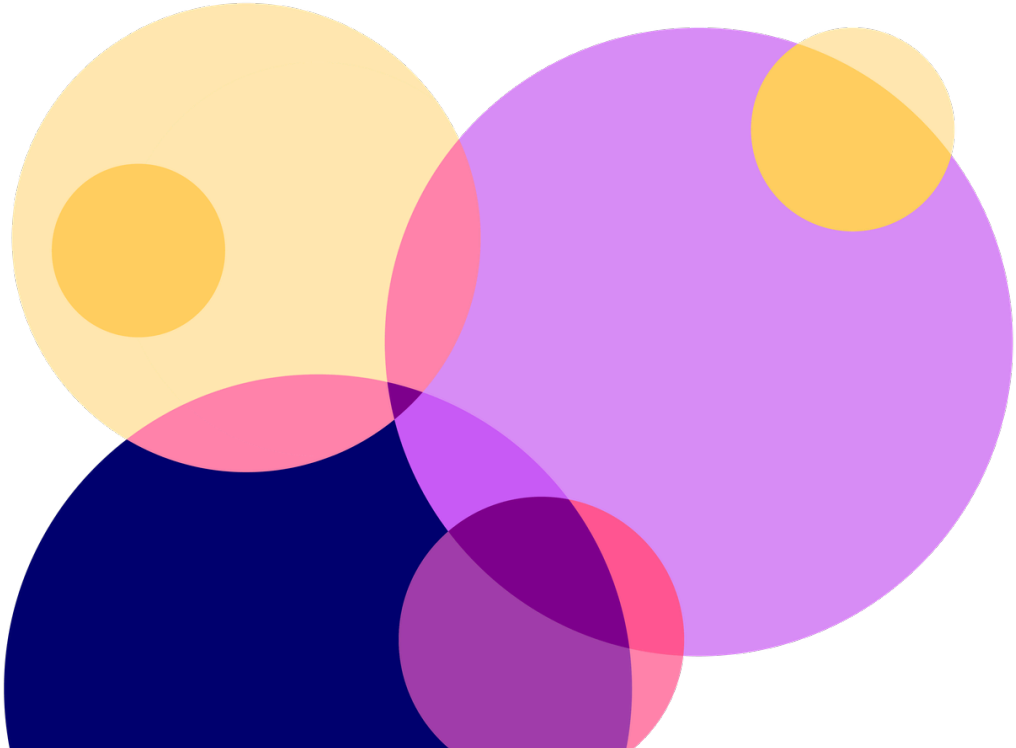
Australian Association of Peer Workers

November 2026

Submission to the **Mental Health Peer Work Qualification Review**

Updated response involving member feedback



Australian Association of Peer Workers

Acknowledgement of Country

The Australian Association of Peer Workers acknowledges the Traditional Custodians of the lands and waters across Australia where we live, work, and advocate.

We pay our deepest respects to Aboriginal and Torres Strait Islander peoples, and to their Elders past and present. We acknowledge that First Nations lived experience is inseparable from the impacts of colonisation, dispossession, racism, and structural inequity. These ongoing injustices must be named, understood, and addressed.

The Australian Association of Peer Workers works in solidarity with the Indigenous Australian Lived Experience Centre, recognising the critical leadership of First Nations peoples in truth-telling, healing, and social and emotional wellbeing.





Australian Association of Peer Workers

About Us

The Australian Association of Peer Workers (AAPW) is the national representative and membership body for mental health and suicide prevention peer workers, supporting peer work as a distinct professional practice grounded in lived experience.

Established in May 2026, the AAPW brings together the diverse experiences and collective power of the peer workforce to ensure peer work is embedded, respected, valued and invested in across Australia's mental health system.

The AAPW is built by peer workers, for peer workers, to strengthen our voice, advocate for our interests, and provide the resources and connections needed to navigate the sector and thrive in our roles. Through this work, the Association aims to advance recognition, respect and better outcomes for mental health and suicide prevention peer workers and their work across Australia.

More information is available on the AAPW website:

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Executive summary

The Australian Association of Peer Workers welcomes the review of the Certificate IV in Mental Health Peer Work and the opportunity for members to inform its development. We recognise the stronger peer work foundations, clearer distinction between consumer and family carer practice, and attention to relational skills, ethical tensions and reflection. We recommend further revision so these foundations consistently shape the qualification, performance criteria, assessment and implementation.

This submission integrates the AAPW team's initial review of the draft qualifications with three AAPW member consultations held with HumanAbility in October 2026, as well as additional written submissions from members. Members contributed as students, graduates, practitioners, supervisors, educators and workforce leaders. Their experiences reinforce the need for education that recognises lived expertise, maintains peer work integrity and prepares graduates for the realities of the workplace.

