



**Mental
Health
Council**
OF TASMANIA

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Lived Experience (Peer) Workforce Development Strategy Implementation Plan

May 2022

To be read in conjunction with Peer Workforce Development Strategy 2019

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MHCT acknowledges the palawa people of lutruwita as the traditional and original owners, and continuing custodians of this land, and pays respect to Elders past and present.

We also want to acknowledge the people with lived experience who contributed to the development of this implementation plan. We respect your lived experience and value your contribution.

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Since the release of the Tasmanian Peer Workforce Development Strategy in 2019, the language related to a ‘Peer Workforce’ has now changed with national recommendations referring to a ‘Lived Experience Workforce’ as the preferred term. Given the transition to new terminology, this document references the term ‘Peer’ and ‘Lived Experience’ interchangeably. However, as implementation progresses terminology of a ‘Lived Experience Workforce’ will be utilised as the primary definition.

About Us

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

Background

Development of the Peer Workforce Development Strategy 2019 (PWDS)

The Mental Health Council of Tasmania (MHCT) is the peak body for community managed mental health services in Tasmania. MHCT was commissioned by the Tasmanian Government to develop Tasmania's first [Peer Workforce Development Strategy \(PWDS\)](#) which was launched in November 2019. During the development of the strategy, extensive consultation took place with key stakeholders in the mental health sector including Lived Experience workers, consumers, families, friends and carers. [Rethink 2020: A state plan for mental health in Tasmania](#), recognises the importance of strengthening the Lived Experience workforce in Tasmania. It is evident in Tasmania and recognised both interstate and internationally that the role Lived Experience workers have in mental health services is essential. The PWDS highlights the positive impact that Lived Experience work has on the lives of people experiencing mental ill-health as well as family, friends and carers.

Tasmania's Lived Experience Workforce

Tasmania's Rethink Mental Health and Suicide Prevention Plan 2015 – 2025, identified the establishment of a Lived Experience workforce in Tasmania as a priority action. Subsequently the Mental Health, Alcohol and Drug Directorate (MHADD) developed a Peer Workforce Framework which was used as the basis for the Statewide Mental Health Services Peer Worker and

Family/Carer Peer Worker Trial. Additionally, the 2021 state election resulted in commitments to the employment of a Lived Experience (Peer) Workforce Coordinator and establishing the Youth Peer Worker Model. Although Tasmania's first PWDS wasn't released all that long ago, Tasmania already has a growing Lived Experience workforce with several community organisations currently employing Lived Experience workers within mental health, alcohol and drug and representation/advocacy programs. It can also be recognised that there are several existing national organisations and websites that provide useful information for Lived Experience workers and organisations in Tasmania. Utilising these national resources will be an ongoing focus throughout the implementation of the PWDS.

