



Glossary of Acronyms and Language Used

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

Aboriginal and Torres Strait Islander governance⁶¹ • Alongside cultural governance⁶², it recognises and incorporates the integration of governance alongside traditional ways of knowing and decision-making led by Aboriginal and Torres Strait Islander peoples and other culturally diverse communities. Community and health service organisations act to ensure the power and authority of and for Aboriginal people, their families and communities, guides and informs all health-related policies and practices. It is predicated upon a distinct knowledge and value system that sits outside traditional notions of governance and recognises the importance of people, place, relationships and process for addressing power imbalances and achieving equitable outcomes.

Aboriginal and Torres Strait Islander lived experience⁶³ • Recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional experiences and wellbeing of Aboriginal and Torres Strait Islander peoples. The lived experience of Aboriginal and Torres Strait Islander peoples exists and cannot be separated from their cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community. This lived experience is also cumulative and intergenerational and takes into consideration Aboriginal and Torres Strait Islander people's ways of understanding social and emotional wellbeing.

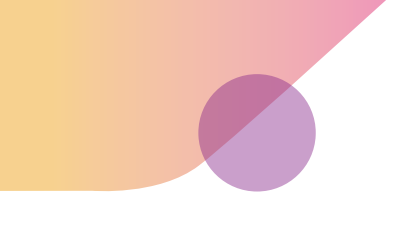
Accountable⁶⁴ • The obligation to accept responsibility for one's actions. Individuals are accountable for their own actions and obliged to explain and provide evidence of their choices and decision-making. The accountability of community and health service organisations is to implement, monitor and evaluate systems that ensure the delivery of safe quality care, maintain and comply with legislated obligations, and met standards and codes of conduct and practice that ensure consumers are better positioned to have their rights, choices and decisions are respected and met to best reach their health and care goals.

⁶¹ Duke, D.L.M., Prictor, M., Ekinci, E., Hachem, M., Burchill, L.J. Culturally Adaptive Governance—Building a New Framework for Equity in Aboriginal and Torres Strait Islander Health Research: Theoretical Basis, Ethics, Attributes and Evaluation. *Int. J. Environ. Res. Public Health* 2021, 18, 7943. <https://doi.org/10.3390/ijerph18157943>

⁶² WA Country Health Service Cultural Governance Framework accessed at <https://www.wacountry.health.wa.gov.au/~/-/media/WACHS/Documents/About-us/Publications/WACHS-Cultural-Governance-Framework-2021.pdf>

⁶³ Aboriginal and Torres Strait Islander Lived Experience Centre 2020 Black Dog Institute accessed at <https://www.blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/>

⁶⁴ Community Services Quality Governance Framework, State of Victoria, Department of Health and Human Services 2018 https://www.dhhs.vic.gov.au/sites/default/files/documents/201810/Community%20services%20quality%20governance%20framework_0.pdf



Adaptive culture • The ability of an organisation to adapt quickly and effectively to internal and external pressures and indicators for change⁶⁵ and to identify and respond to potential and actual challenges to find the best outcome/s. Adaptive organisational cultures promote better participation and engagement through transparent communication, equal responsibility and developing capacity for shared learning and integrated and effective decision-making .

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

Culturally and Linguistically Diverse (CALD)⁶⁶ • Refers to the many and diverse Australian communities that originally came from other countries and ancestries and are different from those Australians born here generation and generation. CALD Communities identify as their country, nationality or ancestry of origin.

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

Capability⁶⁷ • The power or extent to which someone or something (e.g. an organisation or system) is able to do something.

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

Clinical governance⁶⁸ • A core component of corporate governance. It defines the relationships and responsibilities required to ensure good clinical outcomes ensuring that the community and health service organisations have the evidence and can be confident that structures and systems are in place to deliver safe and high-quality health care, and continuously improve services.

Community⁶⁹ • Individuals may, at any time, act as a collective of individuals, populations, networks or organisations, who represent or bring a collective voice of the interests of health consumers and of specific affected communities. While some communities may connect through a local, regional or group interest, others may share a cultural background. Some communities may be geographically dispersed but linked through an interest in, or experience.


