Lived and Living Experience Leadership Framework 2026–2036

Towards a lived and living experience-centred system

VICTORIA State Government | Department of Health

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

Acknowledgements

Acknowledgement of Aboriginal and Torres Strait Islander people living in Victoria

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia's First Peoples and the Traditional Owners and custodians of the lands and waters on which we live, learn, work and play. We pay our respects to Aboriginal and Torres Strait Islander Elders and leaders, past and present. We recognise the ongoing enrichment that Aboriginal peoples, culture and communities bring to the cultural landscape of this state. We acknowledge that sovereignty has never been ceded.

Since time immemorial, Aboriginal and Torres Strait Islander peoples have practised their lores, customs and languages and nurtured Country through spiritual, material and economic connections to land, water and resources. These connections are central to Aboriginal social and emotional wellbeing.

We acknowledge the historic and ongoing impacts of colonisation, including the dispossession of land and culture and the systemic injustices that have caused intergenerational trauma, which continues to affect Aboriginal and Torres Strait Islander communities. We recognise the critical importance of self-determination as a human right and commit to working in partnership with Aboriginal and Torres Strait Islander communities to advance self-determined approaches.

Implementation of this *Lived and Living Experience Leadership Framework* will create space for the voices and distinct expertise of Aboriginal and Torres Strait Islander lived and living experience leadership to achieve the priority areas outlined in this framework.

We know we get better outcomes when Aboriginal and Torres Strait Islander peoples are making the decisions that affect their own communities. Victoria's Statewide Treaty provides a pathway for First Peoples to have a say on the policies that affect them. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal and Torres Strait Islander peoples living in Victoria.

We look forward to a time where, through the Treaty process and self-determination, we have recognised the wrongs of the past, made peace and can walk together with greater respect, understanding and connection, and fully celebrate the strength, resilience and diversity of Aboriginal and Torres Strait Islander peoples living in Victoria.

Recognising people with lived and living experience

We proudly recognise the lived and living experience of Victorians.

We value and embrace the stories, insight, expertise and advocacy drawn from many different walks of life, including experiences of mental health challenges, psychological distress, suicidality, substance use and addiction, alcohol and other drug harms, treatment, recovery and related experiences. We acknowledge Aboriginal and Torres Strait Islander community members and leaders, people from all cultural and intersectional backgrounds, identities and places, as well as those working across lived and living experience communities, disciplines and perspectives, including creative expression, practice and research.

We honour all of those who have contributed to this work. While we have involved many voices in developing this *Leadership Framework*, we acknowledge that not all perspectives are represented. We commit to continually strengthening our efforts to engage widely and listen deeply, particularly to hardly-reached groups, and to improve access and equity for all within the mental health and wellbeing system.

We acknowledge that the systems we work within have historically caused harm and that stigma, discrimination and injury remain a feature of systems that should exist to serve and support the journeys of consumers, service users and their families, carers, kin and supporters.

We thank those who have led the way in the past, those leading system change now, and those who will find their voices and step into spheres of influence in the future.

We commit to working together in the spirit of reciprocity and genuine partnership to achieve the Royal Commission's vision of system transformation and the equivalent reform commitments in the Victorian Alcohol and Other Drugs Strategy 2025–35.

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Minister's foreword

For many years, people have shared their experiences, challenged stigma and called for a mental health and wellbeing system that better listens to and responds to people who use it. Their knowledge is a distinct and valuable form of expertise, grounded in experience of mental ill health, psychological distress, substance use and addiction and in supporting others through these experiences.

Too often, however, this expertise has not been sufficiently recognised, valued or embedded in the way our mental health and wellbeing system is designed and delivered. The Royal Commission into Victoria's Mental Health System made clear that this must change, and that people with lived and living experience must have a meaningful role in shaping the mental health system they experience.

Since then, Victoria has made important progress. We have invested in growing lived and living experience workforces, strengthening lived and living experience leadership and supporting lived and living experience-led organisations and initiatives. Across the state, this expertise is increasingly informing how mental health and wellbeing services are designed, delivered and evaluated, helping to create a mental health system that is more responsive, compassionate and person-centred.

But there is more to do.

The Lived and Living Experience Leadership Framework 2026–2036 (*Leadership Framework*) sets out a shared vision for the next stage of this work. It recognises lived and living experience as a unique and valuable form of expertise and provides a roadmap for strengthening leadership, workforce development and partnership across Victoria's mental health and wellbeing system over the next decade.

Importantly, this framework has been shaped by people with lived and living experience from across Victoria. It reflects the voices, perspectives and aspirations of diverse communities, including Aboriginal and Torres Strait Islander peoples, people from multicultural and multi-faith communities, and LGBTIQA+ communities. Their contribution has been fundamental to the development of this framework and will remain central to its implementation.

I thank the many individuals, organisations and leaders who have contributed their time, expertise and commitment to this work. Your advocacy, insight and generosity continue to strengthen our system and improve outcomes for Victorians.

Together, we have an opportunity to build on the progress already made and create a future where lived and living experience leadership is embedded across every level of our mental health and wellbeing system. I look forward to continuing that work in partnership with lived and living experience communities as we build a mental health and wellbeing system that listens, learns and responds to the people it exists to serve.

Ingrid Stitt MP
Minister for Mental Health

Foreword by lived and living experience partners

Lived and living experience leadership is a concept which draws on the insight, wisdom and authority that arises from individual and collective lived and living experience workforces. At the heart of these workforces is expertise – gained through both individual and collective experience of navigating mental health challenges, psychological distress and/or substance use or addiction.

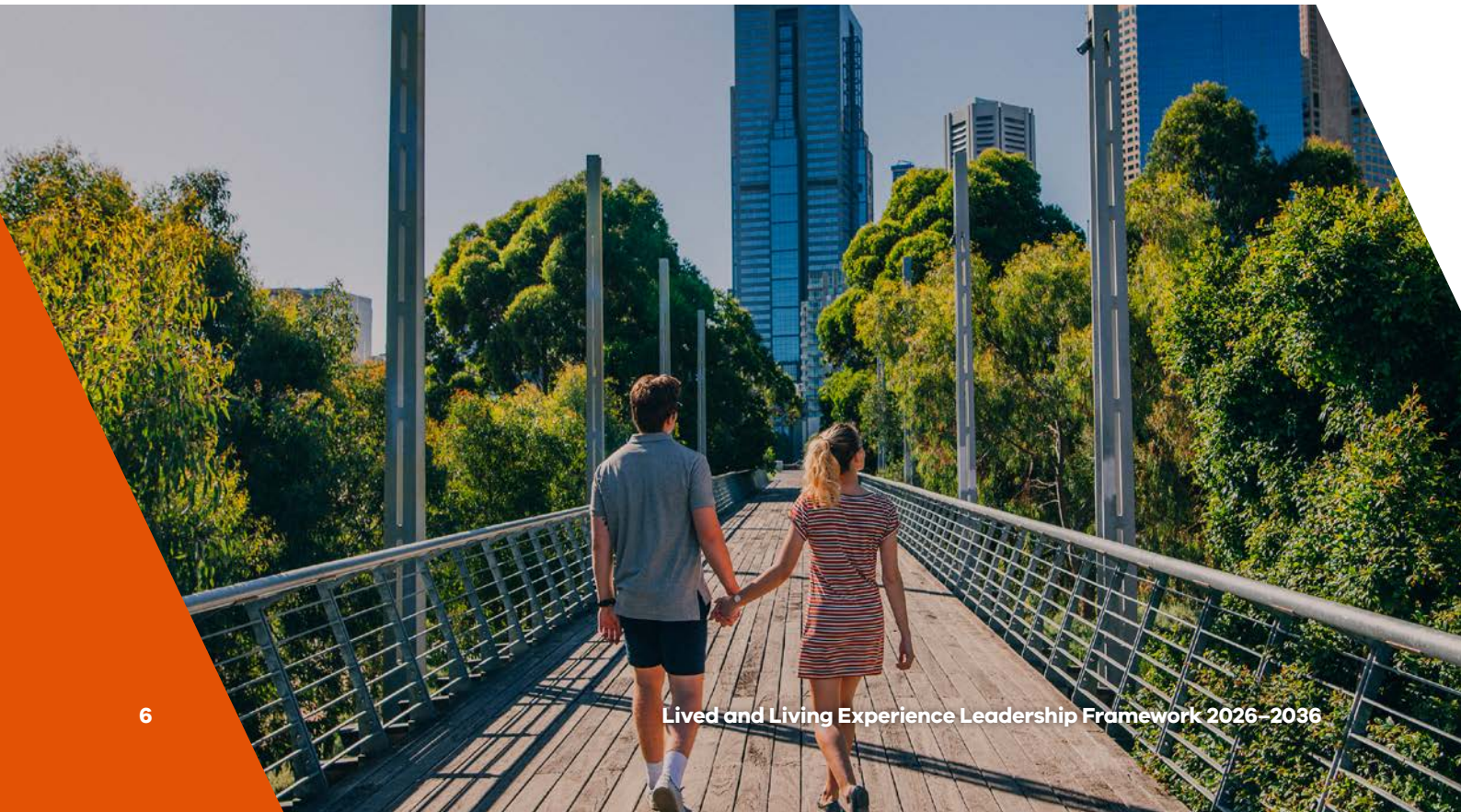
This expertise has been central to the development of the *Leadership Framework* and is reflected in the strategic principles and priority areas.

This framework draws on the rich history of lived and living experience activism and intersectional voices. It acts on the collective need to transform the mental health and wellbeing system to better serve all Victorians.

The *Leadership Framework* delivers on the Royal Commission's vision to centre people with lived and living experience in the leadership, design and delivery of mental health services, to ensure the system reflects their needs and perspectives.

