MENTAL HEALTH **FAMILY CARER LIVED EXPERIENCE WORKFORCE** DISCIPLINE FRAMEWORK

This framework is part of a suite of five discipline frameworks for the lived and living experience workforces in Victoria:

- The Mental Health Consumer Lived Experience Workforce Discipline Framework (Victoria)
- The Mental Health Family Carer Lived Experience Workforce Discipline Framework (Victoria)
- The Harm Reduction Lived and Living Experience Peer Workforce Discipline Framework (Victoria)
- The Alcohol and Other Drug (AOD) Lived Experience Workforce Discipline Framework (Victoria)
- The Alcohol and Other Drug (AOD) Family Lived Experience Workforce Discipline Framework (Victoria)

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Correspondence about this Framework should be directed to: CLEW@tandemcarers.org.au

This document is also available in PDF format on the internet at: https://tandemcarers.org.au/discipline-framework

Project lead	Project partner	Governance	Co-development	
Tandem Advocacy, Research & Insights Team	**Carer Lived Experience Workforce Network Leadership Team**	**Stakeholder Steering Group members**	**Family Carer Expert Content Development Group members**	
Amaya Alvarez	Anna Epifanio	Annette Mercuri	Chloe Rawson-Harris	Rachel Matzka
Caroline Walters	Bliss Jackman	Jacqui Hill	Daniel Gor	Rael Cartledge
Caroline Lambert	Katrina Clarke	Jennifer Bite	Franca Bywater	Rowena Jonas
Deua Stojanovska	Stacey Noble	Jo Pallant	Gauri Kapoor	Sue Williams
Emer Diviney		Melissa Petrakis	Kate Lessing	Terri Cavanagh
		Olivia Fletcher	Kelle Reid	Tracey White
		Rose Cuff	Lisa Faulkner	
		Peter McKenzie	Marta King	
		Sharon Williams		
		Violeta Peterson		

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Traditional Custodians of the unceded lands and waters on which we live and work across Victoria.

This Framework was written at the Tandem office on the northern bank of the Birrarung, also known as the River of Mists, a culturally significant place to the Wurundjeri people of the Kulin Nation. We engaged families, carers and supporters from various lands across Victoria to help co-produce and lead the project. We pay our respects to Elders past and present on all the lands we worked.

We acknowledge the work of Aboriginal and Torres Strait Islander community leaders and staff in health and community-controlled services. We recognise their work to improve cultural safety through the championship of the social and emotional wellbeing approach.

Family Bond *(2023) by Narnz, a Gunaikurnai, Barkindji, Wurundjeri and Bundjalung artist*[1]

ABOUT THE DISCIPLINE FRAMEWORK

Tandem and the Carer Lived Experience Workforce (CLEW) Network, along with the Centre for Mental Health Nursing, Self Help Addiction Resource Centre, and Harm Reduction Victoria, received funding from the Victorian Government to lead and develop five distinct lived and living experience discipline frameworks. These can be found here: https://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives.

Together the project leaders from each organisation made up the Lived and Living Experience Development Collaborative Group. The group met throughout the development of the discipline frameworks to share expertise, discuss challenges, and ensure the frameworks demonstrated cohesion where it would benefit our workforces. Collectively, the group defined a discipline framework in the following way:

A discipline framework is a guide that articulates the skills needed to perform a role in the field that the discipline is being implemented in. It establishes underpinning values and principles, theories and knowledge, and the scope of practice of a discipline.

LLE workforces are implemented in a way that acknowledges that they are forever learning and growing and incorporating multiple lived and living experience perspectives that are ever evolving. Therefore, the frameworks will require regular review led by a group of diverse members of the workforces.

Lived and Living Experience disciplines have a deep knowledge base, practice base and lived and living experience expertise that enables unique connections and informs ways of knowing, being and doing.

Recognition of lived and living experiences

We recognise people with lived and living experiences of mental health challenges, alcohol and other drug use, and their families, carers and supporters. We acknowledge the pioneers of the consumer and carer movements and the lived experience workforces who have come before us. These powerful advocates laid the foundation for us to continue to drive change.

While this framework is designed by and for family carer lived experience workers in publicly-funded designated paid roles, we acknowledge those working in private and unpaid advocacy and support. The significance of their work in facilitating groups, establishing networks, and creating informal and safe spaces for support underpins the family, carer and supporter movement.

This Framework has been family carer-led, and co-produced by people with lived experience as family, carers, and supporters. The project team thanks all the 90 or more Family Carer Lived Experience workers who participated in this project for sharing their time and expertise in the development of this Framework.

It is our hope that our workforce see themselves reflected in this Framework and feel a sense of ownership.

A message from the CLEW

We envision that this Framework will consolidate the foundations of our workforce. It will improve the understanding of our Family Carer Lived Experience discipline and help define us as an independent lived experience workforce, with specific Family Carer Lived Experience knowledge and ways of working.

Through strengthening our identity and scaffolding our scope of practice, this Framework will enable the building of a safe, supported and thriving workforce. It will pave the way for the Family Carer Lived Experience workforce to take its place as a key pillar of the Victorian mental health and wellbeing system.

We believe this Framework will also be instrumental in ensuring that our discipline is better supported and valued, guaranteeing we can attract and retain workers in roles that are equitable, resourced, and supported. Stronger career pathways and opportunities for leadership are embedded in this way forward.

Most importantly, this framework will ensure we can make a greater difference in the lives and experiences of both consumers and families, carers, and supporters.

To help ensure the document remains relevant, it is recommended that the CLEW Network, Tandem, and the Department of Health develop a strategy for ensuring our Framework is regularly updated every 3-5 years.

CLEW Leadership

GLOSSARY AND LANGUAGE

Navigating the Framework's language

Language can fundamentally shape how we collectively understand, promote and empower our workforce. This section assists in navigating the key terms used throughout this document and supports a deeper understanding of how we work.

Consumer or the person we support

The word 'consumer' is commonly used to describe people in Australia with a living or lived experience of mental illness or psychological distress. They are supported by families, carers and supporters, irrespective of whether they have a formal diagnosis, have used mental health services or have been unable to access them.[2] Within this Framework, we use this word for practical purposes, while recognising that there are many other ways that the people supported by family members, carers and supporters want to describe themselves — and we respect each person's choice. Throughout the Framework we also say 'the person we support' when describing relationships.

In recognition that complex and clinical language can diminish our power and stop us from exercising our rights, we have, where possible, used everyday language, storytelling and shared experience in the Framework to challenge the entrenched bureaucratic and technical language often used in mental health systems.

Carer

Carer is a widely recognised term that is commonly used in health systems, services and legislation to describe a person who actively supports, assists or provides unpaid care to someone. In the context of this Framework, we use the term 'carer' more specifically to describe a person providing such support to someone experiencing mental health challenges. Contrary to common assumptions about age and life roles, carers include older people, younger people and even children, who play a significant supporting role in a consumer's life.[3]

Families, carers and supporters

Throughout this Framework, we use 'families, carers and supporters' to describe the people our workforce supports.[4] This descriptor was used in the Royal Commission into Victoria's Mental Health System's Final Report[5] to describe the range of relationships between consumers and those who support them in an unpaid capacity. The terms 'family' and 'carer' are not interchangeable.

While some supporters may identify themselves as a carer in a consumer's life, many others do not identify with that term, but rather with the characteristics of their relationship e.g., family, friend, parent, child, partner, or sibling.

This Framework defines family in an expansive and inclusive way and includes all those who have a significant supporting role in a consumer's life, including intimate partners, ex-partners, siblings, people in cohabitation, friends, those with kinship responsibilities, neighbours, non-human companions and others.

We also recognise that families have dynamic and evolving relationships. People who identify as family may or may not share certain cultural practices, norms, values and beliefs based on common origins or connections, and all families have individual features, quirks and characteristics.

Family carer lived experience worker

This refers to a person employed in a designated 'family carer lived experience' (FCLE) role, who is employed to work from the perspective of lived experience in supporting someone with mental health challenges. Designated roles include all positions that require family carer lived experience as a key criterion regardless of position type or setting. FCLE workers use their family carer lived experience as their primary source of knowledge.[6] Family carer workers may provide direct support through peer support or advocacy, or indirectly through leadership, system advocacy, education, and research. These are designated positions which are firmly focused on and informed by the FCLE workforce priorities, perspectives, and discipline. In this Framework we use the words 'family carer' to describe the workforce, as this respects both those who prefer to identify by their relationship and those who prefer to identify as a carer.

While we use the word 'lived' to describe this experience, we acknowledge that the nature of support may fluctuate or be ongoing. FCLE workers may have past or current experiences as family members, carers or supporters, and some FCLE workers refer to their experience as 'living experience' because their supporter role is still active.

Family carer lived experience expertise

Family carer lived experience expertise incorporates both personal experience and experience gained through working in a designated FCLE role.

Consumer lived experience worker

Refers to a person employed in a designated consumer lived experience role, who is employed to work from the perspective of having lived experience of mental health challenges and receiving or being unable to receive (when wishing to), services in the mental health system.[7] Through these experiences and connection with the broader consumer movement, consumer lived experience workers develop "ways of knowing, theorising and thinking about their experiences that constitutes a unique discipline in the field of mental health known in Australia as consumer perspective. Consumer perspective contributes leadership, knowledge and expertise beyond the context of service improvement."[8]

Alcohol and other drug family lived and living experience workforce

The AOD Family Lived and Living Experience (LLE) workforce is a collective term for the workforce where the primary qualification is lived and living experience and expertise as a family member impacted by substance use and addiction. AOD Family LLE workers draw on life changing experiences of witnessing, walking alongside and supporting someone through substance use and addiction, to support others facing similar experiences. They advocate for the needs of families, elevate the collective voice of the family experience and strive towards better outcomes for families through system transformation.[10]

Alcohol and other drug lived experience workforce

The alcohol and other drug (AOD) Lived Experience Workforce is comprised of workers who have:

- **Lived experience** – personal experience of substance use and/or addiction, either past or present, that radically changes their life and influences how they see the world
- **Lived expertise** – knowledge, perspectives, insights and understanding gathered through lived experience
- **Learned experience and expertise** – discipline specific training, ongoing professional development and practice expertise.

AOD lived experience workers provide direct support, building relationships where self-determined healing is supported through identification, mutuality and connection. They also drive service and system improvement through the service user perspective, with particular attention to practices, policies and procedures that affect access and equity, and use their expertise in leadership, governance, education and research.[9]

Harm reduction peer workers

Harm Reduction Peer Workers (HRPWs) are people with lived or living experience of drug use and overdose risk who are employed in harm reduction roles which promote the health and wellbeing of people who use drugs.[11] Notably, members of the Harm Reduction Peer Workforce are "accepted by the community of people who use drugs as being part of that community."[12] This workforce is often referred to as a 'Living Experience' or 'Lived and Living Experience' workforce, however the preferred terminology is the 'Harm Reduction Peer Workforce'. This is because avoiding an explicit reference to drug use, particularly current use, provides a measure of protection from pervasive stigma and discrimination against this workforce who are employed precisely because they engage in a behaviour that is criminalised.

HRPWs work across numerous settings, utilising a harm reduction and community development framework to empower people who use drugs to navigate adverse health, social and legal impacts associated with drug use, drug policies and drug laws. They focus on positive change — working without judgment, coercion, or discrimination. HRPWs also work to enhance the capacity of the health and human services sector to respond to the needs of people who use drugs.

Lived and living experience workforces

Victoria's LLE workforces comprise five distinct workforces, made up of people who have personally navigated mental health and/or substance use challenges (mental health consumers and AOD service users), those who support or have supported others through these experiences (family, carers and supporters of mental health consumers and AOD service users) and people with lived and living experience of drug use and overdose risk who are employed in harm reduction roles promoting the health and wellbeing of people who use drugs (Harm Reduction Peer Workers).[13]

Collectively, these workforces are united by the intentional use of personal lived and living experience. They provide support and connection to others who share experiences navigating mental health and AOD services, and advocate for change. The LLE workforces do this directly, through peer support, or indirectly, through leadership, advocacy, education, and research. All members of the LLE workforces are in designated paid positions.[14]

Non-designated roles

Many people working within the mental health system may happen to identify privately or publicly as having lived experience of being a family member, carer or supporter of a mental health consumer. People with lived experience in non-designated roles can be fantastic FCLE workforce allies, and their lived experience perspectives often lead to important contributions. Importantly, however, employers and organisations should not consider these people a substitute for workers in FCLE designated roles.[15] Workers in non-designated roles are substantially informed by the scope and priorities of their existing discipline and their practice is not formally guided or underpinned by the Framework, whereas FCLE workers are employed specifically to practice from a family carer lived experience discipline perspective.

INTRODUCTION

The Mental Health Family Carer Lived Experience Workforce Discipline Framework (the Framework) is a high-level document that provides a bird's eye view of the public sector FCLE workforce in Victoria. It describes our workforce and the core understandings that underpin our work. In doing so it aims to play a critical role in guiding, sustaining, and embedding our workforce, to better support the individuals and communities we work with.

