

## National Lived Experience PHN Stocktake Survey 2024



**Mental  
Health  
Lived  
Experience  
Engagement  
Network**

Thank you for completing this survey.

The National Primary Health Network (PHN) Mental Health Lived Experience Engagement Network (MHLEEN) has undertaken an annual Lived Experience Stocktake Survey since 2018.

To effectively complete this survey respondents will need to have access to a range of information including detailed Lived Experience Workforce data (such as employment arrangements, salary, FTEs, job roles, training, membership of key governance committees, case studies of Lived Experience Participation, policies and procedures etc.).

**Please designate a manager who has access to all of the required information to complete this survey. You will need to create a MyVoice login (if you do not already have one) This will enable you to save the survey, exit and return at a time that is convenient for you to complete.**

It is estimated this survey should take **approximately 50 - 60 minutes** to complete depending on the level of detail you wish to provide. The closing date for the survey is **Wednesday 4 September 2024**.

For any questions related to the stocktake survey contact [mhleen@brisbanenorthphn.org.au](mailto:mhleen@brisbanenorthphn.org.au)

### Section 1: Survey Respondent Details

The following set of questions relate to the person completing the survey.

Name of PHN

(Required)

Name of person completing this survey

(Required)

Position of person completing this survey

(Required)

Contact phone number

(Required)

(Required)

Contact email address

(Required)

Does your PHN have designated Lived Experience (Peer) workforce roles (employees)?

(Choose any one option) (Required)

Yes

No

Answer this question only if you have chosen No for Does your PHN have designated Lived Experience (Peer) workforce roles (employees)?

If no: what do you believe might be challenging for your PHN to establish and integrate designated Lived Experience (Peer) workforce roles (select all that apply)

(Choose all that apply) (Required)

- Commitment from executives to incorporate designated Lived Experience (Peer) workforce roles in service delivery
- Identification of specific role/s within service delivery
- Allocation/ confirmation of funding for position/s
- Development of Lived Experience (Peer) workforce implementation/action plan
- Development of Lived Experience (Peer) workforce policies and processes
- Staff training to understand Lived Experience (Peer) workforce and/or Lived Experience representative roles and functions
- Development of Lived Experience (Peer) position statement/s
- Recruitment of Lived Experience (Peer) workforce personnel
- Access to Lived Experience (Peer) workforce training programs (e.g. due to geographical remoteness)
- Other (please specify)

If you answered No to the above question please proceed to section 3

(Choose any one option)

Proceed to section 3

### Section 2: Lived Experience (Peer) workforce

The following set of questions relate to People with Lived Experience in your PHN. In this section questions have been asked specifically in relation to either designated Lived Experience (Peer) workforce roles or Lived Experience Representatives (Consumer or Carer).

What is the total number of Lived Experience (Peer) workforce employees?

(Required)

Please list the position title/s held by each role? (e.g. Lived Experience Peer Worker, Lived Experience Coordinator)

(Required)

Please list the classification level/s held by each role (e.g. Level 1, 2 etc)

(Required)

Please list the contracted hours of work in full time equivalent (FTE) held by each role?

(Required)

Please list the reporting relationship/s for each role (i.e. position the role reports to)?

(Required)

Lived Experience Coordinator positions (supporting peer teams) - salary range (FTE per annum)

(Choose any 7 options) (Required)

- \$50 000 - \$60 000
- \$61 000 – \$70 000
- \$71 000 - \$80 000
- \$81 000 - \$90 000
- \$91 000 - \$100 000
- >\$100 000
- No PLE Coordinator positions

Lived Experience Manager/Executive level positions salary range - (FTE per annum)

(Choose all that apply) (Required)

- <\$60 000
- \$61 000 – \$70 000
- \$71 000 - \$80 000
- \$81 000 - \$90 000
- \$91 000 - \$100 000
- \$101 000 - \$110 000
- >\$111 000
- No PLE Manager/Executive positions

Total Number of People with Lived Experience, (Peer) Workforce or Consumer or Carer Representatives?

(Required)

What training does your PHN provide to Lived Experience Representatives (Consumers or Carers)? (select all that apply)

(Choose all that apply) (Required)

- Induction and orientation
- Lived Experience/Consumer engagement/advocacy training
- Cultural sensitivity training
- Alternative to suicide training program
- Lived Experience leadership
- Restrictive Practice Legislation and Guidelines
- Mental Health First Aid
- NSQHS standards (primary aim of the standards are to protect the public from harm and to improve the quality of health service provision)
- Mental Health Lived Experience engagement frameworks/ guidelines
- Lived Experience Workforce Guidelines Working effectively on committees
- Ongoing capacity building training programs
- No specific training
- Other (please specify)

What (if any) sitting fee/honorarium do Lived Experience Representatives partnering with your PHN receive for participating in engagement activities? (Select all that apply)

(Choose all that apply) (Required)

- No sitting fee/honorarium

- No sitting fee or honorarium
- Sitting on committees
- Contributing to codesign activities (e.g. policy review, service/program development)
- Providing Lived Experience/consumer led training
- Participating as Lived Experience Representatives in audits/evaluations
- Participating in other involvement and engagement activities (e.g. focus groups/workshops etc)
- Other/s (please specify)

What (if any) engagement activities are not paid a sitting fee/honorarium in your organisation?

(Required)

What other activities do People with Lived Experience, those in both Lived Experience (Peer) workforce roles and Lived Experience Representative (Consumer and Carer) roles hold? (select all that apply)

(Choose all that apply) (Required)

- Lived Experience speakers, trainers, educators (for staff training)
- Lived Experience speakers, trainers, educators (for consumer representative training)
- Lived Experience researchers/evaluators
- Lived Experience internal auditors/reviewers
- Tender assessment panels
- Research advisory committees/working groups
- Staff recruitment panels
- None of these roles
- Others (please specify)

Lived Experience Peer Workers direct service delivery - salary range (FTE per annum)

(Choose any 7 options) (Required)

- <\$50 000
- \$50 000 - \$60 000
- \$61 000 – \$70 000
- \$71 000 - \$80 000
- \$81 000 - \$90 000
- >\$91 000
- No Peer Support Workers

### Section 3: Lived Experience (Peer workforce) commissioned services

The following questions relate to Lived Experience commissioned services.

Does your PHN provide specific funding for Lived Experience (Peer) workforce roles in commissioned services?

(Choose any one option)

- No
- If 'yes' – list the names of each commissioned service and the Lived Experience service/s they provide

Has your PHN undertaken any evaluation/review of your PHNs Lived Experience involvement and engagement activities and/or Lived Experience (Peer) workforce with your commissioned services?

(Choose any one option)

- No
- Yes - please provide details

In your PHN's tendering processes do you have any selection criteria specifically related to Lived Experience engagement?

(Choose any one option)

- No
- Yes

Answer this question only if you have chosen Yes for In your PHN's tendering processes do you have any selection criteria specifically related to Lived Experience engagement?

If Yes: What is the selection criteria specifically related to Lived Experience engagement that your PHN has for your commissioned service providers?

#### Section 4: Your PHN's experience with MHLEEN (Mental Health Lived Experience Engagement Network)

The following questions relate to your PHN's experience and expectations of MHLEEN.

In the last 12 months, how has your PHN been involved with MHLEEN? (select all that apply)

(Choose all that apply)

- Participates and represents MHLEEN on other collaborations/working groups
- Provides updates on Lived Experience involvement, engagement and workforce development activities to share with others
- Participates as a co-presenter or panellist at conferences (e.g. TheMHS, IMHC)
- Attends annual stepped care workshop/MHLEEN forum
- Provides out of session feedback on MHLEEN reports, submissions and other projects
- Attends additional MHLEEN working groups
- Attends MHLEEN monthly meetings
- MHLEEN mailing list

Other (please specify)

If your PHN has a MHLEEN member, how does this further enable your PHN to build engagement (select all that apply)

(Choose all that apply)

- Our PHN does not currently have a member of MHLEEN
- Creating a network of people (including Lived Experience) to contact and support my work
- Commencing a codesign process on a local project or program
- Understanding and building skills in what is true codesign
- Developing Lived Experience guidelines/frameworks /strategies to implement in our PHN
- Keeping our PHN up to date with national Lived Experience involvement and engagement activities
- Having access to resources and information sharing
- Networking and sharing information with other PHNs
- Other (please specify)

What are barriers for your PHN to engage with MHLEEN? (select all that apply)

(Choose all that apply)

- Our PHN has not yet implemented Lived Experience involvement and engagement activities
- Executive level support for MHLEEN
- A suitable representative with capacity
- Staff turn over
- Having a budget allocation
- Administrative support
- Competing time priorities
- Other (please specify)

How do you believe MHLEEN can support your PHN with increasing levels of involving and engaging with people with Lived Experience?

What key areas of focus would you like to see MHLEEN prioritise in the next year? (e.g. support PHN's to implement the national Lived Experience (Peer) Workforce development guidelines and/or Lived Experience governance).



When reflecting on MHLEEN and its work, please describe how MHLEEN has supported your PHN to engage people with a Lived Experience. Please consider any key highlights or areas of improvement for MHLEEN.

Note: Answer this question if it applies

If your PHN is willing to share Lived Experience guidelines, frameworks, or strategies, please attach a copy here.

### Section 5: PHN Integration of Lived Experience Engagement

The following questions relate to your PHN preparedness for, and integration of, partnering with people with Lived Experience.

What policies and/or procedures in your PHN specifically refer to/relate to Lived Experience engagement? (Select all that apply)

(Choose all that apply)

- Consumer/Carer engagement policies and procedures
- Diversity and inclusion policy and processes
- PHN Lived Experience engagement framework/action plan
- Lived Experience Representative role description
- Carer Representative role description
- Induction/training program materials
- Sitting fee/honorarium policy and procedures
- Lived Experience membership/responsibilities in committee terms of references
- Consumer advisory committee action plans
- Register of consumer driven safety actions/quality improvements
- Other (please specify)

Does your PHN include people with a Lived Experience and/or Carer Representatives as partners in governance and management structures?

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen No for Does your PHN include people with a Lived Experience and/or Carer Representatives as partners in governance and management structures?

If 'no': what do you believe are the challenges for your PHN to establish and involve people with Lived Experience and/or Consumer/Carer Representatives? (Select all that apply)

(Choose all that apply)

(Choose all that apply)

- Commitment from Executive to incorporate Lived Experience Representative roles in organisational governance structure
- Identification of specific Lived Experience Representative roles and key committees for placement
- Development of Lived Experience engagement/action plan
- Allocation/conformation of funding
- Development of Lived Experience (Peer) Workforce policies and processes
- Staff training to understand Lived Experience Consumer or Carer representative roles and functions
- Development of Lived Experience position statement/s
- Recruitment of Lived Experience Consumer or Carer Representatives
- Access to Lived Experience training programs (e.g. due to geographical remoteness)
- Travel costs/logistics for attendance for People with Lived Experience in remote locations
- Strategies for engaging with 'hard to reach' groups
- Other/s (please specify)

If you answered No to the above question please proceed to section 6

(Choose any one option)

- Proceed to section 6

How many people with Lived Experience make up members on your consumer advisory committee?

What governance committee/s in your PHN have Lived Experience Consumer or Carer representation membership? (select all that apply)

(Choose all that apply)

- No specific governance committees
- Governance and leadership committee (however named)
- Clinical governance committee
- Safety and quality committee (however named)
- Patient care committee (however named)
- Audit committee (however named)
- Standards committee (however named)
- Finance committee
- Project/program committees/working parties
- PHN consumer advisory committee
- Mental health specific advisory committee
- Child and young people committee/reference group
- Other (please specify)

What specific committees in your PHN include people with Lived Experience (select all that apply)

(Choose all that apply)

- No specific target groups committees
- Mental Health Lived Experience advisory committee/reference group
- Aboriginal and Torres Strait Islander advisory committee/reference group
- Culturally and Linguistically Diverse advisory committee/reference group
- LGBTQIA+ advisory committee/reference group
- Suicide prevention committee
- Child and youth health committee
- Severe and complex review committee
- Alcohol and other drugs committee
- Other/s (please specify)

What specific strategies do you use to actively involve and engage with priority groups?

