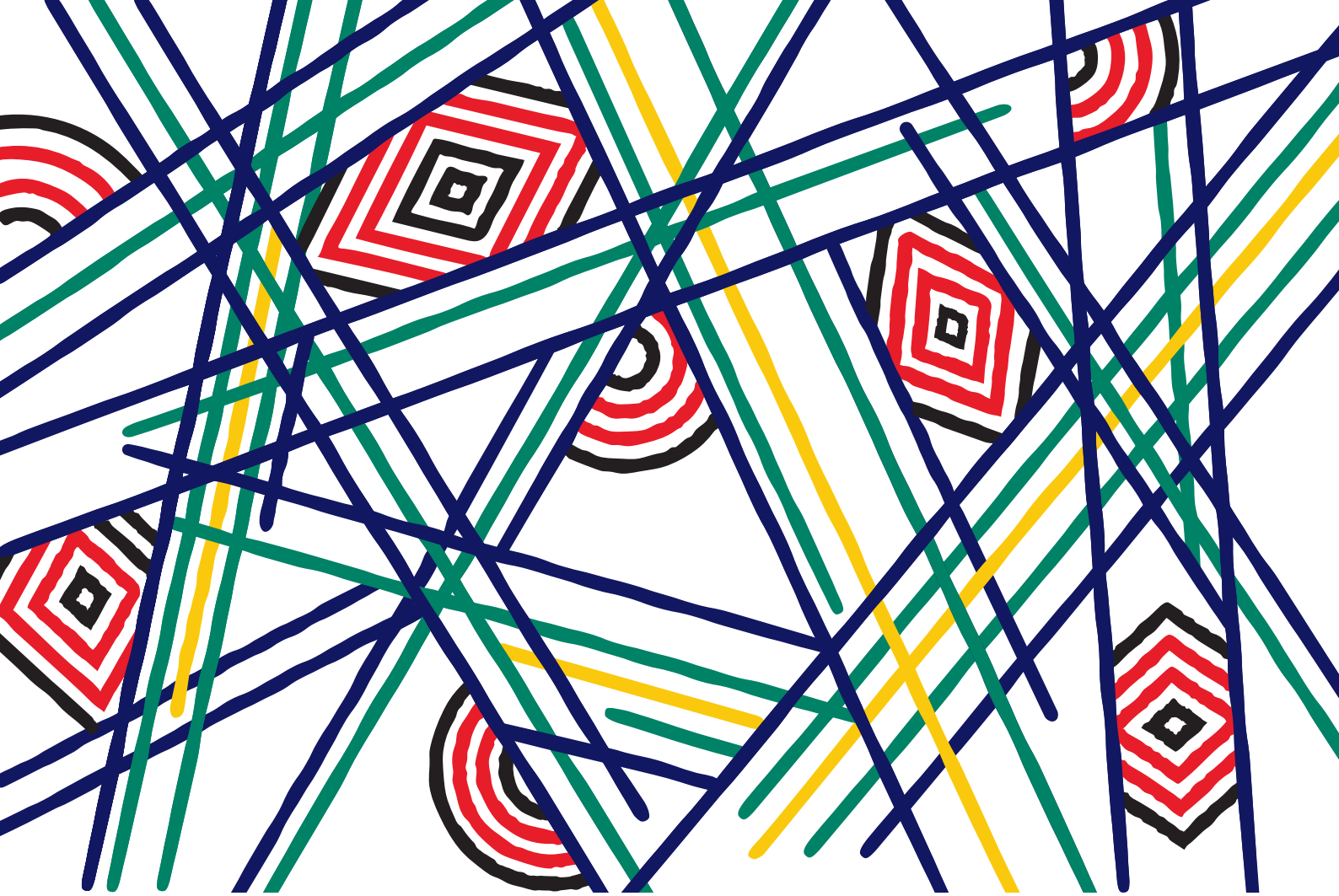
RMIT UNIVERSITY

Changing lives

The Mental Health and Wellbeing Connect centre family carer lived experience workforce story

"It's more than just a program – we are changing lives"

Family and Carer Research Advocacy Network
RMIT University, Social Equity Research Centre



Acknowledgement of Country

The Social Equity Research Centre at RMIT University acknowledges the people of the Woi wurrung and Boon wurrung language groups of the Eastern Kulin Nation as the Traditional Owners of the lands on which we conduct our transformative research, teaching and other business. We pay deep respect to Ancestors and Elders, past and present, and honour the enduring connection that Traditional Custodians have to Country, including land, air and waterways. We stand in solidarity with First Nations peoples, whose sovereignty has never been ceded.

The Social Equity Research Centre at RMIT University is committed to upholding the knowledge and perspectives of First Nations people and communities with whom we collaborate. Through our research relationships, we seek to transform our partners and ourselves, guided by principles of reflection, reciprocity, and reconciliation. We aspire to co-create knowledge in ways that honour Indigenous people and Country.

Sentient, by Hollie Johnson, a Gunaikurnai and Monero Ngarigo woman from Gippsland who graduated from RMIT with a BA in Photography in 2016.

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FaCRAN
Family and Carer Research and Advocacy Network

mental health & wellbeing connect
Free for family, carers and supporters

The Victorian Collaborative Centre
For Mental Health & Wellbeing

VICTORIA State Government

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Key Partners

This project was led by FaCRAN and RMIT with the support of the Victorian Collaborative Centre for Mental Health and Wellbeing and funded by the Victorian Department of Health.

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Table of contents

Recognition of lived and living experience

We recognise people with lived and living experiences of mental health challenges and/or alcohol and other drug use, and their families, carers and supporters.

We acknowledge the pioneers of the consumer and family carer movements and the lived experience workers who have come before. These powerful advocates laid the foundation for mental health families, carers and supporters to continue to drive change.

This project has been family carer-led. The project team thanks all the Mental Health and Wellbeing Connect centre family carer lived experience workers who participated for taking the time to share their experiences and insights. This project would not have been possible without the invaluable time and input of Connect centre workers. We would also like to thank the project's advisory group members for their contributions to this research. It is our hope that the Connect centre workforce see themselves reflected in this project.

Family and Carer Research Advocacy Network

The Family and Carer Research Advocacy Network (FaCRAN) is a Victoria-based, nation-wide collective of family carers, carer researchers, advocates and research allies, who engage in carer-led and carer focused research.

Image 1

Mental Health Family Carer Bunting project, Grampians Connect Centre

Use of terms

Language shapes how we understand, promote and empower people with lived experience and those working in designated lived experience workforce positions. This section assists in navigating the key terms used throughout this document.

Carer

Carer is a widely recognised term 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 report, the term 'carer' is used 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 the life of a person with mental health challenges.[1]

Families, carers and supporters

Throughout this report, we use 'families, carers and supporters' to describe people of any age who, without being paid, provide support to, or are in a 'care relationship' with another person experiencing mental health challenges. This descriptor was used in the Royal Commission into Victoria's Mental Health System's Final Report to describe the range of unpaid caring relationships where a person provides emotional, spiritual, practical or material supports. While some unpaid supporters may identify themselves as carers, many others do not identify with the term, but rather with the characteristics of their relationship (e.g., family member, friend, parent, child, partner, ex-partner, sibling, housemate, those with kinship responsibilities, and others).[2]

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.[3]

Family carer lived experience worker

Refers to a person employed in a designated 'family carer lived experience' (FCLE) role, who is employed to work from the perspective of having lived experience of providing un-paid support to, or being in a 'care relationship' with someone who experiences mental health challenges.

Lived experience

Where this report uses the term 'lived experience', it is referring to family carer lived experience, unless otherwise stated.

Mental Health and Wellbeing Connect centres

Mental Health and Wellbeing Connect centres are dedicated to those who are supporting people living with mental health and substance challenges or psychological distress. The Mental Health and Wellbeing Connect centres provide support and services that are responsive and tailored to the needs of families, carers and supporters, including information, networks, resources and access to hardship funds. All participants in this project worked at Mental Health and Wellbeing Connect centres. In this report we use the terms Mental Health and Wellbeing Connect, Mental Health and Wellbeing Connect centres, Connect centres, Connects, and centres interchangeably when referring to the services that participants worked in.

Person with experiences of mental health challenges, or Consumer

The word 'consumer' is commonly used by mental health services in Australia to describe people with a living or lived experience of mental illness or psychological distress, irrespective of whether they have a formal diagnosis, have used mental health services or have been unable to access them. Within this report, we use the terms 'person with experiences of mental health challenges' and 'consumer' for practical purposes, while recognising that there are many other ways that the people describe themselves — and we respect each person's choice.[4]

Service user

Where this report uses the term 'service user' it is referring to people with mental health family carer lived experience who access and are supported by the Mental Health and Wellbeing Connect services.

Executive summary and recommendations

This report outlines findings from a research project which mapped characteristics, roles, lived experience informed practices, and current and future capabilities across Victoria's Mental Health and Wellbeing Connect centre family carer lived experience (FCLE) workforce.

The report also provides recommendations for resources, supports, practices, strategies, and policy required to grow and further develop this evolving workforce and practice discipline. The Connect centre network of eight centres across Victoria was established in July 2023 by the Victorian Department of Health to support families, carers, and supporters of people experiencing mental health and alcohol and other drugs (AoD) challenges. The centres are family carer led, free, and staffed by a minimum of 60% FCLE workforce in designated roles. The project's findings and recommendations deepen understanding of peer-delivered wellbeing services, and the needs of the evolving FCLE workforce and discipline within community-based lived and living experience-led services. The recommendations from the research highlight conditions required for a thriving and sustainable FCLE Connect centre workforce model and more broadly for FCLE workforce development in other community and clinical settings.

This research was funded in 2024 by the Department of Health's (the Department) Mental Health and Wellbeing Division and conducted by FaCRAN (Family and Carer Research Advocacy Network) researchers from the Social Equity Research Centre at RMIT University. Each phase of the project was led by family carer researchers and guided by a Project Advisory Group (PAG) including representatives of the family carer workforce from each Connect centre and other key stakeholders. Between February and June 2024, the research team engaged with 40 Connect centre FCLE staff from each of the network's eight centres through individual interviews, focus groups and co-location. Participants occupied diverse roles including administration, therapeutic counselling, peer support, and management. The research examined the composition and characteristics of the Connect centres' FCLE workforce, role and practice diversity, ways in which lived and living experience informed and shaped practices across roles, and the operational, professional, and developmental supports required to ensure the sustainability and continuing development of workforce capability and wellbeing.

The report highlights the innovative nature of Victoria's new Connect centre model and the intrinsic benefits to families, carers and supporters accessing services, and the FCLE workforce.

These benefits include enhanced employment opportunities and pathways for family carers, capability development, and a strong sense of pride and purpose in their work. For some, their role was their first paid employment in many years, mainly due to caring responsibilities. Being part of FCLE work teams and having FCLE leadership enabled a return to the workforce and were found to be a key supporting factor for many workers' personal recovery journeys. The co-design of the Connect centres and the cultivation of a 'relational time' ethic and practice was identified to facilitate worker wellbeing as well as enhance services for family carers. The report also examines risks to the lived experience workforce and service users if the aforementioned conditions are not present. These risks include inconsistent approaches to embedding FCLE supervision, the provision and approach towards professional development, and ongoing opportunities for peer critical reflection.

The findings and recommendations address the project aims, and are presented under these key focus areas:

- Workforce characteristics and diversity
- Lived experience informed practice
- Practice, activities, and responsibilities across FCLE roles
- FCLE workforce capability and wellbeing: supports, resources, conditions.

Many of the recommendations apply across several of these focus areas and are repeated in the main report where relevant to findings (Also see **Appendix 5** for the full list of recommendations).

Summary of key findings and recommendations

FaCRAN recommends that the Victorian Department of Health, Connect Development Group, Connect Coordination Victoria and the Connect centre providers collaborate to implement the following recommendations.

Workforce characteristics and diversity

The findings indicate a mostly culturally homogenous and feminised FCLE workforce with some representation of people from culturally, ethnically and linguistically diverse backgrounds and limited representation of Aboriginal and Torres Strait Islander peoples. Most FCLE workers in this study identified as women (80%), reflecting the over representation of women in unpaid caring roles, and most were aged between either 30 and 39 (12) or 50 and 59 (12). Of importance is the finding that 80% of participants were in active caring roles and 60% cared for two or more people.

Recommendations relating to workforce characteristics and diversity

1. Connect centre organisations commit to recruitment activities that ensure greater cultural, linguistic and ethnic representation, and which reflect the characteristics of communities they serve.
2. Connect centre organisations develop and implement strategies for active recruitment of Aboriginal and Torres Strait Islander FCLE workers.
3. Workforce demographic data trends are routinely monitored and used to drive service delivery and workforce development priorities, ensuring the belonging, inclusion and workplace safety needs of FCLE workers are met.

Lived Experience informed practice

FCLE workers in diverse roles described the different ways in which their lived and living experience informed their practice. While a variety of descriptions and terms were shared, lived experience informed practice was characterised and underpinned by *intentionality, connection, understanding, compassion and empathy, and hope*. Those in direct peer support roles emphasised the importance of bringing their lived experience to activities such as creating mutuality, trust, and reciprocity in their relationships with carers and families. Alongside this, the research identified the importance of adequate time being made available to develop and maintain a relational approach.

Recommendations relating to Lived Experience informed practice

4. As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.
5. Connect centre organisations ensure FCLE workers' access to debriefing with colleagues is protected.

6. All FCLE workers receive a set of the *Family Carer Workforce Wisdoms reflective practice cards* resource (**Appendix 1.2**), and these are operationalised as a learning tool for reflective practice within the Connects and broader FCLE workforce.
7. The *Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce* (**Appendix 1.1**) is consistently used to facilitate inductions, ongoing reflections, and development.
8. Awareness regarding the value of co-reflection, communities of practice and opportunities for participation is actively promoted at the worker, program, organisation and system level.
9. Organisational commitment to FCLE is embedded across all levels of the Connect centres provider organisations, including embedding in policies and procedures. This includes externally delivered training and professional development for all staff, including those in supporting roles such as executive managers, administrative staff and human resources personnel.

Practices, activities and responsibilities across FCLE roles

FCLE workers described many different practices, activities and responsibilities across 11 distinct roles. More than 18 categories of tasks were identified with lived and living experience directly informing more than 80% of these. The ways in which lived experience informed these activities is best conceptualised as a lived experience practice continuum (see **Figure 11**, p. 33). From these 18 tasks, four distinct areas of work emerged: providing support to carer service users; operational activities; external community engagement; and supporting a family carer lived experience team.

A key finding highlights the need for greater clarity across the scope of practice in different FCLE roles and work as well as the model's approach to advocacy. FCLE workers described advocacy as a significant part of their role, however there is currently limited guidance regarding advocacy approaches. Greater clarity is also required regarding scope of practice in relation to case management needs, and specialised supports relating to family and domestic violence, acute mental distress, and situations requiring mandatory reporting.

Recommendations relating to practices, activities and responsibilities across FCLE roles

10. The approach to advocacy, which includes definition of the role of the Connect FCLE workforce in advocacy, is clearly articulated in the Connect Service Development Framework, in recognition of the significance of quality advocacy services for families and carers.
11. Connect centre staff have the skills and knowledge to build capabilities in service users to enact self-advocacy (for example when engaging with Area Mental Health Services and other agencies).
12. Dedicated work is progressed to define the scopes of practice of FCLE roles, particularly in relation to how they might differ from those of FCLE workers in Area Mental Health and other clinical services, and how they respond to the needs of families and carers. This work should include an examination of:
    - FCLE counselling functions
    - Family carer peer work functions
    - Support work functions
    - Advocacy functions
    - Case management functions
    - Community development/engagement functions
    - Service navigation functions.
13. The Connect centre model's response to domestic and family violence is clearly defined and articulated in the Service Development Framework.
14. The Connect centre model's response to supporting family carers experiencing acute mental distress is clearly defined and articulated in the Service Development Framework.

FCLE workforce capability and wellbeing: supports, resources, conditions

The findings highlight the critical importance of ensuring FCLE capability development and wellbeing. The findings further indicate the need for tailored, timely and ongoing professional development, FCLE specific supervision and opportunities for co-reflection and de-briefing with peers. Ensuring these supports are embedded into organisational life and practice enables psychological safety, enhances practice and service delivery and ultimately mitigates the personal costs of FCLE work. Professional FCLE supervision should be provided by independent qualified supervisors who are not in direct line management roles or some other form of professional relationship.

Recommendations for all FCLE workers induction, professional development and supervision

15 Connect centre organisations provide inductions within four weeks of the FCLE worker's appointment and ensure there is a focus on the scope of the FCLE discipline. These inductions would foster a sense of belonging and purpose among Connect centre workers, including by 'bringing people into the story so far.' Part of the induction is providing FCLE discipline specific professional development and training such as that previously delivered by the Centre for Mental Health Learning.

16 All FCLE workers undertake Intentional Peer Support (IPS) training within the first four weeks of commencing employment. Training instructors must be FCLE workers, and participants should be grouped with other FCLE workers.

17 Connect centre organisations ensure that FCLE staff have access to professional development and training, including training related to cultural diversity, intersectionality and different support/carer arrangements.

18 Connect centre organisations ensure FCLE workers have access to regular FCLE discipline specific training.

19 Connect centre organisations ensure that all FCLE workers are provided with FCLE discipline specific supervision, at a minimum of two hours per month pro-rata.

20 FCLE supervision is provided by independent qualified supervisors who are not in direct line management roles or some other form of professional relationship.

21 Workers should be supported to choose their own certified supervisor.

22 Data is routinely collected on FCLE worker supervision access from Connect centre organisations and where minimum standards of two hours of FCLE supervision are not met, action is taken to rectify this shortfall.

Recommendations related to FCLE workers conditions and remuneration

The findings highlight the importance of employment conditions for FCLE workers. Some participants noted that they had chosen FCLE roles because of their commitment and passion, and in doing so, found themselves in lower paid roles.

23 A minimum standard is established that ensures FCLE direct practice teams in all secondary and satellite service delivery sites centres have at least two FCLE workers.

24 Connect centre organisations provide flexible workplace conditions and arrangements, including part time work to respond to unpaid caring responsibilities and the ability to move between frontline, direct practice and 'back of house' roles.

25 FCLE workers are remunerated commensurate with their skills, training, and the complexity of their work, which involves considerable emotional labour.

26 Connect centre organisations ensure that FCLE staff in direct practice roles are line managed by FCLE managers.

27 Connect centre organisations ensure that full staffing levels are maintained, in recognition of the need for FCLE workers in active caring roles to take leave (and without being concerned for the impact on Connect centre operations).

28 Connect centre organisations provide additional leave provisions to support FCLE workers in their holding and sustaining of the dual demands of their paid work and unpaid caring roles. Such arrangements should be supported by organisational processes that do not require FCLE workers to disclose details of their situation.

29 To ensure quality and fidelity of service delivery in all Connect centres, routine monitoring is used to ensure equitable and consistent working conditions and competitive remuneration for all FCLE staff.

30 Reporting mechanisms are developed in which Connect centre organisations are required to evidence the implementation of specific FCLE workforce policies and practices.

Recommendations for specific FCLE roles

31 Policies, practices and self-monitoring mechanisms are developed and implemented that ensure a FCLE discipline perspective is embedded in counselling practice.

32 Longitudinal co-design research is undertaken that investigates how FCLE disciplinary knowledge and counselling are integrated within (relevant) Connect centre roles.

33 Protections are formalised so that volunteers and peer cadet roles do not replace FCLE peer worker roles.

34 Peer cadets are adequately inducted, trained and supervised in their work.

35 Volunteers are adequately inducted, trained and supervised (by FCLE workers).

Recommendations for FCLE leadership and management

The following outlines specific recommendations relating to Connect centre leadership and management roles.

36 All leadership staff have FCLE expertise, supported by FCLE supervision, Lived Experience specific professional development (for example, access to IPS training for managers and Carer Perspective Supervision training), opportunities for co-reflection with peers in FCLE management roles, and leadership and management professional development opportunities, to provide guidance on how to integrate operational work and lived experience.

37 Connect centre service co-ordinators and managers are supported to establish a community of practice, in addition to, and independent of, CCV activities or meetings.

Recommendations for centre capability, statewide spread, and outreach

38 Where Connect centres are not co-located with other services, Connect centre staff are provided safe working environments with a minimum of three staff rostered on shift at any one time.

39 In recognition of equity and access issues currently experienced by rural and regional family and carer service users, the funding allocation methodology for the Connect centres is reviewed to give greater consideration to specific cost drivers in more rural, regional and remote settings.

40 All people presenting to Connect centres are offered and have access to counselling regardless of location (ideally FCLE counselling where available).

41 Minimum Viable Service guidelines are developed for Connect centres secondary sites (satellites) with respect to resourcing, accessibility and connectivity to ensure greater equity in service access.

42 Knowledge sharing of effective outreach services practice is shared across Connect centre organisations.

43 The importance of community engagement is embedded in the Connect Service Development Guidelines in such a way to ensure that such tasks are allocated to discrete roles or within existing FCLE roles.

44 Opportunities are created to promote and provide support for staff at all levels to engage in local health networks and regional communities of practice.

45 'Relational time' practices remain central to the model, and a core component of all future workforce development, funding models, and performance management.

46 We recommend that the Connect Development Group, in the context of developing its 2026 workplan, develop an implementation plan for the above recommendations, with respect to timing, responsibility, resourcing and sequencing.

Summary

In summary, this project has identified that FCLE workers are committed and passionate about their work, the Connect centres and providing support to family and carer service users. As a new initiative, the Connect centres are still in formation and working through a range of operational, cultural and strategic issues. Importantly, this research highlights that Family Carer Lived Experience is a unique body of knowledge and discipline that for many, sits alongside active caring roles – meaning FCLE workers hold and juggle many responsibilities which all involves considerable emotional labour. Given this context, investment in and cultivation of the FCLE workforce is paramount and involves opportunities for formal and informal debriefing and reflection; FCLE specific supervision, professional development, flexible working conditions which recognise active caring responsibilities, and organisations committed to valuing and centring FCLE.

Family Carer Lived Experience teams must continue to be the core workforce of current or additional services provided by individual Connect centres and this extends to leadership and co-design roles.

There is much that is working well in the new Connect centres and these elements, such as a relational time ethic and emphasis on care, reflexivity and collaboration, should be built on and have implications for FCLE workforce in other community and clinical settings. To do so however requires clear and consistent government and organisational investment in co-creating and sustaining environments where FCLE workers' expertise and contributions are recognised, respected and sustained.

1 Introduction

***In 2024, the Victorian Department of Health's Mental Health and Wellbeing Division funded FaCRAN (Family and Carer Research Advocacy Network) researchers, located at the Social Equity Research Centre, to undertake the* Connect Centre Lived and Living Experience Workforce research project.**

FaCRAN is supported by RMIT's Social Change Enabling Impact Platform and includes researchers with lived and living experience and academic allies. Using a mix of traditional qualitative and creative participatory research approaches, this project has sought to understand the Mental Health and Wellbeing Connect centres' family carer lived experience workforce (FCLE), the practices of this workforce, and the supports it requires in the context of this new family carer lived experience-led service. This project is integral in contributing to an improved understanding of peer-delivered wellbeing services, and the needs of the evolving FCLE workforce within community-based lived experience-led services.

The project seeks to

- Clearly define the Connect centre lived experience workforce in the context of the family carer lived experience-led service model across a range of dimensions.
- Co-develop recommendations for resources, policy and practice, supports and strategies that can better support and grow this workforce.

Key research questions

- What are the key characteristics of the lived experience workforce?
- What are the key activities and responsibilities of the lived experience workforce?
- What professional and organisational resources and supports are required to do your designated or declared job?
  - What is useful and why?
  - What do you imagine could be useful?
  - What is not useful and why?
- From the workforce, what resourcing, capabilities and structures are required for the Connect Centre's carer peer workforce to meet the needs of Centre service users through carer peer-led service delivery?
- What can we learn about what is working well in the Connect Centre family carer lived experience practice model that can strengthen the broader discipline?