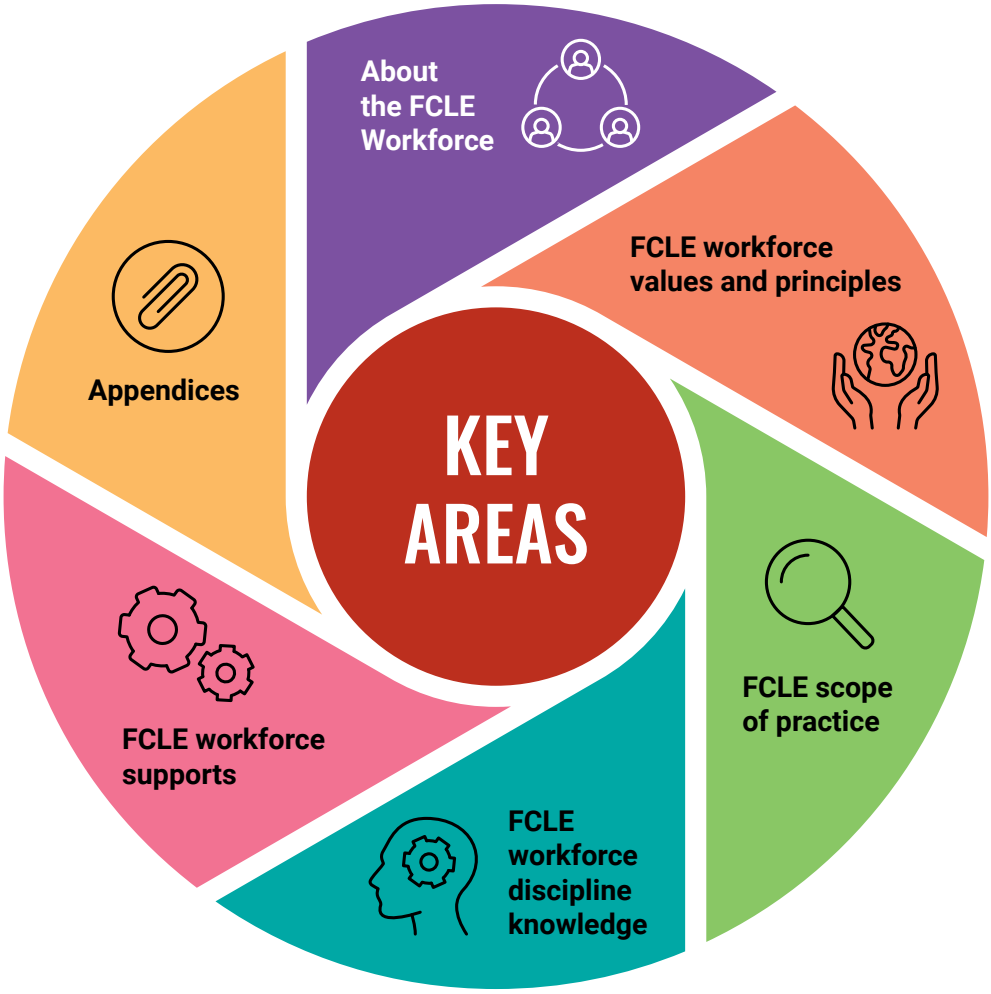
Purpose of this Discipline Framework

The Framework aims to:

- Define the FCLE discipline, including our values and principles, collective knowledge, ways of working and scope of practice
- Strengthen the foundations of the FCLE workforce within Victoria's mental health and wellbeing system, by providing a resource which members of our workforce can use in self-advocacy
- Underpin the growth of the FCLE workforce into the future
- Provide non-FCLE workers with clear and structured information about the workforce, to assist in understanding, engaging with, and supporting FCLE workers.

Key focus areas

In order to provide a comprehensive and workable guide to the FCLE workforce in Victoria, the Framework has been divided into six key focus areas, as shown in the diagram below.



How to use the Framework

To get the most from your first read, we recommend reading the Framework in full, regardless of your level of familiarity with the FCLE workforce. To answer specific questions, the document is also designed to help you find key areas of interest.

Look out for these visual cues as you read:

LEGEND

IMPORTANT INSIGHTS	WHERE TO GO FOR MORE INFORMATION	REFLECTIONS FROM OUR WORKFORCE

Key areas

About the FCLE Workforce	▪ Who we are and where we work
FCLE workforce values and principles	▪ The values and principles that guide our work
FCLE scope of practice	▪ What is the FCLE scope of practice? ▪ Family Carer Lived Experience ways of working, practice elements and skills ▪ Scope of common roles in the FCLE workforce ▪ What is outside the FCLE scope of practice? ▪ Am I working within scope of practice? A useful tool
FCLE workforce discipline knowledge	▪ Individual family carer knowledge ▪ Collective workforce knowledge including FCLE workforce history, practice frameworks, models, relevant policies and legislation, and participating in the FCLE workforce community ▪ FCLE workforce expertise
FCLE workforce support	▪ CLEW network ▪ Carer perspective supervision ▪ Communities of Practice (CoP) ▪ Training ▪ Workplace laws and protections
Appendices	▪ Frameworks, models, reports and guidelines relevant to FCLE work in the Victorian context ▪ Victorian commissions relevant to FCLE work ▪ Legislation and policies relevant to FCLE work in the Victorian context

ABOUT THE FAMILY CARER LIVED EXPERIENCE WORKFORCE

The FCLE workforce in Victoria provides support, connection and a shared voice for community members who provide unpaid support to someone experiencing a mental health challenge. To be part of the FCLE workforce a person must be employed in a FCLE designated role. This means that lived experience as an unpaid family member, carer or supporter is the key criterion of any advertised FCLE designated role.[16] Our workforce is employed in casual, contracted, part-time and full-time positions. FCLE designated roles require us to work specifically from a FCLE discipline perspective, underpinned by the key areas outlined within this framework.

Research undertaken for this Framework identified a diversity of role titles across the FCLE workforce in Victoria,[17] as highlighted here:

Sample of Family Carer Lived Experience Designated Roles in Victoria

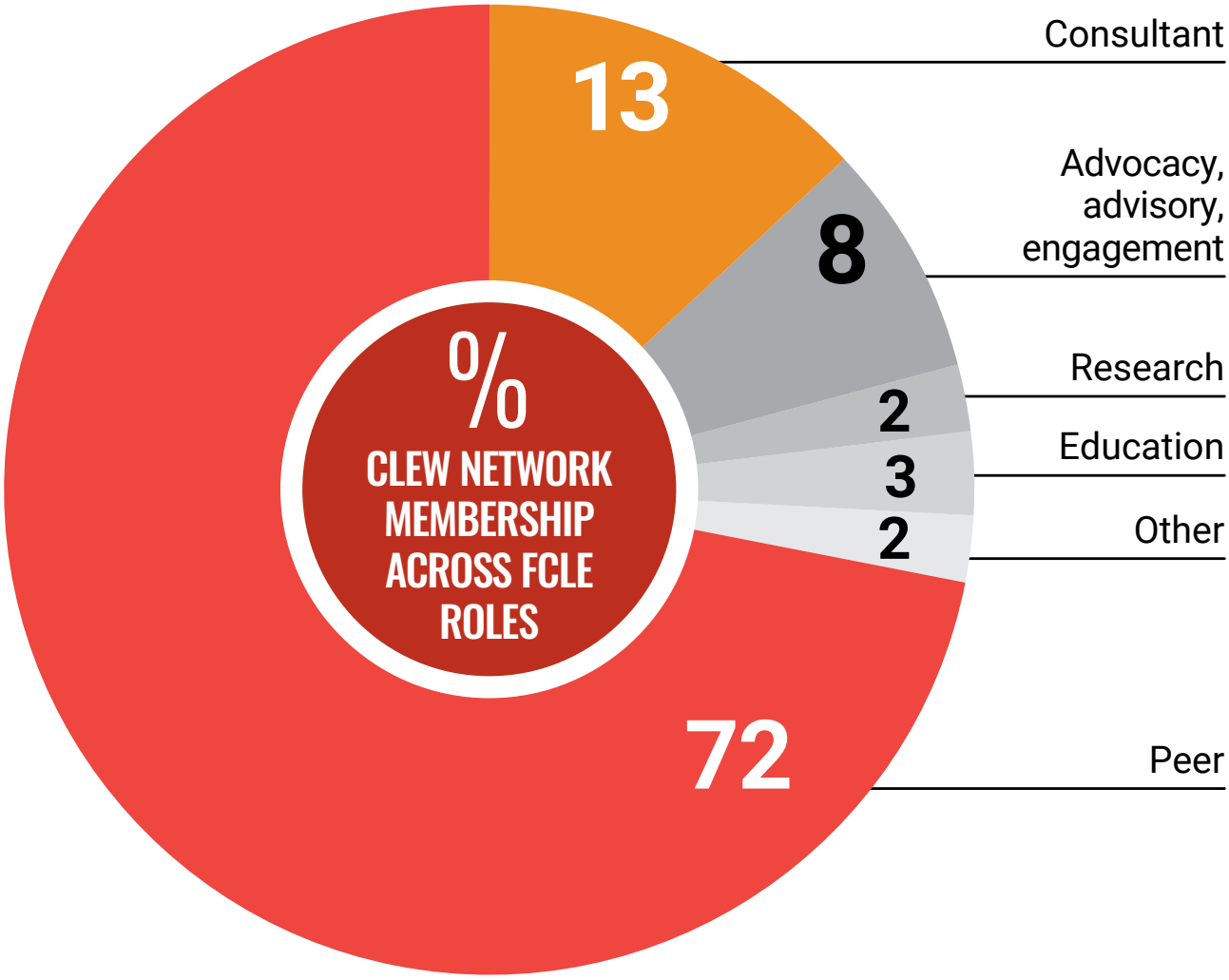
Peer support	▪ Aboriginal Peer Worker ▪ Lived Experience Advisor: Peer Work ▪ Peer Cadet ▪ Peer Facilitator	▪ Peer Support Worker ▪ Senior Peer Worker ▪ Specialist: Lived Experience ▪ Team Leader
Consultants	▪ Consultant ▪ Senior Consultant	
Leadership and management	▪ Board Member ▪ CEO: Lived Experience ▪ CLEW Leadership ▪ Coordinator ▪ Director ▪ Manager ▪ Mental Health and Wellbeing Commissioner	▪ Practice Lead ▪ Practice Supervisor ▪ Project Manager ▪ Senior Executive ▪ Supervisor ▪ Team Leader ▪ Technical Expert

Sample of Family Carer Lived Experience Designated Roles in Victoria (continued)

Policy, advocacy and engagement	▪ Advocate ▪ Advisor ▪ Carer Representative ▪ Cultural Practice Lead	▪ Policy Advisor ▪ Project Officer ▪ Participant Engagement Coordinator ▪ Workforce Development Coordinator
Education	▪ Community Engagement Officer/Worker ▪ Educator	▪ Lived Experience Educator ▪ Learning and Development Worker ▪ Trainer
Program and operations	▪ Administration Support ▪ Volunteer Coordinator	
Research and evaluation	▪ Co-designer ▪ Lived Experience Researcher ▪ Peer Researcher ▪ Research Assistant	▪ Research Officer ▪ Senior Researcher ▪ Academic (Mental Health) ▪ Service Designer

Across our workforce there is inconsistency in how roles are named, particularly in relation to the descriptors 'family carer', 'carer' or 'family'. This Framework recommends that all designated roles have the words 'family carer lived experience' in their title.

CLEW Network membership data at the time of writing showed almost 85 per cent of FCLE workforce roles are in peer support and consultant positions,[18] due to these being more established roles within the sector. As a result of the current workforce make-up, many of the examples used within this Framework come from experiences in those roles.



Irrespective of individual role titles, it is shared lived experience as family, carers and supporters that unites the FCLE workforce as a discipline. Members of the workforce understand firsthand what it is like to support someone through mental health challenges and emotional distress, and to navigate mental health services, recovery, healing, and other experiences.[19]

As FCLE workers, we understand families, carers and supporters' experiences of marginalisation in mental health systems and services, as was highlighted in the findings of the Royal Commission into Victoria's Mental Health System (the Royal Commission):

"Evidence suggests that Victoria's adult mental health system primarily takes an individualistic approach to treatment, care and support without consistently considering the social contexts within which most people live in the community. This individualised approach means that the valuable role families, carers and support networks can play in a consumer's recovery is often overlooked by services, as is the notion that families, carers and supporters have needs in their own right."[20]

The impact of being a mental health family member, carer or supporter, along with the wisdom and resilience that stem from our lived experiences, results in the development of a unique knowledge.[21] Through this experiential knowledge, we bring an understanding of:

- Impacts on relationships and whole family dynamics
- Emotional and psychological effects of trauma, grief and loss
- Feelings of powerlessness and vulnerability
- Effects on physical health
- Experiences of isolation, stigma and financial strain.

For more information about our FCLE workforce knowledge, see the Family carer lived experience workforce discipline knowledge section of this Framework.

FAMILY CARER PERSPECTIVES ON LIVED EXPERIENCE

Family carers' lived experiences emerge in a variety of ways. For some these experiences can be sudden disruptions – *'an experience that changes your life as you know it, causing such significant disruption that you have to reimagine your place in the world and your future plans, and taking you on a different path from what you had planned'*.[22] For others being in a family, carer or supporter role may have always existed. For example, some young carers spoke of how sometimes caring can be all they have ever known:

> ***When caring gets normalised at a young age, it is just what your life is, and you don't have any other experience to measure it against... it is almost taken on board as an expectation rather than a 'carer role'.***
>
> ***– FCLE Worker***

For others the caring or supporting role can develop gradually. A research project that interviewed Victorian mental health carers reported that:

> ***It was not always easy for carers to pinpoint when the person being cared for first started to become 'unwell' or what exactly had changed. Changes in appearance or temperament could be put down to adolescence or lifestyle choices. Realising that the person cared for needed help, and getting help, were mentioned as particularly difficult when a family member first became 'unwell'.***[23]

While our lived experience may emerge in different ways and at various life stages, as a workforce, we recognise that FCLE roles are not based on a singular experience or position but on a diverse range of experiences.

"A prerequisite for us in our roles is that we all come from a [family carer] lived experience background. When we work with families and carers, we're proud to say that we actually come from carer lived experience and are able to show that direct sense of empathy and understanding."

– FCLE worker

As FCLE workers, we work in different ways to doctors, allied health professionals, and generalist advocacy professionals. People in those roles use their learned experience to provide advice, support or advocacy, while we lead with our lived experience. This way of working creates a different power dynamic with the people we support. Instead of providing advice, we learn together and from each other, by exploring our shared understandings and differences.

We recognise and understand the gaps in the mental health and wellbeing system for family, carers and supporters, through both our lived experience and our designated workforce experiences.The FCLE workforce supports the needs of family, carers and supporters directly and systemically, within the mental health and wellbeing system and services. We also use our individual stories and our collective voice to advocate for change and to increase understanding of family, carer and supporter experiences.

FCLE work is underpinned by a commitment to improve all Victorians' mental health and wellbeing. To do that, we understand that services need to be family inclusive, supportive and holistic. We advocate for a relational approach to service delivery, centered on the idea that human beings are interdependent, and our social contexts are not separate from our lives and experiences.[24]

ACROSS RESEARCH AND PRACTICE, FCLE WORK IS RECOGNISED FOR ITS:

- Modelling of relational practice
- Value to families, carers and supporters
- Positive impacts on health and wellbeing
- Collective advocacy for greater recognition, understanding, inclusion and engagement of families, carers and supporters, and their experiences, needs and rights
- Creation of safe spaces where families, carers and supporters are heard and supported
- Strong leadership
- Contribution towards the functioning of mental health services and systems more broadly.