Many people with lived and living experience have been involved in creating the *Leadership Framework*, including a dedicated and diverse group of lived and living experience technical experts, whose insights were foundational to this work. While we honour the significant voices of people with lived and living expertise in this project, we recognise that not all perspectives and voices are represented. The *Leadership Framework* represents a starting point for engaging further and we look forward to elevating lived and living experience equally across disciplines, perspectives, settings and sectors as part of implementation.

We are pleased to support the release of this *Leadership Framework* and stand ready to work in partnership to grow and champion lived and living leadership into the next decade and beyond.



Contributing voices to the Leadership Framework

We acknowledge the expertise, strength, courage, commitment and contributions of people who worked on the development of the *Leadership Framework*.

Lived and living experience-led peak bodies, agencies, organisations, technical experts and system stewards collaborated to develop the vision, priority areas and core content of the *Leadership Framework*. This work involved lived and living experience-led research and engagement with people across a broad range of communities, sectors, and experiences.

We thank and acknowledge our technical experts for their contributions and the Self Help Addiction Resource Centre (SHARC) for supporting the engagement of their expertise. Contributors brought a diverse range of perspectives including consumer/peer and family/carer/kin/supporters from mental health, alcohol and other drug (AOD) and harm reduction, skills, experience and discipline expertise, including diversity and intersectionality.

The *Leadership Framework* would not have been possible without the leadership, commitment and contributions of:

Access Health and Community
Albury Wodonga Health
Alfred Mental and Addiction Health
Australian Injecting and Illicit Drug Users League (AIVL)
Bendigo Health
Better Health Network
Carers Victoria
Centre for Mental Health Learning (CMHL)
Consumer Academic Program (CAP), Centre for Mental Health Nursing, University of Melbourne
Eating Disorders Victoria (EDV)
Ermha 365
Family and Carer Research and Advocacy Network (FaCRAN)
Goulburn Valley Health
Grampians Health
Griffith University
Harm Reduction Victoria (HRVic)
Lived Experience Leadership and Advocacy Network (LELAN)
Medically Supervised Injecting Room (MSIR)
Mental Health and Wellbeing Commission
Mental Health and Wellbeing Division, Department of Health
Mind Australia
Muslim Youth, Adult & Families (MYAF) Program
Neami
North Richmond Community Health
Orygen
Primary Health Networks (Victorian)
Roses in the Ocean
Safer Care Victoria (SCV)
Sane Australia
Satellite Foundation
Self Help Addiction Resource Centre (SHARC)
Solis Culture and Mental Health
St Vincent's Hospital Melbourne
Tandem
The Balit Durn Durn Centre
The Bouverie Centre
The Carer Lived Experience Workforce network (CLEW)
The Indigenous Australian Lived Experience Centre (IALEC)
The Victorian Collaborative Centre for Mental Health and Wellbeing
The Victorian Pill Testing Service
University of South Australia
Victorian Mental Illness Awareness Council (VMIAC)
Victorian Transcultural Mental Health (VTMH)

We extend our sincere gratitude to the First Nations lived and living expertise from the Centre for Mental Health Nursing's Consumer Academic Program (CAP). They are currently undertaking standalone work to guide future directions on Aboriginal and Torres Strait Islander lived and living experience leadership (Foundations for transformation, 2026). We also acknowledge the foundational work undertaken by the Indigenous Australian Lived Experience Centre (IALEC) prior to the Centre for Mental Health Nursing's involvement.

While we took great care to address potential barriers to engagement, we acknowledge our efforts can always be strengthened and look forward to engaging further with those most invested and impacted by the *Leadership Framework*. We have, to our best efforts, listed all organisations and groups involved and have worked hard to ensure all contributions are recognised and apologise for any inadvertent omissions.

A note on language and terminology

Language plays an important role in promoting inclusion, reducing stigma and reflecting how people understand their identities and experiences.

We have sought to use language throughout this framework that is respectful, inclusive and informed by the communities it represents. We recognise that language evolves over time and that individuals and communities may have different preferences.

Unless otherwise stated, references to people with lived and living experience include people with experience of mental health challenges, psychological distress, substance use and addiction, alcohol and other drug harms, treatment, recovery and related experiences, as well as families, carers, kin and supporters.

We use 'person', 'person with lived or living experience', 'consumer' and 'service user' rather than terms such as 'client' or 'patient'. We use 'families', 'carers', 'kin' and 'supporters' to include partners, carers, significant others, friends and anyone who has a personal, supporting or caring relationship with the person. Kin refers to complex networks of family, kin/kinship structures, and friends (Victorian Aboriginal Community Controlled Health Organisation Inc., 2020). Kinship is a key dimension of Aboriginal Social and Emotional Wellbeing (SEWB) alongside other components such as Connection to Country, Spirit, Community and Culture (Department of Health and Human Services, 2017).

We also use the term diversity which includes cultural identity, faith, ethnicity, gender, age, ability and socio-economic status and the term intersectionality, which describes how these aspects of identity intersect to create overlapping forms of marginalisation.

The terms 'Aboriginal and Torres Strait Islander' and 'First Nations' are used interchangeably throughout this framework in recognition of the diverse preferences of Aboriginal and Torres Strait Islander peoples across Victoria.

Unless otherwise specified, the terms 'we' and 'our' refer to the collective partners responsible for implementing this framework, including the Victorian Government, system steward organisations, funded services, lived and living experience-led organisations, peak bodies, community-led organisations, statutory and independent entities, industrial bodies and other sector partners.

A glossary of key terms is provided in *Foundations for transformation: Building lived and living experience leadership in Victoria (2026),* referred to throughout this document as *Foundations for transformation*.

Key terminology

The following terms are central to the *Lived and Living Experience Leadership Framework 2026-2036*. A full glossary, with further explanation, is provided in *Foundations for transformation*.

Term	Definition
The mental health and wellbeing system OR system	This includes, but is not limited to, mental health, alcohol and other drugs (AOD), harm reduction approaches, organisations, movements and disciplines, suicide prevention and gambling harm services and programs, with other fields in which lived and living experience leadership exists or is emerging to be included over time. Unless otherwise indicated, the scope is limited to programs and services within the policy and funding remit of the Department of Health's Mental Health and Wellbeing Division and other system steward organisations.

Key terminology (continued)

Term	Definition
Person with lived and living experience	There are many ways to identify a person with lived and living experience. In this *Leadership Framework*, a person with lived and living experience refers to the unique perspective of people with experience of mental health challenges, psychological distress and/or substance use and addiction, alcohol and other drug harms, treatment and/or recovery and related experiences. A person with lived and living experience also includes people who are family members, carers or supporters of people who have or have had these 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. These experiences have profoundly impacted their life/worldview (Byrne et al., 2021). A person with lived and living experience may have a dedicated role within the mental health and wellbeing system. They may also work in another capacity to provide a unique lived or living experience voice in participatory processes. This may include involvement with consumer, service user, or family, carer, kin and supporter groups or communities. This definition is a starting point and may need to evolve as the *Leadership Framework* is implemented.
Lived and living experience workforces	A collective term for individuals who draw on and contextualise their personal lived and living experience with lived experience principles, frameworks, and discipline practice to inform their work. They may do this in frontline roles such as peer support or individual advocacy, or systemically through leadership, system advocacy, education, policy development, research and community development. These roles are designated positions in which lived and living experience is the key expertise criterion. These workforces use lived and living experience which is built through formal and informal lived and living experience practice, including community engagement, peer work and other lived and living experience work and advocacy.
Lived and living experience leadership	Lived and living experience leadership builds on traditional 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, self-determination and humane systems of support and inclusion. Lived and living experience leadership encompasses a variety of 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). In this framework, leadership includes, but is not limited to, designated workforce roles.
Lived and living experience partnership	Partnerships are characterised by multiple, interdependent and mutual relationships. They cultivate trust and recognise, respect, and value all partners' knowledge and expertise equally. Partnerships focus on a shared vision and the achievement of common goals. Realising genuine partnership takes time and commitment. Partnerships between people with lived and living experience, governments, services, and other stakeholders should understand each other's philosophies, language, culture, and context. They should acknowledge and address power imbalances and the harms caused by systems, stereotypes and discrimination. Partnerships should be jointly developed, with shared accountability, agreements and resourcing.

Summary

The Lived and Living Experience Leadership Framework 2026–2036 sets a shared vision for a transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation. It provides a 10-year roadmap for strengthening leadership, workforce development and partnerships across Victoria's mental health and wellbeing system. Through five priority areas, the framework will support system transformation by strengthening leadership, embedding lived and living expertise in decision-making, and ensuring the system better reflects and responds to the diversity of Victorian communities.

Scope statement

This framework applies to lived and living experience workforce and leadership across mental health, AOD, harm reduction, gambling harm and suicide prevention services, programs and systems operating within Victoria. It includes paid and unpaid leadership across worker, organisational and system levels, including service delivery workforce, governance, advisory, advocacy, community leadership, consultant, education, research, evaluation, management, executive and board roles.

The framework recognises that lived and living experience communities and disciplines have distinct histories, identities, practice frameworks and policy commitments, and implementation should support their equitable development rather than treating AOD, harm reduction or gambling harm as extensions of mental health lived experience.

Unless otherwise indicated, the scope is limited to programs and services within the policy and funding remit of the Department of Health's Mental Health and Wellbeing Division and related system steward organisations.

The terms 'we' and 'our' refer to the collective partners responsible for implementing this framework, including the Victorian Government, system steward organisations, funded services, lived and living experience-led organisations, peak bodies, community-led organisations, statutory and independent entities, industrial bodies and other sector partners in scope for the Leadership Framework.

Overview of the Framework

Vision:

A transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation.

How will we achieve this vision

Collective implementation partners will achieve this vision by strengthening leadership, workforce development and partnerships across Victoria's mental health and wellbeing system.

Together, implementation partners will build the capability, influence and diversity of the workforce, embed lived and living expertise in decision-making, and support cultures that value genuine partnership and shared accountability.