National Guidelines

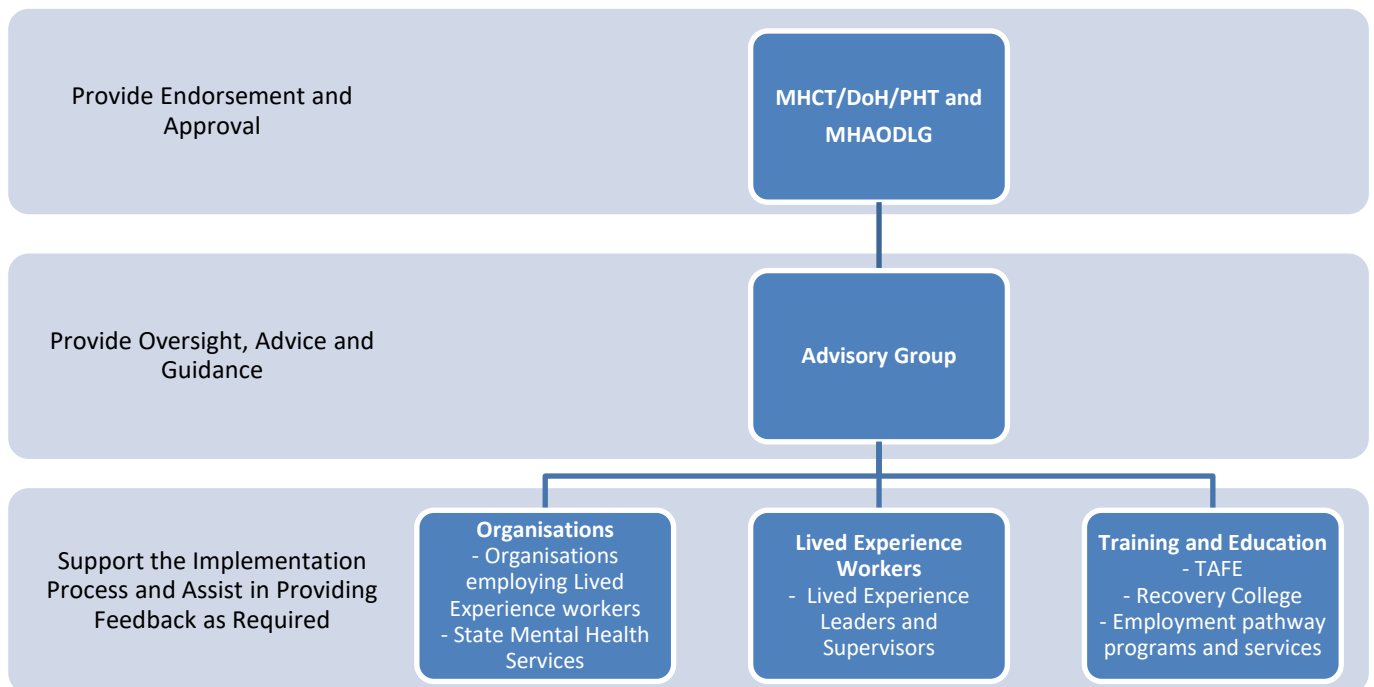
In December 2021, the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) were launched under Action 29 of the 5th National Mental Health and Suicide Prevention Plan. The guidelines aim to increase understanding, collaboration and improve outcomes for people accessing services and communities more broadly. To support sustainable workforce growth, the guidelines outline five key areas that serve as a roadmap for leaders to support practice and policy in mental health services. The guidelines encourage collaboration and co-production between all mental health services and identifies lived experience as 'core business' in all mental health services. The national guidelines are accompanied by a suite of resources including a practical guide to designing and developing lived experience positions, and a national roadmap of growing a thriving Lived Experience workforce. Often the titles 'peer workforce' and 'Lived Experience workforce' are used interchangeably. The national guidelines recognise Lived Experience workforce as the preferred term of the two, with results from their consultations confirming that peer workforce is often misunderstood to only refer to individual peer work and does not appear to encompass other Lived Experience roles such as those in education, policy, advocacy and representation as the latter does. Lived Experience is capitalised when referring to professional roles and workforces to distinguish it from describing personal lived experience. The definition encompasses both consumer/personal and family/carer workforces, while also acknowledging the differences of these workforces. The national guidelines will be a key resource in the current implementation plan.

Implementation Plan Purpose

The purpose of the *Lived Experience (Peer) Workforce Development Strategy Implementation Plan* is to provide an understanding of the timeframes and activities that will be undertaken to implement the 38 actions originally outlined in the strategy. It is acknowledged that system wide change is required to achieve a sustainable Lived Experience workforce in Tasmania, with the purpose of this implementation plan being to serve as a guide to address the complex challenges and required resources needed. The intention is for the plan to be implemented across all sectors and services who employ mental health Lived Experience workers, including public, primary and community mental health settings. The activities and objectives of the plan are designed to promote an individualised approach and acknowledge that this is necessary to support the varied needs of each organisation and more widely, each sector based on their individual requirements. The plan has been developed by the Mental Health Council of Tasmania and guided by input from Primary Health Tasmania, Mental Health, Alcohol and Drug Directorate, Flourish Tasmania and Mental Health Families and Friends Tasmania.