Where Family Carer Lived Experience workers work

The FCLE workforce practices in various settings – including, but not limited to – clinical services, community settings, peak bodies, statewide services, not-for-profits, and government departments. The table below provides an overview of some of these settings.

Family Carer Lived Experience Workers practice across:

Area mental health and wellbeing services	State-funded clinical mental health services that provide community and inpatient care for three main population groups in Victoria: children and adolescents (0-18 years), adults (16-64 years) and older people (older than 65 years). They include specialist services such as Prevention and Recovery Care Services (PARCS), the Hospital Outreach Post-suicidal Engagement Initiative (HOPE) and others, such as for eating disorders or alcohol and other drugs (AOD). For more information, visit the Victorian Government's website page: Area-based services (health.vic.gov.au)
Community-based mental health and wellbeing services	State-funded services providing integrated treatment and support. They include Mental Health and Wellbeing Locals, and Infant, Child, Family, and Wellbeing Hubs. These services are delivered by multidisciplinary teams, including FCLE and consumer peer workers, mental health clinicians, and allied health workers.
Mental Health and Wellbeing Connect centres	State-funded FCLE-led community services that provide support to families, carers and supporters in eight locations across Victoria.
Not-for-profit, community-based services	Community-based not-for-profit organisations that provide both systemic advocacy and direct support such as Wellways, Mind, Star Health and the Satellite Foundation.

Family Carer Lived Experience Workers practice across:

Peak bodies	Member based organisations that provide systemic advocacy focusing on the needs and interests of families, carers and supporters in the mental health and wellbeing sector. Examples include Tandem, Victorian Mental Illness Awareness Council (VMIAC), and Self Help Addiction Resource Centre (SHARC).
Statewide services	Government funded services with particular specialisations and expertise available to people and services across the state. They include, but are not limited to Spectrum, Eating Disorders Victoria, Victorian Transcultural Mental Health, and Forensicare.
State Government	Increasingly, the Department of Health has lived experience workers employed in the Mental Health and Wellbeing Division, encompassing the Lived Experience Branch, the Office of the Chief Psychiatrist, and Safer Care Victoria.
Universities, education and training sectors	Universities and mental health training organisations increasingly employ lived experience academics and educators, including the Bouverie Centre, the Center for Mental Health Learning, and Family and Carer Research and Advocacy Network (FaCRAN).

VALUES AND PRINCIPLES

The FCLE workforce has collectively identified values and aligning principles that define the workforce.[25] These outline the beliefs that guide decision making and ways of working, and each is intrinsically interlinked and acts as a shared compass for FCLE workers encountering and evaluating different workplace situations.

WHAT ARE VALUES AND PRINCIPLES?

Values can be understood as collective ethical beliefs that guide our behaviour, decision making, and ways of working. They are the pillars of the FCLE workforce and inform family carer lived experience practice.[26]

Principles guide the way we interact with people and shape our overall goals. "[They] flow from values and shape how Lived Experience work is practised. In essence, principles embody the 'character' and philosophy of [the] Lived Experience workforce".[27]

"For Lived experience workers, practice that matches values leads to job satisfaction, whereas a mismatch of values and practice is a source of tension".[28]

Values	Description	Reflections from family carer workers
Relationality	We understand that people exist within interdependent networks – families, relationships, communities, hierarchies, and histories. We consider other people and the factors that shape a person's life and whose lives are shaped by them. We work relationally with the families, carers and supporters we support. We also work relationally with our colleagues and promote relational practice in the mental health and wellbeing system, aiming for better outcomes for all.	"Through connections, we create inclusivity, strengthening relationality."
Connection	We connect purposefully through our lived experiences and unique workforce expertise, to build supportive relationships that foster belonging and hope. We promote connections and collaborative practices between families, carers and supporters, interdisciplinary teams, and communities.	"Ensuring that connection is central to the work we do."
Compassion	We work from a foundation of genuine concern for the wellbeing of others and develop compassion through authentic understanding and a keen motivation to support people. Compassion is expressed in our interactions and practices.	"Working with care and a welcoming attitude, having compassion towards others."
Equity and inclusivity	We celebrate diversity and fairness. We advocate for our workforce and workplaces to be inclusive and accessible to all. We work towards ensuring everyone can access support and have a voice, and ending disadvantage, stigma and exclusion.	"Promote collaborative practices that are mindful of power imbalance and work to be inclusive and respectful of all perspectives."

Principles	Description	Reflections from family carer workers
 **Respect**	We model respect for ourselves and engage respectfully with others. We are open to different worldviews, acknowledging and celebrating unique qualities. We meet and accept people where they are.	"Respecting other people's views and allowing many diverse views."
 **Authenticity**	We act with integrity and are genuine, open, and trustworthy. We engage from a humanistic perspective, with deliberate and conscious attentiveness, respectful curiosity, and understanding. We acknowledge our own and others' vulnerability and strengths.	"... connecting with people in an open, honest, and trustworthy way, with full integrity."
 **Accountability**	We are reliable, honest and ethical, and safe in our practice. We take responsibility for our actions and hold services, organisations and systems to account to ensure better outcomes for all.	"To act with honesty... to be efficient and transparent in your interactions and respect the information that families and carers share in confidence."
 **Upholding justice and rights**	Through justice, we focus on taking equity one step further. We commit to fostering a mental health system that promotes social justice and respect for human rights. Through our actions, we strive towards a system where everyone has equitable access, their voice is heard, and their rights are recognised and protected.	"Honesty, loyalty, and fairness." "Working consistently upholding the rights of families/carers in a transparent manner which does not acquiesce to any aspects of the system which would compromise the rights of, and respect for the family/ carer community."

FCLE values and principles

SCOPE OF PRACTICE

As the FCLE workforce grows in numbers and influence, a clearly defined scope of practice of our own is essential. The FCLE workforce scope of practice is grounded in:

- **Collective values and principles**
- **Unique discipline knowledge**
- **FCLE ways of working: practice elements**
- **Purposeful use of family carer lived experience.**

Mental health family carers and supporters are our core business. This doesn't mean that all FCLE roles work directly with family, carers and supporters, but it does mean that we approach all aspects of our practice through a FCLE discipline lens. The FCLE workforce scope of practice provides a scaffold for our work.

Individual FCLE worker's scope of practice is dynamic and will change and grow with accumulated lived experience expertise, specialised knowledge, discipline-specific training, personal capacity and ongoing professional development.

The scope of an individual FCLE worker's activities depends on their specific role and context in which they work.

WHAT IS A SCOPE OF PRACTICE?

Commonplace in clinical disciplines, a scope of practice provides an overview of a discipline's roles, practice settings, knowledge, attributes and ways of working. It enhances clarity and guidance on tasks and responsibilities, preventing role drift. It also fosters professional development by delineating areas for specialisation and advancement within a discipline.

Family Carer Lived Experience ways of working

In developing this Framework, FCLE workers were asked to identify skills and elements of practice specific to the ways in which the FCLE workforce works, and describe how they are put into practice.

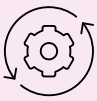
Some of the practice elements described in this Framework are informed by personal family carer lived experiences. Some require integration of FCLE knowledge alongside workforce skills that are developed 'on the job', or through FCLE workforce initiatives.

Our practice elements also reflect those identified for the broader Victorian mental health workforce. This Framework provides references for these where applicable. The ways these elements of our practice appear in FCLE work can be influenced by the different roles we have.

WHAT ARE PRACTICE ELEMENTS?

Practice elements in clinical services typically refer to specific treatment techniques, interventions, or components that healthcare professionals use to address needs and promote mental health and well-being. For FCLE workers practice elements describe our ways of working and the skills these require.

> "The maturing of Family Carer Lived Experience Expertise comes through FCLE development opportunities".
>
> – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
 **Acknowledging vulnerability**	We create safe spaces to connect through acknowledging vulnerability in ourselves and others. We find strength through our agency in choosing when and how we share our lived experience. We recognise that acknowledging vulnerability underpins lived experience leadership and sets us apart from traditional leadership models.	"As Carer Lived Experience workers, we can acknowledge our own vulnerabilities and those of the teams we work in while working to build safe team connections and a more supportive team environment." – FCLE Worker "Acknowledging vulnerability, I think, is a skill based in agency. As FCLE workers, we have agency in choosing when and how to share from our lived experience, including when not to." – FCLE worker
 **Adaptability**	We adapt to each situation as it arises. We remain open to new ideas, experiences, and ways of doing things. We practice this in our direct work by meeting and responding to people where they are at. We are flexible, changing the way we work to ensure we provide accessible, equitable support and advocacy to family carers and supporters. We think creatively to find solutions beyond the medical model and determine new ways to engage, educate and make a difference.	"A consultant adapts to ways of connecting with people at many levels – clinical, managerial, executive – as well as with consumers and family carers, using respectful curiosity as a tool to elicit more information" – FCLE worker "... there isn't that automatic assumption... we're aware and responsive to different needs, identities and experiences. We are flexible in then supporting that individual with whichever direction they want to head in, or whichever area in their life they want to talk about". – FCLE worker "I found my family carer lived experience manager was more flexible than previous non-LEW managers in understanding and adapting our roles to better support lived experience workers navigating personal caring situations. This ultimately created a safer and more productive work culture." – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
 **Advocacy and system change**	We support families, carers, and supporters to advocate for their own needs and rights, and we use our FCLE expertise to advocate on their behalf for systemic change and reform. We advocate at different organisational levels, challenging power structures and creating awareness of the contributions, rights and needs of families, carers and supporters.	"I can advocate for our carers with our teams and our psychiatrists. I find it easier now that they know me and that I am passing along relevant information which may impact the consumer's care." – FCLE worker "As a FCLE advisor, I use my lived experience to help co-design the Victorian Government policy and program responses to the Royal Commission. It is healing to use my personal lived experience alongside the findings from consultations and research with family, carers and supporters on important issues such as restrictive interventions, compulsory treatment and emergency responses. I also engage with other family carers … and organisations working to support family, carers and supporters to build coalitions and movements for change." – FCLE worker
 **Compassion**[30]	We are concerned for our own and others' wellbeing and demonstrate kindness and understanding in all our interactions. Compassion is a concern for suffering and the motivation to help. It is expressed in the way we interact and in what we do practically. In our direct work we meet family, carers and supporters where they are, and aim to lighten the load. Through our systemic work we advocate for a more compassionate system.	"[Family Carers] have huge compassion for others, but the capacity to be self-compassionate and talking about self-compassion [can be] really, really hard." – FCLE worker "[Compassion] enables carer peer workers to provide empathetic care, recognising and validating the challenges faced by fellow family carers… connect[ing] with others on a personal level, fostering a supportive and understanding environment" – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
Connecting and relating	We work relationally and holistically, acknowledging our interpersonal relationships, the social environment, and the often individualistic clinical practices employed in services that shape people's and families' experiences of mental health. We recognise that relational responses facilitate healing for consumers, their families, carers and supporters. We model this practice and advocate for embedding relational practice in service design and delivery. We also work relationally with our FCLE and non-FCLE colleagues. In our direct work connecting and relating we build rapport through being interested and curious, and by seeing the carers we work with as intrinsically connected to others. In our systemic work e.g., in research, we connect and relate through partnering with family carers from diverse perspectives and putting co-production at the centre of research, to foster more grounded systemic and cultural change.	**"I work not only with the carer in mind but with all their family and connections. Humans are social animals and dependent on each other for the optimal wellbeing of all. When I work with a carer, I am mindful of the ways they are interdependent, and when I work within mental health services, I am mindful of the relationships of support and care that consumers have and encourage the organisation to work with consumers, their families, friends and supporters."** **– FCLE worker**
Cultural humility	When we make judgments, we reflect on our unconscious bias and what shapes those judgments. We work to leave judgment behind and acknowledge, respond to and understand differences of experience. We embrace diversity and promote working in a culturally safe way.	**"Cultural safety and cultural humility can be practiced by workers so that they do not set themselves up to be experts in anyone else's life or experience."** **– FCLE worker**

