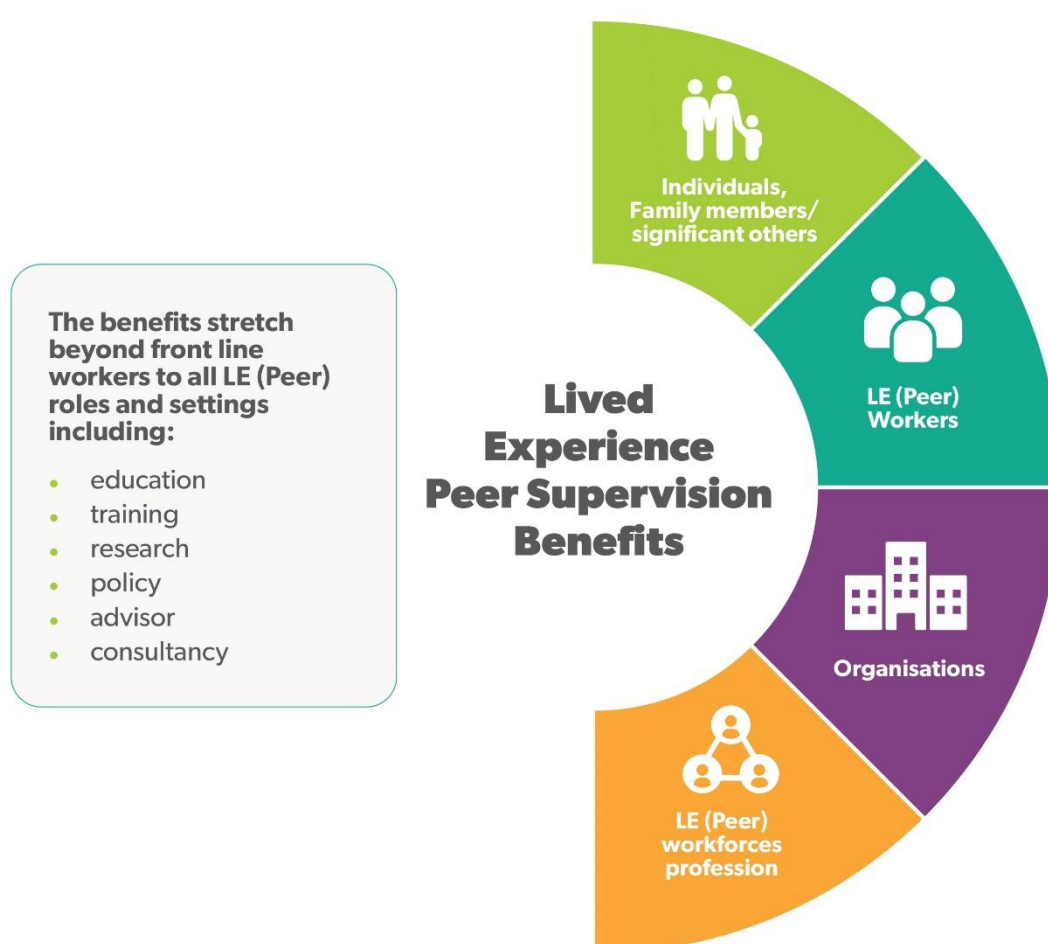


# Lived Experience (Peer) supervision:

## an overview for all stakeholders



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## Executive Summary

Providing discipline specific supervision is an important part of the professional development for many health and social service workforces and considered best practice. Providing discipline specific supervision to Lived Experience (LE) (Peer) workforces is no different. Understanding the parameters and nuances of LE (Peer) work, which then informs supervision is vital for all stakeholders as these workforces are emerging and rapidly evolving across a range of roles and settings.

Supervision can mean different things to different health and social service disciplines; therefore, deeply understanding the workforces' mission and aims is central to clarifying the aims of supervision. A lack of nuanced understanding of LE (Peer) Workforces can result in blurred lines and mixed messages. For example, it can lead to both designated and non-designated managers calling 'line management' supervision or in some instances clinical staff delivering supervision to LE (Peer) workers. The latter can lead to peer drift and co-option towards clinical and other ways of working and it is essential that LE (Peer) Supervisors are skilled in reorienting people following such drift.

"There has to be an understanding of both roles. There has to be mutual respect. And that can be difficult to achieve, but I do think it's crucial."

Management

LE (Peer) Workforces include Consumer, Family/Significant Other and Aboriginal Lived Experience-led workers in designated roles across a range of settings. LE (Peer) supervision relationships are underpinned by the values and principles of LE (Peer) work<sup>1</sup>, based on mutuality, whereby both LE supervisor and LE supervisee share both personal and professional experiences to facilitate mutual learning and minimize power differentials<sup>ii</sup>.

**The purpose of this document is to provide an overview of what LE (Peer) supervision is and isn't, its purpose and benefits and the role and responsibilities of all stakeholders.**

This document forms part of the implementation of the Lived Experience (Peer) Workforces Framework. A list of contributors to this document can be found in on page 22.

<sup>1</sup> See page 22-23 of the [National Lived Experience \(Peer\) Workforce Development Guidelines](#), and page 16-17 of the [WA Lived Experience \(Peer\) Workforces Framework](#) for full list of values and guiding principles.

✓ What LE (Peer) Supervision is	✗ What LE (Peer) Supervision isn't
<ul style="list-style-type: none"> <li>• Supervision with designated LE Peer(s)</li> <li>• Discipline specific</li> <li>• Essential</li> <li>• LE Professional development + mentoring</li> <li>• Undertaken internally</li> <li>• Undertaken externally (preferred)</li> <li>• Mutual</li> <li>• Undertaken in paid work time</li> <li>• Flexible</li> <li>• Culturally sensitive and secure in its practice</li> <li>• About staying peer/accountable to the LE discipline, mission, and principles</li> <li>• Working alongside other health and social service disciplines in the context of reform agendas that are moving more towards human rights and social justice ways of working.</li> <li>• Involves reflective practice and self-empowerment</li> <li>• Holding service users and their families in mind, prioritising their needs and rights violations</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision with non-designated LE colleagues</li> <li>• Clinical supervision</li> <li>• Optional</li> <li>• Performance management, disciplinary</li> <li>• Line management</li> <li>• Training</li> <li>• Hierarchical</li> <li>• An added cost to the LE (Peer) worker</li> <li>• One size fits all</li> <li>• Cultural supervision</li> <li>• Co-option into clinical and other ways of working</li> <li>• Responsible for addressing organisational lack of readiness or development for LE (Peer) workforces.</li> <li>• Circular complaining and blaming with surface problem solving</li> <li>• Holds organisational needs and their vested interests in mind</li> </ul>

Appendix 1 further outlines Professional Developments, Supervision and the different types of supervision:

- Line (operational/administrative) management / supervision
- Discipline specific supervision
- Clinical supervision
- Reflective or collaborative supervision with other disciplines
- Allyship supervision or coaching
- Cultural supervision

This document will be updated and built upon with in the LE (Peer) workforces' website to reflect the dynamic and evolving nature of the LE (Peer) workforces.

