Understanding the Lived Experience Governance Framework and Aligned Toolkit

Ellie Hodges | Chief Executive and Founder of LELAN © 2024





Health Lived Experience Engagement Network

Mental

we gather on the unceded lands of First Nations people







About LELAN





our strategic pillars and impact targets



LELAN's systemic advocacy targets the mental health and social sectors in South Australia.

Our thought leadership and innovation for lived experience expertise, leadership and governance is borderless.





a deep commitment to Lived Experience • We recognise the lives and work of people with lived experience, particularly those that passionately, intentionally and skilfully use their lived expertise for change. It matters.







How 'Lived Experience Governance' Came to Be





commissioned 2022 and published July 2023





Mental Health Lived Experience Engagement Network







embodying the principles of coproduction







(y)our connection to Lived Experience Governance

- A thought or question you have about Lived Experience Governance and how to make use of it in your role, organisation and/or life.
- What you *really* want to know about Lived Experience Governance and how to make use of it in your role, organisation and/or life.
- How you would like to engage with co-production with Lived Experience Governance and how to make use of it in your role, organisation and/or life.

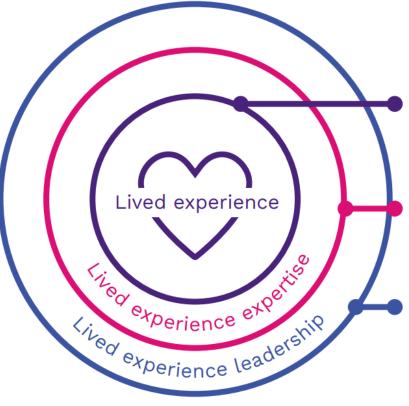


A Quick Introduction to Lived Experience Governance





the nuance of Lived Experience and its application in the Framework and aligned Toolkit



Lived experience

To reimagine and redefine ourselves, our place in the world and our future plans⁴⁹

Lived experience expertise

To use those experiences in a way that's useful to other people⁵⁰

Lived experience leadership

To speak up to influence community awareness, organisational culture, policy and politics; create space, pathways and inclusion with others; prompt and support change⁵¹





Aboriginal and Torres Strait Islander Lived Experience

- A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.
- People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples ways of understanding social and emotional wellbeing.

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



defining 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.





why a Lived Experience Governance approach is needed at this time There is an unrepentant demand for a shift from words to deeds. But that begs the question, what would a system governed on the basis of lived experience, equity, human rights and justice look like? What is involved in getting there? Who do we need at the table? What kinds of tables do we need?

Good governance is saying this current system that has been built is what is causing harm. And we need to be creating and affirming values and practices that resist that abuse and oppression and encourage safety, encourage accountability. We need to encourage self-determination, encourage mentoring, and encourage other ways to continue to be part of this movement. Thinktank Participant

Interview Participant





tensions and approaches to risk and decision-making

- The Lived Experience Governance Framework provides a guidepost across the interrelated foundational concepts and domains to assist leaders, organisations and systems to transform practice and navigate the complexities that exist in this space.
- Safety cultures and practices across organisations and services that promote connection, choice and responsibility to and not for or over people are imperative.





the essential components of Lived Experience Governance [domains, foundations and core]





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Lived Experience Governance values and principles

Core Lived Experience Values

Hope Equality/Equity Mutuality Empathy Choice Respect Authenticity Belonging/Inclusion Interdependence/ Interconnectedness Justice/Human Rights

Core Lived Experience Principles

Lived experience as expertise Self determination Recovery-focused Person directed Strengths based Relational Trauma informed Humanistic Voluntary Culturally responsive





where Lived Experience Governance fits with other governance approaches



Understanding how lived experience governance sits and fits in relation to other forms of governance is essential for successful implementation.

Lived experience governance exists as a separate and equally important component of an organisation's corporate governance and strategic processes and structures.

Lived experience governance is aligned with and complementary to other essential corporate governance mechanisms that support safe, effective, person-centred practice and decision-making¹⁰.

