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National Mental Health
Consumer & Carer Forum

A Toolkit to Authentically Embed Lived Experience Governance

Centring People, Identity and Human
Rights for the Benefit of All

Prepared by



July 2023



Acknowledgement

The National Mental Health Consumer and Carer Forum and the National Primary Health Network Mental Health Lived Experience Engagement Network acknowledge the Traditional Custodians of the lands and waters on which we work and live on across Australia. We recognise their continuing connection to land, waters, culture and community. We pay our respects to Elders past and present.

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A Vision for the Future¹

We believe unequivocally that now is the time for lived experience leadership to be developed and embedded in our systems. The need is visible and the conditions for change are right. The vision for lived experience leadership and future services are where humanity and connection are centred and where people with lived experience meaningfully and equally contribute at all levels, to the point that it becomes the norm.

Through taking action together a more holistic approach will guide change, and ensure that our language, power, and mindsets, shift beyond biomedical and ‘illness’ dominated narratives. Upholding rights, giving control to people to determine their own lives and authentic co-design are essential foundations of the changes we seek.

Systems are strengthened when discrimination and tokenism are minimised and where peoples’ dignity is prioritised. Lived experience leadership across the system, including by and with people with lived experience, is core to this vision being realised and is itself a key driver of the broader systems change that the mental health and social services sector require².

¹This ‘vision’ was developed in 2021 by the SA Lived Experience Leadership Advocacy Network (LELAN) and UniSA’s Mental Health and Suicide Prevention Research and Education (MHSPRE) Group, in partnership with over 40 mental health, social sector and lived experience leaders. As part of the Activating Lived Experience Leadership (ALEL) Project they worked together to determine actions that can be taken to embed and leverage lived experience leadership to transform systems. More information, resources and background reports can be accessed via the project page at www.lelan.org.au/alel.

² Hodges, E., Loughhead, M., McIntyre, H., and Procter, N.G. 2021, Strengthening lived experience leadership for transformative systems change: A South Australian consensus statement, SA Lived Experience Leadership and Advocacy Network and University of South Australia, Adelaide.



A Lived Experience Governance Primer

The definition of lived experience governance

Lived experience governance intentionally embeds organisational cultures and systems that give primacy to centring or being led by lived experience perspectives, principles, and ways of working in the decision-making, oversight and evaluation of systems, structures, policies, processes, practices, programs and services.

Lived experience governance aligns with and supports other forms of governance. It does so while ensuring that the voices and contributions of people with lived experience are central to the effective governance and management of organisations and systems. It is an essential component in, but not limited to, peer led services and programs, and is applicable across diverse communities and sectors, in both clinical and non-clinical settings.

Lived experience governance core, foundations and domains

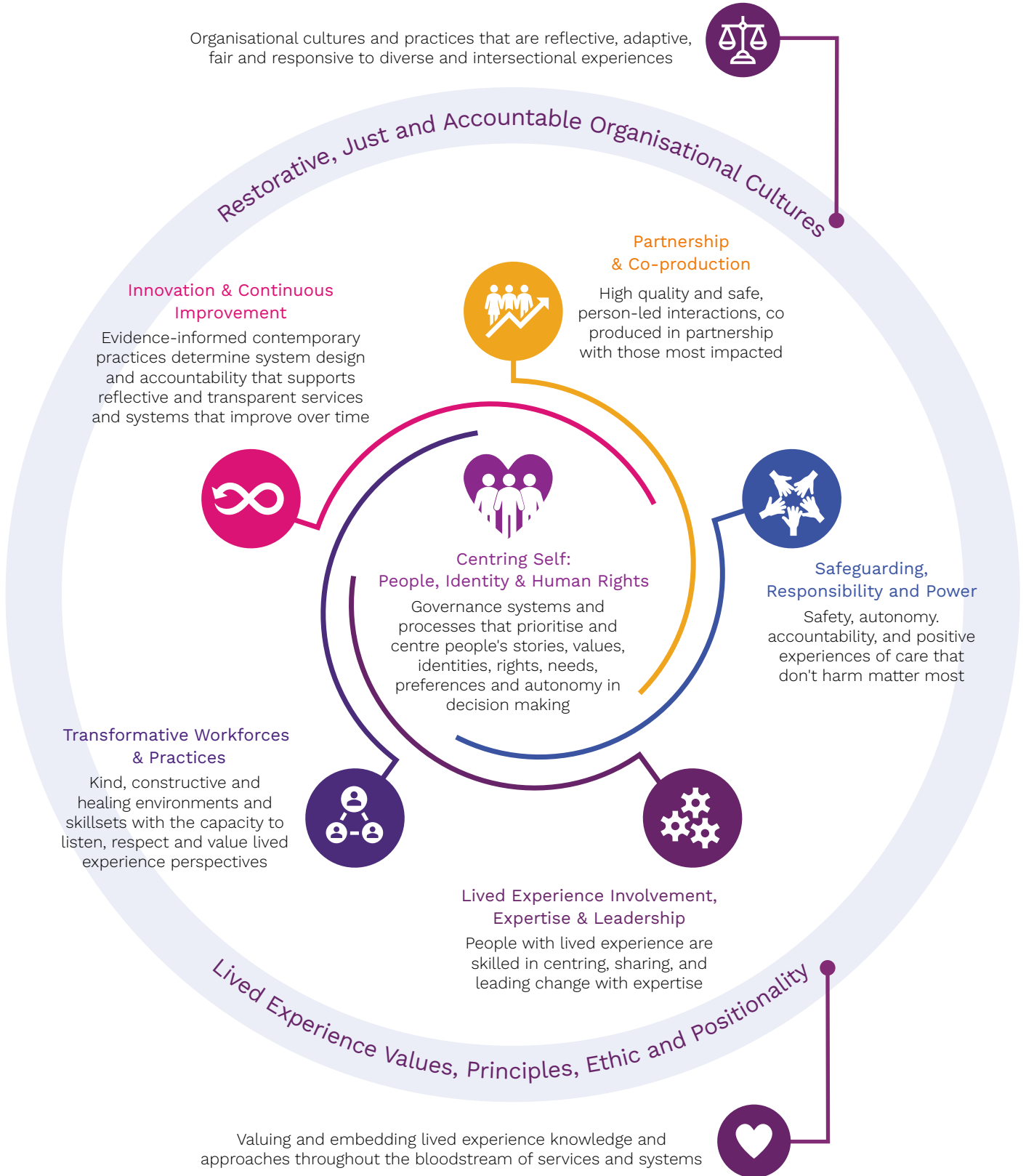
The core of lived experience governance is Centring Self: People, Identity and Human Rights. Surrounding this are two wrap-around foundational constructs and aligned ways of working that must be embedded across all other components of the Lived Experience Governance Framework (the Framework) for its full potential to be realised. The integration of Restorative, Just and Accountable Organisational Cultures and Lived Experience Values, Principles, Ethic and Positionality across the Framework is essential to the evolution of care and organisational cultures, structures and practices required for transformative systems change.

The Framework identifies key areas of focus required to develop and maintain high-quality organisational performance that centres and values the experiences, insights, perspectives and contributions of people interacting with or being supported by systems, structures, policies, processes, practices, programs and services. These key areas of focus are organised into five inter-connected and interdependent domains: Partnership and Co-Production; Safeguarding, Responsibility and Power; Lived Experience Involvement, Expertise and Leadership; Transformative Workforces and Practices; and Innovation and Continuous Improvement.

What success looks like

The ways that organisations approach lived experience governance will be proportionate to the needs and size of the organisation, the complexity of the environments that they operate within, their aspired influence and the responsibility they take on to truly embed human rights and person-directed and -led approaches. The people that interact with or are supported by organisations are in the best position to judge success and the ways that is best measured. On the following page are indicators of success co-created throughout the development of the Framework.

The diagram below depicts the essential components of lived experience governance, as well as the desired outcomes of the approach when done well.



Introducing the Toolkit

This toolkit provides users with a selection of tools and resources to assist in exploring and assessing their own governance processes and formulate a pathway towards embedding lived experience governance across their systems, structures, policies, processes, practices, programs and services.

The tools and resources are informed by and support implementation of the core, foundations and domains of lived experience governance, as articulated in the Lived Experience Governance Framework (the Framework).

A brief description of all elements of the toolkit are listed below, as well as a suggestion of the order for the items to be completed.

- Reflection Tools
 - 1 Exploring and Shifting Mindsets
 - 2 Lived Experience Governance Roles and Responsibilities
- 3 Lived Experience Governance Audit and Action Planning Tool
- 4 Resource Recommendations
- 5 Where Lived Experience Governance Aligns with Key Standards and Regulations

Exploring and Shifting Mindsets Reflection Tool

The Exploring and Shifting Mindsets Reflection provides an opportunity for people, teams and organisations to explore how their mental models, mindset and relational practices and approaches align with centring the rights, needs, preferences, autonomy and decision-making power of people that interact with or are supported by them. It takes sustained and intentional effort on the part of all key people across systems, structures, policies, processes, programs and services that people interact with or are supported by to ensure this happens in practice.

Roles and Responsibilities Tool

The Roles and Responsibilities Tool assists people and organisations to reflect on the different roles and responsibilities required to implement the Framework well, ensuring they work together to centre and value the experiences, insights, perspectives and contributions of people interacting with or being supported by systems, structures, policies, processes, practices, programs and services.

The tool is a deep dive into the roles and responsibilities of key people for embedding lived experience governance. It poses questions for reflection and contemplation across the five domains of lived experiences governance: Partnership and Co-Production; Safeguarding, Responsibility and Power; Lived Experience Involvement, Expertise and Leadership; Transformative Workforces and Practice; and Innovation and Continuous Improvement.

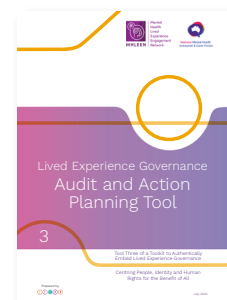
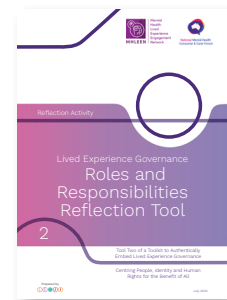
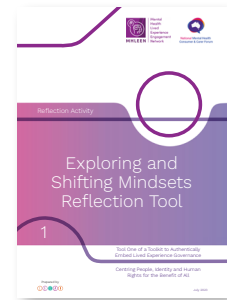
Audit and Action Planning Tool

The Lived Experience Audit and Action Planning Tool assists people and organisations to assess where they are currently placed in implementing the key areas of focus required to develop and maintain high-quality organisational performance that centres and values the experiences, insights, perspectives and contributions of people interacting with or being supported by systems, structures, policies, processes, practices, programs and services.

This is a point-in-time Likert scale audit that assists in identifying strengths and areas for improvement. The tool may be undertaken as a once-off snapshot or may be repeated regularly to assess change over time.

Following the audit there is an opportunity to examine results and then identify actions that will move you closer to embedding the key attributes across the domains and implementing them well.

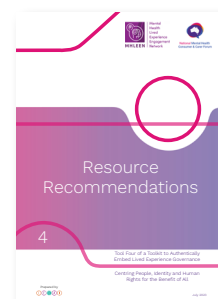
The five domains of lived experience governance are addressed in the Lived Experience Governance Audit and Action Planning Tool. Additional action plan templates are included for the enablers and accountability elements of the Framework.



Resource Recommendations

This is a list of Resource Recommendations to support the implementation of the Framework. The Framework responds to calls from the mental health and other sectors for changes in the way systems are governed to align them more strongly with human rights approaches and to meaningfully embrace lived experience.

Whilst not exhaustive, this list provides a foundation to explore the core components of lived experience governance. It includes links to frameworks, guides, toolkits and other resources to assist people and organisations as they implement the Framework and work to embed the rights, needs, preferences, autonomy and decision-making power of people interacting with or being supported by their systems, structures, policies, processes, practices, programs and services.



Where Lived Experience Governance Aligns with Key Standards and Regulations

A matrix presenting areas from the National Safety and Quality Health Standards (NSQHS)³, Primary and Community Healthcare Standards (PCH)⁴ and National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs)⁵ and NDIS regulations^{6,7} mapped against the five domains of the Framework. They indicate what items in the Standards are met when these five inter-connected and interdependent domains are implemented.

While all areas of the CMO and PCH standards are listed, clinical and operational items in the NSQHS standards have not been.



³ National Safety and Quality Health Service Standards, <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

⁴ National Safety and Quality Primary and Community Healthcare Standards <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare>

⁵ The National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs) <https://www.safetyandquality.gov.au/our-work/mental-health/national-safety-and-quality-mental-health-standards-community-managed-organisations>

⁶ NDIS practice standards, NDIS Quality and Safeguards Commission. <https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards>

⁷ National Disability Insurance Scheme (Code of Conduct) Rules 2018 <https://www.legislation.gov.au/Details/F2018L00629>



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Reflection Activity

Exploring and Shifting Mindsets Reflection Tool

1

Tool One of a Toolkit to Authentically
Embed Lived Experience Governance

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Exploring And Shifting Mindsets Reflection

Lived experience governance intentionally embeds organisational cultures and systems that give primacy to centring or being led by lived experience perspectives, principles, and ways of working in the decision-making, oversight and evaluation of systems, structures, policies, processes, practices, programs and services. Existing approaches, relationships, power dynamics and paradigms drive how things have been done in the mental health and broader social sectors over many years and will be explicitly and implicitly challenged by lived experience governance. Reflection, growth and leadership of individuals and organisations will be core to its transformative potential being realised.¹

The Exploring and Shifting Mindsets Reflection provides an opportunity for people, teams and organisations to explore how their mental models, mindset and relational practices and approaches align with centring the rights, needs, preferences, autonomy and decision-making power of people that interact with or are supported by them.

It takes sustained and intentional effort on the part of all key people across systems, structures, policies, processes, programs and services that people interact with or are supported by to ensure this happens in practice.

Extensive work went into the co-production of the National Lived Experience (Peer) Workforce Development Guidelines², which clearly detail the core values and principles of the lived experience (peer) workforces. The Lived Experience Governance Framework and this document draws on these lived experience (peer) values and principles. The Exploring and Shifting Mindsets reflection provides examples of mindsets across a spectrum from unaligned to aligned as they relate to each value and principle. It invites people to explore and reflect on their mental models and mindset in order to shift cultures and systems.

¹ The Water of Systems Change by Kania et al is an important source document for understanding systems change approaches. The resource can be downloaded from www.fsg.org/resource/water_of_systems_change.

² Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission



Instructions for Use

A spectrum of mindset statements matched to each lived experience (peer) value and principle are provided for consideration to assist people and organisations to understand the mindsets held.

For each value and principle you will be asked to rate yourself 1 to 5, where:

- 1 is holding an unaligned mindset position, and
- 5 is holding an aligned mindset position.

The rating will provide an indication of the mindset position people or the organisation hold and where there are existing strengths and areas for growth and improvement.

If you are completing the tool as a team, each team member might complete the rating separately and share their ratings as a starting point to discuss why they have rated the mindset for each value and principle as they have. Alternatively, teams might wish to complete the ratings anonymously and discuss them as a group more broadly. Using the ratings, the team may choose to reflect on how and why the mindset has developed in the way that it has, consider its impact on people and the team's work and what steps could be taken to strengthen the mindset to be more aligned with lived experience governance.

An important note:

Many of the 'unaligned' mindsets for each value and principle are designed to challenge assumptions and stimulate thought and discussion. Reflecting on mental models and beliefs can be uncomfortable and uncertain at times, it can also be motivating and inspiring. It is important if using this tool in groups that the social, emotional, psychological, and cultural safety of participants is prioritised and maintained when working through and discussing different perspectives.

Additional Questions to Reflect On

Additional reflection questions and options for action that may be considered and explored together are:

- How did it make you feel to reflect on your mindsets?
- What areas most challenged or invigorated you?
- Were there any surprising results?
- Where did the mindset(s) come from (both unaligned and aligned)?
- How does the mindset(s) impact your work and/or life?
- What actions could you take, and who can you connect with, to keep shifting your mindset?

After implementing any agreed actions arising from your reflections, periodically revisit the tool to assess whether mindsets have shifted any further.



Example Scenarios for How to Use the Exploring and Shifting Mindset Reflection

Organisational Leadership and/or Governance Body Reflections

The leadership team and/or board of an organisation decide to use the Exploring and Shifting Mindsets Reflection to do a pulse check to see how aligned they individually and collectively are with the values and principles required for embedding lived experience governance.

All members of the leadership team and/or board individually rate how aligned their mindsets are for each value and principle and note individual reflections. They engage an external facilitator to collate their responses to identify the mindset areas indicated as being more collectively aligned with the values and principles of lived experience governance and the areas that could be improved, including agreed actions with timeframes and a responsible person or role identified for holding accountability for their implementation.

In addition, the leadership team and/or board commit to working on one-two mindsets at each meeting to maintain focus and monitor how their collective mindsets influence the governance and decision-making of the organisation. In these discussions each person discusses their rating and why they rated where they did. They discuss how their personal and professional experiences have shaped their mindsets and how it is demonstrated in their leadership and decision-making role.

The leadership team and/or board agree to repeat the Exploring and Shifting Mindsets Reflection annually to assess progress and identify if there have been significant shifts in mindset over time. They determine it will be a useful tool to be completed by people that join the leadership team and board in the future.

Reflection by Members of the Lived Experience (Peer) Workforces

Three lived experience (peer) practitioners in a peer-led organisation commit to exploring their individual mindset rankings across three values or principles per month as part of their ongoing professional development.

At their regular team Reflective Circles each person discusses their rating and why they rated where they did. They discuss how their personal and professional experiences have shaped their mindsets, how they demonstrate them in their practice and identify practical strategies that will help them strengthen their alignment with lived experience values and principles. They also discuss what it has them thinking about lived experience (peer) work more broadly and its contribution to governance and decision-making.



Team Building and Reflection on a Single Value or Principle

A small team decide to regularly rate themselves on a single value or principle and have an open discussion on what they discover. The team members each come from a different perspective and includes a person in a lived experience designated position, a person with a sibling with lived experience and a person who has worked with peer workers in an unsupportive environment. They start with the hope value. Their three ratings are 5, 4 and 2.

Each of the team members discuss their rating and why they rated where they did. They discuss how their personal and professional experiences have shaped their hope mindset. They reflect on their beliefs about the capacity for hope for and with people with lived experience and how it shapes their interactions and recovery goal setting with people who access the service they work at.

To help strengthen their hope mindset they agree to regularly share hope-filled stories from their work with each other. They also agree to repeat the Exploring and Shifting Mindsets Reflection in a year to assess progress and identify if there have been significant shifts in mindset over time.

Personal Reflection

Sam is using the Exploring and Shifting Mindsets Reflection to reflect on their alignment with values and principles required for embedding lived experience governance. Sam rates themselves across all mindsets in the first instance. They then review their rankings to identify the areas where they rated a 2-3 and list those as mindsets to prioritise.

Sam reflects on their list of lower rated mindsets, reflecting on why they rated where they did and how their personal and professional experiences have shaped them. To help strengthen their desired mindset(s) they identify one practical action they will take and set goals for improvement. Sam decides to repeat the Exploring and Shifting Mindsets Reflection in a year to assess progress and identify if there have been significant shifts in mindset over time.

Mindsets Aligned With Lived Experience Values

Core Value and What it Means for Governance	Unaligned Mindset	<p style="text-align: center;">← Rating →</p> <p style="text-align: center;">1=unaligned to 5=aligned</p>	Aligned Mindset	Reflections/ Actions
<p>Hope</p> <p>Embedding belief in people's fundamental capacity to know what is right for them and to overcome challenges in systems, structures, policies, processes, practices, programs and services.</p>	<p>Hopeless</p> <p>There is no cure for mental illness. People with mental illness need much support which may be challenging for others. Employing people with lived experience is costly to the organisation and a risk in terms of absenteeism, work injury insurance and other workforce costs.</p>	<p style="text-align: center;">← Rating →</p> <p style="text-align: center;">1 2 3 4 5</p>	<p>Hopeful</p> <p>People with lived experience can recover and live meaningful lives. They are extremely adaptive and come up with creative and innovative ways of living and working which everyone can learn from. Employing people with lived experience supports their own wellbeing and enables them to use these skills to help others. People with lived experience are part of the workforce diversity that we respect, acknowledge and learn from.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Equality/Equity</p> <p>Ensuring diverse representation and equitable power distribution.</p> <p>Articulating who is making decisions and where power and authority sits.</p> <p>Embedding transparent ways of working towards equity of access, equity of experience, equity of investment, and equity of outcomes.</p>	<p>Inequality, or Equality without Equity</p> <p>Everyone has equal access to higher levels of decision-making if they have the appropriate skills. A person's race, class, sexuality, gender or locale is not considered part of their ability to be a leader or be involved in decision-making, so everyone is treated the same.</p>	<p style="text-align: center;">← Rating →</p> <p style="text-align: center;">1 2 3 4 5</p>	<p>True Equity</p> <p>Meaningful decision-making only occurs with input from, and true representation of, the diverse population being served. To be equitable in decision-making the power imbalance inherent in privilege must be recognised and mitigated by increased representation from minority and marginalised groups and those less heard from. People with privilege and structural power need to recognise their inherent power and take action to build, share, wield and cede power.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Core Value and What it Means for Governance

Unaligned Mindset



Aligned Mindset

Reflections/ Actions

Choice

Ensuring systems, structures, policies, processes, practices, programs and services centre the rights of people to make informed choices and enable dignity of risk.

Establishing processes that recognise people are experts of their own experiences and are supported to use this expertise.

