HumanAbility

Mental Health Peer Work Qualification Review Consultation Strategy

Contents

Document Modification History

Version	Status	Release date	Summary of changes
V1.0	Current	April 2026	Document published

1 Introduction

1.1 Project details

Project full name and code:	25-005 Mental Health and AOD Qualification review
Project shortform name:	Mental Health AOD – Mental Health Peer Work
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1.2 Purpose of the Consultation Strategy

The purpose of the Consultation Strategy (strategy) is to support the review of:

Qualification
CHC43515 Certificate IV in Mental Health Peer Work

Skill set

- *CHCSS00104 Peer Leadership Skill Set*
- *CHCSS00103 Mental Health Peer Work Skill Set*

The purpose of this Consultation Strategy (Strategy) is to support the review of the CHC43515 Certificate IV in Mental Health Peer Work qualification. This is part of the broader CHC Mental Health and Alcohol and Other Drugs qualifications review project that HumanAbility has been conducting since October 2024. The purpose of this Strategy is to complement the work of the existing review into the Mental Health and AOD qualification review. Additionally, and importantly, this Strategy recognises specifically the Mental

Health Peer Work sector, the current and future skills and training needs of this workforce, and the specific expertise of the diverse organisations and individuals within the mental health peer work sector.

The Strategy identifies and maps key stakeholder groups and tailored engagement activities to ensure that a range of expertise are captured in the review of the qualification, in appropriate and meaningful ways. It also includes communication objectives, methods and timing, including for expert groups identified within the Strategy, and is underpinned by the HumanAbility Stakeholder Engagement Strategy.

The Strategy will allow HumanAbility to deepen its engagement with the mental health peer workforce and the people they support across a range of services and settings. It will also enable us to build our knowledge of the skills and training needs of the existing and future mental health peer workforce.

The Strategy is set out according to key themes highlighted during previous mental health (and alcohol and other drugs) consultation activities. While the focus for this Strategy is on mental health peer worker role, the implementation of this Strategy will not preclude additional themes and concerns from being raised.

1.3 Audience

The audience for this strategy is the Project Sponsor, Project Director, Project Team, Technical Committee, Stakeholder Engagement Advisor, Department of Employment and Workplace Relations (DEWR) and key stakeholder groups.

2 Background

2.1 Project overview

Mental health and alcohol and other drugs (AOD) services in Australia are diverse and serve a wide range of populations across all ages and in culturally, linguistically, and socially diverse communities. Services provided in regional, rural, and metropolitan areas are delivered through various models, such as community-based, residential, and outreach programs, and often include prevention, rehabilitation, crisis intervention, and peer support.

National and state policy strategies have consistently, since 2015, highlighted the need for improved mental health and AOD services, with a focus on co-existing conditions, cultural safety, and the peer work and lived expertise workforce. The National Mental Health Workforce Strategy 2022–2032 aligns closely with this project, recommending actions such as upskilling the AOD workforce, supporting First Nations-led initiatives, and expanding training for peer workers. HumanAbility recognises that peer workers are a diverse workforce, including but not limited to, family/carer, AOD and mental health peer work.

The vocational education and training (VET) qualified workforce play a key role in delivering these services, which are increasingly recognised across sectors like education, housing, disability, and aged care. The broader CHC Mental Health and Alcohol and Other Drugs qualifications review project being undertaken by HumanAbility was established to review the relevant training products to ensure they reflect current practices, emerging workforce and social needs, and support strategic goals for the mental health and AOD sectors.

2.2 Mental Health Peer Work qualification review

During the mental health and AOD training product development process, an in-depth research and consultation process was undertaken. Feedback gathered through workshops, interviews, surveys, site visits and targeted discussions revealed a set of recurring themes for the mental health peer workforce, the people they support and the organisations that deliver training and services.

Many stakeholders emphasised that peer workers bring unique knowledge and skills that should be validated and strengthened within training pathways. This feedback demonstrated the need to develop this Strategy, to ensure that the right stakeholders are appropriately engaged and the unique skills and training needs for peer workers are embedded into the Certificate IV in Mental Health Peer Work. It will also ensure other qualifications, units and skill sets that intersect with mental health peer work are also shaped by the expert feedback collected through this Strategy.