A principal concern is that some requirements position peer workers as experts who interpret, correct or manage other people's experiences. The qualification should equip learners to build mutual relationships and authentic connections, walking alongside people as they make sense of distress, explore aspirations and determine the support they want or do not want. Learners also need practical preparation to uphold peer work values and role integrity within organisational systems, with clear recognition that responsibility for systemic change extends beyond individual workers.

First Nations knowledge and approaches require meaningful recognition throughout the qualification, alongside a dedicated pathway available to Aboriginal and Torres Strait Islander learners. First Nations leadership should guide the pathway's content and structure. Cultural safety, social and emotional wellbeing, the ongoing impacts of colonisation and racism, and recognition of colonial load must inform both the

curriculum and its delivery. All students should develop cultural capability supported by appropriately skilled educators.

We recommend a dedicated peer work unit on responding to suicidal distress, grounded in peer work values and informed by lived experience-led approaches such as Alternatives to Suicide. The unit should develop skills in listening without judgement, exploring the person's experiences and wishes, and remaining in connection, while clearly distinguishing peer practice from clinical assessment and treatment.

Family carer peer work must consistently centre the family member, carer, supporter or kin receiving peer support in their own right. The qualification should teach the intentional use of the worker's own lived experience, with explicit attention to consent, confidentiality and the ethical boundaries between sharing their experience and disclosing the experiences of the person they care about. Education on responding to suicide must address both carers' own suicidal distress and the distinct skills required to support carers when someone they care about is suicidal and if they are bereaved following a death by suicide.

We recommend reconsidering the proposed addition of "support" to the qualification title, strengthening reflective practice and discipline-specific supervision, and ensuring assessment and workplace requirements are accessible, authentic and achievable. Clear expectations for educator expertise, together with practical implementation support for providers and employers, are essential to delivering a qualification grounded in peer work values and relevant to the workforce.

Basis and scope of this submission

The member evidence comprises two open sessions hosted by HumanAbility and the AAPW, held on 22 and 27 October 2026, and a dedicated First Nations member session on

29 October 2026. We also received written contributions from our members. In total we heard from 67 members throughout this process.

These sources provide qualitative evidence, not a representative survey or a vote. Our recommendations are AAPW's synthesis informed by those member views along with the AAPW team's original review, published on 9 October 2026. Accounts of current teaching and assessment are distinguished from comments on the draft wherever possible.

Strengths we recognise

We welcome recognition of consumer and family carer peer work as distinct role types, including CHCPWK004M *'Provide peer support to people seeking mental health services'* and CHCPWK005M *'Provide peer support to carers of people seeking mental health services'*. Their shared foundations should be taught alongside different histories, knowledge bases and practices. Members also sought flexibility for people with dual experience to access both pathways.

CHCPWK001M *'Apply fundamental peer work values'* provides a strong starting point through human rights, social justice, peer community and role integrity. CHCPWK004M recognises mutuality, worldview, advocacy and self-determination. CHCPWK003 *'Apply peer work relational skills'* includes valuable attention to curiosity, compassion, deep listening, holding space and reflection. Members explicitly welcomed the draft recognition of movement histories.

We support a dedicated unit on peer-informed groups and attention to reflective practice in quality and continuous improvement. CHCPWK-A *'Navigate ethical tensions in mental health peer support' is* a valuable addition, recognising power imbalances, peer drift and tensions between peer values and organisational or legal requirements. Its

emphasis on validation, agency, connection, hope and transparency should inform the whole course.

Our original submission welcomed removal of the proposed generic content on suicide-related distress and crisis response because of its clinical and biomedical orientation. The consultations confirmed the importance of replacing the resulting gap with peer-specific learning. We acknowledge HumanAbility's stated willingness to continue this development and to respond to member feedback.

Priority recommendations

- Retain the title Certificate IV in Mental Health Peer Work while terminology and the implications of adding *support* are tested with the workforce.
- Recognise First Nations peer work in the qualification description and co-design a dedicated pathway under Aboriginal and Torres Strait Islander leadership.
- Embed social and emotional wellbeing, cultural safety, power, racism and ongoing colonisation across core learning and implementation.
- Consistently centre mutuality, relationality, lived expertise, rights and the movement foundations of peer work throughout all units.
- Ensure family carer peer workers receive education, assessment and supervision grounded in family carer peer practice, including guidance on sharing their own lived experience while protecting the privacy and confidentiality of the person they care about.
- Develop peer-specific education on responding to suicide that addresses consumer and family carer roles, including supporting carers when someone they care about is suicidal.
- Include compassionate connection with unusual experiences, including the experience of voice hearing, and ensure the content includes clear distinctions between peer practice and clinical assessment or treatment.