Practice Elements	What it looks like in FCLE work	Quotes
 **Curiosity**	We are intentionally curious, engaging with genuine interest and openness to new ideas and experiences. We connect from a place of curiosity with our colleagues from diverse disciplines as well as with family, carers, supporters, and consumers with different experiences and backgrounds to our own.	"Curiosity and hope are key elements in interactions with carers." – FCLE worker
 **Holding space, hope and creating safety**	We hold space to create safety, allowing time to process without judgment. We sit alongside a person in their discomfort. We don't jump in to 'fix' or try and guess how they are feeling. We can 'sit in the grey,' dealing with uncertainty, ambiguity and feelings of hopelessness. We recognise that we don't know all the answers, and we consciously and non-judgmentally allow people to explore where they are at and what they need. We open up opportunities for families, carers and supporters to share stories, and through shared experiences, we work together on the way forward. We understand experiences of hopelessness and the critical need for hope in the family carer experience. We hold a space that enables reimagining the future. Collectively, through our FCLE work, we create new narratives, possibilities and hope for the future.	"It's practicing 'just being' and letting the carer talk, and actively listening to what they are saying" – FCLE worker "Family carers are often in settings where they are under stress or feel threatened. FCLE workers can provide a buffer or an 'oasis' by holding space for people while assisting with navigation of a complex service model, or translation of the family/carer's needs to the clinical staff and vice versa. Holding space involves concentrating on holding and maintaining attention and is an advanced communication skill applied differently across different lived experience roles." – FCLE worker "Sitting in the grey... really means that you don't need to know everything about the consumer, everything that's been going on for the family. While there is a temptation to fix it, that's not our role. Our role is to be with a carer, sit with them, validate, support and listen to them." – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
 **Modelling**	We pass on our individual and collective knowledge of how to navigate through difficult times. We model practices such as self-care, purposeful sharing and communication skills. We share FCLE practice knowledge to shape and change culture at a service and system level.	"In peer work we model to other families through [sharing] our own experience, we might talk about the ups and downs of the caring role and connect with our lived experience on issues that might be pertinent to the carer. We also model the relational aspect as well – that everyone has their own perspective and that there's not necessarily a right or wrong, it's just a different perspective and they're all valid, so we need to be inclusive and understanding. We also... support our carers to work relationally in their families too." – FCLE worker "As a supervisor, I model peer practice to other family care workers in trying to minimise any power differentials and really engage with the supervisee in a way that we're on the same level. While we each might have a little bit more experience in different areas, we're both carers, and we're both FCLE workers. Modelling is really about us connecting and engaging together and learning from each other." – FCLE worker
 **Mutuality**	We foster connection, learning and growth through the sharing of collective experiences with the family, carers and supporters we work alongside.	"We value relationships and connection with others and engage respectfully through mutual understanding." – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
 **Purposeful listening, communicating and sharing**	We understand the power of active listening, validating experiences and purposeful sharing. We confidently and clearly communicate our lived experience expertise. While we work from a lived experience perspective, we understand that sharing our personal experiences is not mandatory. We can choose when we share, what we share and how we share it. We share purposely with a specific outcome in mind. It may be to illustrate a point, build a connection or engage compassionately. Purposeful sharing includes being open about our FCLE experiences, thoughts, and feelings, even if they are unpopular, or unfamiliar. We consider where and with whom we share and how our story may impact those listening, especially if parts include traumatic or difficult experiences, and how sharing particular elements of our own stories may impact the people we support in our personal lives. We seek guidance and support from a FCLE peer or carer lived experience supervisor if we feel our emotions have been activated through sharing.	"In peer work, for example, communication involves deep, authentic listening from a position of knowing." – FCLE worker "We share purposefully, being aware and mindful of the impact sharing may have on the person we support." – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
 **Reflection**	We reflect on our practice and co-reflect with peers. We are aware of our thoughts and feelings and their relevance and impact on ourselves and others. We engage in reflective practice through journaling, catch-ups with managers, carer lived experience supervision, formal and informal meetings, and communities of practice. We recognise and understand the impacts of our emotions, values, beliefs, behaviours, and purpose.	"Through discussing situations and experiences, both in my work and personal life, reflection enables me to develop greater understandings and appreciation." – FCLE worker "As a peer worker, if you were to just sit with a carer who is experiencing some terrible thing and just provide empathy, that's important, but it doesn't take anyone any further. As a FCLE worker you need to be able to reflect on your experience and transcend that experience in a way." – FCLE worker
 **Resilience**	Through experiencing complex personal life events in our supporter roles, we adapt to challenging or changing situations. We cope with difficulties, often through self-awareness and problem solving. We often engage in the workforce while still being in active supporting roles. We work for change in systems that may have caused harm to us and the people we support. We draw on our resilience and that of our community to keep going even when no change is in sight. We often find ourselves having to work in isolation in systems that don't understand or value our practice. We work together as a discipline to build collective resilience and support one another. We recognise that appropriate supports foster resilience.	"Resilience means bouncing back from setbacks and thinking outside the box to find a solution. It's something we often have to do in our caring roles. Now, in my FCLE work, I use these lived experience skills in problem solving to determine ways to engage, educate, and make a difference in the system for family carers." – FCLE worker

Practice Elements	What it looks like in FCLE work	Quotes
System navigation[32]	We use the skills and knowledge gained through our lived and learnt experience to support others in navigating government and mental health service systems and breaking down system, social, and financial barriers. We build professional relationships with organisations and seek out up-to-date resources and linkages in the system to better assist families, carers and supporters to navigate a complex system. We use system navigation in our direct support roles to facilitate community connections and clinical liaisons to enable better access to information and support. We apply our systems knowledge in systemic work to navigate the bureaucratic and government landscape, and identify which avenues will be fruitful for advocating a family carer agenda.	**"As a peer worker, I've learnt a lot through my caring experience, which I now use to give others a leg up, like knowing what and how to ask for things in reaching out for support. Often, there are many ways to get the support people need. It's just about finding the 'loopholes' or a different avenue, like if family carers are struggling financially, we know firsthand that they can get specific government rebates if they have a healthcare card. I think knowing the loopholes is one value that doesn't always come to mind if you don't have lived experience."** **– FCLE worker**

Practice Elements	What it looks like in FCLE work	Quotes
Trauma informed[33]	We understand that families, carers and supporters experience trauma when supporting someone through a mental health crisis and through engagement with mental health services. We also understand that trauma, both personal and intergenerational, is part of many people's lived experiences. With this in mind, we work in ways that create and prioritise safety, connection, recognition, and empowerment.	"Being trauma informed in your work is really about compassionate care. In peer work, it is about really setting up how a session is going to work. It's about making the person you're connecting with feel safe in that space, and might also include addressing confidentiality." – FCLE worker "It means acknowledging and recognising that being a carer or a family member of someone with mental health issues can be traumatic... it's not widely acknowledged how difficult it can be for a family member or carer. It's traumatising when there is nowhere to turn, and you see your person is becoming more and more unwell. Things might escalate and the police might get involved. Then, in services you tend to be pushed to the side. There might be restrictive practices and things might happen that are traumatising for both the consumer and carer. Nobody tells you what's happening and that's traumatic. Not only that, carers also tend to try and shield other family members from some of that as well so they tend to hold a lot of this themselves." – FCLE worker
Understanding grief and loss	We understand that families, carers and supporters' grief extends beyond the tangible loss of someone to encompass intangible losses that often go unrecognised, such as isolation, financial strain, and unfulfilled potential. We understand that grief manifests in varied ways and is influenced by personal experiences, intersectionality, and culture. Through the grief we hold, we find strength, honouring the losses that shape our journey and that of those we support, while collectively forging paths of healing and hope.	"The grief that comes with caring is often silent and pervasive and cumulative, felt in everyday moments as an underlying sadness to be brushed away or pushed down. Comparison to others can send it spiraling, as can guilt and the complexities of love. FCLE work is to hold and understand that grief is felt by carers for their own lives, and for those for whom they care. And that unlike other forms of grief, it can feel unnamed and invisible. Holding spaces for the complex grief of carers is fundamental to all FCLE work." – FCLE worker

Scope of Family Carer Lived Experience roles

This scope of practice guides how FCLE workers approach practice across the variety of designated roles that make up our workforce. It is important to understand that these roles are not interchangeable, and involve distinct skills, activities and responsibilities. This section provides snapshots of the scope of common FCLE roles in Victoria.[34]

THE NEED FOR ROLE CLARITY IN PREVENTING PEER DRIFT AND ROLE DRIFT

A lack of understanding amongst FCLE and non-FCLE workers of the diversity and scope of FCLE roles was identified by FCLE workers consulted in the development of this Framework as resulting in 'peer drift' and 'role drift'.

Peer drift occurs when FCLE workers begin to drift towards a more medical approach or one that does not reflect FCLE discipline perspectives and practices outlined in this Framework. Peer drift can happen when workers are unsupported in their roles, or feel uneasy, or pressured to comply or conform with the dominant clinical culture in the services or organisations they work in.[35]

Role drift (or organisational peer drift)[36] is a broader term that encompasses peer drift. It describes when FCLE workers are marginalised and assigned tasks that are misaligned with the scope of their roles, even where the direction of drift is not towards clinical work. Role drift can occur due to a lack of clarity in an organisation or service about the discipline and the distinct scope of different FCLE roles, and can result in a blurring of these roles, where workers are asked to undertake tasks beyond their position or outside of the discipline's scope. For example, a consultant might be asked to provide peer support when no peer worker is available. While some consultants may have the necessary additional skills or training to do this work, it can blur an organisation's understanding of FCLE workforce positions and jeopardise each role's important and distinct work — one focused on intentional peer support and the other on service and system transformation. Such blurring of roles can compromise the support provided to families, carers, and supporters who are accessing our services.

Understanding the FCLE discipline's values, principles, knowledge and scope of practice, including the scope of distinct FCLE roles, is essential in preventing peer and role drift.

FCLE peer support workers

FCLE peer support workers build mutual and reciprocal support relationships with individual families, carers and supporters, and groups, through direct peer support. They foster unique connection through their FCLE ways of knowing and provide safe spaces of validation and emotional and practical support. Peer support roles enable families, carers and supporters to learn to navigate services and systems by providing education, information, linkages and referrals. These workers also empower families, carers, and supporters in self-advocacy and to uphold their rights and those of the person they support. Guiding and supporting families, carers and supporters when communicating with treating teams and community service providers or making complaints is central to their work. In some situations, when requested, peer workers liaise with clinicians to advocate for and support family, carers and supporters in their caring role and for their needs.

Some activities of FCLE roles may be more limited than described within this Framework. It is important as FCLE workers that we review the position descriptions of our roles.

For resources to assist with establishing role clarity, see the Position Description project report.

FCLE consultants

FCLE consultants focus on service improvements and accountability. They advocate systemically for the rights and inclusion of families, carers and supporters with particular attention to access and equity.

They collate information and feedback from families, carers and supporters about their views and experiences to improve service delivery. Promoting and supporting education and training for LLE workers and non-LLE staff to build skills in working with families, carers and supporters is central to their role. Their work is sometimes called service advocacy because they are employed to ensure that FCLE informs how services undertake research and evaluation, policy development, service design, planning, implementation and leadership.

FCLE leadership roles

FCLE leadership roles orient, support, and manage teams. They are experienced FCLE workers who advocate for better support, conditions and opportunities for the FCLE workforce. They work to ensure there is investment and support for education, professional development, and career pathways. They provide mentoring for emerging FCLE leaders to develop leadership skills in a supportive way.

They inform organisational policies and procedures from FCLE perspectives. Importantly, they understand FCLE work's unique value and challenges, and can provide management through a FCLE lens, which can provide more tailored support than those in non-LLE management roles.

They work collaboratively at an organisational and systemic level, through internal and external partnerships. This ensures FCLE roles are integrated in service delivery and design, through:

- Advocating for greater integration of FCLE work in a service's core business
- Ensuring FCLE workers are integrated into mental health service practice and are included in co-design processes for the design and delivery of services
- Informing non-LLE workforce development, including identifying training needs to support delivery of family inclusive practice and working with the FCLE workforce.

FCLE/Carer perspective supervisors

FCLE/Carer perspective supervisors are experienced FCLE workers who provide discipline specific coaching, mentoring and supervision to other FCLE workers. Supervisors have worked within the mental health sector in a variety of carer lived experience roles for a number of years. They bring extensive experience in understanding not only the broader experiences of families, carers and supporters, but the systemic challenges within organisations and clinical settings when advocating for inclusive practice for carer rights. They are also trained in FCLE practice frameworks and ways of working. Supervisors provide validation, support, guidance, feedback and advice to grow and develop the FCLE workers they support. They provide supervisees with a safe space for reflective practice and debriefing, in which to explore strengths and strategies to overcome challenges and tensions in the key areas of FCLE work. They provide further understanding around topics like safety, duty of care, peer drift, advocacy, self-care and the boundaries of FCLE work. Supervisors can be internal staff, work from external agencies, or private providers.

WANT TO KNOW MORE ABOUT FCLE PERSPECTIVE SUPERVISORS OR WHERE TO FIND ONE?

See the Carer Perspective Supervision Framework (2022) and CMHL Consumer and Family Carer Perspective Supervisor Database.

FCLE educators

FCLE educators ensure family carer perspectives are included in all aspects of the education and training provided within services and organisations. FCLE educators make a significant difference to education and training outcomes for mental health professionals. Educators also develop and facilitate education and training for university students, clinicians, consumers, families, carers and supporters, and the broader community. Training may include topics such as working with the FCLE workforce, understanding family, carer and supporter needs and rights, and working inclusively and relationally. Education sessions for families, carers and supporters may include group education programs and one-off sessions that provide information and training on topics such as understanding trauma, dealing with difficult situations, understanding rights and relevant legislation, and navigating the system.

FCLE advocates

FCLE advocates support individuals or groups to advocate for themselves. Advocates are usually employed by family, carer and supporter peak bodies or advocacy organisations. They help families, carers and supporters to be heard in relation to the issues that affect them. FCLE advocates assist through attending family meetings with families, carers and supporters, facilitating improved communication between those they support and relevant services, assisting with submitting service feedback or complaints, supporting families, carers and supporters in attending tribunal hearings, and advocating with other services such as Centrelink, the criminal justice system, and public trustees. FCLE advocates also provide information about carers' rights and entitlements, and support families, carers and supporters to ask questions and self-advocate whenever possible. When requested, they may speak under instruction on behalf of an individual or group of family, carers and supporters.

FCLE policy advisors

FCLE policy advisors draw upon their personal lived experience, workforce expertise and understanding of the FCLE movement and collective family carer experiences to raise awareness, mobilise support, and influence policies and practices at a political, system and service level. They consult families, carers and supporters, and facilitate connections between them, services and government. They hold and develop skills in policy writing and submissions, sit on committees, and provide consultation on issues affecting families, carers and supporters. FCLE advisors review implementation of policy relating to families, carers and supporters and advise organisations and government on processes and procedures and are often employed in peak bodies and community organisations. More recently FCLE advocates and policy advisors are prominent within the Victorian Department of Health's mental health and wellbeing division, through the creation of the Lived Experience Branch.

WANT TO CONNECT WITH OR KNOW MORE ABOUT FAMILY CARER RESEARCHERS, ADVOCATES AND ADVISORS?

Check out: Family and Carer Research and Advocacy Network (FaCRAN).

FCLE researchers

FCLE researchers promote and integrate the perspectives of families, carers, and supporters in research and policy development. They also facilitate and advocate for family carer-led research and evaluation. Diverse roles range from co-design participants and advisors (informing and influencing research) to project leads (initiating, directing and driving research). They have a commitment to participatory research methods and are skilled in project management and building partnerships with key stakeholders. They also demonstrate advanced analytical thinking, written and verbal communication abilities. Through publications, FCLE researchers aim to build a strong evidence base in often overlooked areas of FCLE, and often work alongside advocacy and policy teams to provide evidence to influence change.

With the rapid expansion of Victoria's LLE workforces, new FCLE roles are always emerging. As a workforce we must keep abreast of these and continually update our Framework.

More details on the scope of individual roles can be found in the Position Description project report.

For information about awards, supervision and leave entitlements, see the FCLE workforce supports section of this Framework.

