Lived and Living Experience Leadership Framework 2026–2036

Summary

VICTORIA State Government | Department of Health

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Introduction

This summary provides a high-level overview of *Victoria's Lived and Living Experience Leadership Framework 2026–2036 (Leadership Framework)* which sets out the strategic context, purpose and directions for lived and living experience leadership, workforces and partnerships across the whole of Victoria's mental health and wellbeing system. It provides a high-level overview of the background, rationale and directions that underpin the five priority areas introduced in the *Leadership Framework*.

The *Leadership Framework* applies to programs and services such as mental health, alcohol and other drugs (AOD), harm reduction, suicide prevention and gambling harm services and programs operating in Victoria (the mental health and wellbeing system). It reflects input from cross-disciplinary and cross-sector lived and living experience leaders and experts, lived and living experience communities, services, lived and living experience-led organisations and recommendations from the Royal Commission into Victoria's Mental Health System (Royal Commission).

While the *Leadership Framework's* scope is limited to Victoria, it is informed by the broader context of increased recognition and growth of lived and living experience in other states and territories. It also reflects national and international scholarship, and the global shift towards lived and living experience leadership.

This summary is for service delivery organisations, lived and living experience workforces, clinical and other workforces, educators and professional bodies, peak bodies, researchers, policymakers, and community members. All of these groups have a part to play in delivering the vision of the *Leadership Framework*: A transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation.

We acknowledge that the development of the *Leadership Framework* may not have included all lived and living experience communities, disciplines and perspectives. Information about who has contributed can be found in *Foundations for transformation: Building lived and living experience leadership in Victoria*. This is a starting point, and we will continue to review and reflect on the ways that existing and emerging lived and living experience communities are meaningfully included and how different communities define their identities, experiences and histories.

What is lived and living experience leadership and why do we need it?

In the context of the *Leadership Framework,* **lived and living experience** refers to the unique perspective of people who have experienced or are experiencing mental health challenges or psychological distress, substance use, addiction, alcohol and other drug harms, treatment and/or recovery, and related experiences – whether they have a formal diagnosis or have accessed formal services or supports, including those who have been unable or chosen not to do so. It also includes people who are family members, carers, kin or supporters of people who have, or have had, those experiences. People with lived and living experience may have engaged with the mental health, AOD, harm reduction, suicide prevention, and gambling harm services and programs, or not.

Lived and living expertise refers to discipline knowledge that is informed by collective experience, and the ability to apply that knowledge in workforces. It is grounded in collective knowledge and/or experience of service and system environments, historical and contemporary social movements, and systemic advocacy. Many people build this expertise through lived and living experience practice, including through direct and indirect forms of work such as peer support work, community engagement, education, research and advocacy. Their practice is informed by the collective knowledge base, values and principles of their lived and living experience communities. There is strong evidence that organisations and programs led by people with lived and living experience who reflect the community's diversity and intersectionality, improve outcomes and drive broader change.

The Royal Commission recognised the unique value of lived and living expertise and clearly communicated that lived and living experience leadership must be central to designing, operating, and strengthening that system.

Lived and living experience leadership builds on traditional conceptualisations of leadership by drawing on the insight, wisdom and authority that arises from individual and collective lived and living experience. It is a distributed form of leadership which encompasses formal and informal leadership positions, being both personal and political, and shaped by social movements that advocate for dignity, human rights, equity, self-determination and humane systems of care and inclusion.

The *Leadership Framework* focuses on formal leadership roles (e.g., board directors, CEOs, senior executives, managers, team leaders, coordinators, researchers, evaluators, trainers, educators, project leads, peer support and advocacy roles) across a variety of settings (e.g., government and steward organisations, hospitals and healthcare providers, not-for-profits and charities, universities and research institutes, community and grassroots organisations). However, lived and living experience leadership is diffuse and practised in a range of roles and settings and is therefore not limited to those in formal leadership positions.

The majority of Victorian lived and living experience workforces comprise peer workers working in mainstream and non-government service delivery settings. They are a critical component of our lived and living experience workforces, and there is ongoing demand for the expansion and integration of peer workforces across all parts of the system. Other roles such as formal management and executive positions are still emerging. There are also lived and living experience experts who specialise in technical areas such as design, education, research and evaluation who work across the system.

Why Victoria needs a lived and living experience leadership framework

Substantial Victorian Government investment in lived and living experience workforce development has supported the growth of lived and living experience workforces in recent years through workforce entry pathways, training, development, and formalisation of discipline practice.

However, workforce growth has been uneven across the system due to the different ways in which Victoria's mental health, AOD, harm reduction, suicide prevention and response initiatives have been delivered, the distinct ways in which these workforces have emerged, and barriers to workforce entry (particularly for people from different cultural, intersectional backgrounds and identities). This means that the equitable advancement of different lived and living experience communities, disciplines, leadership, workforces and partnerships has been uneven. Recognising the broad range of different lived and living experience communities and perspectives and ensuring all voices are heard is essential to building fairer, more inclusive systems led by people with lived and living experience.

Lived and living experience leadership brings specialist expertise grounded in individual and collective experience, discipline knowledge, values and practice. It strengthens the mental health and wellbeing system by bringing different ways of understanding need, sharing power and shaping more inclusive, equitable and accountable responses.

The mainstream health and wellbeing system and other organisational environments in which people with lived and living experience operate are often at odds with lived and living experience values-based models and paradigms. Lack of understanding, recognition and credibility of lived and living expertise and practice undermines lived and living experience workers' psychological safety, limits meaningful authorisation of roles and practice, and risks dilution and co-option of lived and living experience discipline and perspectives within normative and mainstream contexts.