## Benefits of Lived Experience (Peer) supervision

LE (Peer) supervision is a vital component of thriving LE (Peer) workforces and fulfils many purposes<sup>iii</sup>, including role clarity, connection, self-care and managing workload.

There is also the opportunity for:

- ✓ Developing and maintaining professionally and building practice skills
- ✓ Self-awareness and critical self-reflection
- ✓ Consolidating values-based practice and practicing from the LE (Peer) Principles
- ✓ Managing and working with emotional labour, microaggressions and epistemic injustice<sup>2</sup>
- ✓ Responding to workplace discrimination
- ✓ Developing, maintaining, and sharing LE knowledge and expertise

The purpose of Lived Experience (Peer) supervision is to foster stable and sustainable and thriving workforces by providing tailored, supportive frameworks that enhance practice development, personal well-being, professional growth, and aim to deliver meaningful, rights-based outcomes for the people and communities being served.

### Effective LE (Peer) work in action:

A quote from a study<sup>iv</sup> aimed to better understand the views of management on Lived Experience work and its potential benefits, shares the benefits of effective LE (Peer) workforces for the people receiving peer services and responses:

“... [going from] people [service users] spending at least 70% of their time in hospital to having 0% hospital admission and at least 30% of them not even being case managed and we’re talking about people [who were] being case managed for 15 years and heavily case managed”

Management

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**Ultimately, the aim of fostering thriving LE (Peer) workforces is to provide effective approaches and responses that support people in their wellbeing, quality of life, and citizenship journey.**

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<sup>2</sup> Epistemic injustice is injustice related to knowledge. It includes exclusion and silencing; systematic distortion or misrepresentation of one's meanings or contributions; undervaluing of one's status or standing in communicative practices; unfair distinctions in authority; and unwarranted distrust. Examples of epistemic injustice can be found at [https://en.wikipedia.org/wiki/Epistemic\\_injustice](https://en.wikipedia.org/wiki/Epistemic_injustice)



The benefits stretch beyond front line workers to all LE (Peer) roles and settings including:

- education
- research
- advisor
- training
- policy
- consultancy



### Individuals, Family members/ significant others

Access to LE (Peer) workers who embody LE (Peer) workforces' principles who:

- offer genuine connection.
- are caring and compassionate.
- know how to develop trust and safety.
- walk alongside others as they navigate problems in living.
- assist with seeking the right resources to live a quality life and;
- can uphold human rights.



### LE (Peer) Workers

A LE (Peer) worker who embodies the principles of the discipline:

- understands their role including how to embody the principles of the discipline.
- provides authentic LE (Peer) work.
- navigates ethical challenges.
- upholds personal and professional boundaries
- undertakes professional development to continuously improve.
- holds the service users and their family-carer-significant others in mind.
- connects with other LE (Peer) workers through reflective learning.
- builds self and other awareness and reflective learning.
- reduces isolation while building connection to the ethos of the human rights movements.



### Organisations

Meeting ethical responsibilities and legal obligations in providing a safe workplace (see page 9 Roles and Responsibilities). Development of contemporary thriving LE (Peer) workforces who:

- work effectively on their own or in teams.
- help reduce workplace stigma, discrimination and absenteeism.
- embody the LE (Peer) principles to walk alongside people experiencing distress.
- improves connection and sustainability for the role
- have job longevity within an organisation.
- improve outcomes and service culture.



### LE (Peer) Workforces profession

LE (Peer) supervision is vital in supporting the sustainable development and professionalization of the Lived Experience (Peer) workforces and for safeguarding the uniqueness of the discipline.

## Introduction

There are many aspects to LE (Peer) supervision including managing tensions, LE (Peer) practice reflection, self-awareness building, reflexivity and skills development. Purposeful, skilful discussions, within a supervision setting, with another designated LE (Peer), whether individually or in a group, is primarily intended to enhance the person's ability to undertake their role (be this at the frontline, walking alongside a individuals/service user or family member, carer or significant other or advocating for transformative and emancipatory methodologies as a LE advocate, educator, researcher or board member etc)<sup>3</sup>. There are significant additional benefits also such as it can build relationships, reduce isolation, provide role clarity, provide a space for debriefing, develop richer understanding of structural responsibilities and nuanced understanding of the difference between moral injury and the need for self-care and improve confidence. The benefits are not limited to the LE (Peer) worker, and within rights-based healthy organisational cultures, they can have a ripple effect through organisations and the wider LE (Peer) workforces' profession.

All stakeholders have a responsibility to understand and undertake their role in building and sustaining LE (Peer) workforces. A big part of this is understanding the difference between designated and non-designated roles and the distinction between people with lived experience (small l, small e) and Lived Experience (Large L, Large E) in the workplace.



LE

### **Lived Experience:**

Large L and large E refers to 'designated' Lived Experience (Peer) roles indicating roles which makes lived experience expertise an essential requirement in addition to the relevant practices, skills and knowledge and the LE (Peer) work values needed for the role.



le

**lived experience:** Small l and small e refers non designated roles indicating roles that does not require as essential lived experience expertise. These roles may be occupied by someone who has personal or family / significant other lived experience but whose professional practice is determined by the values, principles and scope of their professional discipline relating to the role (for example a social worker, counsellor, health worker, nurse). They have also not been required as an essential part of their role to develop expertise in drawing on their lived experience, to be connected with the larger social movements and to receive peer supervision to maintain the integrity of their role.

The distinction between designated and non-designated roles is an important one as it speaks to the requirement for expertise to be used as an essential part of a role, as distinct from a personal choice to draw upon it, or not. It also identifies the distinction between lived experience expertise which is

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<sup>3</sup> For a full list of the breadth of the LE (Peer) Workforces see pages 12 and 19 of the [WA Lived Experience \(Peer\) Workforces Framework](#).

required in a workplace role and lived experience of which we all have some element. The capitalisation of the L and E in the workforces' title is deliberately used to highlight that difference and also to signal the breadth of the fast-developing Lived Experience (Peer) discipline<sup>vi</sup>.