Key themes highlighted by stakeholders, which this Strategy seeks to understand in greater detail and apply to qualification reform, include (but are not limited to):

- The need for stronger recognition of the mental health peer work and lived expertise workforce, both through explicit references in units of competency and by embedding an understanding of mental health peer worker approaches.
- The need for inclusion of culturally safe and responsive practices for, and with, Aboriginal and Torres Strait Islander peoples, ensuring their ongoing engagement throughout the review and development of training products.
- The need for training products to recognise and respond to the diverse needs of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people.
- The need to reflect the importance of trauma-informed and trauma-responsive practice, including materials going beyond basic definitions to embed practical strategies for recognising trauma, minimising re-traumatisation, and supporting safety and trust.
- The need to include crisis and suicide response content. This includes acknowledging the ongoing demand for skills in suicide prevention, bereavement support, and crisis de-escalation, and the safety and wellbeing needs of mental health peer workers working in crisis and suicide prevention and response who may have lived and living experience(s) of their own.
- The need to modernise existing materials to ensure the use of consistently inclusive, person-centred and non-stigmatising terminology.
- The need to broaden the definition of Lived Experience (Peer) work to include roles relating to AOD, family, domestic and sexual violence, homelessness, disability, suicide prevention, and other areas. These specific areas may be reflected as elective units.

2.3 Importance of stakeholder engagement for project success

Successful stakeholder engagement is critical to the project's success and value.

This means hearing from a wide range of people: training providers, employers, industry bodies, unions, government agencies, people working in health admin and practice management, students – ensuring we reflect the specific needs of First Nations communities, culturally and linguistically diverse organisations and services in regional, remote and rural Australia.

HumanAbility will engage with key stakeholders through in-depth consultation activities to gather insights, and the broader community. Feedback will play a vital role in shaping the project and inform changes to the qualifications in scope.

HumanAbility is conscious of importance of ensuring different groups can engage in ways that work best for them, within timelines, and will endeavour to take a tailored approach when hearing from others.

3 Stakeholder engagement objectives and scope

3.1 Stakeholder engagement objectives

- Propose changes to the qualification to deliver on the specific workforce, education and sector needs, aligned with the feedback received from consultations with key stakeholders through this Strategy.
- Through ongoing engagement, align changes to the training product in scope with the broader perspectives and objectives in the mental health peer workforce and services.
- Collect thorough, detailed feedback from across the mental health peer work sector(s) to inform potential changes to the training products in scope.
- Support different stakeholder groups to engage with the review process of the mental health peer work qualification through targeted outreach methods for consultation, in thematic and smaller groups. Engagement will be safe, appropriate, and responsive to diverse stakeholder experiences and needs, including cultural and other wellbeing needs.
  - Groups will be provided with introductory knowledge of the national VET system and qualification reform process prior to and at the start of each session to assist them to participate in a productive and meaningful way.
  - This will include a clear outline of the scope of the project, its objectives and achievable outcomes - i.e. what the feedback opportunity and project can/cannot do, and clarification of the advisory, not decision-making, function of stakeholders.
- Provide effective, timely, accessible and transparent communication with stakeholders about consultation opportunities, progress and outcomes of the project.
- Ensure people are valued, included, and heard throughout the review and revision of the training products, in alignment with the Training Package Organising Framework (TPOF).
- Monitor and review the impact of the project and integrate feedback into related training product materials under review.

The scope of stakeholder engagement is identified in Section 5. Any forms of stakeholder engagement not identified in Section 5 should be considered “out of scope”.

4 Stakeholder identification and analysis

4.1 Stakeholder identification and analysis

The table below outlines the key stakeholders for this project and the value that their involvement brings to the project. Stakeholders have been identified in accordance with the International Association of Public Participation (IAP2) principles and practices of engagement. The benefits of engagement inform how we will engage with each stakeholder group (outlined in Section 5). Throughout the project lifecycle, we will continue to work with already engaged stakeholders to identify additional organisations and individuals to consult with, and the appropriate methods of engagement. The focus areas will naturally overlap. Additional information will be gathered throughout the design and development of the training products. The subject matter expert (SME) questions provided below are examples only and will evolve as consultations and discussions progress.

Stakeholders	Organisations	Focus of involvement
Mental Health Peer Work Workforce	**Including but not limited to:** • Wellways • Brook RED • Traineeship programs – Victoria, NSW • Mental Health Matters 2 • WA Mental Health Commission and Consumers of Mental Health WA (CoMHWA) have a partnership to deliver the WAMGC scholarship program • Self-Help Addiction Resource Centre (peer-led service) (SHARC) • Flourish Australia	**What we need to determine:** Which mental health peer worker capabilities are core and transferable, and which are context-specific, so the qualification prepares graduates for employment without overextending scope. **SME questions:** • Looking at mental health peer worker roles, which capabilities must every Certificate IV graduate have regardless of setting or location? • What capabilities are currently learned informally on the job but should be explicitly developed in training? • Where do mental health peer workers most commonly experience role drift?

Stakeholders	Organisations	Focus of involvement
		• What expectations do services sometimes place on peer workers that the qualification should clearly not endorse? What additional risks or capability gaps arise in online, rural or remote peer work that the qualification must address? **Purposeful Use of Lived and Living Experience** *(safe, ethical, purposeful and respectful sharing)* **What we need to determine:** How lived and living experience is used as practice capability, not disclosure, and how that capability is taught and assessed safely. **SME questions:** • What judgements does an effective entry-level peer worker make about the nature of disclosures of lived and living experience in each situation? Noting that the role of peer worker is built on a lived or living experience and disclosure is made by assuming the role. • What distinguishes purposeful use of lived and living experience from unstructured storytelling in practice? • What are the most common ways lived and living

Stakeholders	Organisations	Focus of involvement
		experience are misused or overused by new peer workers? • What expectations from workplaces or colleagues place inappropriate pressure on peer workers?
Aboriginal and Torres Strait Islander peoples and organisations	**Including, but not limited to:** • Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs) • National Aboriginal and Community Controlled Health Organisation (NACCHO) • Aboriginal Health & Medical Research Council (AH&MRC) • Gayaa Dhuwi (Proud Spirit) Australia • Indigenous Australian Lived Experience Centre • Healing Foundation • Balit Durn Durn	**Cultural Safety and Intersectionality** *(Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse communities, LGBTQIA+ communities, disability, neurodiversity, homelessness)* **What we need to determine:** What constitutes baseline cultural safety capability in peer work, and what must not be expected at entry level. **SME questions:** • In practical terms, what does culturally safe peer practice look like at Certificate IV level? • What common mistakes do new peer workers make when engaging across cultural or identity difference? • How should peer workers recognise intersecting experiences without assuming shared identity? • What risks arise when peer workers are positioned as

Stakeholders	Organisations	Focus of involvement
		cultural or community representatives? • What expectations should be explicitly excluded to protect peer workers and communities?
Mental Health Peak Associations	**Including but not limited to:** • National Mental Health Consumer Alliance • Consumers of Mental Health Western Australia (CoMHWA) • Victorian Mental Illness Awareness Council (VMIAC) • Mental Health Coordinating Council Limited • Suicide Prevention Australia • MIND Australia • Tandem Carers • Mental Health Lived Experience Peak Queensland (MHLEPQ) • BEING • ACT Mental Health Consumer Network • LELAN • Mental Health Lived Experience Tasmania • Mental Health Council of Tasmania • Black Dog Institute • Mental Health Carers Australia • Mental Health Australia • Lived Experience Australia • Flourish Australia • The Queensland Lived Experience Workforce Network (QLEWN)	**Language** *(importance of language)* **What we need to determine:** How language choices shape peer roles, boundaries and workforce integrity. **SME questions:** • What language most strongly supports mutuality, choice and shared power in peer work? • What terms or phrases commonly undermine peer identity or introduce clinical framing? • Where does inconsistent language create tension between peer workers and other staff? • What key terms should be clearly defined or standardised in the qualification? • What language should be avoided entirely in training and assessment? **Suicide Prevention in Peer Work**

Stakeholders	Organisations	Focus of involvement
		What we need to determine: Clear, defensible scope boundaries for suicidality and suicide-related peer work at entry level. **SME questions:** • What suicidality and suicide-related capabilities are essential for mental health peer workers to work safely? • What responsibilities are peer workers currently being asked to take on that fall outside their role? • What decisions should peer workers be able to make when suicide risk is present? • What escalation pathways must peer workers understand and be able to use confidently? • What should never be required of learners in assessment or placement contexts? **Youth Peer Work** *(younger peer workers and peer work with young people)* **What we need to determine:** What youth peer work means at Certificate IV, without creating a specialist qualification. **SME questions:** • What additional capabilities are required when peer work involves young people?