- Teach reflective practice explicitly and provide time and support for it through discipline-specific supervision, peer reflection and debriefing.
- Make the course assessments accessible, clear and proportionate to the skills being assessed. Provide flexible ways to demonstrate competence, reduce unnecessary repetition and respect students' choices about sharing personal experiences rather than forcing this.
- Keep assessment expectations realistic for students and their placement settings**.** Students should not be required to challenge organisations in ways that could compromise their wellbeing or employment opportunities, or to achieve organisational changes beyond their authority or control.
- Review what students must demonstrate as part of their placement assessment, including whether those opportunities are available on placement and whether some skills could be assessed appropriately through simulation.
- Ensure enough suitably experienced peer educators and supported placements are available to deliver the qualification.

First Nations leadership and learning pathways

The CHC43515M qualification description should recognise personal, family carer and First Nations lived experience from its opening sentence. We recommend a dedicated First Nations pathway available to Aboriginal and Torres Strait Islander students alongside consumer and family carer pathways, with meaningful choice about pathways and opportunities to recognise overlapping experience.

Requiring a consumer carer choice may impose a division that does not adequately reflect First Nations understandings of kinship, community and wellbeing. The pathway should support intentional application of cultural and lived experience knowledge within designated roles. Possible content identified in the discussion includes social and emotional wellbeing, responding to racism and lateral violence, recognising colonial load

and protecting wellbeing within organisations. It must honour knowledge that Aboriginal and Torres Strait Islander learners already hold and avoid treating diverse First Nations cultures as a single standardised body of knowledge to be taught.

Cultural safety and social and emotional wellbeing

Aboriginal and Torres Strait Islander perspectives must be embedded across required learning for every student, in addition to the specialist pathway. Learning should recognise that connections to Country, culture, family, community, spirituality, identity and belonging are key to wellbeing for Aboriginal and Torres Strait Islander people and include education on Social and Emotional Wellbeing.

CHCPWK001M, CHCPWK004M and related units should strengthen understanding of power, privilege, oppression, racism, dispossession and the ongoing impacts of colonisation and intergenerational trauma amongst all students. These understandings should inform relational practice, group work, advocacy, and critical reflection on a learner's own worldview and power.

Members of the First Nations Peer Work consultation session described their experiences as Certificate IV in Mental Health Peer Work students, including being expected to teach classmates and educators about colonisation and the ongoing impacts, and cultural safety. Registered Training Providers must take responsibility for educators' capability in teaching culturally relevant and safe material. The expectation for Aboriginal and Torres Strait Islander students to share cultural knowledge must be voluntary, with clear processes for raising and responding to cultural safety concerns amongst Aboriginal and Torres Strait Islander students.

Mutuality and relational practice

Mutuality must underpin the whole peer to peer relationship. In CHCPWK004M it is explicit in Element 1 but less visible across Elements 2–6. In CHCPWK005M, relational practice should be identified as foundational to family carer lived experience practice and consistently reflected in the course assessments.

Both units risk positioning the worker in a corrective or expert role. References to beliefs and behaviours contributing to distress and offering opposing perspectives may imply that the worker identifies faulty thinking and supplies a correction. Reframe these requirements towards exploring experiences, circumstances and responses together, and offering relevant lived experience and perspectives with respect for the person's own knowledge and choices.

CHCPWK003 should avoid having the worker determine how similarities and differences will improve another person's wellbeing. Teach curiosity about how people understand their experiences, purposeful decisions about what and when to share, consent and confidentiality, feedback about whether sharing was helpful, and collaborative repair after disconnection.

Listening should include verbal and non-verbal approaches and recognise that questioning may not always feel safe or welcome. Members emphasised being present, listening without fixing, non-judgement and respecting a person's decision not to engage. Relationality should include interconnectedness and collective dimensions of wellbeing, rather than being reduced to communication technique.

Movement histories and collective lived expertise

CHCPWK001M should explicitly examine consumer, survivor, ex-patient and family carer movements, peer-run alternatives, mutual support, collective advocacy and challenges to institutional power. Learners should understand both allyship and tensions between movements. The qualification should also recognise Aboriginal and Torres Strait Islander traditions of mutual support, connection and collective wellbeing that predate formal peer work roles. First Nations leadership should guide how these traditions and ways of knowing, being and doing are represented in the curriculum.