MATCHING SETTINGS WITH SPECIALISED FAMILY CARER LIVED EXPERIENCE

'Specialisations' refers to specialist lived experience knowledge, technical skill sets, or qualifications that a FCLE worker may be required to have to fulfill a particular role. Some specific roles, such as FCLE researchers or educators, may require FCLE workers to bring specialised technical knowledge, skills or qualifications that they have acquired through training, in addition to their lived experience of being a family member, carer or supporter. Most commonly, however, specialisation refers to roles where FCLE workers are required to have firsthand knowledge of common experiences of the communities they work with. For example, AOD, eating disorders, child and youth, or forensic lived experience may be prerequisites for an advertised role in services specialising in these areas. This mirrors the non-lived experience workforce more broadly, where clinical specialisations are widespread. The benefits of specialisation are widely recognised in the lived experience workforce literature as *"they acknowledge intersectionality and increase the relevance of support for people from diverse backgrounds and experiences."*[38]

Although specialisation is commonplace, FCLE workers who were consulted in the development of this Framework held diverging views on it. Some felt it equipped workers to have a deeper understanding of specific experiences, allowing them to better address families, carers and supporters' needs, and support system navigation and advocacy.

> ***As a young carer, I often think about how I haven't necessarily been able to have the same life experiences as my older family carer colleagues who become carers during motherhood. From my position, it means I know what it is like when you are a young carer – the barriers and juggling of caring when growing up, leaving school and trying to enter the workforce. As young carers, we have missed out on the opportunity of youth and having a foundation or previous life and identity that we have known and were able to establish before becoming a carer.***
>
> ***– FCLE worker***

Other FCLE workers and respondents to the Rising Together report[39] also raised concerns about specialisation, such as creating workforce silos, or conditions that may exacerbate trauma.

> ***Sometimes the areas that a carer peer worker's lived experience specialisation is in are actually the most triggering to be around and work with. If we specialise too much, peer workers may only get to work with cases close to home.***
>
> ***– FCLE worker***

Workers in community area mental health services and general clinical mental health units also noted that only having specialist FCLE workers could limit the scope of service provided. It was identified that, with current FCLE staffing levels, it was important to have a generalist workforce in these settings that could support all family members, carers, and supporters.

Ultimately, specialisations can enhance or hinder FCLE workers' practice and wellbeing, depending on the context and organisational supports. In assessing the appropriateness of a specialisation, it is essential to consider the purpose of a role, the available resources, and the community's particular needs before deciding whether to recruit for a specialist role.

What is outside the Family Carer Lived Experience workforce scope of practice?

A scope of practice provides important guidance for how to work in a designated position in the FCLE workforce. To support our FCLE work, it is important to have clarity about what sits outside the FCLE scope of practice. This not only helps us to navigate our workload, but also provides guidance to employers and managers to avoid FCLE workers being directed or asked to undertake work that is not within the discipline's scope.

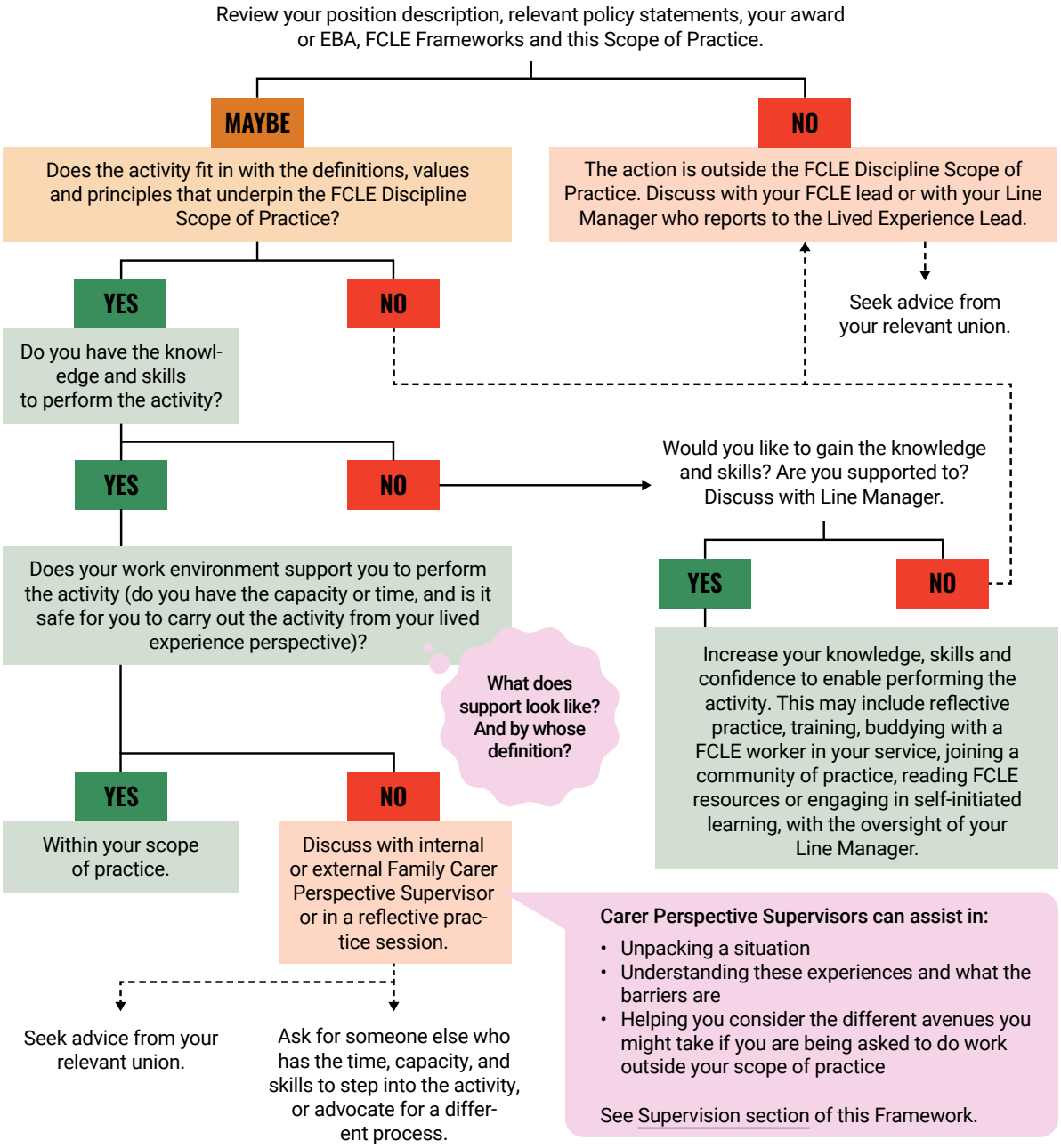
Work is outside the FCLE scope of practice when it:	Why is this outside the scope of practice?
Contradicts FCLE workforce values and principles.	Our FCLE scope of practice is grounded in the collective values and principles described in this Framework.
Requires FCLE workers to work above or outside the responsibilities listed in our position description or that they are remunerated (paid) for.	Position descriptions list what tasks or responsibilities are expected in our FCLE roles. They should also state the relevant Enterprise Bargaining Agreement (EBA) or Award that a position comes under. It is important to know your EBA or Award as these documents shape the terms and conditions of our employment. For more information about these see the Workplace laws and protections section of this framework.
Requires FCLE workers to step outside the FCLE discipline perspective.	The FCLE discipline perspective is grounded in: ▪ Purposeful use of family carer lived experience ▪ Unique FCLE discipline knowledge ▪ Our collective FCLE values and principles ▪ FCLE practice elements and particular ways of working.
Is clinical or allied health focused e.g., endorsing particular clinical treatments or persuading family members to support particular clinical treatments.	FCLE workers are not clinicians and do not do or replace clinical work, and do not endorse particular clinical treatments. FCLE roles work alongside a service's clinical workforce. We facilitate connections with clinical teams through encouraging and referring families, carers and supporters to seek this clinical information from clinical professionals.
Requires FCLE workers to obtain collateral information for clinical teams, from family members, carers or supporters.	FCLE workers in health services can collaborate with clinicians and multidisciplinary teams to foster connections between families, carers and supporters and clinicians, but we should not share information from peer support sessions without obtaining consent from the people we are providing support to (or informing them, in the case of mandatory reporting obligations).

Work is outside the FCLE scope of practice when it:	Why is this outside the scope of practice?
Requires FCLE workers to share a consumer's information with a family member, carer or supporter, or requires FCLE workers to share a family member's, carer's or supporter's information with a consumer.	As FCLE workers we are bound by organisations' and services' confidentiality and privacy policies and relevant privacy legislation. In some circumstances, we may work with families when a consumer is present e.g., as part of a 'hospital in the home' team. FCLE workers should always ensure family members, carers and supporters have as much privacy as possible. If the consumer they support is present, we should check in with those we are supporting about their level of comfort before engaging with them.
Requires FCLE workers to give directive advice to family members, carers and supporters on what to do.	FCLE workers in roles working with families, carers and supporters do not give directive advice. As FCLE workers, we provide those we support with education, information and options, to empower them to make their own decisions.
Aims to reduce the risk of someone making a complaint about a service.	FCLE workers' roles are to make sure families, carers and supporters have a voice that is heard and are aware of the pathways for providing feedback and complaints. As FCLE workers we understand that feedback is a good thing that helps improve services.
Requires FCLE workers to provide peer support to individuals who are not mental health carers, family members or supporters.	As FCLE workers, we work to support families, carers and supporters. Working directly to support someone who is not a mental health carer, family member or supporter is outside our workforce's scope.
Requires FCLE workers to provide education to families, carers and supporters about mental health diagnosis and treatment.	FCLE workers are not clinicians, and therefore it is outside of the scope of our roles to provide education about diagnosis and treatment. If a family member, carer or supporter wants diagnosis or treatment information, we can refer them on to an appropriate clinician or service. As FCLE workers we do provide information and training to families, carers and supporters on topics such as understanding trauma, dealing with difficult situations, understanding carer and consumer rights and relevant legislation, and navigating the system.
Only applies an individual lived experience lens.	FCLE workers work from a collective family carer lived experience perspective, not just from our individual lived experience or personal values. FCLE workforce practice is grounded in and guided by the FCLE collective discipline knowledge, values and principles, purposeful use of family carer lived experience, and the ways of working outlined in this document.

Am I working within scope of practice? A useful tool

This flowchart, designed by FCLE workers, can help identify whether a task is within the FCLE scope of practice, and can be used for self-advocacy. It also provides general information on the next steps if an activity isn't a good fit.

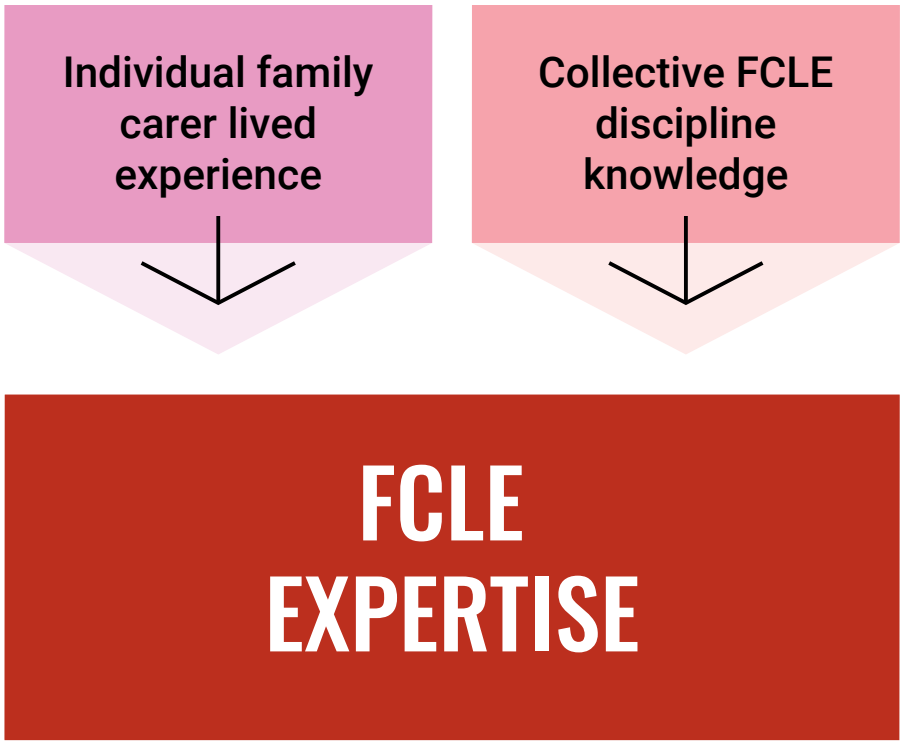
Is the action you are being asked to undertake part of the FCLE Worker Scope of Practice?



- A 'line manager' is the person you report directly to in your organisation.
- A Carer perspective supervisor is an experienced FCLE worker who provides discipline specific coaching, mentoring and supervision to other FCLE workers.
- At any point in this flowchart we encourage you to engage with family carer supervision, to engage in reflective practice, or to seek advice from your relevant union.

FAMILY CARER LIVED EXPERIENCE WORKFORCE DISCIPLINE KNOWLEDGE

FCLE discipline knowledge is drawn from two sources: our individual family carer lived experience and our collective FCLE discipline knowledge. These come together to form our expertise as FCLE workers. This section describes these sources of knowledge and how they relate to FCLE expertise.



"A carer LE worker's lived experience is their 'discipline knowledge', and they have very often spent [the equivalent of] more than four years of a university degree obtaining it. It is the knowledge of the system and its navigation and gaps that are also unique to carer lived experience work."

– FCLE worker

A family carer's individual experience

As FCLE workers, we enter the workforce with knowledge built through personal experiences in supporting people with mental health challenges and navigating the mental health and wellbeing system. We understand firsthand how traumatic and challenging supporting someone living with mental health challenges and psychological distress can be, and how important support can be. This is our foundational knowledge and includes mental health carers, families and supporters lived experience understandings of:

- The impacts of trauma, grief, loss and enduring psychological distress
- Relational impacts on the whole family and on personal relationships
- Isolation, stigma and discrimination
- Health and wellbeing impacts of being a mental health carer, family member or supporter
- Being left with little support for one's own needs
- Socioeconomic impacts, disruption to education, career opportunities and progression
- Helplessness, hopelessness and loss of dreams – personally and for those they support
- Struggling to understand and navigate a complex and broken mental health system
- The frustration of not being able to facilitate access to meaningful supports until a mental health challenge becomes a crisis
- Lacking information about how to understand mental illness and support the unwell person
- Being excluded from the treatment and decision-making process, while still being expected to provide support
- Living with risk and its impacts
- Lack of recognition (and contravention) of carer rights
- Lack of acknowledgement and remuneration for contributions, such as support provided to navigate the system, housing, companionship, and material support
- What helps keep families, carers, supporters and consumers going in the face of everyday challenges
- Experiences of resilience, strength and growth stemming from being a mental health carer, family member or supporter
- The importance of trauma-informed service delivery and advocacy.[40]

See the Not Before Time Report and the Joint Statement of rights for Australian families, carers and supporters in mental health for details on family, carer and supporter experiences of systemic harms.

"As family carer workers we come to the FCLE workforce with our personal lived experiences of caring for someone with mental health challenges. In many cases, we also hold previous professional experiences, training and skills from other fields. While some of our personal individual knowledge may bring transferable skills, as family carer workers we primarily work and lead from the collective FCLE perspective."

– FCLE worker

A DIVERSITY OF FAMILIES, CARERS AND SUPPORTERS' LIVED EXPERIENCE

Family carers' lived experiences emerge in a variety of ways and through a variety of relationships. Although family, carers and supporters share experiences, single labels such as 'carer' do not define us. Our supporting and caring roles are diverse – no relationship, experience or identity is the same. We bring a multitude of intersecting experiences, identities, and backgrounds to our roles, including, but not limited to:

- gender
- language
- ethnicity
- age
- sex
- sexual orientation
- class
- cultural background
- disability/ability
- educational background
- work experience
- socio-economic status
- relationship to the person we support.

While our lived experience may emerge in different ways and at various life stages, as a workforce, we recognise that FCLE roles are not based on a singular experience or position but on a diverse range of dynamic, intersecting and relational experiences.

UNDERSTANDING INTERSECTIONALITY

Intersectionality is a term coined by American civil rights advocate Kimberlé Crenshaw to describe how people with several identities linked to reduced social power can experience multiple and unique forms of discrimination and oppression that can only be understood together. Applying an intersectional lens recognises that:

- Essential parts of people's identities are made invisible when we focus on single categories
- Particular inequalities can result from intersections of different social locations, power relations and experiences
- People, families and communities can experience privilege and oppression simultaneously.

For FCLE workers, intersectionality is an important area to understand and build capacity in. An awareness of intersectionality and power can deepen FCLE workers' understanding of the diverse lived experiences of family, carers, and supporters. It allows us to better acknowledge, value, support and respond to the unique needs and experiences of people from all backgrounds and perspectives to embed equitable and inclusive access and support. For example, knowing that a carer is also experiencing economic disadvantage can help a FCLE peer worker provide support that addresses (rather than ignores) this constraint, such as information on financial aid and bulk billing medical services.

WANT TO KNOW MORE ABOUT INTERSECTIONALITY? SEE:

LGBTIQ Intersect

Provides key concepts, learning modules and resources to support the health and wellbeing of people who identify as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) in multicultural and multifaith communities. Intersectionality | LBGTIQ Intersect (lgbtiqintersect.org.au).

Victorian Transcultural Mental Health (VTMH)

The lead transcultural and intersectional mental health service for the state of Victoria – check out their website for further information. VTMH also provides online resources, workshops, and podcasts, and facilitates a bi-monthly community of practice: Victorian Transcultural Mental Health (VTMH) | Home.

Family Carer Lived Experience collective discipline knowledge

Beyond our individual knowledge, we are informed by existing FCLE resources, literature, legislation, the history of the FCLE movement, and our engagement with our workforce community. This is our collective knowledge as a discipline, which helps us to understand our shared and individual experiences, and guides our practice.

WHY DO WE TALK ABOUT KNOWLEDGE, NOT THEORIES?

Theories are models that help us to understand the world or do something in a particular way. They can be discipline specific, and often build upon each other. Sometimes, however, they contradict each other, and it is up to us to decide what is most helpful in our practice.

In development consultations of the Framework, FCLE workforce members said that while they recognise the value of these shared understandings, the term 'theories' didn't really resonate with how they work, which is grounded in family carer lived experience rather than academic learning. FCLE workers who engaged in the development of this Framework preferred to describe the concepts and practices that underpin our work as 'knowledge and ways of working'.

Our unique history

The FCLE workforce emerged in response to deinstitutionalisation and the implications this had for family, carers and supporters experiencing challenges, trauma and a lack of support from the mental health system. Since the 1970s, the workforce has engaged in activism, advocacy and relational work, and continues to grow in strength, influence and reach.

The FCLE workforce reflects the collective efforts and impacts of families, friends, consumers, service providers, and policy leaders who paved the way for the employment of the first family carer workers in Victoria in the late 1990s. Since then, we have expanded in number and scope, building our identity, values, principles, knowledge and practice. All these elements underpin how we work today.

> "Families, carers and supporters have led the way since deinstitutionalisation and will continue to lead services and the sector towards relational ways of working and a more compassionate, effective and human rights focused system."
>
> – FCLE worker

The workforce history outlined below helps to orient members of the FCLE workforce and the broader mental health and wellbeing and community sectors to our work.

Workforce history

1970s-1990s

Early activism and government recognition of carer needs:

- **1970s-80s:** Community organisations and networks start emerging to support carer needs, including the Association of Relatives and Friends of the Emotionally and Mentally Ill (ARAFEMI, now MIND) and the Schizophrenia Fellowship (now Wellways).
- **1994:** The Victorian Mental Health Carers Network (now known as Tandem) is established as the Victorian peak body for family, carers and supporters.
- **1995:** The first family education courses are developed.
- **1996:** The Victorian Government begins recognising carers by launching the first Victorian Carer Strategy, titled Victoria's Carer Initiatives: Strengthening the Partnership.

1999-2005

Paid roles and participation opportunities emerge:

- **1999-2000:** Maroondah Hospital and Each Community Health Service create the first paid FCLE roles in Victorian mental health services.
- **1999:** St Vincent's Hospital establishes a Family and Carer Participation Committee.
- **2000:** St Vincent's Hospital creates two carer consultant positions.
- **2001:** Carer Consultant Network of Victoria is established (now known as CLEW).
- **2002:** Victorian Department of Health allocates funds for carer consultants in public mental health services.
- **2004:** First Carer conference held in Melbourne with 400 attendees.
- **2005:** Bouverie Centre establishes the first carer academic role.

Workforce history

2005-2012

Carer networks and our workforce grow:

- **2009:** ARAFEMI employs the first carer advocate.
- **2009:** Victorian Department of Health provides recurrent funding for carer consultant roles.
- **2009:** Victorian Mental Health Carers Network provides first training for Carer Consultant Network Victoria.
- **2010:** Victorian Government's 10-year Mental Health Plan identifies the importance of the growing lived experience workforce, including FCLE workers.
- **2012:** Victoria passes the Carer Recognition Act.

2012-2018

Recognition improves, training and advocacy infrastructure is established:

- **2012:** Health and Community Service Union (HACSU) Award includes carer consultants for the first time.
- **2014:** Victorian Mental Health Carers Network changes its name to Tandem.
- **2016:** The first state-wide carer workforce development officer role is created.
- **2017:** The first senior carer policy officer was employed by the Office of the Chief Psychiatrist.
- **2017:** Tandem employs a carer advocate to support families and carers' individual advocacy needs.
- **2017:** The first carer-designed and facilitated workforce training is delivered, titled *Caring With: Introduction to Carer Peer Work.*

2019-2021

Mental health and wellbeing sector growth, opportunities for impact through reform:

- **2019:** The Centre for Mental Health Learning (CMHL) in Victoria employs statewide family carer workforce development coordinators.
- **2019:** The Mental Health Family/Carer Workforce Strategy is released.
- **2020:** The Lived Experience Workforce Advisory Group is established to inform Victorian government reforms and initiatives.
- **2021:** The Royal Commission findings validate the pivotal role of family, carers and supporters, and supports FCLE leadership in the mental health and wellbeing system.
- **2021:** The Royal Commission recommends the establishment of eight family/carer-led centres across Victoria (now known as Mental Health and Wellbeing Connect centers).
- **2021:** Carer Perspective Supervision Framework is developed.

Workforce history

2021-Present

Expansion and development through reform:

- **2021:** The Victorian Government establishes the Lived Experience Branch within the Department of Health's Mental Health and Wellbeing division, including several family carer designated roles.
- **2021-2022:** The Victorian Government commits to developing and supporting the lived experience workforce through accepting the Royal Commission's recommendations and the establishment of the Lived and Living Experience Workforce Development Program, including the creation of FCLE identified roles., not only for direct work with families and carers, but also in policy, research and leadership.
- **2022 – present:** Funding for research and lived and living experience workforce reform and development work is expanded.
- **2022-2023:** Interim Regional Mental Health and Wellbeing Boards across Victoria are established, and include family, carer and supporter representatives in decision making roles.
- **2023:** World first training program in carer perspective supervision is established in Victoria.
- **2023:** First Carer Consultant Community of Practice is funded by the Victorian Department of Health.
- **2023-2024:** The Victorian Government opens eight Mental Health and Wellbeing Connect centres, dedicated to those who are in unpaid roles supporting people living with mental health and substance use challenges or psychological distress.
- **2023-2024:** The Victorian Collaborative Centre for Mental Health and Wellbeing opens with a goal to bring together lived experience leadership, innovative service delivery and cutting-edge mental health research to drive system transformation.
- **2023-2025:** The FCLEW Discipline Framework (this document) is created.

Frameworks, policies and legislation that inform our work

FCLE discipline knowledge and work is also shaped by several frameworks, models, reports, policies and legislation. Some of these are outlined below.

Frameworks

Resources developed by the Victorian FCLE workforce provide a robust underpinning for our work. In addition to this Framework, these documents help to define our discipline's difference from other lived experience work, and to articulate our ways of working. They include:

- Strategy for the Family Carer Mental Health Workforce in Victoria[44]
- Carer Perspective Supervision Framework[45]
- Our Future Report[46]
- Rising Together[47]
- Carer Consultant Network of Victoria Orientation Manual And Toolkit.[48]

FOR A LIST OF FURTHER FCLE FRAMEWORKS AND MODELS THAT INFORM OUR WORK, SEE

Appendix A: Frameworks, models, reports and guidelines relevant to FCLE work in the Victoria context.

Policies

FCLE work is situated within, influenced by and informs policy decisions. As history demonstrates, the FCLE workforce emerged in response to the effects of policy decisions around deinstitutionalisation on families and carers. Today, our workforce is shaped by the findings of the Royal Commission and shapes the policy reform that has followed. The recommendations made a strong argument for the recognition, inclusion, participation and needs of carers, families and support persons, and for making this 'core business' in mental health practices and at all levels of service development and delivery.[49]

Legislation

Knowledge of relevant legislation is also essential to family carer work, because it puts FCLE workers in an empowered position to carry out their direct and systemic work. For example, having an understanding of the state and federal Carer Recognition Acts, and Victoria's *Mental Health and Wellbeing Act 2021*, [50] enables FCLE workers (within the scope of their individual roles) to assist families, carers and supporters to know their rights, and leverage these to advocate for those rights through authorising bodies, commissions and complaints pathways. Understanding relevant legislation also ensures that within our work settings, we provide lawful, safe and fair services to families, carers, and supporters.

For a list of key pieces of legislation, policies, guidelines and frameworks that inform our work, see Appendices A, B and C.

"We are informed about policies, legislation, services and issues impacting family, carer, and support networks. We use our knowledge and expertise to understand, educate and advocate for family, carer and supporter inclusion and support and better mental health for consumers and families within the mental health sector and the community."

– FCLE worker

FCLE workers also use their knowledge of policy, legislation and best practice guidelines to shape service delivery models, promote relational approaches and improve the culture within the mental health and wellbeing system. For example, FCLE advocates and advisors are increasingly involved in co-design and consultation processes to inform the drafting of legal, policy and governance frameworks. Their work can also involve constructive criticism and evaluation of the effectiveness of legislation and frameworks from a family carer perspective, through publishing research and policy positions and undertaking community awareness campaigns and actions.

Note: FCLE workers are not expected to have a comprehensive knowledge of policy, legislation and complaints pathways. But it is important to have an overview of the relevant frameworks, legislation, policies and complaints processes in Victoria that you may need to be aware of in your FCLE role.

EXAMPLES OF SOME KEY LEGISLATION AND HOW IT APPLIES TO FCLE WORK

- The ***Health Records Act 2001 (VIC)*** requires that records of conversations with families, carers, or supporters are attached to a consumer's file. Consumers can access this information under the ***Freedom of Information Act 1987 (VIC)***. FCLE workers described the potential for breaches of confidentiality and conflicts between family, carers and supporters due to the cross-over of these legislative requirements. This must be considered in how notes are recorded and how families, carers, and supporters are briefed regarding FCLE workers' obligations relating to record-keeping and a consumer's rights to access their files.
- FCLE workers in the Department of Health and in public health services are public sector employees, and are bound by laws that provide guidelines for a safer, fairer and more inclusive state. These laws include the ***Charter of Human Rights and Responsibilities, the Equal Opportunity Act 2010 (VIC)*** and the ***Racial and Religious Tolerance Act 2001 (VIC)***. Together, these laws set out the rights and entitlements of all people in Victoria. They also identify the responsibilities of public authorities to protect and promote human rights and eliminate discrimination, sexual harassment, racial and religious vilification.

Participating in the Family Carer Lived Experience workforce community

FCLE collective discipline knowledge is also developed through our participation and experience in the FCLE workforce.[51] Our collective knowledge develops through:

- Engaging with the CLEW Network and broader FCLE workforce community
- Engaging in FCLE CoP
- Participating in FCLE training and education
- Working with families, carers and supporters and learning about the diversity of their experiences
- Growing our experience in specific FCLE roles
- Learning how to purposefully draw on our personal lived experience
- Learning from other workers in similar FCLE roles
- Engaging in Carer Perspective Supervision
- Participating in working groups, advisory committees, and research
- Attending forums, discussions and information sessions relating to FCLE work.

The knowledge FCLE workers develop through these experiences deepens our understandings and elevates our ability to support and advocate for mental health carers, families and supporters.

"People come into FCLE work with one experience and we learn about other FCLE experiences through 'the work' – this is relational."

– FCLE worker

"Having experience in a carer lived experience designated workforce role increases family carer lived experience expertise."

– FCLE worker

Family Carer Lived Experience workforce expertise

FCLE workforce expertise develops out of the two key sources of grounded knowledge outlined earlier in this section. We join the FCLE workforce with our unique family carer lived experiences, however, our FCLE workforce knowledge is fundamentally collectivist. It is shaped by the discipline's history, FCLE resources, literature, and legislation, and most importantly is developed through our experiences in FCLE designated workforce roles.