Stakeholders	Organisations	Focus of involvement
		• What risks arise when youth peer work is poorly defined at entry level? • What boundaries are essential to protect young peer workers and young people receiving support? • What knowledge should be baseline, and what should require post-Certificate IV training? • What supports should training explicitly require for youth-related contexts? • How can a qualification acknowledge the intersectionality of youth peer work, for example with LGBTQIA+ work? • Advocacy in Peer Work • (individual and systems advocacy) • What we need to determine: What advocacy capability is appropriate at entry level, and where clear limits are required. **SME questions:** • What advocacy activities do peer workers routinely undertake as part of their role? • Where does advocacy cross into representation or leadership, and why is that problematic at Certificate IV level?

Stakeholders	Organisations	Focus of involvement
		• What decisions should peer workers be capable of making about raising concerns or systemic issues? • How can peer workers balance advocacy with maintaining trust and role clarity? • What advocacy-related risks should training explicitly address?
Federal and state government representatives, including Mental Health Commissions	**Including, but not limited to:** • Department of Health, Disability and Aged Care (DHDAC) - Mental Health Lived Experience team (and future Peer Workforce Association) • National Mental Health Commission, and Head to Health service • Mental Health and Wellbeing Commission (MHWC), VIC • Mental Health Commission, WA • Mental Health Commission of NSW • Queensland Mental Health Commission • South Australian Mental Health Commissioner • Northern Territory Mental Health Coalition (NTMHC)	Focus on government priorities, initiatives and state/territory and federally. This also includes, for example, Mental Health Peer Work traineeship initiatives; capability frameworks.
Registered Training Organisations and Education Experts	**Including but not limited to:** • National Indigenous Employment and Training Alliance (NIETA) • TAFE Centre of Excellence (Queensland) • TAFE(s)	**Mandatory Workplace Requirements** *(organisations, RTOs, peak bodies)*

Stakeholders	Organisations	Focus of involvement
	• Orygen Limited • Mental Health Coordinating Council Limited • Victorian Dual Disability Service • The Collective (SHARC) • Roses in the ocean • The Queensland Alliance for Mental Health (QAMH) • The Queensland Centre for Mental Health Learning (QCMHL)	**What we need to determine:** The terminology associated with mandatory workplace requirements is not consistently used by VET stakeholders. Mandatory workplace requirements refer to requirements for skills and knowledge to be demonstrated, and evidence collected, in a workplace. Mandatory workplace requirements are specified in national training products where they have been identified through industry consultation as essential for providing confidence in the ability of graduates to operate safely and effectively in the workplace. The treatment of mandatory workplace requirements should distinguish between tasks or activities that: • must be demonstrated in a workplace – these are mandatory workplace requirements • must be demonstrated through simulation because they are not appropriate (e.g. too rare, risky, sensitive) or possible (e.g. due to geographic location) to demonstrate in a workplace – these are not mandatory workplace requirements but they also require careful

Stakeholders	Organisations	Focus of involvement
		specification in the assessment requirements • may be demonstrated in a workplace or in an environment that replicates the workplace – these are not mandatory workplace requirements but also require careful specification in the assessment requirements.
Unions	**Including:** • Health and Community Services Union (HACSU) – VIC and TAS • Australian Services Union (ASU) • Together Union	Directly representing mental health peer workers and providing key information of the workforce requirements.

5 Strategic approach

5.1 Engagement methods

Method	Purpose	Who	Timing
Engagement with key stakeholders	Consultation with identified key stakeholders to understand specific needs and improvements for the qualification.	Individuals and organisations with specialist knowledge and expertise to inform project findings.	As required
Sector- facilitated workshops	Receive feedback through workshops hosted by sector organisations or association gatherings.	All stakeholders	
Surveys, online feedback and submissions	Stakeholders can provide a response to a survey, freeform feedback or full policy submissions in response to the project, to add value to feedback already provided in workshops, or in place of it.		
Leveraging existing meetings with critical partners	Establishing or utilising periodic meetings with departments and industry stakeholders to strengthen project participation and ensure alignment to government reforms and objectives.		