Project objectives

1. Define the key characteristics of the Connect centre FCLE workforce, including size, discipline experience, relevant demographic composition, centre distribution and current and future capabilities of the Connect centre FCLE workforce.
2. Identify lived experience informed practice in the Connect centres for both designated and non-designated but declared roles.
3. Describe effective practice across the range of FCLE roles in the service model, from peer work to management to practice governance.
4. Identify the range of workforce supports and resources that might further develop and support the practice capability of the Connect centre FCLE workforce.
5. Focus specifically on these elements in the context of the Connect centres as a new and novel family carer lived experience-led model, while providing commentary on the implications of this for Victoria's FCLE workforce in other community and clinical settings.

In August the project delivered an Interim Report which provided a brief background to the Connect centres, the project's aims, research design, and preliminary research findings relating to the Mental Health and Wellbeing Connect centres FCLE workforce. This final report builds on those areas, presenting additional findings, and policy and practice recommendations to better understand, support and grow the FCLE workforce. This report also includes key learnings for the FCLE workforce in other community and service settings. These areas include:

- The key characteristics of FCLE workers who participated in this study
- Lived experience informed practice
- Practice across FCLE roles within the Connect centres
- What is working well in the Connect centre FCLE practice model
- Workforce supports and resources to further develop and support the practice capability of the Connect centres' FCLE workforce
- Further findings impacting FCLE work.

Throughout these areas the report sets a range of recommendations to support the sustainability and growth of the FCLE workforce.

These can also be found summarised in the Executive summary and recommendations section of this report.

2 Background

The Royal Commission into Victoria's Mental Health System[5] conducted between 2019 and 2021, identified that around 60,000 Victorians provided care to a family member or loved one experiencing mental health challenges.

It also recognised that the mental health and wellbeing system did not provide adequate or holistic support to these families, carers, kin and supporters. In response to this the Royal Commission set out *Recommendation 31, Supporting families, carers and supporters* which aimed to ensure system-wide involvement of mental health families, carers, supporters and kin and the necessary steps to better support and recognise them.

Following that recommendation, the Victorian Department of Health (the department) established eight Mental Health and Wellbeing Connect centres across metropolitan and regional Victoria to provide better support to the families, carers and supporters of people experiencing mental health and or alcohol and other drug (AoD) challenges. The design, operationalisation and delivery of the Connect centres was to be family carer-led, and the services were to provide free tailored information and direct support to all mental health families and carers in each region. The Connect centres began opening across the state in July 2023, and all eight centres are now in full delivery.

As part of the commissioning process for the new Connect centres, the department specified that the service model will delivered by a lived experience workforce of no less than 8 designated family carer FTE across all levels of the Centre in each region. For regions with a staffing cohort of more than 16 FTE, there will be no less than 60 percent of total FTE. There was no specific requirement regarding whether designated positions were defined as peer work. Instead, workforce design has been guided by the following specification arising from early and extensive community codesign led by Tandem:

[Connect centres will be] delivered by a skilled, representative, diverse, kind and compassionate carer-led workforce

- People want a multidisciplinary workforce that can provide holistic care (including peer workers)
- People want those with lived and living experience (including but not limited to the peer workers) to make up most staff at the Centres and to be a permanent feature of the model of care and support
- People want staff who can understand a carer's mental and physical health holistically
- People want highly skilled, multidisciplinary and experienced staff across all Family and Carer-led Centres, to ensure best practice is delivered consistently, including practitioners with field leading competencies, experience and qualifications, and these people may also have a lived and living experience
- People value continuity of staff which allows for trusting relationships to be formed and reduces the need for family and carers to re-tell their story
- People want staff to be well supported with professional development with a good working environment to support this.

Accordingly, a significant portion of Connect centre staff are employed in designated FCLE roles. These roles require lived experience as an unpaid family member, carer or supporter as the key criterion of designated roles. Designated FCLE positions are firmly focused on and informed by the family carer lived experience workforce priorities, perspectives, and discipline, and have been understood as distinct from clinical roles employed in services.[6] Other workers within the Connects are in non-designated roles.

Of these, some staff have publicly self-declared that they identify having a lived experience of being a family member, carer or supporter of someone experiencing mental health and/or AoD challenges. Historically, self-declared roles have been understood as substantially informed by the scope and priorities of a worker's existing discipline and their practice is not formally guided or underpinned by the Family Carer Lived Experience Discipline, whereas workers in designated FCLE roles are employed specifically to practice from a family carer lived experience discipline perspective. [7, 8]

While the mental health FCLE positions have been employed in the Victorian mental health services since the late 1990's[9] there has previously been limited research documenting the experiences or practice of FCLE workforce roles, with most papers regarding mental health lived experience workforces focused on consumer experiences.[10] However, in the wake of the Victorian Royal Commission there has been a growing body of research focused on the FCLE workforce.[11,12,13,14] FCLE workforce initiatives funded by the Victorian Government have explored workforce challenges,[15] training,[16,17,18] and more recently defined the FCLE workforce scope of practice.[19]

The establishment of the Connect centres has resulted in a rapid expansion of FCLE workforce roles in Victoria. It is estimated that in the last five years the Victorian FCLE workforce has more than doubled.[20] In 2019-2020 the Victorian Department of Health's *Lived experience workforce positions report* identified approximately 98 publicly funded FCLE designated positions across the state. Of these 95% were employed in clinical mental health services.[21] Since that time, increasing investment in FCLE roles following the Royal Commission has seen a significant increase in FCLE positions.

The Carer Lived Experience Workforce (CLEW) Network membership estimates there to be between 250-300 FCLE workers in Victoria.[22] In 2024, Department of Health data indicated that the Connect centre workforce comprised of 98 designated FCLE positions in non-clinical settings,[23] making up a third or more of the Victorian FCLE workforce.

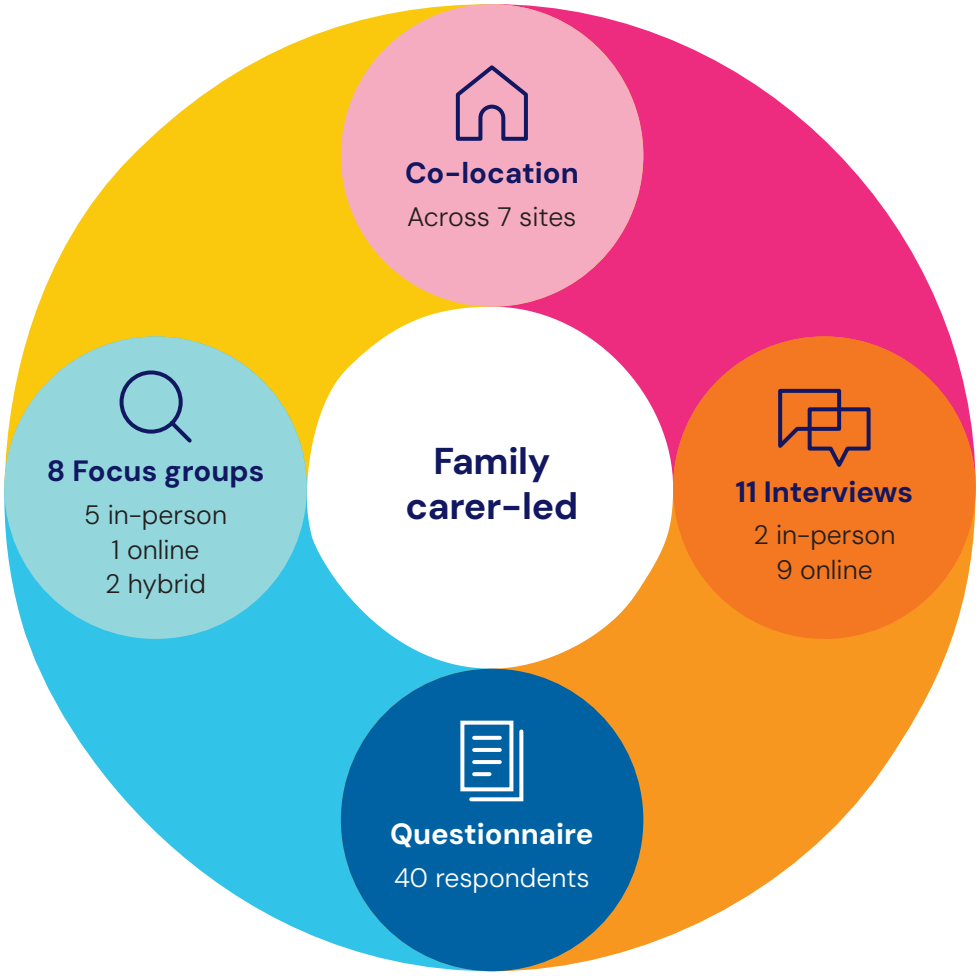
The Connect centre's establishment of a large community based FCLE workforce, within a family carer lived experience led service model, operates within a vastly different context to the state-funded clinical community and inpatient mental health services (i.e., Area Mental Health and Wellbeing services) that Victoria's FCLE workforce has predominantly practiced previously. The Connects have also introduced some designated roles not previously defined within the discipline, such as FCLE counsellor positions, support workers, peer service navigators, administration and community engagement roles.

As such, little is currently known or documented about the way FCLE informed practice emerges within lived-experience-led community-based service delivery and how this might differ from that of more established FCLE roles within clinical services.

3 Research Design

Figure 1

Overview of research approach



The project's design has been underpinned by a family carer led participatory approach to qualitative research.

Project governance involved a team of researchers who bring lived and living experience of supporting family members and friends with mental health challenges and non-family carer allies. The teams' activity was supported by an advisory group and involved key stakeholders. The research engaged 40 FCLE staff from across the eight regions through 11 semi-structured interviews, 8 focus groups, 40 questionnaire responses, and co-location across seven Connect centres. Further detailed information about how these approaches were applied is detailed in the proceeding sections.

Ethics approval was granted by RMIT's Human Research Ethics Committee in February 2025 (approval number: 28173).

3.1 Project governance

The project has been led and undertaken by a team of researchers who bring lived and living experience of supporting family members with mental health challenges, along with academic allies. The teams' activities were guided by an advisory group made up of eight Connect Centre FCLE workforce representatives and two emerging researchers who were FaCRAN members. In addition to the project team and advisory group, the project has also collaborated with several key stakeholder groups. These groups and their relationships with the project are briefly outlined below.

3.1.1 Research team

The project's research team was located at RMIT University's Social Equity Research Centre and comprised members of the Family and Carer Research Advocacy Network (FaCRAN), a Victorian-based, nation-wide collective of mental health family carers, carer researchers and research allies, who engage in carer-led and carer focused research.

Members of the project team brought extensive research experience related to mental health family carers and the lived experience workforce. Drawing on that expertise, the project championed family carer lived and living experience and ensured that each element of the research process was thoughtfully led by family carer researchers. By 'researching alongside' and not 'researching on', the team paid close attention to known power imbalances, inclusion of intersectional and diverse perspectives, accessibility and psychological safety.

3.1.2 Project Advisory Group and stakeholders

In addition to the research team, the project was guided by the Project Advisory Group (PAG) and also involved several key stakeholder groups. The PAG had 12 members who were selected via an expression of interest process in early 2025. Membership consisted of a FCLE workforce representative from each of the Connect centres (including at least one who held CLEW Network membership); two FaCRAN members (who were 'research curious' and had experience working from dedicated Family Carer Lived Experience positions); and two of the project's family carer researchers. PAG members represented a variety of lived experience positions across the Connects (including peer workers, team leads and manager roles).

The purpose of the PAG was twofold. Firstly, members advised, from a family carer lived experience perspective, on aspects of planning and implementation across the project lifespan. The core functions of the advisory group included:

- Consideration and advice around particular aspects of data collection, methods and analysis
- Review of reports and resources, including to ensure user-friendly formatting
- Co-development and co-facilitation of a symposium to share project findings and key learnings.

PAG members also played a crucial role in championing the project and encouraging participation of Connect centre staff in the project.

Secondly, in the spirit of FaCRAN's commitment to research that creates new pathways and conditions for family carer capacity building,[24] PAG membership provided opportunities for two FaCRAN members and eight FCLE Connect centre staff, across a range of roles and experiences of participating in research, to be meaningfully engaged as active partners in research about their workforce experiences. This worked towards fostering epistemic justice through centring FCLE equity and leadership in the research project.

In addition to the PAG, the project also involved several key stakeholder groups. These groups and their relationship to the project are briefly outlined below:

Stakeholder title or organisation	Relationship to the project
Victorian Department of Health's Mental Health and Wellbeing Division	Funder
Victorian Collaborative Centre for Mental Health and Wellbeing	Project administration and facilitation
Connect centre staff and participants	Project process and outcomes directly impact these stakeholders
Connect Coordination Victoria (CCV) provided by Tandem	Project outcomes could inform the CCV's future work
Connect Development Group	Project outcomes could inform future work
FaCRAN members	Project provides capacity building opportunities for FaCRAN's emerging and established family carer researchers

3.2 Who participated in the project

The project engaged 40 participants from across the eight Connect centre service regions as a representative subset of the FCLE Connect workforce. Sixty percent of participants worked in rural and regional Connects and 40 percent in metropolitan Connect centres. All participants were aged 18 years or older and employed at Connect centres in either designated lived or living experience roles, or those who had self-declared their lived or living experience and were utilising this to inform their work in a non-designated role.

Connect centre workers excluded from participation in this study were those who did not have a lived or living experience, and those who did have a lived or living experience, but who had not declared their lived or living experience for the purpose of their role.

To ensure representation from across the eight Connect centres the project team promoted participation through a variety of channels. Promotion involved emails and phone calls with Connect centre management, posts in online workforce communities (such as the CLEW Networks' basecamp, and Connect Coordination Victoria's community of practice), and distribution of project flyers at the Connect mini-showcase event and promotion in Connect Coordination Victoria's online meeting spaces. Advisory group members also promoted the project across their own centres. The method of co-location described below also played a key role in building workforce awareness, interest, and participation in the project. Promotion through these various channels ensured engagement of a greater number of participants across the Connect centres.

Potential participants expressed interest by completing an expression of interest form or contacting a member of the research team. After expressing interest, participants were contacted via email or by telephone to organise an interview or focus group at a time when they were available.

Despite widespread promotion of the project there was a notable absence of interest in participating from Connect centre employees with self-declared lived experience. Of the 40 participants engaged in the project only one identified as holding a self-declared role, and all other 39 participants held designated roles. It was also noted that many participants who took part in the project were from rural and regional Connect centres. The research team posit that this may have been a result of previously established

rapport from work on other projects between the rural Connect centres' leadership teams and the project's researchers. Given that metropolitan FCLE workers made up only 40% of total recruits, it leaves a question about how generalisable the findings are to the metropolitan services.

3.3 Co-location

Co-location was a key approach that supported engagement and involved members of the research team spending time within Connect centres and participating in everyday activities and goings-on at the centres, such as groups. Co-location had the dual benefit of supporting the research team to gain a greater understanding of the context of work in the Connect centres, and in supporting the workforce to understand and participate in the research. Several Connect centre FCLE workers developed an interest in participating in the project from interacting with research team members during co-location.

Researchers spent time in seven Connect centre locations. This provided the project with a greater understanding of the physical and cultural environment and context for FCLE work across the Connects.

3.4 How did FCLE workers participate

Data collection with Connect centre FCLE workers occurred between late February and early June 2024 and drew upon a mix of traditional qualitative and creative participatory approaches. Connect centre participants were given a choice of methods for engaging in the project including focus groups, interviews, posting to an online digital whiteboard, co-location, or through photovoice (a participatory research approach using images to represent their experiences as Connect centre FCLE workers). The online digital platform was designed to promote accessibility and inclusion, however it was not taken up by participants, who instead chose to engage in either focus groups or interviews.

A total of 11 semi-structured interviews and eight focus groups were conducted with Connect centre workers in designated and self-declared lived experience roles. Family carer researchers led the engagements which took place in person (during co-location), online via video call, and in hybrid format. Sessions lasted between 45-120 minutes and were then transcribed.

Image 2

Featuring aspects of Connect Centre sites

From left-to-right: Traralgon, Ballarat, and Dandenong.

These engagements were well received by FCLE workers who took part in them, as one project participant reflected:

"It was actually nice to sit and reflect about how I do use my lived experience... it was really nice to do so. Thank you."

During interviews and focus groups all participants also completed a short questionnaire which aimed to capture information around the Connect FCLE workforce's characteristics.

3.4.1 Interviews

A total of 11 semi-structured interviews were conducted with Connect centre workers in designated and self-declared lived experience roles. Interviews were facilitated by a family carer researcher and took a conversational approach. An interview schedule was developed from the research questions and project objectives to provide a framework for these conversations (see **Appendix 2**). Interviews took place both online (via Microsoft teams) and in person during co-location. They lasted between 45-90 minutes and were then transcribed.

Copies of interview transcripts were shared with participants for their review, providing them with the opportunity to check, edit, or add to what they had said in the interview. To ensure confidentiality of participation, all interview participants choose whether to receive their transcript at their personal or staff email address (or via another method, such as in the mail). Participants were encouraged to review their transcripts in an environment that felt comfortable and appropriate for them, whether that was at the workplace or in another location.

3.4.2 Focus Groups

Eight focus groups were facilitated by two researchers (at least one of whom had lived experience as a mental health family carer). Focus groups included between two and seven Connect centre workers in designated or declared roles. Sessions lasted between 60-120 minutes and took place in person, online via video call and in hybrid format. A focus group schedule was developed from the research questions and project objectives to provide a framework for these conversations (see **Appendix 3**)

3.4.3 Questionnaire

Project participants also completed a short questionnaire during interview and focus groups. The survey was designed to capture information around the Connect FCLE workforce's characteristics and consisted of a mixture of multiple choice and open-ended questions (see **Appendix 4**).

3.5 Analysis

The interviews and focus groups were audio-recorded, transcribed and loaded into the qualitative analysis software program Nvivo, which was used to store and code the data, ensuring a comprehensive and systematic approach to analysis. Coding of qualitative data was co-conducted by family carer lived experience researchers and researcher allies, using a reflexive thematic approach.[25] To ensure consistency and rigour, 25% of the transcripts were double coded.

Code generation was guided by the overarching project objectives and questions (see **Section 1**), and transcripts were deductively matched against those objectives, with additional unaligned responses inductively categorised, which provided valuable insight into Connect centre workers' experiences. Comparative themes were produced across interviews and focus group transcripts to understand common topics and points of difference.

To enhance the rigour of the findings, the project researchers engaged in four consensus building sessions to identify emerging themes, generate consensus, discuss and agree on final themes. Additionally, the findings and emergent themes were shared with the project advisory group.

Quantitative data was processed using Microsoft Excel. Findings from the quantitative analysis were aligned with the thematic coding of transcript data, and reviewed by the research team for discussion and refinement. Identified themes and recommendations were developed, tested, and refined. This thematic analysis forms the basis for the structure of the findings of this report.

4 Key characteristics of the Connect centre workforce

This section of the report outlines findings in relation to the key characteristics of Connect centre staff who participated in this study.

Information provided by the project funder in October 2025 indicated that out of the 111 staff employed statewide in Connect centres, FCLE roles accounted for 85.6% of the workforce across the Connects. As noted above, this project engaged 40 FCLE Connect centre workers from across the eight regions. This participant sample represents approximately 43% of workforce members working in Connect centre designated FCLE roles. Whilst not wholly representative of the Connect centre FCLE workforce, the participant sample provides important insights regarding workforce characteristics. The following section outlines key characteristics of those who participated in this study, focusing on role types, experience in FCLE roles, time worked in current role, key demographics, and personal caring responsibilities.

4.1 Role types

The project engaged Connect centre workers across 11 different FCLE role types, inclusive of peer workers, senior peer workers, peer navigators, support workers, counsellors, peer cadets, community engagement workers, administrative workers, leads, managers, and service/program coordinator roles. A significant number of project participants were employed within family carer peer worker and senior peer worker roles (50%). Connect centre leadership was also widely represented in manager, coordinator and lead roles (25%). A smaller sample of participants identified as being in peer cadet positions and undertaking paid placement within the Connects (7.5%). Of the 40 participants, 39 identified as holding a designated FCLE role and one identified as holding a declared role. It was noted during interviews and focus groups that across all levels of roles there was variation in Connect staff members' understandings of the term 'declared' in describing FCLE roles. A recommendation from this research is to change the term to self-declared for greater clarity.

A number of participants identified as holding designated FCLE counsellor roles (10%). A smaller portion of participants (7.5%) identified as holding support worker, peer service navigator, administration and community engagement roles. These four role types along with FCLE counsellors are new positions within the Victorian mental health FCLE workforce landscape that have emerged in the development of some of the Connect centres. The scope of practice of these roles has not previously been defined within the discipline, as such little is currently known or documented about them. Some participants who identified as being employed within these newer roles types reported challenges relating to the scope of their work not initially being clearly defined by the organisations they work for.

Sections 5 and **6** in this report provide further detail around the role types and how lived experience practice emerges across FCLE roles and activities and responsibilities carried out.

Recommendations relating to role types

12 Dedicated work is progressed to define the scopes of practice of FCLE roles, particularly in relation to how they might differ from those of FCLE workers in Area Mental Health and other clinical services, and how they respond to the needs of families and carers. This work should include an examination of:

- FCLE counselling functions
- Family carer peer work functions
- Support work functions
- Advocacy functions
- Case management functions
- Community development/engagement functions
- Service navigation functions.

32 Longitudinal co-design research is undertaken that investigates how FCLE disciplinary knowledge and counselling are integrated within (relevant) Connect centre roles.

4.2 Lived experience role history

The project's findings indicated that Connect centre staff in FCLE roles came from a wide variety of professional backgrounds, and were new to the Connect centres and FCLE workforce. These results are unsurprising given that since the establishment of the Connect centres Victoria's FCLE workforce roles have significantly increased (see **Background section** of this report for more information).

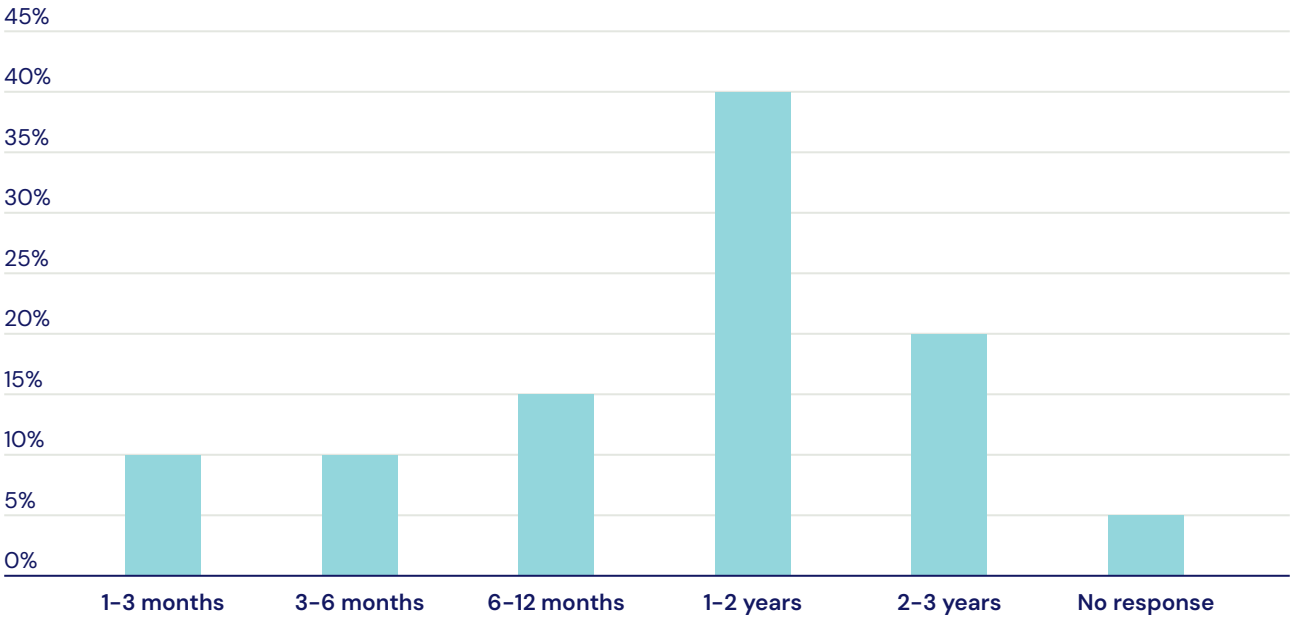
Many of the study's participants (40%) reported having been employed within the Mental Health and Wellbeing Connect centres for between 1-2 years (see Figure 2). Thirty-five percent of staff reported working in the Connects for 12 months or less. Twenty percent of participants had worked at the Connect centres for two years or more and were involved in their establishment. Five percent of participants did not specify the length of time they had been employed.