Lack of Choice and Control

Duty of care is a legal and professional obligation that ensures due diligence and safety is provided – for service users and staff. This may sometimes mean an appropriate level of coercion, force or restrictive practice is used. Not all people have the capacity for choice and control in all aspects of their life. My duty of care ensures that the person does not put themselves or others at risk of harm.



Choice and Control

Everyone is the expert of their own experience and has the right to make choices about the services they want, how they are delivered and when. This also includes the choice to hold responsibility for their own risk. True informed consent and decision-making involves an explanation of boundaries and consequences to support the person's preferences, choices and autonomy. There is no place for threatening, coercive or restrictive practices that unnecessarily or unknowingly exert power to restrict a person's rights or influence their choice or control.

Respect

Setting an organisational culture that embraces others' experiences and promotes non-intrusive curiosity as opposed to judgement or assumptions.

Disrespect

People with severe mental illness lack the insight to fully understand themselves and the impact of their actions. Most people with the same diagnosis will have similar experiences. People can be respectful and still believe that people who do not have insight into their actions should not be allowed to make their own decisions.



Respect

Respect is an inherent right. Everyone has a right to respect and having their dignity recognised. Everyone has a right to access services to address their healthcare needs. Supporting people to have their rights, needs, preferences, autonomy and decision-making power recognised is fundamental to care, recovery and healing.

Core Value and What it Means for Governance

Unaligned Mindset

Rating
←————→
1=unaligned to 5=aligned

Aligned Mindset

Reflections/ Actions

Authenticity

Maintaining and following through on commitments made by leadership.

Establishing organisational governance and decision-making processes that facilitate trust, foster accountability and demonstrate integrity and an openness to learning and continuous improvement.

Systems, structures, policies, processes, practices, programs and services adopt strengths-based rather than deficit-based approaches.

Lack of Transparency

Giving feedback to people with lived experience involved in consultation or co-design is unnecessary. They have to be included, but they do not understand the challenges or complexities of implementing changes or new processes. It is too hard to keep them informed and their input may or may not be used, which is ok. Because of its importance, governance has to be the responsibility of people in particular roles and leadership.

←————→
1 2 3 4 5

Transparency and Open Communication

Valuing lived experience means building processes responsive to policy, funding or government changes. People with lived experience should be involved at every step of decision-making in a timely and transparent manner.

Ensuring honesty through transparency and continuous communication is an important part of an authentic process and partnership and means that values, ideals and actions align. It also means being honest, and taking responsibility for mistakes and communicating these openly.

Belonging/Inclusion

Prioritising spaces in governance and leadership for people from marginalised groups and those we hear from less.

Ensuring recognition of intersectionality and valuing diversity of culture, spirituality and membership of chosen identities, groups and communities.

Exclusion

It is not possible to engage with everyone. Most people with lived experience give similar feedback, anyway. Too many people at the table will slow the process. A representative can consult with other people and bring that to the table. A representative of lived experience meets the standard.

←————→
1 2 3 4 5

Inclusion and Belonging

It is important to have explicit processes to reach people that are not usually heard from. Spaces should be reserved for people who not only have a lived experience but also come from a marginalised or intersectional group because they will be more greatly impacted by changes. The more inclusive the process the more likely it is that outcomes for everyone are improved.

Core Value and What it Means for Governance

Unaligned Mindset



Aligned Mindset

Reflections/ Actions

Interdependence/ Interconnectedness

Recognising the broad range of interconnected relationships and networks that assist in growth and healing.

Clear processes exist to ensure authentic partnership, connection, and collaboration across teams, services and sectors and with the broader community.

Individualism

The person's doctors and therapists are the primary people who should be involved in managing a person's mental illness. Sharing information with others may have limited therapeutic benefit to the person, and could breach privacy and confidentiality obligations.



Healing in Relationship

It is essential to ask a person who they see as important for their lives and their healing, which may include carers, family, kin and other supporters of choice. With the person's consent it is beneficial, appropriate and vitally important to include these chosen people when sharing information. Knowing what social determinants of health impact a person may also help determine other organisations to collaborate with.

Justice/Human Rights

Ensuring leadership accountability for embedding and modelling commitment to social justice and human rights.

Ensuring a restorative, just and accountable organisational culture and alignment with historic and ongoing aims of the consumer movement.

Demonstrating understanding of the impact of social justice/inequity on identity, opportunity and outcome (e.g. race, culture, sexual orientation).

Equitable access to resources, support and involvement and leadership opportunities are prioritised as an important factor in everyone's recovery and healing.

Acknowledging that the lived experience movement is a response to the history of harm, social injustice and discrimination towards people with lived experience.

The Current System is Just

Human rights violations of people with mental illness rarely happen in Australia without good reason. Australia has safe and contemporary mental health policy, practices and services that protect peoples' rights. These sorts of concerns are a thing of the past or happen as a last resort.



The Current System is Unjust

The lived experience movement is a social movement. It is inherently political, and some protests around human rights are still relevant regarding the continued use of restrictive practices and coercion. People from different groups may experience compounding harm within services – sexism, racism, homophobia, and transphobia – which add another layer of complexity and potential harm to how a person experiences them.

Mindsets Aligned With Lived Experience Principles

Core Principle and What it Means for Governance	Unaligned Mindset	<div style="text-align: center;"> Rating ←—————→ 1=unaligned to 5=aligned </div>	Aligned Mindset	Reflections/ Actions
<p>Lived Experience as Expertise Embedding lived experience involvement, expertise and leadership at all levels of organisations and across systems. Systems reflect that trust in and responsibility of lived experience staff and lived experience-led initiatives is equal to the trust and responsibility provided to clinical staff and clinical programs.</p>	<p>Clinical, Academic and Professional Expertise are Top of the Hierarchy Everyone has a lived experience, but not everyone has studied mental health or devoted their career to helping others. Common knowledge can't be afforded the same value as comprehensive study and qualifications from a tertiary institution and years of practice.</p>	<div style="text-align: center;"> 1 2 3 4 5 </div>	<p>Lived Experience Expertise is of Equal Value to Other Types of Expertise Lived experience expertise is different to lived experience – it involves the ability to use your lived experience to inform and transform systems, services and people in a way that is grounded and centred in broader lived experience values and the history of the consumer movement. Not every person with lived experience will develop this expertise, which is a technical skillset in its own right.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Self-determination Embedding processes that ensure people have the unassailable right to choice, self-agency and dignity of risk.</p>	<p>Doing To/For Some people are not well enough to make decisions for themselves. When people are very unwell they lack insight and can't be relied on to choose what is the best option for them. They are more likely to make choices that their 'well' self would not agree with, or that would be too risky.</p>	<div style="text-align: center;"> ←—————→ 1 2 3 4 5 </div>	<p>Doing With All people have a right to self-determination. Failing to actively facilitate and support the person's autonomy, choice and control, even during periods of illness, is disempowering and can cause further harm to a person's identity and recovery. Supporting people to make choices by giving them clear information about the potential impact of their choices is empowering and healing.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Core Principle and What it Means for Governance

Unaligned Mindset

← Rating →
1=unaligned to 5=aligned

Aligned Mindset

Reflections/ Actions

Recovery-focused

Enabling people interacting with or being supported by the system, structure, policy, process, practice, program or service to define recovery and healing, and measuring the success and outcome based on these.

Recovery is the Absence of Symptoms.

'Real' recovery is not possible for many people with severe mental illnesses. Mental illness can be chronic and enduring, especially if it is complex. Some people may never be truly 'well'.

1 2 3 4 5

Recovery is Self-defined and Equals a Life that is Meaningful for the Person.

Exploring what recovery means to an individual with lived experience can be empowering and give them hope and purpose. It enables the person to define what is a meaningful life for them whether they continue to have 'symptoms' or not.

Person-directed

Creating person-directed and -led organisational cultures, systems, structures, policies, processes, practices, programs and services that recognise and celebrate people's individuality and unique expertise, values, culture, spirituality, choices and beliefs. Ensuring that these factors are centred to create experiences that support people and promote their recovery.

One Size Fits All

People with mental illness do not have the knowledge to understand or direct their own care. Services and systems must be standardised. Standardised services and care pathways ensure best practice for all.

← Rating →
1 2 3 4 5

Person-directed and -led

Everyone is the expert in their own life and knows what is best for them. Person-directed approaches enable care to be targeted to the needs and preferences of the individual, enabling them to live the life they choose and want.

Evidence is clear that person-centred approaches to care lead to better experiences of care, are more targeted, cost-effective and lead to improved health and life outcomes.



Core Principle and What it Means for Governance

Unaligned Mindset



Aligned Mindset

Reflections/ Actions

Strengths-based

Ensuring organisational governance and decision-making processes are based on strengths, growth capabilities and success rather than centring on risk and deficit.

Deficit-based

People seek help for mental health because they have something wrong with them that needs fixing. Being overly positive may be unrealistic and misleading. When they are unwell it is not realistic to focus on strengths, that can come later.



Strengths-based

Everyone needs support sometimes. When distress is held between two people in a compassionate and relationally safe environment, a person can have insight and make their own decisions about their life and how to move forward. Supporting people to make choices and do the things they can and want to do focuses on their strengths and is empowering.

Relational

Embedding recognition that authentic mutual relationships enhance trust, healing and impact.

Facilitating relationships that promote continuity of care and opportunities to work in true partnership with people with lived experience at all levels, across systems and in a multitude of ways.

Ensuring experiences are respectful and relational rather than transactional.

Emphasis on Clinical Skills over Trust and Relationship

Clinical skills and care have the most effective outcome in a person's recovery journey. People need different supports and therapies at different times in their recovery journey, but the current system makes it too difficult to work well and share information with other services.



Relational Safety

Safety occurs within relationships when people are connected to their community, and the supports they need are connected. Trust comes from transparency and honesty and recognises the inherent importance of trust in an effective therapeutic relationship and the need for/willingness to repair ruptured therapeutic relationships.

Core Principle and What it Means for Governance

Trauma-informed

Accounting for trauma and previous experiences of harm or loss of control and power by ensuring that systems, structures, policies, practices, processes, programs, services and interactions are person-directed and able to be negotiated and adapted to the needs and preferences of people interacting with or being supported by them.

Supporting people in ways that enable them to be involved and lead in ways that they choose.

Unaligned Mindset

Medical Model of Mental Illness

Whilst trauma is sometimes the cause of mental illness – in the case of veterans with PTSD for example – it is more often caused by chemical imbalance or genetics. Few people would benefit from investing time in trauma-informed practice only.

← Rating →
1=unaligned to 5=aligned

← 1 2 3 4 5 →

Aligned Mindset

Distress that Makes Sense

By widening the definition of trauma, to include adverse childhood experiences and other social determinants of health, it is easier to understand how widespread trauma may be amongst people with a lived experience. Being trauma-informed and creating relational safety benefits everyone.

Reflections/ Actions

Core Principle and What it Means for Governance

Unaligned Mindset



Aligned Mindset

Reflections/ Actions

Humanistic

Recognising and creating an organisational culture that supports human connection and holistic understanding of people through decision-making systems, structures, policies, processes, practices, programs and services.

Isolation

Having a focus on human connection is too idealistic when people are unwell. Clinical intervention is the most crucial step towards recovery.

Most people with mental illness prefer to be alone when unwell. There is time to re-establish human connection and rebuild their sense of worth when they are 'well'.

1 2 3 4 5

Connection

Humans are meant to connect with others on an interpersonal and emotional level. Strong and fulfilling relationships help people maintain emotional well-being. People with lived experience value community and connection over individualism. Isolation increases distress and impacts the effects of trauma, whilst connection can repair it.

Voluntary

Ensuring service use and involvement is voluntary and free of coercion and threat.

Creating an organisational culture of reflection, responsiveness, evidence gathering and accountability to people with lived experience to eliminate coercion, restrictive practice or other involuntary involvement.

Involuntary

When coercion and restrictive practice is not an option the health and safety of staff and other people using the service are at risk. Reasonable force and coercion are only used when people are very unwell and incapable of keeping themselves safe.



Voluntary

When coercion and restrictive practice is not an option, more innovative trauma-informed de-escalation methods will be deployed that keep everyone safe, including the person who is distressed. There is no such thing as 'reasonable force'.

Coercion, force and restrictive practice in any form is a breach of human rights.

Core Principle and What it Means for Governance

Cultural Responsiveness

Acknowledges the centrality of culture and how that shapes each individual, their worldviews, values, beliefs, attitudes, and interactions with others... requires strengths-based approaches and recognises that if culture is not factored into health care and treatment, the quality and probable impact of that care and treatment is likely to be diminished³.

Recognising and creating organisational systems and processes that encourage people to learn from, respond to and relate respectfully with people of one's own culture and those from other cultures.

Respecting and including Aboriginal and Torres Strait Islander domains of social, emotional and cultural wellbeing.

Unaligned Mindset

Racism, Discrimination, and Culturally Unsafe Experiences

People's culture and community are less critical to their well-being than their individual needs.

Aboriginal and Torres Strait Islander people can sometimes make poor choices and don't know what is best for them. This means others may need to make decisions for them without their input. This is done to protect them.

Rating
← 1=unaligned to 5=aligned →

← 1 2 3 4 5 →

Aligned Mindset

Cultural Responsiveness

Culture is a determinant of health and is central to people's identity and well-being. To support people on their recovery journey, people must be supported to identify and prioritise what is culturally significant to them.

Being culturally responsive is taking strengths-based actions with Aboriginal and Torres Strait Islander people that ensure they have experiences that are culturally, spiritually, physically, emotionally and socially safe.

Reflections/ Actions

³ Indigenous Allied Health Australia (2019) Cultural Responsiveness in Action: An IAHA Framework https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf



Mental
Health
Lived
Experience
Engagement
Network



National Mental Health
Consumer & Carer Forum

Reflection Activity

Lived Experience Governance Roles and Responsibilities Reflection Tool

2

Tool Two of a Toolkit to Authentically
Embed Lived Experience Governance

Centring People, Identity and Human
Rights for the Benefit of All

Prepared by

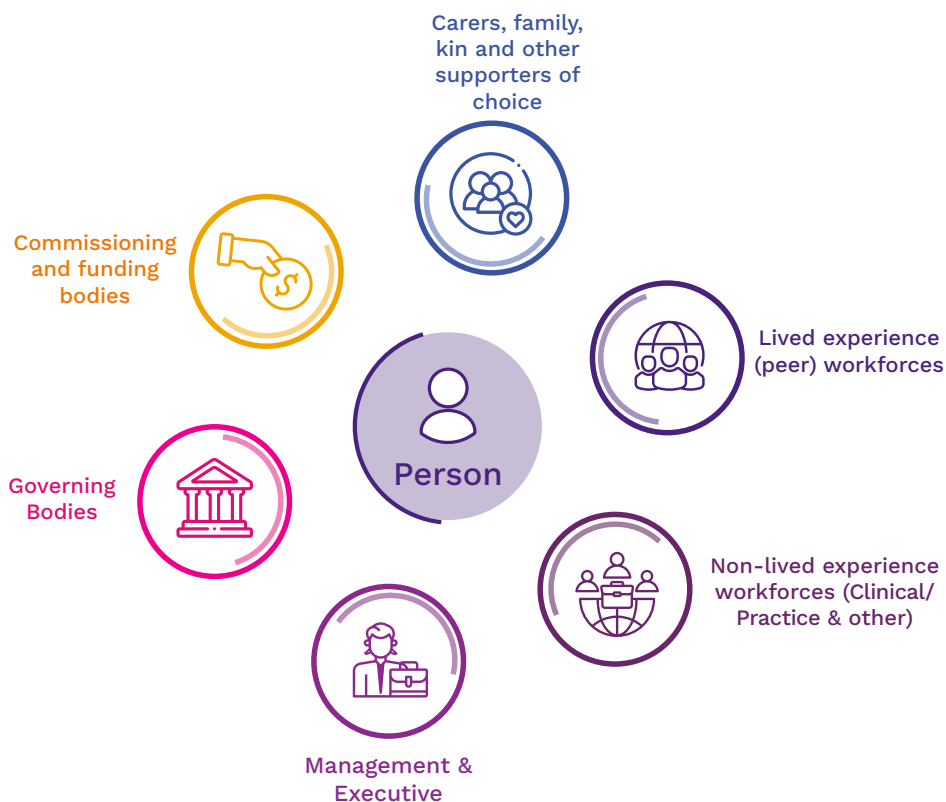


July 2023

Lived Experience Governance Roles and Responsibilities Reflection Tool

The Lived Experience Governance Roles and Responsibilities Reflection Tool has been designed to support the implementation of the Lived Experience Governance Framework (the Framework). It will assist people and organisations to reflect on the different roles and responsibilities required to implement the Framework well, ensuring they work together to centre and value the experiences, insights, perspectives and contributions of people interacting with or being supported by systems, structures, policies, processes, practices, programs and services. The tool is a deep dive into the roles and responsibilities of key people for embedding lived experience governance. It poses questions for reflection and contemplation across the five domains of lived experiences governance: Partnership and Co-Production; Safeguarding, Responsibility and Power; Lived Experience Involvement, Expertise and Leadership; Transformative Workforces and Practice; and Innovation and Continuous Improvement. The rights, needs, preferences autonomy and decision-making power of people are at the heart of all aspects of lived experience governance. However, the onus is not always on the person to ensure this occurs. It takes sustained and intentional effort on the part of all key people to ensure this happens in practice.

There are many important roles that contribute to ensuring the promise of lived experience governance is realised, as outlined in the Figure below. The intent of this tool is to provide a starting point for conversations to drive change and transformation. In order to move forward, it's important to understand the current state, and what is needed in order to improve. This reflection tool is best considered after the Lived Experience Governance Audit and Action Planning Tool has been completed.





Who the Tool is For

The role reflection tool can be completed by people and organisations wishing to assess point-in-time implementation of the domains of lived experience governance across various roles.

Instructions for Use

The Lived Experience Governance Roles and Responsibilities Reflection Tool explores the various roles and responsibilities of people involved in embedding lived experience governance (knowing that this list is not exhaustive).

For each of these roles, questions are posed for consideration. Reflect, individually or in groups, on where you and your organisation currently sit in relation to these questions.

Working collaboratively or independently, people are asked to reflect on and describe the current situation and identify actions they will take to strengthen their approach. Reflections will be enhanced by considering:

- Existing strengths and opportunities that can be built upon.
- The challenges, gaps and areas for improvement that can be addressed and leveraged.
- What supports may be needed in order to support growth in the area (for example resourcing, business processes, capacity building and partnerships, etc).

It is recommended that the tool is periodically revisited to assess progress over time and determine whether practices have shifted.



Example Scenario for How the Roles and Responsibilities Reflection Tool May be Used

A group of people within an organisation (a group of people with lived experience, a project or service delivery team, a leadership group, board or mixed group) have decided to use the roles and responsibilities tool to see how well their organisation is positioned to embed lived experience governance across a variety of roles.

All members of the group individually reflect on the questions posed in the first instance. They make personal notes in the reflection template. They agree to come meet and collectively discuss the areas they determine are strong and other areas that could be improved.

A 3-hour workshop session is held to work through their reflections collectively. Here they identify shared understandings of strengths and gaps. Their discussion may be facilitated by an external person if desired.

The group then work together to identify and collectively agree upon priority outcomes, practical actions that can be taken, people responsible and possible timeframes. These actions are documented in the action plan template.

They agree to meet quarterly to share their experience and progress. They agree to repeat the Lived Experience Governance Roles and Responsibilities Reflection Tool in a year to identify if there have been any significant shifts within their efforts to embed lived experience governance.







Summary of Reflective Questions for Roles and Responsibilities Across Domains

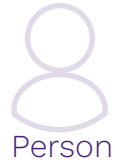


 Person	 Carers, family, kin and other supporters of choice	 Lived experience (peer) workforces	 Non-lived experience (peer) workforces	 Management and/or executive	 Governing bodies	 Commissioning and funding bodies
<p>How are people partnered with to contribute to services that are developed by, for and with people with lived experience?</p> <p>How do people partner in the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services that affect them?</p>	<p>How do carers, family, kin and other supporters of choice themselves contribute to and support the person with lived experience to partner in the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>	<p>How do the lived experience (peer) workforces partner in the co-planning, co-design, co-delivery and co-evaluation of the systems, structures, policies, processes, practices, programs and services that they are part of?</p>	<p>How do non-lived experience (peer) workforces themselves contribute to and partner with and support people with lived experience to contribute to the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>	<p>How do management and executive ensure operational processes support people with lived experience to contribute to the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>	<p>How do governing bodies oversee the development of strategic priorities that support people with lived experience to contribute to the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to partner with people with lived experience in the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>

 Person	 Carers, family, kin and other supporters of choice	 Lived experience (peer) workforces	 Non-lived experience (peer) workforces	 Management and/or executive	 Governing bodies	 Commissioning and funding bodies
<p>How are people supported to exercise their agency, autonomy and decision-making power?</p>	<p>How do carers, family, kin and other supporters of choice value and support the person with lived experience to exercise their agency, autonomy, decision-making power and contribute as needed?</p> <p>How are carers, family, kin and other supporters of choice able to have their own voices heard?</p>	<p>How do the lived experience (peer) workforces contribute to decision-making and exercise their own agency and autonomy?</p>	<p>How do non-lived experience (peer) workforces value and support people with lived experience to exercise their agency, autonomy and decision-making power?</p>	<p>How do management and executive ensure operational processes value and support people to exercise their agency, autonomy and decision-making power?</p>	<p>How do governing bodies oversee the development of strategic priorities that value and support people to exercise their agency, autonomy and decision-making power?</p>	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients that support people to exercise their agency, autonomy and decision-making power?</p>



 Person	 Carers, family, kin and other supporters of choice	 Lived experience (peer) workforces	 Non-lived experience (peer) workforces	 Management and/or executive	 Governing bodies	 Commissioning and funding bodies
<p>How are people informed about opportunities to use their lived experience for change and contribute to systems, structures, policies, processes, practices, programs and services they interact with or are supported by?</p>	<p>How are carers, family, kin and other supporters of choice encouraged and supported to assist the person they support to use their lived experience for change and contribute to systems, structures, policies, processes, practices, programs and services?</p> <p>How are carers, family, kin and other supporters of choice themselves informed about opportunities to use their lived experience for change?</p>	<p>How do the lived experience (peer) workforces take up opportunities to use their own lived experience in leadership and governance structures?</p>	<p>How do non-lived experience (peer) workforces encourage and support people with lived experience expertise to use it in leadership and governance structures?</p>	<p>How do management and executive ensure operational processes support people with lived experience expertise to be embedded in leadership and governance structures?</p>	<p>How do governing bodies oversee the development of strategic priorities that embed lived experience expertise in leadership and governance structures?</p>	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to embed lived experience expertise in leadership and governance structures?</p> <p>How do commissioning and funding bodies set targets for the ratio of frontline and leadership lived experience (peer) roles throughout tender processes for all types of work, not just service delivery?</p>



Person



Carers, family, kin and other supporters of choice



Lived experience (peer) workforces



Non-lived experience (peer) workforces



Management and/or executive



Governing bodies



Commissioning and funding bodies

How are people partnered with and encouraged to contribute to systems, structures, policies, processes, practices, programs and services that are delivered on or implemented by competent, high-quality, safe and supported workforces that value lived experience?