5.2 Timing

Project Stage	Key Deliverables
Stage 1 set up Scheduled Start Date:19/9/2024 Schedule End Date: 1/04/2026	Establish project team Draft a plan and Strategy, seek feedback via a short survey on the Strategy. Submit Strategy to DEWR. Update Mental Health and Alcohol and Other Drug qualifications project page outlining project timeline and publishing the Strategy.
Stage 2 Initial development Scheduled Start Date: 1/04/2026 Schedule End Date: 18/06/2026	Check-ins with priority stakeholders regarding the intent and stages of the project, with sector expertise: • Mental Health Peer workers • Employers • Mental Health Commissions • Consumer and Carer Peaks • RTOs • Unions • Federal/State representatives • Current students Develop draft qualification and units of competency. Hold meeting seeking feedback on draft qualification and units of competency.
Stage 3 Public and government consultation Scheduled Start Date: 18/06/2026 Scheduled End Date: 30/07/2026	Draft qualification and units of competency published on HumanAbility's website with opportunities to submit feedback. Send communique to all key public and government stakeholders including RTOs and TAFEs currently delivering the nationally accredited qualification that consultation is open and details on how feedback can be submitted. Conduct workshops virtual workshops for stakeholders to provide feedback on training products. Consultation log made and released on HumanAbility's website with the log regularly updated with feedback.
Stage 4 Incorporating feedback from first public and government consultation period	Review all feedback received, and update the consultation register and actions taken including justification where required. Meet with SME's, organisations, peak bodies and technical committee to inform decisions around conflicting stakeholder feedback.

Scheduled Start Date: 30/07/2026 Scheduled End Date: 10/9/2026	Summary of consultation feedback and actions taken published on HumanAbility's website. Draft qualification and units of competency finalised and published on HumanAbility's website with opportunity to comment.
Stage 5 Senior Official's Check Scheduled Start Date: 10/09/2026 Schedule End Date: 8/10/2026	Consultation held with State/Territory Senior Responsible Officers Feedback incorporated into final documentation.
Stage 6 Finalisation and Submission to Assurance Body Scheduled Start Date: 8/10/2026 Schedule End Date: 5/11/2026	Internal QA of materials conducted. Qualification and units of competency uploaded onto the VET National Training Register – in draft format. Companion volume updated to reflect changes to the training package and including mapping information. Draft submission finalised and submitted to the Assurance Body for consideration.
Stage 7 Assurance Body and Skills Ministers' Endorsement Scheduled Start Date: 5/11/2026 Schedule End Date: 4/1/2027	Provision of any additional information the Assurance Body may require. Submission presented to Skills Ministers for endorsement.
Stage 8 Release and post endorsement Schedule Start Date: 4/01/2027 Scheduled End Date: 29/3/2027	Endorsed training products and associated companion volume released on the VET National Training Register. Website updated with final outcomes of the project. Communique sent to all RTOs delivering the qualification and ASQA advising of the entry requirement changes. 3 virtual professional development workshops held on the new qualification.

5.3 Consultation questions

Consultation questions have been drafted by the project team. They will be refined by the stakeholder group identified in this Strategy. Consultation with stakeholders will be structured to:

5.3.1 General

- Understand changes to the sector and the skills, knowledge, practice and requirements needed for the training products under revision, as well as the current workforce, skills gaps, challenges, shortages, opportunities and potential solutions.
- Identify functions that are common across all settings/specific settings and pathways within the sector, and inform changes for the qualifications, units of competency and skill sets.
- Provide advice on the development of resources, guidance on delivery and pathways information.
- How the expertise of mental health peer workers and the people they support can be captured in this consultation.
- Understand the diverse perspectives, and any intersectionality, of mental health peer workers and the people they support, and how and where these can be embedded into the qualification.
- Identify training and career pathways, including skills and training pathways into, but not limited to, specialist areas and leadership roles.
- Provide advice on how peer approaches are best embedded in units of competency, including what explicit references are required in units of competency.
- Provide advice on culturally safe and responsive training materials need to be developed, in co-design with Aboriginal and Torres Strait Islander peoples and organisations.
- Provide advice on modern trauma-informed and trauma-responsive practices, including how training materials can go beyond basic definitions and embed practical strategies for recognising trauma, minimising re-traumatisation, and supporting safety and trust.
- Provide advice on crisis and suicide response content, acknowledging the ongoing demand for skills in suicide prevention, bereavement support, and crisis de-escalation, and the safety and wellbeing needs of mental health peer workers working in crisis and suicide prevention and response.
- Provide advice on modern, inclusive, person-centred and non-stigmatising language and terminology. Assist in the identification of training materials requiring an update and ensure consistency.