Provide a case study on your PHNs Lived Experience engagement activities with one or more of the following groups. (Select all that apply)

(Choose all that apply)

- Aboriginal and Torres Strait Islanders communities
- Alcohol and other drugs
- LGBTIQ+
- Culturally and Linguistically Diverse
- Older people/aged care (aged 54+)
- Any other group (please specify)

Note: Answer this question if it applies

Please upload an example case study selected from the previous question

How inclusive do you believe your PHN is in employing and/or involving and engaging with Lived Experience (Peer) workforce roles that reflect the diversity and intersectionality of people with Lived Experience?

### Section 6: Assessment of your PHNs integration of Lived Experience involvement and roles

This section presents a number of statements on how your PHN integrates people with Lived Experience across design, planning, governance, service delivery and evaluation.

Using the scale, rate how you believe your PHN has integrated people with Lived Experience relevant to each statement from not currently in practice through to routine practice.

Using the scale, rate how you believe your PHN has integrated people with Lived Experience relevant to each statement from not currently in practice through to routine practice.

(Required)

Questions	Not current practice	Developing practice	Frequent practice	Routine practice
Service or Program • We use a standardised codesign approach in developing and reviewing our PHN's services and programs.				
Service or Program • We have Lived Experience members on service and program steering committees and/or reference groups				
Service or Program • We have integrated Lived Experience (Peer) workers across our PHN's services and programs.				
Service or Program • We provide peer led mental health programs. (e.g. Alt2Su)				

Using the scale, rate how you believe your PHN has integrated people with Lived Experience relevant to each statement from not currently in practice through to routine practice.

(Required)

Questions	Not current practice	Developing practice	Frequent practice	Routine practice
Organisation • We have Lived Experience Representatives on key governance committees outlined in terms of reference.				
Organisation • We have an established consumer advisory committee with Lived Experience Representative members				
Organisation • We have established specific advisory committee/reference groups for priority groups with Lived Experience representation				
Organisation • People with Lived Experience participate as speakers/trainers as part of induction and orientation of staff and consumers				
Organisation • We support, promote and commission access to training programs specific to supporting people with Lived Experience				
Organisation • Our Lived Experience roles reflect diversity of our workforce, service users and the community				

Using the scale, rate how you believe your PHN has integrated people with Lived Experience relevant to each statement from not currently in practice through to routine practice.

(Required)

Questions	Not current practice	Developing practice	Frequent practice	Routine practice
Policy • We develop and review policies in codesign with People with Lived Experience				
Policy • We have developed specific engagement policies and processes in codesign with People with Lived Experience				
Policy • Our policy reflects, promotes and facilitates diversity and inclusion of People with Lived Experience				

Using the scale, rate how you believe your PHN has integrated people with Lived Experience relevant to each statement from not currently in practice through to routine practice.

(Required)

Questions	Not current practice	Developing practice	Frequent practice	Routine practice
Audit and Evaluation • People with Lived Experience participate as internal auditors and reviewers as part of clinical governance				
Audit and Evaluation • People with Lived Experience participate as internal auditors and reviewers as part of service delivery monitoring and review				
Audit and Evaluation • People with Lived Experience participate in governance oversight and monitoring				
Audit and Evaluation • People with Lived Experience participate as partners in research and research evaluation				

Audit and Evaluation • We audit and review our involvement activities and level of Lived Experience contributions to ensure best practice				
Audit and Evaluation • We collaborate with other organisations across other jurisdictions in shared learning to compare and evaluate our practices and strategies and to improve Lived Experience involvement and engagement				

### Section 7: PHN Engagement Framework

The following questions relate to your organisation's Engagement Framework activities.

Does your PHN use a specific engagement framework/guidelines and/or model (either an internally developed or an external engagement framework) to integrate strategies and actions for involving and partnering with people with Lived Experience?

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen **Yes**. Does your PHN use a specific engagement framework/guidelines and/or model (either an internally developed or an external engagement framework) to integrate strategies and actions for involving and partnering with people with Lived Experience?

If 'yes': what engagement framework/guidelines and/or model does your PHN use? (select all that apply)

(Choose all that apply)

- PHN developed consumer, carer and community engagement framework
- PHN developed specific mental health Lived Experience engagement framework
- National Mental Health Commission's Consumer and Carer Engagement: a practical guide
- National Lived Experience (Peer) Workforce Development Guidelines
- The Lived Experience Governance Framework
- Other (please specify)

If 'no': What strategies and activities does your PHN use to integrate consumer engagement and participation activities in design, planning, governance, service delivery and evaluation?