How are carers, family, kin and other supporters of choice partnered with and encouraged to contribute to systems, structures, policies, processes, practices, programs and services that are delivered on or implemented by competent, high-quality, safe and supported workforces that value lived experience?

How do the lived experience (peer) workforces use their lived experience to deliver competent, high quality and safe systems, structures, policies, processes, practices, programs and services?

How do lived experience (peer) workforces engage in professional learning that contributes to building capability and capacity?

How do non-lived experience (peer) workforces value the lived experience (peer) workforces and deliver competent, high quality and safe systems, structures, policies, processes, practices, programs and services that value lived experience?

How do management and executive ensure operational processes support workforces to provide competent, high quality and safe systems, structures, policies, processes, practices, programs and services; including valuing and enabling the lived experience (peer) workforces to use their lived experience effectively?

How do management and executive appropriately fund lived experience (peer) workforces and ensure funding allocation is representative of need?


How do governing bodies oversee the development of strategic priorities that ensure workforces provide competent, high quality and safe systems, structures, policies, processes, practices, programs and services that value and embed lived experience?

How do governing bodies invest in structures that embed the voice, influence and leadership of people with lived experience and build their capability to do so effectively?

How do governing bodies set a narrative around the lived experience (peer) workforce to ensure it is strategically embedded in to systems, structures, policies, processes, practices, programs, services and operational models?

How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to develop and implement governance processes that ensure workforces provide competent, high quality and safe systems, structures, policies, processes, practices, programs and services that value and embed lived experience?



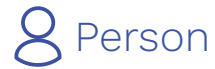
 Person	 Carers, family, kin and other supporters of choice	 Lived experience (peer) workforces	 Non-lived experience (peer) workforces	 Management and/or executive	 Governing bodies	 Commissioning and funding bodies
<p>How do people access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p> <p>How do people access capacity-building opportunities to strengthen their contributions within involvement, partnership and leadership activities?</p>	<p>How do carers, family, kin and other supporters of choice themselves access and support the person with lived experience to access, opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>	<p>How do the lived experience (peer) workforces use their lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>	<p>How do non-lived experience (peer) workforces contribute to innovation and continuous improvement processes and support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>	<p>How do management and executive ensure operational processes support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>	<p>How do governing bodies oversee the development of strategic priorities that support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to develop and implement governance processes that support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>



Thinking About Roles and Responsibilities for the Person




People interacting with or being supported by systems, structures, policies, processes, practices, programs and services are essential partners in their planning, delivery, and evaluation. They are experts in their own experiences and are best placed to determine the safety and quality of their interaction, and whether their needs and expectations are being met.

Name of organisation:

Date tool being completed and by whom:



Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
Partnership and Co-Production 	How are people partnered with to contribute to services that are developed by, for and with people with lived experience?		
	How do people partner in the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services that affect them?		
Safeguarding, Responsibility and Power 	How are people supported to exercise their agency, autonomy and decision-making power?		

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p>Lived Experience Involvement, Expertise and Leadership</p> 	<p>How are people informed about opportunities to use their lived experience for change and contribute to systems, structures, policies, processes, practices, programs and services they interact with or are supported by?</p>	Empty grid for reflection	Empty grid for reflection
<p>Transformative Workforces and Practices</p> 	<p>How are people partnered with and encouraged to contribute to systems, structures, policies, processes, practices, programs and services that are delivered on or implemented by competent, high-quality, safe and supported workforces that value lived experience?</p>	Empty grid for reflection	Empty grid for reflection
<p>Innovation and Continuous Improvement</p> 	<p>How do people access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p> <p>How do people access capacity-building opportunities to strengthen their contributions within involvement, partnership and leadership activities?</p>	Empty grid for reflection	Empty grid for reflection

Thinking About Roles and Responsibilities For Carers, Family, Kin and Other Supporters Of Choice

Whilst it is critical that the rights, needs, preferences, autonomy and decision-making power of the person most impacted by policies and interactions with organisations and care providers is centred, the experiences and contributions of carers, family, kin and other supporters of choice must also be considered. They too have a right to contribute to and be included in the planning, delivery, and evaluation of systems, structures, policies, processes, practices, programs and services.

Name of organisation:

Date tool being completed and by whom:






Carers, Family, Kin and Other Supporters Of Choice

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
 <p>Partnership and Co-Production</p>	How do carers, family, kin and other supporters of choice themselves contribute to and support the person with lived experience to partner in the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?		
 <p>Safeguarding, Responsibility and Power</p>	How do carers, family, kin and other supporters of choice value and support the person with lived experience to exercise their agency, autonomy, decision-making power and contribute as needed? How are carers, family, kin and other supporters of choice able to have their own voices heard?		



Carers, Family, Kin and Other Supporters Of Choice

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p>Lived Experience Involvement, Expertise and Leadership</p> 	<p>How are carers, family, kin and other supporters of choice encouraged and supported to assist the person they support to use their lived experience for change and contribute to systems, structures, policies, processes, practices, programs and services?</p> <p>How are carers, family, kin and other supporters of choice themselves informed about opportunities to use their lived experience for change?</p>		
<p>Transformative Workforces and Practices</p> 	<p>How are carers, family, kin and other supporters of choice partnered with and encouraged to contribute to systems, structures, policies, processes, practices, programs and services that are delivered on or implemented by competent, high-quality, safe and supported workforces that value lived experience?</p>		
<p>Innovation and Continuous Improvement</p> 	<p>How do carers, family, kin and other supporters of choice themselves access and support the person with lived experience to access, opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>		

Thinking About Roles and Responsibilities for the Lived Experience (Peer) Workforces



The lived experience (peer) workforces are a unique and separate discipline that offers a valuable contribution to the mental health and social sectors. As its own discipline, lived experience work has distinct values, principles, and theories that define lived experience work and the way it is practised. They use their own lived experience to inform their practice and amplify the voice and contributions of people with lived experience to inform governance processes.

Name of organisation:

Date tool being completed and by whom:






Lived Experience (Peer) Workforces

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
 <p>Partnership and Co-Production</p>	<p>How do the lived experience (peer) workforces partner in the co-planning, co-design, co-delivery and co-evaluation of the systems, structures, policies, processes, practices, programs and services that they are part of?</p>		
 <p>Safeguarding, Responsibility and Power</p>	<p>How do the lived experience (peer) workforces contribute to decision-making and exercise their own agency and autonomy?</p>		



Lived Experience (Peer) Workforces

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p>Lived Experience Involvement, Expertise and Leadership</p> 	<p>How do the lived experience (peer) workforces take up opportunities to use their own lived experience in leadership and governance structures?</p>		
<p>Transformative Workforces and Practices</p> 	<p>How do the lived experience (peer) workforces use their lived experience to deliver competent, high quality and safe systems, structures, policies, processes, practices, programs and services?</p> <p>How do lived experience (peer) workforces engage in professional learning that contributes to building capability and capacity?</p>		
<p>Innovation and Continuous Improvement</p> 	<p>How do the lived experience (peer) workforces use their lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>		

Thinking About Roles and Responsibilities for the Non-Lived Experience (Peer) Workforces (Clinical/Practice And Other)

Other workforces involved in governance, policy-making and the delivery of care, programs and services may comprise clinicians, support workers, community workers, policy and program/project managers, human resource staff and other frontline staff. As allies they are essential to ensuring systems, structures, policies, processes, practices, programs and services are person-directed or led and co-produced with people with lived experience.

Name of organisation: _____

Date tool being completed and by whom: _____





Non-Lived Experience (Peer) Workforces (Clinical/Practice and Other)

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
 Partnership and Co-Production	<p>How do non-lived experience (peer) workforces themselves contribute to and partner with and support people with lived experience to contribute to the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>		
 Safeguarding, Responsibility and Power	<p>How do non-lived experience (peer) workforces value and support people with lived experience to exercise their agency, autonomy and decision-making power?</p>		



Non-Lived Experience (Peer) Workforces (Clinical/Practice and Other)

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p>Lived Experience Involvement, Expertise and Leadership</p> 	<p>How do non-lived experience (peer) workforces encourage and support people with lived experience expertise to use it in leadership and governance structures?</p>		
<p>Transformative Workforces and Practices</p> 	<p>How do non-lived experience (peer) workforces value the lived experience (peer) workforces and deliver competent, high quality and safe systems, structures, policies, processes, practices, programs and services that value lived experience?</p>		
<p>Innovation and Continuous Improvement</p> 	<p>How do non-lived experience (peer) workforces contribute to innovation and continuous improvement processes and support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>		

Thinking About Roles and Responsibilities for Management and Executive


Managers and people in executive roles are responsible for providing leadership to operationalise the strategic direction of an organisation or implementation of policy and practice standards. They also hold responsibility for ensuring operational processes are implemented that support staff to deliver safe, effective and high-quality care, services and programs that centre the rights, needs, preferences, autonomy and decision-making power of people with lived experience, as well as their inclusion in governance and decision-making processes.

Name of organisation:

Date tool being completed and by whom:






Management and Executive

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
 <p>Partnership and Co-Production</p>	<p>How do management and executive ensure operational processes support people with lived experience to contribute to the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?</p>		
 <p>Safeguarding, Responsibility and Power</p>	<p>How do management and executive ensure operational processes value and support people to exercise their agency, autonomy and decision-making power?</p>		



Management and Executive

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p>Lived Experience Involvement, Expertise and Leadership</p> 	<p>How do management and executive ensure operational processes support people with lived experience expertise to be embedded in leadership and governance structures?</p>		
<p>Transformative Workforces and Practices</p> 	<p>How do management and executive ensure operational processes support workforces to provide competent, high quality and safe systems, structures, policies, processes, practices, programs and services; including valuing and enabling the lived experience (peer) workforces to use their lived experience effectively?</p> <p>How do management and executive appropriately fund lived experience (peer) workforces and ensure funding allocation is representative of need?</p>		
<p>Innovation and Continuous Improvement</p> 	<p>How do management and executive ensure operational processes support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>		

Thinking About Roles and Responsibilities for Governing Bodies

Governance bodies such as Boards and Committees of Management have overarching responsibility for the strategic direction of an organisation or entity, including the oversight and monitoring of the quality, safety and effectiveness of their systems, structures, policies, processes, practices, programs and services. As detailed in their constitution, strategic plan or other governing documentation they must ensure the services and programs delivered within the organisation are safe and of high quality, aligning with accreditation standards and legislation where relevant and the rights, needs, preferences, autonomy and decision-making power of people with lived experience.

 Name of organisation:

 Date tool being completed and by whom:





Governing Bodies

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
 Partnership and Co-Production	How do governing bodies oversee the development of strategic priorities that support people with lived experience to contribute to the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?		
 Safeguarding, Responsibility and Power	How do governing bodies oversee the development of strategic priorities that value and support people to exercise their agency, autonomy and decision-making power?		




Governing Bodies

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p>Lived Experience Involvement, Expertise and Leadership</p> 	<p>How do governing bodies oversee the development of strategic priorities that embed lived experience expertise in leadership and governance structures?</p>		
<p>Transformative Workforces and Practices</p> 	<p>How do governing bodies oversee the development of strategic priorities that ensure workforces provide competent, high quality and safe systems, structures, policies, processes, practices, programs and services that value and embed lived experience?</p> <p>How do governing bodies invest in structures that embed the voice, influence and leadership of people with lived experience and build their capability to do so effectively?</p> <p>How do governing bodies set a narrative around the lived experience (peer) workforce to ensure it is strategically embedded in to systems, structures, policies, processes, practices, programs, services and operational models?</p>		



Governing Bodies

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p data-bbox="116 279 212 454">Innovation and Continuous Improvement</p> 	<p data-bbox="257 279 716 502">How do governing bodies oversee the development of strategic priorities that support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>		

Thinking About Roles and Responsibilities for the Commissioning and Funding Bodies

Commissioning and funding bodies often set the governance parameters, policy framework or standards for the organisations and programs that they fund. They can influence the development and implementation of organisational governance processes and have a responsibility to ensure the rights, needs, preferences, autonomy and decision-making power of people are enabled, as well as their inclusion in governance and decision-making processes. They should also do this within their own systems, structures, policies, processes, practices, programs and services.




Name of organisation:

Date tool being completed and by whom:

Commissioning and Funding Bodies

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
 Partnership and Co-Production	How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to partner with people with lived experience in the co-planning, co-design, co-delivery and co-evaluation of systems, structures, policies, processes, practices, programs and services?	 	
 Safeguarding, Responsibility and Power	How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients that support people to exercise their agency, autonomy and decision-making power?	 	

Commissioning and Funding Bodies

Domain	Reflection Questions	Current Situation	Actions to Strengthen this Area
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Lived Experience Involvement, Expertise and Leadership</p> 	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to embed lived experience expertise in leadership and governance structures?</p> <p>How do commissioning and funding bodies set targets for the ratio of frontline and leadership lived experience (peer) roles throughout tender processes for all types of work, not just service delivery?</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Transformative Workforces and Practices</p> 	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to develop and implement governance processes that ensure workforces provide competent, high quality and safe systems, structures, policies, processes, practices, programs and services that value and embed lived experience?</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Innovation and Continuous Improvement</p> 	<p>How do commissioning and funding bodies establish and maintain contractual requirements for funding recipients to develop and implement governance processes that support people with lived experience to access opportunities to provide feedback on, improve and refine systems, structures, policies, processes, practices, programs and services?</p>		



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Lived
Experience
Engagement
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National Mental Health
Consumer & Carer Forum

Lived Experience Governance Audit and Action Planning Tool

3

Tool Three of a Toolkit to Authentically
Embed Lived Experience Governance

Centring People, Identity and Human
Rights for the Benefit of All

Prepared by



July 2023



Lived Experience Governance Audit and Action Planning Tool

The Lived Experience Audit and Action Planning Tool has been designed to support the implementation of the Lived Experience Governance Framework (the Framework). It will assist people and organisations to assess where they are currently placed in implementing the key areas of focus required to develop and maintain high-quality organisational performance that centres and values the experiences, insights, perspectives and contributions of people interacting with or being supported by systems, structures, policies, processes, practices, programs and services.

This is a point-in-time Likert scale audit that assists in identifying strengths and areas for improvement. The tool may be undertaken as a once-off snapshot or may be repeated regularly to assess change over time.

Following the audit there is an opportunity to examine results and then identify actions that will move you closer to embedding the key attributes across the domains and implementing them well.

The five domains of lived experience governance are addressed in the Lived Experience Governance Audit and Action Planning Tool. Additional action plan templates are included for the enablers and accountability elements of the Framework.

Who the Tool is For

The Lived Experience Governance Audit and Action Planning Tool can be completed by:

- People and teams within organisations that wish to assess point-in-time progress against the domains of the Framework. This may include people with lived experience, both in designated or non-designated work or advocacy roles and non-lived experience workforces (Clinical/Practice and other).
- Management and executive and governing bodies of organisations that wish to assess point-in-time progress against the domains of the Framework.
- Commissioning and funding bodies that wish to assess point-in-time progress against the domains of lived experience governance for their own programs and organisations or the ones they fund.

Instructions for Use

Domains may be audited individually or collectively.

In the Audit Rubric tables that follow are statements that articulate what can be currently experienced and seen in governance systems and processes across each domain. Refer to these statements and rate whether they are absent (0), rarely (1), sometimes (2), frequently (3) or always (4) experienced and seen in your organisation.

For each domain, total the scores out of 28 and look at the Interpreting Your Results table.

Use the Interpreting Your Results table to explore what this means for your organisational systems, structures, policies, processes, practices, programs and services.

The key attributes that follow can be used as a guide to inform the development of an action plan for and across the domains. Use the templates provided to develop the 'Action Plan' to improve organisational performance.

Review and repeat the audit annually or as required to assess performance and monitor progress.

Scores for each domain and across repeated audits can be collated on the Summary Results Sheet and Monitoring Your Progress Over Time pages of the tool which can be found on pages 6-8.

The links below can be clicked to go directly to a particular domain.



Domain 1
Partnership and Co-Production



Domain 2
Safeguarding, Responsibility and Power



Domain 3
Lived Experience Involvement, Expertise and Leadership



Domain 4
Transformative Workforces and Practices



Domain 5
Innovation and Continuous Improvement

Example Scenarios for How the Audit and Action Planning Tool May be Used

Whole-of-Organisation Audit

The management and/or executive of an organisation has decided to conduct an organisation-wide audit to see how well their organisation is currently embedding lived experience governance across their systems, structures, policies, processes, practices, programs and services.

An online form¹ is developed using the questions from the audit template. All members of the staff, executive team and board are sent the online form and asked to individually rate organisational performance against each of the five domains. Each domain audit may take 5-10 minutes to complete. Once submitted, the results are collated and the average scores for each domain are calculated. Results may be examined by workforce role if desired.

Twenty-seven members of the staff, executive team and board completed the audit. The following table shows the average scores for each domain.

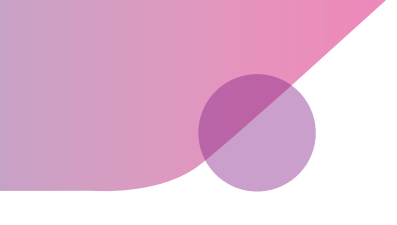
Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	19/28	Performing
Domain 2: Safeguarding, Responsibility and Power	5/28	Limited
Domain 3: Lived Experience Involvement, Expertise and Leadership	16/28	Performing
Domain 4: Transformative Workforces and Practice	12/28	Developing
Domain 5: Innovation and Continuous Improvement	10/28	Developing
	68/140	Developing

The executive team agree to come together to collectively explore and discuss the areas that are indicated as being achieved and other areas that could be improved.

Workshop sessions are held with staff to share and work through the results collectively. Participants discuss and identify shared understandings of strengths and gaps. These discussions may be facilitated by an external person if desired.

The executive team then work together to identify and agree upon priority outcomes across the domains, practical actions that can be taken, people responsible and possible timeframes. These actions are documented in the 'Action Plan' template provided.

¹ An online form can be easily created using Google Forms or SurveyMonkey. If this is not feasible, a fillable pdf version of the audit templates can be sent to each person.



In the first instance, the executive team identifies domains 1 and 3 as priorities, as they are the strongest areas and there are clear foundations that can be built upon. Domain 2 requires the most work, and a sub-committee of the board and key organisational leaders decide to look at that domain as a priority.

The executive agrees to meet quarterly to share their experience and progress. They agree to repeat the Lived Experience Audit and Action Planning Tool in a year to assess progress and identify if there have been any significant shifts within the domains and their efforts to embed lived experience governance across the organisation.

Personal and Group Reflection

A group of people with lived experience within an organisation have decided to complete an audit to see how well their organisation is currently embedding lived experience governance across their systems, structures, policies, processes, practices, programs and services.

The group decide to work on one domain each month until it is completed. All group members individually rate organisational performance against each of the five domains. They document their individual assessments and results in the audit form and agree to come together to collectively explore and discuss the areas they indicate as being strong and other areas that could be improved.

As partnerships are at the heart of everything they do, the group decides to start with domain 1, Partnership and Co-Production. They agree to extend their next meeting by 1-hr to share and work through their reflections. They bring along their individual results and identify shared understandings of strengths and gaps within that domain.

Adopting a strengths-based and proactive approach, the group identifies ways they are able to influence and adapt their ways of working to increase the score in this domain. They also explore steps they can take to raise awareness of the opportunities with other key people across the organisation.

The group repeats this process monthly for each of the remaining domains as part of the groups continuous improvement processes. They agree to repeat the Lived Experience Audit and Action Planning Tool in a year to assess progress and identify if there have been any significant shifts within the domains and their efforts to embed lived experience governance across the organisation.

Summary Results Sheet

Use the tables below to capture your results for each domain and for the audit tool overall. The ranking for Overall Rating column can be determined by looking at the Interpreting Your Results table which follows. Use the drop-down menus to select your rating [choose an item].