Governance, Monitoring and Continuous Improvement

To ensure a collaborative approach, an advisory group will meet regularly to support, monitor and review the progress of the implementation plan. The advisory group will consist of key stakeholders including representatives from Flourish Tasmania, Mental Health Families and Friends Tasmania, State Mental Health Services and Community Mental Health Sector representatives. To inform the implementation of the strategy, working groups will be established based on specific areas of expertise including organisations, Lived Experience leaders and training and education professionals. Endorsement and approval of the implementation plan will be sought through the MHCT/PHT and DoH working group and the Mental Health Alcohol and Other Drug Leadership Group (MHAODLG). The implementation plan will be reviewed on a 12 monthly basis to consider progress and outcomes, changes to the policy environment and identified priorities to achieving workforce development goals.



Implementation Plan Priority Areas and Associated Goals

Below is a summarised table of the key priority areas with definitions and associated goals outlined in the *Peer Workforce Development Strategy 2019*. These priority areas and goals are used as the basis for the implementation plan.

Priority Area	Associated Goals
Governance and Advocacy <i>'Administrative arrangements and supports to implement the strategy and action plan'</i>	<ul style="list-style-type: none"> ○ Peer Advocacy ○ Policy Commitments ○ Resources and Guidelines to Support Peer Work in Organisations ○ Remove Regulatory Impediments to Growing a Peer Workforce
Peer Connections <i>'Developing effective and ongoing support through networking with other peer workers and supervision provided by experienced peer professionals'</i>	<ul style="list-style-type: none"> ○ Peer to Peer Support Networks ○ Peer Supervision ○ Peer Mentoring and Leadership Opportunities
Organisational Readiness and Culture <i>'Improving systems, supports and workplace culture to better understand and value peer roles, helping to change attitudes towards mental ill-health and reduce stigma'</i>	<ul style="list-style-type: none"> ○ Reduce Stigma ○ Cultural Flexibility ○ Role Designs and Models
Training and Professional Development <i>'Lived experience is an essential criterion for peer workers but they also require quality training and professional development opportunities to improve their skills and competency'</i>	<ul style="list-style-type: none"> ○ Lived Experience as a Recognised Qualification ○ Peer Worker Training ○ Professional Development

Priority Area	Associated Goals
<p>Workforce Development</p> <p><i>'Ensuring sound human resource management practices are in place with policies and procedures to manage and support peer workers and the wellbeing of all staff'</i></p>	<ul style="list-style-type: none"> ○ HR Management ○ Peer Worker Roles ○ Position Descriptions
<p>Career Progression</p> <p><i>'Building career pathways to support a recovery-focused culture, reduce stigma and provide career opportunities for peer workers that will assist in attracting and retaining staff'</i></p>	<ul style="list-style-type: none"> ○ Remuneration and Awards ○ Career Development and Progression ○ Future Opportunities

Implementation Phases and Timeframes

The *Lived Experience (Peer) Workforce Development Strategy Implementation Plan* is divided into key phases. For the purpose of this document, the following 12 months will be the key focus – with a review in 12 months time to occur where additional phases will be determined based on evaluation, monitoring progress and learnings during phases 2 and 3. The review of the implementation plan will be guided by the Advisory Group and approved by the Mental Health Alcohol and Other Drugs Leadership Group.

Implementation Phases Breakdown

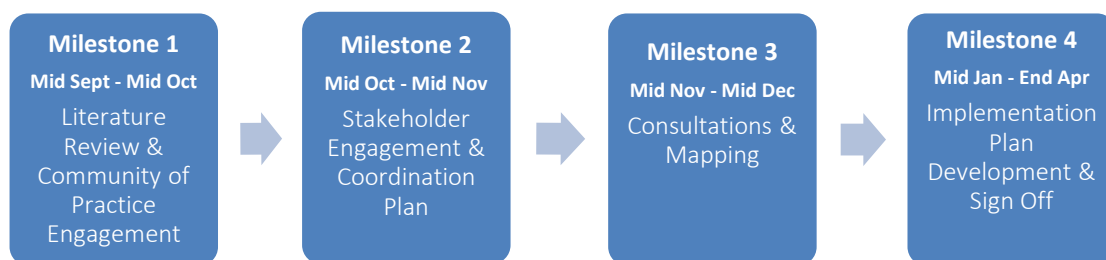
Phase 1 – September 2021 – April 2022 (*completed*)