⁶⁵ Management Advisory Service. n.d. Adaptive Corporate Culture. http://www.mas.org.uk/wellbeing-performance/adaptive_corporate_culture.html#:~:text=Introduction,be%20more%20resilient%20against%20stress

⁶⁶ Pham, T.T.L., Berecki-Gisof, J., Clapperton, A., O'Brien, K.S., Liu, S., Gibson, K. Definitions of Culturally and Linguistically Diverse (CALD): A Literature Review of Epidemiological Research in Australia Int J Environ Res Public Health 2021 doi <https://doi.org/10.3390%2Fijerph18020737>

⁶⁷ Oxford English Dictionary <https://www.oed.com/>

⁶⁸ Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

⁶⁹ Canadian Institute of Health Research Ottawa 2014



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

Note: Lived experience is frequently used as an umbrella term that conflates the experiences of consumers with the experiences of carers, family, kin and other supporters of choice. While some people who have personal lived experience are also carers, and there are some issues where consumer and carer perspectives align, in some cases the interests of consumers are in clear opposition to those of carers. It is not possible for one person to authentically represent both positions at the same time with integrity. To avoid tokenism, both experiences must be recognised as independent and separate of each other and both be given opportunities for involvement and representation matched to the context and issue being explored⁷⁰.

Consumer or Person directed care • Builds on person-centred care and strengthens consumer choice and self-determination, where decisions about what services are required and desired are made by the consumer. It also emphasises the need for flexible and accessible services, with a focus on seeking supports to meet a wide variety of recovery interests. It promotes a dignity of risk or risk tolerant approach and reflects a disability rights approach, not based on ‘practitioner privilege capability’ rather than assessing the person’s capacity. CDC acknowledges that a range of different services and practitioners are often chosen by consumers⁷¹.

Continuous improvement • A progressive and incremental improvement of processes, systems, safety and quality of care. It is responsive to consumer and community needs and improving consumer and community experience and health outcomes.. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, regulatory compliance and other indicators of quality and safety.⁷²

Co-production • A comprehensive approach to making collaborative change that prioritises power sharing, inclusiveness and openness⁷³. A co-production approach is a way of working equalised power imbalances and that positions consumers to participate in, or leading to help define the problem, design and deliver the solution, and evaluate the outcome⁷⁴. It requires the inclusion of lived experience expertise from earliest outset. The approach is value-driven and built on the principle that those who use a service are best placed and have the right to help design it⁷⁵.

⁷⁰ Hodges, E. and Reid, A. 2021, A guide for enabling lived experience involvement and leadership to thrive and have impact in your organisation. SA Lived Experience Leadership & Advocacy Network (LELAN), Adelaide. https://www.lelan.org.au/wp-content/uploads/2021/08/Guide_Enabling-LEx-to-Thrive-in-Your-Organisation.pdf


⁷¹ Loughhead, M., McDonough, J., Baker, K., Rhodes, K., Macedo, D., Ferguson, M., McKellar, L. and Procter, N. Person-centred and Consumer Directed Mental Health Care: Transforming Care Experiences, prepared for the National Mental Health Commission, University of South Australia; 2023. <https://doi.org/10.25954/jkqx-ay14>

⁷² Minnesota Department of Health. 2022. Continuous Quality Improvement. <https://www.health.state.mn.us/communities/fhv/cqi.html>

⁷³ Co-Create. N.D. What is Co-Production? <https://www.wearecocrete.com/what-we-do/what-is-co-production/>

⁷⁴ Roper, C., Grey, F. & Cadogan, E. Co-production 2018. Putting principles into practice in mental health contexts. https://health-sciences.unimelb.edu.au/__data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf

⁷⁵ Social care institute for excellence Co-production UK 2022 <https://www.scie.org.uk/co-production/what-how>



Corporate governance⁷⁶ • Encompasses the establishment of systems and processes that shape, enable, and oversee management of an organisation. It is the activity, undertaken by governing bodies such as boards, of formulating strategy, setting policy, delegating responsibility, overseeing management, and ensuring that appropriate risk management and accountability arrangements are in place throughout the organisation.