The majority (85%) of workers identified that their employment as a Connect centre worker was their first time in a FCLE designated role. Just over 10% identified as having previously held FCLE roles before they commenced at a Mental Health and Wellbeing Connect service. FCLE Connect centre workers brought with them a range of previous work experience ranging from full-time unpaid caring, retail, hospitality, human resources, design, construction, education, community and human services, disability support and nursing and other allied health roles.

Staff thought of their previous professional experience as providing them with useful skills to draw on in their work, but at times also found it challenging. It was noted that many FCLE workers had not previously worked in the mental health and wellbeing sector. These workers talked about how in some instances they applied their skills from previous professional experiences to their work and in others they did not. For example, a Connect centre worker who had previously worked in a creative industry applied their previous professional experience to design some poster art for the Connect centre they worked at which was now on display. Workers with histories of working in hospitality and human services identified drawing on similar people skills in their Connect centre roles when welcoming

Figure 2

Reported time employed within the Connect centres



and connecting with carers who accessed the Connects services. Other workers spoke of how their histories of working in family services, out of home care and child protection had provided them with experience working with complex relational dynamics and family violence and how they drew on this knowledge in their peer worker roles. Several staff in FCLE counselling and peer work roles also had reported experience in facilitating yoga and meditation and reflected that these practices influenced the way they approached their session with carers. Managers also spoke about transferring their people management skills from previous non-designated roles into their FCLE leadership position at the Connect centres.

Several FCLE workers who had previously undertaken tertiary clinical training or had worked in allied health and nursing roles spoke about how 'non-clinical' the Connect centres were. Several staff who brought these professional backgrounds spoke about the challenge of adapting to a lived experience position and having to 'hold back' so as not to go outside the FCLE scope of practice. A small number of FCLE workers with prior clinical training appeared to hold a lack of clarity around the scope of FCLE work when it came to providing advice.[26] Some peer workers spoke about their tendency to want to support or offer advice about strategies carer service users could do to help their mental health. It is clear that previous role histories influence and inform FCLE workers in some way or another, and in order to prevent role or peer drift it is important to ensure that workers receive early and adequately training in the FCLE discipline perspective.

Recommendations relating to supporting new FCLE workers

15 Connect centre organisations provide inductions within four weeks of the FCLE worker's appointment and ensure there is a focus on the scope of the FCLE discipline. These inductions would foster a sense of belonging and purpose among Connect centre workers, including by 'bringing people into the story so far.' Part of the induction is providing FCLE discipline specific professional development and training such as that previously delivered by the Centre for Mental Health Learning.

4 As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.

18 Connect centre organisations ensure FCLE workers have access to regular FCLE discipline specific training.

4.3 Demographic composition

Participant data provided a snapshot of the age, gender, disability identity, and cultural belonging composition of the Mental Health and Wellbeing Connect FCLE workforce. Project insights indicated Connect centre FCLE workers represented a diverse age range (see Figure 3). In terms of gender identity, the workforce includes those who identify as female, male and non-binary, however, the majority (80%) of FCLE workers identify as female (see Figure 4). This is unsurprising given that it is widely known that women disproportionally undertake unpaid care and support work.[27] Approximately 18% of FCLE participants identified as living with some kind of disability.

Figure 3

Participant age

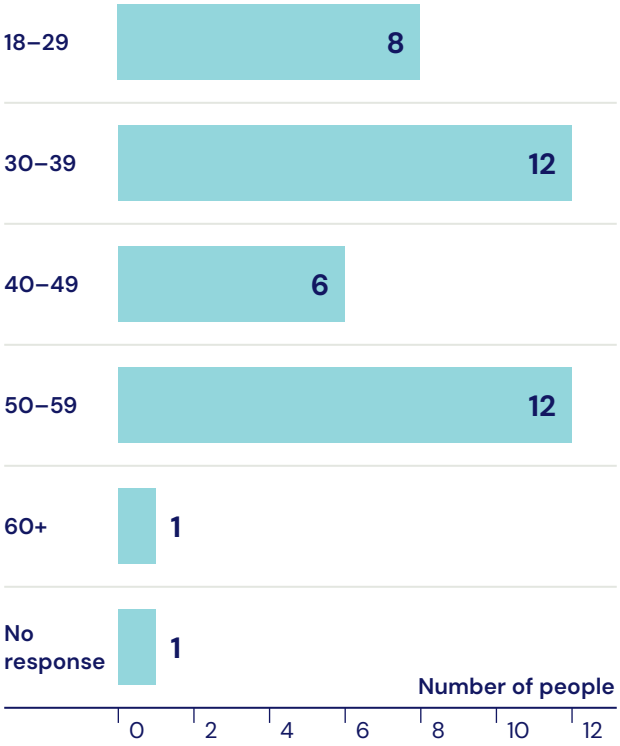
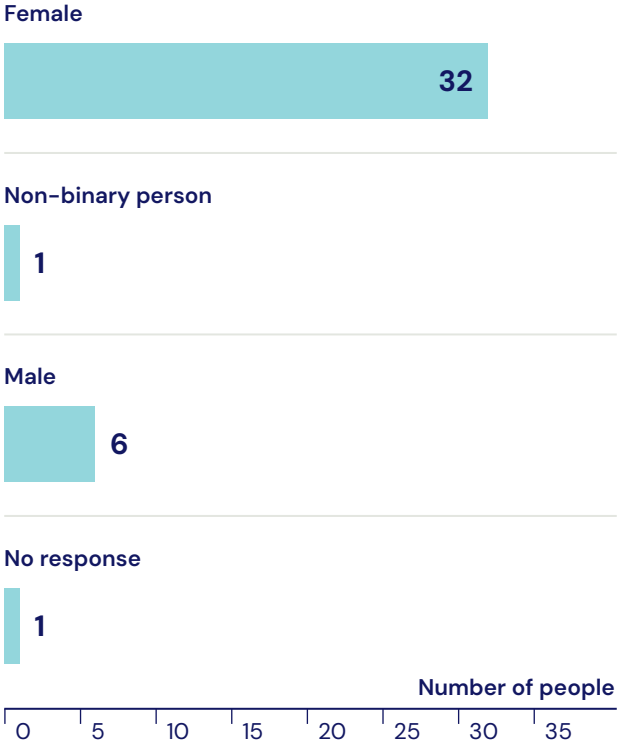


Figure 4

Participant gender identity



To allow participants greater control over their representation than predefined survey check-boxes usually allow, Connect centre workforce participants were simply asked in an open-ended format if they identified as belonging to particular cultural and community groups. Sixty percent of participants did not respond to this question. Fifteen percent reported identified as LGBTQIA+SB. Five percent identified as Christian, with no other religious backgrounds being identified. Ten percent identified with a place or people from another country and, and 7% identified as being culturally Australian. FCLE participants also identified as belonging to other social categories and identities, these have not been shared as the small number of responses risk revealing project participants identities. The findings from the surveyed participants indicated limited representation of the experiences of culturally and linguistically diverse peoples and Aboriginal and Torres Strait Islander peoples within the Connect centre FCLE workforces. However, while the survey data shows limited cultural diversity, it was noted by researchers during focus groups and conversations that Connect centre staff were more culturally and linguistically diverse than the survey suggested.

The framing of the survey question around belonging and the recorded results may highlight a disconnect between how people want to identify as belonging and their cultural and linguistic heritage.

Recommendations relating to workforce diversity

1. Connect centre organisations commit to recruitment activities that ensure greater cultural, linguistic and ethnic representation, and which reflect the characteristics of communities they serve.
2. Connect centre organisations develop and implement strategies for active recruitment of Aboriginal and Torres Strait Islander FCLE workers.
3. Workforce demographic data trends are routinely monitored and used to drive service delivery and workforce development priorities, ensuring the belonging, inclusion and workplace safety needs of FCLE workers are met.

4.4 Personal caring responsibilities

Project findings provided insight into the Connect centres FCLE workforces' personal family carer lived experiences and current responsibilities in relation to the unpaid care and support they provided. Sixty percent of FCLE workforce participants identified as caring for two or more people, and 80% identified as still being in an active (living) caring role (see Figure 5). See **section 8.4** for findings related to supporting an actively caring workforce.

Connect centre staff in designated and self-declared roles brought experience across a variety of supporter relationships. Those engaged in this project had lived and living experience supporting parents, partners, children, siblings, friends and other relatives (including ex-partners, grandchildren and grandparents) who experience mental health challenges (see Figure 6 below).

The project did not ask Connect centre workers about their own personal experiences of supporting their family members or friends who experienced mental health challenges. However, through the conversations that took place within interviews and focus groups it became clear that they brought with them a wide range of caring experiences, including but not limited to a lived experience of supporting people with complex and enduring mental health challenges, dual diagnosis of mental health and AoD dependencies, lived experience of suicide, and supporting people with co-occurring conditions of mental illness and autism, ADHD, or dementia.

Figure 5

Caring responsibilities

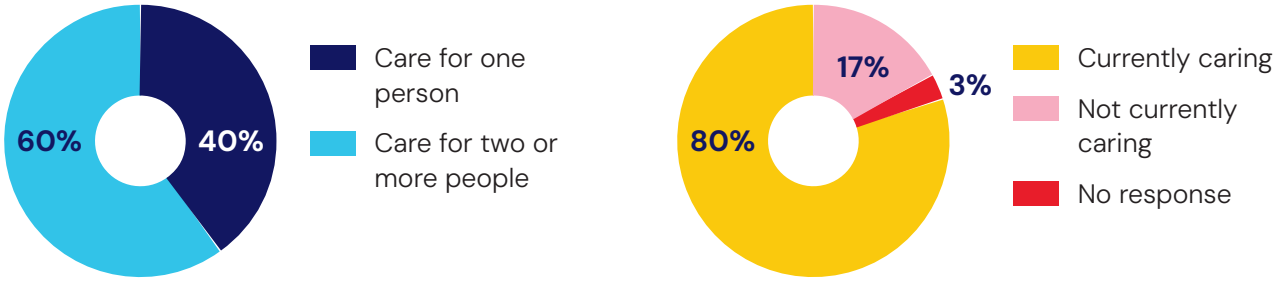
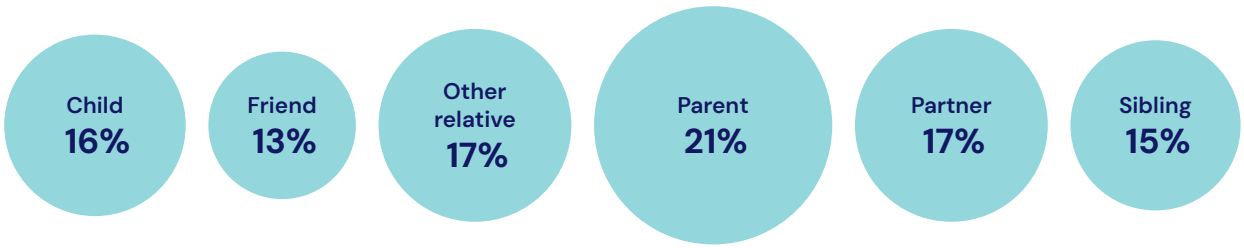


Figure 6

Person with mental health challenges that Connect centre FCLE staff personally support



5 Lived experience informed practice across FCLE roles

"It's taken me a long time to get there, to realise that if I don't do what is my purpose and that [is] lived experience, it's crap, it doesn't work. So that's why for me, it is all about lived experience... it's the way I work."

– FCLE coordinator

The project sought to explore and identify lived experience informed practice in Connect centre FCLE roles. The findings described how lived experience informed practice is developing across the whole of the Connect FCLE workforce's practice.

Insights into lived experience informed practice were gained through an activity where participants were asked to share three words describing how they drew on their lived or living experience in their designated and non-designated roles. Over sixty unique words were used by FCLE workers to identify how lived experience informed their practice (see Figure 7). Practice was most frequently described as being underpinned by intentionality, connection, understanding, compassion, empathy and hope.

Figure 7

How Connect staff draw on their lived experience in their role

Most identified lived experience informed practices	Description	Reflections from family carer workers
Intentionality	A term often used to qualify when a FCLE worker thoughtfully discloses some details of their own lived or living experience in anticipation that the person or people they are supporting will find the disclosure useful. FCLE workers also intentionally bring lived experience into their practice in ways that are not verbalised (see **section 6** of this report).	*"You have to be really careful of what you bring and you have to be really smart about it and you have to be careful, intentional and purposeful."* *"Conscious sharing in order to help others."*
Connection	Connection is both a verb (an action) and an adjective (in this case, a feeling). There are a number of reasons why the act of connection (listening, affirming and understanding) is prioritised by FCLE workers when working with service users. Sometimes it is in response to a service user's isolation, fear or loneliness. Sometimes the act of connection is used as a tool to offer hope and understanding.	*"It's instilling the hope that you know they're not alone and there is support and there is someone there that's...in their corner."* *"It comes from my heart..."* *"I want this person to feel like they are not alone."*
Understanding	Understanding is created through a range of interactions and responses between a FCLE worker and a carer service user. Understanding can be co-created through sharing similar experiences, listening, or through the use of silence, or other non-verbal actions or reactions. Understanding can be formed to facilitate connection, strengthen the quality of relationships and to assist with advocacy.	*"What we bring to this space creates a shared understanding with the participants that we work with... I think that they notice that we are lived experience and they say, "you know, I can talk to anyone here and they understand, you know what I'm talking about?"...So that shared understanding that we've had this parallel experience and bringing that to work."*
Compassion and empathy	Compassion can look like being present in the moment, being kind, non-judgmental, and being open and curious to what carer clients at bring. As a FCLE worker it is important to have compassion for both the service user you are supporting and yourself. Empathy might be considered as "understanding the shoes someone is walking in". Both empathy and compassion can assist with building rapport, connection and deeper relationships with service users.	*"...you know, you kind of sign this little contract together where you, they [the service user] commit to being truthful and honest and open and vulnerable. And we commit to being whatever we need to be in that session ethically, to, you know, to meet them where they're at."*

Most identified lived experience informed practices	Description	Reflections from family carer workers
Hope	Hope is an essential component of FCLE work. Hope can help facilitate connection, creative, innovative experiences for carer service users. Having hope that carer service users might have an easier, more accessible path to receiving meaningful assistance, can lead to better experiences for service users, and amplify a sense of purpose, recovery and satisfaction for FCLE workers.	*"Hope is central to creativity, safety, innovation, all of those things, um and hopeful for a better experience, hopeful for a better, yeah. It's interesting that even just saying that makes me feel quite emotional, because I think it's hope for better access and better heart-centred services for those that have tried and tried and tried again and just not felt, listened to or heard or advocated for and have had to fight so hard."*

These elements of lived experience informed practice align closely with the values and ways of working that underpin the broader mental health FCLE workforce discipline.[28] The proceeding sections further detail the diversity of lived experience informed practices across the FCLE roles engaged in this project.

The research team and members of project advisory group have developed a FCLE practice resource called, *Family Carer Workforce Wisdoms reflective practice cards* which draw on insights from this project. A prototype of this card pack can be viewed in **Appendix 1.2** of this report.

Recommendations relating to lived experience informed practice

4. As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.
6. All FCLE workers receive a set of the *Family Carer Workforce Wisdoms reflective practice cards* resource (**Appendix 1.2**), and these are operationalised as a learning tool for reflective practice within the Connects and broader FCLE workforce.
7. The *Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce* (**Appendix 1.1**) is consistently used to facilitate inductions, ongoing reflections, and development.

5.1 Lived experience informed practice in peer worker, peer cadet and support worker roles

Peer worker, peer cadet and support worker roles are three distinct direct practice roles within the FCLE Connect centre workforce. A significant proportion of Connect centre workers are in family carer peer worker roles. These are some of the most established roles within the FCLE workforce in mental health services.[29] Through direct peer support, workers in these roles build mutual and reciprocal support relationships with individual families, carers and supporters, and groups.[30] Such roles have been described to "foster unique connection through their FCLE ways of knowing and provide safe spaces of validation and emotional and practical support [through the practice of intentional peer support]".[31] Peer cadets are students in a Certificate IV in Mental Health Peer Work program who are undertaking paid work experience opportunities hosted within Connect centres.[32] These roles are dedicated part-time lived and living experience positions where cadets are in an observational role alongside FCLE peer workers.[33] Peer cadet roles can involve participating in groups and connecting with participants while building authentic and meaningful relationships. Support worker positions are a more recent role addition to the FCLE workforce, which have developed within Connect centres delivered by social justice organisations. Support worker roles appear to have a more explicit community development practice. Whilst support worker, peer cadet and peer worker roles are distinct, participants from all of these roles identified similar ways of drawing on their lived experience when working with mental health carers, family members and supporters. For further information around the activities carried out by these roles see the latter section of this report titled *Practice across family carer roles: activities and responsibilities* (**section 6**).

Figure 8

Peer workers, peer cadets and support workers drawing on their lived or living experience

The project's participants across these direct practice roles highlighted 'connection' as underpinning their FCLE informed practice. They described connection as being core to their work in a similar way to how the term is described above in relation to the broader Connect workforce. Connection was understood as emerging within interactions with carer service users that promoted a sense of welcoming and meaningful rapport building, which were centred in practices of shared experience, holding space, authenticity, openness, empathy and kindness. FCLE workers described the connection they fostered as being crucial to the Connect centres' functions as a practice that worked to reduce families, carers and supporters' experiences of isolation and to build hope.

Peer workers, cadets and support workers also talked about the importance of 'understanding' and 'compassion' to their lived experience informed practice. They described these elements as crucial to building connection. Compassion and empathy were articulated by participants as emerging in their practice both verbally and non-verbally, through 'listening' and 'holding space' for carer service users to 'feel seen' and 'feel heard'. These crucial FCLE ways of working were reflected by one peer cadet:

> *'Empathy', I think is the basis of everything kind of, to me in in terms of when you're trying to connect to another person or build rapport or build trust, showing that you care I think is the main thing. You might not have any of the answers or anything, but being able to hold that space and to really show that you're in that space with them and that you care is important.*

Similarly, participants in direct roles also identified 'understanding' as key to the workforce's lived experience informed practice. Participants described the shared embodied understanding of the experience of being a carer that FCLE peer workers bring to their practice:

> *I think in the lived experience role, being a carer ourselves, we've got that understanding of what being a carer feels like.*

Support worker participants talked about how the 'understanding' developed through their own lived experience helped the families, carers and supporters that they worked with feel understood and like they could be themselves. This assisted them in building strong relationships:

> *I've got like that understanding... because of that understanding our relationship is kind of strong and they can open up or they can freely like really, be themselves, like authentic... because of your life, you understand it cause you walked it, that you ... are mindful and respectful towards the [carer service user].*

This was similarly described in peer worker and cadet roles. One peer worker described how connection and understanding come together in their interactions with the carer service users they supported:

> *Connection, support, and understanding - they're the big three things that I try and bring to every single meeting I have, and I think I used lived experience in nearly all of it. You know, in trying to be authentic in who I am and where I'm coming from, and the connection that I'm trying to build, along with the support that I'm trying to provide them with, and an understanding of where they are and what's going on in their lives, and trying to find the middle ground where we can move towards something more positive.*

While peer workers and support workers often described their lived experience informed practice in similar ways, what appeared to be a crucial point of distinction was the 'intentionality' spoken about in peer worker and cadet roles which was articulated in their descriptions of purposeful sharing. This is unsurprising as the practice of intentionality is a key feature of peer support.[34] Intentionality was described by participants as a mindfulness towards the context in which a FCLE worker might share a part of their lived experience and the discretional or purposeful nature of that sharing. In most cases peer workers and cadets described a clarity of purpose – as seen in the way workers chose to disclose or not disclose elements of their

personal experience. Participants described their processes of decision making and formulation as characterised by exercising discretion and caution, as reflected in the following quotes:

> *I would never share anything unless I felt that it added value to the interaction or the relationship. So being aware of sort of dumping... versus having a level of discretion of the appropriateness of what to share, and when and where it adds value, or discretion around what is shared but, yeah, I've certainly found that people can sense viscerally and subconsciously, if you've had some kind of lived experience.*
>
> *FCLE peer cadet*

> *I'm very cautious about what I share... when I'm speaking to someone I cull a lot of what they don't need to know and what's personal and what's not, and I target the information I am sharing with you, it's genuine and honest.*
>
> *FCLE peer worker*

> *[For my three words I chose] 'deliberate', 'with a goal to connect', and 'sparingly'. So yeah, that deliberate, intentional sort of aspect to it, um and 'goal to connect', sort of judging the situation and the reasoning behind why you're actually bringing something up. And 'sparingly', ...we tell pretty much everyone that we all have lived experience [at the Centre], that's sort of the baseline for it, but each person's individual, and sometimes it's not always appropriate to share your experience, and that can actually hinder the momentum of conversation, so I try to go in there cautiously. Some people, it's just like boom straight away, and for other people or I feel like a lot of people... we're here to talk about them and listen to them, particularly initially. So that's sort of, yeah, 'sparingly'.*
>
> *FCLE peer worker*

Another direct practice worker described how their decision to share (or not) was shaped through the process of reflection and how this emerged in their practice:

> *I draw on my lived or living experience within my role is a lot of self-reflection and through um, not necessarily sharing, but just having a shared experience, whether that's disclosed or not, it really upholds that relationship that you're building with the person that you're sitting with, um and they can, they can feel that empathy. Sometimes you don't need to share words for someone to acknowledge that you really do understand what's happening for them, as we may have lived a similar story.*

Intentionality was often discussed by peer workers and cadets alongside practices of 'reflection' and 'mutuality', both of which are key practice elements of the FCLE discipline[35] and were identified by these Connect centres workers as key to their lived experience informed practice. One peer cadet described this interlinked relationship between using lived experience in the practice of mutuality and building connection:

> *Cause I think drawing on lived experience and using it in the peer workspace, the lived experience kind of becomes a vessel for 'mutuality', 'trust', and 'connection'. So, you know, when you share your lived experience with somebody it creates that trust and rapport pretty quickly breaks down that barrier straight away. You know, we all want to connect with people that understand. Which brings me to 'connection'... it's sort of on the same page and create, helps to create that peer relationship pretty early on in the piece as well, and just that 'mutuality'.*

Another peer cadet described how mutuality also contributed simultaneously to FCLE workers' and Connect Centre service users' learning development and recovery journeys:

> *I guess that sense of 'mutuality'. I really love learning from my carers like, you know, I have one carer at the moment where we're doing a bit of research on like, guardianship, looking into that and, I love being pushed to be like, you know what? I don't know much about that. Like, let's call that place together, let's, you know, I'll go on e-mail, XY and Z and find out some more info because I don't know about that, yeah. Or even similarly like a younger carer I've been supporting lately, like she really wants to use the space to focus on her well-being. So we're talking about, you know, mindfulness practices and that and I kind of felt like after those sessions, I'm a bit more like, inspired or motivated to, like, keep up my mindfulness practices. And so I really like that idea that, we're kind of both doing something for the other person in a way, yeah.*

The lived experience informed practice of mutuality practiced by FCLE workers seemed to be two-fold in that it supported both their carer service users and themselves. FCLE workers described this reciprocal and purpose driven nature of Connect centre work as an element of recovery within their own caring journeys (see **section 7.2** for more information).

5.2 Lived experience informed practice in FCLE designated counselling roles

Designated FCLE counsellor roles are new workforce roles that have emerged within the Mental Health and Wellbeing Connect model. FCLE counsellors in the Connect centre context described their roles as carrying out therapeutic counselling in one-on-one and group sessions, which were time bounded. As this role has recently emerged it is still unclear how the scopes of practice of the FCLE discipline and counselling are integrated within these positions. However, the workers in designated FCLE counselling roles who participated in this project described lived experience as being a 'framework' that was always present in their work. They identified their personal lived experience as shaping who they were, how they understood things and how they carried out their counselling practice.