Phase 2 – April 2022 - September 2022

Phase 3 – September 2022 - April 2023

Phase 1 – Summary

Timeframe for Completion – September 2021 – April 2022 (completed)



The aim of the first phase for implementation of the *Lived Experience (Peer) Workforce Development Strategy* was to map and benchmark current Lived Experience workforce needs. This initial phase also aimed to determine how the strategy can address these needs and inform the development of the implementation plan. Phase 1 had a key focus on exploring organisational readiness and re-engagement with stakeholders with a primary goal of completing a detailed implementation plan that aligns with the actions of the strategy.

Consultation Background

Given the release of the PWDS in November 2019, part of implementation planning included targeted focus groups to ensure contemporary alignment with the PWDS identified priorities. The focus sessions were held in November and December 2021 with key stakeholders including organisational leaders, middle management, Lived Experience workers and consumers with personal lived experience invited to participate. The focus groups were facilitated by the Lived Experience (Peer) Workforce Coordinator via Zoom and were primarily comprised of the community sector with some consultation occurring with government at an organisational level. This was an opportunity to provide insight into current challenges and provide input into how we move forward with supporting a sustainable Lived Experience workforce in Tasmania. The consultation process aimed to build on information gathered during the development of the strategy and contribute to a current overview of workforce needs. The focus groups explored the following topics –

- Current Workforce Needs
- Education and Training Needs
- Support and Supervision for Lived Experience Workers
- Barriers for Career Progression
- Stigma in the Workplace

Consultation Findings

- *Current Workforce Needs*

A lack of training options available, limited understanding/clarity of the Lived Experience worker role and limited awareness among other professions were identified as some of the current challenges for Lived Experience workers. Organisational leaders provided insight into people applying for Lived Experience worker roles and the impact of the lack of understanding in the general public of Lived Experience work. An assumption that was highlighted is that Lived Experience work is similar to a support worker role that assists a person with daily living requirements, which is not the case. Some of the challenges for employers also include Lived Experience worker roles differing between government mental health settings and community

mental health services and a lack of understanding between roles. A need for correct language and terminology regarding lived experience and peer work was identified.

It was suggested that Lived Experience workers can assist in breaking down barriers that may be present during clinical support and can therefore provide a bridge between the consumers/clients and clinical practitioners. Organisational leaders identified that a level of trust is built a lot quicker when a Lived Experience worker is involved in support and that organisations can learn a lot from Lived Experience workers. It was suggested that there is a need for more promotion of good news stories and outcomes to reduce stigma, promote the importance of Lived Experience workers and lived experience as not everyone knows the benefits and research behind this. Middle management staff identified during the focus session that having Lived Experience workers employed allowed for some flexibility in how organisations work and provided options to adapt practitioner roles to allow for Lived Experience worker involvement and delegation of tasks that relate more closely to Lived Experience work. Consumers wanting to enter the Lived Experience workforce identified not disclosing their mental illness to previous employers in non-Lived Experience related work due to fear of stigma and recalled times where they had felt judgment from co-workers due to their lived experience.

- *Education and Training Needs*

Across all focus groups, it was identified that there are limited formal training options available for Lived Experience workers in Tasmania. More face to face, formal Lived Experience workforce training is needed to grow a sustainable Lived Experience workforce. It was also noted that there are different role requirements for Lived Experience workers (e.g. direct 1:1 work compared with advocacy and/or policy work), and it would be helpful if there were mandatory trainings for Lived Experience workers related to their roles that were easily accessible. Interstate trainings don't offer the same experience due to no in person interaction. Organisational leaders noted that there is definitely a gap in training offered not only for Lived Experience workers, but for organisations employing Lived Experience workers as well. Organisations could greatly benefit from education and training to support them integrating Lived Experience work into their programs – this is not something that has often occurred.

Currently employed Lived Experience workers identified during the focus session that additional training around clinical language and the mental health sector in general would be useful for Lived Experience workers, as they are often communicating with other mental health professionals to support the people they are working with. Middle management staff identified the difficulty retaining Lived Experience workers in current roles and how additional training around the signs of burnout, wellbeing and vicarious trauma is vital to try to address this. Consumers who are wanting to enter the workforce identified Lived Experience work as a new concept to them and expressed the need for more information about best practice when it comes to Lived Experience work.

- *Support and Supervision for Lived Experience Workers*

A need for Lived Experience-led supervision was identified during the consultation process. Employed Lived Experience workers voiced that very little supervision of this kind is offered, and it is often confused with line supervision which is very different and a balance between the two would be ideal for Lived Experience workers. Line supervision is offered to all employees and involves direct supervision from a manager/supervisor, in comparison Lived-Experience-led supervision encompasses a co-reflection and mentoring component directly from a senior Lived Experience worker. Some organisations noted having an internal community of practice where Lived Experience workers can share insights and reflect on their practices. Additional support for Lived Experience workers could include a Lived Experience network, where Lived Experience workers around Tasmania can connect. It was highlighted that this would provide Lived Experience workers across different organisations increased opportunity to connect and share updates relevant to the work they are engaging in. Lived Experience workers also suggested a Lived Experience worker register to provide clarity around where Lived Experience workers are employed in Tasmania.

Organisational leaders would like to see an independent Lived Experience network to increase support for Lived Experience workers, as well as support for organisations on how to manage challenging situations that arise to best support employed Lived Experience work and ensure all

staff are being treated with equal care and support. Middle management staff noted that a Lived Experience network or a community of practice would provide Lived Experience workers with the opportunity to share what is working well and provide a space to share knowledge. A state-wide community organisation highlighted that they provide this within their organisation that is very beneficial for the Lived Experience workers involved.

- *Barriers for Career Progression*

Limited available Lived Experience roles and training limitations were identified as barriers for career progression by employed Lived Experience workers. It was also noted that professional development opportunities for Lived Experience workers within organisations were limited. Work readiness was identified by organisational leaders as a big challenge, with some Lived Experience workers looking for employment not having worked in a professional environment before. A training that incorporates basic work readiness skills was suggested to provide Lived Experience workers with improved opportunity for entering the workforce prepared. Middle management staff noted that there are rarely leadership opportunities offered for Lived Experience workers and this type of progression can be meaningful for the developing workforce.

For consumers or those wanting to enter the Lived Experience workforce, difficulties were identified around finding placements and organisations to connect with while completing formal Lived Experience/Peer training. Retention rates of Lived Experience workers was also highlighted with a suggestion that role flexibility needs to be considered when employing Lived Experience workers. An additional challenge recognised was remuneration and clear career pathways for Lived Experience workers, this varies greatly depending on the organisation/program and can make it challenging for those wanting to enter the Lived Experience workforce to feel confident in this.

- *Stigma in the Workplace*

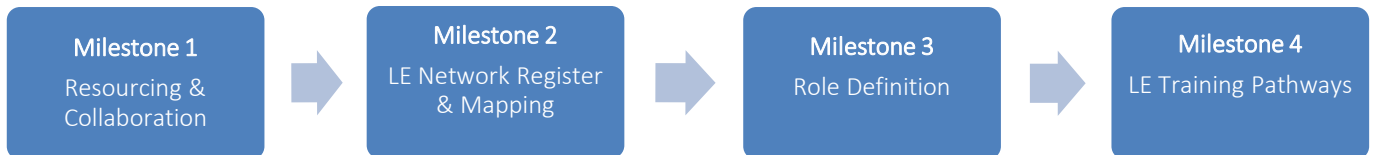
Lived Experience workers identified during the focus sessions that they have felt at times that they are viewed firstly for their mental illness and their skills and qualifications are less regarded

in the workplace. Lived Experience workers have at times thought that other workers were questioning whether they were 'up for the job' due to their lived experience. Additionally, Lived Experience workers have experienced some clinicians not seeing Lived Experience work as a recognised profession or not having heard of Lived Experience work in general. It was identified that there is an increased need for clarity around Lived Experience workers roles and 'on the job' training within workplaces.