Strategic principles

- System transformation is led by consumers, service users, families, carers, kin and supporters.
- Responsibility and accountability for systems change are shared.
- Intersectionality, equity and inclusion are embedded.
- Collaboration enhances mutual growth and co-learning.
- Evidence and knowledge are built and applied.

Priority areas

1. Grow lived and living experience workforces and leadership so that everyone can access lived and living experience supports, programs and services.
2. Strengthen lived and living experience workforces and disciplines to increase professional visibility and broaden lived and living experience careers and expertise.
3. Drive lived and living experience-led culture change across the system.
4. Embed lived and living experience leadership, decision-making and governance at all levels.
5. Diversify lived and living experience workforces and leadership across disciplines and sectors.

Overview (continued)

Together, these strategic principles and priority areas provide a ten-year roadmap for change. Through shared leadership and genuine partnership, they will support the integration of lived and living expertise across policy, governance, research, service design, delivery and evaluation, creating a more inclusive, responsive and person-centred mental health and wellbeing system.

Figure 1: Strategic principles and priority areas

Strategic Principles

System transformation is led by consumers, service users, families, carers, kin and supporters

Responsibility and accountability for systems change are shared

Intersectionality, equity and inclusion are embedded

Collaboration enhances mutual growth and co-learning

Evidence and knowledge are built and applied

Priority areas

1
Grow lived and living experience workforces and leadership so that everyone can access lived and living experience supports, programs and services.

2
Strengthen lived and living experience workforces and disciplines to increase professional visibility and broaden lived and living experience careers and expertise.

3
Drive lived and living experience-led culture change across the system.

4
Embed lived and living experience leadership, decision-making and governance at all levels.

5
Diversify lived and living experience workforces and leadership across disciplines and sectors.

Introduction and overview

Victoria's *Lived and Living Experience Leadership Framework 2026–2036* sets out a shared vision for a transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation. It serves as a roadmap to achieve this vision through workforce, leadership and partnership across Victoria's mental health and wellbeing system, including mental health, AOD, harm reduction, gambling harm and suicide prevention services, programs and systems.

The *Leadership Framework* recognises that the reform of Victoria's mental health and wellbeing system must be driven by and for people with lived and living experience. To enable this, it sets out the principles and priority areas that will underpin system reform over the next ten years.

Understanding lived and living expertise

The *Leadership Framework* defines a collective understanding of lived and living experience in the form of lived and living expertise – the intentional development, integration and application of individual experience with discipline-specific knowledge, perspectives and practice. Lived and living expertise is grounded in collective knowledge and/or experience of service and system environments, and engagement with historical and contemporary social movements and systemic advocacy.

The *Leadership Framework* aims to strengthen how lived and living experience is understood and included, by taking a broader, whole-of-system approach. This includes a commitment to further embedding concepts such as intersectionality, diversity, and Aboriginal and Torres Strait Islander self-determination as the framework continues to evolve.

While the 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 is also reflective of a global shift towards lived and living experience leadership.

Evidence and implementation

The framework is supported by three companion documents commissioned by the Victorian Department of Health:

1. **Literature review:** Lived experience leadership: a review of existing evidence and research on lived and living experience leadership, workforce and partnerships in mental health, AOD and harm reduction contexts.

2. **Lived and living experience:** Leadership, workforce and partnerships analysis of the Royal Commission into Victoria's Mental Health System: an analysis to bring together intentions for lived and living experience leadership and identify reform gaps.

3. **Foundations for transformation:** Building lived and living experience leadership in Victoria: a foundational document that provides the background, rationale and evidence underpinning the priority areas.

The *Leadership Framework* establishes a Victorian-first public policy direction for lived and living experience perspectives across disciplines. It is committed to the equitable advancement of all lived and living experience disciplines and perspectives. This framework provides a shared direction for government, system stewards, funded services, peak bodies, lived and living experience-led organisations, community-led organisations and other sector partners in how to support lived and living experience leadership across multiple settings.

It includes an implementation approach that details the roles of key contributors across the mental health and wellbeing system in meaningfully implementing lived and living perspectives. An implementation plan will be developed in 2026–2027 to guide initial action.

Implementation will also draw on existing lived and living experience workforce development initiatives and discipline frameworks to support alignment, credibility and coherence across mental health, AOD, harm reduction, suicide prevention and gambling harm contexts.

There are multiple audiences and beneficiaries for the *Leadership Framework,* including: service providers, lived and living experience workforces, other workforces, educators and professional bodies, peak bodies, researchers, policymakers, and community members.

The Victorian Alcohol and Other Drugs Strategy 2025–35 also places lived and living experience, including family members and supporters, as central to policy, system and service design (Department of Health, Victoria, 2025). Implementation of the *Leadership Framework* will be informed by AOD lived and living experience, AOD family lived experience, and harm reduction workforce discipline frameworks.

Together, the *Leadership Framework* and supporting documents support the realisation of the Royal Commission's ambitious vision for system transformation with lived and living experience at its heart through the expansion and embedding of lived and living experience leadership, workforce and partnerships across Victoria. As this reform work continues apace, ongoing engagement will continue to ensure the directions and actions remain current and true to the many people with lived and living experience who have co-created this framework.

Why Victoria needs a lived and living experience leadership framework

People with lived and living experience bring expertise that strengthens services, informs policy and improves outcomes for individuals, families, carers, kin and supporters. There is strong evidence that lived and living experience-led approaches contribute to more responsive services, greater inclusion and broader social outcomes, including improved access to health, housing, education and employment. The Royal Commission into Victoria's Mental Health System recognised lived and living expertise as essential to achieving lasting system reform (Royal Commission into Victoria's Mental Health System, 2019).

To build a truly person-centred system, we must move beyond traditional models that concentrate solely on distress and substance use. We need a strengths-based system that values connection, shifts power imbalances, respects rights and choices, and includes lived and living experience leadership at every level. Through shared learning and by building trust with communities, we can ensure that policy and practice are grounded in a strong understanding of social and structural drivers of mental health, substance use and/or addiction and drug-related harm.

Lived and living experience leadership in Victoria

Lived and living experience leadership began as grassroots activism. People from a range of communities, including recovery-focused communities, shared their experiences of injustice, discrimination and harmful mental health practices. Over time, these movements grew into values-driven associations and organisations such as the VMIAC, Tandem, SHARC, the CLEW, and Harm Reduction Victoria (HRVic). Key milestones and the evolution of lived and living experience leadership and workforces in Victoria are detailed in the Our Future report.

Each lived and living experience community has its own history and identity, often linked to broader movements such as queer rights, suicide prevention and anti-incarceration advocacy. Intersectional communities are often part of collectivist cultures and may not identify with a single perspective or see them as mutually exclusive. Despite their differences, these movements share a commitment to human rights, equity, and systems change.

Lived and living experience workforce data:

Workforce data is not consistent across sectors and information about role types, the lived and living experience perspectives represented, workplace settings and demographics is lacking. Qualitative data on the experience of people working in lived and living experience roles is also lacking. Initiatives are underway to enhance the consistency, depth and range of workforce information that is available.

Figure 2: Lived and living experience across the system

Progress and remaining challenges

Today, lived and living experience leadership is embedded across many parts of Victoria's mental health and wellbeing system. Lived and living experience workforces are supporting people in clinical, community and peer-led settings, while lived and living experience leaders are increasingly contributing to service design, policy development, research, education and governance. Dedicated lived and living experience organisations and peak bodies continue to play an important role in advocacy, workforce development and system reform.

Victorian Government investment over recent years has supported significant growth in lived and living experience workforces, leadership opportunities and workforce development initiatives. This has strengthened pathways into lived and living experience roles and contributed to the growing recognition of lived and living experience as a distinct area of expertise.

Many lived and living experience organisations, leaders and workers continue to encounter challenges that limit their influence and impact. In some settings, lived and living expertise is not yet consistently understood, recognised or embedded within organisational culture, governance and decision-making. This can affect psychological safety, limit opportunities for leadership and reduce the effectiveness of lived and living experience roles.

Where lived and living expertise and practice are not consistently understood, recognised or embedded, this can undermine workers' psychological safety, limit meaningful authorisation of roles and practice, and risk dilution and co-option of lived and living experience disciplines and perspectives within mainstream contexts (Loughhead et al., 2024). What perpetuates this problem is the limited research and evaluation to build the evidence base of the effectiveness of lived and living expertise, and inadequate approaches to demonstrate its impact and outcomes. Strengthening the evidence base will be critical to informing future growth and demonstrating the impact of lived and living experience leadership.

Despite this progress, growth has been uneven across disciplines, sectors and settings. Workforce development has occurred at different rates across mental health, AOD and harm reduction services, and significant disparities remain between consumer, family, carer and peer workforces. People from diverse cultural and intersectional backgrounds may also face additional barriers to participation, leadership and career progression.

This means that the equitable advancement of different lived and living experience communities, 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.

Continued system transformation requires a coordinated approach that builds on the progress already made while addressing these challenges. Strengthening leadership, workforce development, organisational capability and genuine partnership will be essential to ensuring lived and living expertise continues to shape the future of Victoria's mental health and wellbeing system.

This framework provides a shared direction for that work over the next decade.

System change depends on the leadership of people with lived and living experience

Victoria's vision for the future is a mental health and wellbeing system that delivers inclusive, personalised, compassionate, integrated care so all Victorians are supported to live and experience the life they want (Department of Health, Victoria, 2024b).

The Royal Commission into Victoria's Mental Health System recognised the unique value of lived and living experience and made clear that lived and living experience leadership must be central to designing, operating, and strengthening that system (Royal Commission into Victoria's Mental Health System, 2021).

The Royal Commission (2021) stated that services are safer and more effective when people with lived and living experience of mental health challenges, psychological distress and/or substance use, or addiction are involved at all levels – from service delivery to senior leadership and decision-making. It also called for lived and living experience to guide policy, research, service design, and evaluation.