All governance should be person-centred and underpinned and informed by lived experience values, principles and perspectives.





how Lived Experience Governance aligns with existing accreditation processes





The National Safety and Quality Health Service (NSQHS) Standards

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

| | Lived Experience Governance Framework Domains | | | | |
|---|---|--|---|---|---|
| The National Safety and Quality Health Service (NSQHS) Standards | Partnership & Coproduction | Safeguarding Responsibility & Power | Lived Experience Involvement, Expertise & Leadership | Transformative Workforces and Practices | Innovation and Continuous Improvement |
| Clinical Governance Standard | Standa | rd action items numbe | rs aligned with lived ex | perience governance d | lomains |
| Governance, leadership and culture | 1.01 1.02 | 1.01 1.02 | 1.01 1.02 | 1.01 1.02 | 1.01 1.02 |
| Organisational leadership | 1.03 1.04 1.05 | 1.03 1.04 1.05 | 1.03 1.04 1.05 | 1.03 1.04 1.05 | 1.03 1.04 1.05 |
| Clinical leadership | | | | 1.06 | 1.06 |
| Policies and procedures | | 1.07 | | | 1.07 |
| Measurement and quality improvement | 1.08 1.09 | 1.08 1.09 | 1.08 1.09 | 1.08 1.09 | 1.08 1.09 |
| Risk management | 1.10 | 1.10 | 1.10 | 1.10 | 1.10 |
| Incident management systems and open disclosure | 1.11 1.12 | 1.11 1.12 | 1.11 1.12 | 1.11 1.12 | 1.11 1.12 |
| Feedback and complaints management | 1.13 1.14 | 1.13 1.14 | 1.13 1.14 | 1.13 1.14 | 1.13 1.14 |
| Diversity and high-risk groups | 1.15 | 1.15 | 1.15 | 1.15 | 115 |
| Healthcare records | 1.16 | 1.16 | 1.16 | 1.16 | 1.16 |
| Safety and quality training | 1.19 1.21 | 1.19 1.21 | 1.19 1.21 | 1.19 1.20 1.21 | 1.19 1.20 1.21 |
| Performance management | | | | 1.22 | 1.22 |
| Credentialing and scope of clinical practice | | | | 1.23 1.24 | 1.23 1.24 |
| Safety and quality roles and responsibilities | | 1.26 | | 1.25 1.26 | 1.25 1.26 |
| Evidence-based care | 1.27 | 1.27 | 1.27 | | 1.27 |
| Variation in clinical practice and health outcomes | 1.28 | 1.28 | 1.28 | 1.28 | 1.28 |
| Safe Environment | 1.29 1.30 1.31 1.32 1.33 | 1.29 1.30 1.31 1.32 1.33 | 1.29 1.31 1.32 1.33 | 1.29 1.30 1.31 1.32 1.33 | 1.29 1.31 1.32 1.33 |

National Safety and Quality Mental Health Standards for Community Managed Organisations

The Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Mental Health Standards for Community Managed Organisations (CMO Standards) has been created with the aim to protect the public from harm and to continuously improve the quality of service provision¹.

| | Lived Experience Governance Framework Domains | | | | |
|---|---|--|---|---|---|
| National Safety and Quality Mental Health Standards for Community Managed Organisations | Partnership & Coproduction | Safeguarding Responsibility & Power | Lived Experience Involvement, Expertise & Leadership | Transformative Workforces and Practices | Innovation and Continuous Improvement |
| Practice Governance Standard Items | Standa | rd action items numbe | rs aligned with lived ex | perience governance o | |
| Practice governance, leadership and culture | 1.01 1.02 1.03 | 1.01 1.02 1.03 | 1.01 1.02 1.03 | 1.01 1.02 1.03 | 1.01 1.02 1.03 |
| Care leadership | | | | 1.04 1.05 | 1.04 1.05 |
| Legislation, regulations, policies and procedures | | 1.06 | | | 1.06 |
| Measurement and quality improvement | 1.07 1.08 | 1.08 | 1.07 1.08 | 1.07 1.08 | 1.07 |
| Organisational risk management | 1.09 | 1.09 | 1.09 | 1.09 | 1.09 |
| Incident management systems and open disclosure | 1.10 | 1.10 | | 1.10 | 1.10 |
| Feedback and complaints management and resolution | 1.12 1.13 | 1.11 1.12 1.13 | 1.11 1.12 1.13 | 1.11 1.12 1.13 | 1.11 1.12 1.13 |
| Consumer care records and information | | 1.14 | 1.14 | 1.14 | 1.14 |
| Safety and quality training | | | | 1.15 | 1.15 |
| Workforce qualifications and performance manage- ment | 1:18 | | 1.18 | 1.16 1.17 1.18 | 1.18 |
| Safe environment | 1.21 1.22 1.23 | 1.19 1.21 1.22 1.23 1.23 1.25 | 1.21 1.22 1.25 | 1.21 1.22 1.24 1.25 | 1.21 1.22 |
| Privacy | 1.26 1.27 | 1.26 1.27 | 1.26 1.27 | 1.26 1.27 | 1.26 1.27 |

National Safety and Quality Primary and Community Healthcare Standards

The Australian Commission on Safety and Quality in Health Care, National Safety and Quality Primary Community Healthcare Standards¹ are designed for health provid-ers in primary and community settings in order to ensure the quality and safety of services. Since May 2023 accrediting agencies can evaluate and approve organisa-tions on the basis of compliance to the standards, which may be a requirement for funding/commissioning bodies of health services.

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



NDIS Code of Conduct and Practice Standards and Quality Indicators

The National Quality and Safeguards Commission NDIS Practice Standards¹ specify the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants. Together with the NDIS Code of Conduct¹, the NDIS Practice Standards build NDIS participants² awareness of what quality service provision they should expect from registered NDIS providers. The following table outlines the conduct statements in the NDIS's Code of Conduct and standards and quality indicators in the NDIS Core Practice Standards and Quality indicators.

| | Lived Experience Governance Framework Domains | | | | | |
|---|---|--|---|---|---|--|
| NDIS Code of Conduct and Practice Standards and Quality Indicators | Partnership & Coproduction | Safeguarding Responsibility & Power | Lived Experience Involvement, Expertise & Leadership | Transformative Workforces and Practices | Innovation and Continuous Improvement | |
| | Conduct statements aligned with lived experience governance domains | | | | | |
| Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions | ~ | ~ | ~ | ~ | ~ | |
| Respect the privacy of people with disability | 1 | ~ | ~ | × | ~ | |
| provide supports and services in a safe and competent manner, with care and skill | | ~ | 1 | ~ | ~ | |
| Act with integrity, honesty and transparency | 4 | ~ | 1 | ¥ | ~ | |
| Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of sup- ports and services provided to people with disability | * | ~ | ~ | ~ | ~ | |
| Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability | * | ~ | ~ | ~ | ~ | |
| Take all reasonable steps to prevent and respond to sexual misconduct | * | ~ | ~ | 1 | ~ | |





what will be experienced and seen in governance systems and processes

• [Domain 1] Partnership and Co-production:

- Prioritised and Embedded.
- Adequate Resourcing.
- Two-way Communication Pathways.
- Relational not Transactional.
- Person-Defined Impacts.
- Lived Experience-Initiated Opportunities.
- Co-produced Performance Measures.





<u>co-</u>everything, everywhere with everyone. <u>as much</u> <u>as you can</u>



CO-PLANNING What are we looking to solve? Who should be involved? What approach should we use? Timeframes? Funding? Governance arrangements?

CO-DESIGN Define the problem. Develop solutions together. test solutions.



CO-EVALUATION What should we measure? Who should we ask? How will we get the information? CO-DELIVERY Delivering the solution -Who will do what?