### **This document refers to designated Lived Experience (Peer) roles.**

LE (Peer) workers work with their employing organisation to determine the type and frequency of LE (Peer) supervision. LE (Peer) supervisors assist LE (Peer) workers to navigate tensions and ethical dilemmas to meet organizational requirements for service delivery while remaining true to the ethos of the role, the perspective and the discipline. LE (Peer) supervision is important for organizational accountability and ensuring designated LE (Peer) staff are provided with a work environment where they can be effective and free from psychosocial hazards.

### **To thrive in their roles<sup>vii, viii, ix</sup>:**

LE (Peer) workers require LE discipline-specific supervision to uphold the integrity of LE (Peer) work, support role clarity and provide a reflective space for personal and professional development<sup>(v)</sup>.

It is essential that all LE (Peer) workers have access to LE (Peer) supervision of their choosing as part of their professional development offered by their workplace.

Other types of supervision including clinical and line management are not a replacement for LE (Peer) supervision.

Workplaces need to ensure organisational budgets include an allocation for LE (Peer) supervision, professional development (training & education) and networking for all staff.

LE (Peer) workers may benefit from both internal and external supervision both in individual and group formats, depending on their own preferences and workplace options<sup>(vi)</sup>.

Organisations have a legal obligation<sup>(vii)</sup> to workplace health and safety including reducing psychosocial hazards for all staff, and supervision, professional development (training & education) and networking in an emerging, often newly skilled workforces is one means to do this.

## **Context**

The [Western Australian Lived Experience \(Peer\) Workforces](#) Framework states that '... (individual's lived/living) experiences combined with Lived Experience education, training and peer supervision help people to develop their lived experience expertise'. The Framework also notes that LE (Peer) supervision enables individuals in **designated** Lived Experience roles to maintain the integrity of their



role as well as maintaining clarity and perspective from the workforce's viewpoint they are coming from. Likewise, the [National Lived Experience Workforce Development Guidelines](#) highlights the importance of supervision and Lived Experience leadership roles who can provide supervision and work towards "protecting the authenticity of Lived Experience roles and guiding the strategic development of the workforce(s)" (Page 46 National Lived Experience (Peer) Workforce Development Guidelines).

LE (Peer) workers often work alongside other health and social service disciplines in the context of reform agendas that are moving more towards human rights and social justice ways of working. Consequently, we are seeing a push to move away *from* clinical understandings and medical models of recovery *to* practices, models and explanatory frameworks that consider the social, structural, and economic conditions people are navigating and living through. What has been described as 'Neo-recovery'<sup>x</sup> approaches (which are more coopted versions) are being replaced by relational recovery and citizenship<sup>4</sup> considerations and towards the importance of working from a Lived Experience Expertise driven approach.

Across Australia, there are numerous recommendations from Royal Commissions, reports, reviews and plans that provide the authorising environment for this change of 'mental models' and practices to take place. The recommendations from these reviews and reports highlight the urgency of a need to uphold people's human rights and as a part of this signal the importance of utilising Lived Experience to do so. The mandate to not only meaningfully include Lived Experience expertise but to partner with people with demonstrated Lived Experience expertise is articulated in the following local, state and national documents:

1. Independent Governance Review – Outcomes 2023
2. Review of the Clinical Governance of Public Mental Health Services (WA) 2020
3. Review of Safety and Quality in the WA Health System – A strategy for continuous improvement 2017.
4. WA State Priorities Mental Health, Alcohol and Other Drug 2020-2024
5. Sustainable Health Review 2018
6. The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.
7. Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018–2025
8. MHC Consumer, Family, Carer and Community Paid Partnership Policy 2021
9. WA Lived Experience (Peer) Workforces Framework 2022
10. Fifth National Mental Health and Suicide Prevention Plan 2017
11. Inquiry into Mental Health: Productivity Commission 2020
12. National Suicide Prevention Advisor, Final Advice 2020
13. National Lived Experience (Peer) Workforce Development Guidelines 2021
14. Royal Commission into Victoria's Mental Health System 2021

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<sup>4</sup> 'human rights, not simply in terms of equitable access to the rights that all citizens enjoy in society, full employment, decent housing, freedom from oppression but also in terms of the right to be able to define oneself, to understand oneself in a particular way.' (Bracken & Thomas, 2005; p. 248)  
<https://www.nationalelfservice.net/populations-and-settings/community-settings/barriers-citizenship-mental-health/>

15. National Mental Health Workforce Strategy 2022-2032
16. Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report 2023
17. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2023

LE (Peer) workforces have emerged as a part of the reform agenda and are positioned as a crucial part of reform working towards the transformation of services to more aligned with the World Health Organisation's agenda of Human Rights across mental health, AOD and suicide prevention. They work alongside other health and social service disciplines to transform practice and services to become more humane, just and helpful according to the needs of those using them and their families, carers and significant others.

## Lived Experience (Peer) supervision

LE (Peer) supervision is often seen to parallel LE (Peer) practice, embodying the essential ethos of building relationships, learning through connection and mutuality. It is described as a safe space to explore strengths, problem-solve challenges and tensions and experience empathy and validation<sup>xi</sup>. LE (Peer) supervision can be undertaken individually or as a group, ideally both.

LE (Peer) supervision relationships are underpinned by the values and principles of LE (Peer) work, based on mutuality, whereby both LE supervisor and LE supervisee share both personal and professional experiences to facilitate mutual learning and minimize power differentials<sup>xii</sup>. It can include group or individual supervision and can also take the form of mentoring or coaching.

As LE (Peer) work is relational and connections are the cornerstone of LE work, it is important that LE (Peer) workers receive supervision from a LE (Peer) supervisor who can relate to the personal and professional issues at hand. This may include the matching of perspectives, role settings and experiences. However, there may be times where this is not possible or desirable, what is important is that the LE (Peer) worker's supervisor, has the necessary rich nuanced understanding of the mission and aims of the discipline and is skilled themselves in reflexivity and reflective practice and is the right fit for the person. Ideally, they practice according to the WA LE (Peer) Supervisors Fidelity Criteria. This criteria once finalised will be available on the Lived Experiences Workforces website <https://livedexperienceworkforces.com.au/>.

Page 41 National LE Workforce Development Guidelines states, "Lived Experience leadership roles Lived Experience leadership/senior roles are important to guide and influence change. Lived Experience leadership roles are also invaluable to provide internal Lived Experience-led supervision, protect the authenticity of Lived Experience roles, and guide strategic planning. Lived Experience leadership roles may be developed in parallel with the growth of the workforce(s) or they may be employed during the early preparation stages to embed understanding of lived experience perspectives and guide development of the Lived Experience workforce".

This diagram provides examples of aspects of LE practice that LE (Peer) supervision may support<sup>xiii</sup>.

**Maintaining  
Contemporary  
Knowledge  
and Skills  
development**

- Lived experience skills and knowledge development, access to training and education
- LE (Peer) network opportunities
- Reflective practice
- Career progression and professional development

**Managing  
tensions**

- Operating within systems but not 'for' or 'of' systems
- Accountable to civil and human rights movement (its practices, mental models, values and language) and standards, policies and processes that might differ or clash
- Ethical dilemmas
- Lived Experience/Support Worker differences
- Differences between Consumer and Family/Significant Other perspectives
- Understanding boundaries rather than enforcing boundaries
- Confidentiality
- Difficult conversations and scenarios
- Co-option to other disciplines and organisational practices witnessing and working with systems and services enacting structural violence and rights violations
- Working in traditional systems and organisational cultures towards more of a person centred, rights based ways of working
- Resisting 'seduction by inclusion' and organisational capture (that's just the way we do it here)
- Impact of role on lived experience e.g., re-traumatisation, compassion fatigue
- Working in isolation within organisations as a sole LE (Peer) worker

**Lived  
Experience  
(Peer)  
practice  
reflection**

- Staying LE 'peer' (integrity of and fidelity to practice, values and principles, practice frameworks and approaches)
- Clarity and scope of role
- Maintaining perspective (consumer, family/significant other, Aboriginal lived experience-led)
- Purposeful application of lived experience knowledge to practice
- Working to make sense of experiences that enhance our own wellbeing in the workplace
- Responsibilities for own psychosocial and emotional wellbeing, self-care practice
- Workplace psychological, emotional and social wellbeing
- Debriefing in a safe space with purpose in mind
- Build critical thinking and critical reflexivity in regard to self-mastery
- Guiding frameworks: e.g., Trauma Informed Care and Practice, Emancipatory Approaches, Open Dialogue, Hearing Voices Network.

## Internal LE (Peer) supervision

Internal LE peer to peer supervision can assist in understanding and navigating specific workplace nuances, where new LE (Peer) workers can benefit from senior LE (Peer) workers. LE (Peer) supervision can reduce isolation within workplaces with few LE positions, keeping LE (Peer) workers connected to other LE (Peer) Workforces, the under-pinning values and principles of the discipline, and avoiding drifting into clinical (or other non-lived experience) perspectives and ways of working.

“It’s being open, transparent and that’s also what helps us to maintain recovery, is that honesty and the willingness to talk about the problems and talk about the successes.”

Peer Manager

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An experienced and skilled LE (Peer) line manager will not confuse LE (Peer) supervision with performance management. However, as these LE (Peer) workforces are emerging and evolving and the discipline not yet fully understood even by those in the workforces, there will be times when the two types of supervision become conflated. This should be avoided and where possible internal LE (Peer) supervision provided by another senior LE (Peer) worker who is not the line manager. Additionally, it is important to ensure that those with LE Family/Significant Other Peer roles have access to LE Family/Significant Other (Peer) supervisors and vice versa (for those in individual ‘consumer’ LE roles) so as to bring attuned similar perspectives to the supervision space. Whilst this may not be possible each time, it is essential that it can be accessed somewhat regularly.

## External LE (Peer) supervision

External supervision provides choice and limits potential conflicts of interest and role confusion<sup>xv</sup>. Additionally, external supervisors may be better placed to identify and gently challenge peer drift or other non-LE practices and framings that people in internal collegial roles might find harder to see or query. They may also have exposure to other similar situations which can help in mutual solution-creation. Ideally and in line with best practice for LE (Peer) workers to have choice and flexibility in approaches to supervision, LE (Peer) workers would choose their own form of supervision and supervisor in regularly scheduled paid time (ensuring that the skills and fidelity to the practice is driving this choice). This will need to be discussed and agreed with the employing organisation who will be bearing the costs of external supervision and will need to budget accordingly.

**Peer workers may benefit from both internal and external supervision both in individual and group formats, depending on their own preferences and workplace options.**

xvi.

## Regularity and duration

The frequency of LE (Peer) supervision for each worker will differ, particularly between those new to the LE (Peer) workforce and those more experienced. Additionally, LE (Peer) workers who have

transitioned workplace settings may require additional LE (Peer) supervision during a settling in period, for example, moving from a community setting within a non-government organisation to a multidisciplinary team in a large hospital. To build equitable practice support and development between the emerging LE (Peer) workforces and other more established health professions contemporary best practice aims to provide access to a variety of LE (Peer) supervision formats tailored for the individual worker on a regular basis. For example:

New or transitioning LE (Peer) worker	
Activity	Frequency (best practice suggestion)
Internal LE (Peer) group supervision or co-reflection with other LE (Peer) workers	Once a week or fortnightly, minimum 1.5 hours
External LE (Peer) supervision	Once a month, for a minimum of 2 hours
Mentoring by an experienced or senior LE (Peer) worker - internal	Weekly or fortnightly 1 hour meeting and incidental contact when required
LE (Peer) Community of Practice or LE (Peer) network	Once every two or three months, 1-2 hours

More experienced LE (Peer) worker	
Activity	Frequency (best practice suggestion)
Internal LE (Peer) group supervision or co-reflection with other LE (Peer) workers	Fortnightly or monthly minimum 1.5 hours
External LE (Peer) supervision	Once a month or two months, for a minimum of 1.5 hours
LE (Peer) Community of Practice or LE (Peer) network	Once every three months, 1-2 hours

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## Roles and Responsibilities

### For Lived Experience (Peer) workers

Mentoring, mutual peer support and opportunities for talking with other LE (Peer) workers in order to develop 'reflective practice' and consolidate rich and nuanced understanding of the foundations, mission and purpose of LE (Peer) work are considered essential hallmarks of the LE workforces' culture<sup>xvii</sup>. LE (Peer) workforces' supervision presents an opportunity for LE (Peer) workers to regularly reflect on practice including perspective, expand their knowledge, and develop skills to take into their

<sup>5</sup> The regularity and duration of LE (Peer) supervisor in the tables was guided by Best practice supervision guidelines: Family violence, sexual assault and child wellbeing, Victorian Government. ([Supervision frequency and duration | vic.gov.au \(www.vic.gov.au\)](http://www.vic.gov.au)) and The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review Final report, ([effective-clinical-and-peer-supervision-report.pdf \(hcpc-uk.org\)](http://hcpc-uk.org)) which states: Regular and Structured Sessions: Effective peer supervision often involves regular, structured sessions. Weekly or fortnightly meetings are common, with each session lasting between one to two hours. This regularity helps maintain continuity and provides ongoing support.

work with the assistance of a skilled, reflexive LE (Peer) professional<sup>xviii</sup>. LE (Peer) supervision also has a role in supporting LE (Peer) workers own mental health<sup>xix</sup>.