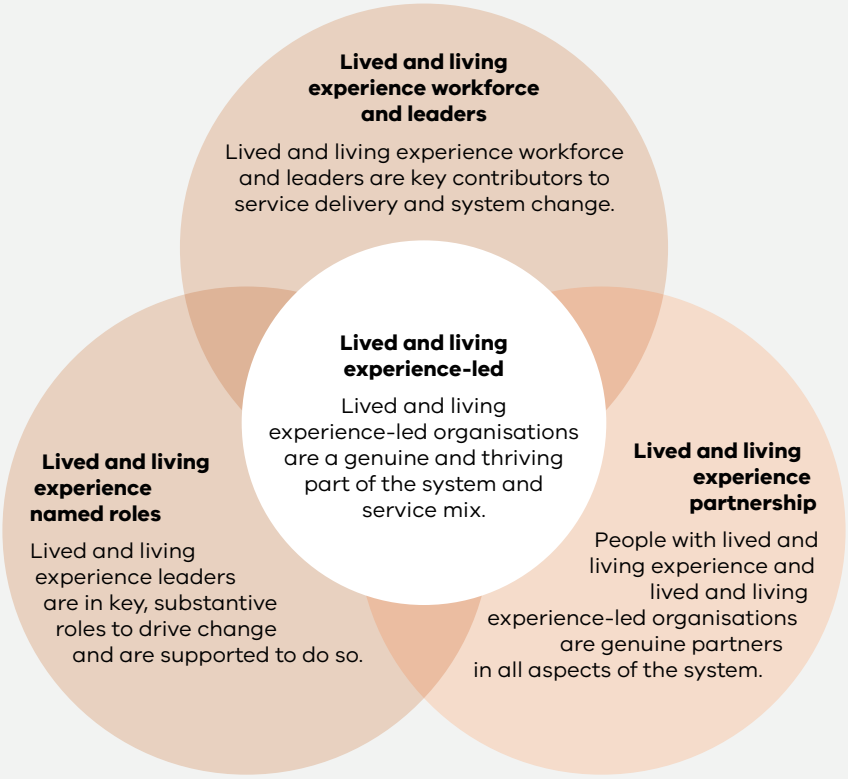
An analysis of the Royal Commission's interim and final reports identified the Commission's directions and recommendations for lived and living experience leadership, workforce development and partnerships, as well as additional enabling conditions required to support implementation. The following catalysts for change were identified (see Figure 3).

While the Royal Commission provides a strong blueprint for lived and living experience leadership, workforce development and partnerships, further action is required to fully realise this vision.

Since reform implementation began in 2021, the demand for lived and living expertise has continued to grow, and we are now seeing tangible outcomes of effective leadership, co-production and engagement. The examples of practice highlighted in the *Leadership Framework* provide a window on this progress.

This *Leadership Framework* sets out a coordinated approach to collective change that recognises and builds on achievements to date while providing the scaffolding to scale, innovate and mature lived and living experience workforces across the system.

Figure 3: Lived and living experience-led organisations



Our Lived and Living Experience Leadership Framework

At a glance

Victoria's vision for the future:

A mental health and wellbeing system that delivers inclusive, personalised, compassionate, integrated care so all Victorians are supported to live and experience the life they want.

A Victoria's vision for LLE Leadership

A transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation.

Strategic principles

System transformation is led by consumers, service users, families, carers, kin and supporters

Responsibility and accountability for systems change are shared

Intersectionality, equity and inclusion are embedded

Collaboration enhances mutual growth and co-learning

Evidence and knowledge are built and applied

Priority areas

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.

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.

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.

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.

5 Diversify lived and living experience workforces andleadership 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.

How we developed the Leadership Framework

Development of the Leadership Framework brought together lived and living experience peak bodies and agencies, technical experts, and other key stakeholders with different perspectives and experiences across mental health, AOD and harm reduction. Lived and living experience-led research and engagement included:

- An analysis of the Royal Commission's interim and final reports' narrative, directions and recommendations to bring together intentions for lived and living experience leadership and identify reform gaps.
- A literature review of existing evidence and research on lived and living experience leadership, partnerships and workforces in mental health, AOD and harm reduction contexts.
- 14 lived and living experience technical experts worked alongside the department's project team to develop the *Leadership Framework* and coordinate research.
- 249 people working in roles and organisations across mental health, AOD and harm reduction participated in lived and living experience-led interviews, focus groups, and surveys.
- 83 key stakeholders tested the *Leadership Framework's* core vision and direction.
- 20+ experts and stakeholders helped to strengthen intersectionality, diversity, equity and inclusion within the *Leadership Framework*.
- Engagement of IALEC and later the Centre for Mental Health Nursing (CMHN), who are undertaking standalone work to guide future directions on Aboriginal and Torres Strait Islander/ First Nations lived and living experience leadership (see *Foundations for transformation*).
- Interviews and write-up of examples of good organisational practice that illustrate the five priority areas are included in the *Leadership Framework*. These practice examples will help guide implementation of the strategic principles and actions.

A project steering group established during earlier stages of development provided oversight and lived and living experience governance for the framework and integrated input from six of Victoria's peak lived and living experience bodies and agencies: Tandem, VMIAC, SHARC, HRVic, the Victorian Collaborative Centre for Mental Health and Wellbeing and the Mental Health and Wellbeing Commission. The Lived and Living Experience Leadership and Workforce Advisory Group provided advice on the document and on aspects of the implementation approach.

The development process also included consultation with a range of key sector stakeholders with different perspectives, skills and experiences to ensure that the *Leadership Framework's* core vision and direction accurately reflect the breadth of aspirations and outcomes for lived and living experience leadership.

The project team considered input from a wide array of individuals and organisations working across Victoria's public mental health and wellbeing system. Our ongoing and iterative implementation and review process will ensure that the *Leadership Framework* remains inclusive, appropriate, and able to evolve alongside lived and living experience leadership.

We are grateful for the generosity of everyone involved in sharing their time and expertise.

Our 10-year vision

A transformed mental health and wellbeing system that centres lived and living experience leadership in its design, delivery and evaluation.

Over the next decade, lived and living experience leadership will support transformation across Victoria's systems — rebalancing power, ensuring human rights-based practices, and bringing depth, wisdom and accountability to how we respond to people experiencing distress, discrimination and exclusion to enhance healing and wellbeing. By keeping lived experience at the centre, it will propel the system to evolve and learn.

When people with lived and living experience are genuinely positioned at the centre, our systems come alive with empathy, relevance and humanity. Services listen deeply. Supports reflect the diversity of people's experiences, cultures and identities. Healing becomes self-directed, relational and grounded in dignity and hope.

In this future, people with lived and living experience will lead and partner at every level — from governance, design and delivery to evaluation and oversight. Their expertise will be valued alongside professional and clinical knowledge, shaping more integrated, responsive and compassionate systems. Peer-led and lived and living experience-led organisations will flourish as trusted, accessible alternatives that offer genuine choice and connection for individuals and families.

Power will be shared through authentic partnership, co-production and shared decision-making. Leadership and workforce structures will reflect this shift, embedding lived and living experience roles across all parts of the system and enabling bold, collaborative innovation.

As the principles and practices of lived experience leadership take root, the system can achieve profound cultural change. Stigma and discrimination will give way to curiosity, understanding and collective care. People will no longer be defined by their distress, but recognised for their courage, insight and contribution.

Ultimately, this vision will be realised when people with lived and living experience are trusted as experts by experience, partners in change and leaders in healing — and when every Victorian feels safe-enough to seek support and feel seen, respected and empowered on their own path to wellbeing when they do so.

Our strategic principles

Lived and living experience leadership is driven by the collective knowledge base, values and principles of their lived and living experience communities. While these communities and movements hold their own distinct identities, there are common values, principles and ways of working that will guide how the partners delivering the framework will work with communities, services and mental health, AOD, harm reduction, suicide prevention and gambling harm services and programs over the next decade.

Table 1: Strategic principles

Name of principle	Description
System transformation is led by consumers, service users, families, carers, kin and supporters	The views and goals of lived and living experience communities and lived and living expertise are elevated and prioritised through genuine power sharing and decision-making.
Responsibility and accountability for systems change are shared	Organisations implementing the *Leadership Framework* are transparent and responsive to lived and living experience communities and report their progress against objectives and outcomes.
Intersectionality, equity and inclusion are embedded	The system is safe, welcoming and non-discriminatory, and is led, shaped, delivered and evaluated by people with lived and living experience – including those from diverse, marginalised backgrounds and those with intersecting identities. Inequity between perspectives, exclusion and silos are actively addressed.
Collaboration enhances mutual growth and co-learning	Relational ways of working, co-learning and mutual growth are valued and practised by lived and living experience communities, allies, sectors and organisations working to improve the system.
Evidence and knowledge are built and applied	Implementation of the *Leadership Framework* will be informed by existing evidence and knowledge. It will further build the knowledge base and allow for learning and adaptation in response to feedback.

Where we will focus our efforts

The *Leadership Framework* reflects the ambition that the system is led, shaped, delivered and evaluated by people with lived and living experience. 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 efforts.

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

The five priority areas are outlined in Table 2.

Table 2: Priority areas

Priority areas	How it will be achieved
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.
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.
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.
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.
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.

Priority areas

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.

What we heard

Stakeholders told us that lived and living experience workers and leaders are essential to transforming the system. They bring holistic, trauma-informed and relational perspectives that balance clinical approaches and strengthen how care and support are provided. Lived and living experience workers help create more inclusive, compassionate, and effective services that reflect people's real experiences and needs.

Still, opportunities for lived and living experience leadership remain limited and inconsistent. Many lived and living experience roles remain undervalued or misunderstood, and in mainstream settings, organisational cultures and practices often conflict with lived and living experience values. Growth in lived and living experience roles has been unplanned and uneven across perspectives. Some sectors have progressed faster than others, and many people with lived and living experience continue to face barriers such as unclear job pathways, a lack of senior roles and opportunities for career progression, and low pay. In some organisations, roles remain isolated or undervalued, with limited access to supervision or peer networks.