Roper, C., Grey, F, & Cadogan, E. (2018). Co-production: Putting principles into practice in mental health contexts.





what will be experienced and seen in governance systems and processes

- [Domain 2] Safeguarding, Responsibility and Power:
 - Rights are Upheld.
 - Dignity of Risk.
 - Responsibility To, Not For or Over.
 - Decision-Making Transparency.
 - Redistribution of Power.
 - Capacity to Exercise Power.
 - Measures that Matter.



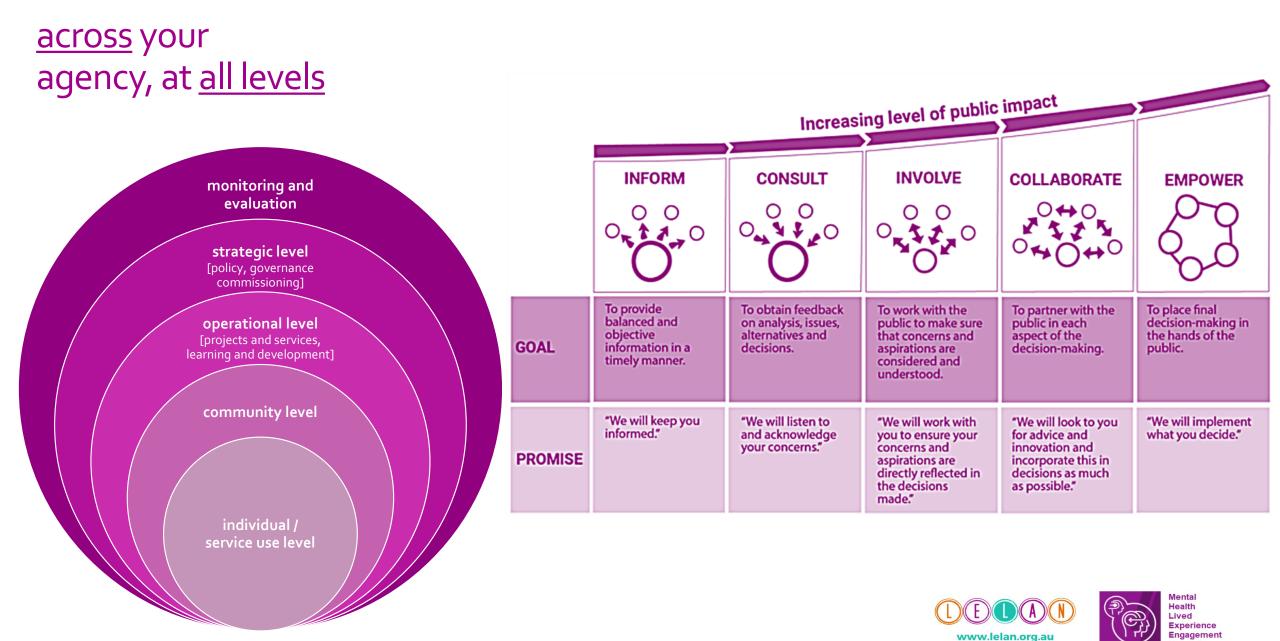


what will be experienced and seen in governance systems and processes [Domain 3] Lived Experience Involvement, Expertise & Leadership:

- Strategic Recognition and Action.
- Opportunities and Integration.
- All Levels, in Diverse Roles.
- Presence and Authority.
- Resourced to Leverage.
- Lived Experience-led Change.
- Critical Reflection.







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some caveats and cautions ...

- 'lived experience' may be everywhere, but not everyone has or brings Lived Experience expertise.
- Context is everything!
- 'Consumers' and 'Carers' are not the same.
- Service users, advocates/representatives and lived experience (peer) workers are different.
- Designated roles are necessary.
- Intersectional lived experience visibility and action is critical.