Cultural Responsiveness⁷⁷ • In Australia, cultural responsiveness has been shaped as strengths-based, action-orientated approaches that enable Aboriginal and Torres Strait Islander people to experience cultural safety. It is a negotiated process of what constitutes culturally safe health care as decided by the recipient of that care. It is about the centrality of culture and how that shapes each individual, their worldviews, values, beliefs, attitudes, and interactions with others. It requires strengths-based approaches and recognises that if culture is not factored into health care and treatment, the quality and probable impact of that care and treatment is likely to be diminished.

Cultural Safety^{78 79} • Aboriginal and Torres Strait Islander peoples experience cultural safety when their cultural strengths, preferences and ways of being are visible and embedded in planning, implementation, evaluation, processes and policies. It is about creating an environment that is safe for Aboriginal and Torres Strait Islander peoples through shared respect, shared meaning and shared knowledge, ensuring there is no assault, challenge or denial of their identity and experiences. It requires:

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

Culture • May have different meanings depending on context. When referring to cultural groups such as Aboriginal and Torres Strait Islander peoples and their connection to culture, it can be defined as a body of collectively shared values, principals, practices and customs and traditions⁸⁰ and includes systems of knowledge, law and practices that comprise their heritage. When referring to an organisational culture, it refers to the shared values, beliefs, norms, practices, and behaviours that characterise an organisation and shape its collective identity, values, and way of functioning. It influences how people interact with one another, how decisions are made, and how work is conducted within the organisation.


⁷⁶ Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

⁷⁷ Indigenous Allied Health Australia (2019) Cultural Responsiveness in Action: An IAHA Framework https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf

⁷⁸ *ibid.*

⁷⁹ Aboriginal and Torres Strait Islander cultural safety Department of Health Victoria <https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety>

⁸⁰ Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective. In P. Dudgeon, M. Milroy, & R. Walker. (Eds.), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition (p.55–68). Canberra: Commonwealth of Australia. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>



Dignity of Risk⁸¹ • A way of saying a person has the right to live the life they choose, even if their choices involve some risk. If something a person wants to do involves some risk to them, service providers should support them and their representative to understand the risks and manage them as part of ensuring the person's rights to choice and control and using a strengths based approach. Duty of care is often used by service providers to 'veto/override' a person's dignity of risk. This is a misrepresentation of duty of care which is the legal responsibility set up to ensure people are not harmed by the service, the organisation and its staff provides and does not mean protecting the person from themselves and their own choices⁸².

Diversity⁸³ • The demographic mix of a specific collection of people, taking into account elements of human difference. It is these differences that makes each person unique and includes but is not limited to their; backgrounds, personality, intersex status, religious beliefs, educational level, professional skills, work experience, socio-economic background, career obligations, geographic location and/or many other factors relevant to the individual, life experiences and beliefs, all of the things that make them who they are. It is a combination of their differences that shape their view of the world, their perspective and their approach⁸⁴.

Governance • The operational and control mechanisms of a defined system that holds to account people and decisions made relating to ethics, risk, consent and administration that in turn define the overall governance system⁸⁵. It refers to rules, relationships, structures and processes that direct and control an organisation, specifically the governance and decision-making processes, accountability mechanisms, strategic direction and oversight, risk management and monitoring, performance measurement and delegation of authority.

Epistemic Justice • The idea that we can be unfairly discriminated against in our capacity as a knower based on prejudices about the speaker, such as gender, social background, ethnicity, race, sexuality, tone of voice, accent, and so on⁸⁶.

Equality⁸⁷ • Means all people are treated equally. An equality strategy seeks to improve access to, or quality of, systems or services for all individuals and populations. This approach is based on the expectation that improved systems or services for everyone will improve outcomes for those experiencing inequities. It may not, however, make up for the systemic deficits in resources and opportunities experienced by historically oppressed populations.