5.3.2 Practice Context – Where Mental Health Peer Work Happens

(support, community, NGO, government; metropolitan, regional, rural, online)

- Which mental health peer worker capabilities are core and transferable, and which are context-specific, so the qualification prepares graduates for employment without overextending scope
- Looking at mental health peer worker roles, which capabilities must every Certificate IV graduate have regardless of setting or location?
- What capabilities are currently learned informally on the job but should be explicitly developed in training?

- Where do mental health peer workers most commonly experience role drift?
- What expectations do services sometimes place on mental health peer workers that the qualification should clearly not endorse?
- What additional risks or capability gaps arise in online, rural or remote mental health peer work that the qualification may need to address?

5.3.3 Purposeful Use of Lived and Living Experience

(safe, ethical, trust-based, purposeful and respectful sharing)

- How lived and living experience is used as practice capability, not disclosure, and how that capability is taught and assessed safely.
- What judgements does an effective entry-level mental health worker make about when sharing their lived and living experience?
- What distinguishes purposeful use of lived and living experience from unstructured storytelling in practice?
- What are the most common ways lived and living experience is misused or overused by new mental health peer workers?
- What expectations from workplaces or colleagues place inappropriate pressure on mental health peer workers to disclose?
- What observable behaviours would indicate competent use of lived and living experience?

5.3.4 Understanding the Impacts of Trauma

(mental health peer work context)

- What trauma awareness enables peer workers to do safely, and where responsibility must clearly end?
- What understanding of trauma is essential for mental health peer workers to build trust and avoid harm in peer relationships?
- How does trauma typically affect peer interactions in ways new workers are unprepared for?
- What risks arise when mental health peer workers are expected to “work with trauma” without clear role boundaries including prevention of re-traumatisation?
- What decisions should mental health peer workers be capable of making when trauma impacts their own wellbeing?
- What trauma-related content should explicitly remain outside the scope of this qualification?

5.3.5 Self-Reflection and Use of Supervision

(self-reflection for improved practice)

- What reflective capability is required for safe, sustainable mental health peer work, and how it should be demonstrated in training?
- What reflective capacities distinguish safe peer practice from unsafe practice at entry level?
- What should a Certificate IV graduate be able to recognise about their own limits, readiness and role fit?

- How does lack of reflective practice most commonly show up in workplaces?
- What role should supervision play in supporting early-career peer workers?
- How can reflective capability be assessed without requiring personal disclosure or traumatisation?

5.3.6 Cultural Safety and Intersectionality

(Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse communities, LGBTQIA+ persons and communities, disability, neurodiversity, homelessness)

- What constitutes baseline cultural safety capability in peer work, and what must not be expected at entry level?
- In practical terms, what does culturally safe mental health peer practice look like at Certificate IV level?
- What common mistakes do new mental health peer workers make when engaging across cultural or identity difference?
- How should mental health peer workers recognise intersecting experiences without assuming shared identity?
- What risks arise when mental health peer workers are positioned as cultural or community representatives?
- What expectations should be explicitly excluded to protect mental health peer workers and communities?

5.3.7 Language

(importance of language)

- How language shapes peer roles, boundaries, safety, respect, inclusion, and workforce integrity
- What language most strongly supports mutuality, choice and shared power in peer work?
- What terms or phrases commonly undermine peer identity or introduce clinical framing?
- Where does inconsistent language create tension between peer workers and other staff?
- What key terms should be clearly defined or standardised in the qualification?
- What language should be avoided entirely in training and assessment?

5.3.8 5.3.8 Suicide Prevention in Peer Work

- What suicide-related capabilities are essential for Certificate IV peer workers to work safely?
- What responsibilities are peer workers currently being asked to take on that fall outside their role?
- What decisions should peer workers be able to make when suicide risk is present?
- What escalation pathways must peer workers understand and be able to use confidently?
- What should never be required of learners in assessment or placement contexts?

5.3.9 Youth Peer Work

(younger peer workers and peer work with young people)

- What "youth peer work" means at Certificate IV?
- What additional capabilities are required when peer work involves young people?
- What risks arise when youth peer work is poorly defined at entry level?
- What boundaries are essential to protect young peer workers and young people receiving support?
- What knowledge should be baseline, and what should require post-Certificate IV training?
- What supports should training explicitly require for youth-related contexts?