Has your PHN undertaken any collaborative Lived Experience engagement activities with other local, state, national and/or international stakeholders?

(Choose all that apply)

- No
- If Yes please provide an example of a collaborative activity

What evidence/data does your PHN currently collect to monitor and measure the effectiveness of your Lived Experience engagement strategies and activities?

What do you believe should be reported in relation to engaging with people with Lived Experience in the future?

### Section 8: Levels of Involvement

This section is framed to be consistent with the [National Mental Health Commission's Consumer and Carer engagement guide](#). (Please refer to the engagement spectrum attachment if required). The spectrum of engagement outlines increasing consumer control and decision making across the following levels of engagement and participation.

The following questions ask you to provide information about the strategies your PHN has implemented to engage with people with Lived Experience across the levels.

Select the levels of consumer participation that people with Lived Experience are engaged at in your PHN. (Select all that apply)

(Choose all that apply)

- Inform
- Educate
- Consult
- Engage
- Codesign
- Coproduction
- Lived Experience Led/Empower

**INFORM: Provide information** for people with Lived Experience to assist them in shared decision-making your PHN has implemented.

What main strategies do you use to **INFORM** people with Lived Experience? (Select all that apply)

(Choose all that apply)

- Provide information to improve health literacy
- How to find reliable health information/resources
- Provide information to support decision-making (e.g. options, benefits, risks, costs)
- Shared decision-making, or making decisions on behalf of someone else
- Care planning
- When to seek advice
- About access to services (service types, location, cost, eligibility)
- About healthcare rights
- Contact/help/assistance information
- How to give feedback or make a complaint
- About community supports
- About consumer engagement/participation
- Organisation performance information
- Use of written information (e.g. brochures, fact sheets)
- Through websites (your organisation or other website)
- Via social media
- Through other organisations
- Other (please specify)

**EDUCATE: Provide education** to support learning to assist people with Lived Experience to understand problems, alternatives and solutions, your PHN has implemented.

What main strategies do you use to **EDUCATE** people with Lived Experience? (Select all that apply)



What main strategies do you use to **EDUCATE** people with Lived Experience? (Select all that apply)

(Choose all that apply)

- 1:1 education with clinician and consumer
- Support/Peer groups
- 1:1 through Peer workforce
- Online resources/education technology
- Health promotion resources
- Self-help tools/supports
- Decision-making tools
- Community campaigns
- Health promotion campaigns
- Other (please specify)

**CONSULT: Gain feedback** from people with Lived Experience to inform and influence decision-making and find alternative solutions in PHN design, planning, governance, service delivery and evaluation, your PHN has implemented.

What main strategies do you use to **CONSULT** people with Lived Experience? (Select all that apply)

(Choose all that apply)

- Consumer advisory committee
- Target groups specific advisory committee/reference group
- PHN led community forums
- Targeted online surveys/questionnaires
- Experience of service surveys
- Through community groups/networks
- Via social media
- PHN led focus groups/workshops
- Other (please specify)

**ENGAGE: Work with people with Lived Experience throughout a process** to ensure their perspectives, opinions and concerns are consistently understood and considered in decision-making (e.g. establishment of mental health advisory committee/reference group. People with Lived Experience participate in accreditation preparation and audit)

What main strategies do you use to **ENGAGE** people with Lived Experience? (Select all that apply)

(Choose all that apply)

- Report back on progress
- Provide updates on work progress
- Provide PHN performance reports for feedback e.g. S&Q, complaints
- People with Lived Experience participate in service/program monitoring, evaluation
- People with Lived Experience on recruitment/interview and selection panels
- Lived Experience members on project steering committees/working groups
- Lived Experience members on tender/commissioning panels
- Lived Experience Researchers and/or preparation of research applications
- Other (please specify)

**CODESIGN: People with Lived Experience partner in identifying and creating** an initiative that meets the needs, expectations and requirements of all those who are impacted by the outcome.