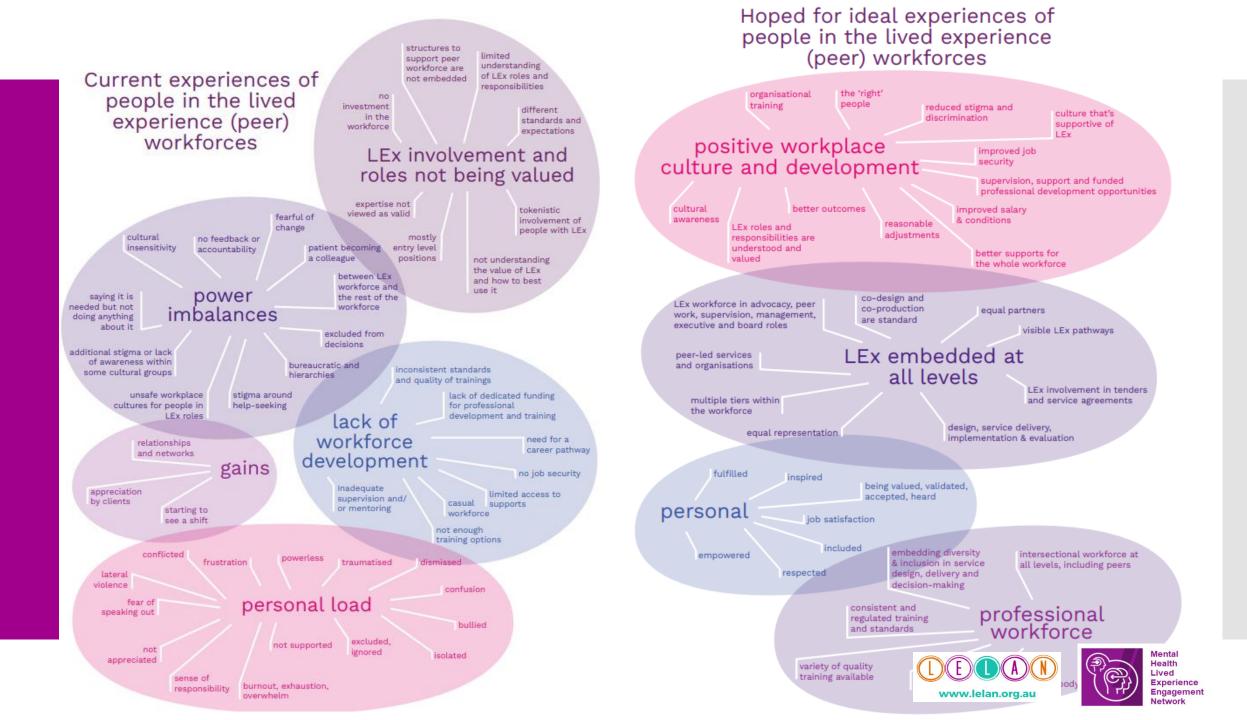
what will be experienced and seen in governance systems and processes

• [Domain 4] Transformative Workforces & Practices:

- Person-directed and –led.
- Organisational Commitment to Adopt and Align.
- Shared Understanding.
- Shared Responsibility.
- Role Clarity.
- Self-determining.
- Allyship.







what will be experienced and seen in governance systems and processes

- [Domain 5] Innovation & Continuous Improvement:
 - Rights-Based.
 - Person-centred Decision-making.
 - Lived Experience-led Change.
 - Evidence-Informed Improvement.
 - Best Practice Development.
 - Sustained Investment.
 - Ongoing Innovation and Improvement.





roles and responsibilities for Lived Experience Governance



It's everybody's responsibility, it's not just the people in the lived experience roles. That everyone else plays a systematic role in embedding lived experience leadership, even though they're not employed as a lived experience leader, that's two different things. That's how I see it is enveloping at all, in a sense that, with your clinician or a CEO that isn't in a lived experience, you still have... you arguably have the most responsibility in upholding those principles and values.