⁸¹ Aged Care Quality and Safety Commission 2018, Guidance and Resources for Providers to Support the Aged Care Quality Standards. <https://www.agedcarequality.gov.au/resources/guidance-and-resources-providers-support-aged-care-quality-standards>

⁸² Dignity of risk vs negligence – What is an aged care provider's duty of care? (2019) Kott Gunning Lawyers <https://www.kottgunn.com.au/updates/business-commercial/dignity-risk-vs-negligence-aged-care-providers-duty-care/>


⁸³ Power Moves Assessment Guide for Equity and Justice 2019 <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

⁸⁴ Only skin Deep? Re-examining the business case for diversity. Deloitte 2011

⁸⁵ Duke, D.L.M., Prictor, M., Ekinci, E., Hachem, M., Burchill, L.J. Culturally Adaptive Governance—Building a New Framework for Equity in Aboriginal and Torres Strait Islander Health Research: Theoretical Basis, Ethics, Attributes and Evaluation. *Int. J. Environ. Res. Public Health* 2021, 18, 7943. <https://doi.org/10.3390/ijerph18157943>

⁸⁶ Byskov, M.F. (2021), What Makes Epistemic Injustice an "Injustice"? *J Soc Philos*, 52: 114-131. <https://doi.org/10.1111/josp.12348>

⁸⁷ Power Moves Your essential philanthropy assessment for equity and justice <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>



Equity⁸⁸ • Is only achieved when an advantage or disadvantage based on but not limited to any and all aspects of diversity that can no longer be predicted. An equity framework is a proactive, strategic approach to improving outcomes that accounts for structural differences in opportunities, burdens and needs in order to advance targeted solutions that fulfill the promise of true equality for all.

Human Rights⁸⁹ • Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more.

Indigenous Governance⁹⁰ • Indigenous governance is not the same thing as organisational governance. What makes it Indigenous governance is the role that Aboriginal and Torres Strait Islander social and philosophical systems, cultural values, traditions, rules and beliefs play in the governance of: processes—how things are done; structures—the ways people organise themselves and relate to each other; and institutions—the rules for how things should be done.

Innovation • A multi-stage process whereby organisations transform ideas into new or improved processes, products or services to differentiate, compete or advance⁹¹. ‘Health innovation’ improves the efficiency, effectiveness, quality, sustainability, safety, and/or affordability of healthcare. This definition includes ‘new or improved’ health policies, practices, systems, products and technologies, services, and delivery methods that result in improved healthcare - World Health Organization⁹².

Inclusion⁹³ • The degree to which diverse individuals and groups are able to participate fully in the governance and decision-making processes about themselves, their own situation and about things than may impact them. The practice or policy of inclusion refers to providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised to be included and participate in decision-making.

Intersectionality • A concept that describes the interconnected nature of social categories such as (but not limited to) race, gender, sexuality, class, and ability, and how they interact to shape individual experiences and social inequalities. Marginalised individuals often face multiple forms of oppression simultaneously, and their experiences cannot be fully understood by looking at just one axis of oppression⁹⁴. Intersectionality recognises that the intersections of various social categories create unique experiences of discrimination and privilege. The point of understanding intersectionality is to also understand that different forms of oppression and privilege are not experienced independently but are intertwined and must be considered together to understand the complexities of social inequality.

⁸⁸ Power Moves Your essential philanthropy assessment for equity and justice <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

⁸⁹ United Nations <https://www.un.org/en/global-issues/human-rights>

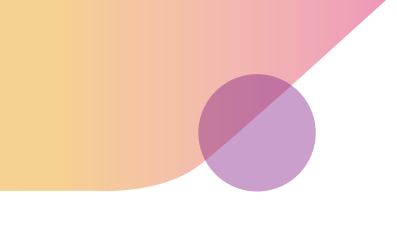
⁹⁰ Australian Indigenous Governance Institute (AIGI) Indigenous Governance Toolkit, 1.2 Indigenous governance section, AIGI website, 2023. <https://aigi.org.au/toolkit>

⁹¹ Baregheh, A., Rowley, J., Sambrook, S. 2009. "Towards a multidisciplinary definition of innovation". *Management Decision*. 47 (8): 1323–1339. doi:10.1108/00251740910984578. ISSN 0025-1747