**COPRODUCTION: People with Lived Experience partner in implementing, monitoring and evaluating** systems and/or services

**COPRODUCTION: People with Lived Experience partner in implementing, monitoring and evaluating systems and/or services**

What main strategies do you use to **CODESIGN OR COPRODUCE** with people with Lived Experience? (Select all that apply)

(Choose all that apply)

- Development of PHNs Lived Experience engagement framework
- Codesign of experience of service surveys
- Codesign of policies/processes
- Mental health service surveys
- Lived Experience members on a specific project steering committee
- People with Lived Experience developed alternative option/solutions for mental health program
- Peer workforce auditors/interviewers
- People with Lived Experience evaluate PHNs engagement strategies
- Other (please specify)

**LIVED EXPERIENCE LED/EMPOWER:** People with Lived Experience (individuals, groups or communities) lead/have control over decision-making, solutions and activities (including decisions to collaborate and/or seek support) in an initiative or process.

What main strategies do you use to **EMPOWER** People with Lived Experience (including for **LIVED EXPERIENCE – LED** initiatives)

(Choose all that apply)

- Lived Experience/Peer Led programs (e.g. suicide prevention program)
- Lived Experience/Peer Led education/training
- Consumer and Carer/Peer Led - Lived Experience project initiated by the consumer advisory committee
- Consumer/peer led research
- Implementation of a consumer led project steering committee
- Other (please specify)

What do you believe are the ongoing challenges for your PHN to implement participation to increase people with Lived Experience control and decision making across the following levels of engagement and participation? (Select all that apply)

(Choose all that apply)

- Level, range and scope of involvement and engagement strategies currently used in the organisation
- Confidence to try new and innovative involvement and engagement approaches
- Commitment of senior management/staff to expand level of involvement and partnership with people with Lived Experience
- Level of skill and experience of managers/senior staff in involving and partnering with people with Lived Experience
- Data collection and measurement of value of involvement
- Allocation of funding for staff to undertake training to involve and partner with people with Lived Experience
- Managing the involvement activities and engagement processes (planning, resourcing, coordination)
- Digital engagement strategies
- Effectively involving people with Lived Experience in involvement and engagement activities
- Reactive or tokenistic rather than purposeful involvement and codesign
- Level of understanding and application of levels of involvement
- Need for clear action plan to implement involvement and partnership activities with People with Lived Experience
- Strategies for involving 'hard to reach' groups
- Other (please specify)

### Section 9: Levels of involvement case studies

Select the 2 highest levels of involvement you have implemented in the last 12 months and provide a case study for each level

Select the 2 highest levels of involvement you have implemented in the last 12 months and provide a case study for each level.

Each case study should include: a case study; who was involved; what activities were undertaken; what were the outcomes and learnings. Where relevant, share/attach any reports related to this case study.

Case Study 1: What level of involvement is this case study demonstrating?

(Choose all that apply)

- Inform
- Educate
- Consult
- Engage
- Codesign
- Coproduction
- Lived Experience Led/empower

Name of Case Study

Outline number of people involved and roles (staff, Lived Experience (Peer) workforce, external participants)

Please outline the learnings gained through this strategy

Outline all of the activities that were undertaken and how they demonstrate the level of involvement you have identified

Outline the challenges experienced in implementing this strategy

Case Study 2: What level of involvement is this case study demonstrating?

(Choose all that apply)

- Inform
- Educate
- Consult
- Engage
- Codesign
- Coproduction
- Lived Experience Led / Empower

Name of Case Study 2

Outline number of people involved and roles (staff, Lived Experience (Peer) workforce, external participants) - Case Study 2

Outline all of the activities that were undertaken and how they demonstrate the level of involvement you have identified - Case Study 2

Please outline the learnings gained through this strategy? Case Study 2

Outline the challenges experienced in implementing this strategy - Case Study 2

## Section 10: Summary assessment of people with Lived Experience engagement

The following section is a self-assessment of your PHNs level of leadership in achieving integrated people with Lived Experience in planning and service delivery, across the PHN.