“So, to me, it’s been beneficial to have that connection and that collaboration because its two different worlds being combined.”

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Therefore LE (Peer) workers are responsible for:

- ✓ Understanding what LE (Peer) discipline is, it’s foundations and origins as well as its mission, purpose values and principles and how it is working toward more emancipatory and democratic practices and ways of seeing, thinking and doing.
- ✓ Understanding what LE (Peer) supervision is, it’s purpose and benefits. Seeking out LE (Peer) supervision pathways internal and external of their workplace.
- ✓ Working with their employing organisation to determine the type and frequency of LE (Peer) supervision.
- ✓ Preparing for and planning what they want out of their supervision sessions so as to be accountable to the people they serve, the movement and their organisations
- ✓ Actively engaging in the LE (Peer) supervision sessions
- ✓ Participating in relevant LE (Peer) networks.
- ✓ Developing mutually beneficial LE (Peer) relationships inside and outside the workplace.

### For LE (Peer) supervisors

Supervision is important in assisting LE (Peer) workers in navigating role conflict or confusion and balancing LE and provider identities. LE (Peer) supervisors assist LE (Peer) workers to navigate these tensions and ethical dilemmas to meet organizational requirements for service delivery while remaining true to the ethos of the role and discipline.

“There’s a fostering of “we grow from our experiences, good and bad”. I think that’s what helps us to continue to sort of move forward.”

xxi

LE (Peer) Supervisors are responsible for attaining and maintaining the necessary practice skills for creating and holding a reflective space to relate in ways that<sup>xxii</sup>:

- ✓ Are developed from training and experience in co-reflection or reflective practice.
- ✓ Are practiced according to the WA LE (Peer) Supervisors Fidelity Criteria.
- ✓ Facilitate supervisees to build self-awareness and access what they may be experiencing internally.
- ✓ Are not directive, allowing the supervisee to find their own answers and have the ability to gently challenge and redirect.
- ✓ Use dialogue in a clear and open way to gain understanding.
- ✓ Maintains and models clear boundaries and is open to feedback and challenge.
- ✓ Model strengths based practice that is validating and encouraging.
- ✓ Encourage critical thinking and critical reflexivity.
- ✓ Unpack how the supervisee is making decisions and what that means.

- ✓ Artfully unsettle, contest and work with tensions and help people be accountable for their practice.
- ✓ Stay curious and use a questioning approach to stimulate thinking and yield clarity, to avoid judgement.
- ✓ Offer other learning and alternative perspectives for consideration.
- ✓ Are skilled in catching assumptions, biases and judgements, allowing explorations of thoughts and feelings with safety and freedom to try new things including supporting career progression and pathways outside of LE (Peer) work.
- ✓ Are future focused (as opposed to blame based) and recognise the importance of a learning mindset and that 'mistakes' to be made and learned from.

Additionally, the LE (Peer) Supervisor is responsible for working with the supervisee and to some extent the organisation to clarify and document time, location, frequency, aims of the supervision, confidentiality, note taking, contact details, roles and responsibilities and costs involved.

LE (Peer) supervisors also require LE (Peer) supervision so they can reflect on their own supervision practices and stay authentic, avoiding peer drift into other ways of working or supervising. This may be done at an individual level or within a group or community of practice.

## For organisations

LE (Peer) supervision is important for<sup>xxiii</sup>:





Organisations are responsible for understanding what LE (Peer) workforces are (and are not); what LE (Peer) supervision is (and isn't) and for offering options in a variety of formats including individual and group sessions, internal and external to the workplace. Importantly LE (Peer) Supervision should be:

- ✓ A vital part of a positive organisational culture.
- ✓ Provided as part of a professional development plan.
- ✓ Accessible to all LE (Peer) workers.
- ✓ Worked out with the LE (Peer) workers to determine the type, length and frequency of LE (Peer) supervision.
- ✓ Undertaken in paid work time and paid for by the organisation.
- ✓ Founded on LE (Peer) principles and values.
- ✓ Chosen by the LE (Peer) worker.
- ✓ Drawn on the reflective practice bodies of knowledge and literature.

“...it has to be culture and it has to come from the board and the CEO down, that has to then filter down through regional managers, down through team leaders because I've had some long hard and quite difficult conversations with team leaders trying to change the culture in their team. . .you have to be the creator of the culture in your site and it has to be a healthy one based on knowledge and understanding of what peers are and what peers aren't”

Executive and Senior Management

xxiv

## Organisational Legal Obligations

**Psychological safety is about creating a workplace where everyone feels it's okay to question decisions, suggest new ideas or express concerns without fear of negative consequences.**  
**Mental Health Coordinating Council.**

There is a legal requirement under the Work Health and Safety Act 2020 (Sect 19) for organisations to provide information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out by them.

Additionally, organisations have a legal obligation to maintaining workplace health and safety including reducing psychosocial hazards for all staff. The changes to the *Work Health and Safety (WHS) Regulations* came into effect on 1 April 2023. *The Code of Practice*<sup>xxv</sup> provide details on how to meet WHS duties and protect all employees from psychosocial hazards and risks.

In line with national regulations, the WA Commission for Occupational Safety and Health who administers the *WA Occupational Safety and Health Act 1984* released the *Code of Practice – Psychosocial Hazards in the Workplace (2022)*<sup>xxvi</sup> which aims to provide practical guidance for workplaces where people may be exposed to psychosocial hazards such as stress, fatigue and burnout.

Common work-related psychosocial hazards include:





LE (Peer) workers and the people they serve are often faced with power imbalances, oppression, marginalisation, stigma and discrimination and experience being discounted and discredited within the general community. Such discriminatory practices however are not isolated within the community, they follow people into workplaces<sup>xxvii</sup>. LE (Peer) workers who have been employed to undertake their roles using their LE expertise, may have more risk exposure to vicarious trauma, emotional labour, burn out and moral injury due to unhealthy organisational cultures and hierarchies and inadequate accountable, values-based systems.