⁹² Kimble, L., & Massoud, R.M. 2016. What do we mean by Innovation in Healthcare? *EMJ*. <https://www.emjreviews.com/innovations/article/what-do-we-mean-by-innovation-in-healthcare/>

⁹³ Power Moves Assessment Guide for Equity and Justice 2019 <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

⁹⁴ Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 139-167



Lived Experience • Personal experience(s) of a particular issue, such as mental health challenges or alcohol and other drug use, and the living despite, that have caused life as we knew it to change so significantly we have to reimagine and redefine ourselves, our place in the world and our future plans. It is informed by the expertise, the collective knowledge of the lived experience movement and, importantly, it's about learning how to use those experiences in a way that's useful to other people⁹⁵ In its broadest context, it is a person's direct and personal experiences and choices, positive and negative, the knowledge they have gained and the impact to them of these experiences and choices. This direct lived experience affords the person an authentic voice through their unique insight that can challenge assumptions, motivate organisations to do things differently and pinpoint areas for change⁹⁶.

Lived experience expertise • The process of applying what has been learned through a person's lived experience to inform and transform systems, services and individual outcomes for those impacted by mental distress, social issues or injustice for the benefit of others.⁹⁷

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

Lived experience leaders • People who connect their personal, professional and socio-political worlds in unique ways to lead change, linking local experience with organisational and systems change endeavours. They operate within and outside of roles, organisations and settings⁹⁸.

Lived experience leadership⁹⁹ • Includes informal and formal activity which promote the values and goals of lived experience as relating to empowerment, peer services, social justice and citizenship. Leaders speak up to influence community awareness, organisational culture, policy and politics; leaders create space, pathways and inclusion with others; leaders prompt and support change.


⁹⁵ Byrne, L., & Wykes, T., 2020, A role for lived experience mental health leadership in the age of Covid-19, *Journal of Mental Health*, 29:3, 243-246, DOI: 10.1080/09638237.2020.1766002

⁹⁶ The role of lived experience in creating systems change Evaluation of fulfilling lives: Supporting people with multiple needs Report 2022 <https://www.bht.org.uk/wp-content/uploads/2021/03/The-role-of-lived-experience-in-creating-systems-change-2020-1.pdf>

⁹⁷ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission

⁹⁸ Hodges, E., Loughhead, M., McIntyre, H. & Procter, N.G. 2021. The Model of Lived Experience Leadership. LELAN and UniSA, Adelaide

⁹⁹ Loughhead, M., Hodges, E., McIntyre, H., and Procter, N.G. 2021, A Roadmap for strengthening lived experience leadership for transformative systems change in South Australia, SA Lived Experience Leadership and Advocacy Network and University of South Australia



Lived experience (peer) worker • Anyone who works in a designated role who utilises their lived experience and lived experience values to benefit others with lived experience at either individual, operational or systemic levels to influence and drive change¹⁰⁰. Lived experience workers roles can be direct (e.g. peer support roles) or indirect (e.g. lived experience academic, lived experience leader etc).

Lived experience workers draw on their life-changing experiences of mental or emotional distress, service use, and recovery/healing, and their experiences, or the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experiences, self-determination, empowerment, and hope¹⁰¹.

Lived experience (peer) workforces • Workforces which are made up of people who are employed in paid positions that require lived experience as an essential employment criterion, regardless of position type or setting. This is a professional approach in which diverse personal experience-based knowledge is applied within a consistent framework of values and principles¹⁰².

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

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

Peer work/Peer support • Sometimes considered a subset of the wider lived experience (peer) workforces, although language differences exist across jurisdictions. It predominantly refers to supporting others through recovery. Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria but rather understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships¹⁰³.