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Interpreting Your Results

Domain Score	Total Score	Overall Rating	Meaning
0	1-28	Absent	Key attributes are absent or hardly ever present
1-7	29-56	Limited	Key attributes are rarely present
8-14	57-84	Developing	Key attributes are sometimes present
15-21	85-112	Performing	Key attributes are frequently present
22-28	113-140	High Performing	Key attributes are almost always present

Monitoring Your Progress Over Time

Use the tables below to record results from repeated audits and monitor progress over time.

Audit 1 Undertaken:

Enter Date

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Audit 2 Undertaken:

Enter Date

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Audit 3 Undertaken:

Enter Date

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Audit 4 Undertaken:

Enter Date

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Audit 5 Undertaken:

Enter Date

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Audit 6 Undertaken:

Enter Date

Domains	Your Score	Overall Rating
Domain 1: Partnership and Co-Production	/28	
Domain 2: Safeguarding, Responsibility and Power	/28	
Domain 3: Lived Experience Involvement, Expertise and Leadership	/28	
Domain 4: Transformative Workforces and Practice	/28	
Domain 5: Innovation and Continuous Improvement	/28	
	/140	

Domain 1: Partnership and Co-Production Audit Rubric

Name of organisation:

Is the audit organisation-wide or policy, process, practice, program or service specific? Name

Date tool being completed and by whom:

the specific focus here:

What Is Experienced And Seen In Governance Systems And Processes For Domain 1

	Absent Never experienced and seen (0)	Limited Rarely experienced and seen (1)	Developing Sometimes experienced and seen (2)	Developed Frequently experienced and seen (3)	Advanced Always experienced and seen (4)	Total (add rows)
Prioritised and Embedded - Strategic directions and priorities embed centring and amplifying the perspectives, voices and contributions of people with lived experience in the co-production of structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
Adequate Resourcing - Adequate resourcing (e.g. time, financial and other) for partnership and co-production, including making sense of issues and possible solutions together and co-commissioning to allow for (re)design, transformation and continuous improvement informed by participatory and inclusive methodologies.	=0	=1	=2	=3	=4	/4
Two-way Communication Pathways - Open, visible and two-way communication pathways between people with different roles, knowledge, expertise, responsibility and authority support and enable partnership, co-planning, co-design, co-delivery/implementation and co-evaluation of structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
Relational, not Transactional - Structures, policies, processes, practices, programs and services embed relational rather than transactional interactions and methods. Meaningful connections that are authentic, inclusive, culturally responsive, mutually beneficial, structure safety and are nurtured over time are prioritised.	=0	=1	=2	=3	=4	/4
Person-Defined Impacts - People interacting with or being supported by an organisation have opportunities to determine the value and impact of initiatives, and this information is used as a measure of safety, quality and outcomes for evaluation, reporting and funding purposes.	=0	=1	=2	=3	=4	/4
Lived Experience-Initiated Opportunities - Mechanisms are available for lived experience-initiated partnership and co-production opportunities that involves both new and frequent contributors with a range of different experiences and relationships to the organisation, program or service.	=0	=1	=2	=3	=4	/4
Co-produced Performance Measures - Commissioning processes and reporting examine performance against system-wide co-created quality measures for partnership and co-production activity, outputs and outcomes.	=0	=1	=2	=3	=4	/4

/28

Interpreting Your Results

Your Domain 1 Score

/28

Domain Score	Total Score	Overall Rating	Meaning
0	1-28	Absent	Key attributes are absent or hardly ever present
1-7	29-56	Limited	Key attributes are rarely present
8-14	57-84	Developing	Key attributes are sometimes present
15-21	85-112	Performing	Key attributes are frequently present
22-28	113-140	High Performing	Key attributes are almost always present



Domain 1:
Partnership and
Co-Production

Key attributes of Domain 1 and what it means to implement partnership and co-production well

People with lived experience, including the lived experience (peer) workforces, feel heard, valued, supported, and their roles are understood and able to be leveraged within and across structures, policies, processes, practices, programs and services.

People with lived experience have real decision-making influence through access to opportunities to strengthen capacity, skills, experience and confidence. They are able to exercise their power and see the results of that.

Lived experience expertise is approached with openness and willingness to strengthen understanding of people's experiences, rights, needs and preferences as a step towards forming trusting partnerships that benefit all.

Partnerships operate in an inclusive, safe and responsive way, ensuring that people with the most relevant forms of lived experience are influencing and co-producing structures, policies, processes, practices, programs and services to meet their needs.

People with diverse and intersectional experiences, particularly Aboriginal and Torres Strait Islander peoples, are able to influence and co-produce programs to meet their needs and experience environments that are culturally, spiritually, physically, emotionally and socially safe.

When partnering with Aboriginal and Torres Strait Islander peoples, co-production honours and preferences their ways of knowing, being and doing.

People are trusted to have capacity to understand, make and act upon decisions alongside efforts to honour, support and strengthen this capacity at all levels of governance and structures, policies, processes, practices, programs and services.

There are meaningful opportunities to receive, provide, deny and remove consent provided for any and all aspects of treatment and involvement in partnership activities without fear of restraint, retaliation, coercion, discrimination or reputational damage. Relevant details and alternatives are thoroughly and meaningfully explained with a communication style appropriate for relevant parties.

Formalised partnerships are in place between people and organisations across relevant interest areas with active communication, collaboration and contribution to allow for representation of their rights, needs, preferences and priorities.

Partnerships are sustained through regular networking opportunities between local people, groups and organisations without the express purpose of contributing to any one specific policy, program or service initiative.

Program commissioning and funding is dependant and evaluated on an ability to centre partnership and co-production approaches. This includes adequate resourcing for these methods and the appropriate remuneration of people with lived experience and relevant representatives, including organisations, where this may not be part of their core business, role or function.

Evaluation is based upon measures of success defined and agreed upon by the people interacting with or being supported by the structures, policies, processes, practices, programs and services rather than externally determined measures derived without input of people with lived experience.

Domain 1: Partnership and Co-Production Action Plan Template

Name of organisation: _____

Is the action plan organisation-wide or policy, process, practice, program or service specific? Name the specific focus here: _____

Date tool being completed and by whom: _____

Goals for Domain 1	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
<p>Prioritised and Embedded - Strategic directions and priorities embed centring and amplifying the perspectives, voices and contributions of people with lived experience in the co-production of structures, policies, processes, practices, programs and services.</p>				
<p>Adequate Resourcing - Adequate resourcing (e.g. time, financial and other) for partnership and co-production, including making sense of issues and possible solutions together and co-commissioning to allow for (re) design, transformation and continuous improvement informed by participatory and inclusive methodologies.</p>				
<p>Two-way Communication Pathways - Open, visible and two-way communication pathways between people with different roles, knowledge, expertise, responsibility and authority support and enable partnership, co-planning, co-design, co-delivery/ implementation and co-evaluation of structures, policies, processes, practices, programs and services.</p>				

Goals for Domain 1

Actions (short, medium, and long term)

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

Goals for Domain 1	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
<p>Relational not Transactional - Structures, policies, processes, practices, programs and services embed relational rather than transactional interactions and methods. Meaningful connections that are authentic, inclusive, culturally responsive, mutually beneficial, structure safety and are nurtured over time are prioritised.</p>				
<p>Person-Defined Impacts - People interacting with or being supported by an organisation have opportunities to determine the value and impact of initiatives, and this information is used as a measure of safety, quality and outcomes for evaluation, reporting and funding purposes.</p>				
<p>Lived Experience-Initiated Opportunities - Mechanisms are available for lived experience-initiated partnership and co-production opportunities that involves both new and frequent contributors with a range of different experiences and relationships to the organisation, program or service.</p>				
<p>Co-produced Performance Measures - Commissioning processes and reporting examine performance against system-wide co-created quality measures for partnership and co-production activity, outputs and outcomes.</p>				

Domain 2: Safeguarding, Responsibility and Power Audit Rubric

Name of organisation:

Is the audit organisation-wide or policy, process, practice, program or service specific? Name

Date tool being completed and by whom:

the specific focus here:

What Is Experienced And Seen In Governance Systems And Processes For Domain 2

	Absent Never experienced and seen (0)	Limited Rarely experienced and seen (1)	Developing Sometimes experienced and seen (2)	Developed Frequently experienced and seen (3)	Advanced Always experienced and seen (4)	Total (add rows)
Rights are Upheld - Rights of people interacting with or being supported by structures, policies, processes, practices, programs and services are known, understood, promoted and upheld. People are able to openly express themselves, their hopes, needs and preferences without fear of force, coercion, restriction or detainment.	=0	=1	=2	=3	=4	/4
Dignity of Risk - People holding power and responsibility over their own experiences and lives, which may include making less than ideal or recommended choices, is accepted as providing the best approach for recovery, healing and growth to be fostered rather than a potential risk that must be managed.	=0	=1	=2	=3	=4	/4
Responsibility To, Not For or Over - Structures, policies, processes, practices, programs and services centre and demonstrate a 'responsible to people' framing and ethic that is inclusive of an actioned commitment to eliminate coercive and restrictive practices.	=0	=1	=2	=3	=4	/4
Decision-Making Transparency - There is transparency and clear articulation of who has the ability to make which decisions, as well as why and how those parameters have been set. Opportunities are provided for people to progressively influence decisions at different levels within and across structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
Redistribution of Power - Structures, policies, processes, practices, programs and services actively work towards equitable distribution and sharing of power with those most impacted by the issue or decision being made and with consideration for the layers of diverse and intersectional experiences they may have. This includes improved understanding of different levels of access to power, impact on people's experience and a redistribution of power from those that have traditionally held it.	=0	=1	=2	=3	=4	/4
Capacity to Exercise Power - People with lived experience are able to develop and exercise their own power to be better equipped to influence and make decisions, as well as see the result of their input.	=0	=1	=2	=3	=4	/4
Measures that Matter - Visible and highly valued measures and targets regarding people's experiences of safety, autonomy and justice are benchmarked and reported.	=0	=1	=2	=3	=4	/4

/28

Interpreting Your Results

Your Domain 2 Score

/28

Domain Score	Total Score	Overall Rating	Meaning
0	1-28	Absent	Key attributes are absent or hardly ever present
1-7	29-56	Limited	Key attributes are rarely present
8-14	57-84	Developing	Key attributes are sometimes present
15-21	85-112	Performing	Key attributes are frequently present
22-28	113-140	High Performing	Key attributes are almost always present



Domain 2:
Safeguarding,
Responsibility and
Power

Key attributes of Domain 2 and what it means to implement safeguarding, responsibility and power well

Organisations have a commitment towards strength-based approaches and enable people to exercise their autonomy and power.

All decisions and actions centre and affirm human rights, dignity, choice and control.

There is proactive education and strict adherence to, championing of and commitment to embed the rights of people at all levels of interaction and decision-making.

People feel respected, valued and empowered. They see themselves, their rights, needs and preferences represented in the systems, structures, policies, processes, practices, programs and services.

Aboriginal and Torres Strait Islander peoples have access to and exercise power to define their individual and communities' experience, needs and preferences, and this is reflected in systems, structures, policies, processes, practices, programs and services.

Supported decision-making is given primacy. People's ability to make decisions and have these decisions respected, without use of manipulation or force, are documented and enabled by systems, structures, policies, processes, practices, programs and services.

People are supported to exert their autonomy and dignity of risk is embraced through a harm minimisation lens so that agency, empowerment and self-determination are fostered.

Organisations and governance bodies demonstrate that lived experience expertise is valued and holds weight against other evidence and knowledge bases, information and power is shared, and people's voices are heard and influence decision-making.

Pathways to access different levels of decision-making power within systems, structures, policies, processes, practices, programs and services are visible, maintained and protected. People who access these pathways are supported to build capability and capacity and not have their dignity, rights or expertise undermined.

People with lived experience and those that interact with or are supported by systems, structures, policies, processes, practices, programs and services are embedded in existing safeguarding processes, such as complaints pathways, accreditation audits and so on.

Governance and commissioning bodies adopt 'Safeguarding, Responsibility and Power' principles and actions, and ensure accountability mechanisms are part of commissioning, funding and reporting processes.

Domain 2 Safeguarding, Responsibility and Power Action Plan Template

Name of organisation: _____

Is the action plan organisation-wide or policy, process, practice, program or service specific? Name the specific focus here: _____

Date tool being completed and by whom: _____

Actions (short, medium, and long term)

Goals for Domain 2:

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

<p>Rights are Upheld - Rights of people interacting with or being supported by structures, policies, processes, practices, programs and services are known, understood, promoted and upheld. People are able to openly express themselves, their hopes, needs and preferences without fear of force, coercion, restriction or detention.</p>				
<p>Dignity of Risk - People holding power and responsibility over their own experiences and lives, which may include making less than ideal or recommended choices, is accepted as providing the best approach for recovery, healing and growth to be fostered rather than a potential risk that must be managed.</p>				
<p>Responsibility To, Not For or Over - Structures, policies, processes, practices, programs and services centre and demonstrate a 'responsible to people' framing and ethic that is inclusive of an actioned commitment to eliminate coercive and restrictive practices.</p>				

Goals for Domain 2:

Actions (short, medium, and long term)

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

<p>Decision-Making Transparency – There is transparency and clear articulation of who has the ability to make which decisions, as well as why and how those parameters have been set. Opportunities are provided for people to progressively influence decisions at different levels within and across structures, policies, processes, practices, programs and services.</p>				
<p>Redistribution of Power - Structures, policies, processes, practices, programs and services actively work towards equitable distribution and sharing of power with those most impacted by the issue or decision being made and with consideration for the layers of diverse and intersectional experiences they may have. This includes improved understanding of different levels of access to power, impact on people’s experience and a redistribution of power from those that have traditionally held it.</p>				
<p>Capacity to Exercise Power - People with lived experience are able to develop and exercise their own power to be better equipped to influence and make decisions, as well as see the result of their input.</p>				
<p>Measures that Matter - Visible and highly valued measures and targets regarding people’s experiences of safety, autonomy and justice are benchmarked and reported.</p>				

Domain 3: Lived Experience Involvement, Expertise and Leadership Audit Rubric

Name of organisation:

Is the audit organisation-wide or policy, process, practice, program or service specific? Name

Date tool being completed and by whom:

the specific focus here:

What Is Experienced And Seen In Governance Systems And Processes For Domain 3

	Absent Never experienced and seen (0)	Limited Rarely experienced and seen (1)	Developing Sometimes experienced and seen (2)	Developed Frequently experienced and seen (3)	Advanced Always experienced and seen (4)	Total (add rows)
Strategic Recognition and Action - Strategic direction ensures lived experience expertise and leadership is recognised as a vital form of expertise and is sought out in planning, design, implementation, evaluation and decision-making processes, across a range of roles and structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
Opportunities and Integration - Lived experience involvement, expertise and leadership are embraced. This includes opportunities for capacity building, role progression and full integration of people with lived experience across structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
All Levels, in Diverse Roles - Lived experience leaders hold a diversity of roles across the decision-making hierarchy and have equivalent decision-making authority, recognition and remuneration to those within non-lived experience roles at the same level.	=0	=1	=2	=3	=4	/4
Presence and Authority - Human and other resourcing ensures there is a notable presence of lived experience leaders with decision-making authority at leadership and governance levels within structures, policies, processes, practices, programs and services, including in funding and commissioning. This includes robust policies and procedures to define role, responsibility, scope of practice and organisational commitment to employee social and emotional wellbeing for all people.	=0	=1	=2	=3	=4	/4
Resourced to Leverage - People with lived experience are resourced and supported to leverage their lived experience as expertise in personal, professional and socio-political spaces, including as leaders across systems or sectors they intersect with where they are not bound or limited by their role or jurisdiction.	=0	=1	=2	=3	=4	/4
Lived Experience-led Change - Lived experience-led spaces are created that enable lived experience leaders to authentically create and lead change within, across and beyond structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
Critical Reflection - People with lived experience in non-designated roles are supported to reflect on how they make sense of and may draw on their experiences. This requires clear recognition of the difference between having lived experience and the contrast of being employed primarily for one's lived experience expertise and the unique skillset and practice experience required to show up, centre and continue to live it within designated roles.	=0	=1	=2	=3	=4	/4

/28

Interpreting Your Results

Your Domain 3 Score

/28

Domain Score	Total Score	Overall Rating	Meaning
0	1-28	Absent	Key attributes are absent or hardly ever present
1-7	29-56	Limited	Key attributes are rarely present
8-14	57-84	Developing	Key attributes are sometimes present
15-21	85-112	Performing	Key attributes are frequently present
22-28	113-140	High Performing	Key attributes are almost always present



Domain 3:
Lived Experience
Involvement,
Expertise and
Leadership

Key attributes of Domain 3 and what it means to implement lived experience involvement, expertise and leadership well

Lived experience expertise is recognised as a form of knowledge and evidence in its own right and stands equally alongside other expertise and ways of knowing.

Organisations and boards share power and provide real opportunities for people with lived experience, their expertise and leadership to influence decisions and outcomes.

There is ongoing investment into development of workplace supports and career pathways for lived experience (peer) workforces to ensure they remain viable, sustainable and effective.

Lived experience expertise appropriate to the role held by, or within the scope of practice of, the lived experience (peer) workforces, is easily accessed.

The unique intersectional lived experience expertise and leadership of Aboriginal and Torres Strait Islander peoples and other diverse and marginalised groups is valued, sought and embedded within governance and structures, policies, processes,

practices, programs and services, including through designated cultural peer roles.

People in designated lived experience roles are actively supported to develop their capability and capacity to lead and have influence at all levels of organisations, governance and system change endeavours.

There is a meaningful prevalence of lived experience designated roles with decision-making authority that allows for advocacy, change and innovation to be spearheaded by lived experience leaders.

There is increased development, resourcing, implementation and visibility of lived experience-led initiatives across structures, policies, processes, practices, programs and services.

Lived experience leaders in governance and decision-making roles is strengthened by policy and seen as a funding requirement by commissioning and accreditation bodies.

Domain 3: Lived Experience Involvement, Expertise and Leadership Action Plan Template

Name of organisation: _____ Is the action plan organisation-wide or policy, process, practice, program or service specific? Name the specific focus here: _____

Date tool being completed and by whom: _____

Goals for Domain 3	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
<p>Strategic Recognition and Action - Strategic direction ensures lived experience expertise and leadership is recognised as a vital form of expertise and is sought out in planning, design, implementation, evaluation and decision-making processes, across a range of roles and structures, policies, processes, practices, programs and services.</p>				
<p>Opportunities and Integration - Lived experience involvement, expertise and leadership are embraced. This includes opportunities for capacity building, role progression and full integration of people with lived experience across structures, policies, processes, practices, programs and services.</p>				
<p>All Levels, in Diverse Roles - Lived experience leaders hold a diversity of roles across the decision-making hierarchy and have equivalent decision-making authority, recognition and remuneration to those within non-lived experience roles at the same level.</p>				

Goals for Domain 3

Actions (short, medium, and long term)

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

<p>Presence and Authority - Human and other resourcing ensures there is a notable presence of lived experience leaders with decision-making authority at leadership and governance levels within structures, policies, processes, practices, programs and services, including in funding and commissioning. This includes robust policies and procedures to define role, responsibility, scope of practice and organisational commitment to employee social and emotional wellbeing for all people.</p>				
<p>Resourced to Leverage - People with lived experience are resourced and supported to leverage their lived experience as expertise in personal, professional and socio-political spaces, including as leaders across systems or sectors they intersect with where they are not bound or limited by their role or jurisdiction.</p>				
<p>Lived Experience-led Change - Lived experience-led spaces are created that enable lived experience leaders to authentically create and lead change within, across and beyond structures, policies, processes, practices, programs and services.</p>				
<p>Critical Reflection - People with lived experience in non-designated roles are supported to reflect on how they make sense of and may draw on their experiences. This requires clear recognition of the difference between having lived experience and the contrast of being employed primarily for one's lived experience expertise and the unique skillset and practice experience required to show up, centre and continue to live it within designated roles.</p>				

Domain 4: Transformative Workforces and Practices Audit Rubric

Name of organisation:

Is the audit organisation-wide or policy, process, practice, program or service specific? Name

Date tool being completed and by whom:

the specific focus here:

What Is Experienced And Seen In Governance Systems And Processes For Domain 4

	Absent Never experienced and seen (0)	Limited Rarely experienced and seen (1)	Developing Sometimes experienced and seen (2)	Developed Frequently experienced and seen (3)	Advanced Always experienced and seen (4)	Total (add rows)
Person-directed and -led - Workforces actively centre, prioritise and respond to the rights, needs and preferences of people interacting with or being supported by structures, policies, processes, practices, programs and services, as well as their family/carers, supporters of choice and communities.	=0	=1	=2	=3	=4	/4
Organisational Commitment to Adopt and Align - Commitment to align structures, policies, processes, practices, programs and services with implementation of The National Lived Experience (Peer) Workforce Development Guidelines and National Mental Health Workforce Strategy (once finalised).	=0	=1	=2	=3	=4	/4
Shared Understanding - Interprofessional collaboration, communication and ongoing education and professional development opportunities for all workforces ensure understanding and utilisation of the different skills, expertise, knowledge base, values and responsibilities held by the various workforces.	=0	=1	=2	=3	=4	/4
Shared Responsibility - All workforces understand, create space for and enable lived experience to be integrated, utilised and able to have the impact it can.	=0	=1	=2	=3	=4	/4
Role Clarity - Clear scopes of practice, practice frameworks and decision-making guidelines assist with the understanding of role clarity, responsibilities, skills and knowledge base of each workforce to better enable communication, collaboration and practices best aligned with rights-based and person-led approaches.	=0	=1	=2	=3	=4	/4
Self-determining - The lived experience (peer) workforces and people interacting with or being supported by structures, policies, processes, practices, programs and services are self-determining, meaning they have agency, hold power and have capacity to transform governance structures and decision-making processes. There is a clear commitment to and demonstrated allyship for Aboriginal and Torres Strait Islander self-determination.	=0	=1	=2	=3	=4	/4
Allyship - Structures, policies, processes, practices, programs and services support lived experience allyship, whereby people within other workforces, different roles and perspectives draw on, enable and amplify the skills and strengths of people with lived experience, lived experience expertise and leadership.	=0	=1	=2	=3	=4	/4

/28

Interpreting Your Results

Your Domain 4 Score

/28

Domain Score	Total Score	Overall Rating	Meaning
0	1-28	Absent	Key attributes are absent or hardly ever present
1-7	29-56	Limited	Key attributes are rarely present
8-14	57-84	Developing	Key attributes are sometimes present
15-21	85-112	Performing	Key attributes are frequently present
22-28	113-140	High Performing	Key attributes are almost always present



Domain 4:
Transformative
Workforces and
Practices

Key attributes of Domain 4 and what it means to implement transformative workforces and practices well

People interacting with or being supported by structures, policies, processes, practices, programs and services feel respected, valued and empowered. This is because workforces and practices are safe-enough, inclusive and responsive to individuals, particularly those with intersectional experiences and/or more greatly impacted by past and ongoing marginalisation, discrimination, racism, homophobia, transphobia, ablism and sexism.