Organisational leaders noted during the focus session that the culture can be that if Lived Experience workers don't have tertiary qualifications they're not as valuable/capable as clinical staff, which can prevent success of workforce. It was noted that clinicians show protective behaviour over the realm of their work and see Lived Experience workers as 'infiltrating' that. The absence of clear role definition is resulting in practitioners feeling ownership over clients and not understanding the valuable role of Lived Experience workers.

Phase 2 – Milestones, Objectives and Activities

Timeframe for Completion – April 2022 – September 2022



Milestone 1 – Resourcing & Collaboration

Activity/Objectives	Linking Priority Area & Goal
<p>Review and update current Lived Experience resources and guidelines provided by MHCT, these resources will:</p> <ul style="list-style-type: none"> • Include reference to the National Lived Experience (Peer) Workforce Development Guidelines recommendations and resources. • Support both state-wide mental health services and community-based organisations. • Include a shared understanding of the language, roles, principles and values outlined in the National Guidelines amongst key stakeholders. • Continued updating of relevant national programs and resources. 	<p>Priority Area 1 – Governance and Advocacy</p> <ul style="list-style-type: none"> • Goal – Resources and Guidelines to Support Peer Work in Organisations
<p>Identify pathways to integrate resources within workplaces currently employing Lived Experience workers and those wanting to through a ‘resource pack’ that can be provided to workplaces.</p>	<p>Priority Area 3 – Organisational Readiness and Culture</p> <ul style="list-style-type: none"> • Organisational Culture
<p>Reconvene Community of Practice for Organisations Engaging Lived Experience Workers as a regular opportunity for collaborative sharing of resources. Identify current list of CoP attendees and establish if any additional organisations need to be included.</p>	<p>Priority Area 2 – Peer Connections</p> <ul style="list-style-type: none"> • Goal - Peer Mentoring and Leadership Opportunities

Activity/Objectives	Linking Priority Area & Goal
Reconvene quarterly in 2022 and plan key agenda topics based on requests during consultations and previous CoP meetings. Identify reporting processes for this along with key actions.	
Work collaboratively with organisational leaders in both public and community mental health services to support alignment between organisational plans/strategies and the National Lived Experience (Peer) Development Guidelines.	Priority Area 3 – Organisational Readiness and Culture <ul style="list-style-type: none"> • Goal - Reducing Stigma • Goal – Organisational Culture

Milestone 2 – Lived Experience Network Register & Mapping

Activity/Objectives	Linking Priority Area & Goal
Consult with representative services for both consumer and carer Lived Experience workers on an ideal approach/rationale for having separate Lived Experience networks. Identify and consult on where a Lived Experience network will occur including governance, frequency, modality and additional supports required. Invite past training participants of the 'Peer (Lived Experience) Induction Training'. Communicate employment/volunteer career development opportunities and resources with the Lived Experience Network/Lived Experience Register on a regular basis.	Priority Area 2 – Peer Connections <ul style="list-style-type: none"> • Goal – Peer to Peer Support Networks
Review mapping survey that was conducted during strategy development. Develop and distribute an annual survey into the size, nature and attitudes towards the Lived Experience workforce in Tasmania. Utilise data to form a centralised database of Lived Experience workers and relevant organisations in Tasmania.	Priority Area 1 – Governance and Advocacy <ul style="list-style-type: none"> • Goal – Resources and Guidelines to Support Peer Work in Organisations
Identify relevant Lived Experience work projects/initiatives and include this in the development of a Lived Experience work database to provide additional information on the current Lived Experience workforce in Tasmania.	Priority Area 2 – Peer Connections <ul style="list-style-type: none"> • Goal - Peer Mentoring and Leadership Opportunities
Gather information regarding pay structures and rates from organisations and key stakeholders.	Priority Area 6 – Career Progression <ul style="list-style-type: none"> • Remuneration and Structure