> *I think it's actually harder and more challenging to turn it [lived experience] off and to act like I'm not someone that already knows... or has this experience. When I'm looking at like counselling, obviously I bring it intentionally. [In] case notes and admin, I really do bring my whole self to that as well because I use my lived experience to monitor what I'm looking at and how I'm doing things and how I am. It's so heavily ingrained in who I am.*

The layering of lived experience as a framework in FCLE counselling practice was understood by the workers engaged in this project as enabling them to be more authentic in their practice, as working to enhance connection and safety, and as re-balancing power dynamics in their therapeutic relationships.

Figure 9

Counsellors drawing on their lived or living experience

"The peer and lived experience framework... takes away any power dynamics that other settings might have... you know, you're walking alongside each other, and that in itself is trauma informed practice, so any peer support model is trauma informed from that angle, and I think you know being collaborative and there are no experts."

While lived experience was understood by FCLE counsellors as an ever-present framework, they described that when it came to sharing details of a particular example or time in their personal lived experience they did so intentionally, cautiously and with a level of discernment:

> *There's a certain sense of discernment that you have to have as lived experience therapist you have to be really sure when you self-disclose ... because it will change the relationship between you and the person receiving therapy and whether or not it will change the relationship in a positive way or a negative way, you need to be able to monitor how they're going to be able to take it. I constantly have to do a check in with myself to make sure that if I'm sharing something it's not coming from a place of self-soothing... [but that] it's coming from a place of knowing that this is going to benefit them in their therapy to be seen in a way that I can show up for them. So I very rarely self-disclose, but I have self-disclosed because I think it's an important part of building a lived experience relationship...*

FCLE counsellors spoke about practicing with an awareness of how the sharing of personal experiences could change their therapeutic relationships. The practice of intentionally drawing on lived experience was described by FCLE counsellors as being trauma informed:

> *I think the intentional part is really trauma informed because you're not just using your lived experience for the sake of it. Like you're really thinking about why and how and when and how frequently. And so even like having that thought process in your mind is trauma informed because you're thinking about how that's going to impact or what implications that's gonna have for the other person. Because this session is about their experience...*

There was a form of reflexivity described by FCLE counsellors in how they carried out therapeutic counselling sessions that aligns with how the Discipline Framework defines the FCLE workforce trauma informed way of working.[36] Expertise and a high level of reflexivity was seen to emerge in FCLE counsellors' discernment in sharing their own personal lived experiences, and their understanding of how those experiences could be purposefully and effectively communicated. Participants in counselling roles also described learning from the experiences of other families and carers they worked with and applying this knowledge within their therapeutic practice. The findings also indicated that there is a complexity FCLE counsellor roles face in integrating the scopes of practice of the FCLE discipline and counselling.

Recommendation relating to supporting lived experience informed practice in FCLE counsellor roles

31 Policies, practices and self-monitoring mechanisms are developed and implemented that ensure a FCLE discipline perspective is embedded in counselling practice.

5.3 Lived experience informed practice in leadership roles

FCLE leadership roles in the Connect centres comprised of program manager, service manager, service/program coordinator, practice lead and team lead positions. FCLE discipline leadership roles are understood to be positions that "orient, support, and manage teams… [and are held by] experienced FCLE workers who advocate for better support, conditions and opportunities for the FCLE workforce".[37] FCLE leadership positions are also defined as playing an important role in informing organisational policies and procedures and providing management through the lens of FCLE expertise. Connect centre participants in leadership roles described their lived experience practice as emerging in many ways, but most frequently articulated it as being underpinned by 'connection' and 'advocacy'. The term 'authentic' (or 'authentically') was also used by participants in FCLE leadership roles to describe their processes of building connection. This aligns closely with the FCLE Discipline Framework which describes authenticity as a key principle that guides the way FCLE workers interact with people.[38] In the practice of Connect centre leadership roles participants described authenticity as 'being transparent' in interactions with carer service users about the limits of their own personal experiences. A team leader reflected on how they went about this:

> *I just try, I guess to be sort of transparent that you know, like I'm not actively caring at the moment, and so my experiences are potentially gonna be a little bit different to someone who's currently caring and the context of our mental health system or our drug and alcohol system. That I guess the confines of my caring role, you know what they do and don't include to an extent. Like, I don't have a lived experience in the sort of AOD space for example, and that. But I try and relate to a feeling, or a theme perhaps, or it might not be a specific experience, but it might be you know, the relatability of being a sibling or the child of somebody and to not like, pretend I can relate to a situation that is maybe a bit more removed like I'm not a parent for example, I don't know what it would be like to be a parent and care for, you know, a child for example. So yeah, I guess II try to be transparent. Yeah, maybe transparent is better than authentic. I'm not sure.*

Connect Centre leaders also described humility when interacting authentically with families, carers and supporters. One service manager described it as:

> *Authentic, just, you know, just really being, just not, not sort of going ohh I've got lived experience, I know everything. Do you know what I mean? Like just using it in a really authentic way of saying that you get it, you get what other people are going through.*

Figure 10

Workers in FCLE leadership roles drawing on their lived or living experience

Advocacy was similarly identified as a practice informed by FCLE leadership staff's individual lived experiences. Service managers and coordinators described how their own experiences of adversity, invisibility, exclusion and lack of support in services and the broader community underpin their drive for and understanding of the need for advocacy in their work. A service coordinator reflected on this drive:

> *'Advocacy'-so knowing what someone's gone through and using that experience and advocating so other people don't have to go through that. So I really don't want people to have to struggle, where I did in the 80s, you know? So I don't want that. So I really use my lived experience to do that.*

The primacy of advocacy in informing lived experience practice is unsurprising given that systemic advocacy has also been recognised a core component of leadership roles within the FCLE discipline and broader lived experience workforces.[39, 40]

5.4 Lived experience informed practice in other FCLE roles

The Connect centres' peer led service model has also seen the emergence of several new FCLE roles in the Victorian Lived Experience workforce landscape, including peer service navigators, administration and community engagement roles. Project participants in these roles identified drawing on FCLE informed practice in several ways. FCLE administration workers who engaged in this project described drawing on FCLE informed practice through 'understanding', 'compassion' and 'discernment'. Peer service navigators described 'hope' and 'connection'. Community engagement workers talked about how their lived experience practices fostered 'mutuality'. The lived experience informed practices described by participants in these emerging roles appear to resonate with the broader FCLE Connect centre workforce. As these roles further develop and are integrated within the workforce, it will be of interest to see if the FCLE practices of these roles become more differentiated.

5.5 Summary relating to lived experience informed practice

"In terms of working in the lived experience space, I think it's really important to be very values driven."

In general, these lived experience informed ways of working align closely with the values and practice elements that underpin the broader mental health FCLE workforce discipline.[41] FCLE workers identified the importance of lived experience work to be values-driven, which is a known supportive factor for the broader lived experience workforce. Byrne and colleagues' previous work has similarly described that "for lived experience workers, practice that matches values leads to job satisfaction, whereas a mismatch of values and practice is a source of tension."[42] See **section 8** *Workforce support and resource development* for recommendations around ensuring the sustainability of FCLE informed practice. The findings presented above clearly demonstrate that FCLE Connect centre workers' practice is strongly informed by FCLE values. The findings also highlight the high level of discernment, judgement, and reflexivity being used in relation to ways in which lived experience informs work practices. These findings have implications for the resources and systems required to support and further develop this workforce (see **section 8** *Workforce support and resource development*). The following section further examines practice across FCLE role through identifying the key activities and responsibilities currently being carried out by the above roles in the Connect centres.

6 Practice across family carer roles: Activities and responsibilities

"We are lucky to work here. We don't just have tea and coffee and conversations with people, even though you may perceive that's what you see, there's a lot more to it, a lot more to it..."

— FCLE team lead

This project sought to understand practice across the range of FCLE roles within the lived experience led service model, from peer work, to management, to practice governance.

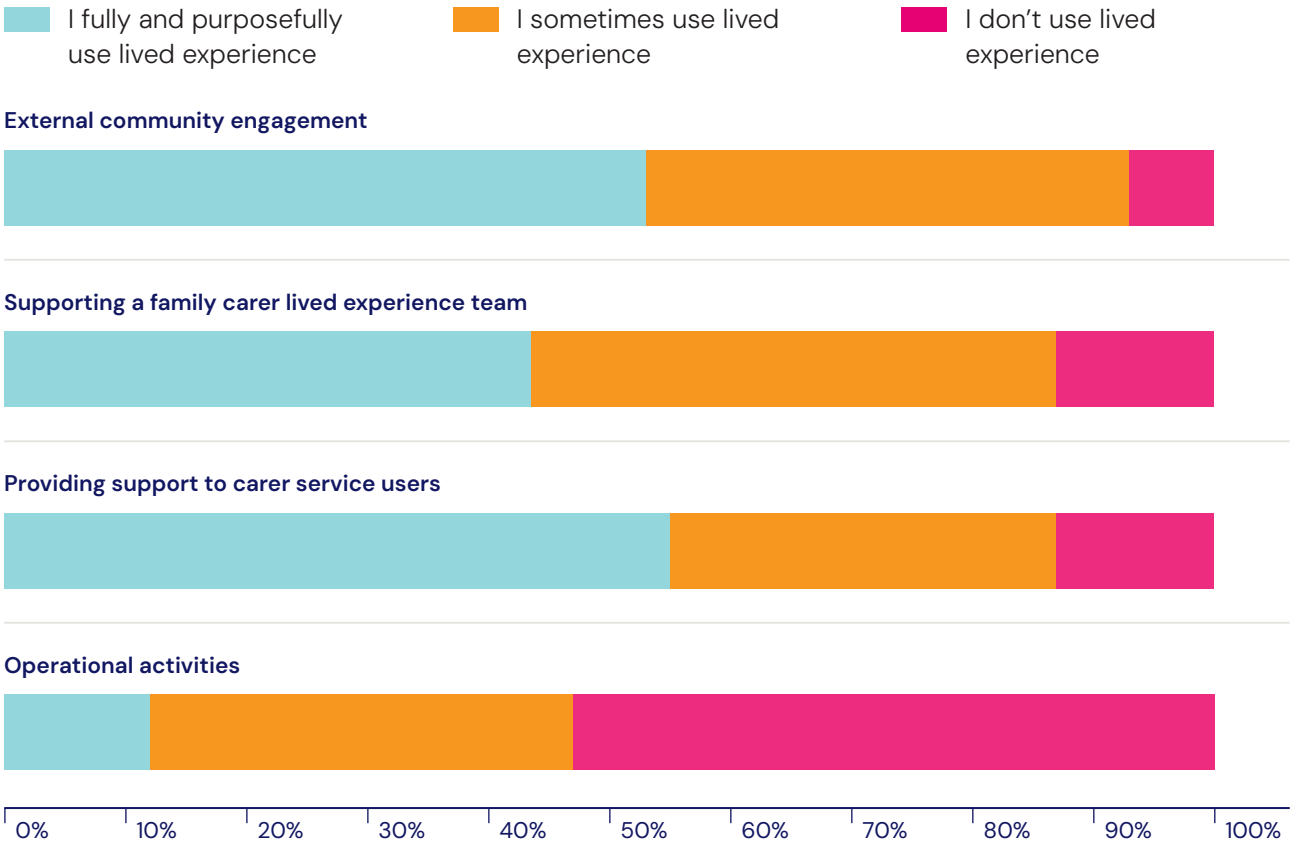
To understand work undertaken by FCLE workers within this model, the project asked participants to share information about what activities and responsibilities they carried out in their roles. Over 18 categories of tasks emerged across the workforce's practice, which the project team found to form four distinct areas of work:

- Supporting a family carer lived experience team
- External community engagement
- Operational activities
- Providing support to carer service users.

Across these areas the project also identified if and how workers conceived the tasks they performed to be informed by their lived experience. The findings indicated that the different areas of FCLE work fall across a continuum of lived experience practice, ranging between not using lived experience, sometimes using lived experience, and fully and purposefully using lived experience in any given task. The data presented in Figure 11 illustrates where the different areas of work that FCLE staff carried out fall across this continuum. Tasks related to providing direct support to service users, such as therapeutic counselling and one-on-one FCLE peer support sessions, and tasks related to external community engagement, were areas of practice that FCLE workers most commonly identified as being informed by the full and intentional use of lived experience. FCLE staff reported 'sometimes' using lived experience practice in activities related to supporting lived experience teams, and program oversight. Lived experience was found to be applied significantly less in tasks related to operational activities, such as administration. Overall, lived experience was identified as informing, in some way or another, over 80% of the activities that all Connect centre FCLE staff carried out. The following sections provide further information regarding the areas of work that FCLE Connect centre workers reported performing, as illustrated in Figure 11.

Figure 11

A continuum of lived experience practice



The research team and Project Advisory Group have created a reflective practice resource called *Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce*. This tool draws on the continuum of lived experience practice to develop expertise. It is designed to be used by FCLE workers in supervision and reflective practice to start and deepen conversations that help FCLE workers reflect on and understand how FCLE roles and the task carried out are informed by lived experience practice. A prototype of this resource can be viewed in **Appendix 1.1** of this report.

The research team is currently co-authoring a peer reviewed journal paper which further examines the continuum model of lived experience practice and how FCLE workers conceived the tasks they performed to be informed by their lived experience.

Recommendations relating to supporting practice across FCLE roles

4 As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.

7 The *Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce* (**Appendix 1.1**) is consistently used to facilitate inductions, ongoing reflections, and development.

6.1 Supporting a family carer lived experience team

Supporting team members was considered by participants to be a responsibility carried out by all FCLE roles. Participants identified this to be an area of work that often required them to purposefully draw on lived experience. This area of work was found to encompass three broad activities:

- Working as a team
- Engaging in and providing professional development and training
- Leading and managing FCLE teams.

The project found that the two former activities were practiced across all roles, and that the latter was the purview of leadership roles. Eighty-eight percent of project participants identified that the activities they carried out in *supporting a lived experience team* were informed by FCLE in some way or another. The following subsections further define the three areas underpinning participants' practices of *supporting a family carer lived experience team*.

6.1.1 Working as a team

Project participants across all roles described practices they carried out that supported their colleagues and fostered team culture. *Working as a team* emerged as a clear theme within the research findings. It encapsulated how team actions and dynamics supported FCLE workers to carry out their roles. Project participants described the actions they undertook to support their fellow colleagues' psychosocially, through debriefing, collaborating, and building connection through chatting, and with practical support. Participants also described looking out for the physical safety of their team members.

The practices of working as a team were described by project participants as a key enabler in carrying out and sustaining their work. The benefit of such teamwork is further examined in the **sections 7** and **8**.

6.1.2 Professional development and training

Professional development and training were two areas of practice identified as relating to all FCLE roles. However, the extent to which staff were provided access to or engaged in such activities varied across Connect centres. The project found that this variation was largely due to the individual Connect centres being delivered by different service providers. Engaging in professional development and training was the purview of all FCLE roles and was reported by participants to include supervision, co-reflection, communities of practice, shadowing and buddying, external networking, and training and personal development. Results indicated that participants in leadership roles also held responsibility for organising and facilitating the delivery of ongoing professional development activities for all staff. See **sections 8.3**, **8.6** and **8.7** for further findings related to professional development and training.

6.1.3 Leading and managing FCLE teams

In addition to organising and facilitating professional development activities, participants in formal leadership roles (including service managers, service/program coordinators, practice leads, team leads, and senior peer workers) reported undertaking a range of other activities associated with leading and managing their teams. These activities related to leading teams, fostering a team culture and providing line management and support. The latter included emotional support, listening to staff, performance management, managing staff leave, and keeping staff engaged in the work. Lived experience was described by participants in leadership roles as drawn on across a range of activities they undertook in supporting FCLE staff through direct interactions and line management. These findings aligned with broader understandings of FCLE leadership roles, as described in recent workforce literature.[43,44,45,46]

Drawing on lived experience in the context of supporting their teams was understood by project participants to incorporate both a manager's personal lived experience and the collective lived experiences of the FCLE team they worked with.

Drawing on collective lived experience was also described by service managers as a practice that occurred when supporting and advocating for their teams at the system organisational level. Those types of activities are further explored in the **operational areas** of work outlined in following sections of this report.

In addition to drawing on collective lived experience leadership, participants also described using their own individual personal lived experience when directly supporting and mentoring the staff they line managed and within supervision sessions. Service managers described that, whilst it was initially difficult to comprehend how they might apply their personal lived experience in the practice of line management, it had become a valuable resource to draw on in supporting, connecting with, and understanding other staff members' personal experiences and the experiences of the centre service users they supported in their work:

> *I think if, you know, when the staff come to me for stuff that they've got going on in their lives, in their personal lives or if they've got issues or they wanna talk to me about something that a carer is going through, they know I'll get it because they know I've got that lived experience... So yeah, and that's where the experience comes in, yeah.*

Connect centre workers in leadership positions described how their own lived experience of caring helped them when leading FCLE teams. One participant reflected:

> *I hadn't really realised until being in a role like this, how much the way I go about life and the way I am with people is influenced by my experience of being a carer and being a [family member] of someone who has really struggled for over 20 years with mental health challenges.*

Participants in leadership roles further explained how their own lived experiences of caring were brought into their management styles and frequently characterised as underpinned by an ethic of flexibility and care in supporting the FCLE teams they manage.

> *We provide flexibility within the constraints of policies and procedures... If one of the family carer peer workers is on the phone that day, but they've had a pretty shocking night with their own caring role and they need a quieter day... we organise and change up who's doing what that day, so that they can have a lighter load because they've already had quite an extensive load.*

This kind of flexibility was found to support FCLE teams' wellbeing and psychological safety. It was also reported by participants in peer worker roles that this approach from management helped them to sustain their work and personal caring roles. Participants in formal leadership roles also reflected that ensuring the wellbeing and safety of their FCLE teams was forefront in their approach. Participants described the practices they undertook in supporting FCLE teams' safety and wellbeing as being underpinned by leadership approaches that centred authenticity, vulnerability, love, empathy, compassion, and fostering 'good team culture', as further emphasised in a managers quote below:

> *It's very important to create safety from the beginning in terms of working with the lived and living experience workforce. I think it's more overt in working in this sort of space because I think with this work you need to bring authenticity, vulnerability, empathy to the way that you lead and the way that you're supporting a workforce.*

In leading and managing teams FCLE leaders' descriptions of the practices they undertook in supporting FCLE teams closely align with lived experience informed practice in leadership roles as described previously in **section 5.3** of this report. These findings indicate the value of FCLE leadership roles as a key factor for supporting family carer lived experience teams. FCLE teams and leadership are core to the Connect centre FCLE practice model. Findings related to the benefits of this are presented later in this report under **section 7**. *What is working well in the Connect Centre FCLE practice model.*

6.2 External community engagement

External community engagement describes a publicly facing area of practice that did not involve the supporting of service users directly. Rather, the activities it encompassed related to:

- Community development and engagement
- Networking
- Maintaining stakeholder relationships.

The project found that these activities were undertaken by a wide variety of FCLE positions in the Connects. Participants who identified carrying out such activities included peer workers, senior peer workers, peer service navigators, team leads, service/program coordinators, service managers, practice leads, and community engagement workers. Participants in FCLE counsellor roles did not identify practicing external community engagement. This does not mean that they do not undertake such work from time to time but does suggest that workers in those roles may have a more bounded scope of practice.

Ninety-three percent of project participants identified that some of the activities they carried out in relation to *external community engagement* were informed by FCLE in some way or another. The following subsections further define the three areas underpinning participants' practices of external community engagement.

6.2.1 Community development and engagement

Community development and engagement tasks were a key area of practice identified by project participants within external community engagement activities. Engaging in community development was described as collaborating and working with others, including local service providers, schools, community groups and individuals. Several participants in FCLE leadership roles spoke about how they worked with other local services to reach and support isolated carers, and to harness local resources and donations to support the work of the centres.

Community engagement was described by participants as tasks involving service promotion, community engagement and awareness building, which was carried out through visiting other services, and attending and presenting at local events.

In Connect centres that had community engagement worker positions, many of these activities sat within the purview of these roles. It was noted by participants that some Connect services only had community engagement roles for the first year of establishment, whilst others had community engagement workers holding dual roles. One participant in a community engagement position described this area of work:

> *In terms of the community engagement side of things it's being that connection point to other local services. So, we're still quite small and there's still a few services that don't really know about us. [The community engagement role is] trying to make those connections and relationships where possible.*

In centres where there were no community engagement workers, activities related to external community engagement were in the purview of several positions, including peer workers and service leadership staff. A participant in a senior peer work position reflected on how they sometimes drew on their lived experience when engaging in service promotion:

> *We go to other agencies or organisations and talk about our service. Sometimes I might reflect on my own lived experience, and why it's good to have this service out there.*

Participants in other leadership positions similarly identified drawing on lived experience when raising awareness around the value of the service. One participant in a team leader position described this intentional sharing as "promotion[al]… not emotional."

6.2.2 Networking

Many FCLE workers reported carrying out activities related to Connect centre promotion when attending local communities of practice or participating in regional networks with other services. The opportunity to engage in this kind of networking was found to be particularly valued by peer workers, who reflected on the value of participating in external community engagement within their own roles. This was expressed as being valuable for the service users they supported (through learning and sharing knowledge gained in network meetings) and also as a protective factor for reducing burnout, through providing variety of work, connection and professional development.

6.2.3 Maintaining stakeholder relationships

Leadership roles were identified as being responsible for maintaining strong relationships with consortium partners and key stakeholders, and for representing the Connect centres at relevant agency, network, and committee meetings at a state, regional and local level. One FCLE manager described a key part of their role as:

"Maintaining key stakeholder relationships, championing the voice of lived experience across the region, and maintaining strong relationships with consortium partners."

6.3 Operational activities

Operational activities were an area of practice carried out by all roles. Participants identified that lived experience was found to be applied significantly less in in tasks related to this practice area. This area of work was found to encompass four broad activities:

- Administration relating to service users' direct support activities
- Organisational activities
- Financial administration
- Program administration, operation and oversight.

The project found that the two former activities were generally practiced by all roles, and that the latter two were the purview of leadership roles. Fifty-five percent of project participants identified that the *operational activities* they carried out were not informed by FCLE. The following subsections further define the four areas underpinning participants' *operational activities*.

6.3.1 Administration relating to service users' direct support activities

Project participants across most roles described the administrative practices they carried out to support Connect centre service users. Administration relating to service users' direct support activities emerged as a clear theme within the research findings and encapsulated the following tasks:

- Monitoring and responding to texts and emails from carers
- Data entry
- Case notes
- Administration tasks
- Creating and reviewing documents
- Carer support fund application brokerage
- Appointment bookings.

Lived experience was found to be applied significantly less in these tasks. Sixty-seven percent of participants reported not drawing on lived experience when carrying out the above tasks. However, 33% of participants did report drawing on lived experience at least some of the time.

6.3.2 Organisational activities

Project participants across all roles described organisational related activities they carried out. These included attending internal organisational meetings, opening and closing the Connect centre and practices related to time management. Only 33% of participants reported that they drew on lived experience purposefully and fully when undertaking such activities, and 50% reported that they did not draw on lived experience at all.

6.3.3 Financial administration

Financial administration activities were those related to budget, payroll approval, finance approval, and authorising Carer Support Fund applications. Participants who reported performing these tasks related to *financial administration* were all in leadership positions, including service/program coordinators, service managers, senior carer peer workers and team leader roles. Financial administration was most frequently cited by participants as the area of their practice that they did not draw on lived experience with 75% of participants saying that they did not use lived experience when carrying out financial administration tasks.

6.3.4 Program administration, operation and oversight

Project participants in formal leadership positions and in designated FCLE administration roles described the practices they carried out to support centre *Program administration, operation and oversight*. Activities relating to administration of program operation and oversight also emerged as a clear theme within the research findings and encapsulated the following tasks:

- Monitoring broader strategic direction of the program and ensuring it is in keeping with the vision and goal of the Connect model
- Program planning and development, including developing workplans, identifying priorities and focus
- Outcomes reporting
- Human resourcing, recruitment of staff, rosters, leading induction and orientation of staff
- Writing policy
- Business logistics, site and property maintenance/management
- Communications
- Consortium partnerships
- Operational leadership
- Quality improvement
- Governance.