Working alongside families, carers and supporters and gaining insight into the diverse range of needs and experiences in the community also expands our FCLE knowledge beyond our own experiences. The capacity to consider and reflect on this contributes to our expertise in both our direct and our systemic work.

Importantly, expertise involves understanding how our own experience can be purposefully communicated and learning to do this effectively. It also involves learning from the experiences of other families, carers and supporters, to create change to the systems that impact the everyday lives of families and carers. Family carer lived experience expertise is central to our practice. It is our most essential skill and informs our work.

How we each use our FCLE expertise is unique – it depends on the work we undertake and the context.

FAMILY CARER LIVED EXPERIENCE WORKFORCE SUPPORTS

An enabling environment that helps to build family carer lived experience practice is essential to our competency as FCLE workers. This section outlines how organisations can support their workers to build skills and expertise through the provision of resources and supports to enable engagement. These include:

- Membership of the CLEW Network
- FCLE perspective supervision
- CoP and other networks
- Professional development and training
- A workplace where rights and entitlements are communicated and respected.

For FCLE work to be effective, it is essential for organisations to commit to recruiting, supporting and promoting our workforce as part of their core business.

"Organisations have a responsibility to ensure connection and growth of the [FCLE] discipline. In return the workforce contributes fully within the expected scope of practice and organisational requirements. Supervision is vital – both line supervision and FCLE perspective supervision. The workforce should be encouraged and supported to link in with professional support environments such as the CLEW, Tandem, CMHL and relevant CoP. They should be encouraged and supported to attend relevant professional development to grow their expertise and thereby contribute back to the service [to better advocate for and support families, carers and supporters]."

– FCLE worker

Carer Lived Experience Workforce Network

Established in 2001, the CLEW Network is a Victorian government funded FCLE workforce led group, with membership open to people in designated FCLE workforce roles. CLEW members are employed across mental health services and organisations in Victoria. CLEW is identified as the lead network for the Victorian Family Carer Lived Experience Workforce.

CLEW's strong member community brings discipline-specific knowledge and wisdom through shared experiences of the mental health sector and intentional commitment to defining and progressing the work of the FCLE Workforce Discipline.

The network provides a platform for FCLE workers to be part of a safe and connected community.

The CLEW Mission

To champion, support and sustain the Mental Health FCLE workforce in Victorian public mental health and wellbeing services through advocacy and leadership, providing opportunities for networking and shaping discipline specific workforce development.

The CLEW Vision is to have:

- A thriving FCLE workforce in Victorian public mental health and wellbeing services and across the broader mental health sector.
- A public mental health and wellbeing system where all Victorian families, carers and supporters have access to, and benefit from, the unique value of the FCLE workforce.
- Capable services who understand and action best practice as a part of core business in supporting, sustaining, and growing the FCLE workforce.

The CLEW objectives are to:

- Facilitate connection, co-reflection spaces and the sharing and building of discipline knowledge
- Promote inclusion, recognition and respect in the Victorian mental health sector
- Advocate and promote discipline specific training, resources, and professional development
- Advocate for equity and substantive roles that are clearly defined and well supported for FCLE workers
- Assist in FCLE workforce initiated and led research and evaluation
- Promote early, integral and intentional inclusion of the FCLE workforce in all decision-making and at all levels around workforce matters
- Advocate for FCLE workforce growth, career pathways and training opportunities.

CLEW members benefit by:

- Access to regular members' meetings and co-reflection spaces
- Connection to other workers and a centralised community to share ideas and experiences
- Access to the broader CLEW CoP
- Access to current engagement, participation and employment opportunities
- Having a link to the department, union and other special interest groups
- Access to professional development opportunities and resources
- Immediate and ongoing access to discipline communications via an online platform.

CLEW provides a safe space for designated, employed, mental health FCLE workers to come together over workforce discipline matters, advocacy, support and growth.

"When I started in my [family carer] lived experience role, I was unsure of my scope. Initially I was pulled into a lot of projects due to staffing shortages. It was through supervision and participating in the CLEW that I slowly learnt about my role and could advocate effectively when I was asked to do tasks that didn't require my [family carer] lived experience."

– FCLE worker

Services and managers should actively support FCLE workers to join the network and attend CLEW meetings.

Carer perspective supervision

Most disciplines of practice within mental health services in Victoria have access to discipline-specific supervision. This is a structured process where a qualified supervisor provides guidance, support, and oversight to mental health professionals within the same discipline. FCLE discipline specific supervision focuses on:

- Reflective practice
- Impacts of FCLE work
- Debriefing
- Applying a FCLE worker's unique skills and lived experience in their working environment
- Providing opportunities for personal and workplace wellbeing support.

Supervision provides a safe space to explore strengths and strategies for FCLE work, as well as for problem solving, challenges and tensions that arise in the key areas of FCLE work. Supervision provides further understanding around topics like:

- Safety
- Duty of care
- Peer drift
- Advocacy

FCLE discipline-specific supervision allows for the development of a relationship based on shared understandings, where safety, wellbeing, and professional development is paramount.[52]

This type of supervision is distinct from line supervision, which typically involves a hierarchical relationship between a supervisor and a supervisee and focuses on workload, allocation of tasks, contracts, leave, performance development, management, and adherence to policies and procedures.

The Carer Perspective Supervision Framework[54] was developed to guide FCLE supervision. It describes supervision as a mutually supportive and interactive process of reflection and feedback that supports workers to align their practice with FCLE frameworks and values. The Carer Perspective Supervision Framework also outlines the approaches and key components of supervision and the responsibilities of the supervisee, supervisor and the employee's organisation.

"It [Carer Perspective Supervision Sessions] *is a safe and mutually respectful space that honours* [Carer Lived Experience Workers'] *experiences and challenges."*[55]

The Royal Commission stipulated that, alongside other health workers, the LLE workforce is also entitled to discipline-specific supervision.

> **"Integral to this vision is a future state where the consumer, family and carer lived experience workforces are recognised, understood and valued, with the support structures afforded to any other profession.**[53]

Two hours per month of carer perspective supervision is a requirement for all FCLE workers employed in Victorian public health services, as prescribed in the Victorian Public Mental Health Services EBA 2020-2024 and the Victorian Institute of Forensic Mental Health Services Enterprise Agreement.[56] **The FCLE worker can choose their own certified supervisor, which can be someone working in their service or someone listed on the Consumer and Family Carer Perspective Supervisor Database.**

To find an external supervisor visit the CMHL Consumer and Family Carer Perspective Supervisor Database.

The Carer Perspective Supervision Framework and information about training to become a supervisor can also be found on the CHML website.

Communities of Practice

Communities of Practice (CoP) provide a space for FCLE workers to build relationships, share knowledge and develop clarity and consistency across their roles. It is also a place for promoting workforce wellbeing.

A CoP is defined by its commitment to an identified shared area of interest, including the skills or understandings that distinguish them from other CoPs.[57] CoP members engage in joint activities such as discussions, learning, and information sharing, and build relationships with each other. Over time and through recurring interactions, CoPs develop a shared suite of resources, tools and ways of addressing problems and issues in their FCLE practice. CoPs exist across the workforce and can be held in person or online. They can also include messaging groups on digital platforms.

CoPs provide a reflective and supportive way of working, a key practice area highlighted in the *Our workforce, Our Future* capability framework.[58]

Check out the following links to find a CoP that might be right for you:

- Online Communities of Practice (Basecamp): CMHL
- Victorian Transcultural Mental Health's Lived and Living Experience Community of Practice
- Family and Carer Research and Advocacy Network (FaCRAN).

EXAMPLE OF A CoP

An example of a CoP for a specific role is the Carer Consultant CoP. Funded by the Victorian Government and hosted by CLEW and Tandem, it was established in response to carer consultants identifying the following challenges:

- The individualistic focus of mental health services
- Power differentials between clinical and non-clinical staff
- Limited recognition of research, policy and practice documents identifying the benefits of both family inclusive practice and the existence of a supported and empowered FCLE workforce
- Lack of consistency in carer consultant roles.

The Carer Consultant CoP's purpose is to provide:

- Collegial support and enhance FCLE consultant wellbeing
- Connection, sharing, and relationship building opportunities
- Clarity and consistency of work within the role
- Effective systemic advocacy for families and carers
- Skills development.

Training

Training and professional development are critical in the mental health and wellbeing sector where new workers are continually entering the FCLE workforce.[60] Research has found that in the first year of employment, 30 per cent of workers in designated FCLE roles received no training or orientation to the mental health sector broadly or the service they work in specifically.[61] According to FCLE workers and highlighted in the *Our Workforce, Our Future* report,[62] this is due in part to the limited availability of specialist FCLE training.

FCLE workers consulted in the development of this Framework identified several training topics that need to be provided in the first 12 months of employment, including:

- Orientation to the mental health and wellbeing system
- Sharing your FCLE story safely, ethically, purposely and respectfully
- Trauma-informed practice
- Boundary setting and role clarity to protect against peer drift
- Advocacy
- Safety and duty of care training
- Understanding family, carer and supporter perspectives, experiences, and needs
- Cultural safety training for working with First Nations and other diverse communities
- Family violence.

These recommendations are also supported in FCLE literature.[63] While further training and development pathways will differ depending on the kind of role a family carer worker holds in the workforce, services that employ FCLE workers have a responsibility to ensure that the workforce is well orientated, trained and supported to thrive in the work they are doing.

> "The maturing of Family Carer Lived Experience Expertise comes through FCLE development opportunities."
>
> – FCLE worker

LOOKING FOR TRAINING OR RESOURCES FOR FCLE WORKERS? SEE:

- The CMHL's clearinghouse which has resources and training on developing and sustaining lived and living experience workforces
- Our Future report
- National Lived Experience Workforce Guidelines
- Contact Tandem about Carer Perspective Supervision Training at info@tandemcarers.org.au
- Single Session Peer Work: a framework for carer peer support
- CMHL's Workplace Wellbeing for Family/Carer Lived Experience Workers
- CMHL's training pages
- Mental Health and Wellbeing Connect centre staff induction modules – only available to workers employed in these services.

The mental health and wellbeing workforce that FCLE workers engage with also includes non-lived experience workers. To support our workforce, it is also important to ensure that non-FCLE workers in Victorian mental health and wellbeing services are trained in working effectively with family, carers and supporters. For public mental health and wellbeing system workers, this is one of the 15 core capabilities outlined in the Victorian Government's Mental Health Capability Framework.[64]

TRAINING AND RESOURCES CURRENTLY AVAILABLE FOR NON-FCLE WORKERS INCLUDE:

- *Working in Tandem with Family, Carers and Supporters Modules*, a suite of modules developed for clinicians. Contact Tandem for more information at info@tandemcarers.org.au
- Office of the Chief Psychiatrist Guideline: Working together with families and carers
- E-learning modules for non-LLE workers to understand, support and sustain the LLE workforces, developed by CMHL.

Workplace laws and protections

Enterprise bargaining agreements and industry awards play a pivotal role in shaping the terms and conditions of employment for workers across various community and government mental health sectors in Victoria. The agreements and awards listed below are those under which FCLE workers are commonly employed. Check them out to find which covers your work.

An enterprise bargaining agreement (EBA) is a negotiated agreement between an employer and a group of employees that sets out terms and conditions of employment. These agreements typically cover wages, working hours, leave entitlements and other employment conditions. For our sector, they include:

- The Victorian Public Mental Health Services Enterprise Agreement 2020-2024
- The Victorian Institute of Forensic Mental Health Services Enterprise Agreement 2020-2024
- The Victorian Public Service Enterprise Agreement 2020

An industry award is a legal document that outlines minimum pay rates and conditions of employment for employees in a particular industry or occupation. It is issued and regulated by the Fair Work Commission to ensure fair and consistent standards across the industry. For the FCLE sector this is the Social, Community, Home Care and Disability Services Industry Award 2010.

These agreements and awards are negotiated and ratified by relevant unions, such as the Health and Community Services Union (HACSU), the Community and Public Sector Union (CPSU Victoria), and the Australian Services Union (ASU), which represent the interests of workers in their respective sectors. Together, they ensure that workers are provided with fair wages, working conditions, and entitlements across various industries in Victoria.

The Fair Work Act 2009 is the primary legislation governing employment relations in Australia. It sets out the rights and responsibilities of employers and employees, establishes the framework for collective bargaining and industrial action, and outlines the powers and functions of the Fair Work Commission and Fair Work Ombudsman.

See the Fair Work Commissions Website for more information.

WorkSafe is Victoria's workplace health and safety regulator and workplace injury insurer. Its purpose is to reduce workplace harm and improve outcomes for injured workers.

See the WorkSafe Victoria website for more information or to report a workplace health and safety concern, incident or complaint.


WORKPLACE RIGHTS and ENTITLEMENTS; ALLYSHIP
PROFESSIONAL DEVELOPMENT and TRAINING.
WORKFORCE SUPPORTS
CLEW NETWORK
FAMILY CARER PERSPECTIVE SUPERVISION
COMMUNITIES OF PRACTICE AND NETWORKS
MARTa.

WHERE TO NEXT?

As FCLE workers we join the workforce with our own unique lived experiences. Through our practice we learn to work beyond our own personal lived experience and become part of the collective FCLE workforce with shared values, principles, practices and ways of knowing, where together we build our lived experience expertise.

This Framework provides a solid foundation for FCLE workers to carry out their work and embrace their collective expertise, and a resource for employers and non-FCLE allies to draw on in supporting and promoting the FCLE workforce.

The next steps in the development of the FCLE discipline should include:

- Further research on role scope and clarity to understand and articulate FCLE practices in systemic advocacy, Mental Health and Wellbeing Connect centres, and other roles and specialisations
- Increasing diversity of voices and experiences in the workforce
- Liaising with Victorian Aboriginal community-controlled health services to identify the need and scope of workforce initiatives in First Nations communities
- Maintaining a strong CLEW Network that is peer and community led, representing the voices of our workforce
- Developing FCLE workforce leadership pathways.