The Psychosocial Hazards in the Lived Experience (Peer) Workforce project report<sup>xxviii</sup> has identified unique workplace psychosocial hazards of the Consumer Lived Experience (Peer) Workforce working in the public and community health system. At the time of reading, no study has been carried out on the unique workplace psychosocial hazards of the Family/Significant Other (Peer) Workforce. It should be noted that while many psychosocial hazards are generic across all staff in the health systems, the impact of these hazards if unmanaged may not be the same between the general health staff and the Lived Experience (Peer) workforces, including the Family/Significant Other workforce. In addition to the common psychosocial hazards, three psychosocial hazards unique to the Consumer Lived Experience (Peer) workforce identified in the survey results include:

- Moral distress/injury.
- Disregard of emotional labour<sup>xxix</sup>
- Epistemic injustice.

“The **emotional labour** of experienced by poor systems that fail to understand their responsibility to workforces, cannot be understated; it is even more onerous if also traversing epistemic injustice, moral injury, and micro aggressions. Many Lived Experience (Peer) workforces personnel are practicing independently and therefore move in and out of services and systems, predominantly working from the outside in.

It is this group that are doing so without employee benefits (such as paid supervision, leave entitlements, superannuation, EAP and more). Whilst it is true that all parties (clinical and non-clinical, designated and non-designated LE roles) can be subject to problematic organisational culture and systems (such as moral injury and micro aggressions etc), it is crucial to signal that this is not an equal playing field. Working collectively to repeatedly acknowledge or highlight any false equivalencies is crucial, particularly where there is inequity and where the majority of the workforce at the table have access to such employee benefits.

Essentially, it is crucial to observe the ways in which power is making its presence felt, and for those working within systems drawing on their lived experience, often due to their hierarchical nature, being toward the lower paid rungs often also means less access to power and justice and therefore the load of the emotional labour and impact of microaggressions is larger”. (Mahboub, 2024)

Findings from the research include seven solutions for hazard management and better outcomes for Lived Experience (Peer) workers, proposed by this LE (Peer) workforces including:

- Organisations employing LE (Peer) workers should ensure appropriate LE peer based supervisory structures are in place. This goes beyond operational supervision so Peer workers can seek professional supervision managerial advice from a suitably qualified person (a trained LE Peer worker).

The [Mental Health Coordinating Council](#) has developed two resources regarding psychological safety in mental health workplaces, Actions for Workers and Actions for leaders and organisations.

#### **Conclusion:**

**As with any other supervision, providing appropriate Lived Experience (Peer) supervision offers a supportive space for reflective practices, relationship building, improved understanding, role clarity, problem solving, maintaining practice development and developing wellbeing strategies ultimately leading to reducing the risk of psychosocial hazards and fostering a positive workplace culture and the benefits that come with that.**

## Appendix 1

### Professional development

Professional development refers to the continued education and training of all workers relevant to their careers and chosen discipline. The goal of professional development is to keep up to date on current approaches and practices to effect better outcomes for people who use services. It also helps develop new skills to progress one's chosen career. Whilst this is no different for LE(Peer) practitioners it is even more crucial when charged with transforming systems from a rights based, Lived Experience perspective, rather than a service centric orientation.



**Workplaces should ensure organisational budgets include an allocation for professional development (including external supervision) for all staff including those on casual, contract and volunteer arrangements.**

## Supervision

Like many health and social service professions, discipline specific supervision is considered vital to ensuring the practitioner can work effectively and ethically. Supervision involves a range of approaches including reflective practice, coaching, mentoring, induction, professional development, peer connection and community/network. Additionally, supervision as<sup>xxx</sup>:

- a professional relationship enabling and facilitating opportunities to reflect on work practices facilitated in diverse ways
- a facilitated exchange between practicing professionals to enable the development of professional skills, and
- a supported space for reflection, growth, development and learning.

Reflective practice forms part of all supervision and is increasingly being considered as a critical dimension of professional development for health professionals<sup>xxxi</sup>. Reflective practice allows people to explore their role and their experiences, including their behaviour, thinking and related emotions. It provides a space to clarify meaning and identify changes for continuous learning and improvement.

For Aboriginal and Torres Strait Islander Lived Experience (Peer) workers, a guide has been developed as a learning tool for all lived experience workforces and organisations. The Aboriginal and Torres Strait Islander Lived Experience Led Peer Worker Guide details culturally responsive mentorship (supervision) noting it is a critical aspect of getting peer right and is integral to these workers staying in their roles. See Resources at the end of this document for more information on the Guide.

**To thrive in their roles, it is essential that all LE (Peer) workers have access to LE (Peer) supervision of their choosing as part of their professional development offered by their workplace. This alongside the necessary organisational cultural change and development required to enable all workforces to thrive is key.**

## Different types of supervision

### Line (operational/administrative) supervision.

Line management is generally responsible for the oversight and guidance of the direct operational activities of the staff member. This includes workloads, allocation of tasks, contracts, leave, human resource issues, performance management and development and the overseeing of compliance with policy, ethics, legislation, and standards.



All staff benefit from clear direction, guidance and support from a competent Line Manager.



Line management is not LE (Peer) supervision even if the Line Manager is also a LE (Peer) as the power imbalance does not allow for mutual and equal sharing.

### Discipline specific supervision

Discipline specific supervision is also known as peer supervision because it is undertaken, as the name suggests with another peer, of the same discipline. Discipline specific supervision can be described in terms of professional and practice development. It focuses on reflective practice, the impact of the [individual's] work, debriefing, and the application of a worker's unique skills in their working environment. It can be defined as a facilitated exchange between practice professionals from the same discipline, enabling professional skills development in a supported, safe space promoting growth, development and mutual learning.<sup>xxxii</sup>

**Designated LE (Peer) workers require designated LE discipline-specific supervision to uphold the integrity of LE work, support role clarity and provide a reflective space for personal and professional development.**

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Discipline-specific supervision allows professionals to focus on their specific area of expertise. Whether it's social work, nursing, psychiatry, or any other field, targeted supervision helps individuals deepen their self-awareness, knowledge and improve their skills.



Discipline specific supervision should not be used as a performance management tool or as a disciplinary process.

### Clinical supervision

Clinical Supervision is the process in which a clinician meets with an experienced senior clinician to review and reflect on clinical practice with the aim of developing and supporting the clinician in their professional practice and work. It is a structured, professional relationship between two or more people, built on trust and respect where-in the supervisee can reflect on their practice, explore ethical issues and develop critical thinking skills.



Clinical supervision is highly valued across the spectrum of health and social service professionals.



Clinical supervision does not replace LE (Peer) supervision.