In comparison to other operational activities, lived experience was found to be drawn on significantly more in tasks related to *Program administration, operation and oversight*. Over 80% of participants reported lived experience as informing, in some way or another, these activities.

Participants in leadership positions described tasks related to the development of policies and procedures. They emphasised the importance of applying an FCLE lens to such activities as a way of supporting an FCLE workforces' safety:

> ***"I think having the lived experience is essential for writing policy and staff activities... in writing policy and making sure that our activities align with keeping our lived experience staff safe."***
>
> *— Service coordinator*

These findings highlight the importance of FCLE leadership when it comes to activities related to *Program administration, operation and oversight* (see **section 7.4** for more information around the value of FCLE leadership).

6.4 Support provided to service users

Providing support to Connect centre service users is the core function of the Mental Health and Wellbeing Connects, and a key theme within the practices that FCLE workers reported undertaking. The project found that all roles within the Connects reported providing direct support of some kind to service users. Activities relating to providing support to carer service users encapsulated the following tasks:

- Facilitating connection, welcoming to the centre and service navigation
- One-on-one peer support
- Therapeutic counselling
- Education
- Outreach
- System navigation and resourcing
- Group peer support
- Advocacy (direct and systemic).

Project findings importantly noted that not all tasks were performed by all roles. Overall, 87% of participants reported drawing on their lived experience when providing support to service users. The following subsections further expand on the tasks that FCLE workers carry out in providing support to Connect service users.

6.4.1 Facilitating connection, welcoming to the centre and service navigation

Participants across most Connect FCLE roles reported undertaking a range of tasks associated with welcoming service users to the centres and facilitating connection and navigation of the service. These tasks were identified by participants as including:

- Call Line (Calling carers – answering phones and questions)
- Intake
- Making tea/coffee
- Establishing service user's connection both to the Connect centres services and to other services
- Needs identification with new service users
- Scheduling appointments and arranging welcome introductions
- Warm referrals.

Eighty eight percent of participants identified that the activities they carried out in relation to *Facilitating connection, welcoming to the centre and service navigation* were informed by FCLE in some way or another. FCLE admin roles identified drawing on their lived experience when welcoming people to the Connect Service:

> *When people are in the centre, I feel like, we wanna make them comfortable... like using lived experience to say how would I feel walking into this centre? How would I wanna be treated? What will make them feel comfortable? Um, so like making them a cup of tea. You know, having a chat to them, making them feel comfortable in this space.*

Similarly, peer workers, peer navigators and counsellors identified answering the phones as an activity that they often drew on their lived experience in as it involved mostly speaking to carer service users they supported or carers who were calling to access the service. A senior peer worker explained further the how welcoming and facilitating connection with service users appeared in their practice:

> *In the senior peer worker aspect of my role, being flexible and present when a carer needs support, when they're dropping in, when they're calling, when they're coming to their booked appointment...They can come to the hub, they can call us and we can create the space over the phone, but that, you know, between, business hours someone's here.*

6.4.2 One-on-one peer support

One-on-one peer support activities were identified to be undertaken in many FCLE roles within the Connects (including peer workers, senior carer peer workers, peer cadets, peer service navigators, community engagement workers, team leads, service/program coordinators, practice leads, service managers and support workers). The two roles that did not identify performing one-on-one peer support were participants in FCLE counsellor and admin roles.

One-on-one peer support was an area of practice that was inclusive of:

- Working with carers (peer support listening and connecting through both drop-in/walk-ins and ongoing support to regulars)
- Talking to and supporting carers through peer conversations
- Phone peer support (including using interpreters when working with CALD carers)
- Assisting in therapeutic sessions, including family therapy when asked to by a carer
- Assisting carers to engage in the local community
- Emotional peer support
- Supporting carers mental health
- Emotional regulation strategies
- Emotional psychological safety
- Engaging with and working relationally with carers and whole families.

Several of these tasks overlap with tasks relating to education, outreach, system navigation, group peer support, and direct advocacy activities. Most participants reported performing these tasks across a variety of locations, including over the phone, or in person either at a Connect centre or when on outreach. Eighty-eight percent of all participants reported that the practices they carried out in one-on-one peer support were informed by FCLE in some way.

One-on-one peer support was often characterised by flexibility, practicing 'presence' and a 'relational time ethic' (see **section 7.5** for more information). That prioritised the slow and purposeful nurturing of relationships, over other outputs. One senior peer worker highlighted the centrality of flexibility when providing one-on-one support to carers:

> *Being flexible and present when a carer needs support... to be as present as I can, to draw on those principles and values of [intentional peer support] like mutuality and moving towards... And I guess reinforce for carers that they have a space here. This is their space.*

Peer workers also described mutuality, 'getting creative', and validation as some of the ways in which they connected and provided one-on-one support to family carer service users. One peer worker reflected on the purpose of such support:

> *To help carers feel heard and seen, and to validate what they're going through. Ultimately, in a nutshell, and to help well, a lot of carers that come here to find their sense of self again. Or, sense of independence...*

Another peer worker noted:

> *I guess that sense of 'mutuality'. I also really love learning from my carers like, you know, I have one carer at the moment where we're doing a bit of research on like, guardianship, looking into that and, I love being pushed to be like, you know what? I don't know much about that. Like, let's call that place together.*

A participant in a peer worker and community engagement worker position similarly reported that one-on-one peer support sessions played an important role of contextualising and normalising carer experiences, reflecting:

> *I guess for the peer work side of things, it's really on a person-to-person basis when we're doing, like one-on-one, I suppose like. But I think for the most part, it's mostly like if I'm drawing on, if I'm sharing something or a perspective I feel like most of the time it's kind of just trying to normalise what that person might be experiencing.*

6.4.3 Therapeutic counselling

One hundred percent of participants in FCLE counselling roles reported that their therapeutic counselling was informed by lived experience in some way. This higher rate could be due to a different conceptualisation of FCLE informed practice held by counsellors to those in other FCLE roles who are guided by frameworks of intentional peer support or the FCLE discipline.

Therapeutic counselling tasks were described by project participants as including one-on-one counselling session, which took the form of scheduled appointments that are time bounded (typically in the form of one-hour sessions). The time boundedness of sessions for supporting carer service users was one of the key features distinguishing the work of FCLE counsellors from FCLE peer workers.

Project participants also described therapeutic counselling as at times involving group work facilitation with carers. These tasks were also reported as being performed across a variety of locations, including over the phone, or in person either at a connect centre or when on outreach, for example in the form of carer walking groups or one-on-one counselling in service users' homes. FCLE counsellors shared that outreach counselling sessions was something they had experienced as novel to the Connect model. One participant described how drawing on FCLE fully and purposely occurred when carrying out outreach sessions with service users:

> *I actually put outreach sessions as fully [drawing on lived experience] plus. Because you're going into their homes, lives, you know? Their environment. So it actually has this other element where, previous to this role, I wouldn't have done any counselling in people's homes, and it's very interesting, because you kind of go, oh okay, and you can meet family members who they're caring for, and you can see... you get a lot out of it...*

See **section 5.2** for more information regarding how participants in FCLE counselling roles describe drawing on their lived experience.

Recommendations related to FCLE counsellor roles

31 Policies, practices and self-monitoring mechanisms are developed and implemented that ensure a FCLE discipline perspective is embedded in counselling practice.

32 Longitudinal co-design research is undertaken that investigates how FCLE disciplinary knowledge and counselling are integrated within (relevant) Connect centre roles.

6.4.4 Education

Some participants in direct practice roles (peer workers, support workers, FCLE counsellors and team leaders) reported undertaking education related activities in the support of service users. Education activities were recorded as being inclusive of:

- Undertaking research and gathering resources for carer service users relating to local groups, services and psychoeducation materials
- Sharing information
- Providing and presenting education and strategies for service users and colleagues.

Education related tasks were reported by 80% of project participants to be informed by FCLE in some way or another. One family and carer peer worker shared:

> *So I'm thinking about the time spent, especially if someone's looking for more stuff around education. So it might be that the person they're caring for has got a new... um, diagnosis and they don't really know much about that and trying to find accurate and like trusted information can be tricky. So some of it like I would know off the top of my head, a lot of the 'where to go kind of things', but some of it is really specific. So you spend a fair bit of time looking things up, helping them find accurate information or who to go to to get more information around something. And just kind of like research around general education suff like. And the linking them in with things.*

6.4.5 Outreach

There were several participants whose roles include providing outreach support, particularly working in the regional or rural Connect centres. Eighty seven percent of participants who undertook outreach reported that these activities were informed by FCLE in some way. Outreach activities can involve group peer support, individual peer support, system navigation and practical supports and were reported as being inclusive of:

- Attending and facilitating community outreach sessions
- Travelling to and from outreach sessions
- Helping carers through practical support
- Visiting and supporting carers in their homes (i.e., gardening)
- Outreach with carers in the local area, in cafes and in their houses
- Walking with carers
- Outreach, transport to appointments
- Transport for carers to the Connect centres.

Some participants described outreach activities they carried out as including provision of practical resources, as well as connecting carers to other community members and supports. Some participants also shared how passionate they were about the importance of providing outreach support, and of the positive impacts that their outreach efforts made. One support worker noted:

> *We'll do Centrelink with them [centre service users]. We can just go walk, um coffee and chat, and we can do gardening with them. We do outreach in their house, sometimes baking together... coffee and chat could be at their house too, sometimes they come here [to the Connect centre].*

Many participants who provided outreach support, felt it was a vital service for isolated carers. A quote from one peer worker participant captures this sentiment:

> *[Outreach in the home] that's really important, especially if [carers are] a long way away and they can't get here. And you also get a better perspective of how they really are, as opposed to talking to them over the phone. And looking back at my lived experience the only people I had to talk to were community mental health, so having someone come in with my lived experience is really really good.*

6.4.6 System navigation and resourcing

System navigation and resourcing was an area of work identified to be undertaken by participants in peer cadet, peer worker, support worker, senior carer peer worker and service/program coordinator roles. In this project, system navigation extended across initial identification of systems and structures, through to locating and connecting family carers to practical supports or resources. System navigation activities included:

- System navigation (connection, navigating services and systems (e.g., helping carers to navigate schools, NDIS and Centrelink)
- Assisting carers with accessing supporting documentation relating to their caring roles
- Research for groups/services/psychoeducation materials for carers
- Providing information
- Referrals and warm referrals
- Involving outreach (e.g., support to obtain doctors letters, support attending local services i.e., Centrelink)
- Facilitating access to hardship funds and material supports (Carer Support Fund application brokerage and other aid/resources).

Seventy-two percent of participants who provided system navigation, reported that the system navigation related tasks they undertook were informed by FCLE in some way or another. One support worker illustrated the system navigation role by sharing:

> *We helped with the NDIS part, and making sure [carer service users] could get into where they needed to go, and if [a carer] was like where do we go for this? We could sort of point you in the right direction...*

6.4.7 Group Peer Support

Almost all participants reported being involved in provision or organisation of group peer support. This project includes event and activity organisation and management in the definition of group peer support. Participants reported that group peer support can involve:

- Organising groups/events
- Research for groups
- Facilitation/co-facilitation
- Food preparation and baking (for events and groups)
- Groups (e.g., walking, exercise, carpet bowls, games, cuppa and chat, homework with kids, creative, craft groups).

Intention, creativity, and the ethos of being 'carer-led', characterised the planning and delivery of many group peer support activities that participants spoke of. One senior peer worker shared:

> *...the groups that we do run are for that, that Carer connection with the other carers and so everything that's done from, you know, the tea and the coffee, to the morning tea, to the activity, to the space it's is all purposefully done, it's all Carer-led... Holding that space for the carers to have that social connection because as we know, it's so isolating at times.*

Ninety-two percent of participants reported that the group peer support tasks they performed were informed by lived experience in some way. A peer worker reflected on how they used elements of their own lived experience in facilitating a group for young carers:

> *In our homework club and we have kids come in, sometimes they've had a horrible day at school and they'll come in, they'll be heightened, and all of those things... You've got to meet them where they're at because they come in and they're just fried from school. They've had detention, they've got in trouble for whatever they've been in the sick bay because they've just been feeling, having mental health challenges. And so you just have to meet them where they're at, use your own experience to, you know, remember what it was like at school... So even though we're doing sums, we're doing it in a way that we can see this kid is going to have fun. We're playing Jenga and doing maths. Or playing Scrabble... you're kind of drawing a bit of everything there to give them an experience that's going to work for them.*

One senior peer worker similarly shared what they saw as part of the value of groups for the family carer service users:

> *So I might use a lived experience and lens, so when I'm running groups, most of the time, the groups, they're not sitting down talking about their Carer role, they're actually, it's a respite for them, they're thinking about other stuff, you know, just having a general chat, they don't want to just sit and talk about the person they care for, yeah...*

6.4.8 Advocacy

Advocacy was a key activity that project participants reported carrying out in the work they undertook to support carer service users. This activity was found to consist of two distinct advocacy areas: systemic and direct advocacy. Overall, 88% of participants reported that the advocacy they carried out was informed by their lived experience in some way.

Systemic advocacy, while occasionally carried out by FCLE workers in peer and support worker roles, was an area more commonly reported as being performed by participants in FCLE leadership positions. Connect centre leadership participants described systemic advocacy tasks as relating to broad organisational or sector change for the benefit of centre service users and the FCLE workforce, through channels such as government reform and network meetings. One team leader reflected on how they drew on their previous experience as a FCLE peer worker in their advocacy:

> *I think I'm in a unique position, having been a peer worker and now stepping into leadership, that I can provide advocacy for the peer workers, particularly at a leadership level.*

Direct advocacy, on the other hand, was reported to be primarily an area of work undertaken by participants in peer worker and support worker roles. Connect centre participants described direct advocacy tasks as relating to providing service users with direct support when engaging with other services, drawing on their lived experience knowledge. It should be noted that many of the advocacy activities that peer worker and support worker participants described doing aligned more closely with how the FCLE Discipline Framework defines the scope of practice of FCLE advocate roles.[47] This can be understood in light

of the fact that no Connect centres have yet employed dedicated FCLE advocates as part of their workforce, yet mental health family carers frequently need such advocacy assistance.

Eighty-six percent of participants who practiced direct advocacy reported that this was an activity in which they fully and purposefully drew on their lived experience. This places direct advocacy as one of the key activities for which lived experience is relevant in Connect centre setting. FCLE workers described a variety of tasks they undertook in performing direct advocacy. One participant in a FCLE support worker role spoke of advocacy as one of the key ways they could use their lived experience expertise to reduce stress for service users:

> *A big part of our service is advocacy, where we can write a support letter... try to get support for them. Getting a support letter from a doctor, case worker, or a social worker from Centrelink. We do that a lot... We do what will ease the stress for them, of course we do it with them, with their consent.*

Carrying out such activities alongside carers and with their consent is a core feature of direct advocacy in family carer work. Other participants similarly described advocacy at times involving assisting carer service users in organising respite or accompanying them to meetings with government services:

> *As a family carer peer worker you can be more of a support person and be the second person hearing this stuff. So [the carer] can talk about it afterwards because it's such an emotionally driven space.*
>
> *FCLE peer worker*

Importantly, peer workers described supporting carers to self-advocate as being a key aspect of advocacy within their scope of practice, and not straying into case management. Participants described related activities as involving making plans with carer service users around what they might want to raise in meetings with other services (i.e., NDIS, schools, or Area Mental Health Services), and readying carers through mentoring and coaching, so that they feel comfortable to self-advocate:

> *Hopefully you can prepare them [the carer] beforehand and they're feel comfortable enough to go into that meeting without me [a peer worker], like eventually that's where I got to with this carer to be able to feel confident enough to self advocate that they didn't feel like they needed to loop me in. But at the beginning it was just helpful to have someone else there to be like 'hey, sorry flag that, ... she was in the middle of what she was saying before everyone kind of jumped in or that's not realistic'.*
>
> *FCLE Peer worker*

Recommendations relating to advocacy within Connect services

10. The approach to advocacy, which includes definition of the role of the Connect FCLE workforce in advocacy, is clearly articulated in the Connect Service Development Framework, in recognition of the significance of quality advocacy services for families and carers.
11. Connect centre staff have the skills and knowledge to build capabilities in service users to enact self-advocacy (for example when engaging with Area Mental Health Services and other agencies).
12. Dedicated work is progressed to define the scopes of practice of FCLE roles, particularly in relation to how they might differ from those of FCLE workers in Area Mental Health and other clinical services, and how they respond to the needs of families and carers. This work should include an examination of:
    - FCLE counselling functions
    - Family carer peer work functions
    - Support work functions
    - Advocacy functions
    - Case management functions
    - Community development/engagement functions
    - Service navigation functions.

7 What is working well in the Connect centre FCLE practice model?

Project findings indicated that a number of elements are working well in the Connect centre FCLE practice model. The Connect model was found to enhance mental health carers' opportunities and access to employment and career progression.

Our findings also suggest employment in the Connect centres supported FCLE workers' personal recovery journeys. FCLE leadership and being part of FCLE teams was identified as a key support factor for the workforce. Findings also indicate that the co-design of the Connects and the cultivation of a practice of "relational time" both worked to bolster wellbeing for FCLE workers and the carer service users they support. The project also found that FCLE workers had a clear sense of purpose and held a great deal of pride in the Connect model and the work they carried out. These outcomes and corresponding recommendations for maintaining these are further explored in the following sections.

7.1 Enhancing mental health carers' access to employment, capabilities development and career progression

The project's findings indicated that the Connect model provides an important entry point into the workforce for unpaid mental health family, carers and supporters who have previously had limited access to paid work due to the high demands of their caring roles. Some FCLE workers reported having been in full-time caring roles for a decade or more before re-entering the paid workforce through their employment at the Connect centres:

> *This is my first [paid] job in 18 years... I should say my caring role was a job, I'm in a position where I can now draw on that [caring experience] for a positive, to help others. I had this knowing that this [kind of work] is where I needed to be, I applied for the job twice, that's how much of a knowing I had, I just held it on...and I feel I am where I'm supposed to be.*

Other FCLE workers noted that their initial contact with the Mental Health and Wellbeing Connects was as users of the service. Coming in and connecting with FCLE workers at the Connect centres had been a factor in them then going on to pursue FCLE employment in the sector.

Active or long-term carer experience was considered by leadership staff to be a form of valuable knowledge and an asset that lived experience staff brought to the Connects. As one team leader reflected:

> *A lot of people came from home, not from a professional space... that's the people we want because they understand what it's like [to be a carer].*

The Connect centres employment of a majority lived experience workforce demonstrates a valuing of those who have significant lived experience knowledge through their caring experience and provides key employment opportunities for carers who otherwise have been largely excluded from participation in the paid workforce. In order to ensure that 'long term' or active carers continue to have access to this kind of employment, and for the benefits of this to be sustained, a systemic approach to early access to comprehensive training about working from a FCLE perspective needs to be implemented.

Connect centres were also identified as providing important career progression opportunities for FCLE workers regarding accessing professional development opportunities that enhanced their practice in existing roles and pathways for promotion into other FCLE roles. Peer workers who participated in this project described receiving support and encouragement from their managers to engage in training and other activities that helped to further develop their practice. They also spoke about sharing the skills they had developed with their colleagues.

Several of the participants in peer worker roles reported having gone on to secure these positions after previously holding peer cadet or volunteering positions with the Connects. A handful of participants in leadership roles or senior peer roles similarly reported that they had previously held peer worker roles and had been encouraged by their managers to apply for more senior leadership roles. The cultivation of career progression opportunities in the Connect centres works to retain valuable skills and knowledge within the services and aligns with best practice in lived and lived experience workforce development.[48,49,50] See **sections 8.1** to **8.12** of this report for further findings and corresponding recommendations related to professional capability development.

Recommendation to support FCLE workers access to employment and professional development

15 Connect centre organisations provide inductions within four weeks of the FCLE worker's appointment and ensure there is a focus on the scope of the FCLE discipline. These inductions would foster a sense of belonging and purpose among Connect centre workers, including by 'bringing people into the story so far.' Part of the induction is providing FCLE discipline specific professional development and training such as that previously delivered by the Centre for Mental Health Learning.

7.2 Supporting mental health carers' own recoveries

Working in an FCLE role within the Connects was valued and recognised by many participants as crucially supporting them in their own recovery journeys as mental health family members, carers and supporters. This is a significant but unplanned outcome of the Connect centres' family carer-led model. Peer models are well understood to centre mutually beneficial purposeful sharing of knowledge among people with lived experience.[51,52,53] While engaging in carer peer support programs has previously been recognised as a beneficial support in family carer service users' recoveries,[54, 55,56] less has been written about benefits to the family carer workers who provide this peer support. One FCLE peer worker participant described how they benefited from practices of mutuality with Connect centre service users:

> *To be honest, I learned so much from the people that I support, you know. When I was starting out, I was just sort of like, I'm the one who's supporting, but then when I did the [Intentional Peer Support training], I realised... we are just doing this together. It's a complete shift in mindset and... it's quite liberating. I get so much inspiration from the people that I support even though the stories are hard to hear... we help each other, honestly it's not a one-way thing. It's definitely a two-way thing.*

Another peer worker reflected that working in the peer space helped them to reframe the negative perceptions they had of themselves:

> *[This role helped me] acknowledge that I'm not as broken as I thought I was.*

A senior peer worker spoke of how being a part of a family carer lived experience team and engaging with Connect centre service users had resulted in them viewing their personal caring role a different light:

> *For myself personally, I have gone through a whole process since being in this team, of re-understanding my role within my family and the support I've provided to family members, and I've actually had to completely reassess and start to think about it in a different way. And that's been a huge upheaval for me personally to go through and I've been supported and I'm, you know, probably still learning some stuff about myself. I've mostly come through it, but that was very challenging... That learning, that emotional labour, can be quite intensive and quite tiring, but I feel fortunate to have done all of that amongst co-workers who can understand and be supportive... we have a great [team] culture here that has allowed me to go deeper in my understanding of my lived experience and that's been something that I think could only have happened with the right support around me.*

The process of carrying out FCLE work and the personal development that it entails is significant, and can at times be challenging. FCLE managers also described the connection between personal development and working in a lived experience role within the Connect, with one manager reflecting:

> *I think what the lived experience space allows for is an incredible ability and incredible opportunity for self-development.*

7.3 Family carer lived experience teams

> *I think being part of a fully lived experience team is a huge positive.*
>
> *FCLE service navigator*

Family carer lived experience teams were described by FCLE workers as a key supporting factor in being able to carry out their work. Being part of a FCLE team was particularly valued by participants with active caring responsibilities, who spoke of no longer having to 'hide' that they were carers outside of work, and the value of having their caring experiences understood by co-workers.

Participants reported that the sense of safety cultivated as a result of being part of a larger FCLE workforce in the Connect model was significant:

> *Being in a team where lived experience is not only centred but we are the majority of the workforce here at [this] Connect and in the Connects generally... makes for a very different environment compared to being the token carer worker or one of only 2 carer workers [in other services]. Through having that support, and that shared experience, not just with people in the same role as you... but also knowing that lived experience extends up to the manager... makes a significant difference to not only my feeling of being understood as a peer worker, my safety for my practice, but just also it's very validating to not just be in a role that for me previously felt quite tokenistic. [FCLE teams in the Connect model] are very intentional and I would say... significantly safer. It's actually just so lovely to be surrounded by people who understand and can relate to your experiences and have that same perspective on vulnerability, on sharing, on safety. It feels like I'm taken more seriously in my role because we all have that common goal of providing anyone who contacts this service with lived experience support-FCLE senior peer worker team lead.*

Participants in non-active caring roles expressed that having FCLE colleagues helped them not to feel like 'outsiders', something FCLE roles in other workplaces often report experiencing within lived

experience teams that predominantly employ consumer workers.[57,58] One senior peer worker described the sense of psychological safety they felt as a result of being part of a FCLE team when it came to engaging in reflective practice:

> *I really value being able to be part of [family carer] co-reflections and reflective practices, where we can share, safely, we can gently challenge each other, we can learn from each other, and I don't feel like an outsider, because in previous roles I was the only carer with all the consumer peer workers, which happened to me... in my previous role.*

FCLE was understood to be a valuable and unique aspect of the model that cultivated support, connection, understanding and safety between staff. Participants in peer work roles generally noted the supportive nature of family carer lived experience teams they were a part of within the Connects:

> *There is really genuine team support. It's something that's like a breath of fresh air, I've worked for 30 years and I've never come across something like this, I'm like wow!*

Peer workers described the benefits of being within a FCLE team when encountering triggering aspects of their work with Connect service users:

> *Within the program everybody's lived and living experience and we can go to anybody if we really need to debrief if something that we've heard or seen, if we've been affected by it or we've been triggered or it was a bit too close to the heart, ...we can go, "hey, have you got a couple of minutes" and everybody just drops everything. And I think that is amazing.*

This supportive team culture not only benefited FCLE workers, but also enhanced the functioning of the Connect model.

The ethic of 'we all step up', was a common theme reflected by participants in peer worker, cadet and management roles. Participants reflected that their carer identity shaped this approach to their practice. They described their desire to support their colleagues and how this was actioned through 'stepping up' or 'just getting things done' when resourcing was limited. This supportiveness was similarly characterised by participants in leaderships roles who talked about wanting to support their team and how they did so through stepping up:

> *We all step up and step in to whatever we need to support each other in our roles, because we recognise that not only are our carers' roles essential roles, but ours are as well, we are also carers, so we do what we need to do, which makes coming to work really great.*

FCLE teams and leadership are core to the Connect Centre FCLE practice model. One FCLE practice lead reflected:

> *The Connect model is a very connected supportive model where... everybody's around to kind of offer, you know, sideways support, up and down support. That's just the way we've sort of built the model I suppose.*

Project participants reported valuing having colleagues, direct line managers and organisational leadership who had FCLE expertise, when this was the case.

Recommendations relating to FCLE teams

23 A minimum standard is established that ensures FCLE direct practice teams in all secondary and satellite service delivery sites centres have at least two FCLE workers.

26 Connect centre organisations ensure that FCLE staff in direct practice roles are line managed by FCLE managers.

4 As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.

5 Connect centre organisations ensure FCLE workers' access to debriefing with colleagues is protected.

7.4 Family carer lived experience leadership

> *It's really great I think having family lived experience on management levels as well.*
>
> *FCLE peer worker*

FCLE leadership roles within the Connects were identified to be a critical factor in sustaining the FCLE workforce. Project participants reported that FCLE managers tended to understand the realities of carer lived experience and knew how to support FCLE staff who had ongoing active caring roles. Participants in leadership roles highlighted that understanding FCLE expertise was crucial to them being able to provide leadership to their FCLE teams.

> *It's a huge privilege to actually work in this space in a leadership context, and I think you really need to have some really good grounding in... and understanding in the principles of lived experience work.*

Effective FCLE leadership was found to foster a culture of inclusion, understanding, flexibility, trust, respect and safety. This kind of culture was highly valued by FCLE workers, but was identified as fragile and dependent on individual leaders, and leaders receiving adequate support from the organisations that employed them. Where such support was insufficient, there appeared to be a higher turnover of FCLE leadership, which participants reported significantly altered the workplace environment and their work experiences. These results indicate a need for systemic, organisation-wide commitment to valuing and supporting lived experience leadership roles.

Recommendations relating to FCLE leadership and management

36 All leadership staff have FCLE expertise, supported by FCLE supervision, Lived Experience specific professional development (for example, access to IPS training for managers and Carer Perspective Supervision training), opportunities for co-reflection with peers in FCLE management roles, and leadership and management professional development opportunities, to provide guidance on how to integrate operational work and lived experience.

9 Organisational commitment to FCLE is embedded across all levels of the Connect centres provider organisations, including embedding in policies and procedures. This includes externally delivered training and professional development for all staff, including those in supporting roles such as executive managers, administrative staff and human resources personnel.

7.5 Cultivation of a "relational time ethic"

The Connect centre model was found to cultivate a "relational time" practice in which FCLE workers prioritised the building of relationships with Connect service users as people, and showed them that they were valued through time spent together. A sense of unrushed time was constructed in the Connects as a means of warmly welcoming, building rapport, supporting and holding space for the carers who accessed the centres. This emerged from a set of intentional practices (see **sections 5** and **6** of this report for more information) that supported FCLE workers to attend to carers relationally as whole people. This way of working is antithesis to the "bureaucratic time" model that is typical in primary care delivery, which is often characterised as hurried, impersonal, compartmented, and often detrimental to service users' and providers' well-being.[59] FCLE workers described this ethic of time as enabling Connect centres to take a relational approach, and provide a service where mental health families, carers and supporters were heard, valued, and supported. In doing so, Connect centre FCLE staff worked to counter the exclusion and lack of support commonly experienced in carers' interactions with the mental health system. FCLE workers described this approach to time as also working to bolster their own well-being, because it enabled them to deliver a service that they valued, and that was mutually beneficial to themselves and the carer service users they supported.

One exception to this approach to time within the Connects was in the provision of therapeutic counselling. Project participants noted that counselling sessions were provided in the conventional model of scheduled time-bounded appointments (typically in the form of one-hour sessions). This differed significantly from one-on-one peer support provided by FCLE peer workers, which was available on a drop-in, as-needed basis, and often with a more flexible duration. Further inquiry is needed to see how the cultivation of a 'relational time ethic' may differ in the practices of FCLE peer work and counselling.

Recommendations relating to FCLE leadership and management

45 'Relational time' practices remain central to the model, and a core component of all future workforce development, funding models, and performance management.

7.6 Centre co-design

The project's findings indicated that FCLE workers and Connect service users valued the co-designed nature of the Connect model and physical spaces. Participants shared that the on-going input from community reference groups and the initial co-design of the Connect centres provided a framework that they used to guide their work. FCLE staff expressed a great deal of pride in the physical spaces that had been created through co-design with the local carer communities they worked with. Key features of Connects included open plan kitchens (or places to make tea and coffee) shared by service users and staff, lounge areas, notice boards, dedicated quiet spaces (for respite and one-on-one support sessions), and children's play areas (see Images 3 & 4). Several Connects also featured gardens or indoor plants, fish tanks, comfortable couches to sit on and massage chairs. Project participants reflected on the co-designed physical spaces within many of the Connects as being trauma informed in nature. One FCLE counsellor described the significance of such environmental designs:

> *Having a purpose built space is really important. We're always talking about the garden and having places for being that feel safe, that don't feel clinical.*

The intentional cultivation of trauma informed spaces was similarly reflected by a service coordinator:

> *...the way we're set up, we've got two big lounge rooms... the majority of what we do is to be comforting and relaxing and not under pressure, and you know, accessible to people.*

Image 3

Western Metropolitan Connect Centre, Sunshine site

Staff and Connect service users made the Connects feel 'homely' and 'their own' through the use of the communal spaces and contributed to the atmosphere through the creation of artworks (see Images 5 and 6). The walls of several Connect centres were filled with art and imagery created by and meaningful to the carers who used these spaces (service users and FCLE workers). Several Connects had walls that celebrated carers' pets (see Image 5). Others represented the communities that carers belonged to (see Images 6 & 7). These physical constructions of space, coupled with the 'relational time ethic' and the practices that FCLE workers performed to create a sense of welcoming and belonging for family carer service users, in turn cultivated a space that service users felt was safe and their own.

At several Connect centres the research team noted how they were greeted by service users, welcoming and showing them in at two centres, and offering them tea and cakes that they had made themselves at another. Project participants also reported that service users utilised the physical spaces of the Connect centres outside of attending groups and one-on-one peer support: as a place to come for respite, as quiet places for young carers to do homework, and in some instances as neutral spaces for important meetings relating to their caring responsibilities.

Ultimately, the Connect centres represented how FCLE trauma-informed practice emerges in the physical spaces that family carers create and nurture.

Image 4

Featuring aspects of Connect centre sites

Clockwise from top left: Dandenong, Shepperton, Traralgon, Dandenong and Ivanhoe.

Image 5

Carer's pets at Barwon Southwest and Grampians sites

Image 6

Carers Connect Bunting, Grampian Connect centre, Ballarat Site

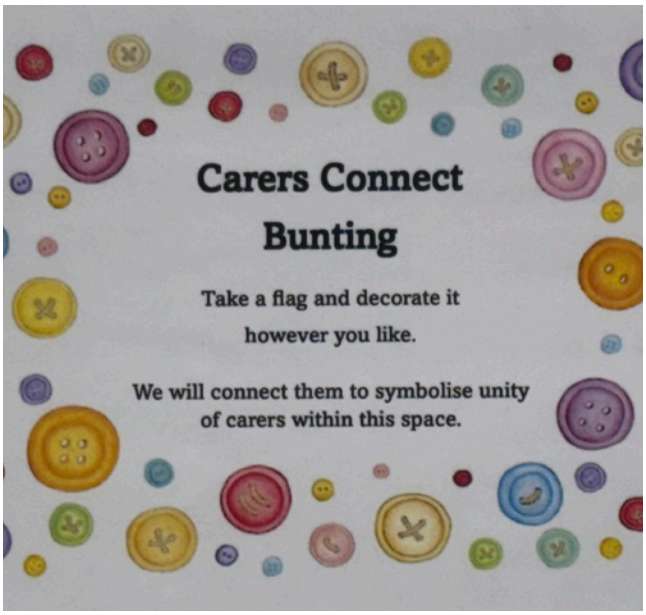
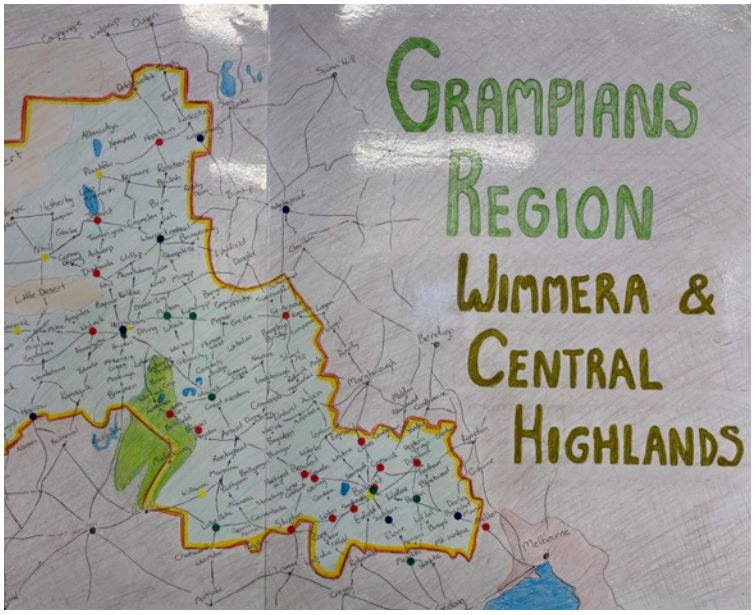


Image 7

Imagery created by and meaningful to the carers that used and worked within the Connects, from Ballarat & Bendigo sites



7.7 FCLE workforce pride and purpose

This project found that Connect centre FCLE workers expressed a clear sense of purpose and a great deal of pride in the Connect model and the work they carried out. The Connect centre model fills an important gap in the service landscape, and a very frequent theme in participants' reflections related to how profoundly these supports had been missing in their own caring experiences. Interestingly, reflections from many participants across the Connects linked their appreciation for the supports now being provided by their Connect centres to a strong sense of personal pride and purpose in being part of shaping their centres and delivering such services:

> *For myself, my [sibling] became unwell a bit over a decade ago, and there were little to no resources and it was just catastrophic for my family, beyond words. To have a space like this... that could support or provide any kind of experience or resource for myself or another family member could have changed the trajectory of our journey.*
>
> *FCLE peer cadet*

> *It's nice coming in here and being able to actually support people how I wished I could have been supported as well. Yeah, cause like the only support I had as a carer was carers' respite. And there was pretty much nothing else.*
>
> *FCLE service manager*

> *This is a service that has been needed for a long time. And I am so thankful that we've been listened to and heard, and that carers' voices, you know, have sort of led to this.*
>
> *FCLE manager*

The strong sense of purpose that participants conveyed appears to be linked to a strong culture of carer leadership and sense of belonging and ownership among workers. Participants described this as being due to the carer co-design of the model (see **section 7.6**) and the culture that developed within FCLE teams and leadership, as previously outlined in **sections 7.3** and **7.4**. These findings indicated FCLE leadership, teams and co-design must continue to be prioritised in any further development of individual centres' services and the Connect model as a whole. Participants also reflected that learning in their inductions about the history of how the Connect model emerged also helped to foster this sense of purpose and pride.

Recommendation relating to maintaining FCLE workforce pride and purpose

15 Connect centre organisations provide inductions within four weeks of the FCLE worker's appointment and ensure there is a focus on the scope of the FCLE discipline. These inductions would foster a sense of belonging and purpose among Connect centre workers, including by 'bringing people into the story so far.' Part of the induction is providing FCLE discipline specific professional development and training such as that previously delivered by the Centre for Mental Health Learning.

8 Workforce support and resource development

The project sought to identify a range of workforce supports and resources to further develop and support the practice capability of the Connect centre FCLE workforce.

The findings indicate a range of areas for further support and development, relating to:

- Managing the personal costs of FCLE work
- Staffing
- Professional FCLE supervision
- Supportive conditions for an actively caring workforce
- Organisational understanding of FCLE workforce
- Training
- Co-reflection and communities of practice
- Outreach capabilities
- Connection within local service landscapes
- Scope of service
- Peer cadet traineeships and volunteer roles within the Connects
- Consortium model of some centres.

The following subsections provide further context and detail around these areas for workforce supports and resources, and set a range of recommendations to support the sustainability and growth of the FCLE workforce.

8.1 Managing the personal costs of FCLE work

Working from a FCLE perspective was described by participants as being both rewarding and challenging. FCLE workers spoke of the fulfilment and pride they felt in their Connect centre roles (as previously explored in **section 7.7**). As one participant in a lead role reflected:

> *It's been a really fulfilling job actually. I've really got a lot from it. It's been wonderful.*

Despite this, it was clear from participants' reflections that this work has certain costs. Many participants identified that working in FCLE roles could easily lead to burnout. One peer cadet drew an analogy between peer work and the flame of a candle. They reflected that "sharing the flame of a candle" reminded them of how peer workers share the 'flame' of their passion and lived experience "to light the flames of others", but cautioned that in "sharing the flame of the candle, you don't wanna burn out". The connection between working from a lived experience perspective, burnout and emotional distress has been previously documented within the literature.[60] Several participants in FCLE peer worker roles similarly described that at times the work could be difficult, triggering, and emotionally exhausting:

> *The emotional side has been exhausting… you do become stronger in some way, but it's still exhausting.*
>
> *FCLE peer worker*

> *I find sometimes that if I've had a really like difficult call with someone… hearing about what they've been through, some of the stuff I've heard, it has been horrendous, and how people have been treated is disgusting and it takes me sometimes a day or two to process… because some of the stuff is really hard to process and some of it brings up stuff from my own past.*
>
> *FCLE peer worker*

Many project participants described how carrying out peer work could at times feel a bit too close to home, and that a lack of adequate supports for working from this perspective had resulted in higher staff turnover:

> *Yeah, I think there's not enough research into it, I think that's why… I personally don't know any real supports. And kind of recognising that a lot of us do have caring roles outside of this and then coming to work and, you know, you've got to separate life from work. But when you're hearing carers say the same thing that either, you've been through yourself or that [the person you care for] has… It can get, yeah, a bit overwhelming, and I think that's quite possibly why the turnover is so high. Because I think sometimes we feel a little bit undervalued for the work we do.*
>
> *Peer worker*

Participating FCLE workers reflected on which protective factors helped them to navigate the complexity of their peer work roles and avoid burnout. The main protective factors mentioned were opportunities to debrief, regular check-ins between team members, flexibility to shift between direct practice and other tasks when needed (e.g., after an intense interaction), and being supported to engage in professional development and continuous learning.

Several participants reflected that organisations tended not to adequately value or remunerate FCLE workers for the complexity of their work. Some participants noted that they had previously been paid more in other roles, and were choosing their FCLE role because of its meaning to them but still felt a discrepancy between their labour and remuneration. One FCLE team lead reflected:

> *I do think that financial stability is really important and that peer workers are, like… We share so much of ourselves and we go through so much internal processing and emotional labour, and I think that should be valued and demonstrated [to the extent] that it's valued by EBAs and awards that respect what it's like to share of yourself day after day. Particularly if you're currently living your experience.*

In addition to more appropriate remuneration, the research findings demonstrated a clear need for organisations to implement procedures to better support FCLE workers, something that is also reflected in the literature.[61] The sections that follow detail the supports that will be critical in sustaining and developing this workforce.

Recommendations for supporting workers to mitigate the personal costs of FCLE work

- **4** As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.
- **5** Connect centre organisations ensure FCLE workers' access to debriefing with colleagues is protected.
- **25** FCLE workers are remunerated commensurate with their skills, training, and the complexity of their work, which involves considerable emotional labour.
- **24** Connect centre organisations provide flexible workplace conditions and arrangements, including part time work to respond to unpaid caring responsibilities and the ability to move between frontline, direct practice and 'back of house' roles.
- **17** Connect centre organisations ensure that FCLE staff have access to professional development and training, including training related to cultural diversity, intersectionality and different support/carer arrangements.

8.2 Staffing

Research participants reported limited staffing within all regional and some metropolitan Connects to be a significant barrier. FCLE workers in rural and regional Connects reported that this made it difficult to open the Connect centres as walk-in services or carry out outreach, as Connect centres required a minimum of two staff to safely open. One peer worker from a regional Connect described how staffing levels affected their physical safety:

> *...a couple more staff would make a massive difference and then [staffing safety] wouldn't be such an issue. For the last few weeks on a Monday there's just been two of us here, and I've had to lock the doors while [my colleague] has taken the Monday morning walking group along the river. I have had work to do here at the centre, but it's not a safe situation for me to sit here with the door open.*

Other FCLE workers across the regional Connects similarly reported that if staff members were on leave or doing outreach, often their only option was to close the Connect site to the public and support carers via phone service. Some Metropolitan Connects also highlighted that limited staffing affected their outreach capabilities. Funding increased staffing levels would ensure that Connects could be consistently open for walk-in services, even when some staff are performing offsite duties, attending training or needing to take leave.

It was also identified that, due to limited staff numbers, FCLE peer workers and cadets in some Connects were at times working outside their scope of practice or what they were remunerated for. Lack of adequate staffing levels is also a known factor in increased burnout and role drift among FCLE workforces. Within regional and rural Mental Health and Wellbeing Connect catchments, participants reflected that there were fewer other support services for family carers to access, and that this put additional pressures upon the Connect workforce in these areas, compared to urban catchments where there were more specialist services. Some participants in rural Connect centres which did not also employ counsellors reported that FCLE peer workers were significantly stretched and facing situations that posed significant risk of role drift. As one peer worker reflected:

> *We don't have clinical counsellors as part of our team and I've noticed being in a more regional area, there's already a lack of supports around available psychologists and counsellors, and things like that. I'll be prepared for more of a peer worker orientated call, [but so often we get some] intense discussions around trauma, [that] a person hasn't said to anyone else before or they haven't felt safe to. And I feel honoured that I'm that person, but it's also like I'm not the most equipped person for where that conversation is heading. And so it's a bit tricky, in our regional area where there isn't always... a counsellor or something. If there is it's still a wait for maybe six months, before they even get there. And you're maybe the only contact that that carer has and so you're kind of... trying to bring that back into scope... [but] it's not like we can just go, let me hook you in with our counsellor.*

In addition to increasing peer worker staffing levels to reduce burn out, adding counsellor services within Connects where they don't currently exist will protect against role drift.

Recommendations relating to staffing

38 Where Connect centres are not co-located with other services, Connect centre staff are provided safe working environments with a minimum of three staff rostered on shift at any one time.

39 In recognition of equity and access issues currently experienced by rural and regional family and carer service users, the funding allocation methodology for the Connect centres is reviewed to give greater consideration to specific cost drivers in more rural, regional and remote settings.

40 All people presenting to Connect centres are offered and have access to counselling regardless of location (ideally FCLE counselling where available).

8.3 Professional FCLE supervision

It is well understood that access to supervision within mental health related fields is core to professional development and maintaining a clear scope of practice. One FCLE worker illustrated the centrality of supervision in their own practice:

> *This has been my first [FCLE role], I didn't understand what carer lived experience meant when I was in my interview. I've always kind of come from a 'keep professional professional' and work [separate] from the personal. And so when I was applying for this lived experience [position], I thought, 'Oh, this is really fascinating'. As I've kind of grown in this role, the one thing that's really helped me understand how to bring my carer lived experience into this space is access to peer supervision [with our organisation's dedicated FCLE supervisor]. What I initially thought coming into this role, was that lived experience means I just kind of share everything-and that's clearly not what we do.*

While FCLE workers valued professional FCLE supervision and described it as crucial to understanding the scope of practice of their roles, the project found access to such supervision across the Mental Health and Wellbeing Connects to be uneven. Participants in some services reported that their organisations had a dedicated position that they could contact on an as needed basis for FCLE supervision (although it was unclear if these workers had regular supervision times scheduled).

Participants in other services reported receiving FCLE supervision from their direct line managers. It is well documented that supervision from direct line managers or a colleague with whom a worker has day-to-day interactions can pose issues relating to confidentiality and hierarchical power.[62]

Other FCLE workers reported having access to external FCLE-perspective supervision. This kind of external supervision was generally highly regarded by participants, however there were instances where participants described external FCLE-perspective supervisors lacking an understanding of the Connect model. This reportedly posed issues when it came to providing advice on some scope of practice matters, particularly in relation to advocacy and family violence.

Project participants also noted that ensuring managers have access to FCLE supervision for their own leadership roles was an important area that needed attention. The research findings previously presented in **section 5.2** also suggest that FCLE workers in designated counselling roles may benefit from FCLE-perspective supervision, given the complexity faced by such workers in integrating the scopes of practice of the FCLE and counselling disciplines.

Recommendations relating to professional FCLE supervision

19. Connect centre organisations ensure that all FCLE workers are provided with FCLE discipline specific supervision, at a minimum of two hours per month pro-rata.
20. FCLE supervision is provided by independent qualified supervisors who are not in direct line management roles or some other form of professional relationship.
21. Workers should be supported to choose their own certified supervisor.
22. Data is routinely collected on FCLE worker supervision access from Connect centre organisations and where minimum standards of two hours of FCLE supervision are not met, action is taken to rectify this shortfall.

8.4 Support conditions for an actively caring workforce

Core to the Connect model is the employment of people with mental health family carer lived experiences. As this report has previously described, the majority (80%) of designated FCLE workers in the Connect centres identified as holding active, unpaid carer/supporter roles. It is well understood that mental health carers experience fluctuating caring responsibilities. As documented earlier in this report, participants considered active or current caring experience to be a highly valuable form of knowledge and skills, and a key aspect of the Connect model. The project noted that while most participants reported being well supported by their direct FCLE managers, who provided understanding and flexibility, there appeared to be little in the way of tailored structures or supports across the organisations delivering the Connect centres to support conditions for an actively caring workforce.

Project participants in leadership positions identified a need for increased supports and carer's leave provisions to cater for a workforce that predominately comprised of staff in active personal caring roles, and who are employed to practice from the perspective of having personal lived experience as an unpaid mental health carer and supporter. It was suggested that an additional leave provision may be appropriate for this workforce to support FCLE workers to continue to hold and sustain the dual demands of both their paid work and unpaid caring roles.

Participants in leadership roles also noted that they provided adjustments around FCLE workers' tasks (e.g., swapping working on the phones for admin tasks) in order to provide some respite when personal caring responsibilities were demanding. As one manager described the importance of such flexibility as protecting psychological safety of workers:

> *Potentially listening to people in distress on the phone who are wanting support is not always necessarily in the best thing [for a peer worker] if you're going through something that's quite challenging in your personal life at the moment… your reserves aren't always as up there, so [as a manager, the small] modification of task assignment helps bring flexibility to the workload.*

Both managers and FCLE workers in direct practice roles identified these occasional adjustments as enabling workers to sustain their roles.

It is important to note that accessing leave or adjustments requires FCLE workers to disclose to their manager that the demands or responsibilities of their unpaid caring role have increased in some way. When managers and services understand that the majority of this workforce hold active unpaid caring roles, there should be a level of trust and understanding afforded to FCLE workers, such that they are not expected to have to disclose details of the particular situation.

Recommendations to support an actively caring workforce

- **24** Connect centre organisations provide flexible workplace conditions and arrangements, including part time work to respond to unpaid caring responsibilities and the ability to move between frontline, direct practice and 'back of house' roles.
- **27** Connect centre organisations ensure that full staffing levels are maintained, in recognition of the need for FCLE workers in active caring roles to take leave (and without being concerned for the impact on Connect centre operations).
- **28** Connect centre organisations provide additional leave provisions to support FCLE workers in their holding and sustaining of the dual demands of their paid work and unpaid caring roles. Such arrangements should be supported by organisational processes that do not require FCLE workers to disclose details of their situation.
- **30** Reporting mechanisms are developed in which Connect centre organisations are required to evidence the implementation of specific FCLE workforce policies and practices.

8.5 Organisational understanding of FCLE workforce

The research findings indicated that organisations delivering the Connect services appeared to be at different stages of their journey in embedding a FCLE workforce, and had differing levels of understanding or appreciation of it. Some organisations delivering the Connects appeared to have limited knowledge of the *National Lived Experience Workforce Guidelines*.[63] This was found to affect available structural and cultural supports, and FCLE workers' experiences and wellbeing. Other organisations delivering the Connects already had established consumer lived experience workforces, but were still in the early stages of understanding the difference in discipline perspectives and supports required. One FCLE manager reflected:

> *We've had lots of conversations with HR about working with family carer lived experience workforces, and one of the things has been helping them to get their head around how family carer peer work is different from consumer peer work... that's been a big kind of structural piece of work that we've had to do for the Connect centres... it's been a process of culture change... all of [the organisation's] policies and procedures pretty much referred to the client as a consumer. So we've had to support the policy and practice team to kind of look... at the gaps, is there anything that we need to do to make this policy or procedure apply to the situation where a family member carer or supporter is the primary service user?*

Where good cultural and structural supports were reported it appeared that the organisations delivering the Connects in particular regions had an understanding and commitment to embedding the National Guidelines, FCLE Discipline Framework and other key reports. They also drew on these in reviewing and creating new internal policies, procedures, training, position descriptions and frameworks to ensure they aligned with families and carers as service users and FCLE workers. FCLE workers described how such structural work within their organisations made them feel like their roles were valued:

> *So [my organisation] has just done a Lived Experience handbook which has been a really big project that a lot of us have participated in. So that's really helpful and it's really nice to see an organisation making a commitment, you know, not just relying on like an external framework being done, but actually taking that step, to think about like OK with our particular workforce and our particular programs, how can we best support people and lived experience roles? And we have some diverse lived experience roles at [the organisation], so I find that [the handbook is] not only something helpful to use as a resource, but just that commitment is, like just very validating.*

It is clear from both project participants' reflections and the literature regarding organisational best practice that it is crucial for management and human resource staff to understand the unique features and functions of lived experience work, in order to ensure the effectiveness and fidelity of FCLE roles[64] as the following quote highlights:

> *Organisational readiness is key to effective leadership in the lived experience space. Supporting organisational competency and readiness for supporting a lived experience workforce... because then there is an acknowledgement of [FCLE] work as being highly valued within the organisation and an understanding of what that work is, even if it is in the early stages, it's still really, really important.*
>
> *FCLE Manager*

Recommendations relating to organisations' understandings of FCLE workforces

9 Organisational commitment to FCLE is embedded across all levels of the Connect centres provider organisations, including embedding in policies and procedures. This includes externally delivered training and professional development for all staff, including those in supporting roles such as executive managers, administrative staff and human resources personnel.

30 Reporting mechanisms are developed in which Connect centre organisations are required to evidence the implementation of specific FCLE workforce policies and practices.

8.6 Training

The research findings indicated that Connect centre FCLE employees' access to training to carry out their roles was inconsistent across the organisations delivering the Connect services. Some services appeared to offer their staff much more in the way of training, including FCLE-related training. Other services seemed not to have provided such comprehensive levels of training and in some cases very little training on working from a family carer lived experience perspective or working with carer service users.

Participants in peer roles and leadership roles noted the crucial need for FCLE discipline perspective training and peer support training to be provided early on, and revisiting this regularly in order to ensure that staff can carry out their roles effectively and safely. Discipline-specific training for the FCLE workforce was identified as a key support for understanding scope of practice. Similarly, Intentional Peer Support [IPS] training was frequently mentioned as helping new peer workers to understand and safely practice within the scope of their roles. One peer worker reflected on the importance of this training:

> *I nearly quit my job until I did IPS, that was the changing factor for me. That was where I realised I can do this, because [before IPS] I was so wrapped up in [the dilemma of] how can I do this job without upsetting other people with [lived] experience.*

Participants in leadership roles also described the value of FCLE training or professional development in developing their expertise so they could support other FCLE workers. As one manager reflected:

> *Carer perspective supervision training was just fantastic in terms of developing my lived expertise and just thinking about, yeah, the broader kind of workforce. And thinking through how we could support, you know, put things in place to support the family carer practitioners to be able to do the job, but also to do it in a way that's in alignment with the values and principles of the work, and building on the history of the [family carer] movement.*

FCLE workforce participants also identified that they would benefit from training that supported them to work with Connect centre service users who may hold different supporter or family relationships than those of their own lived experience (e.g., parent-child, child-parent, sibling, partner) or experience with different mental health challenges or diagnoses. In addition to this FCLE workers also noted that they would benefit from further training to help them work with carers from diverse cultural and social backgrounds.

Regarding training delivery, participants noted that much of the lived experience training currently available was designed for or facilitated from the consumer lived experience workforce perspective, and identified the importance of having training instructors and participants who are also FCLE workers. Some FCLE workers also spoke about the value of interactive, in-person trainings, where they could be part of a conversation and ask questions about the course content, as opposed to solely online training which was more passive, primarily involving reading and watching videos, which participants found harder to absorb.

The project's findings highlight the importance of FCLE perspective training and indicate that a more systemic provision of training to FCLE workers was needed across the Connect centre workforce.

Recommendations relating to training of FCLE workers

15 Connect centre organisations provide inductions within four weeks of the FCLE worker's appointment and ensure there is a focus on the scope of the FCLE discipline. These inductions would foster a sense of belonging and purpose among Connect centre workers, including by 'bringing people into the story so far.' Part of the induction is providing FCLE discipline specific professional development and training such as that previously delivered by the Centre for Mental Health Learning.

16 All FCLE workers undertake Intentional Peer Support (IPS) training within the first four weeks of commencing employment. Training instructors must be FCLE workers, and participants should be grouped with other FCLE workers.

17 Connect centre organisations ensure that FCLE staff have access to professional development and training, including training related to cultural diversity, intersectionality and different support/carer arrangements.

18 Connect centre organisations ensure FCLE workers have access to regular FCLE discipline specific training.

36 All leadership staff have FCLE expertise, supported by FCLE supervision, Lived Experience specific professional development (for example, access to IPS training for managers and Carer Perspective Supervision training), opportunities for co-reflection with peers in FCLE management roles, and leadership and management professional development opportunities, to provide guidance on how to integrate operational work and lived experience.

8.7 Co-reflection and communities of practice

Peer-to-peer approaches like co-reflection and communities of practice are well understood to be key support mechanisms for deepening understanding and sustaining people in professional roles.[65, 66] However, like many of the other areas discussed above, the project found that FCLE workers' access to regular and ongoing co-reflection opportunities was uneven across the Connects.

Project participants who identified that they engaged in co-reflection and communities of practice generally described valuing the opportunity to participate in such sessions with other FCLE workers, within their service or local area. Co-reflection was described as an important opportunity for FCLE staff to develop deeper understanding of their scope of practice and to troubleshoot or workshop issues arising from the work. One FCLE manager described this:

> *We are doing some practice with co-reflection at the moment, and looking at what our scope of practice is, specifically as a family and carer lived experience worker. Whatever role you have, because you have that lens. But also too [reflecting on the] differences within some of the roles. So [we've] started and some of us have had to try and work it out, within our organisational guidelines and practices, and try and navigate through that.*

Several FCLE workers also reported valuing the community of practice sessions facilitated by Connect Coordination Victoria (CCV). Some participants reported finding those sessions less helpful and too large to meaningfully engage in, and a few participants seemed unaware of these sessions, the CCV's online community of practice, or the CLEW Network.

Project participants in FCLE leadership roles reflected on the need for a dedicated community of practice space for co-ordinators and service managers in designated roles across the Connects, outside of the current CCV meetings, to workshop emerging issues and reflect on practicing in FCLE leadership positions.

Recommendations relating to access to co-reflection and communities of practice

- **4** As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.
- **8** Awareness regarding the value of co-reflection, communities of practice and opportunities for participation is actively promoted at the worker, program, organisation and system level.
- **37** Connect centre service co-ordinators and managers are supported to establish a community of practice, in addition to, and independent of, CCV activities or meetings.

8.8 Outreach capabilities

The project's findings indicated that outreach capabilities are currently disjointed across the Connects. Connect centres' delivery of outreach is key to ensuring equity of access, particularly for rural, remote and regional carers. In some Connects, outreach took the form of satellite centres or pop-ups in regional locations. Other centres described outreach as meeting service users in their homes or local communities, or attending appointments with carers as part of their service navigation or advocacy work (see **section 6.4** for more detail).

Participants described several barriers to delivering outreach within the Connects. Limited staffing and lack of access to transport were the key factors affecting Connect services' abilities to conduct effective and equitable outreach. Some organisations delivering the service appeared to be further along in their provision of outreach. In Connect services where outreach activities were more prevalent, participants described how organisational policies, procedures and resourcing enabled them to facilitate this. A handful of FCLE workers also noted that internet and telephone connectivity issues across some satellite centres affected their service delivery, and some satellite centres were reported to have accessibility issues (such as stairs with no lift). Overall, findings demonstrate that there is a crucial need to better support outreach capabilities across the Connects, to ensure greater equity of access.

Recommendations relating to outreach

- **39** In recognition of equity and access issues currently experienced by rural and regional family and carer service users, the funding allocation methodology for the Connect centres is reviewed to give greater consideration to specific cost drivers in more rural, regional and remote settings.
- **41** Minimum Viable Service guidelines are developed for Connect centres secondary sites (satellites) with respect to resourcing, accessibility and connectivity to ensure greater equity in service access.
- **42** Knowledge sharing of effective outreach services practice is shared across Connect centre organisations.

8.9 Connection to local service landscape

Being well connected to local service landscapes is fundamental in Connect centres being able to deliver on their core function of providing mental health carers with tailored supports, and assistance in navigating the mental health and wellbeing system.

Participants described how their Connect centres' relationships with other services in their catchments and specialised statewide services had helped bolster the kinds of supports that the Connects could provide. This was particularly important when Connect centres had more limited resources, such as those rural, regional and remote areas. However, some participants identified the need to develop further relationships with organisations in their local areas, due to limited staffing capacity and needing to prioritise direct practice over networking, service promotion and community engagement.

Working relationships with other organisations in the local service landscape were cited by some peer worker participants as enhancing their ability to provide system navigation support through expanding their understanding of referral pathways beyond their personal lived experiences. For this reason, opportunities to connect with other services and engage in local networking were found to be particularly valued by peer worker participants. In addition to this, such opportunities were also described by peer workers as helping to sustain them in direct practice roles, through providing a variety of tasks and opportunities for connection and professional development. The project identified these as being protective factors for reducing burnout.

While such connections with the local service landscape were beneficial, peer workers' opportunities to participate in such activities were uneven across Victoria's Connect centres.

Fostering greater connections with local service landscapes, and particularly ensuring that FCLE workers in all Connect centres have such opportunities, will work to mitigate many of the issues outlined ahead in **sections 8.10**, **9.1** and **9.4**, and will ultimately enhance the quality of service that Connect centres provide.

Recommendations relating to connecting with other organisations in local area

43 The importance of community engagement is embedded in the Connect Service Development Guidelines in such a way to ensure that such tasks are allocated to discrete roles or within existing FCLE roles.

44 Opportunities are created to promote and provide support for staff at all levels to engage in local health networks and regional communities of practice.

8.10 Scope of service

This project found that FCLE workers wanted greater clarity around certain aspects of their scope of practice when working in the unique environment of the Connect centres, as compared to more established FCLE practices within clinical mental health services.

A significant number of participants reported difficulties with ambiguity and conflicting advice in relation to whether a number of functions fell within the scope of Connect centre peer worker roles, or the FCLE discipline at all. These included provision of advocacy and case management, and responses to carer service users' disclosures of domestic and family violence and experiences of acute mental distress (particularly suicidality), along with related reporting requirements. There seemed to be varying responses to these questions across the centres. As one FCLE manager reflected:

"There needs to be more clarity around guidelines for the family and carer peer workforce [in the Connect centres]. There are different messages [FCLE workers are receiving, for example ranging] from being told to do full MARAM assessments to [being told] 'peer workers probably shouldn't be reporting'."

Recommendations for clarifying the scope of Connect centre FCLE work

12 Dedicated work is progressed to define the scopes of practice of FCLE roles, particularly in relation to how they might differ from those of FCLE workers in Area Mental Health and other clinical services, and how they respond to the needs of families and carers. This work should include an examination of:

- FCLE counselling functions
- Family carer peer work functions
- Support work functions
- Advocacy functions
- Case management functions
- Community development/engagement functions
- Service navigation functions.

10 The approach to advocacy, which includes definition of the role of the Connect FCLE workforce in advocacy, is clearly articulated in the Connect Service Development Framework, in recognition of the significance of quality advocacy services for families and carers.

13 The Connect centre model's response to domestic and family violence is clearly defined and articulated in the Service Development Framework.

14 The Connect centre model's response to supporting family carers experiencing acute mental distress is clearly defined and articulated in the Service Development Framework.

8.11 Peer cadet traineeships and volunteer roles within the Connects

Cadetships and volunteering were important pathways for some FCLE workers in gaining paid employment with the Connects. A handful of FCLE participants (7%) identified as previously undertaking volunteer roles before being employed in the Connect centres, and several Connects hosted paid peer cadet placements for people undertaking a Certificate in Mental Health through TAFE.

Whilst cadets were a highly valued part of Connect centres, some project participants raised concerns. As identified previously in **section 8.2** of this report, under-resourcing sometimes led to peer cadets working outside the scope of their roles, and both peer cadets and volunteers appeared to support some under-resourced Connect centres. One participant shared concerns about those in peer cadet roles having limited knowledge in applying lived experience and trauma informed practice when they began working with Connect centre service users.

Greater training, experience and supervision should be provided before cadets work one-on-one with Connect service users. A similar risk may be present in volunteer programs within the Connect, and further consideration is recommended in this area to ensure safe and effective service delivery that reflects the FCLE discipline's scope of practice and ways of working.

Recommendations relating to peer cadet and volunteer roles

- **33** Protections are formalised so that volunteers and peer cadet roles do not replace FCLE peer worker roles.
- **38** Where Connect centres are not co-located with other services, Connect centre staff are provided safe working environments with a minimum of three staff rostered on shift at any one time.
- **34** Peer cadets are adequately inducted, trained and supervised in their work.
- **35** Volunteers are adequately inducted, trained and supervised (by FCLE workers).

8.12 Consortium model of some centres

Several of the Connect centres were delivered through consortia arrangements where two or more services had partnered to deliver the Connect service. Consortiums were found to play a key role in assisting FCLE workers to more readily make referrals for their service users to access supports through partner organisations. However, participants across several Connects highlighted issues with FCLE workers within the same team having different line managers who were not located in the same building. Another issue raised was workers being subject to differing policies, awards, procedures, and mandatory reporting requirements as a result of the consortium model, despite otherwise working side-by-side. Participants reported such issues across three Connects operating under consortium models. It appeared that staff were affected to different extents across those Connects. The project noted that, in terms of working conditions, the consortium approach was inconsistent and at times inequitable. Participants also noted that navigating these differing policies required significant time and created confusion amongst staff, increasing the time spent away from directly supporting Connect service users.

Recommendations relating to Connect consortiums

- **29** To ensure quality and fidelity of service delivery in all Connect centres, routine monitoring is used to ensure equitable and consistent working conditions and competitive remuneration for all FCLE staff.

9 Further findings impacting FCLE workforce

Through the process of engaging with the Connect centre FCLE workforce, several findings outside the original scope of this project emerged.

These related to:

- Connect Centre branding
- Resourcing disparities between Connect centres
- Increasing services' and carers' understandings of the Connect centre services
- Centre service user needs
- Carer Support Fund.

The following subsections provide further context and detail around these areas for further consideration.

9.1 Connect centre branding

The current naming of the Mental Health and Wellbeing Connect centre services was identified by FCLE workers across most sites to be a significant issue and barrier to access. Participants noted that there appeared to be confusion from local communities and services around the scope of the Connects' services. FCLE workers reported frequently having mental health consumers seeking assistance or being referred to their services because the service name included the words "Mental Health and Wellbeing". Connect staff reflected that this may be a result of the prominence of the wording 'mental health' in the title. Several participants suggested that the inclusion of *'family carer'* in the title may assist with this by communicating very clearly the purpose of the service.

The full name *Mental Health and Wellbeing Connect centre* was also identified by FCLE workers as too long and inhibiting service access, particularly when potential service users may already be feeling overwhelmed in their caring roles, or where language or literacy may be a barrier.

9.2 Increasing services' and carers' understandings of the Connect centre services

FCLE workers also reported a need for developing community understanding of the scope of service and supports delivered by the Connect centres. As outlined in **9.1** above, project participants noted that Connect centres were commonly misrecognised as consumer-focused services, by both referring health services and individuals independently seeking support.

Similarly, participants reported that other services or organisations tended to have the impression that Connects provide complex advocacy services to mental health family carers when engaging with matters such as mental health tribunals, guardianship, child protection, and Area Mental Health Services. Even between the Connect centres, different participants reported different understandings of what is in and out of scope for the program's existing roles, in relation to direct advocacy.

Participants also reported that at times, carer service users had expectations of the service that were misaligned with what it offered. Some carer service users reportedly understood the role title 'peer support worker' along the lines of social support or disability workers, who they may have had more experience within the community:

> *People have that association that a support worker is someone that comes to your house, you know, we'll help you do this, and we'll help you do that.*
>
> *FCLE worker*

While also important, 'support work' in this sense is markedly different in nature to the intentional peer support practiced by FCLE peer workers. Even without such assumptions, many potential family carer service users have never encountered or engaged in intentional peer support (IPS). One peer worker related how this meant that there was sometimes a period of misaligned expectations, until they were able to convey or demonstrate what they did (and did not) have to offer:

> *Sometimes interactions with carers can be clunky because... there can be different expectations from [carer service users]. When they first use the service they might not really realise what peer work is about necessarily, or maybe they come with different assumptions. Some people that we're trying to support, you know, in an IPS way, a learning together kind of framework... They can get confused by that, and maybe they're asking things that sort of can be out of scope. You know, maybe they actually want advice, [for me to tell them what to do].*

As these findings illustrate, further attention in this area is needed to develop greater understanding and better-informed expectations of Connect centres' scope of service, among potential service users, other organisations within the health service landscape, and the broader community.

9.3 Resourcing disparities between Connect centres

Resourcing disparities between Connect centres were identified by FCLE workers as affecting equity of access to these services for carers living in rural, regional and remote areas. Some Connect centres covering metropolitan regions received significantly more funding than Connects operating in regional and rural areas, which had a direct effect on staffing (see **section 8.2**). Such centres generally had larger numbers of peer workers and also consistently had access to counselling roles.

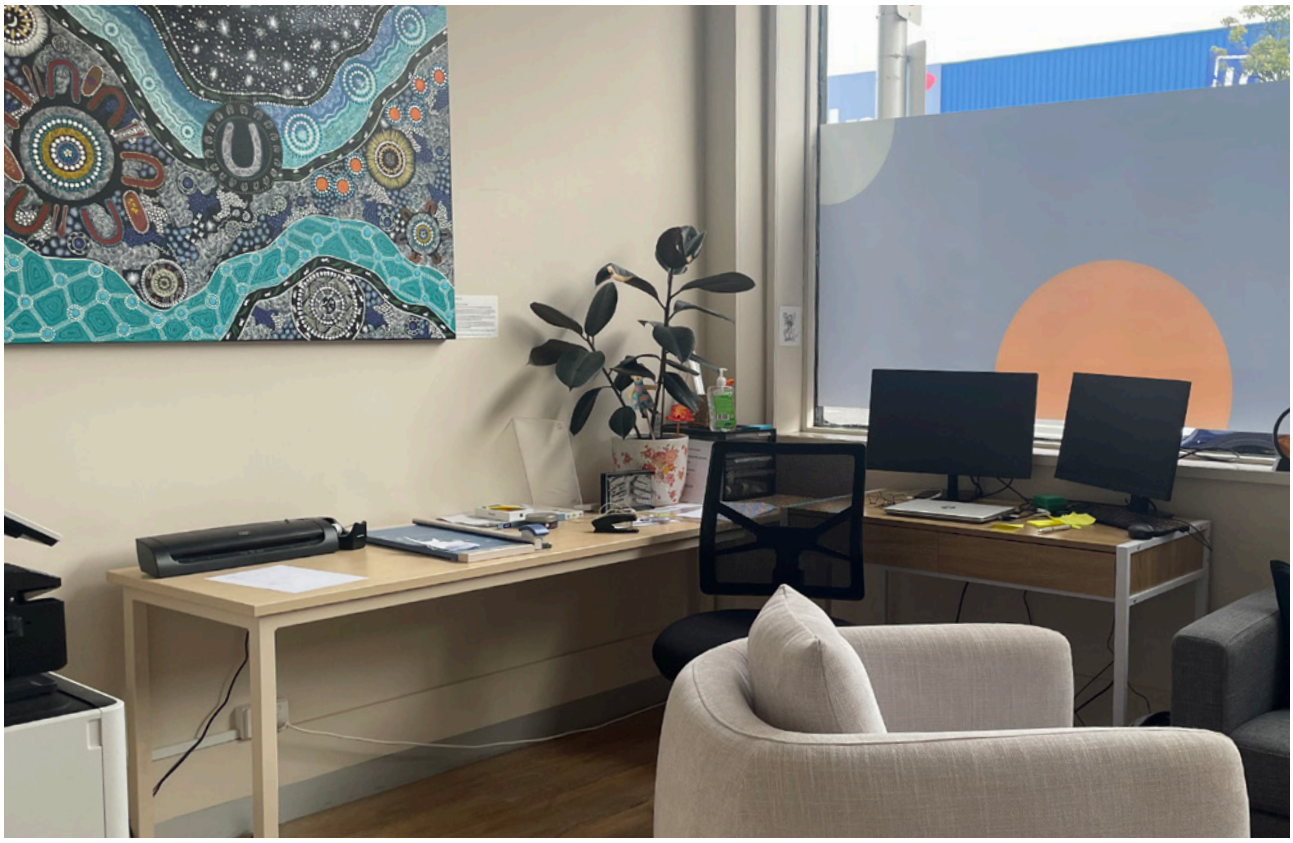
Within regional and rural Mental Health and Wellbeing Connect catchments, participants reflected that there were fewer other support services for family carers to access and that this put additional pressures upon the rural and regional Connect workforce, as compared to urban catchments where there were more specialist services. Participants also cited the size of the geographical areas covered made it difficult for some carers to access services (which could be three or more hours drive away), the direct impacts of natural disasters, and the lower socio-economic status of their populations. Participants also noted resourcing disparities in relation to staff access to vehicles, as discussed in **section 8.8**, which then limited their ability to provide outreach. Resourcing concerns were also raised by participants in relation to the distribution of Carer Support Fund (see **section 9.5**). Some rural FCLE Connect centre workers described that they felt government and peak bodies did not understand the service landscape or the complexity surrounding access that carers in these areas faced:

> ***"I think the peak body needs to really consider what happens in regions, in regional Victoria... I think our biggest challenge is that, you know, the data reflecting we might have less people, more open space, but the challenges are different, and it's not just about numbers. I think that's the thing that is challenging. And what's important is [that] until you live up here, you don't get it."***
>
> *— FCLE manager*

Participants described resourcing disparities between metropolitan and rural, regional or remote Connects as posing significant equity issues.