APPENDICES

Appendix A: Frameworks, models, reports and guidelines relevant to FCLE work in the Victorian context

Appendix A: Frameworks, models, reports and guidelines relevant to FCLE work in the Victorian context

Balit Durn Durn *VACCHO (2020)*	The Victorian Aboriginal Community Controlled Health Organisation's report to the Royal Commission into Victoria's Mental Health System.
Balit Murrup Aboriginal Social and Emotional Wellbeing Framework 2017-2027	Defines the Aboriginal concept of social and emotional wellbeing. It outlines key principles and strategic actions for reforming the health and human services sector across four domains: ▪ Improving access to culturally responsive services ▪ Supporting resilience, healing and trauma recovery ▪ Building a strong, skilled and supported workforce ▪ Integrated and seamless service delivery.
Carer Life Course Framework Originally developed by Pagnini, D. (2005). *Carer Life Course Framework: An Evidence-based Approach to Effective Education and Support. Carers NSW. Sydney.* The full report is not available online. For an overview see: Kelly, R. (2007). *'Care Life Course Framework'. Health Issues.* No. 90. pp. 19–23.	Identifies the stages and cyclic nature of caring and the various supports that might be useful for carers and families at these different stages. Phase 1 – Suspicion that something is wrong Phase 2 – Confirmation of mental illness Phase 3 – Adjustment Phase 4 – Management Phase 5 – Purposeful coping Phase 6 – End of active caring.

Appendix A: Frameworks, models, reports and guidelines relevant to FCLE work in the Victorian context

Carer Peer Support Model Mercuri, A. & Epifanio, A. (2019). 'Carer: lived experience development and implementation of carer peer support model into an adult clinical mental health service: The model, challenges, benefits and learnings'. *Building Healthy Communities: Stories of Resilience and Hope.* TheMHS Brisbane Conference Proceedings 2019. Brisbane. Queensland. Paton, N & Sanders, F. (2011). *Best Models for Carer Workforce Development: Carer Peer Support Workers, Carer Consultants, Carer Advocates and Carer Advisors.* ARAFMI WA.	Provides an understanding of the provision of carer peer support in inpatient and community settings. The model is designed and led by FCLE peer workers.
Carer Perspective Supervision Framework	Supports the mental health FCLE and non-FCLE workforce to understand the value of discipline-specific supervision.
Charter of Peer Support (2021)	The Charter developed in collaboration with seven peer support organisations, seeks to: ▪ Assist key stakeholders to understand and appreciate the value and power of peer support as a means of preventing the escalation of mental health issues and promoting emotional, physical and spiritual well-being ▪ Highlight the validity and value of peer support as an integral method of service delivery for consumers and carers of mental health services ▪ Promote shared understanding of peer support ▪ Promote peer support services as a cost-effective part of the mental health system ▪ Promote consumer and carer involvement, participation and empowerment.
Family violence capability frameworks	These two frameworks describe the knowledge and skills needed to respond to and prevent family violence: 1. Responding to Family Violence Capability Framework. 2. Preventing Family Violence and Violence Against Women Capability Framework. This is a key area of practice identified for Victorian health and wellbeing workers.[65]

Appendix A: Frameworks, models, reports and guidelines relevant to FCLE work in the Victorian context

Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)	Aims to establish a system-wide shared understanding of family violence. It can be used by all services that come into contact with individuals and families experiencing family violence. It provides information and resources that professionals need to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions. It covers all aspects of service delivery from early identification, screening, risk assessment and management, to safety planning, collaborative practice, stabilisation and recovery. The MARAM Framework also provides policy guidance to organisations that have responsibilities in assessing and managing family violence risk, including those that have been prescribed under regulation as Framework organisations.
From individual to families: A client-centred framework for involving families	Promotes family involvement in the treatment and care of an individual in adult mental health and alcohol and drug services in order to achieve better outcomes for clients and families.
Improving conditions for young carers as lived experience workers	A document developed by Satellite Foundation and Tandem that draws on insights from young FCLE workforce members. It addresses barriers to recruitment and retention that young carers face and highlights the gaps in current workforce documentation regarding their distinct experiences and challenges. The statement puts forward key recommendations aimed at enhancing the growth, visibility, and success of young family carers within the Lived Experience workforce in the mental health and alcohol and other drugs sectors.
Intentional Peer Support Mead, S. (2014). Intentional Peer Support: An alternative approach. Vermont. USA.	Outlines the Intentional Peer Support (IPS) principles and tasks, which include: ▪ From helping to learning together ▪ Individual to relationship ▪ Fear to hope & possibility ▪ Connection ▪ World view ▪ Mutuality ▪ Moving towards. While IPS was not originally designed for families, carers and supporters, the principles and tasks that underpinned the approach can inform FCLE peer support workers' engagement and closely align with the values, practice elements and ways of working identified in our framework.

Appendix A: Frameworks, models, reports and guidelines relevant to FCLE work in the Victorian context

Lived Experience (Peer) Workforce Development National Guidelines	A significant body of work that provides an overview of the professional principles, values and roles of the Lived Experience workforces. Grounded in lived experience expertise, these guidelines provide national standards for the development of LLE workforces and an organisational framework for developing and embedding the workforces across services.
Rising Together Final Report 2022	Investigates the experiences of Victorian FCLE workers, highlighting what is needed to ensure the safe and sustainable development of our workforce.
Royal Commission into Victoria's Mental Health System – Final report	Consolidates the findings of the Royal Commission into Victoria's Mental Health System, including 65 recommendations to transform the system.
Strategy for the Family Carer Mental Health Workforce in Victoria	Provides a roadmap for adequately supporting and developing the FCLE workforce. It was developed in partnership with FCLE workers.
The capability framework for the mental health and wellbeing workforce (2023)	Supports the whole mental health and wellbeing workforce to understand and respond to the needs of consumers, families, carers and supporters at every point of care. It includes three core components: ▪ Safe and supportive working environments ▪ 7 Principles ▪ 15 Capabilities.
Working together with families and carers: Chief Psychiatrist Guideline, State of Victoria, Department of Health and Human Services, August 2018	Provides specialist advice about involving family and carers in the treatment and care of individual consumers in Victorian mental health and wellbeing settings.

Appendix B: Victorian commissions relevant to FCLE work

Appendix B: Victorian commissions relevant to FCLE work

Equal Opportunity and Human Rights Commission	Independent statutory authority with responsibilities to protect and promote human rights law in Victoria. It does this through a range of functions and services, including: ▪ Providing information about equal opportunity and human rights ▪ Educating and consulting to create fairer organisations ▪ Helping to resolve complaints through dispute resolution ▪ Addressing systemic discrimination through research and investigations ▪ Advocating for stronger laws ▪ Monitoring and enforcing existing legislation.
Health Complaints Commissioner	The Health Complaints Commission (HCC) works to resolve complaints about healthcare and the handling of health information in Victoria. The HCC can also investigate matters and review complaints data to help health service providers improve the quality of their service. The Commission acts independently and impartially.
Independent broad-based anti-corruption commission (IBAC)	Works to prevent and expose public sector corruption and police misconduct in Victoria. Police misconduct is inappropriate or illegal conduct in connection with their official duties. You can submit a complaint to IBAC about Victoria Police misconduct. See website for the kinds of complaints they investigate.
Office of the Australian Information Commissioner (OAIC)	Independent Commonwealth agency with primary functions related to privacy, freedom of information and government information policy. Its responsibilities include conducting investigations, reviewing decisions, handling complaints, and providing guidance and advice.
Office of the Victorian Information Commissioner (OVIC)	Works as the primary regulator and source of independent advice on how the public sector collects, uses and discloses information.

Appendix B: Victorian commissions relevant to FCLE work

Mental Health and Wellbeing Commission (MHWC) (VIC)	Holds the government to account for the performance, quality and safety of Victoria's mental health and wellbeing system. The MHWC: ▪ Handles complaints about Victorian publicly funded mental health and wellbeing services, which include mental health and wellbeing services run and delivered by public hospitals in Victoria ▪ Supports people with lived experience to lead and partner in reform and play a key role in leading actions to reduce stigma related to mental health ▪ Provides a system-monitoring and oversight role, conducts investigations, and promotes effective complaint handling by Mental Health and Wellbeing Service Providers in Victoria. The MHWC reports on the performance, quality and safety of the mental health and wellbeing system and progress towards improving mental health and wellbeing of Victorians.
NDIS Quality and Safeguards Commission	Outlines legislation, rules and policies to improve the quality and safety of NDIS supports and services.
Victorian Civil and Administrative Tribunal (VCAT)	Provides fair, efficient and affordable justice for the Victorian community by making decisions about a wide range of cases or by helping people to resolve disputes. The types of cases include: ▪ Guardians and administrators ▪ Medical Treatment and Advance Care Directives ▪ Voluntary assisted dying ▪ Mental health ▪ Disability Act ▪ Equal Opportunity ▪ Privacy and health records.

Appendix C: Legislation and policies relevant to FCLE work in the Victorian context

Appendix C: Legislation and policies relevant to FCLE work in the Victorian context		Who to contact if a breach has occurred:
Carer Recognition Act 2012 (VIC)	Formally recognises the role of carers in the Victorian community. It defines who a carer is and includes a set of principles about the significance of care relationships. It also specifies broadly the obligations of state government agencies, local government, and other organisations that interact with people in care relationships.	Equal Opportunity and Human Rights Commission
Charter of Human Rights and Responsibilities Act 2006 (VIC)	Sets out the protected rights of all people in Victoria as well as the corresponding obligations on the Victorian Government. As government and public sector workers we have a responsibility to act in consistency with the charter, and to protect and promote human rights.	Equal Opportunity and Human Rights Commission
Freedom of Information Act 1982 (VIC)	Protects Victorian citizens' rights to request documents about their personal affairs and the activities of a government department or agency, and the right to request that incorrect or misleading information held about them be amended.	Office of the Victorian Information Commissioner (OVIC)
Family Violence Protection Act 2008 (VIC)	Aims to prevent family or domestic violence and protect those affected by it. Moreover, the Act recognises family violence as a serious crime and legally defends victims and their families. The Act also provides a range of provisions to support victims.	
Family Violence Information Sharing Scheme	The scheme enables the sharing of information between authorised organisations to assess and manage family violence risk.	Office of the Victorian Information Commissioner (OVIC)
Guardianship and Administration Act 2019 (VIC)	Provides for the appointment of a guardian or administrator and statutory recognition for supported decision making. Under the Act a guardian and/or administrator may be appointed for a person with a disability that reduces their capacity to make their own decisions (such as mental illness or neurological impairment). The appointment is made by the Victorian Civil and Administrative Tribunal (VCAT).	Victorian Civil and Administrative Tribunal (VCAT

Appendix C: Legislation and policies relevant to FCLE work in the Victorian context		Who to contact if a breach has occurred:
Health Complaints Act 2016 (VIC)	Provides a process for complaints and other processes related to health service provision. It established the office of Health Complaints Commissioner (HCC) and the HCC Advisory Council.	Health Complaints Commission (HCC)
Health Records Act 2001 (VIC)	Protects the privacy of individuals' health information and regulates the collection and handling of health information. It applies to the health, disability and aged care information handled by Victorian public and private sector health, mental health, disability, aged care and palliative care services. It also gives individuals a legally enforceable right of access to health information about themselves that is contained in records held in Victoria.	Office of the Victorian Information Commissioner (OVIC) and Health Complaints Commission (HCC)
Mental Health and Wellbeing Act 2022 (VIC)	Legislates mental health and wellbeing principles to guide service providers to support the dignity and autonomy of people living with mental illness or psychological distress. *Victoria's Mental Health and Wellbeing Act 2022 replaced the Mental Health Act 2014.*	Mental Health and Wellbeing Commission (VIC)
	The Mental Health and Wellbeing Act 2022 also established the Second Psychiatric Opinion Service, an independent service that provides independent second psychiatric opinions to eligible patients under Act, in circumstances when a second opinion via other means is not available or feasible.	
National Disability Insurance Scheme Act 2013 (*Cth*)	Legislates the National Disability Insurance Scheme (NDIS) and aims to give effect to Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities. The agency responsible for the NDIS is the National Disability Insurance Agency (NDIA), an independent agency that implements the NDIS. It also has more general functions, such as enhancing the disability sector in Australia, and building community awareness of the social contributors to disability.	NDIS Quality and Safeguards Commission

Appendix C: Legislation and policies relevant to FCLE work in the Victorian context		Who to contact if a breach has occurred:
Privacy Act 1988 (*Cth*)	An Australian Commonwealth Act that protects personal information when it is handled by Commonwealth government organisations, like Centrelink or the Australian Tax Office. This law also protects personal information when it is handled by private sector organisations.	Office of the Australian Information Commissioner (OAIC)
Privacy and Data Protection Act 2014 (VIC)	Legislates how Victorian public sector organisations must handle personal information. It applies to private sector and not-for-profit organisations when handling personal information on behalf of a Victorian public sector organisation. It defines personal information as recorded information or an opinion about someone where their identity is clear or where someone could reasonably work out that it relates to them. Personal information can include: ▪ Name ▪ Email address ▪ Postal address ▪ Phone number ▪ Signature ▪ Fingerprint ▪ Photographs or surveillance footage ▪ Comments written about someone ▪ Financial details. Some personal information is considered particularly sensitive and is subject to higher protections under the Act. This includes information about someone's: ▪ Race or ethnicity ▪ Political opinions ▪ Membership to a political association ▪ Religion ▪ Philosophical beliefs ▪ Membership to a professional or trade association ▪ Membership to a trade union ▪ Sexual preferences or practices ▪ Criminal record.	Office of the Victorian Information Commissioner (OVIC)

Appendix C: Legislation and policies relevant to FCLE work in the Victorian context		Who to contact if a breach has occurred:
Severe Substance Dependence Treatment Act 2010 (VIC)	Applies to the 14-day detention and treatment of persons with a severe substance dependence where this is necessary as a matter of urgency to save the person's life or prevent serious damage to the person's health. It aims to enhance the capacity of those persons to make decisions about their substance use and personal health, welfare and safety.	Victorian Civil and Administrative Tribunal (VCAT)
Summary of Rights and Role of Nominated Person	Provides information about the important role of nominated support persons under the *Mental Health and Wellbeing Act 2022*. A nominated support person is someone appointed by a consumer to support them to express their views and preferences and exercise their rights if they become unwell and receive compulsory assessment or treatment. This summary provides information about the appointment and termination of nominated persons including forms. It also outlines that mental health services must make reasonable efforts to support a nominated support person to perform their role. This includes sharing information and consultation at important points in the treatment and≈care of a patient.	Mental Health and Wellbeing Commission (VIC)

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