Milestone 3 – Role Definition

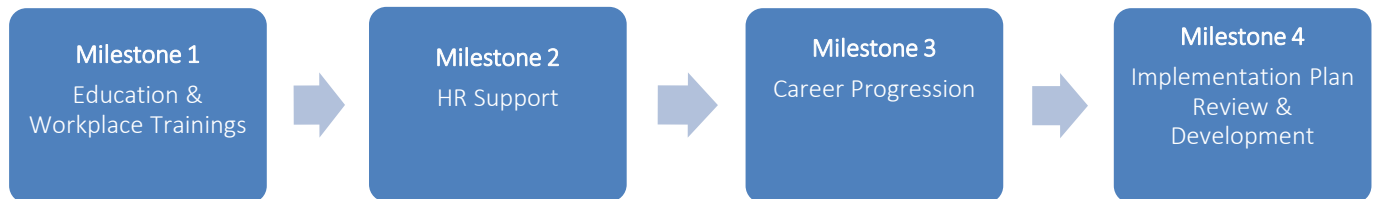
Activity/Objectives	Linking Priority Area & Goal
<p>Establish a group of key stakeholders to determine organisation-specific Lived Experience worker role definitions, utilise working groups that can support the implementation process. Consult with key representative organisations regarding supporting organisations with position descriptions for both volunteers and employees. Provide support to encourage Lived Experience work being included in existing roles and position descriptions within organisations.</p>	<p>Priority Area 5 – Workforce Development</p> <ul style="list-style-type: none"> • Goal - Peer Worker Roles
<p>Identify national recommendations for Lived Experience work remuneration. Co-develop guidelines to reflect a consistent standard of this. Provide support to organisations creating Lived Experience worker roles with education and guidelines relating to a Lived Experience work role definition, remuneration, employee wellbeing and career development.</p>	<p>Priority Area 6 – Career Progression</p> <ul style="list-style-type: none"> • Goal - Remuneration and Structure
<p>Develop an organisational guide for Lived Experience work position descriptions that includes templates for different Lived Experience worker roles and functions. Collaborate with key stakeholders and refer to interstate requirements to determine key requirements for lived experience employment/volunteer qualifications.</p>	<p>Priority Area 5 – Workforce Development</p> <ul style="list-style-type: none"> • Goal - Position Descriptions

Milestone 4 – Lived Experience Training Pathways

Activity & Objectives	Linking Priority Area & Goal
<p>Continue investigating current Lived Experience-led supervision options in Tasmania. Develop a structured Lived Experience supervision structure and program that will work in Tasmania. Identify training options for additional Lived Experience supervisors and/or interstate options. Consult with key organisations employing Lived Experience workers regarding integration of this including funding requirements. Ensure consistency with the National Lived Experience (Peer) Workforce Development Guidelines, where Lived Experience-led supervision is widely promoted throughout.</p>	<p>Priority Area 2 – Peer Connections</p> <ul style="list-style-type: none"> • Goal - Peer Supervision
<p>MHCT's Peer (Lived Experience) Induction Training has been provided as an introduction to Lived Experience work. Establish parameters around delivering this training moving forward and determine timeframes for delivery, consider the option of subsidised training costs. Collaborate with key stakeholders to discuss delivery of MHCT's Peer (Lived Experience) Induction Training and determine if there are additional courses of this nature being offered or required. Develop a workplace readiness component to this training.</p>	<p>Priority Area 4 – Training and Professional Development</p> <ul style="list-style-type: none"> • Goal - Peer Worker Training
<p>Continue communication with RTO Connect regarding Cert IV evaluations and include in training pathway as currently the only formal Lived Experience training offered in Tasmania. Identify additional training opportunities with Mental Health Families and Friends and Flourish to ensure all training options are explored. Identify clear training pathways for people wanting to enter the Lived Experience workforce and promote these pathways during education program/campaign and through the Lived Experience Network once established.</p>	<p>Priority Area 4 – Training and Professional Development</p> <ul style="list-style-type: none"> • Goal - Peer Worker Training