Personhood¹⁰⁴ • An essential characteristic of the human species - the quality or sense, of being an individual person who has self-agency. This self-agency includes conditions of rationality, consciousness of thought, the capacity for reciprocity and communication and the capacity to make decision and choices both right and wrong. Personhood is a relational (both personal and interpersonal) construct that personhood is a conditional state of value defined by society.¹⁰⁵

¹⁰⁰ Hodges, E., and Reid, A., 2021, A guide for enabling lived experience involvement and leadership to thrive and have impact in your organisation. SA Lived Experience Leadership & Advocacy Network (LELAN)

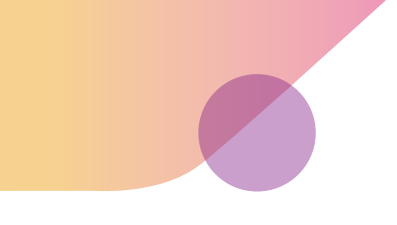
¹⁰¹ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission

¹⁰² *ibid.*

¹⁰³ Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134–141. <https://doi.org/10.1037/h0095032>

¹⁰⁴ Concept of Personhood. Centre for Health Ethics School of Medicines, University of Missouri <https://medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/personhood>

¹⁰⁵ White F.J. Personhood: an Essential Characteristic of the Human Species 2013 Feb 1. doi: 10.1179/0024363912Z.00000000010



Partnership • A bringing together individuals and groups focussed on improving the health experience and health outcomes. Partners may be individuals and or groups, community organisations, sectors, governmental or non-governmental agencies, who work together for a common goal, based on mutually agreed roles and principles¹⁰⁶. Partnering with a person/consumer in their own care is an essential component of person-centred care.

Practice governance • The set of relationships and responsibilities established by a service provider between its management, workforce and stakeholders, including consumers ¹⁰⁷

Power • The advantage held by those at the top of hierarchies based on race, class, gender, sexual orientation, religion, ability, geography, and other characteristics¹⁰⁸. Power in policy processes as it relates to health equity involves multiple factors, including government, industry and public interest organisations and civil society, and that these actors hold and exert different types of power, and use them in different forms and spaces¹⁰⁹.

Power imbalance¹¹⁰ • Exists when one, or a group of members of the partnership, is able to dominate decision- making or otherwise asserts power in ways that disadvantages other partners and is not in the best interest towards achieving the partnership objectives. It must be acknowledged that a power imbalance exists between the consumer and health practitioner and can be mitigated by a person-centred care approach.

Positionality • How differences in social position and power shape identities and access in society¹¹¹.

Principles • A set of propositions that serves as the foundation of fundamental truth. In relation to lived experience these principles flow from values, and shape how lived experience work is practiced and embody the character and philosophy of Lived Experience workforce. These principles are written from the perspective of the Lived Experience workforce. However, principles inform practice and are also intended to guide and inform commissioning and funding bodies, policy makers and organisations¹¹².

¹⁰⁶ Abeykoon P. Partnerships in Health Development. *Journal of Health Management*. 2021;23(1):143-154. doi:10.1177/0972063421995007

¹⁰⁷ Australian Commission on Safety and Quality in Health Care. National Safety and Quality Mental Health Standards for Community Managed Organisations. Sydney: ACSQHC; 2022

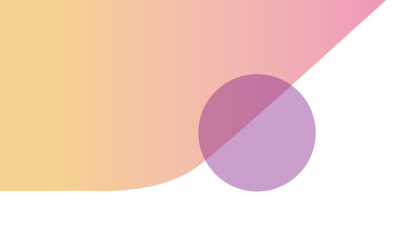
¹⁰⁸ Heller, J.C. PhD., Little, O.M. PhD., Faust, V. MPA., Tran, P. MPH., Givens, M.L. PhD., Ayers, J. MPH, RN., Farhang, L. MPH. Theory in Action: Public Health and Community Power Building for Health Equity. *Journal of Public Health Management and Practice* 29(1):p 33-38, January/February 2023. | DOI: 10.1097/PHH.0000000000001681

¹⁰⁹ Friel, S., Townsend, B., Fisher, M., Harris, P., Freeman, T., & Baum, F. (2021). Power and the people's health. *Social science & medicine*, 282, 114173.