Stakeholders want to see stronger and more consistent structures and support for lived and living experience roles and leadership across all settings. They also want to see more lived and living experience-led and community-led organisations and stronger partnerships with mainstream services.

Where we will focus our efforts together

- Support and grow lived and living experience workforces in all parts of the system
- Improve employment conditions for all lived and living experience roles
- Remove barriers to recruitment, retention and career progression, particularly for underrepresented communities
- Build community awareness of lived and living experience perspectives, discipline practice, and workforce opportunities
- Drive co-production and partnership in mainstream service design, delivery and evaluation through lived and living experience roles
- Embed lived and living experience roles across all organisational functions including governance and operations
- Improve representation across non-lived and living experience workforce and lived and living experience workforce leadership
- Strengthen and partner with lived and living experience-led and community-led organisations to embed peer-led approaches in mainstream services
- Expand and support new lived and living experience and community-led organisations and programs to form, grow, and thrive.

What success looks like

- Greater choice and access to holistic, rights-based alternatives to clinical models of care
- Lived and living experience-led and community-led organisations are commonplace and accessible
- Everyone can access lived and living experience supports, programs and services
- Lived and living experience workers have equitable employment conditions
- Lived and living experience leadership and voices are embedded across systems
- Lived and living experience workers and leaders reflect the communities they serve
- Lived and living experience leaders across disciplines and perspectives are equally represented at all levels and across all functions
- As demand for lived and living experience perspectives continues to grow, supporting new lived and living experience organisations to emerge and existing ones to mature can strengthen leadership pathways and community influence.

Access Health and Community

Background

The first lived and living experience workforce at Access Health and Community (AccessHC) was the AOD peer workforce introduced in 2014. This began with the organisation participating in SHARC's Peer Support Capacity Building project, which provided guidance and support to leadership in establishing peer support positions within the AOD service. Initially, two volunteer peer support workers were recruited to deliver AOD peer support groups. AccessHC was then able to transition these roles to paid part-time positions, using a combination of federal and state funding.

AccessHC now has almost 30 lived and living experience (LLE) workers who work within multidisciplinary teams providing mental health and AOD services, including both consumer and family/carer LLE positions. The LLE workforce is supported by several designated leadership roles which include senior peer workers, team leaders and a Senior Lived/Living Experience Consultant.

Reflection

AccessHC recognises that community health is a great place for peer support, aligning with their focus on the social determinants of health and holistic models of care.

AccessHC understands the benefits of having an LLE workforce for the community, for the workforce and for the broader organisation. Organisational leadership was supportive, noting early evidence of positive feedback and high levels of engagement among service users.

As AccessHC further expanded its peer workforce, leadership and board directors undertook SHARC's Organisational Readiness training to improve foundational understanding and support to sustain an LLE workforce (Self Help Addiction Resource Centre, n.d.). They developed several LLE advisory committees to ensure that the voices of community members with LLE are heard at the governance level. AccessHC published its first Lived/Living Experience Framework in 2023 (Access Health and Community, 2023).

Outcomes for service users have been positive; often their first interaction with the service is with a peer worker. LLE workers bring a unique and valuable perspective to the multidisciplinary teams, and this has strengthened the focus on person-centred care in the service.

Takeaways

Be clear about the difference between a worker who has LLE, and someone who is in a designated LLE role. A designated LLE worker is employed to intentionally and meaningfully use their LLE expertise in their work.

Invest in appropriate training and qualifications to ensure that the LLE workforce have the skills/training to intentionally and safely use their LLE in their work. Provide discipline-specific LLE practice supervision; if you can't offer this internally, you must provide (and pay for) external supervision from a suitably experienced supervisor. Encourage communities of practice with other organisations that have peer workers.

Bring your leaders and teams on the journey before bringing on designated LLE roles.

Be flexible. You can often incorporate peer support roles into existing state or federal funding streams. Don't let the funding model restrict your creativity.

Review your policy on job applicants with criminal histories as automatic exclusion can be a barrier for LLE and other workers. Ensure language in position descriptions is plain and clear and consider offering interview questions beforehand.

Start small. You don't have to jump straight into a big peer workforce; you can build the structure out. It's important not to start with a single peer support worker – aim to have at least two peer workers within a multidisciplinary team so that the worker is not isolated.

Be open to a process of continuous learning, and self-reflection along the way.

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.

What we heard

Lived and living experience disciplines and workforces need professional visibility and sector influence to effectively balance power, expertise and perspectives in decision-making within the system to drive better service and experience outcomes for all consumers, families, carers, kin, supporters and service users.

While lived and living experience practice, workforces and leadership are not new, lived and living experience workforces are still developing, as is broader understanding, recognition and valuing of lived and living experience practice. In disciplines like suicide prevention or gambling harm, lived and living experience roles remain under-recognised.

Without structures to guide development, lived and living experience workers may experience role confusion, isolation, or limited progression.

As well as continuing to formalise the practice, functions and leadership of each lived and living experience discipline, workforce and organisational capability need to be built to fully embed and enable lived and living experience practice and leadership. Encouraging safe disclosure and sharing of lived and living experience would help to normalise lived and living experience in systems and service responses.

Along with increased demand for lived and living expertise, demand will continue to grow for a broader range of specialist lived and living expertise that effectively meets the needs of the system. This needs to be supported by a wider range of professional training and education pathways.

Coordination and connection across lived and living experience organisations and networks are essential, so that organisations can share learning, advocate collectively, and influence reform more effectively.

Stakeholders emphasised the need to recognise the distinct identities, histories and priorities of each lived and living experience discipline, while encouraging collaboration where goals align. A unified and well-supported lived and living experience sector would strengthen leadership, increase professional influence, and ensure that lived and living experience remains a central driver of system transformation.

Where we will focus our efforts together

- Fully implement the recently developed lived and living experience workforce discipline frameworks to help improve clarity, build confidence, and support stronger role integration
- Formally recognise the practice, functions and leadership of each lived and living experience discipline to authorise and embed discipline-specific roles
- Set expectations and build organisational and broader workforce capability to effectively embed, partner with and enable lived and living experience discipline practice and leadership
- Explore options to co-produce professional standards across a broad range of specialist areas
- Develop, formalise and expand learning and career pathways into a broad range of lived and living experience careers, including existing and new roles and functions in response to lived and living experience workforce objectives and wider system needs
- Increase access to lived and living experience education, career pathways and discipline-specific supports for various careers and lived and living experience practice, including through a specialist training provider
- Support development of other lived and living experience disciplines such as suicide prevention and gambling harm
- Develop and provide structured training for people in existing roles who wish to declare their lived experience and transition into designated positions
- Build collaboration and shared leadership across lived and living experience disciplines, networks and communities to strengthen coordination and collective impact
- Enable lived and living experience bodies to advocate for, protect, and guide their disciplines
- Partner with lived and living experience leaders to protect the integrity and leadership of lived and living expertise
- Formalise professional standards, grow sector understanding, and establish a clearer professional identity for lived and living experience roles.

What success looks like

- Lived and living experience work is recognised as a valued profession with influence that is equal to other disciplines across all systems and settings
- The unique histories and traditions and integrity of each lived and living experience discipline are recognised, valued and protected
- Lived and living experience career pathways are clear, accessible and supported by discipline-specific education and supports
- Lived and living experience leadership and workforce disciplines have a range of career options and hold specialist expertise across practice areas that respond to an evolving system and to community needs
- Lived and living expertise shapes policy, service design, education, research and evaluation across the system
- Lived and living experience workforces and leadership are strengthened across mental health and AOD systems by a shared vision for lived and living experience in Victoria
- Lived and living experience-led and community-led organisations are visible, resourced and well connected across the system.

Mind Australia

Background

Mind Australia (Mind) has a long history of lived and living experience (LLE) workforce roles. From a small discrete peer workforce to an LLE division with executive leadership and strong relationships across corporate services, policy, practice, finance and learning and development, they have shifted from 'fighting to be in the room' to managing demand.

To strengthen the LLE workforce, the LLE division has commitment from the executive team to review and refine workforce structures, examine and improve position descriptions and responsibilities, take up professional development opportunities and cultivate the connection to broader LLE movements to bring collective expertise.

Mind also delivers several workforce development projects to support the wider LLE workforce.

Reflections

There has been a cultural shift in the organisation to make it feel like the LLE division is there for everyone. This has created a more inclusive and de-stigmatised workplace, with many people in non-designated LLE roles feeling safer to disclose their LLE.

To support the LLE staff, there is mandatory peer orientation – a two-hour workshop that all new peers undertake within their first three months at work. They also receive Intentional Peer Support (IPS) training in-house or externally.

To ensure LLE staff receive adequate supervision and practice support, LLE managers can access Consumer and Carer Perspective Supervision training. These are supported with a robust co-reflection schedule.

Mind has recognised that many people in designated LLE roles move to non-designated leadership roles and use their LLE expertise in different ways. There has also been development of different types of LLE roles within the LLE division, including a balance between LLE expertise and other professional skills. Mind has become more intentional on how it understands LLE expertise and how it applies across the organisation. This has enabled Mind to expand and build development pathways for LLE staff. LLE leadership regularly co-reflect on what it means to hold LLE leadership skills.

Mind has introduced a designated Intersectional and Equity Lead role. Recent employment has seen the growth of different lived experience lenses, such as First Nations, Culturally and Racially Marginalised, homelessness, AOD, family/carer, youth, eating disorder, rural experiences of service use, and increased LGBTIQA+ representation.

Takeaways

It's fundamental to get leadership on board first so that organisations can understand the value of LLE work and provide support for greater investment.

It is important to build relationships and understanding across different parts of an organisation as not everybody will be aware of LLE disciplines.