These lived experience movement foundations should remain visible throughout subsequent units. CHCPWK004M and CHCPWK-B should recognise lived expertise developed through experience, reflection and collective learning. The qualification should critically examine biomedical models, their assumptions and limitations, and different understandings of distress, recovery and expertise.

Members wanted the qualification to explain the research and theories that help us understand how and why peer work is effective. This knowledge can build workers' confidence and help them explain their role to colleagues and employers. Teaching should also recognise knowledge developed through lived experience, peer relationships and collective learning.

Family and carer practice and ethical sharing

CHCPWK005M must consistently centre the family member, carer, supporter or kin as the person receiving peer support, with their own wellbeing, rights and agency. Family carer members reported the consumer-focused course content as problematic for

supervising family carer students and called for greater discipline-specific content and supervision.

Intentional use of lived experience in family carer work concerns the worker's own experience. This may include effects on health and wellbeing, stigma, marginalisation, navigating systems, finding support and experiences of caring and kinship. The qualification must distinguish this from disclosing the experiences of the person they care about. Learners need to navigate connected experiences without assuming that another person's story is theirs to tell.

We recommend an explicit practice ethics component across CHCPWK005M, CHCPWK003 and CHCPWK-A covering consent, confidentiality, trust, privacy, boundaries and purposeful sharing. Learning should include how to describe one's own experience while protecting another person's identity and private information, how to recognise potentially identifying detail, and how to reflect and seek supervision when uncertainty arises. Another person's consent should not be treated as a substitute for considering relevance, necessity and the ethics of disclosure.

In CHCPWK005M, replace PC 4.2's requirement to balance needs and rights with supporting the carer's own rights and agency while exploring tensions with those of the person they support. Separate PC 4.5's complex concepts so relational exploration of risk and responsibilities is distinct from information about supported decision-making, compulsory intervention and rights. Strengthen guidance on working with young carers in ways that reflect their age, development and support needs. Teach learners to recognise family violence, abuse and safety concerns, and respond within the peer role, including seeking appropriate support and referral.

Assessment design and judgement must involve family carer expertise, with supervision relevant to the discipline being practised. Shared foundations do not justify substituting consumer content or assessment opportunities for family carer practice.

Peer approaches to suicide

Introduce a peer-specific unit on being alongside people experiencing suicidal distress, informed by lived experience-led approaches such as Alternatives to Suicide. Learning should include an understanding of individual and systemic suicidism, the stigma, discrimination and oppression experienced by people who experience suicidal distress (Baril, 2023). It should explore how judgement, coercion and other responses to distress can affect connection, autonomy and rights.

Learners should develop the capacity to listen without judgement, explore meaning and context, remain in connection, and support people to identify responses they want or do not want. The unit must distinguish peer practice from clinical assessment and treatment, and address how to navigate organisational tensions that arise from different approaches, particularly in multidisciplinary teams.

Distinct family and carer learning needs

It is critical that the course content cover the unique role of family carer peer workers in responding to suicide. First, family members and carers can themselves experience hopelessness, helplessness and suicidal distress. Second, family carer peer workers support families and carers when someone they care about is suicidal. Training focused on responding to suicidality alone does not adequately prepare family carer peer workers for the second situation.

Family members and carers may experience intense fear, grief, sadness and powerlessness. A wish to keep someone safe may come into tension with the person's autonomy, choices and rights. Conversations about involuntary or forced treatment can arise. Family carer peer workers need preparation to acknowledge these emotions while remaining grounded in rights and their own discipline's values.

The revised course must include practical learning about holding uncertainty, supporting the carer's wellbeing and agency, exploring tensions without endorsing coercion or restrictive practice, and accessing appropriate information, support and supervision. Assessment should test this capability through relevant scenarios without requiring sensitive conversations to be introduced into placement situations to satisfy a course requirement.

Compassionate connection with unusual experiences

Introduce a unit on compassionate connection with people experiencing unusual thoughts, feelings or behaviours. The unit should teach lived experience approaches to understanding these experiences, distinct from biomedical interpretations, and develop skills for building authentic, mutual relationships.

Learning should encourage curiosity about the person's own meaning and worldview, avoiding assumptions based on observable behaviour and exploring what supports connection and mutual hope. Peer workers should not be positioned as assessing, correcting or determining the validity of another person's experience. These capabilities should also be reflected in CHCPWK003 and CHCPWK-B, including relational responses to distress and disconnection.

Shared power in peer groups

CHCPWK-B '*Facilitate peer informed group support*' is valuable, but criteria should avoid conventional facilitator authority. PC 1.3 and 1.4 position the facilitator as judging and validating participants' application of peer values; PC 3.1 implies that safety can be inferred from behaviour; and PC 2.8 uses de-escalation without specifying a distinctive peer approach.

Replace these formulations with shared agreements, dialogue, participant feedback and collaborative responses to tension, conflict and disconnection. Group members should not be assessed as if they were peer workers. Members described flexible agendas, collaboration and co-facilitation as features of peer groups.

The unit should teach students how to build respectful, trusting group relationships and make groups accessible and welcoming. Participants should be able to communicate in different ways and choose what they share, including choosing not to disclose personal experiences. Facilitators should understand how stigma, including shame or negative beliefs people hold about themselves, can make participation difficult.

The unit should also teach group facilitators how to seek feedback from group members and use peer supervision or reflection with other peer workers to improve their practice. The approach should also ensure group members have a say in how the group's benefits are evaluated and how information about their experiences is used.

Legal knowledge and navigating organisational tensions

CHCPWK-A should connect ethical practice with the human rights origins of peer work and distinguish restrictive and coercive practices, including those that may occur in voluntary services. Learners should understand the difference between jurisdictional law and organisational policy and practice.

Elements 2 and 5 should address the pressure peer workers may experience to undertake clinical assessments or duties outside the role, and ways to seek support where tensions remain unresolved.

Element 3 should distinguish individual and systemic advocacy. Individual advocacy must follow the person's priorities, support self-advocacy and require explicit

permission to act on a person's behalf, with agreement about what is shared, with whom and why.

Meaningful co design and service improvement

CHCPWK002M '*Contribute peer work perspectives to quality and continuous improvement of mental health services*'should include a stronger emphasis on co-design. Elements 1, 2 and 5 should equip learners to understand and support meaningful co-design, with consumers and carers sharing decision-making in evaluation, identifying gaps and developing responses.

There needs to be a stronger focus on broadening the course content and the way in which the causes of distress are taught, beyond trauma, to include social determinants. Across this unit and CHCPWK003, students should also learn to explore with people their preferences and experiences in response to distress, rather than students being set up to independently interpret signs of trauma or activation.

Members described the expectation that students will be involved in organisational improvement as largely out of reach when in a placement role. Assessment should recognise a learner's contribution, and ability to identify opportunities for change in policies or processes, but the assessment should not measure the extent to which they put this into practice in a placement setting.

Authentic and accessible assessment

CHCPWK005M *'Provide peer support to carers of people seeking mental health services'* requires students to demonstrate Elements 1–5 through workplace peer support relationships with two different people, across sessions totalling 120 minutes. Review whether all performance criteria, particularly complex and sensitive requirements such as PC 4.5, can reasonably and ethically be demonstrated within these arrangements,

without prompting conversations that the people receiving support do not want or need.

For CHCPWK-B, review whether requiring an initial simulated assessment, fixed 60-minute sessions and a minimum number of group participants is necessary to demonstrate the required skills. Allow flexibility in session length and group size to accommodate participants' access needs and preferences, with students demonstrating their skills across multiple sessions. Any simulated assessment should reflect real peer group practice and be reviewed by experienced peer workers from the relevant discipline.

In CHCPWK001M and CHCPWK004M, assessment should examine how students build mutual relationships, use lived experience intentionally, reflect on their practice and maintain peer work values and boundaries. Completing a set number of interactions alone does not demonstrate these skills.

Clarify who students must interact with, including what is meant by "peer community members" and which other workers or services must be involved. Review repeated assessment tasks across units and remove duplication.

CHCPWK-A should assess recognition of workplace and systemic issues, safe options and available advocacy channels. Students should not be required to challenge organisations in unsafe placements. Requirements should match the chosen discipline and available work. A consumer student should not have to manufacture family carer practice, or vice versa.

Some members found role plays useful for practising skills and building confidence. Others described difficulties with being recorded, finding people to participate, acting out distressing experiences and stepping out of the role afterwards.

Assessments should include clear preparation, support and time to debrief after role plays. Provide alternative ways to demonstrate skills where a role play would cause

distress, require disclosure of private information or involve recording that is prohibited by the placement organisation.

Workplace assessment and placement feasibility

Members described limited placement supply, supervisor capacity, unpaid time, regional and remote access barriers, and difficulties in small communities where students also access services. Members also highlighted issues with finding placement opportunities for students with criminal histories and alcohol and other drug histories.

Placement must offer a realistic opportunity to complete the relevant assessment. For example, often students are only able to access observation-only placements, and do not have opportunities for group facilitation.

We recommend identifying which capabilities genuinely require workplace demonstration, which can be assessed through valid simulation, and how a learner completes requirements when they aren't available in their placement setting.

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