Workforces are committed to ongoing learning to build cultural capabilities and engage in culturally responsive practices that are person-centred and -led.

Aboriginal and Torres Strait Islander lived experience expertise and leadership within communities and workforces is prioritised in the planning, design, implementation and evaluation of structures, policies, processes, practices, programs and services relevant to them.

Workforces have understanding of and value the roles, skills and expertise held by other workforces, and actively seek out opportunities to collaborate with and make use of their different knowledge bases, skills, roles and perspectives.

Workforces operate within their respective scopes of practice, working together and alongside people interacting with or being supported by structures, policies,

processes, practices, programs and services to support optimal experiences, decision-making and outcomes.

Lived experience, clinical and managerial expertise and their practice are aligned to create stronger and more cohesive structures, policies, processes, practices, programs and services.

Collaboration between lived experience and other workforces will be commonplace, allowing the clinical and non-clinical workforces to be more integrated, efficient and effective.

Commissioning and funding bodies will be able to have confidence in the safety, support and skill level of all workers in the programs and organisations they commission or fund.

Leadership and governing bodies will be able to gain a better perspective on the culture, values and strength of the workforce at any time as the workforce is more communicative and collaborative.

Broader structures and processes related to human resources, commissioning, insurance, accreditation and so on, account for and enable lived experience governance to exist and thrive.

Domain 4: Transformative Workforces and Practices Action Plan Template

Name of organisation: _____

Is the action plan organisation-wide or policy, process, practice, program or service specific? Name the specific focus here: _____

Date tool being completed and by whom: _____

Goals for Domain 4	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
<p>Person-directed and -led - Workforces actively centre, prioritise and respond to the rights, needs and preferences of people interacting with or being supported by structures, policies, processes, practices, programs and services, as well as their family/carers, supporters of choice and communities.</p>				
<p>Organisational Commitment to Adopt and Align - Commitment to align structures, policies, processes, practices, programs and services with implementation of The National Lived Experience (Peer) Workforce Development Guidelines and National Mental Health Workforce Strategy (once finalised).</p>				
<p>Shared Understanding - Interprofessional collaboration, communication and ongoing education and professional development opportunities for all workforces ensure understanding and utilisation of the different skills, expertise, knowledge base, values and responsibilities held by the various workforces.</p>				

Goals for Domain 4

Actions (short, medium, and long term)

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

Goals for Domain 4	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
<p>Shared Responsibility - All workforces understand, create space for and enable lived experience to be integrated, utilised and able to have the impact it can.</p>				
<p>Role Clarity – Clear scopes of practice, practice frameworks and decision-making guidelines assist with the understanding of role clarity, responsibilities, skills and knowledge base of each workforce to better enable communication, collaboration and practices best aligned with rights-based and person-led approaches.</p>				
<p>Self-determining – The lived experience (peer) workforces and people interacting with or being supported by structures, policies, processes, practices, programs and services are self-determining, meaning they have agency, hold power and have capacity to transform governance structures and decision-making processes. There is a clear commitment to and demonstrated allyship for Aboriginal and Torres Strait Islander self-determination.</p>				
<p>Allyship - Structures, policies, processes, practices, programs and services support lived experience allyship, whereby people within other workforces, different roles and perspectives draw on, enable and amplify the skills and strengths of people with lived experience, lived experience expertise and leadership.</p>				

Domain 5: Innovation and Continuous Improvement Audit Rubric

Name of organisation:

Is the audit organisation-wide or policy, process, practice, program or service specific? Name

Date tool being completed and by whom:

the specific focus here:

What Is Experienced And Seen In Governance Systems And Processes For Domain 5

	Absent Never experienced and seen (0)	Limited Rarely experienced and seen (1)	Developing Sometimes experienced and seen (2)	Developed Frequently experienced and seen (3)	Advanced Always experienced and seen (4)	Total (add rows)
Rights-Based - The rights, needs and preferences of people interacting with or being supported by structures, policies, processes, practices, programs and services, are continually understood, upheld, represented and strengthened.	=0	=1	=2	=3	=4	/4
Person-centred Decision-making - Governance, funding and commissioning bodies encourage and centre people in decision-making and operational quality improvement processes.	=0	=1	=2	=3	=4	/4
Lived Experience-led Change - Changes to structures, policies, processes, practices, programs and services are informed by and led by people most impacted by them, with consideration for intersectional experiences and understandings.	=0	=1	=2	=3	=4	/4
Evidence-Informed Improvement - Governance bodies regularly invest in research and participatory methodologies that directly involve people with lived experience to identify opportunities and pathways towards improvement.	=0	=1	=2	=3	=4	/4
Best Practice Development - Ongoing investment in training and development to ensure contemporary best practice across workforces is embedded in structures, policies, processes, practices, programs and services.	=0	=1	=2	=3	=4	/4
Sustained Investment - Sustained investment in examining, revising and strengthening decision-making structures, processes and the tools that guide them, including participatory and culturally responsive methodologies.	=0	=1	=2	=3	=4	/4
Ongoing Innovation and Improvement - The Framework will be tested and modified throughout its implementation to ensure that it is appropriate to the setting and context where it is being adopted and continues to be a piece of work which challenges structures, policies, processes, practices, programs and services to better uphold the rights and facilitate the leadership of people with lived experience.	=0	=1	=2	=3	=4	/4

/28

Interpreting Your Results

Your Domain 5 Score

/28

Domain Score	Total Score	Overall Rating	Meaning
0	1-28	Absent	Key attributes are absent or hardly ever present
1-7	29-56	Limited	Key attributes are rarely present
8-14	57-84	Developing	Key attributes are sometimes present
15-21	85-112	Performing	Key attributes are frequently present
22-28	113-140	High Performing	Key attributes are almost always present



Domain 5:
Innovation and
Continuous
Improvement

Key attributes of Domain 5 and what it means to innovation and continuous improvement well

Human rights is a non-negotiable consideration within safety, quality, continuous improvement and governance systems and processes.

People will see the potential for, and be provided with, opportunities to influence and improve structures, policies, processes, practices, programs and services.

Both bottom-up and top-down change aligned with the rights, needs and preferences of people interacting with, or being supported by structures, policies, processes, practices, programs and services is supported and drawn on to enhance safeguarding and guide quality improvements and innovations.

Innovation and quality improvement processes are culturally responsive and include Aboriginal and Torres Strait Islander understanding and approaches to social and emotional wellbeing.

Workforces are provided with opportunities to train, grow and strengthen their practice informed by all forms of evidence, including lived experience.

Organisations demonstrate how they involve people in their continuous improvement efforts to resolve complaints and feedback.

Feedback and input are regularly sought from people interacting with, being supported by or delivering on structures, policies, processes, practices, programs and services, including through open processes for complaints and redress.

Organisations engage in and proactively seek to develop, implement and disseminate process and practice innovations and research.

Domain 5: Innovation and Continuous Improvement Action Plan Template

Name of organisation: _____ Is the action plan organisation-wide or policy, process, practice, program or service specific? Name the specific focus here: _____

Date tool being completed and by whom: _____

Goals for Domain 5	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
<p>Rights-Based – The rights, needs and preferences of people interacting with or being supported by structures, policies, processes, practices, programs and services, are continually understood, upheld, represented and strengthened.</p>				
<p>Person-centred Decision-making – Governance, funding and commissioning bodies encourage and centre people in decision-making and operational quality improvement processes.</p>				
<p>Lived Experience-led Change – Changes to structures, policies, processes, practices, programs and services are informed by and led by people most impacted by them, with consideration for intersectional experiences and understandings.</p>				

Goals for Domain 5

Actions (short, medium, and long term)

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

<p>Evidence-Informed Improvement – Governance bodies regularly invest in research and participatory methodologies that directly involve people with lived experience to identify opportunities and pathways towards improvement.</p>				
<p>Best Practice Development – Ongoing investment in training and development to ensure contemporary best practice across workforces is embedded in structures, policies, processes, practices, programs and services.</p>				
<p>Sustained Investment – Sustained investment in examining, revising and strengthening decision-making structures, processes and the tools that guide them, including participatory and culturally responsive methodologies.</p>				
<p>Ongoing Innovation and Improvement – The Framework will be tested and modified throughout its implementation to ensure that it is appropriate to the setting and context where it is being adopted and continues to be a piece of work which challenges structures, policies, processes, practices, programs and services to better uphold the rights and facilitate the leadership of people with lived experience.</p>				

Lived Experience Governance Enablers Action Plan Template

Name of organisation: _____

Is the action plan organisation-wide or policy, process, practice, program or service specific? Name

Date tool being completed and by whom: _____

the specific focus here: _____

Goals for Enablers	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
Resourcing				
Budgets and timeframes support lived experience involvement and leadership.				
People with lived experience are appropriately remunerated and provided with the resources and supports they need to participate.				
Business Processes				
Business systems support the representation and leadership of people with lived experience.				
Requirements for lived experience representation and leadership are built into contracts.				
People with lived experience are involved in commissioning processes.				
Priority is given to lived experience-led contractors and agencies.				



Actions (short, medium, and long term)

Goals for Enablers

What actions can be taken to build your maturity in this area?

Timeframe

Responsibility

Status

Capacity Building				
The organisation and non-lived experience workforce understand their readiness, willingness and capability for embedding lived experience.				
The service has a clear purpose and rationale to underpin lived experience governance.				
People with lived experience are supported to contribute to and lead governance approaches.				
Partnerships				
The service develops reciprocal partnerships with lived experience communities.				
Partnerships are resourced adequately.				

Lived Experience Governance Accountability Action Plan Template

Name of organisation: _____

Is the action plan organisation-wide or policy, process, practice, program or service specific? Name the specific focus here: _____

Date tool being completed and by whom: _____

Goals	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
Organisational-level Accountability				
Rights-based policies and procedures informed by people with lived experience, that are regularly reviewed and improved.				
Regular, easy to understand communications.				
It is easy to contact the right person within the service in a timely manner.				
Organisations discuss their strengths and weaknesses openly and provide clear steps for involving people with lived experience in improving what they do.				
Monitoring, evaluation and learning from a lived experience lens.				



Goals	Actions (short, medium, and long term) What actions can be taken to build your maturity in this area?	Timeframe	Responsibility	Status
System-level Accountability				
Open and transparent communication about organisations' own accountability efforts, what they are doing and the opportunities for improvement. Organisations build partnerships with the community and sector, based on mutual listening.				
Key relationships with sector stakeholders are developed, collaboratively sharing what works, and pushing each other to improve.				
Advocacy for lived experience leadership and involvement in system-level change.				



MHLEEN

Mental
Health
Lived
Experience
Engagement
Network



National Mental Health
Consumer & Carer Forum

Resource Recommendations

4

Tool Four of a Toolkit to Authentically
Embed Lived Experience Governance

Centring People, Identity and Human
Rights for the Benefit of All

Prepared by


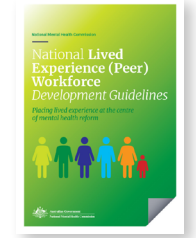


July 2023

Resource Recommendations

This is a list of Resource Recommendations to support the implementation of the Lived Experience Governance Framework (the Framework). The Framework responds to calls from the mental health and other sectors for changes in the way systems are governed to align them more strongly with human rights approaches and to meaningfully embrace lived experience. Whilst not exhaustive, this list provides a foundation to explore the core components

of lived experience governance. It includes links to frameworks, guides, toolkits and other resources to assist people and organisations as they implement the Framework and work to embed the rights, needs, preferences, autonomy and decision-making power of people interacting with or being supported by their systems, structures, policies, processes, practices, programs and services.

Resource	Citation and link	Description	Core	Foundations	Domains					
			Centring Self: People, Identity and Human Rights	LEx Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEx Involvement Expertise and Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
 <p>A Guide for Enabling Lived Experience Involvement and Leadership to Thrive and Have Impact in Your Organisation [Guide]</p>	<p>Hodges, E. & Reid, A. (2021) A guide for enabling lived experience involvement and leadership to thrive and have impact in your organisation, Lived Experience Leadership and Advocacy Network, South Australia</p> <p>https://www.lelan.org.au/wp-content/uploads/2023/01/Resource_Enabling-LEx-to-Thrive-in-Your-Organisation_2021.pdf</p>	<p>Outlines the enabling conditions required for the meaningful inclusion of people with lived experience at all levels of the mental health and social services sector. It builds on policy guidelines, best practice advice and LELAN’s expertise gained through being immersed in the lived experience space.</p>	✓	✓	✓	✓	✓	✓	✓	✓
 <p>National Lived Experience (Peer) Workforce Development Guidelines [Guide]</p>	<p>National Mental Health Commission (2021) Australia</p> <p>https://www.mentalhealthcommission.gov.au/getmedia/a33c2e2a-e7fa-4f90-964d-85dbf1514b6b/NMHC_Lived-Experience-Workforce-Development-Guidelines</p>	<p>Supports organisations to gain better understanding of lived experience workers, the value they provide, and how an organisation can support and utilise these workforces.</p>	✓	✓	✓	✓	✓	✓	✓	✓

Resource

Citation and link

Description

Core	Foundations		Domains					
	Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓



Aboriginal governance and accountability framework
[Framework]

Department of Health and Human Services, Victoria (2017)
<https://www.health.vic.gov.au/publications/aboriginal-governance-and-accountability-framework>

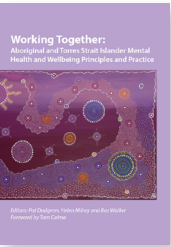
Provides a guide for how services and sectors can partner with communities and enable Aboriginal leadership and self-determination in health, wellbeing and safety. It also provides an Aboriginal-led mechanism for oversight and accountability of government to achieve these outcomes.



Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities
[Guide]

Dudgeon, P., Calma, P., Milroy, J., McPhee, R., Darwin, L., Von Helle, S., Holland, C. (2018) The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, Black Dog Institute, Western Australia
https://www.researchgate.net/publication/337731443_Indigenous_Governance_for_Suicide_Prevention_in_Aboriginal_and_Torres_Strait_Islander_Communities_A_Guide_for_Primary_Health_Networks

Provides guidance on Aboriginal governance and the ways in which Aboriginal people can and should have input on mental health and suicide prevention services for Primary Health Networks working with Aboriginal and Torres Strait Islander communities and organisations.



Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice
[Principles and Practices]


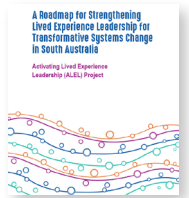
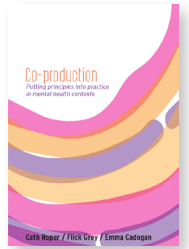
Telethon Institute for Child Health Research (2014)
<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>

A comprehensive, culturally relevant, and specific resource to support the provision of services to Aboriginal and Torres Strait Islander people striving to effectively deal with their loss, grief, suffering and other impacts of past policies and practices

Resource

Citation and link

Description

Resource	Citation and link	Description	Core	Foundations	Domains					
			Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
 <p>Working Together Toolkit <i>[Toolkit]</i></p>	<p>Government of Western Australia Mental Health Commission</p> <p>https://www.mhc.wa.gov.au/media/2531/170877-menheac-toolkit-web.pdf</p>	<p>An accompanying tool to the Mental Health and Alcohol and Other Drug Engagement Framework 2018–2025. Provides tools and examples to assist in planning, developing, actioning and reviewing lived experience participation strategies.</p>	✓	✓	✓	✓	✓	✓	✓	✓
 <p>A Roadmap for Strengthening Lived Experience Leadership for Transformative Systems Change in SA Activating Lived Experience Leadership (ALEL) Project <i>[Planning Guide]</i></p>	<p>Loughhead, M., Hodges, E., McIntyre, H., Procter, N.G. (2021) A Roadmap for strengthening lived experience leadership for transformative systems change in South Australia, SA Lived Experience Leadership and Advocacy Network and University of South Australia, South Australia</p> <p>https://www.lelan.org.au/wp-content/uploads/2021/08/ALEL_digital_linked.pdf</p>	<p>Details the strategies and processes that organisations can undertake to better recognise, value and embed lived experience leadership across the mental health and social sector eco systems.</p>	✓	✓	✓		✓	✓	✓	✓
 <p>Co production Putting principles into practice in mental health contexts <i>[Principals and Practices]</i></p>	<p>Roper, C., Grey, F., Cadogan, E. (2018) University of Melbourne, Victoria</p> <p>https://healthsciences.unimelb.edu.au/__data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf</p>	<p>Informs and supports understanding, planning, and implementing co-production initiatives specifically within the context of Victorian mental health services.</p>	✓	✓	✓	✓	✓	✓	✓	✓

Resource

Citation and link


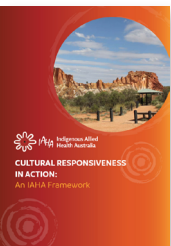


Description

Resource	Citation and link	Description	Core	Foundations	Domains					
			Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
 <p>Lived Experience Framework <i>[Framework]</i></p>	<p>National Health Commission of New South Wales (2018)</p> <p>https://www.nswmentalhealthcommission.com.au/sites/default/files/old/documents/final_lef_a4_layout_for_web.pdf</p>	<p>To lead cultural, leadership and structural change in mental health and social services to embed the voice of lived experience in the way they design, deliver, monitor, report on, evaluate, research and improve services for people with lived experience</p>	✓	✓	✓	✓		✓	✓	✓
 <p>Regulatory oversight, mental health and human rights <i>[Journal Article]</i></p>	<p>Katterl, S. (2021) <i>Alternative Law Journal</i></p> <p>https://doi.org/10.1177/1037969X211013123</p>	<p>Outlines the role of regulatory oversight for mental health and human rights protection</p>	✓	✓	✓	✓	✓		✓	✓
 <p>Preventing and responding to harm: Restorative and responsive mental health regulation in Victoria <i>[Journal Article]</i></p>	<p>Katterl, S. (2022) <i>Australian Journal of Social Issues, Australia</i></p> <p>https://doi.org/10.1002/ajs4.242</p>	<p>Argues the case for the implementation of restorative justice processes and proactive approaches towards harms and rights breaches.</p>	✓	✓	✓		✓	✓	✓	✓
 <p>Keeping human rights in mind: embedding the Victorian Charter of Human Rights into the public mental health system <i>[Journal Article]</i></p>	<p>Katterl, S. & Maylea, C. (2021) <i>Australian Journal of Human Rights, Australia</i></p> <p>https://doi.org/10.1080/1323238X.2021.1943300</p>	<p>Explores the role of human rights in the mental health system and presents ways that human rights can be better implemented in all levels of service planning & delivery.</p>	✓	✓	✓		✓	✓	✓	✓

Resource

Citation and link

Description

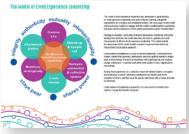



Resource	Citation and link	Description	Core	Foundations	Domains				
			Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices
 <p>Assessing Workforce Diversity: A Tool for Mental Health Organisations on the Path to Health Equity [Self-Assessment Tool]</p>	<p>Pacific Southwest Mental Health Technology Transfer Center Network http://www.cars-rp.org/_MHTTC/docs/Assessing-Workforce-Diversity-Tool.pdf</p>	<p>Provides for self-assessment of how well mental health services and organisations support and embed diversity within their staffing processes and culture.</p>	✓	✓	✓	✓	✓	✓	✓
 <p>Cultural Responsiveness in Action: An IAHA Framework [Framework]</p>	<p>Indigenous Allied Health Australia (2019) https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf</p>	<p>Supports people and services to gain skills, knowledge, and capabilities essential for successful partnerships with Aboriginal and Torres Strait Islander individuals, families and communities.</p>	✓	✓	✓	✓	✓		✓
 <p>Lived experience of suicide informed and inclusive culture change suite of resources [Toolkit]</p>	<p>Roses In The Ocean (2022) https://rosesintheocean.com.au/lived-experience-of-suicide/lived-experience-of-suicide-informed-and-inclusive-culture-change-suite-of-resources/</p>	<p>Provides a range of resources exploring meaningful and safe co-production and partnership with people with lived experience of suicide.</p>	✓	✓		✓	✓	✓	✓
 <p>Mental health lived experience engagement framework [Framework]</p>	<p>Victoria State Government Department of Health (2019) https://www.health.vic.gov.au/publications/mental-health-lived-experience-engagement-framework</p>	<p>Outlines the importance of co-design, co-production and system change in mental health to ensure authentic engagement with people with lived experience.</p>	✓	✓		✓		✓	✓