5.3.10 Advocacy in Peer Work

(individual and systems advocacy)

- What advocacy capability is appropriate at entry level, and where clear limits are required?
- What advocacy activities do peer workers routinely undertake as part of their role?
- Where does advocacy cross into representation or leadership, and why is that problematic at Certificate IV level?
- What decisions should peer workers be capable of making about raising concerns or systemic issues?
- How can mental health peer workers balance advocacy with maintaining trust and role clarity?
- What advocacy-related risks should training explicitly address?

5.3.11 Mandatory Workplace Requirements

(organisations, RTOs, peak bodies)

- Which peer worker capabilities genuinely require observation in a real workplace?
- Which capabilities are better assessed through simulation or replicated environments, and why?
- What placement activities currently undermine peer roles or learner safety?
- What conditions must be in place for a workplace to be suitable for peer placements?
- What responsibilities should sit with RTOs, host organisations and peak bodies respectively?

6 Communications

6.1 Communications objectives

- Raise awareness of the project and its objectives among health admin and practice management stakeholders.
- Promote genuine, inclusive consultation opportunities, key dates, project progress and outcomes to stakeholders through a variety of communications channels.
- Foster the involvement of a diverse range of stakeholders to gather rich and valuable industry insights, experience and expertise to inform the project.
- Build stakeholder trust and credibility through effective, timely, and transparent communication.
- Ensure an accessible and inclusive communications approach in line with the Australian Government Style Guide (https://www.stylemanual.gov.au/accessible-and-inclusive-content).

6.2 Communications methods

Communications channel / tool	Purpose / Details
Fact sheet	Provide an overview of the project and how to participate. Includes link to website/project page.
HumanAbility website	Provide a dedicated webpage where all project information and activities can be accessed easily, outline key details of the project, timelines, activities in preparation for consultation and communication across all channels. Links for stakeholders to register interest, provide submissions and feedback, register for consultation sessions and access project updates.
Emails	Provide information to stakeholders around participation opportunities and project's progress.
HumanAbility newsletter articles	Provide project updates in HumanAbility's monthly newsletter.
Social media	Publish project consultation opportunities, updates, and other activities on HumanAbility's LinkedIn and Facebook accounts to alert followers, increase HumanAbility's social media reach through stakeholders sharing content. Direct people to the project webpage and encourage project engagement.
Industry news media	Leverage relationships with key stakeholder organisations and ask them to share our project consultation opportunities and other activities.

Connect and communicate with networks	Contact and link in with industry networks, peak bodies, existing workforce committees/groups and IAC networks to promote consultations. Identify and connect with communications departments of industry stakeholders to encourage promotion of consultation activities Email key messages about the project, image/s, information sheet Tag organisations in social media where relevant – link to website consultation page. Link in with industry events/meetings and hand out material (e.g. info sheet)
Regular updates and meetings with STAs, /ITABs/CMM	Provide status reports and updates via emails and regular meetings. These activities will occur throughout the project to ensure STAs/ITABs/CMM are kept informed and abreast of any issues or concerns raised during the project.
Events/speaking engagements	Attend external events/speaking engagements or host HumanAbility events, online or in person – providing updates to stakeholders
Resources	Publish resources – the companion volume will be updated to reflect the new qualifications, skill sets and units of competency, along with guidance on delivery, pathways and mapping information.

7 Feedback and Consultation Log

Stakeholder feedback will be gathered primarily through consultations, workshops and engagements, as well as surveys, and then quantified, analysed qualitatively (thematic analysis), with outcomes/response tracked as required by the Training Package Organising Framework.

Stakeholders may also submit feedback via the Training Product Advice Service (web form) trainingproducts@humanability.com.au, and the project email address TPD.CommunityServices@humanability.com.au which appears on the project page.

The consultation log will capture individual feedback, the organisation name, stakeholder type and the method of communication/consultation. Stakeholder names and contact details will also be collected to enable HumanAbility to clarify and follow up on the feedback if needed. However, these are not included in the published version of the log and are not submitted to the Senior Responsible Officers (SROs), DEWR, and the Assurance Body.

As the feedback is reviewed, the action taken in response to the feedback will be documented in the consultation log. Where feedback is not incorporated, the rationale for this will also be documented.