¹¹⁰ Anticipating, managing and mitigating power imbalances, The Partnering Initiative <https://www.thepartneringinitiative.org/wp-content/uploads/2018/12/Managing-power-imbalances.pdf>

¹¹¹ The University of British Columbia. n.d. Positionality & Intersectionality. <https://indigenousinitiatives.ctlt.ubc.ca/classroom-climate/positionality-and-intersectionality/#:~:text=Positionality%20refers%20to%20the%20how,identities%20and%20access%20in%20society>

¹¹² Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived experience Workforce Guidelines. 2021, National Mental Health Commission



Responsibility • Being responsible, accountable, or answerable for something that is within one's control, management or power¹¹³. In the context of care, is a commitment to the prevention and management of care concerns through systematic approaches in service culture, training, reporting, and review processes¹¹⁴.

Restorative Just Culture¹¹⁵ • Aims to repair trust and relationships damaged after an incident. It allows parties to discuss how they have been affected, and collaboratively decide what should be done to repair the harm. The goals of restorative just culture is to accept appropriate responsibility for what has happened, recognise the seriousness of harms caused, humanise the people involved, allow for emotional healing and address the causes of harm.

Risk • Is the likelihood that an event will occur that will cause some type of undesirable effect. Risk events can occur anywhere, anytime. They may be predictable or not, controllable or not, and caused by internal or external variables. Risk exists along a spectrum, and identical events may be deemed more or less “risky” by different parties depending on their perspectives¹¹⁶.

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

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

Safeguarding¹¹⁷ • To assess the risk of, and take action to promote, protect and prevent harm to the health, wellbeing and human rights of a person to live free from abuse, neglect, mistreatment or exploitation.

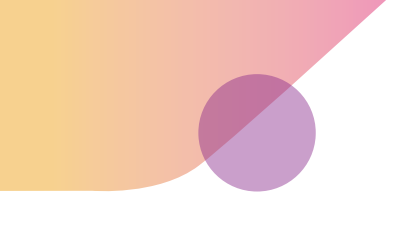
¹¹³ <https://www.dictionary.com/browse/responsibility>

¹¹⁴ Department for Child Protection. 2021. Service provider responsibilities in the management of care concerns. <https://www.childprotection.sa.gov.au/documents/service-providers/proposed-service-provider-responsibilities-management-care-concerns.pdf>

¹¹⁵ Dekker, S. 2018. Restorative Just Culture Checklist. <https://www.safetysdifferently.com/wp-content/uploads/2018/12/RestorativeJustCultureChecklist-1.pdf>

¹¹⁶ Power Moves Your essential philanthropy assessment for equity and justice <https://www.ncfp.org/wp-content/uploads/2020/04/Power-Moves-Assessment-Guide-for-Equity-and-Justice-NCRP-2019.pdf>

¹¹⁷ SA Health. 2023. Adult Safeguarding Unit. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/departement+for+health+and+wellbeing/office+for+ageing+well/adult+safeguarding+unit/adult+safeguarding+unit>



Self • An individual as the object of that individual's own reflective consciousness. One's self is one's sense of who they are, deep down one's identity. It is the totality of the individual, consisting of all characteristic attributes, lived experience, conscious and unconscious, mental and physical¹¹⁸. From an Aboriginal and Torres Strait Islander collectivist perspective, self is also viewed as inseparable from, and embedded within, family and community¹¹⁹.

Self-determination¹²⁰ • Each individual has choice in determining how their lives are governed and their development paths. They participate in decisions that affect their lives. This includes a right to formal recognition of their group identities and have control over their lives and future including their economic, social and cultural development.

Values • The things that are important to us as individual or as a collective, in the way we live and work. Values are the pillars of the Lived Experience workforce and inform Lived Experience practice¹²¹. Lived Experience work is distinguished not so much by what Lived Experience workers do but how they do it. The how is guided by Lived Experience work principles and values.

¹¹⁸ American Psychological Association Dictionary of Psychology <https://dictionary.apa.org/self>

¹¹⁹ Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective. In P. Dudgeon, M. Milroy, & R. Walker. (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition* (p.55-68). Canberra: Commonwealth of Australia. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>

¹²⁰ Australian Human rights Commission <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination>

¹²¹ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived experience Workforce Guidelines. 2021, National Mental Health Commission



About LELAN

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

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

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

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

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

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

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