## Reflective or collaborative supervision with other disciplines

LE (Peer) workers are employed across a variety of roles, contexts and settings (inpatient units, forensic settings alcohol and other drugs, child and adolescent etc.). LE (Peer) workers who work in multidisciplinary teams (MDT) may engage in reflective or collaborative supervision (individual and/or team) with other colleagues from other health and or social service disciplines. This provides an opportunity to reflect, debrief and gain mutual understandings about the roles of each MDT member and the part they play in an individual's health and wellbeing.

This supervision is ideally approached as a two-way learning opportunity where traditional hierarchies are intentionally and purposely flattened bringing in rich curiosity so as to foster equal working relationships.



This type of supervision has the potential to reduce the psychosocial hazards for all members of the team providing the conditions for mutual learning are facilitated and traditional ways of working held lightly.



Reflective or collaborative cross-discipline supervision is not a replacement for LE (Peer) supervision and LE (Peer) workers who engage in this supervision should also have access to designated perspective specific LE (Peer) supervision to reduce being co-opted into clinical or non-Lived Experience ways of working (known as role creep or peer drift).

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## Allyship supervision or coaching

Non-lived experience workers who actively advocate and champion the inclusion of LE (Peer) workers, known as allies, are acknowledged and recognised as enablers for effective integration of LE (Peer) workers to service teams.<sup>xxxvi</sup> Allyship supervision or coaching is crucial for (non-LE) health professionals who seek to stand with and advocate for people a lived experience whether they be recipients of the service or LE (Peer) workers. Allies play an important role in understanding and championing LE and LE (Peer) perspectives and essential organisational readiness and ongoing development to embed LE (Peer) workforces. Allyship takes genuine curiosity and commitment and involves learning about:

- ✓ diverse lived and living experiences and challenges
- ✓ compassionate responses
- ✓ mutual relationship building
- ✓ advocating for inclusion
- ✓ upholding human rights

Allyship supervision or coaching sees the LE (Peer) worker as the supervisor or coach using knowledge and skills underpinned by LE (Peer) values such as connection, authenticity, diversity, humanity, mutuality and human rights. Family or consumer perspective supervision from LE practitioner to clinician can be a part of this type of supervision. This is when clinicians access LE (Peer) supervisors so as to reflect on their practice when working with people, particularly if they are wondering how to navigate some stuckness on their own part or seeking to deepen their capacity to empathise with a family member, significant other or service user / consumer.<sup>xxxvii</sup>



Allyship supervision can be undertaken with individuals or a group.



Allyship requires that individuals don't just pop into and out of the space to further their careers or tick a grant application or research grant box. Instead, they should ensure they are genuine and accountable for their reasons of stepping in to claim ally status or and not use it as means to progress up the corporate ladder.

## Resources

The [Lived Experience Workforces website](#) includes:

- The Lived Experience (Peer) Worker Handbook that outlines the nuances of Lived Experience (Peer) roles across different specialisations including service settings and locations.
- A Toolkit for Organisational Actions for employers wanting to develop and sustain LE (Peer) workforces.
- Training options for LE (Peer) supervision.

Other resources include:

- [Aboriginal and Torres Strait Islander Lived Experience Led Peer Worker Guide](#) - a learning tool for all lived experience workforces and organisations (Guide). The Guide supports organisations with establishment, sustainability, and continuous improvements in the Aboriginal LE workforce's space.
- [Workforce Wellbeing Guide: A self-reflection and self-care resource for Aboriginal Community Controlled Health Services in the Kimberley](#). The guide focuses on the role of self-reflection and self-care in safeguarding and promoting worker wellbeing. It includes practical activities and resources that can be used in a range of settings, by individual workers, supervisors or managers. The information and activities provided in the guide are centred around a holistic understanding of wellbeing, in order to be broadly applicable to both Aboriginal and non-Aboriginal workers.
- [Tips for self-care at work](#) a one page fact sheet by Wellmob uses the domains within the social and emotional wellbeing model to encourage workers to consider connection to culture, community and kin, and other health and wellbeing strategies as a way to promote self-care.
- [Consumer Perspective Supervision](#) – A framework for supporting the consumer workforce.
- [Carer Perspective Supervision](#) - A framework for supporting the mental health family/carers lived experience workforce.
- [Lived Experience Workforce Program](#) - Mental Health Peer Supervision Framework.
- [Lived Experience \(Peer\) Workforce Checklist \(nmhccf.org.au\)](#) – developed through the National Mental Health Consumer and Carer Forum.