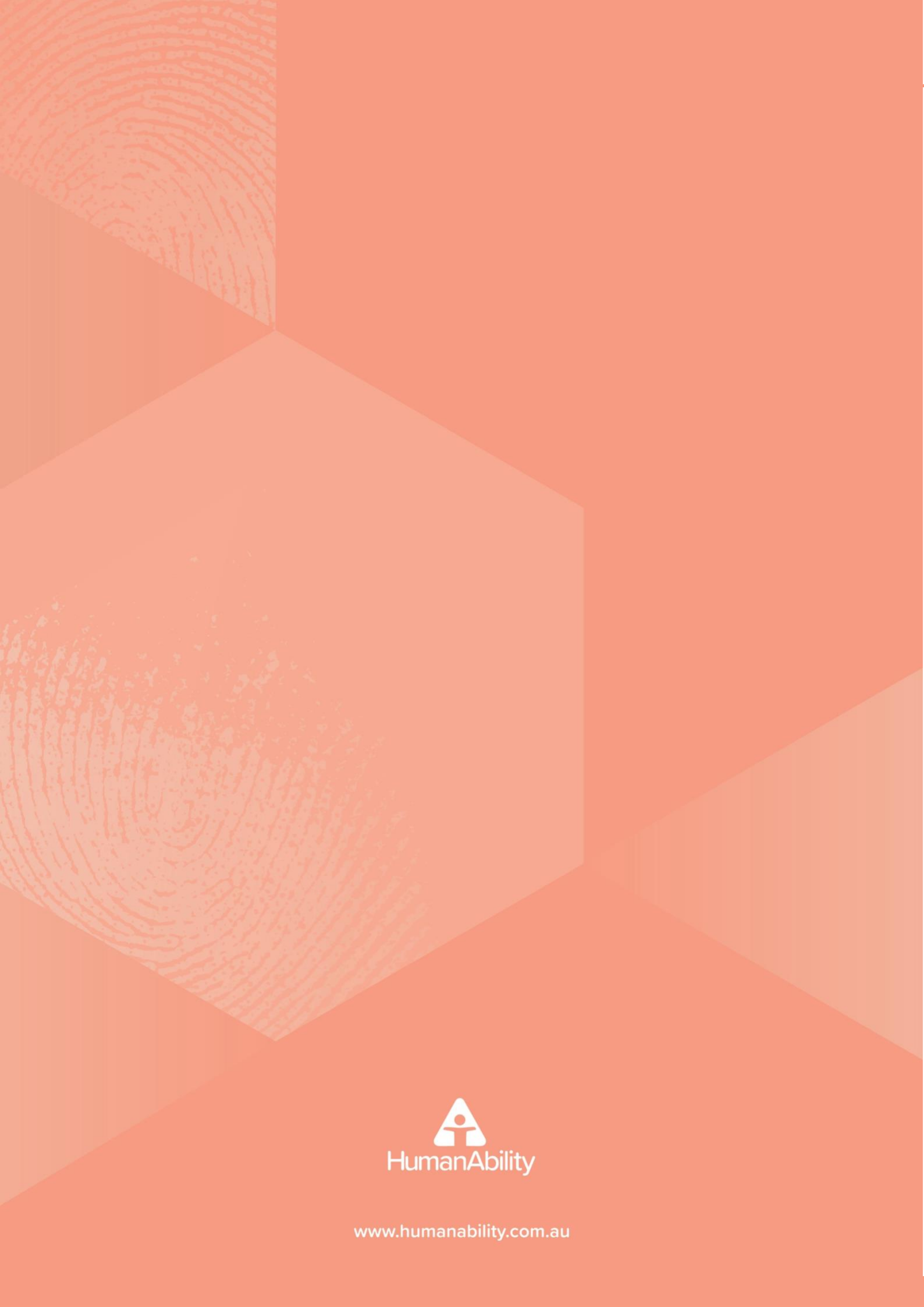
Where feasible, the themes identified from consultation workshops will be added to the consultation log. The consultation log will be published on the project page after consultations and incorporation of feedback is complete.

8 Evaluation

The effectiveness of the Consultation Strategy will be evaluated using the following measures:

- analysis of stakeholder type and locations
- number of interviews achieved in pre-draft and functional analysis work
- attendance at consultation workshops
- number of dedicated website page visits and submissions made in the portal
- social media posts, engagement and reach (on HumanAbility social media pages and other social media pages)
- newsletter articles / news items published by stakeholders
- meetings held / attendance / topics
- an increase in enrolments and completions of the relevant qualifications.

The Technical Committee and Industry Advisory Committee will also be asked to provide advice relating to the effectiveness of the Consultation Strategy in driving project outcomes.



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