Limited research and evaluation to build the evidence base of lived and living expertise and support approaches that demonstrate impact and outcomes perpetuates this problem.

Our Leadership Framework

Victoria's *Lived and Living Experience Leadership Framework 2026–2036* sets out a shared vision for lived and living experience leadership with the aim of system transformation. Its purpose is to be a roadmap towards a transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation, with a focus on workforce, leadership and partnership across Victoria's mental health and wellbeing system.

The *Leadership Framework* outlines three implementation phases over ten years, with an implementation plan intended for each phase. Implementation is intended to occur in partnership across the system with people with lived and living experience leading the way. Governance will include innovative approaches to supporting activities.

The formal governance group will include government and non-government members and be connected and accountable to lived and living experience communities. The *Leadership Framework* will be monitored regularly throughout its implementation, with monitoring aligned to the Mental Health and Wellbeing Outcomes and Performance Framework. Public reports on outcomes will be produced at the end of each implementation phase.

Priority areas

Five priority areas have been developed through consultation with lived and living experience experts, key stakeholders and analysis of documents to identify where to focus our collective efforts.

The priority areas are interconnected and designed to work together, with each reflecting the following key enablers for lived and living experience leadership, workforces and partnerships:

- Allyship throughout the system with people in clinical and other workforces actively promoting and enabling lived and living experience leadership.
- Diversity within leadership structures and organisational cultures to ensure that leadership reflects the richness of lived and living experience.
- Accountability to ensure lived and living experience leadership is prioritised and integrated.
- Research and evidence to inform practices, policies and decision-making.
- Evaluation to ensure outcomes are being achieved.

Priority areas	How it will be achieved	What success looks like
1 Grow lived and living experience workforces and leadership so that everyone can access lived and living experience supports, programs and services.	Discipline-specific workplace supports, training and career development, and through improvements in employment conditions.	Lived and living experience-led and community-led organisations are commonplace, accessible and can be accessed by everyone. Lived and living experience workers and leaders reflect the communities they serve. They are embedded and evenly represented at all levels and across functions and have equitable employment conditions.
2 Strengthen lived and living experience workforces and disciplines to increase professional visibility and broaden lived and living experience careers and expertise.	Developing and broadening lived and living experience practice across a range of settings. Set expectations and build organisational and broader workforce capability to effectively embed, partner with and enable lived and living experience discipline practice and leadership.	Lived and living expertise is recognised, respected and enabled as specialist expertise within the system, shaping policy, service design, education, research and evaluation. Career pathways are varied, clear and accessible. The histories of each lived and living experience discipline are recognised and valued. Lived and living experience-led and community-led organisations are visible, resourced and well-connected.

Priority areas (continued)

Priority areas	How it will be achieved	What success looks like
3 Drive lived and living experience-led culture change across the system.	Build organisational capacity and capability to partner with lived and living experience workforces and leaders and embrace and champion lived and living experience values and ways of working, so that our workforces are safe, supported, and authorised in their role as change agents.	Lived and living experience workers are supported in culturally safe, inclusive and rewarding roles within capable, accountable and committed organisations. They are authorised and supported to drive change. Allyship is active and partnership between lived and living experience workers and colleagues from other disciplines is standard. Service cultures actively promote and protect human rights, inclusion and autonomy.
4 Embed lived and living experience leadership, decision-making and governance at all levels.	Lived and living experience holds equal or greater weight in decision-making roles across all levels of the system. Genuine partnership models with lived and living experience leaders balance power and centre lived and living expertise to evolve Victoria's understanding of and response to community needs.	Lived and living experience leaders hold decision-making roles across systems and sectors, leading and partnering in commissioning and evaluation. Policies, laws and investments are informed by lived and living experience. Lived and living experience governance is embedded, and Victoria's lived and living experience leaders influence national and international conversations.
5 Diversify lived and living experience workforces and leadership across disciplines and sectors.	Develop lived and living experience workforces and leadership that reflect Victoria's diversity so people from all cultural and intersectional backgrounds and identities have fair access to power, opportunities and feel safe-enough, valued and supported to lead. The system is shaped by diverse lived and living experience to better meet the needs of all Victorians.	Lived and living experience workforces and leaders reflect the diversity and intersectionality of Victoria's communities, holding visible, influential roles across the system. Workplaces are culturally safe-enough, inclusive and equitable, and organisations are well-supported, responding to inequity and sharing power with diverse lived and living experience communities. Pathways into lived and living experience leadership are accessible.

Examples of good organisational practice that illustrate the five priority areas are included in the *Leadership Framework* to help guide implementation: Access Health and Community; Mind Australia; Victorian Pill Testing Service; Alfred Mental and Addiction Health; and Muslim Youth, Adult and Families.

How will the Leadership Framework be implemented

The *Leadership Framework* will provide guidance across three implementation phases over 10 years, with implementation led by people with lived and living experience in partnership with government, services, lived and living experience-led and community-led organisations, peak bodies, educators, researchers, policymakers and allies across Victoria's mental health and wellbeing system.

Each phase will support coordinated action, ongoing learning and public reporting on progress, helping to build the shared conditions, relationships and system capability needed for lived and living experience leadership to take root and deepen across the system.

We acknowledge the expertise, strength, courage, commitment and contributions of everyone involved in developing the *Leadership Framework*. Together, we can help realise a transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation.