for and respect different views, allowing for multiple perspectives. This also reflects a core principle of personal recovery: that each person's experience will be individual and different from that of others.³¹
- Encourage service clients to benefit from appropriate sharing of their own lived experience. Clients learn from Lived Expertise workers about safe storytelling during their recovery, so clients are able to share experiences without leaving themselves vulnerable;
- Act as role models that demonstrate the opportunity for recovery, hope for the future and inspire clients to engage and commit to the services;
- Bring a practical knowledge and understanding of the challenges clients face when navigating multiple complex service systems.
- Develop trusting and genuine relationship to form the foundations for successful collaboration. Strong and genuine relationships between participants leads to richer dialogue.³²

²⁸ Peersman, G., Fletcher, G., Macfarlan, A., Rahman, S., and Hassall, K., 2019. "Peer support approaches: To what extent are they appropriate, acceptable, beneficial? What is needed to implement them well? A systematic review of systematic reviews of the international literature." Melbourne: The Australia and New Zealand School of Government

²⁹ Barton J. and Henderson J. (2016). Peer Support and Youth Recovery: A Brief Review of the Theoretical Underpinnings and Evidence. Canadian Journal of Family and Youth, 8(1), 2016, pp 1-17

³⁰ Stephanie L. Barker, Felicity L. Bishop, Elizabeth Bodley Scott, Lusía L. Stopa and Nick J. Maguire. Developing a Model of Change Mechanisms within Intentional Unidirectional Peer Support (IUPS). European Journal of Homelessness _ Volume 14, No. 2_ 2020 p 180

- The experience and credibility which is found in Lived Experience work helps facilitate a faster connection, however Lived Expertise Workers must invest the time and be available when clients need to connect.³³

To ensure that the service is adopting good practice Lived Expertise work, this service model recognises Lived Expertise practice to be:

- Flexible – responsive to participant needs and preferences. Allowing greater flexibility to be responsive to the person, rather than being driven by a prescribed agenda.³⁴
- Capacity building focused – embedded with a strong individual capacity component, with training provided to Lived Expertise workers that increases their knowledge and confidence.
- Semi-structured and purposeful – organised with a blend of issue and information-based content and more informal or unstructured forms of support to best engage participants.
- Community connected – including a focus on forging links between participants and mainstream community organisations, services, businesses and local government.

For the service to make the most of the Lived Expertise workers and achieve the best outcomes for clients and Lived Expertise workers, the service should:

- Ensure the voice of a Lived Expertise is around the table, whether in team meetings or during client case conferences, to produce a more nuanced person-centred and individual services that leads to better participant outcomes.
- Enable Lived Expertise workers to teach and educate colleagues, case managers, clinicians and other workers regarding appropriate recovery language and best practice and act as agents for change in service delivery.
- Bring a different perspective to working with clients than that held by case workers, family members and/or carers.

³⁴ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience Workforce Guidelines*. 2021, National Mental Health Commission.