LLE workforces may find it difficult to navigate organisational behaviours, as LLE approaches don't always sit comfortably within mainstream mental health organisations. This is an ongoing conversation which requires patience and openness from both sides, even if it is uncomfortable.

Growing and strengthening LLE workforces may need extra justification to challenge dominant narratives. This can be achieved by 'aligning evidence, demonstrating the rigour of the work and drawing from practice frameworks'.

Connect with national and state-based lived experience workforce initiatives and become a member of state-based and national peak bodies to connect with the discipline/movement.

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.

What we heard

Lived and living experience leadership and workforces exist within ecosystems and everyone operating in these environments is responsible for cultivating systems and cultures that prioritise and promote lived and living experience values, principles and ways of working. System partners increasingly recognise the need to align their policies, practices and governance structures with lived and living experience values and leadership. Without clear support from system stewards and executive leadership, pockets of good practice may remain isolated and difficult to sustain.

Stakeholders also said that many organisations are not yet equipped to meaningfully embed lived and living experience leadership roles. A lack of understanding about lived and living experience practice can lead to stigma, tokenism and unsafe workplace cultures.

Stakeholders want a system in which lived and living experience leadership is valued, supported and authorised, and where all organisations understand how to work with and alongside lived and living experience colleagues. They also emphasised the importance of allyship and partnerships between lived and living experience and non-lived and living experience workers to drive cultural change. When this happens, organisations become safer, more inclusive and more effective in supporting people's rights, autonomy and relational healing.

Where we will focus our efforts together

- Create conditions for inclusive, culturally safe and responsive work environments
- Ensure intersectional lived and living experience is reflected, respected and supported
- Develop executive leadership capability to support co-leadership, co-governance and shared decision-making
- Embed lived and living experience leaders and demonstrated allies in governance structures.
- Embed collaborative governance by expanding lived and living experience-led programs within mainstream settings
- Support knowledge sharing and innovation in lived experience leadership
- Increase the number of lived and living experience educators
- Embed co-production and lived and living experience governance into core practice
- Develop/deliver tailored programs that foster executive capability and systems-level influence to build leadership pipelines
- Strengthen allyship and partnerships between lived and living experience and non-lived and living experience colleagues
- Engage non-lived and living experience workforces in ongoing learning on lived and living experience perspectives, workforces, leadership and partnership
- Ensure experiential learning, reflection and collaborative evaluation guide cultural transformation
- Define and measure culture change objectives while ensuring alignment with the Mental Health and Wellbeing Outcomes and Performance Framework
- Strengthen diverse lived and living experience leadership through formal partnerships between system and sector organisations, and lived and living experience-led organisations, communities and representatives
- Draw on lessons from exemplar organisations to provide tangible models for others beginning the journey.

What success looks like

- Embedding lived and living experience-led approaches in change processes can improve equity, shift power, and enhance organisational culture
- Lived and living experience workers are supported in culturally safe, inclusive and rewarding roles
- Organisations are capable, accountable and committed to enabling lived and living experience workforces, leadership and ways of working
- Allyship is active and partnership between lived and living experience workers and their colleagues is standard
- Lived and living experience workers are authorised and supported to drive change
- Non-lived and living experience workforces have the capacity to work with and alongside lived and living experience workforces
- Service cultures actively promote and protect human rights, inclusion and autonomy.

Victorian Pill Testing Service

Background

The Victorian Pill Testing Service is operated by a consortium of leading harm reduction and healthcare organisations, Harm Reduction Victoria (HRVic), The Loop Australia (The Loop), YSAS, Youth Projects, and Melbourne Health. As an implementation trial, there has been significant management involvement from all lead agencies – including HRVic's lived and living experience (LLE) management – in setting up both the mobile services that have been available at selected festivals and events since the summer of 2024–2025, and a fixed-site in Fitzroy, Melbourne, which opened in August 2025.

HRVic and The Loop perform the service delivery component. HRVic employs two operational leads and harm reduction peer workers. The Loop provides an operational manager, scientists and health workers. There are auxiliary roles supported by each of the consortium organisations to fulfil other key functions.

Reflections

Inclusion of an LLE agency was a tender requirement. With this in mind, HRVic prepared a document explaining what they look for in partnerships. This included a commitment to incorporating peer staff in service delivery, experience working with an LLE agency, joint sovereignty of data governance, openness in communication, and equal partnership regardless of fund distribution. The Loop met these criteria.

The Loop had experience of partnering with LLE in Queensland for a similar service. They were aware of the benefits and recognised how crucial it was to partner with an LLE agency. The Loop and HRVic had an established trusted relationship which was an advantage in preparing the tender and opening the service under pressured timelines.

While they are employed by different organisations, the peer support workers and health workers have the same roles and responsibilities, which helps to foster equity.

The peer workers work in a relational way according to the harm reduction peer discipline and the health workers work from their own health discipline. Workers can refer between themselves which offers choice to service users. If there are complex presentations, there is the opportunity for a peer worker and health worker to work together.

To build a cohesive workforce, the team has attended combined training and team building exercises. They acknowledge there is still more work to be done to strengthen allyship and partnership between LLE and non-LLE colleagues.

Takeaways

If you can, take time for co-design activities, build relationships and align philosophies.

A benefit of partnering between LLE and non-LLE organisations is that each brings their own strengths and expertise in different areas. Find organisations with different and complementary skills but aligned principles and values, as well as evidence of living those values.

Consider undertaking HRVic's organisational readiness training (Harm Reduction Victoria, n.d.). If you are a non-LLE organisation, improve your knowledge about LLE, ask questions, and make an effort to understand nuances about disclosure of LLE and what this means for people. 'Understand what the difference is between having LLE as a worker and working from a LLE. It's not obvious.'

Recognise the risk that harm reduction peer workers take in disclosing their living experience. It may have ramifications for their registration, career or future work. Ensure they are provided with appropriate training, supervision and support.

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.

What we heard

Stakeholders want more opportunities to lead and influence decisions. Organisational governance needs to be set up to protect and centre lived and living experience values, principles and ways of working and to ensure lived and living experience voices hold equal or greater weight in decision-making, oversight and evaluation of systems, structures, policies, processes, practices, programs and services.

Leadership and decision-making structures rarely include lived and living experience perspectives in a meaningful way. While some organisations have made progress, representation is still limited and often tokenistic. Without formal roles, power-sharing mechanisms and accountability structures, lived and living experience input may be limited to advisory status without real influence. Structural barriers and risk aversion can limit opportunities for innovation.

There are also significant challenges achieving representation that meaningfully reflects the diverse communities we are trying to serve, whilst ensuring it doesn't privilege dominant identities, framings and experiences.

Stakeholders want to see lived and living experience leaders in senior roles across government, research, commissioning, and service delivery. They also want clear frameworks and accountability measures so organisations can embed and protect lived and living experience leadership in governance and culture. When lived and living experience voices help shape policy, investment and reform, the system becomes fairer, more responsive, and more effective.

Where we will focus our efforts together

- Create and embed lived and living experience leadership roles across government, academia, organisations and services to ensure lived experience shapes how services are delivered, evaluated and funded
- Embed lived and living experience in decision-making, governance and accountability structures across systems and services
- Reform policies to enable inclusive, flexible and values-based governance models.
- Ensure that lived and living experience perspectives have equal or greater influence in decision-making
- Enhance adoption of governance frameworks that guide lived and living experience governance and leadership practices
- Document and share successful examples of co-production and co-governance to guide consistent and scalable change
- Support partnerships between lived and living experience and non-lived and living experience leaders to model shared leadership
- Grow lived and living experience-led research and evaluation capability across research settings and system partners
- Embed lived and living experience translational research and evaluation to inform government investment and decision-making on policy and commissioning
- Provide clear and consistent guidance, resources and mechanisms for organisations and networks to implement, measure and improve lived and living experience leadership
- Model best practice through leadership and shared accountability across the system.

What success looks like

- Lived and living experience leaders hold decision-making powers across systems and sectors in strategic, operational and governance roles
- Lived and living experience leaders lead and partner in systems-wide commissioning and evaluation
- Policies, laws and investments are informed by lived and living experience
- Lived and living experience governance is meaningfully embedded in organisational and system frameworks
- Capability for lived and living experience-led research is enhanced
- Victoria's lived and living experience leaders influence national and international conversations
- Partnerships between government, sector organisations and lived and living experience communities are effective.

Alfred Mental and Addiction Health

Background

In response to the Royal Commission recommendations, Alfred Mental and Addiction Health (AMAH) decided to embed lived and living experience (LLE) leadership. AMAH identified that a Director of LLE was required and they consulted with the existing LLE team, Peak Bodies and the Lived Experience Branch. Feedback was that they needed two directors, one consumer and one carer, both of whom had experience in the LLE workforce.

In 2022, the LLE team was restructured and strengthened to include more leadership roles. This involved the appointment of Consumer and Carer Directors, Consumer and Carer LLE Workforce Managers, and a Lived Experience Participation Lead which commenced in 2024. Strong staff retention in these roles demonstrates sustainability when LLE workforce structures are implemented intentionally.

Reflection

The AMAH team recall that a turning point was the employment of a respected senior LLE worker who developed a roadmap to identify the necessary structures and supervision required to grow, strengthen and embed a thriving LLE workforce. AMAH had always worked closely with the organisation's Executive Leadership which has shown support and a strong commitment to LLE. This ensured a willingness to engage in organisational readiness activities supported by Dr Louise Byrne.

The establishment of five leadership roles ensures that LLE voices are included in all senior meetings. The Consumer and Carer disciplines work collaboratively across various service initiatives at relational and systemic levels. They co-facilitate intentionally, work together and see each other as peers, share wins, losses and challenges. They are proactive in seeing what the future looks like coming together as one workforce while recognising the two distinct disciplines.