9.4 Connect centre service user needs

As this project has not engaged Connect centre service users, the findings cannot speak to what else may be required to meet service user need. This is a potential area of focus for the Connect centre evaluation currently being carried out by Lively Collective and Impact Co.



9.5 Carer Support Fund

The Victorian Government-funded Carer Support Fund (CSF) provides funding to assist unpaid mental health carers and supporters in their support roles, to promote and sustain the relationship and improve the wellbeing of families and members of the community performing such roles.[67] Several FCLE worker participants reported that being able to support Connect service users to access financial assistance through CSF applications was an important element of the work they carried out. Some participants in peer worker roles identified that they drew on lived experience knowledge when considering CSF brokerage and other supports for service users. They also described drawing on lived experience when completing related applications and referrals for external support.

The ability to support service users through CSF was generally highly regarded, especially in rural and regional areas. Participants described assisting rural and regional carers to access funding through the CSF when escaping natural disasters or needing to travel large distances to support the person they provided unpaid care for to access mental health services.

Several participants in rural and regional Connects held deep concern regarding proposed changes to the distribution of CSF funding for their regions. One FCLE manager expressed:

> *The CSF is going to be drastically reduced for our region... we have some of the highest mental health diagnoses in the state... we don't understand why our funding for CSF will be drastically reduced, we have some of the least amount of funding for our Connect centre anyway.*

Participants also raised concerns around ensuring confidentiality when FCLE workers in active caring roles needed to access CSF funds themselves, to support them in their own caring roles. One peer worker described such complexity:

> *...another complexity or challenge is that me as a carer, even though I work here, everybody that works here [who is in an active caring role] is entitled to get assistance ...[but] if I needed to access CSF funding then my whole team can see that I had funding.*

10 Conclusion

This report has highlighted findings of the* Mental Health and Wellbeing Connect Centre Workforce *research project. The findings speak to the Connect centres FCLE designated workforce's characteristics, activities and roles, practices, what is working well in the family carer lived experience-led service model and areas for further support and development.

Findings demonstrate that the Connect centres FCLE designated workforce practice across a diversity of roles within the Connects, hold a range of previous work experience and are largely new to the FCLE workforce. The majority of FCLE workers who engaged in this project identify as female, as caring for two or more people, and as still having active caring responsibilities outside of their paid work. The presented findings also indicate that the workforce is made up of people who are varied in age, professional background and hold a wide range of supporter relationships and caring experiences.

The findings indicate that FCLE workforce practice in the Connect centres, is largely informed by lived experience values and ways of working that closely align with the broader mental health FCLE workforce discipline. They also suggest that the different areas of work FCLE staff carry out, fall across a continuum of lived experience practice, ranging between not using lived experience, sometimes using lived experience, and fully and purposefully using lived experience in a task. Family Carer Lived Experience was indicated as informing to some extent over 80% of work activities. FCLE expertise was often located alongside high levels of reflexivity, with a number of the project recommendations related to increased opportunities for FCLE to reflect, build community and grow their expertise.

While this report has highlighted some key areas that are working well in the Connect centre family carer lived experience-led service model, such as supported recovery for the FCLE workforce, enhancing employment access and capabilities for mental health carers, and the positive impacts of co-design, the findings also suggest a range of areas for further development, and identify important areas for further consideration that sit outside the scope of this project. The findings also point to the importance of any future Connect centre or service design, to support or engage family carers, incorporating trauma-informed design principles into its physical environments and engaging service users in the co-design of these spaces.

This final report also included a range of recommendations and minimum standards relating to policy and practice recommendations which signpost a future where an expanded Family Carer Lived Experience workforce are better supported, nurtured and sustained. Ultimately this project highlighted the extraordinary value of a truly co-designed family carer-led community-based service:

> *We're actually keeping families together. Being a carer for 27 years, there has been no resources, there has been no supports. As much as I've put my hand up and screamed out for help, I've never received it. This [the Connect] is brilliant. This is what we've been needing for a very long time and I'm very pleased to be a part of it. So it's been a long time coming for me. So to play a pivotal role in it, that's pretty impressive [to me].*
>
> *FCLE peer worker*

Appendix 1

Translational research reflective practice tools

FaCRAN's RMIT research team have a deep commitment to research translation. One of the outputs of this project is the development of prototypes for two reflective practice resources for mental health family carer lived experience (FCLE) workers, which will be launched in December 2025.

These are:

- *Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce*
- *Family Carer Workforce Wisdoms reflective practice cards*

Prototypes of these resources are shared in **Appendix 1.1** and **1.2** below.

Appendix 1.1

Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce

Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce (see below) is a resource for mental health family carer lived experience workers. It was designed to be used by FCLE workers in supervision and reflective practice sessions to develop expertise. The concept for this tool was developed from a focus group activity designed as part of the research project and refined by members of the Project Advisory Group.

The tool aims to start and deepen conversations that help FCLE workers reflect on and understand how FCLE roles and the tasks carried out are informed by lived experience practice. It is recommended that FCLE workers revisit this tool twice a year to see how practice has shifted or developed over time.

Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce

Purpose

This is a resource for mental health family carer lived experience (FCLE) workers. It was designed to be used by FCLE workers in supervision and reflective practice sessions to develop expertise.

It aims to start and deepen conversations that help FCLE workers reflect on and understand how FCLE roles and the task carried out are informed by lived experience practice. It is recommended that FCLE workers revisit this tool twice a year to see how practice has shifted or developed over time.

How this tool was developed

This resource has been created by family carer researchers at RMIT in consultation with Mental Health and Wellbeing Connect workers. It developed out of a focus group activity that was designed for the Mental Health and Wellbeing Connect Centre Workforce research project.

Potential outcomes

This activity is expected to take approximately 45 mins – 1 hour.
Begin by following the steps below:

Step 1

Get a group of two or more FCLE workers together.

Step 2

Write down on individual sticky-notes or on a virtual whiteboard all the activities/tasks that you do in your role. *These can be things you do when working one-on-one with carers, making cups or tea, or admin activities like phone calls, emails, case noting.*

10 mins

Step 3

Once you have all your activities/task written down locate where you think they sit across the Continuum of Lived Experience Practice below – *ranging between not using lived experience, sometimes using lived experience, and fully and purposefully using lived experience in a task.*

10 mins

Step 4

Share with others in your group why you chose to put the different tasks in certain places across the continuum. *You may notice that others put the same task in a different place along the continuum. Your placement of tasks may move as you reflect together as a group.*

35 mins

Conversation prompts:

— Describe what each activity looks like in your day-to-day practice.

— Does this reflect what you thought you were doing?

— Is there something that surprised you?

— Is there anything else you notice?

Appendix 1.2

Family Carer Workforce Wisdoms reflective practice cards

Family Carer Workforce Wisdoms reflective practice cards is a resource developed for mental health family carer lived experience workers. This resource consists of 28 cards made up of prompts for reflection, quotes from FCLE project participants, and visual cues. An example of the cards' written content can be seen below. A prototype of the reflective practice cards will be launched on December 5, 2025.

Card 1

"Listening... that's what this job is to me"

What are the ways in which I listen to families and carers?

Card 2

"It's like it goes to another deeper level when you end up having a connection with someone who has a similar caring experience to you"

Sometimes we can struggle to connect with others whose experiences differ greatly from our own. What helps you find that connection

Card 3

"How do we get people connected to the community again rather than kind of sitting in a room with the door closed opposite each other on a chair"

What does this quote evoke for you?

Card 4

What makes an interaction or situation with family carers feel hopeful for you?

Card 5

"It comes from my heart, which is connected down to my stomach, so the feeling I get when I'm speaking to the carer and every carer's different"

What does leading with heart look like in your work? Can you think of a recent example of when you led with heart?

Appendix 2

Interview schedule

1 Workforce characteristics survey

(see **Appendix 4**)

2 Interview questions

1. **Is this your first designated or declared role?**
   If no, how is your current Connect centre role different from other lived experience roles you've held previously?
2. **In comparison to previous non-lived experience roles, how is working in a lived experience role different or the same?**
   If there are differences, how are they supported or enabled by your managers and colleagues?
3. **How are those differences supported by the structures within the Connect centre?**
   Are there any differences in your experience of the team? What are its strengths, challenges and how could it be stronger?
4. **For this role did you undertake any specific training or experience?**
   If yes, what was it, and did you find it useful and why?
5. **Did you have an induction?**
   How was it? Do you feel it prepared you for the role?
6. **How do you draw from your lived or living experience in your role?**
7. **Choose three words to describe how you draw on your lived or living experience in your role?**
8. **What are the challenges in doing lived experience work?**
9. **What do you love or gain from bringing your lived experience lens to the work?**
10. **If you were asked to provide a brief description of your role to someone who has no knowledge of the Connect centres' lived experience work, what would you say?**
11. **What do you see as the purpose and core responsibilities of your lived experience role?**
12. **Tell me about the tasks that you carry out in your role?**
    What are the key activities and responsibilities you have?
13. **Reflecting on those tasks, do they align with your position description, and/or your initial expectations?**
14. **What are the mechanisms that are in place within your Connect centre that help to manage your role and your caring responsibilities?**
15. **What else do you think should be in place to support your role and caring responsibilities?**
16. **Are professional development opportunities offered within the Connect centre?**
    What types have you been able to take part in?
    a. What did you find most useful and why?
    b. What type of professional development would you like to have?
17. **What organisational supports or structures are barriers to your work?**
18. **Do you participate in any communities of practice or professional lived experience networks?**
    If 'no', why?
    a. If yes, do you find these useful or not? If so, what is it about them that is useful/not useful to you?
    b. How does your workplace support you to participate in them?
19. **If you could imagine a fully supported and resourced lived experience role, what would need to be there to ensure that a worker is supported, sustained, nourished, safe and able to carry out their role?**
20. **What might support you to be more confident in your role?**
    What would that support look like?
21. **Is there anything else you would like us to know?**

Appendix 3

Focus group schedule

1 Workforce characteristics survey

(see **Appendix 4**)

2 Lived and living experience

- Think of three words to describe how you draw on your lived or living experience in your role? Describe why you chose those words and what they mean in the context of your role.
- Choose an item that best represents how you draw from your lived and living experience in your role.

  Facilitators to display a range of items for participants to choose from and talk about (see Image 10 below for a sample of items used)

3 Key activities and responsibilities of the lived experience workforce

- What are the key activities and responsibilities you carry out in your role?

  Ask participants to write down on individual sticky notes all the activities/tasks they do in their roles. Participants' sticky note colour to correlate to the roles they hold (i.e. all peer workers given pink sticky notes, managers given green ones and so forth).
- Invite participants to place the key activities/responsibilities they had written down under the headings they think best describe how they draw on lived experience in those activities. The headings are:
  - I don't use lived experience in this activity
  - I sometimes use lived experience in this activity
  - I fully and purposefully use lived experience in this activity.
- Invite participants to reflect on why they have placed activities under those particular headings, prompt them to further describe those activities and how they do or don't use lived experience in them.
- How does what you do during the day reflect what you thought you would be doing, based on your PD when you started?

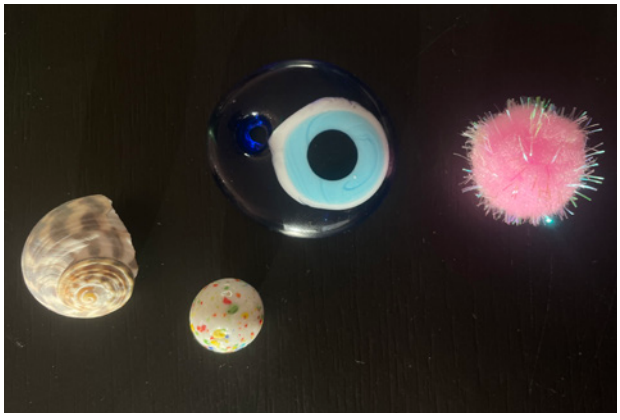
4 What professional and organisational resources and supports are required to do your designated or declared job?

- What are the things/factors/elements that make it possible or easier for you to do your role?
- What are the things that make it more difficult or challenging for you to carry out your role?
- Is there anything that's not currently available, but would be supportive for you in carrying out your role?
- Imagine a well-resourced lived experience workforce – what would it look like?

5 Is there anything else you would like us to know?

Image 10

Sample of items used in phase 2 of focus groups



Appendix 4

Workforce characteristics survey questionnaire

Question 1

What is your age?

- ◯ 18-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60+

Question 2

What gender do you currently identify with?

Select the option you most identify with below

- ◯ Woman
- ◯ Man
- ◯ Non-binary
- ◯ Trans
- ◯ Prefer not to say

Question 3

Do you identify as living with a disability?

Select the option you most identify with below

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Question 4

Are there particular cultural groups or communities you identify with?

Open ended question

Question 5

Select the option below that best describes your relationship with the person to whom you provide/d support to:

The person (or people) that I provide/d support to is/are my...

- ◯ Parent
- ◯ Sibling
- ◯ Partner
- ◯ Relative
- ◯ Grandparent
- ◯ Friend
- ◯ Ex-partner
- ◯ Grandchild
- ◯ Child

Question 6

Do you consider yourself to still be in an active caring role?

- ◯ Yes
- ◯ No

Question 7

What is your job title at the Connect centre?

Open ended question

Question 8

How long have you worked at the Connect centre?

Select the option most relevant to you

- ◯ 1-3 months
- ◯ 3-6 months
- ◯ 6-12 months
- ◯ 1-2 years
- ◯ 2-3 years
- ◯ 3-4 years

Question 9

Which Connect centre are you based in?

Open ended question

Question 10

Are you based in a hub or satellite centre?

- ◯ Hub
- ◯ Satellite
- ◯ Both
- ◯ Unsure

Question 11

Please select the option below that best represents your experience

You may select multiple options

- ◯ This is my first paid family carer lived experience role
- ◯ I have previously worked in a family carer lived experience role
- ◯ I have previously volunteered in a family carer lived experience capacity
- ◯ I have previously worked in a consumer lived experience role

Appendix 5

Recommendations key

1. Connect centre organisations commit to recruitment activities that ensure greater cultural, linguistic and ethnic representation, and which reflect the characteristics of communities they serve.
2. Connect centre organisations develop and implement strategies for active recruitment of Aboriginal and Torres Strait Islander FCLE workers.
3. Workforce demographic data trends are routinely monitored and used to drive service delivery and workforce development priorities, ensuring the belonging, inclusion and workplace safety needs of FCLE workers are met.
4. As a minimum standard, all FCLE workers have regular and ongoing access to formal and informal reflective practice opportunities. These reflective practice opportunities would include a focus on the ways in which lived experience informed practice shapes and shifts within and across roles, time and place.
5. Connect centre organisations ensure FCLE workers' access to debriefing with colleagues is protected.
6. All FCLE workers receive a set of the *Family Carer Workforce Wisdoms reflective practice cards* resource (**Appendix 1.2**), and these are operationalised as a learning tool for reflective practice within the Connects and broader FCLE workforce.
7. The *Drawing on Lived Experience at Work – A reflective practice tool for family carer lived experience workforce* (**Appendix 1.1**) is consistently used to facilitate inductions, ongoing reflections, and development.
8. Awareness regarding the value of co-reflection, communities of practice and opportunities for participation is actively promoted at the worker, program, organisation and system level.
9. Organisational commitment to FCLE is embedded across all levels of the Connect centres provider organisations, including embedding in policies and procedures. This includes externally delivered training and professional development for all staff, including those in supporting roles such as executive managers, administrative staff and human resources personnel.
10. The approach to advocacy, which includes definition of the role of the Connect FCLE workforce in advocacy, is clearly articulated in the Connect Service Development Framework, in recognition of the significance of quality advocacy services for families and carers.
11. Connect centre staff have the skills and knowledge to build capabilities in service users to enact self-advocacy (for example when engaging with Area Mental Health Services and other agencies).
12. Dedicated work is progressed to define the scopes of practice of FCLE roles, particularly in relation to how they might differ from those of FCLE workers in Area Mental Health and other clinical services, and how they respond to the needs of families and carers. This work should include an examination of:
    - FCLE counselling functions
    - Family carer peer work functions
    - Support work functions
    - Advocacy functions
    - Case management functions
    - Community development/engagement functions
    - Service navigation functions.
13. The Connect centre model's response to domestic and family violence is clearly defined and articulated in the Service Development Framework.
14. The Connect centre model's response to supporting family carers experiencing acute mental distress is clearly defined and articulated in the Service Development Framework.

15. Connect centre organisations provide inductions within four weeks of the FCLE worker's appointment and ensure there is a focus on the scope of the FCLE discipline. These inductions would foster a sense of belonging and purpose among Connect centre workers, including by 'bringing people into the story so far.' Part of the induction is providing FCLE discipline specific professional development and training such as that previously delivered by the Centre for Mental Health Learning.
16. All FCLE workers undertake Intentional Peer Support (IPS) training within the first four weeks of commencing employment. Training instructors must be FCLE workers, and participants should be grouped with other FCLE workers.
17. Connect centre organisations ensure that FCLE staff have access to professional development and training, including training related to cultural diversity, intersectionality and different support/carer arrangements.
18. Connect centre organisations ensure FCLE workers have access to regular FCLE discipline specific training.
19. Connect centre organisations ensure that all FCLE workers are provided with FCLE discipline specific supervision, at a minimum of two hours per month pro-rata.
20. FCLE supervision is provided by independent qualified supervisors who are not in direct line management roles or some other form of professional relationship.
21. Workers should be supported to choose their own certified supervisor.
22. Data is routinely collected on FCLE worker supervision access from Connect centre organisations and where minimum standards of two hours of FCLE supervision are not met, action is taken to rectify this shortfall.
23. A minimum standard is established that ensures FCLE direct practice teams in all secondary and satellite service delivery sites centres have at least two FCLE workers.
24. Connect centre organisations provide flexible workplace conditions and arrangements, including part time work to respond to unpaid caring responsibilities and the ability to move between frontline, direct practice and 'back of house' roles.
25. FCLE workers are remunerated commensurate with their skills, training, and the complexity of their work, which involves considerable emotional labour.
26. Connect centre organisations ensure that FCLE staff in direct practice roles are line managed by FCLE managers.
27. Connect centre organisations ensure that full staffing levels are maintained, in recognition of the need for FCLE workers in active caring roles to take leave (and without being concerned for the impact on Connect centre operations).
28. Connect centre organisations provide additional leave provisions to support FCLE workers in their holding and sustaining of the dual demands of their paid work and unpaid caring roles. Such arrangements should be supported by organisational processes that do not require FCLE workers to disclose details of their situation.
29. To ensure quality and fidelity of service delivery in all Connect centres, routine monitoring is used to ensure equitable and consistent working conditions and competitive remuneration for all FCLE staff.
30. Reporting mechanisms are developed in which Connect centre organisations are required to evidence the implementation of specific FCLE workforce policies and practices.
31. Policies, practices and self-monitoring mechanisms are developed and implemented that ensure a FCLE discipline perspective is embedded in counselling practice.
32. Longitudinal co-design research is undertaken that investigates how FCLE disciplinary knowledge and counselling are integrated within (relevant) Connect centre roles.
33. Protections are formalised so that volunteers and peer cadet roles do not replace FCLE peer worker roles.
34. Peer cadets are adequately inducted, trained and supervised in their work.
35. Volunteers are adequately inducted, trained and supervised (by FCLE workers).

36 All leadership staff have FCLE expertise, supported by FCLE supervision, Lived Experience specific professional development (for example, access to IPS training for managers and Carer Perspective Supervision training), opportunities for co-reflection with peers in FCLE management roles, and leadership and management professional development opportunities, to provide guidance on how to integrate operational work and lived experience.

37 Connect centre service co-ordinators and managers are supported to establish a community of practice, in addition to, and independent of, CCV activities or meetings.

38 Where Connect centres are not co-located with other services, Connect centre staff are provided safe working environments with a minimum of three staff rostered on shift at any one time.

39 In recognition of equity and access issues currently experienced by rural and regional family and carer service users, the funding allocation methodology for the Connect centres is reviewed to give greater consideration to specific cost drivers in more rural, regional and remote settings.

40 All people presenting to Connect centres are offered and have access to counselling regardless of location (ideally FCLE counselling where available).

41 Minimum Viable Service guidelines are developed for Connect centres secondary sites (satellites) with respect to resourcing, accessibility and connectivity to ensure greater equity in service access.

42 Knowledge sharing of effective outreach services practice is shared across Connect centre organisations.

43 The importance of community engagement is embedded in the Connect Service Development Guidelines in such a way to ensure that such tasks are allocated to discrete roles or within existing FCLE roles.

44 Opportunities are created to promote and provide support for staff at all levels to engage in local health networks and regional communities of practice.

45 'Relational time' practices remain central to the model, and a core component of all future workforce development, funding models, and performance management.

46 We recommend that the Connect Development Group, in the context of developing its 2026 workplan, develop an implementation plan for the above recommendations, with respect to timing, responsibility, resourcing and sequencing.

References

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Notes


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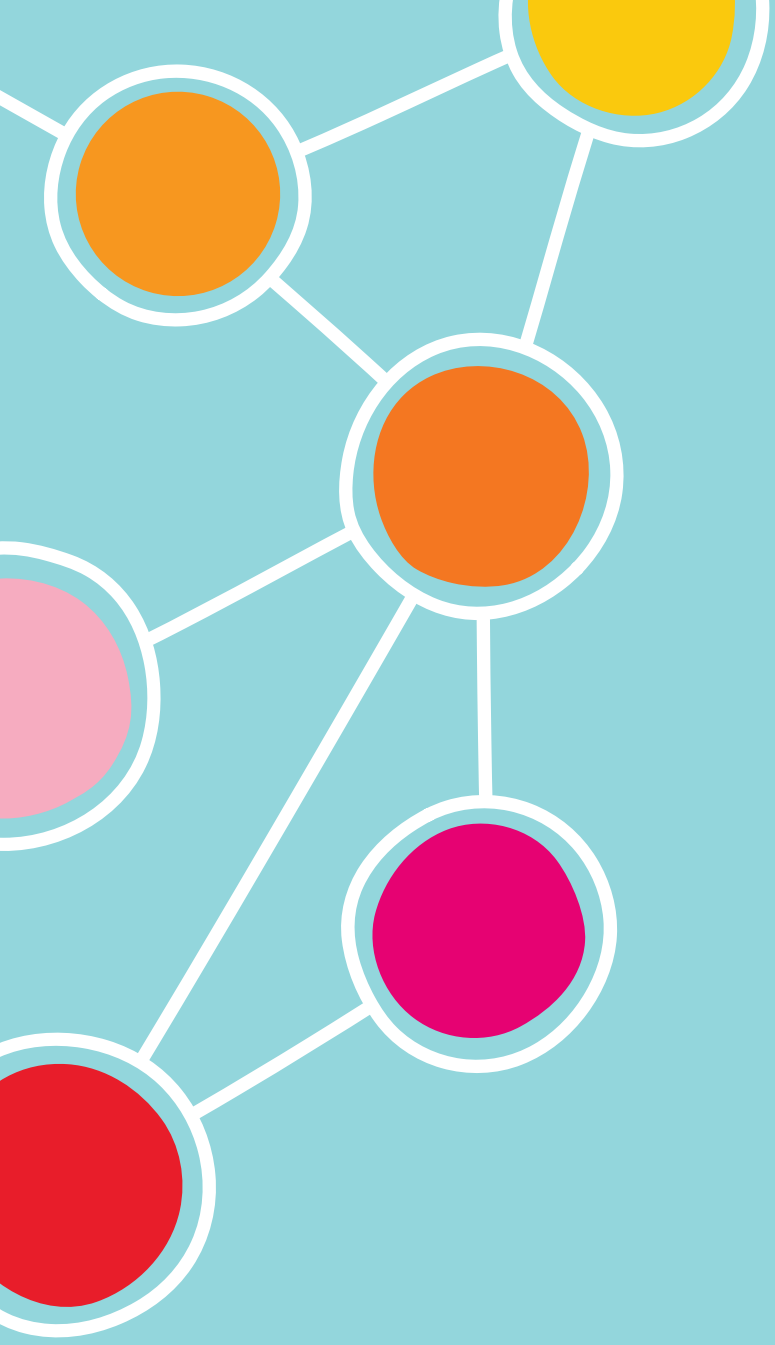

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