Score to what degree you agree or disagree with each of the following statements. Our organisation promotes a culture of support and allyship to:

(Required)

Questions	Strongly agree	Agree	Neither agree nor disagree	Strongly disagree	Disagree
Actively oppose discriminatory language, policies and practice					
Actively and vocally support the work of the Lived Experience (Peer) workforce					
Actively advocate for Lived Experience positions and funding					
Work collaboratively and respectfully in authentic partnerships					
Defer to and step aside to credit lived expertise and share power					
Facilitate opportunities for Lived Experience leadership					
Seize opportunities to creatively use resources and invest in Lived Experience roles					
Advocate for Lived Experience roles at multiple levels					
Engage in co-production					
Educate, organise and involve others in supporting the Lived Experience (Peer) workforce					
Develop trust relationships and authentic connections based on Lived Experience.					

Score to what degree you agree or disagree with each of the following statements. Our staff actively take action to:

(Required)

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Understand the role and value of Lived Experience in the continuous development of recovery oriented mental health services					
View people with Lived Experience as having equal expertise to those viewed as 'experts' in the PHN					
'Call out' practices that violate values and principles of Lived Experience work and personal recovery					
Educate other colleagues on the value and benefits of Lived Experience work					

Recommend Lived Experience workers for roles					
Advocate for Lived Experience leadership roles					
Advocate for meaningful and purposeful co-production					
Create formal and informal networks, meetings and processes to increasingly involve more potential allies and Lived Experience workers					
Guide new Lived Experience workers and share knowledge of navigating internal processes and organisational systems					
Refer consumers and families to Lived Experience workers.					

Score to what degree you agree or disagree with each of the following statements. Our organisation implements management and governance processes to:

(Required)

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Demonstrate tangible commitment to workplace conditions and policies that support authentic Lived Experience work					
Will implement a Lived Experience Workforce development strategy plan					
Promote Lived Experience work across the whole workplace, people accessing services, their families and significant others					
Maintain the integrity of the Lived Experience (Peer) workforce consistent with the values and principles of Lived Experience work					
Encourage collaboration and networking					
Invest in professional development and career pathways to build Lived Experience leadership					
Gather data to support evidence of Lived Experience (Peer) workforce integration and outcomes to support evidence of best practice and funding					
Ensure appropriate supervision of the Lived Experience (Peer) workforce roles that fosters and facilitates integration with the role to foster understanding and collaboration					
Build in coproduction as routine practice to identify priorities, assist in planning, decision-making, design, delivery and evaluation of policies, practices, services and roles					
Dedicates policy, processes and resources for codesign with People with Lived Experience					
Lived Experience (Peer) workforce and Consumer Representatives are actively engaged in evaluation and quality improvement across the organisation					
Build in coproduction as routine practice with specific priority groups such as Aboriginal and Torres Strait Islander People					
Use resources creatively to increase Lived Experience roles					
Take a proactive stand against discrimination and prejudicial attitudes					
Aim for the highest level of involvement and partnership with people with Lived Experience that is possible in the circumstances					
Work to co-produce more effective alternatives to restrictive practice					

Score to what degree you agree or disagree with each of the following statements. Our organisation is committed to funding and policy to:

(Required)

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Invest substantially and sustainably in Lived Experience work					
Sustainable funding allocated for Lived Experience engagement and participation					
Identify areas for prioritisation of systemic change and professionalism of Lived Experience (Peer) workforce in funding, policy, planning and service commissioning					
Require service delivery to incorporate Lived Experience roles					
Ensure funding guidelines are informed by best practice e.g. more Lived Experience leadership					

Ensure that the unique roles of Lived Experience (Peer) workforce is clearly defined and incorporated into new overarching policies and practices					
Allocate committed funds for Lived Experience (Peer) workforce development					
Provide leadership roles for Lived Experience within funding bodies, including government bodies and commissioning bodies					
Advocate and invest in stable and ongoing Lived Experience roles and Lived Experience Led programs					
Make meaningful co-design and co-production a requirement of funding					
Fund Lived Experience Led training, research and resource development.					

### Section 11: Transition from national MHLEEN project to regional PHN approach to lived experience support

In what way do you believe your organisation has changed in its integration and engagement of Lived Experience (Peer) Workforce over the last 5 years?

What do you believe could be helpful to support your PHN to embed the learnings and resources from the national MHLEEN project?

How do you think PHNs might work together to continue conversations about embedding best practice processes to embed Lived Experience into PHN core business?

Are there any other comments you would like to make?