Resource

Citation and link

Description


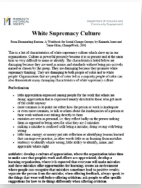


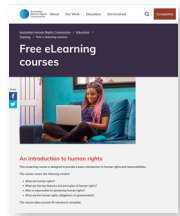
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<p>The Participation Ladder A consumer/survivor lens</p> <p><i>[Reflective Tool]</i></p>	<p>Daya, I. (2019)</p> <p>http://www.indigodaya.com/wpcf7_captcha/2020/10/Participation-ladder_consumer_survivor-lens-2.pdf</p>	<p>Explores levels of participation and processes for preparing an organisation/service to engage with consumers across all levels.</p>	✓	✓	✓	✓	✓	✓			
<p>Partnership with Indigenous organisations for a sustainable environment</p> <p><i>[Guide]</i></p>	<p>Australian Government Department of Environment and Energy (2019)</p> <p>https://www.dcceew.gov.au/about/publications/partnering-indigenous-organisations</p>	<p>Provides information for non-Indigenous organisations seeking to build on and strengthen partnerships with local Indigenous organisations and communities and upholding the rights of indigenous peoples.</p>	✓	✓	✓	✓	✓	✓			
<p>The KIT A guide to the advocacy we choose to do</p> <p><i>[Guide]</i></p>	<p>Health Consumers New South Wales (1998)</p> <p>https://www.hcnsw.org.au/hcnsw_resource/the-kit-a-guide-to-the-advocacy-we-choose-to-do/</p>	<p>Provides detailed practical tools and information for individuals, leadership, executives and board members exploring processes for embedding, advocating for and utilising lived experience expertise.</p>	✓	✓		✓	✓	✓			

Resource	Citation and link	Description	Core	Foundations	Domains				
			Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices
 <p>The Model of Lived Experience Leadership [Reflective Tool]</p>	<p>Hodges, E., Loughhead, M., Mcintyre, H., Procter, N.G. (2021) The Model of Lived Experience Leadership and Advocacy Network, University of South Australia, South Australia</p> <p>https://www.lelan.org.au/wp-content/uploads/2021/08/Model-of-Lived-Experience-Leadership_ALEL-Project.pdf</p>	<p>Guides thinking on lived experience leadership and assist reflective learning and growth opportunities for emerging and established leaders and provides potential areas for individual and organisational development</p>	✓	✓		✓	✓	✓	
 <p>WHO QualityRights Tool Kit [Toolkit]</p>	<p>World Health Organization (2012)</p> <p>https://www.who.int/publications/i/item/9789241548410</p>	<p>Provides information and tools for countries to assess and improve quality and human rights practices in mental health and social care facilities consistent with the United Nations Convention on the Rights of Persons with Disability.</p>	✓		✓	✓	✓	✓	
 <p>Health as a social movement: The Power of People in Movements [Guide]</p>	<p>Castillo, J., Khan, H., Nicholas, L., Finnis, A. (2016) Nesta, United Kingdom</p> <p>https://media.nesta.org.uk/documents/health_as_a_social_movement-sept.pdf</p>	<p>Recognising health as a context of the social movement to drive transformational change in the experience and delivery of health services</p>	✓	✓	✓	✓		✓	
 <p>How to make good group decisions [Guide]</p>	<p>Berditchevskaia, A. & Bertoncin, C. (2021) Nesta, United Kingdom</p> <p>https://www.nesta.org.uk/report/how-make-good-group-decisions/</p>	<p>Provides processes for improving decision-making through effective group processes</p>		✓		✓	✓	✓	✓

Resource

Citation and link

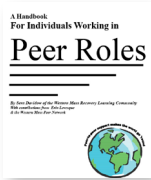

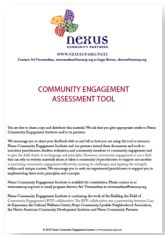
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 <p>Reflective Resource: How ready, willing and able are you to embark on an authentic co-design process? [Reflective Tool]</p>	<p>Hodges, E. & Clarence, C. (2020) Lived Experience Leadership and Advocacy Network, The Australian Centre for Social Innovation https://www.tacsi.org.au/file/kl42af0jk/TACSI-LELAN-reflective-resource.pdf</p>	<p>Supports individuals and teams to understand how ready, willing, and able they are to embark on authentic co design.</p>	✓	✓	✓	✓		✓		
 <p>White Supremacy Culture [Guide]</p>	<p>Minnesota Historical Society & the Department of Inclusion and Community Engagement (2001) https://www.thc.texas.gov/public/upload/preserve/museums/files/White_Supremacy_Culture.pdf</p>	<p>Explores White Supremacy Culture and how to identify, respond to and dismantle the culture.</p>	✓	✓	✓		✓		✓	
 <p>Co-design tool kit [Online Toolkit]</p>	<p>Agency for Clinical Innovation (2023) NSW Health Services, New South Wales https://aci.health.nsw.gov.au/projects/co-design</p>	<p>Assists in navigating challenges of co production including balancing power, setting expectations and transparency.</p>	✓	✓	✓		✓		✓	
 <p>Implementing and evaluating co-design: a step by step toolkit [Toolkit]</p>	<p>Man, M., Abrams, T., Mcleod, R. (2019) New Philanthropy Capital, United Kingdom https://www.bl.uk/collection-items/implementing-and-evaluating-co-design</p>	<p>Informs and supports understanding, planning, and implementing, evaluating and continuous improvement of co-design practices.</p>	✓		✓	✓	✓	✓		
 <p>An introduction to human rights [e-Learning]</p>	<p>Australian Human Rights Commission https://humanrights.gov.au/education/training/free-elearning-courses</p>	<p>Suite of online learning resources designed to provide a basic introduction to human rights, inclusion, and safety.</p>	✓	✓	✓		✓			

Resource

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			Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
 <p>Mental Health Policy & Consumer Perspectives [Online Reflective Tool]</p>	<p>Katterl, S. (2023) Centre for Mental Health Learning Victoria https://cmhl.org.au/training/mental-health-policy-consumer-perspectives</p>	<p>Promotes reflection on mental health policy and how it can and should benefit lived experience workers. Recommendations for policy made within this course have the potential to be adopted by organisations to better support people with lived experience.</p>	✓		✓			✓	✓	
 <p>A Handbook For Individuals Working in Peer Roles [Guide]</p>	<p>Davidow, S. (2011) Western Mass Recovery Learning Community, United States of America http://www.psresources.info/images/stories/peer_role_booklet_peer_side.pdf</p>	<p>Provides information about peer roles to support the peer workforce to grow, feel and stay connected and to advocate and support people with lived experience</p>	✓	✓			✓	✓		
 <p>A Social Designer's Field Guide to Power Literacy [Guide]</p>	<p>Goodwill, M. https://www.power-literacy.com/</p>	<p>Provides tools and worksheets to develop power literacy through building awareness of, sensitivity to and understanding of the impact of power and systemic oppression in participatory design processes.</p>	✓	✓	✓		✓			
 <p>Community Engagement Assessment Tool [Self Assessment Tool]</p>	<p>Nexus Community Engagement Institute (2018) https://www.nexuscp.org/wp-content/uploads/2017/05/05-CE-Assessment-Tool.pdf</p>	<p>Provides for self-assessment of an organisation, service or program's community engagement approaches</p>	✓	✓	✓					✓

Resource

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			Centring Self: People, Identity and Human Rights	LEX Values, Principles, Ethic & Positionality	Restorative Just and Accountable Culture	Partnership and co-production	Safeguarding Responsibility and Power	LEX Involvement Expertise and Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
 <p>Indigenous Governance Toolkit [Toolkit]</p>	<p>Australian Indigenous Governance Institute https://aigi.org.au/toolkit</p>	<p>A Comprehensive online resource outlines the roles & responsibilities of governance of organisations to ensure accountability to Aboriginal and Torres Strait Islander peoples.</p>	✓		✓		✓		✓	
 <p>Its All About Power [Guide]</p>	<p>Shelia McKechnie Foundation (2022) It's All About Power. https://smk.org.uk/what-we-do/power-project/resource-pinboard/</p>	<p>Supports individuals and organisations to identify, transform and utilise power at individual, collective and societal levels.</p>	✓		✓		✓		✓	
 <p>Power Moves Your essential philanthropy assessment guide for equity and justice [Guide]</p>	<p>National Committee for Responsive Philanthropy (2018) https://www.dropbox.com/s/0i-7e8t2iftj428/Power-Moves-Your-Essential-Philanthropy-Assessment-Guide-for-Equity-and-Justice-FULL-Download.pdf?dl=0</p>	<p>A suite of self-assessment tools that outline the nature of power; building it, sharing it and wielding it, and assists organisations to reflect on and assess power and how to address it to achieve equitable outcomes.</p>	✓		✓	✓	✓			
 <p>Speaking Our Minds: a guide to how we use our stories [Reflective Tool]</p>	<p>Our Community (2011) Victoria https://www.ourconsumerplace.com.au/files/SpeakingOurMinds.pdf</p>	<p>Explains how people can tell stories of their lived experience. It addresses power and explores different approaches for different contexts and outcomes.</p>	✓	✓			✓	✓		

Resource

Citation and link





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 <p>LELAN lived experience in leadership and governance reflection tool [Reflective Tool]</p>	<p>Lived Experience Leadership and Advocacy Network, South Australia https://www.lelan.org.au/wp-content/uploads/2023/02/LEX-leadership-reflection-tool-final-1.pdf</p>	For lived experience leaders to assist in recognising own strengths and identifying gaps in lived experience leadership across different domains.	✓	✓			✓			
 <p>Connect with Me Training Toolkit [Toolkit]</p>	<p>People with Disabilities Western Australia & the Government of Western Australia https://www.pwdwa.org/documents/connect_with_me/co-design-toolkit/index.htm</p>	Provides directions for co-production for organisations working with people with disability.	✓			✓			✓	
 <p>Co-production in Mental Health Key Questions to Guide the Process [Checklist]</p>	<p>National Development Team for Inclusion, United Kingdom https://www.ndti.org.uk/assets/files/MH_Coproduction_key_questions.pdf</p>	Enables strategists, managers, service users, groups and practitioners to co-create change by understanding and addressing practical issues that arise during the co-production process.	✓			✓		✓		
 <p>Define your Purpose Worksheet [Tool]</p>	<p>The Mental Health Commission of New South Wales https://www.nswmentalhealthcommission.com.au/sites/default/files/in-line-files/2-define-purpose.pdf</p>	For developing effective workforce projects for embedding lived experience workforce.		✓					✓	✓
 <p>Ethics Dilemma and Ethics Decision-Making [e-Learning]</p>	<p>Sandoe, P., Nielsen, M., Laursen, A., University of Copenhagen & Novo Nordisk http://ethics-e-learning.com/</p>	This tool assists users to make ethically sound decisions and raises questions about ethical dilemmas using real life scenarios		✓					✓	✓

Resource

Citation and link

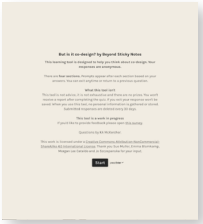
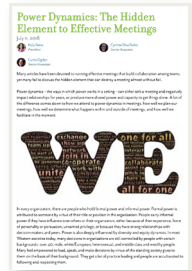
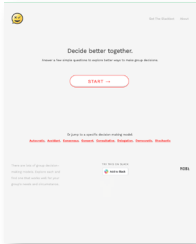
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 <p>Employer's guide to implementing a peer workforce [Toolkit]</p>	<p>The Mental Health Commission (2016) New South Wales</p> <p>https://www.nswmentalhealthcommission.com.au/sites/default/files/2021-05/Toolkit.pdf</p>	<p>A suite of resources to assist in the development and implementation of a peer workforce plan</p>		✓				✓	✓	
 <p>Working Well Together [Practice Examples]</p>	<p>National Collaborating Centre for Mental Health, Royal College of Psychiatrists (2019) United Kingdom</p> <p>https://www.rcpsych.ac.uk/improving-care/nccmh/service-design-and-development/working-well-together</p>	<p>Provides positive practice examples to improve strategic decisions about the provision of mental health services.</p>	✓			✓			✓	
 <p>Reimagining Safety Beyond Safeguarding [Article]</p>	<p>White R (2022) National Survivor User Network, United Kingdom</p> <p>https://www.nsun.org.uk/reimagining-safety-beyond-safeguarding/</p>	<p>Explains safeguarding, alongside providing tools to assist in safeguarding and creating a restorative, just culture.</p>	✓		✓		✓			
 <p>e-Learning module on Mental Health and Co-production [e-Learning]</p>	<p>European Platform for Rehabilitation, Belgium</p> <p>https://epr.teachable.com/</p>	<p>Online learning resource designed to explore a range of different perspectives that can be taken when looking at mental health with a co production approach.</p>	✓			✓				

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 <p>But is it co-design? [Online Self-Assessment Tool]</p>	<p>McKercher, K., Beyond Sticky Notes, New South Wales https://g8mvf9i2x72.typeform.com/to/K6PpU2xZ?typeform-source=www.linkedin.com</p>	<p>A short online interactive learning and self-assessment resource for personal and organisational readiness to use co design/co production approaches.</p>	✓			✓				
 <p>Power dynamics: The Hidden Element to Effective Meetings [Article]</p>	<p>Bates, K., Parker, C., Orden, C., Interaction Institute for Social Change https://interactioninstitute.org/power-dynamics-the-hidden-element-to-effective-meetings/</p>	<p>Outlines the power dynamic inherent in meetings and simple ways to address it</p>	✓				✓			
 <p>The Decider App [Reflective Tool]</p>	<p>NOBL https://thedecider.app/</p>	<p>An interactive App that asks clear, simple questions to assist in determining the most effective decision-making tool for specific circumstances.</p>					✓			

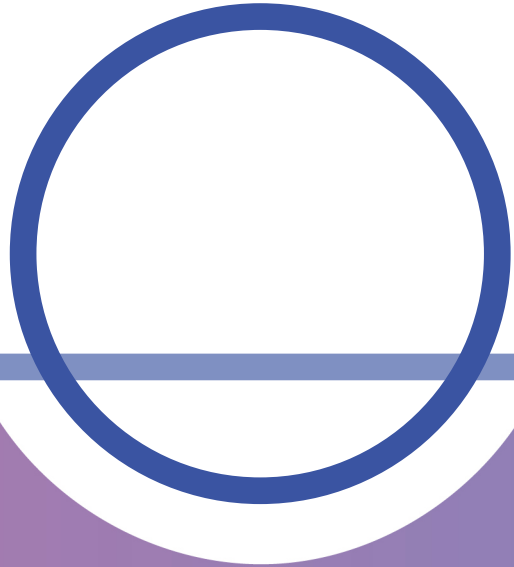


MHLEEN

Mental
Health
Lived
Experience
Engagement
Network



National Mental Health
Consumer & Carer Forum



Where Lived Experience Governance Aligns With Key Standards and Regulations

5

Tool Five of a Toolkit to Authentically
Embed Lived Experience Governance

Centring People, Identity and Human
Rights for the Benefit of All

Prepared by



July 2023



Where Lived Experience Governance Aligns With Key Standards and Regulations

The following tables present areas from the National Safety and Quality Health Standards (NSQHS)¹, Primary and Community Healthcare Standards (PCH)² and National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs)³ and NDIS regulations^{4,5} mapped against the five domains of the Lived Experience Governance Framework (the Framework). They indicate what items in the Standards are met when these five inter-connected and interdependent domains are implemented.

While all areas of the CMO and PCH standards are listed, clinical and operational items in the NSQHS standards have not been.

¹ National Safety and Quality Health Service Standards, <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

² National Safety and Quality Primary and Community Healthcare Standards <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare>

³ The National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs) <https://www.safetyandquality.gov.au/our-work/mental-health/national-safety-and-quality-mental-health-standards-community-managed-organisations>

⁴ NDIS practice standards, NDIS Quality and Safeguards Commission. <https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards>

⁵ National Disability Insurance Scheme (Code of Conduct) Rules 2018 <https://www.legislation.gov.au/Details/F2018L00629>

The National Safety and Quality Health Service (NSQHS) Standards

The Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards (NSQHS standards) exist to prevent health services from causing harm and ensure quality care. Of the eight standards, four are based upon clinical practice and have been excluded, while the remaining four standards are more broadly about quality of care, the structure of the service and the experience of the person at the centre of care.

Lived Experience Governance Framework Domains

The National Safety and Quality Health Service (NSQHS) Standards	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Clinical Governance Standard	Standard action items numbers aligned with lived experience governance domains				
Governance, leadership and culture	1.01 1.02	1.01 1.02	1.01 1.02	1.01 1.02	1.01 1.02
Organisational leadership	1.03 1.04 1.05	1.03 1.04 1.05	1.03 1.04 1.05	1.03 1.04 1.05	1.03 1.04 1.05
Clinical leadership				1.06	1.06
Policies and procedures		1.07			1.07
Measurement and quality improvement	1.08 1.09	1.08 1.09	1.08 1.09	1.08 1.09	1.08 1.09
Risk management	1.10	1.10	1.10	1.10	1.10
Incident management systems and open disclosure	1.11 1.12	1.11 1.12	1.11 1.12	1.11 1.12	1.11 1.12
Feedback and complaints management	1.13 1.14	1.13 1.14	1.13 1.14	1.13 1.14	1.13 1.14
Diversity and high-risk groups	1.15	1.15	1.15	1.15	1.15
Healthcare records	1.16	1.16	1.16	1.16	1.16
Safety and quality training	1.19 1.21	1.19 1.21	1.19 1.21	1.19 1.20 1.21	1.19 1.20 1.21
Performance management				1.22	1.22
Credentialing and scope of clinical practice				1.23 1.24	1.23 1.24
Safety and quality roles and responsibilities		1.26		1.25 1.26	1.25 1.26
Evidence-based care	1.27	1.27	1.27		1.27
Variation in clinical practice and health outcomes	1.28	1.28	1.28	1.28	1.28
Safe Environment	1.29 1.30 1.31 1.32 1.33	1.29 1.30 1.31 1.32 1.33	1.29 1.31 1.32 1.33	1.29 1.30 1.31 1.32 1.33	1.29 1.31 1.32 1.33

Lived Experience Governance Framework Domains

The National Safety and Quality Health Service (NSQHS) Standards	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Partnering With Consumers Standard	Standard action items numbers aligned with lived experience governance domains				
Integrating clinical governance	2.01	2.01	2.01	2.01	2.01
Applying quality improvement systems	2.02	2.02	2.02	2.02	2.02
Healthcare rights and informed consent	2.03 2.04 2.05	2.03 2.04 2.05	2.03 2.04 2.05	2.03 2.04 2.05	2.03 2.04 2.05
Sharing decisions and planning care	2.06 2.07	2.06 2.07	2.06 2.07	2.06 2.07	2.06 2.07
Communication that supports effective partnerships	2.08 2.09 2.10	2.08 2.09 2.10	2.08 2.09 2.10	2.08 2.09 2.10	2.08 2.09 2.10
Partnerships in healthcare governance planning, design, measurement and evaluation	2.11 2.12 2.13 2.14	2.11 2.12 2.13 2.14	2.11 2.12 2.13 2.14	2.11 2.12 2.13 2.14	2.11 2.12 2.13 2.14
Comprehensive Care Standard	Standard action items numbers aligned with lived experience governance domains				
Integrating clinical governance	5.01	5.01	5.01	5.01	5.01
Applying quality improvement systems	5.02	5.02	5.02	5.02	5.02
Partnering with consumers	5.03	5.03	5.03	5.03	5.03
Designing systems to deliver comprehensive care		5.04		5.04	5.04
Collaboration and teamwork			5.05 5.06	5.05 5.06	5.05 5.06
Planning for comprehensive care	5.07 5.08 5.09	5.07 5.08	5.07 5.08 5.09	5.07 5.08	5.08
Screening of risk		5.10		5.10	5.10
Clinical assessment		5.11	5.11	5.11	5.11
Developing the comprehensive care plan	5.13	5.12 5.13	5.13	5.12 5.13	5.12 5.13
Using the comprehensive care plan	5.14	5.14	5.14	5.14	5.14
Comprehensive care at the end of life	5.20	5.15 5.16 5.17 5.18 5.19 5.20	5.20	5.15 5.16 5.17 5.18 5.19 5.20	5.15 5.16 5.17 5.18 5.19 5.20

Lived Experience Governance Framework Domains

The National Safety and Quality Health Service (NSQHS) Standards	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Preventing and managing pressure injuries	5.23	5.21 5.22 5.23	5.23	5.21 5.22 5.23	5.21 5.22 5.23
Preventing falls and harm from falls	5.26	5.24 5.25 5.26	5.26	5.24 5.25 5.26	5.24 5.25 5.26
Nutrition and hydration		5.27 5.28		5.27 5.28	5.27 5.28
Preventing delirium and managing cognitive impairment	5.30	5.29 5.30	5.30	5.29 5.30	5.29 5.30
Predicting, preventing and managing self-harm and suicide	5.31 5.32	5.31 5.32	5.31 5.32	5.31 5.32	5.31 5.32
Predicting, preventing and managing aggression and violence	5.33 5.34	5.33 5.34	5.33 5.34	5.33 5.34	5.33 5.34
Minimising restrictive practices: restraint	3.35	3.35	3.35	3.35	3.35
Minimising restrictive practices: seclusion	3.36	3.36	3.36	3.36	3.36
Communicating For Safety Standard	Standard action items numbers aligned with lived experience governance domains				
Integrating clinical governance	6.01	6.01	6.01	6.01	6.01
Applying quality improvement systems	6.02	6.02	6.02	6.02	6.02
Partnering with consumers	6.03	6.03	6.03	6.03	6.03
Organisational processes to support effective communication	6.04	6.04	6.04	6.04	6.04
Correct identification and procedure matching		6.05 6.06		6.05 6.06	6.05 6.06
Clinical handover		6.07 6.08		6.07 6.08	6.07 6.08
Communicating critical information	6.09 6.10	6.09 6.10	6.09 6.10	6.09 6.10	6.09 6.10
Documentation of information		6.11		6.11	6.11

National Safety and Quality Primary and Community Healthcare Standards

The Australian Commission on Safety and Quality in Health Care, National Safety and Quality Primary Community Healthcare Standards⁶ are designed for health providers in primary and community settings in order to ensure the quality and safety of services. Since May 2023 accrediting agencies can evaluate and approve organisations on the basis of compliance to the standards, which may be a requirement for funding/commissioning bodies of health services.