Phase 3 – Milestones, Objectives and Activities

Timeframe for Completion – September 2022 – April 2023



Milestone 1 – Education & Workplace Trainings

Activity/Objectives	Linking Priority Area & Goal
Co-produce and design an education program for organisations at all levels. The program will include an introduction to Lived Experience work and will aim to promote the benefits of Lived Experience work while highlighting stigma reduction strategies for workplaces.	Priority Area 3 – Organisational Readiness and Culture <ul style="list-style-type: none"> • Goal – Reducing Stigma
Develop and/or resource training targeted to managers and supervisors that supports and promotes the benefits of engaging Lived Experience workers within organisations. Include information regarding flexible workplaces in the education and training program for organisations.	Priority Area 3 – Organisational Readiness and Culture <ul style="list-style-type: none"> • Goal – Organisational Culture
Co-produce an example of what a flexible Lived Experience work role looks like for organisations to refer to.	Priority Area 3 – Organisational Readiness and Culture <ul style="list-style-type: none"> • Goal – Workplace Flexibility

Milestone 2 – HR Support

Activity & Objectives	Linking Priority Area/Goal
<p>Support organisations regarding their current HR policies and procedures – provide education around stigma and discrimination related to Lived Experience work and encourage adapting policy and procedure to reflect this if it doesn't already.</p>	<p>Priority Area 5 – Workforce Development</p> <ul style="list-style-type: none"> • Goal - HR Management
<p>Identify key stakeholders related to workers compensation, liability and other insurance regulations – identify current state and national insurance regulations and outline proposed changes if necessary.</p> <p>Review funding models, service agreements and contracts to consider opportunities that will encourage the employment of Lived Experience workers. Engage a consultant to support this process and to identify what is needed.</p>	<p>Priority Area 1 – Governance & Advocacy</p> <ul style="list-style-type: none"> • Goal – Remove Regulatory Impediments to Growing a Peer Workforce

Milestone 3 – Career Progression

Activity & Objectives	Linking Priority Area/Goal
<p>Identify key stakeholders and organisations to include in the co-production and design of Lived Experience leader/champion roles.</p> <p>Identify consistency of implementation across organisations.</p>	<p>Priority Area 2 – Peer Connections</p> <ul style="list-style-type: none"> • Peer Mentoring and Leadership Opportunities
<p>Engage the Community of Practice for Organisations Employing Lived Experience Workers to explore a model of care for Lived Experience workers with clear expectations – refer to National Lived Experience (Peer) Development Guidelines regarding best practice.</p>	<p>Priority Area 3 – Organisational Readiness and Culture</p> <ul style="list-style-type: none"> • Goal – Role Designs and Models

Activity & Objectives	Linking Priority Area/Goal
Provide support to organisations creating Lived Experience worker roles with education and guidelines relating to Lived Experience work role definition, remuneration, employee wellbeing and career development.	Priority Area 6 – Career Progression <ul style="list-style-type: none"> • Goal – Future Opportunities
Organisations across public, private and community services to encourage career development and integrate career plans into conversations with employees. Organisations to also utilise resources from the education program/trainings to encourage supported career progression with Lived Experience workers.	Priority Area 6 – Career Progression <ul style="list-style-type: none"> • Goal – Career Development and Progression

Milestone 4 – Implementation Plan Review & Development

Activity & Objectives
Conduct a review of the previous 12 months of milestones and objectives from phases 2 & 3. Identify actions that require additional resources and develop a plan to implement these in future phases. Consider literature developed during this time for recommendations and key learnings from previous phases. Information gathered from the annual survey will be utilised to inform the review, as well as feedback on implementation priorities from the advisory and working groups.