Psychological safety is important, and LLE workers are encouraged to bring issues directly to senior LLE management. These leaders are always learning, checking in and cognisant of how the LLE staff are feeling and engaging, ensuring they feel that they have influence, and if not, how they can be supported to find ways or strategies to improve this.

Unique to AMAH is a designated role focussed on involving consumers and carers in decision-making and service improvement. This role serves as an intermediary between service and LLE communities and offers an opportunity to balance the needs of the community with the constraints of the service and the needs of the workforce. 'Community engagement is considered a community building exercise'.

Takeaways

For LLE leaders to exercise true power, they need to have agency and the authorising environment to make decisions. Embed them in the model of care and strategic direction of your organisation.

It may never be the 'right' time to make changes but be honest as an organisation – what is your true commitment to building LLE and developing leadership? Culture is critical to readiness and preparedness. There will be struggles but be open to learning and reflecting.

Commit to enabling consumers and family, carers and supporters to give feedback and contribute to the continuous improvement cycle.

Be patient; systems take time to change. Sometimes small changes are needed to get to the big changes. Build resilience and capacity in the workforce to ride the change.

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.

What we heard

Stakeholders told us that diversity in lived and living experience workforces and leadership is essential for reform to succeed. Many people with lived and living experience also belong to communities that face systemic barriers, including racism, discrimination, stigma and exclusion. Historic and ongoing structural inequities and intersecting identities – as well as cumulative and compounding experiences of stigma and colonial harms – continue to shape how people experience distress, wellbeing and access to support.

These experiences often limit access to lived and living experience roles, leadership opportunities and career development. Diverse communities have many strengths which they can and do contribute across a range of areas. Without dedicated focus, diverse and marginalised communities may continue to be excluded from lived and living experience workforce and leadership pathways.

Participants described a lack of culturally safe and responsive workplaces and said they want stronger action to remove these barriers. They also noted that people's cultural identity, faith, gender, disability, age and other factors influence how they understand distress and various behaviours and how they engage with services, and that dominant Western framings and privilege can overlook key cultural perspectives on mental health and healing.

Stakeholders also said that diverse lived and living expertise strengthens how services respond to community needs. They want leadership and governance structures that include people from diverse backgrounds (i.e. cultural, faith, gender, disability, age and socioeconomic status) so that decision-making better reflects the intersectional communities served. There was a strong call to build genuine partnerships between lived and living experience and diverse community-led organisations so these groups can influence reform, share knowledge and co-produce solutions. Stakeholders emphasised that many community-led organisations emerged to address needs not being met by mainstream services and should be championed through respectful, power-sharing partnerships that centre solidarity. When diverse perspectives are centred, systems become more equitable, inclusive and effective for everyone.

Where we will focus our efforts together

- Strengthen and grow diverse lived and living experience leadership and workforces at all levels and across all disciplines and sectors, including within lived and living experience-led and community-led organisations, so they reflect the richness of lived and living experience across Victoria
- Actively embed diverse lived and living experience leaders in governance, decision-making and accountability structures across systems and services, especially when change is being made
- Identify and remove barriers, and provide supports for the recruitment, retention and progression of diverse lived and living experience workers and leaders
- Improve entry and development pathways for people with lived and living experience from diverse backgrounds and expand initiatives that support members of diverse communities to develop into leadership roles
- Reframe leadership frameworks to reflect relational, cultural and collective models
- Build accessible workplaces that are safe-enough, inclusive and equitable through adaptable and culturally responsive practices
- Establish formal and informal mechanisms for ongoing connection and collaborative leadership between lived and living experience communities, diverse communities and government
- Strengthen relationships and partnerships between lived and living experience and diverse community-led organisations, to increase active participation, better recognise community expertise and share power and decision-making
- Incorporate diverse lived and living expertise and perspectives in policy, service design and delivery, including within existing lived and living experience organisations
- Provide targeted outreach, leadership development and training pathways for diverse communities
- Elevate diverse lived and living experience voices across governance, advocacy and public forums
- Invest in diverse community-led organisations, services and programs to strengthen community capacity and influence, and support system transformation within lived and living experience communities and beyond
- Support First Nations-led work being undertaken by the Centre for Mental Health Nursing Consumer Academic Program (CAP) to guide future directions on Aboriginal and Torres Strait Islander lived and living experience leadership.

What success looks like

- Lived and living experience workforces and leaders reflect the diversity and intersectionality of Victoria's communities
- Diverse lived and living experience leaders hold visible and meaningfully influential roles across the system
- Workplaces are culturally safe-enough, inclusive and equitable
- Community-led diverse organisations are well supported and connected
- Pathways into lived and living experience leadership are accessible to all
- Systems and leaders respond to inequity and are held accountable to share power with diverse lived and living experience communities.

Muslim Youth, Adult and Families

Background

Muslim Youth, Adult and Families (MYAF) is a multidisciplinary team of five staff, run by a consortium with lead agency, Odyssey House. It is a place where Muslim people can access support in a faith- and culturally-aware way. 70% of clients are Muslim, with the remainder from many nationalities who come to the service because they feel comfortable with the cultural diversity of workers.

Lived and living experience (LLE) has shaped MYAF by involving peers, faith leaders and community leaders to consider identity. LLE staff work closely with the individual and family to support them to heal together as a family and build healthy relationships. LLE staff work to dispel the societal stigma and shame of mental health and AOD challenges.

Reflections

The workplace has a prayer room and prayer breaks are routinely offered. MYAF supports LLE workers to engage with families to create a culture of reflection and accountability. Staff participate with communities in their rituals, such as vigils, protests or 'hulukas' (prayer circles) to pray and reflect together. Staff share power with others and mirror their community.

The leadership of MYAF understand the importance of the staff's LLE and cultural background and that this reflects the strengths and struggles of their communities and their lived experience. 'MYAF is an organisation shaped with community rather than for community.'

When MYAF started, the organisation created safe spaces for staff, volunteers and the Board to speak about hard topics. 'It's not about shaming, but bringing people along the journey. Everyone had a voice; we had very difficult conversations, but it worked really well'.

MYAF has helped partner agencies observe the limitations of individual, western models, and see the benefits of working collectively and holistically. As a result, these agencies are open to alternative healing models that may not align with traditional evidence-based approaches but have worked well for some individuals and communities such as taking family members overseas to be amongst family and community, speaking through a medium or engaging faith leaders.

As a result of working with MYAF, partner agencies have higher confidence in supporting Muslim clients. They practise cultural humility and have greater awareness of systemic racism.

Takeaways

Enable staff to raise concerns about racism/culturally unsafe practices by leaders providing space for them to feel seen and heard. Be curious about how to support people and learn of their experiences from a place of humility.

Grow peer workforces and LLE leadership roles simultaneously. 'Inclusivity initiatives are the doorway; culture change is the house – both are required. They must grow together, because diverse peers without diverse leadership leads to lack of direction, while diverse leadership without peers leads to tokenism.'

To build better partnerships with diverse community-led organisations, lead through listening, sharing power, and building long-term rather than transactional relationships. It is important to respect the voice of the community and its timelines, pay for community expertise, welcome feedback and respond with action.

How we will deliver the Leadership Framework

Achieving systemic change within a complex reform environment requires a coordinated and integrated approach to planning, commissioning, design, and delivery of services. This requires strong leadership and strategic commissioning from system stewards and dedicated efforts to bring sector partners together to enable shared understanding of objectives and to work collaboratively to connect purpose, resources and action to achieve desired outcomes.

Directions to elevate lived and living experience leadership, workforce and partnerships are embedded across the Royal Commission's recommendations, with implementation responsibilities dispersed across multiple system and sector players that are still largely siloed. Varying degrees of understanding, information needs and motivation to act on these directives across different stakeholders requires strong oversight, coordination and collaboration to support and strengthen system readiness. In addition, change activities will need to engage and coordinate with adjacent and interrelated sectors, such as academic institutions, unions, and professional associations.

There is a need to map our ecosystem and articulate and organise the reform responsibilities and activities of government, organisations, and individuals into a cohesive and coordinated plan for change. The Royal Commission has established the Victorian Government's policy environment to authorise lived and living experience leadership, an imperative and call to action that has been platformed and promoted by lived and living experience advocates, workforces and allies for many decades.

Implementation approach

The overall approach to the implementation of the *Leadership Framework* will consider timing, sequencing, implementation requirements and governance. External stakeholders have provided input to the implementation approach, including advice on principles, governance assumptions and the outcomes that will form the basis for monitoring progress under the *Leadership Framework*.

Phased implementation

The *Leadership Framework* is intended to guide a phased approach over ten years, with individual implementation plans developed for each phase.

Phase One – 2026–2027: Setting the foundations

Phase One will build the foundations of the *Leadership Framework* to ensure success in Phases Two and Three. It will consist of establishing the governance group that will drive implementation of the priority areas and activities, mapping work to identify what funded activity is currently underway across Victoria, evaluation activity, and identification of gaps to determine how current programs or activities could be strengthened and reinforced. This phase will also include engaging with lived and living experience communities to ensure that activities for the *Leadership Framework* encompass different perspectives and communities. Mapping and gap analysis will inform consideration and prioritisation of potential activities for Phase Two. Formal public reporting on progress and lessons learned will occur at the end of Phase One.

Phase Two – 2028–2031: Building momentum and scale

Phase Two will consist of implementing priority activities determined in Phase One. Regular monitoring will take place to measure progress of activities against the outcomes of the *Leadership Framework* (proposed in Table 3). This monitoring and any evaluations of specific activities will inform consideration and prioritisation of potential activities for Phase Three. Formal public reporting on progress and lessons learned will occur at the end of Phase Two.

Phase Three – 2032–2036: Maturing and sustaining good practice

Phase Three will consist of implementing activities building on and consolidating progress made in Phase Two. Emphasis will be placed on embedding reforms and creating business-as-usual processes to support ongoing impact of the *Leadership Framework* once it has reached the end of its 10-year period. Monitoring of the *Leadership Framework*'s implementation and evaluations of Phase Two activities will occur throughout Phase Three. Formal public reporting on progress and lessons learned will occur at the end of Phase Three.