Lived Experience Governance Framework Domains

National Safety and Quality Primary and Community Healthcare Standards	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Clinical Governance Standard	Standard action items numbers aligned with lived experience governance domains				
Governance, leadership, and culture	1.01	1.01	1.01	1.01	1.01
Policies and procedures	1.02	1.02	1.02	1.02	1.02
Measurement and quality improvement	1.03	1.03	1.03	1.03	1.03
Risk management	1.04	1.04	1.04	1.04	1.04
Incident management and open disclosure	1.05 1.06	1.05 1.06	1.05 1.06	1.05 1.06	1.05 1.06
Feedback and complaints management	1.07 1.08	1.07 1.08	1.07 1.08	1.07 1.08	1.07 1.08
Patient populations and social determinants of health	1.09 1.10	1.09 1.10	1.09 1.10	1.09 1.10	1.09 1.10
Healthcare records	1.11	1.11 1.12	1.11	1.11 1.12	1.11 1.12
Safety and quality training	1.16	1.15 1.16	1.16	1.15 1.16	1.15 1.16
Safety and quality roles and responsibilities				1.17	1.17
Evaluating performance	1.18	1.18	1.18	1.18	1.18
Scope of clinical practice				1.19	1.19
Evidence-based care		1.20		1.20	1.20
Variation in care delivered and health outcomes		1.21		1.21	1.21
Safe environment	1.22 1.23	1.22 1.23	1.23	1.22 1.23	1.22 1.23

⁶ National Safety and Quality Primary and Community Healthcare Standards, <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare>

Lived Experience Governance Framework Domains

National Safety and Quality Primary and Community Healthcare Standards	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Partnering With Consumers Standard	Standard Action Items numbers aligned with lived experience governance domains				
Integrating clinical governance	2.01	2.01	2.01	2.01	2.01
Healthcare rights and informed consent	2.02 2.03	2.02 2.03	2.02 2.03	2.02 2.03	2.02 2.03
Shared decisions and planning care	2.04 2.05	2.04 2.05	2.04 2.05	2.04 2.05	2.04 2.05
Communication supports effective partnerships	2.06	2.06	2.06	2.06	2.06
Accessing healthcare service information	2.07	2.07	2.07	2.07	2.07
Partnerships in the planning, design, monitoring and evaluation of services	2.08	2.08	2.08	2.08	2.08
Clinical Safety Standard	Standard action items numbers aligned with lived experience governance domains				
Integrating clinical governance	3.01	3.01	3.01	3.01	3.01
Applying quality improvement systems	3.02	3.02	3.02	3.02	3.02
Partnering with consumer	3.03	3.03	3.03	3.03	3.03
Standard and transmission-based precautions		3.04		3.04	3.04
Hand hygiene		3.05		3.05	3.05
Respiratory hygiene, cough etiquette and physical distancing		3.06		3.06	3.06
Aseptic technique		3.07		3.07	3.07
Invasive medical devices		3.08		3.08	3.08
Clean and safe environment		3.09 3.10		3.09 3.10	3.09 3.10
Workforce screening and immunisation		3.11		3.11	3.11
Infections in the workforce		3.12		3.12	3.12

Lived Experience Governance Framework Domains

National Safety and Quality Primary and Community Healthcare Standards	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Reprocessing of reusable medical devices		3.13		3.13	3.13
Antimicrobial stewardship		3.14		3.14	3.14
Documentation, provision and access to medicines-related information		3.15 3.16		3.16 3.15	3.16 3.15
Safe and secure storage and supply of medicine		3.17		3.17	3.17
High-risk medicines		3.18		3.18	3.18
Multidisciplinary collaboration				3.19	3.19
Health promotion and prevention	3.20	3.20	3.20	3.20	3.20
Planning and delivering Comprehensive care	3.21 3.22 3.23	3.21 3.22 3.23	3.21 3.22 3.23	3.21 3.22 3.23	3.21 3.22 3.23
Comprehensive care at the end of life		3.24		3.24	3.24
Processes for effective communication		3.25 3.26		3.25 3.26	3.25 3.26
Communication to support patient referral and multidisciplinary collaboration	3.27	3.27	3.27	3.27	3.27
Maximising patient attendance	3.28	3.28	3.28	3.28	3.28
Communication of critical information		3.29 3.30		3.29 3.30	3.29 3.30
Recognising serious deterioration or distress and escalating care		3.31		3.31	3.31
Planning for safety	3.32	3.32	3.32	3.32	3.32

National Safety and Quality Mental Health Standards for Community Managed Organisations

The Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Mental Health Standards for Community Managed Organisations (CMO Standards) has been created with the aim to protect the public from harm and to continuously improve the quality of service provision⁷.

Lived Experience Governance Framework Domains

National Safety and Quality Mental Health Standards for Community Managed Organisations	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Practice Governance Standard Items	Standard action items numbers aligned with lived experience governance domains				
Practice governance, leadership and culture	1.01 1.02 1.03	1.01 1.02 1.03	1.01 1.02 1.03	1.01 1.02 1.03	1.01 1.02 1.03
Care leadership				1.04 1.05	1.04 1.05
Legislation, regulations, policies and procedures		1.06			1.06
Measurement and quality improvement	1.07 1.08	1.08	1.07 1.08	1.07 1.08	1.07
Organisational risk management	1.09	1.09	1.09	1.09	1.09
Incident management systems and open disclosure	1.10	1.10		1.10	1.10
Feedback and complaints management and resolution	1.12 1.13	1.11 1.12 1.13	1.11 1.12 1.13	1.11 1.12 1.13	1.11 1.12 1.13
Consumer care records and information		1.14	1.14	1.14	1.14
Safety and quality training				1.15	1.15
Workforce qualifications and performance management	1.18		1.18	1.16 1.17 1.18	1.18
Safe environment	1.21 1.22 1.23	1.19 1.21 1.22 1.23 1.23 1.25	1.21 1.22 1.25	1.21 1.22 1.24 1.25	1.21 1.22
Privacy	1.26 1.27	1.26 1.27	1.26 1.27	1.26 1.27	1.26 1.27

⁷ The National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs) <https://www.safetyandquality.gov.au/our-work/mental-health/national-safety-and-quality-mental-health-standards-community-managed-organisations>

National Safety and Quality Mental Health Standards for Community Managed Organisations

Lived Experience Governance Framework Domains

	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Partnering With Consumers, Families And Carers Standard	Standard action items numbers aligned with lived experience governance domains				
Rights	2.01 2.02 2.04 2.05 2.06	2.01 2.02 2.03 2.05	2.01 2.02 2.03 2.05 2.06	2.01 2.02 2.04 2.05 2.06	2.01 2.02 2.05
Informed Consent	2.07	2.07	2.07	2.07	2.07
Supported Decision Making and Planning Care	2.08	2.08	2.08	2.08	2.08
Communication that supports effective partnership	2.09 2.10 2.11	2.09 2.10 2.11	2.09 2.10	2.09 2.10 2.11	2.09 2.10
Accessing Healthcare Service Information	2.12	2.12		2.12	
Partnerships in governance, planning, co-design, delivery, measurement and evaluation	2.13 2.14 2.15	2.13 2.14 2.15	2.13 2.14 2.15	2.13 2.14 2.15	2.13 2.14 2.15
Promotion and Prevention	2.16		2.16	2.16	
Model Of Care Standard	Standard action items numbers aligned with lived experience governance domains				
Planning for Delivery	3.01 3.02 3.03 3.04	3.01 3.02 3.03 3.04	3.01 3.02 3.03 3.04	3.01 3.02 3.03 3.04	3.01 3.02 3.03 3.04
Access and Entry		3.05	3.05	3.05	3.05
Screening and assessment	3.06 3.07	3.06 3.07	3.06 3.07	3.06 3.07 3.08	3.08
Developing the care and recovery plan	3.09	3.09	3.09	3.09	3.09
Implementing the care and recovery plan	3.10	3.10	3.10	3.10	3.10
Continuity of Care	3.11	3.11		3.11	3.11
Integration	3.12	3.12	3.12	3.12	3.12
Recognising early signs of crisis or distress	3.13	3.13	3.13	3.13	3.13
Responding to acute mental or physical distress	3.14	3.14	3.14	3.14 3.15	3.14 3.15
Escalating Care	3.16 3.17	3.16 3.17	3.16 3.17	3.16 3.17	3.16 3.17
Working with consumers with thoughts of self-harm and suicide		3.18			

National Safety and Quality Mental Health Standards for Community Managed Organisations

Lived Experience Governance Framework Domains

	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Predicting, preventing and minimising the risk of aggression and violence	3.20	3.19 3.20	3.19 3.20	3.19 3.20	3.20
Eliminating and minimising coercive and restrictive practices	3.21 3.22	3.21 3.22	3.21 3.22	3.21 3.22	3.21 3.22
Preventing delirium and working with people with cognitive impairment		3.23		3.23	
Preventing and managing pressure injuries		3.24		3.24	
Preventing and managing pressure injuries	3.25			3.25	3.25
Preventing falls and harm from falls		3.26		3.26	
Nutrition and Hydration	3.27	3.27	3.27	3.27	3.27
Correct Identification		3.28		3.28	3.28
Communication of critical information	3.29	3.29	3.29	3.29	3.29
Communication at service exit	3.30	3.30	3.30	3.30	3.30
Documentation of information				3.31	3.30

NDIS Code of Conduct and Practice Standards and Quality Indicators

The National Quality and Safeguards Commission NDIS Practice Standards⁸ specify the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants. Together with the NDIS Code of Conduct⁹, the NDIS Practice Standards build NDIS participants' awareness of what quality service provision they should expect from registered NDIS providers. The following table outlines the conduct statements in the NDIS's Code of Conduct and standards and quality indicators in the NDIS Core Practice Standards and Quality Indicators.

Lived Experience Governance Framework Domains

NDIS Code of Conduct and Practice Standards and Quality Indicators	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Code Of Conduct	Conduct statements aligned with lived experience governance domains				
Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions	✓	✓	✓	✓	✓
Respect the privacy of people with disability	✓	✓	✓	✓	✓
provide supports and services in a safe and competent manner, with care and skill		✓	✓	✓	✓
Act with integrity, honesty and transparency	✓	✓	✓	✓	✓
Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability	✓	✓	✓	✓	✓
Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability	✓	✓	✓	✓	✓
Take all reasonable steps to prevent and respond to sexual misconduct	✓	✓	✓	✓	✓

⁸ NDIS practice standards | NDIS Quality and Safeguards Commission. <https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards>

⁹ National Disability Insurance Scheme (Code of Conduct) Rules 2018 <https://www.legislation.gov.au/Details/F2018L00629>

Lived Experience Governance Framework Domains

NDIS Code of Conduct and Practice Standards and Quality Indicators	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Rights & Responsibilities	Standards And Quality Indicators Aligned With Lived Experience Governance Domains				
Person Centred Supports	✓	✓	✓	✓	✓
Individual values and beliefs	✓	✓	✓	✓	✓
Privacy and Dignity	✓	✓	✓	✓	✓
Independence and informed choice	✓	✓	✓	✓	✓
Violence, Abuse, Neglect, Exploitation and Discrimination	✓	✓	✓	✓	✓
Provider Governance and Operational Management	Standards and quality indicators aligned with lived experience governance domains				
Governance And Operational Management	✓	✓	✓	✓	✓
Risk Management		✓		✓	✓
Quality Management	✓	✓	✓	✓	✓
Information Management		✓		✓	✓
Feedback and Complaints Management	✓	✓	✓	✓	✓
Incident Management	✓	✓	✓	✓	✓
Human Resources Management		✓		✓	✓
Continuity of Supports		✓		✓	✓
Emergency and Disaster Management		✓		✓	✓

Lived Experience Governance Framework Domains

NDIS Code of Conduct and Practice Standards and Quality Indicators	Partnership & Coproduction	Safeguarding Responsibility & Power	Lived Experience Involvement, Expertise & Leadership	Transformative Workforces and Practices	Innovation and Continuous Improvement
Provision of Supports	Standards and quality indicators aligned with lived experience governance domains				
Access to supports	✓	✓	✓	✓	✓
Support Planning	✓	✓	✓	✓	✓
Service Agreements with Participants	✓	✓	✓	✓	✓
Responsive Support Provision	✓	✓	✓	✓	✓
Transitions to or from a provider	✓	✓	✓	✓	✓
Provision of Support Environment	Standards and quality indicators aligned with lived experience governance domains				
Safe environment	✓	✓	✓	✓	✓
Participant Money and Property	✓	✓	✓	✓	✓
Management of Medication		✓		✓	✓
Mealtime Management		✓		✓	✓
Management of Waste		✓		✓	✓



Attachments

Glossary of Acronyms and Language Used
About LELAN



Glossary of Acronyms and Language Used

The Framework was written on the lands of the Kurna and Ngadjuri people. Within this document we use Aboriginal and Torres Strait Islander people to refer to First Nations peoples of Australia. While there is limited opportunity to do so within the Framework, where possible we have referred to Aboriginal and Torres Strait Islander peoples by their specific nation or language group.

Aboriginal and Torres Strait Islander governance¹ • Alongside cultural governance², it recognises and incorporates the integration of governance alongside traditional ways of knowing and decision-making led by Aboriginal and Torres Strait Islander peoples and other culturally diverse communities. Community and health service organisations act to ensure the power and authority of and for Aboriginal people, their families and communities, guides and informs all health-related policies and practices. It is predicated upon a distinct knowledge and value system that sits outside traditional notions of governance and recognises the importance of people, place, relationships and process for addressing power imbalances and achieving equitable outcomes.

Aboriginal and Torres Strait Islander lived experience³ • Recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional experiences and wellbeing of Aboriginal and Torres Strait Islander peoples. The lived experience of Aboriginal and Torres Strait Islander peoples exists and cannot be separated from their cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community. This lived experience is also cumulative and intergenerational and takes into consideration Aboriginal and Torres Strait Islander people's ways of understanding social and emotional wellbeing.


Accountable⁴ • The obligation to accept responsibility for one's actions. Individuals are accountable for their own actions and obliged to explain and provide evidence of their choices and decision-making. The accountability of community and health service organisations is to implement, monitor and evaluate systems that ensure the delivery of safe quality care, maintain and comply with legislated obligations, and met standards and codes of conduct and practice that ensure consumers are better positioned to have their rights, choices and decisions are respected and met to best reach their health and care goals.

¹ Duke, D.L.M., Pictor, M., Ekinci, E., Hachem, M., Burchill, L.J. Culturally Adaptive Governance—Building a New Framework for Equity in Aboriginal and Torres Strait Islander Health Research: Theoretical Basis, Ethics, Attributes and Evaluation. *Int. J. Environ. Res. Public Health* 2021, 18, 7943. <https://doi.org/10.3390/ijerph18157943>

² WA Country Health Service Cultural Governance Framework accessed at [https://www.wacountry.health.wa.gov.au/~media/WACHS/Documents/About-us/Publications/WACHS-Cultural-Governance-Framework-2021.pdf](https://www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Publications/WACHS-Cultural-Governance-Framework-2021.pdf)

³ Aboriginal and Torres Strait Islander Lived Experience Centre 2020 Black Dog Institute accessed at <https://www.blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/>

⁴ Community Services Quality Governance Framework, State of Victoria, Department of Health and Human Services 2018 https://www.dhhs.vic.gov.au/sites/default/files/documents/201810/Community%20services%20quality%20governance%20framework_0.pdf



Adaptive culture • The ability of an organisation to adapt quickly and effectively to internal and external pressures and indicators for change⁵ and to identify and respond to potential and actual challenges to find the best outcome/s. Adaptive organisational cultures promote better participation and engagement through transparent communication, equal responsibility and developing capacity for shared learning and integrated and effective decision-making .

Allyship • An ongoing process where other individuals and groups, actively support or advocate for the interests and rights of a marginalised or underrepresented group to which they do not personally identify or are not a member of, to promote and aspire to advance an organisational culture of inclusion through intentional, positive and conscious efforts.

Culturally and Linguistically Diverse (CALD)⁶ • Refers to the many and diverse Australian communities that originally came from other countries and ancestries and are different from those Australians born here generation and generation. CALD Communities identify as their country, nationality or ancestry of origin.

Carer • Someone who has experience of supporting and providing assistance to another person which may be a family member, friend or neighbour, or as part of a kinship relationship through mental health challenges, or other health and life support needs, use of community and health service, periods of healing and/or personal recovery.

Capability⁷ • The power or extent to which someone or something (e.g. an organisation or system) is able to do something.

Capacity • The maximum amount someone or something can produce, contain or achieve. In health and social services this may be dependent on physical, financial and/or human resources and influenced by capability to achieve it.

Clinical governance⁸ • A core component of corporate governance. It defines the relationships and responsibilities required to ensure good clinical outcomes ensuring that the community and health service organisations have the evidence and can be confident that structures and systems are in place to deliver safe and high-quality health care, and continuously improve services.

Community⁹ • Individuals may, at any time, act as a collective of individuals, populations, networks or organisations, who represent or bring a collective voice of the interests of health consumers and of specific affected communities. While some communities may connect through a local, regional or group interest, others may share a cultural background. Some communities may be geographically dispersed but linked through an interest in, or experience.


⁵ Management Advisory Service. n.d. Adaptive Corporate Culture. http://www.mas.org.uk/wellbeing-performance/adaptive_corporate_culture.html#:~:text=Introduction,be%20more%20resilient%20against%20stress

⁶ Pham, T.T.L., Berecki-Gisof, J., Clapperton, A., O'Brien, K.S., Liu, S., Gibson, K. Definitions of Culturally and Linguistically Diverse (CALD): A Literature Review of Epidemiological Research in Australia Int J Environ Res Public Health 2021 doi <https://doi.org/10.3390%2Fijerph18020737>

⁷ Oxford English Dictionary <https://www.oed.com/>

⁸ Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

⁹ Canadian Institute of Health Research Ottawa 2014



Consumer • Someone who has personal experience of mental health challenges, service use, periods of healing/personal recovery.

Note: Lived experience is frequently used as an umbrella term that conflates the experiences of consumers with the experiences of carers, family, kin and other supporters of choice. While some people who have personal lived experience are also carers, and there are some issues where consumer and carer perspectives align, in some cases the interests of consumers are in clear opposition to those of carers. It is not possible for one person to authentically represent both positions at the same time with integrity. To avoid tokenism, both experiences must be recognised as independent and separate of each other and both be given opportunities for involvement and representation matched to the context and issue being explored¹⁰.

Consumer or Person directed care • Builds on person-centred care and strengthens consumer choice and self-determination, where decisions about what services are required and desired are made by the consumer. It also emphasises the need for flexible and accessible services, with a focus on seeking supports to meet a wide variety of recovery interests. It promotes a dignity of risk or risk tolerant approach and reflects a disability rights approach, not based on ‘practitioner privilege capability’ rather than assessing the person’s capacity. CDC acknowledges that a range of different services and practitioners are often chosen by consumers¹¹.

Continuous improvement • A progressive and incremental improvement of processes, systems, safety and quality of care. It is responsive to consumer and community needs and improving consumer and community experience and health outcomes.. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, regulatory compliance and other indicators of quality and safety¹².

Co-production • A comprehensive approach to making collaborative change that prioritises power sharing, inclusiveness and openness¹³. A co-production approach is a way of working equalised power imbalances and that positions consumers to participate in, or leading to help define the problem, design and deliver the solution, and evaluate the outcome¹⁴. It requires the inclusion of lived experience expertise from earliest outset. The approach is value-driven and built on the principle that those who use a service are best placed and have the right to help design it¹⁵.

¹⁰ Hodges, E. and Reid, A. 2021, A guide for enabling lived experience involvement and leadership to thrive and have impact in your organisation. SA Lived Experience Leadership & Advocacy Network (LELAN), Adelaide. https://www.lelan.org.au/wp-content/uploads/2021/08/Guide_Enabling-LEx-to-Thrive-in-Your-Organisation.pdf


¹¹ Loughhead, M., McDonough, J., Baker, K., Rhodes, K., Macedo, D., Ferguson, M., McKellar, L. and Procter, N. Person-centred and Consumer Directed Mental Health Care: Transforming Care Experiences, prepared for the National Mental Health Commission, University of South Australia; 2023. <https://doi.org/10.25954/jkqx-ay14>

¹² Minnesota Department of Health. 2022. Continuous Quality Improvement. <https://www.health.state.mn.us/communities/fhv/cqi.html>

¹³ Co-Create. N.D. What is Co-Production? <https://www.wearecocreate.com/what-we-do/what-is-co-production/>

¹⁴ Roper, C., Grey, F. & Cadogan, E. Co-production 2018. Putting principles into practice in mental health contexts. https://health-sciences.unimelb.edu.au/__data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf

¹⁵ Social care institute for excellence Co-production UK 2022 <https://www.scie.org.uk/co-production/what-how>



Corporate governance¹⁶ • Encompasses the establishment of systems and processes that shape, enable, and oversee management of an organisation. It is the activity, undertaken by governing bodies such as boards, of formulating strategy, setting policy, delegating responsibility, overseeing management, and ensuring that appropriate risk management and accountability arrangements are in place throughout the organisation.

Cultural Responsiveness¹⁷ • In Australia, cultural responsiveness has been shaped as strengths-based, action-orientated approaches that enable Aboriginal and Torres Strait Islander people to experience cultural safety. It is a negotiated process of what constitutes culturally safe health care as decided by the recipient of that care. It is about the centrality of culture and how that shapes each individual, their worldviews, values, beliefs, attitudes, and interactions with others. It requires strengths-based approaches and recognises that if culture is not factored into health care and treatment, the quality and probable impact of that care and treatment is likely to be diminished.

Cultural Safety^{18 19} • Aboriginal and Torres Strait Islander peoples experience cultural safety when their cultural strengths, preferences and ways of being are visible and embedded in planning, implementation, evaluation, processes and policies. It is about creating an environment that is safe for Aboriginal and Torres Strait Islander peoples through shared respect, shared meaning and shared knowledge, ensuring there is no assault, challenge or denial of their identity and experiences. It requires:

- knowledge and respect for self: awareness of how one's own cultural values, knowledge, skills and attitudes are formed and affect others, including a responsibility to address their unconscious bias, racism and discrimination; and
- knowledge and respect for Aboriginal and Torres Strait Islander people: knowledge of the diversity of Aboriginal and Torres Strait Islander peoples, communities and cultures, and the skills and attitudes to work effectively with them.

Culture • May have different meanings depending on context. When referring to cultural groups such as Aboriginal and Torres Strait Islander peoples and their connection to culture, it can be defined as a body of collectively shared values, principals, practices and customs and traditions²⁰ and includes systems of knowledge, law and practices that comprise their heritage. When referring to an organisational culture, it refers to the shared values, beliefs, norms, practices, and behaviours that characterise an organisation and shape its collective identity, values, and way of functioning. It influences how people interact with one another, how decisions are made, and how work is conducted within the organisation.


¹⁶ Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

¹⁷ Indigenous Allied Health Australia (2019) Cultural Responsiveness in Action: An IAHA Framework https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf

¹⁸ *ibid.*

¹⁹ Aboriginal and Torres Strait Islander cultural safety Department of Health Victoria <https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety>

²⁰ Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective. In P. Dudgeon, M. Milroy, & R. Walker. (Eds.), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition (p.55–68). Canberra: Commonwealth of Australia. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>



Dignity of Risk²¹ • A way of saying a person has the right to live the life they choose, even if their choices involve some risk. If something a person wants to do involves some risk to them, service providers should support them and their representative to understand the risks and manage them as part of ensuring the person's rights to choice and control and using a strengths based approach. Duty of care is often used by service providers to 'veto/override' a person's dignity of risk. This is a misrepresentation of duty of care which is the legal responsibility set up to ensure people are not harmed by the service, the organisation and its staff provides and does not mean protecting the person from themselves and their own choices²².

Diversity²³ • The demographic mix of a specific collection of people, taking into account elements of human difference. It is these differences that makes each person unique and includes but is not limited to their; backgrounds, personality, intersex status, religious beliefs, educational level, professional skills, work experience, socio-economic background, career obligations, geographic location and/or many other factors relevant to the individual, life experiences and beliefs, all of the things that make them who they are. It is a combination of their differences that shape their view of the world, their perspective and their approach²⁴.

Governance • The operational and control mechanisms of a defined system that holds to account people and decisions made relating to ethics, risk, consent and administration that in turn define the overall governance system²⁵. It refers to rules, relationships, structures and processes that direct and control an organisation, specifically the governance and decision-making processes, accountability mechanisms, strategic direction and oversight, risk management and monitoring, performance measurement and delegation of authority.

Epistemic Justice • The idea that we can be unfairly discriminated against in our capacity as a knower based on prejudices about the speaker, such as gender, social background, ethnicity, race, sexuality, tone of voice, accent, and so on²⁶.

Equality²⁷ • Means all people are treated equally. An equality strategy seeks to improve access to, or quality of, systems or services for all individuals and populations. This approach is based on the expectation that improved systems or services for everyone will improve outcomes for those experiencing inequities. It may not, however, make up for the systemic deficits in resources and opportunities experienced by historically oppressed populations.

²¹ Aged Care Quality and Safety Commission 2018, Guidance and Resources for Providers to Support the Aged Care Quality Standards. <https://www.agedcarequality.gov.au/resources/guidance-and-resources-providers-support-aged-care-quality-standards>

²² Dignity of risk vs negligence – What is an aged care provider's duty of care? (2019) Kott Gunning Lawyers <https://www.kottgunn.com.au/updates/business-commercial/dignity-risk-vs-negligence-aged-care-providers-duty-care/>


²³ Power Moves Assessment Guide for Equity and Justice 2019 <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

²⁴ Only skin Deep? Re-examining the business case for diversity. Deloitte 2011

²⁵ Duke, D.L.M., Pricor, M., Ekinci, E., Hachem, M., Burchill, L.J. Culturally Adaptive Governance—Building a New Framework for Equity in Aboriginal and Torres Strait Islander Health Research: Theoretical Basis, Ethics, Attributes and Evaluation. *Int. J. Environ. Res. Public Health* 2021, 18, 7943. <https://doi.org/10.3390/ijerph18157943>

²⁶ Byskov, M.F. (2021), What Makes Epistemic Injustice an "Injustice"? *J Soc Philos*, 52: 114-131. <https://doi.org/10.1111/josp.12348>

²⁷ Power Moves Your essential philanthropy assessment for equity and justice <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>



Equity²⁸ • Is only achieved when an advantage or disadvantage based on but not limited to any and all aspects of diversity that can no longer be predicted. An equity framework is a proactive, strategic approach to improving outcomes that accounts for structural differences in opportunities, burdens and needs in order to advance targeted solutions that fulfill the promise of true equality for all.

Human Rights²⁹ • Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more.

Indigenous Governance³⁰ • Indigenous governance is not the same thing as organisational governance. What makes it Indigenous governance is the role that Aboriginal and Torres Strait Islander social and philosophical systems, cultural values, traditions, rules and beliefs play in the governance of: processes—how things are done; structures—the ways people organise themselves and relate to each other; and institutions—the rules for how things should be done.

Innovation • A multi-stage process whereby organisations transform ideas into new or improved processes, products or services to differentiate, compete or advance³¹. 'Health innovation' improves the efficiency, effectiveness, quality, sustainability, safety, and/or affordability of healthcare. This definition includes 'new or improved' health policies, practices, systems, products and technologies, services, and delivery methods that result in improved healthcare - World Health Organization³².

Inclusion³³ • The degree to which diverse individuals and groups are able to participate fully in the governance and decision-making processes about themselves, their own situation and about things that may impact them. The practice or policy of inclusion refers to providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised to be included and participate in decision-making.

Intersectionality • A concept that describes the interconnected nature of social categories such as (but not limited to) race, gender, sexuality, class, and ability, and how they interact to shape individual experiences and social inequalities. Marginalised individuals often face multiple forms of oppression simultaneously, and their experiences cannot be fully understood by looking at just one axis of oppression³⁴. Intersectionality recognises that the intersections of various social categories create unique experiences of discrimination and privilege. The point of understanding intersectionality is to also understand that different forms of oppression and privilege are not experienced independently but are intertwined and must be considered together to understand the complexities of social inequality.

²⁸ Power Moves Your essential philanthropy assessment for equity and justice <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

²⁹ United Nations <https://www.un.org/en/global-issues/human-rights>


³⁰ Australian Indigenous Governance Institute (AIGI) Indigenous Governance Toolkit, 1.2 Indigenous governance section, AIGI website, 2023. <https://aigi.org.au/toolkit>

³¹ Baregheh, A., Rowley, J., Sambrook, S. 2009. "Towards a multidisciplinary definition of innovation". *Management Decision*. 47 (8): 1323–1339. doi:10.1108/00251740910984578. ISSN 0025-1747

³² Kimble, L., & Massoud, R.M. 2016. What do we mean by Innovation in Healthcare? *EMJ*. <https://www.emjreviews.com/innovations/article/what-do-we-mean-by-innovation-in-healthcare/>

³³ Power Moves Assessment Guide for Equity and Justice 2019 <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

³⁴ Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 139-167



Lived Experience • Personal experience(s) of a particular issue, such as mental health challenges or alcohol and other drug use, and the living despite, that have caused life as we knew it to change so significantly we have to reimagine and redefine ourselves, our place in the world and our future plans. It is informed by the expertise, the collective knowledge of the lived experience movement and, importantly, it's about learning how to use those experiences in a way that's useful to other people ³⁵ In its broadest context, it is a person's direct and personal experiences and choices, positive and negative, the knowledge they have gained and the impact to them of these experiences and choices. This direct lived experience affords the person an authentic voice through their unique insight that can challenge assumptions, motivate organisations to do things differently and pinpoint areas for change³⁶.

Lived experience expertise • The process of applying what has been learned through a person's lived experience to inform and transform systems, services and individual outcomes for those impacted by mental distress, social issues or injustice for the benefit of others.³⁷

Lived experience governance • Lived experience governance intentionally embeds organisational cultures and systems that give primacy to centring or being led by lived experience perspectives, principles, and ways of working in the decision-making, oversight and evaluation of systems, structures, policies, processes, practices, programs and services.

Lived experience leaders • People who connect their personal, professional and socio-political worlds in unique ways to lead change, linking local experience with organisational and systems change endeavours. They operate within and outside of roles, organisations and settings³⁸.

Lived experience leadership³⁹ • Includes informal and formal activity which promote the values and goals of lived experience as relating to empowerment, peer services, social justice and citizenship. Leaders speak up to influence community awareness, organisational culture, policy and politics; leaders create space, pathways and inclusion with others; leaders prompt and support change.


³⁵ Byrne, L., & Wykes, T., 2020, A role for lived experience mental health leadership in the age of Covid-19, *Journal of Mental Health*, 29:3, 243-246, DOI: 10.1080/09638237.2020.1766002

³⁶ The role of lived experience in creating systems change Evaluation of fulfilling lives: Supporting people with multiple needs Report 2022 <https://www.bht.org.uk/wp-content/uploads/2021/03/The-role-of-lived-experience-in-creating-systems-change-2020-1.pdf>

³⁷ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission

³⁸ Hodges, E., Loughhead, M., McIntyre, H. & Procter, N.G. 2021. The Model of Lived Experience Leadership. LELAN and UniSA, Adelaide

³⁹ Loughhead, M., Hodges, E., McIntyre, H., and Procter, N.G. 2021, A Roadmap for strengthening lived experience leadership for transformative systems change in South Australia, SA Lived Experience Leadership and Advocacy Network and University of South Australia



Lived experience (peer) worker • Anyone who works in a designated role who utilises their lived experience and lived experience values to benefit others with lived experience at either individual, operational or systemic levels to influence and drive change⁴⁰. Lived experience workers roles can be direct (e.g. peer support roles) or indirect (e.g. lived experience academic, lived experience leader etc).

Lived experience workers draw on their life-changing experiences of mental or emotional distress, service use, and recovery/healing, and their experiences, or the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experiences, self-determination, empowerment, and hope⁴¹.

Lived experience (peer) workforces • Workforces which are made up of people who are employed in paid positions that require lived experience as an essential employment criterion, regardless of position type or setting. This is a professional approach in which diverse personal experience-based knowledge is applied within a consistent framework of values and principles⁴².

Note: The pluralisation of lived experience (peer) workforces acknowledges the dynamic and differentiated experiences of those who are working from carer or consumer perspectives, alongside acknowledging the different fields, communities and settings which lived experience can be utilised in, including mental health, AOD, LGBTQIA+, CALD, Aboriginal and Torres Strait Islander, NDIS, Acute, etc.

LGBTQIA+ • A diverse community including people who are lesbian, gay, bisexual, trans, queer, intersex, asexual and others who don't align or identify with being cisgender and heterosexual.

Peer work/Peer support • Sometimes considered a subset of the wider lived experience (peer) workforces, although language differences exist across jurisdictions. It predominantly refers to supporting others through recovery. Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria but rather understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships⁴³.

Personhood⁴⁴ • An essential characteristic of the human species - the quality or sense, of being an individual person who has self-agency. This self-agency includes conditions of rationality, consciousness of thought, the capacity for reciprocity and communication and the capacity to make decision and choices both right and wrong. Personhood is a relational (both personal and interpersonal) construct that personhood is a conditional state of value defined by society⁴⁵.

⁴⁰ Hodges, E., and Reid, A., 2021, A guide for enabling lived experience involvement and leadership to thrive and have impact in your organisation. SA Lived Experience Leadership & Advocacy Network (LELAN)


⁴¹ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission

⁴² *ibid.*

⁴³ Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134–141. <https://doi.org/10.1037/h0095032>

⁴⁴ Concept of Personhood. Centre for Health Ethics School of Medicines, University of Missouri <https://medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/personhood>

⁴⁵ White F.J. Personhood: an Essential Characteristic of the Human Species 2013 Feb 1. doi: 10.1179/0024363912Z.00000000010



Partnership • A bringing together individuals and groups focussed on improving the health experience and health outcomes. Partners may be individuals and or groups, community organisations, sectors, governmental or non-governmental agencies, who work together for a common goal, based on mutually agreed roles and principles⁴⁶. Partnering with a person/consumer in their own care is an essential component of person-centred care.

Practice governance • The set of relationships and responsibilities established by a service provider between its management, workforce and stakeholders, including consumers⁴⁷.

Power • The advantage held by those at the top of hierarchies based on race, class, gender, sexual orientation, religion, ability, geography, and other characteristics⁴⁸. Power in policy processes as it relates to health equity involves multiple factors, including government, industry and public interest organisations and civil society, and that these actors hold and exert different types of power, and use them in different forms and spaces⁴⁹.

Power imbalance⁵⁰ • Exists when one, or a group of members of the partnership, is able to dominate decision- making or otherwise asserts power in ways that disadvantages other partners and is not in the best interest towards achieving the partnership objectives. It must be acknowledged that a power imbalance exists between the consumer and health practitioner and can be mitigated by a person-centred care approach.

Positionality • How differences in social position and power shape identities and access in society⁵¹.

Principles • A set of propositions that serves as the foundation of fundamental truth. In relation to lived experience these principles flow from values, and shape how lived experience work is practiced and embody the character and philosophy of Lived Experience workforce. These principles are written from the perspective of the Lived Experience workforce. However, principles inform practice and are also intended to guide and inform commissioning and funding bodies, policy makers and organisations⁵².

⁴⁶ Abeykoon P. Partnerships in Health Development. *Journal of Health Management*. 2021;23(1):143-154. doi:10.1177/0972063421995007

⁴⁷ Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Mental Health Standards for Community Managed Organisations*. Sydney: ACSQHC; 2022


⁴⁸ Heller, J.C. PhD., Little, O.M. PhD., Faust, V. MPA., Tran, P. MPHv., Givens, M.L. PhD., Ayers, J. MPH, RN., Farhang, L. MPH. Theory in Action: Public Health and Community Power Building for Health Equity. *Journal of Public Health Management and Practice* 29(1):p 33-38, January/February 2023. | DOI: 10.1097/PHH.0000000000001681

⁴⁹ Friel, S., Townsend, B., Fisher, M., Harris, P., Freeman, T., & Baum, F. (2021). Power and the people's health. *Social science & medicine*, 282, 114173.

⁵⁰ Anticipating, managing and mitigating power imbalances, *The Partnering Initiative* <https://www.thepartneringinitiative.org/wp-content/uploads/2018/12/Managing-power-imbbalances.pdf>

⁵¹ The University of British Columbia. n.d. Positionality & Intersectionality. <https://indigenousinitiatives.ctlt.ubc.ca/classroom-climate/positionality-and-intersectionality/#:~:text=Positionality%20refers%20to%20the%20how,identities%20and%20access%20in%20society>

⁵² Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived experience Workforce Guidelines*. 2021, National Mental Health Commission



Responsibility • Being responsible, accountable, or answerable for something that is within one's control, management or power⁵³. In the context of care, is a commitment to the prevention and management of care concerns through systematic approaches in service culture, training, reporting, and review processes⁵⁴.

Restorative Just Culture⁵⁵ • Aims to repair trust and relationships damaged after an incident. It allows parties to discuss how they have been affected, and collaboratively decide what should be done to repair the harm. The goals of restorative just culture is to accept appropriate responsibility for what has happened, recognise the seriousness of harms caused, humanise the people involved, allow for emotional healing and address the causes of harm.

Risk • Is the likelihood that an event will occur that will cause some type of undesirable effect. Risk events can occur anywhere, anytime. They may be predictable or not, controllable or not, and caused by internal or external variables. Risk exists along a spectrum, and identical events may be deemed more or less “risky” by different parties depending on their perspectives⁵⁶.

This cannot be seen in isolation of dignity or risk where people with lived experience having the right for choice and control and dignity of risk, but health providers breach this right when assessing risk against duty of care and determining a person's of capacity using a reductive rather than strengths-based approach.

Safe-enough • Provides visibility and acceptance of the reality that some people, due to past experiences of harm, discrimination or coercion and restraint do not feel safe regardless of what setting they're in. As the individual cannot feel wholly safe, creating an environment in which the individual feels safe-enough becomes the aim of those trying to create positive, meaningful environments that allow for vulnerability and authenticity.

Safeguarding⁵⁷ • To assess the risk of, and take action to promote, protect and prevent harm to the health, wellbeing and human rights of a person to live free from abuse, neglect, mistreatment or exploitation.


⁵³ <https://www.dictionary.com/browse/responsibility>

⁵⁴ Department for Child Protection. 2021. Service provider responsibilities in the management of care concerns. <https://www.childprotection.sa.gov.au/documents/service-providers/proposed-service-provider-responsibilities-management-care-concerns.pdf>

⁵⁵ Dekker, S. 2018. Restorative Just Culture Checklist. <https://www.safetysafely.com/wp-content/uploads/2018/12/Restorative-JustCultureChecklist-1.pdf>

⁵⁶ Power Moves Your essential philanthropy assessment for equity and justice <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

⁵⁷ SA Health. 2023. Adult Safeguarding Unit. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+for+health+and+wellbeing/office+for+ageing+well/adult+safeguarding+unit/adult+safeguarding+unit>



Self • An individual as the object of that individual's own reflective consciousness. One's self is one's sense of who they are, deep down one's identity. It is the totality of the individual, consisting of all characteristic attributes, lived experience, conscious and unconscious, mental and physical⁵⁸. From an Aboriginal and Torres Strait Islander collectivist perspective, self is also viewed as inseparable from, and embedded within, family and community⁵⁹.

Self-determination⁶⁰ • Each individual has choice in determining how their lives are governed and their development paths. They participate in decisions that affect their lives. This includes a right to formal recognition of their group identities and have control over their lives and future including their economic, social and cultural development.

Values • The things that are important to us as individual or as a collective, in the way we live and work. Values are the pillars of the Lived Experience workforce and inform Lived Experience practice⁶¹. Lived Experience work is distinguished not so much by what Lived Experience workers do but how they do it. The how is guided by Lived Experience work principles and values.

⁵⁸ American Psychological Association Dictionary of Psychology <https://dictionary.apa.org/self>

⁵⁹ Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective. In P. Dudgeon, M. Milroy, & R. Walker. (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition* (p.55-68). Canberra: Commonwealth of Australia. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>

⁶⁰ Australian Human rights Commission <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination>

⁶¹ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived experience Workforce Guidelines. 2021, National Mental Health Commission



About LELAN

LELAN is the peak body in South Australia *by, for and with* people with lived experience of mental distress, social issues or injustice. Our purpose is to amplify the voice, influence and leadership of people with lived experience to drive systemic change. LELAN has led philanthropic, state and federally funded projects as well as completed commissioned pieces of work.

LELAN's systemic advocacy targets the mental health and social sectors in South Australia, whilst our thought leadership and expertise on lived experience expertise and leadership is borderless.

By centring the experiences, collective insights and solution ideas of people with lived experience in all of our work, as well as being immersed in the lived experience community from grassroots to strategic and governance levels, LELAN demonstrates the principles, practices and change dynamics that the social sector is calling for and desperately needs. Because of our strong and trusted relationships with people in the lived experience community we are able to have deeper conversations about things that matter, drawing our collective experiences and action together in purposeful ways.

LELAN has extensive experience and a proven methodology for leading lived experience-led and/or co-creation initiatives, frequently with a focus on sensitive issues and including groups that bring divergent perspectives to the conversation. The organisation has three external facing strategic pillars:

- Developing the capability and influence of people with lived experience.
- Nurturing organisational and sector capacity for partnering with people with lived experience, and
- Impacting system improvement agendas to benefit people with lived experience.

LELAN was founded in 2017. The organisation received its first funding in 2019, the result of which led to the launch of *A Roadmap for Strengthening Lived Experience Leadership for Transformative Systems Change in South Australia* and the groundbreaking *Model of Lived experience Leadership* in 2021 (both can be accessed at www.lelan.org.au/alel).

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