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## Endnotes

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- <sup>i</sup> Byrne, L., Roennfeldt, H., & Wolf, J., Linfoot, A., Foolesong, D., Davidson, L & Bellamy, C. (2021). Strategies for Effective Peer (Lived Experience) Employment within Multidisciplinary Organizations: Model for Best Practice Effective peer employment within multidisciplinary organizations: Model for best practice. *Administration and Policy in Mental Health and Mental Health Services Research*. doi: 10.1007/s10488-021-01162-2
- <sup>ii</sup> Castles, C., Stewart, V., Slattery, M., Bradshaw, N. & Roennfeldt, H. (2023) Supervision of the mental health lived experience workforce in Australia: A scoping review. *International Journal of Mental Health Nursing*, 00, 1–18. Available from: <https://doi.org/10.1111/inm.13207>
- <sup>iii</sup> Adapted from Castles, C. Ibid.
- <sup>iv</sup> Byrne, L., Roennfeldt, H., O’Shea, P., & Macdonald, F. (2018). Taking a Gamble for High Rewards? Management Perspectives on the Value of Mental Health Peer Workers. *International journal of environmental research and public health*, 15(4), 746. <https://doi.org/10.3390/ijerph15040746>
- <sup>v</sup> Byrne, L. Ibid.
- <sup>vi</sup> WA Lived Experience (Peer) Workforces Framework, page 12.
- <sup>vii</sup> Byrne, L., Roennfeldt, H., Wolf, J., Linfoot, A., Foglesong, D., Davidson, L. et al. (2022) Effective peer employment within multidisciplinary organizations: model for best practice. *Administration and Policy in Mental Health*, 49(2), 283–297. Available from: <https://doi.org/10.1007/s10488-021-01162-2>
- <sup>viii</sup> [Getting Started IPS Co-reflection](#)
- <sup>ix</sup> Code of Practice: Managing the risks of psychosocial hazards in the workplace is an approved code of practice under section 274 of the Work Health and Safety Act (the WHS Act). [Model code of practice - managing psychosocial hazards at work.pdf \(safeworkaustralia.gov.au\)](#).
- <sup>x</sup> Edwards, B. M., Bins, R., Burgess, R., & Thomas, E. (2019). *Neorecovery: A Survivor Led Conceptualisation and Critique*. Keynote Conference Presentation: 25th International Mental Health Nursing Research Conference. Available at: <https://recoveryinthebin.org/2019/09/16/trashed-2/>
- <sup>xi</sup> Castles, C., Ibid.
- <sup>xii</sup> Ibid
- <sup>xiii</sup> Adapted from the [Mental Health Peer Supervision Framework](#). Lived Experience Workforce Program (LEWP), Mental Health Coalition of SA. 2019.
- <sup>xiv</sup> Byrne, L., Ibid.
- <sup>xv</sup> Castles, C. Ibid.
- <sup>xvi</sup> [Getting Started IPS Co-reflection](#)
- <sup>xvii</sup> [Getting Started IPS Co-reflection](#)
- <sup>xviii</sup> Mental Health Peer Supervision Framework. Ibid.
- <sup>xix</sup> Castles, C. Ibid.
- <sup>xx</sup> Byrne, L. Ibid.
- <sup>xxi</sup> Byrne, L. Ibid.
- <sup>xxii</sup> Adapted from, [Consumer Perspective Supervision](#), A framework for supporting the consumer workforce. Victorian Mental Illness Awareness Council (VMIAC) and Centre for Psychiatric Nursing. 2018.
- <sup>xxiii</sup> Castles, C. Ibid.
- <sup>xxiv</sup> Byrne, L., Roennfeldt, H., Wang, L., & O’Shea, P. (2019). ‘You don’t know what you don’t know’: The essential role of management exposure, understanding and commitment in peer workforce development, *International Journal of Mental Health Nursing*, 28, 572-581. doi: 10.1111/inm.12562
- <sup>xxv</sup> Code of Practice: Managing the risks of psychosocial hazards in the workplace is an approved code of practice under section 274 of the Work Health and Safety Act (the WHS Act). [Model code of practice - managing psychosocial hazards at work.pdf \(safeworkaustralia.gov.au\)](#).
- <sup>xxvi</sup> [https://www.commerce.wa.gov.au/sites/default/files/atoms/files/221154\\_cp\\_psychosocialhazards.pdf](https://www.commerce.wa.gov.au/sites/default/files/atoms/files/221154_cp_psychosocialhazards.pdf)
- <sup>xxvii</sup> Daya, I. (2015). I am the person of whom you speak. *Psychosis, Psychological, Social and Integrative Approaches*, 7(4), 359-365. <https://doi.org/10.1080/17522439.2015.1105283>
- Daya, I. (2022). Russian dolls and epistemic crypts: A lived experience reflection on epistemic injustice and psychiatric confinement, Special Issue: Confinement: Spaces and Practices of Care and Control. *Incarceration*, 3(2), 1–15. DOI: 10.1177/26326663221103445

- 
- Gordon, S. E., Huthwaite, M. A., Short, J. A., & Ellis, P. M. (2014). Discovering stigma through recovery teaching. *Australasian psychiatry: Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, 22(2), 186-189. <https://doi.org/10.1177/1039856213519145>
- <sup>xxviii</sup> Psychosocial Hazards in the Lived Experience (Peer) Workforce project report. Queensland Lived Experience Workforce Network, Mental Health Lived Experience Peak, Queensland. 2024. [Psychosocial Hazards in the Lived Experience \(Peer\) Workforce \(mhlepq.org.au\)](https://mhlepq.org.au)
- <sup>xxix</sup> Brosnan, L. (2019). 'The Lion's Den': The Epistemic Dimensions of Invisible Emotional Labour in Service-User Involvement Spaces. *Journal of Ethics in Mental Health*, 10 <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20xi.pdf>
- <sup>xxx</sup> Castles, C. Ibid.
- <sup>xxxi</sup> La Trobe University Libraries. <https://latrobe.libguides.com/reflectivepractice>
- <sup>xxxii</sup> Castles, C. Ibid.
- <sup>xxxiii</sup> Adapted, from Byrne, L., Roennfeldt, H., Wolf, J., Linfoot, A., Foglesong, D., Davidson, L. et al. (2022). Effective peer employment within multidisciplinary organizations: model for best practice. *Administration and Policy in Mental Health*, 49(2), 283–297. Available from: <https://doi.org/10.1007/s10488-021-01162-2>
- <sup>xxxiv</sup> Psychosocial Hazards in the Lived Experience (Peer) Workforce Project Report. Mental Health Lived Experience Peak Queensland (MHLEPQ) and Queensland Lived Experience Workforce Network (QLEWN). 2024. [Psychosocial Hazards in the Lived Experience \(Peer\) Workforce \(mhlepq.org.au\)](https://mhlepq.org.au)
- <sup>xxxv</sup> Family Carer – Family Carer perspective and Individual (consumer/service user) see Carer Perspective Supervision. <https://www.thermh.org.au/files/documents/Corporate/carers-perspective-supervision-framework.pdf> and Consumer Perspective Supervision. <https://cmhl.org.au/sites/default/files/resources-pdfs/FINAL%20CPS%20framework%2018.pdf>
- <sup>xxxvi</sup> Reeves, V., Loughhead, M., Teague, C., Halpin, M.A. & Procter, N. (2024) Lived experience allyship in mental health services: Recommendations for improved uptake of allyship roles in support of peer workforces. *International Journal of Mental Health Nursing*, 00, 1–11. Available from: <https://doi.org/10.1111/inm.13322>. Available here: <https://onlinelibrary.wiley.com/doi/full/10.1111/inm.13322>
- <sup>xxxvii</sup> Duncanson, K., Kingston, P., Tran, P., Blundell, B., Gillieatt, S., Mahboub, L., & Martin, R. (2024). Bearing Witness: The Impact of Lived Experience Educators Participating in Social Work Student Supervision during Placement. *The British Journal of Social Work*, bcad268. <https://doi.org/10.1093/bjsw/bcad268> and <https://academic.oup.com/bjsw/advance-article/doi/10.1093/bjsw/bcad268/7588786?guestAccessKey=cc0e30ae-7068-48f5-bff1-17fd86fba1e8>
- Duncanson, K., Gillieatt, S., Mahboub, L., & Martin, R. (2021): Service Users in Social Work Student Supervision: A Scoping Review. *Australian Social Work*, DOI: 10.1080/0312407X.2021.1925938 To link to this article: <https://doi.org/10.1080/0312407X.2021.1925938>