Governance and oversight

The *Leadership Framework* will be implemented in partnership across government and other system steward agencies, statutory bodies, independent entities and mainstream clinical and community services, with people with lived and living experience leading the way.

A common agenda will be developed as defined by the directions and priority areas outlined in this *Leadership Framework*. Activities implemented under the *Leadership Framework* will align with the priority areas and be mutually reinforcing. Governance of the *Leadership Framework* will include innovative approaches to supporting activities and oversight models.

Partnership will include the establishment of a formal governance group which includes both government and non-government members, as well as being connected with and accountable to lived and living experience communities. The governance group will exemplify the leadership approach outlined in the *Leadership Framework* and will align with the following assumptions:

Lived and living experience-led

Membership of the governance group will include a majority of lived and living experience members, so that decision-making is led by people with lived and living experience from consumer, family/carer/kin/supporter perspectives from mental health, AOD, harm reduction and other wellbeing workforces. Members are expected to have a strong connection to and communication with the community/communities they represent. Lived and living experience members will include representatives from Aboriginal and Torres Strait Islander communities as well as representatives from multicultural and multi-faith, LGBTIQA+ and disability communities to ensure different cultural and intersectional backgrounds and identities are represented.

Sector-led

In the governance group, government representatives (as represented by the Victorian Collaborative Centre for Mental Health and Wellbeing and the Department of Health) will be in the minority to allow for decision-making to be led by sector organisations and community members, and chairing of the group will be rotated as part of sharing power. The governance group will be supported by a secretariat comprising system stewarding representatives and sector representatives.

Governance and oversight (continued)

Engaging all stakeholder groups

The governance group aims to engage all relevant stakeholder groups in order to make changes across the systems and sectors, however non-lived and living experience members (or those representing non-lived and living experience groups such as mainstream services) will constitute a minority in the governance group. Membership of the governance group will be time-limited to ensure a range of groups are represented. Non-lived and living experience members are expected to act as allies in the governance group and promote and enable lived and living experience leadership.

Innovative

The *Leadership Framework* is an innovation which provides an opportunity to build on and further build the knowledge base during its implementation. For the governance group, this means advancing lived and living experience research through partnering with academic institutions and ensuring that the decisions they make are grounded in evidence, including experiential forms of knowledge. The governance group will be responsible for monitoring progress on *Leadership Framework* initiatives and learning and adjusting activity in response to feedback.

Action-oriented

Membership of the governance group is intended to be at a working level, and members will be expected to be willing and able to contribute time and expertise to the work of implementation, including participating in active problem solving and solution generation, and leading the implementation of specific activities.

Equitable and inclusive

The governance group will reflect the principles set out in the *Leadership Framework* by inviting a broad range of groups and individuals to participate and engage in decision-making, including emerging leaders. The governance group will also identify mentoring opportunities to support emerging leaders as an implementation activity with a particular focus on leaders from different cultural and intersectional backgrounds and identities.

Members will bring a range of power and experience (e.g., authority, decision-making, discipline expertise, on-the-ground workforce knowledge) and each member will have shared and equivalent decision-making authority. Participation arrangements will be determined through the establishment of the governance group and in accordance with applicable policies. Meetings will be conducted in an accessible and inclusive way, ensuring all voices are heard and all members are able to contribute. Barriers to participation will be acknowledged and power imbalances will be openly addressed.

Accountable

The governance group will act in accordance with the guiding and implementation principles. Activities will be organised in line with the priority areas. The governance group will be broadly accountable to the lived and living experience community and be responsible for regular communication with the community, including overseeing the development of a public report on progress at the end of each phase. Reporting will be in line with the agreed performance measures in the Mental Health and Wellbeing Outcomes and Performance Framework.

Foundations for implementation

In addition to the establishment of governance to oversee and drive implementation of the *Leadership Framework*, a number of early implementation priorities have been identified to support the early work of the governance group to set up structures and processes for the 10-year implementation.

Connecting the Leadership Framework to the Lived and Living Experience Workforce Development program

The Victorian Government has made a significant and sustained commitment to building, strengthening and supporting a thriving lived and living experience workforce through the Lived and Living Experience Workforce Development program and related initiatives. The program is delivering significant system-wide impact across all five priority areas identified in this *Leadership Framework*.

Implementation of the Leadership Framework will also draw on existing lived and living experience workforce development initiatives and discipline frameworks, including AOD, AOD family lived experience, harm reduction and mental health consumer and family/carer lived experience discipline frameworks.

Entering its fifth year, the program will emphasise evaluation and evidence-building. Baseline data will track the impact, reach, and experiences of the lived and living experience workforce, measuring progress against the *Leadership Framework*. This work will inform future policy and planning considerations, positioning Victoria as a national leader in building a strong, sustainable, and inclusive lived and living experience workforce.

In early implementation, mapping of the approximately 60 existing lived and living experience workforce initiatives against the priority areas in this *Leadership Framework* will be a priority. This is an important early implementation task that will:

- strengthen those existing activities by aligning them with the strategic intent of the areas for action
- create impact by connecting them through the *Leadership Framework* and its governance
- support gaps analysis to identify where priority effort is required during later implementation
- review and/or evaluate the strategic impact of the existing activities
- create strong foundations upon which future lived and living experience leadership infrastructure can be built for enduring impact and sustainability.

Organisational culture and readiness for lived and living experience workforce

Current initiatives are actively shifting organisational culture to ensure lived and living experience leadership is valued, embedded, and sustained across Victoria's mental health and wellbeing system. A number of initiatives are supporting organisations to build the internal capability, culture, and infrastructure required to meaningfully integrate lived and living experience workers:

- The Learning Collaborative (TLC) – A Yale University and SHARC–led mentoring and co-learning program launched in December 2024, delivered in partnership with mental health and AOD organisations. Participating services receive tailored assistance to strengthen policies, processes, and cultural readiness for effective lived and living experience workforce integration, building shared learning, reflection, and leadership capacity to embed change.
- Supporting Organisational Lived Experience (SOLE) – A pilot program providing guided organisational assessments and tailored action plans based on the National Lived Experience (Peer) Workforce Development Guidelines. Technical experts assess readiness, provide tailored improvement plans, and mentor organisations through implementation.
- Fuse Initiatives Organisational Readiness Training Package – A structured approach which enables organisations to successfully employ Harm Reduction Peer Workers (HRPWs). It equips all staff with the knowledge and skills to work alongside HRPWs and ensures policies and practices create and support safe work environments that align with harm reduction principles.

Lived and Living Experience Leadership Mapping Project (2026)

A sector-wide project mapping lived and living experience leadership roles, examining their functions, governance, supports, and sustainability will be completed in early 2027. The findings will highlight gaps and guide workforce planning and future priorities for strengthening lived and living experience participation in organisational and system-level decision-making, ensuring lived and living experience leadership remains embedded and influential across the mental health and wellbeing system.

This information will be used to determine sector needs and inform the development of future priorities and actions, and support evidence-based decision-making of the *Leadership Framework*'s governance group and rigorous planning for future implementation phases.

Monitoring and reporting

The *Leadership Framework* will be monitored regularly throughout implementation. This will include quarterly reporting to the governance group.

Monitoring and reporting will align with the domains and outcomes in the Mental Health and Wellbeing Outcomes and Performance Framework. This will ensure shared measurement across all strategies in the mental health and wellbeing system. Measurement for the *Leadership Framework* will also encompass relevant existing activities for lived and living experience leadership, workforce and partnerships.

The following outcomes have been drawn from the Mental Health and Wellbeing Outcomes and Performance Framework, as a starting point for monitoring progress on the *Leadership Framework*. The governance group, once established, will determine appropriate indicators to measure progress against these outcomes and adjust over the life of the *Leadership Framework* as required.

Table 3: Proposed outcomes from the Mental Health and Wellbeing Outcomes and Performance Framework

System level	
1. The mental health and wellbeing system is driven by people with lived and living experience	Measuring change for this outcome will relate to leadership roles, design and decision-making, career opportunities as well as in the variety of lived and living experience roles, and, where possible, how this is leading to changes in how people experience services
2. The mental health and wellbeing system respects, protects, and complies with human rights	Measuring change for this outcome will relate to transparent compliance with human rights and address issues relevant to particular cohorts
3. The mental health and wellbeing system is accessible	Measuring change for this outcome will focus on the provision of accessible services and supports
4. The mental health and wellbeing system continuously and collaboratively learns and improves	Measuring change for this outcome will focus on the ability of the framework to draw on research and knowledge, to build on and build the evidence base and to learn and adjust
Workforce level	
5. The mental health and wellbeing workforce has the necessary skills, knowledge, and capability to work to the top of their individual and collective scopes of practice	Measuring change for this outcome will relate to increasing workforce skills and ability to partner with people with lived and living experience, as well as lived and living experience workers fully realising their scope of practice
6. The mental health and wellbeing workforce reflects the people and communities it serves	Measuring change for this outcome will focus on career opportunities and recognition of expertise for different groups in the community, particularly people with lived and living experience

Table 3: Proposed outcomes from the Mental Health and Wellbeing Outcomes and Performance Framework (continued)

Service level	
7. Mental health and wellbeing services recognise the unique knowledge and experience of family, carers, kin and supporters	Measuring change for this outcome will relate to recognition, inclusion and support for families, carers, kin and supporters
8. Mental health and wellbeing services are safe, inclusive, and accountable	Measuring change for this outcome will focus on experiences of services by lived and living experience consumers, family, carers, kin and supporters
Population level	
9. Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing	Measuring change for this outcome will be determined as part of the Aboriginal and Torres Strait Islander lived and living experience leadership framework and in line with the Aboriginal Social and Emotional Wellbeing Outcomes Framework (Department of Health, Victoria, 2024a)

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