ThinkTank Participant

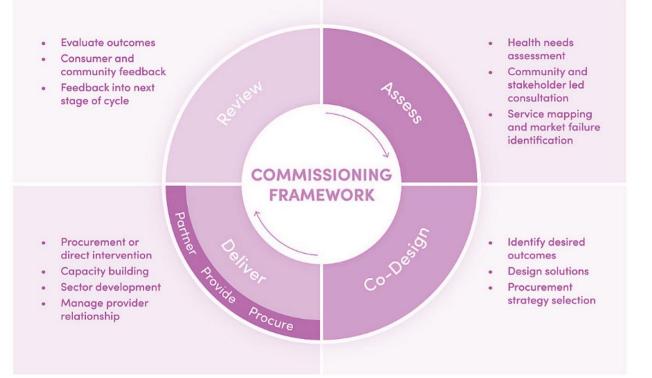
the PHN context

What does it involve?

Commissioning is an ongoing process. We assess our community's needs by consulting with community members, then designing solutions with stakeholders.

Our transparent processes promote implementing these solutions, and this includes the way we identify potential service providers.

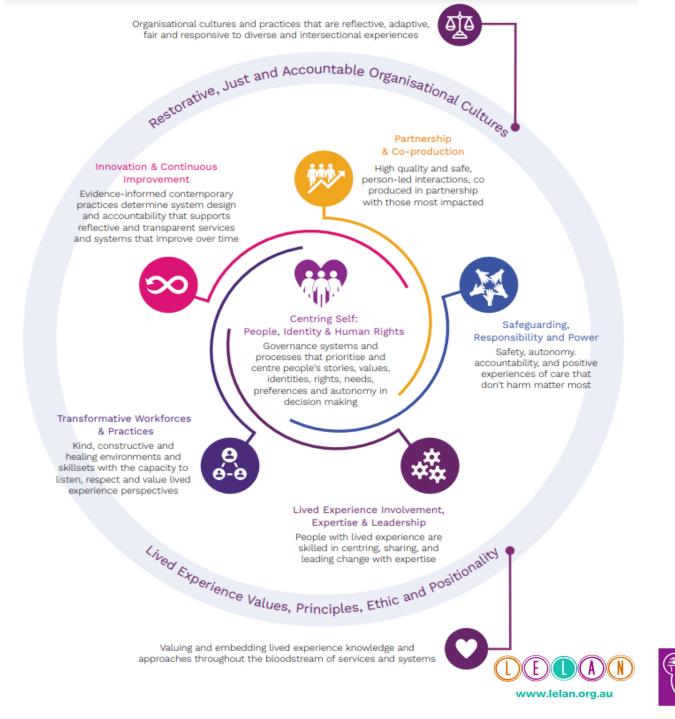
These solutions are then evaluated, and the outcomes are used to inform further assessment and planning.







what success looks like



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enablers and accountability for Lived Experience Governance to be meaningfully embedded



Enablers

| Resourcing | Business Processes | Capability Building | Partnerships |
|--|--|---|--|
| Budgets and timeframes support lived experience involvement and leadership. People with lived experience are appropriately remunerated and provided with the resources and supports they need to participate. | Business systems support the representation and leadership of people with lived experience. Requirements for lived experience representation and leadership are built into contracts. People with lived experience are involved in commissioning processes. Priority is given to lived experience-led contractors and agencies. | The organisation and non-lived experience workforce understand their readiness, willingness and capability for embedding lived experience. The service has a clear purpose and rationale to underpin lived experience governance. People with lived experience are supported to contribute to and lead governance approaches. | The service develops reciprocal partnerships with lived experience communities. Partnerships are resourced adequately. |

Accountability

| Organisational-level Accountability | System-level Accountability |
|--|--|
| Rights-based policies and procedures informed by people with lived experience, that are regularly reviewed and improved. | Open and transparent communication about organisations' own accountability efforts, what they are doing and the opportunities for improvement. |
| Regular, easy to understand communications. | Organisations build partnerships with the community and sector, based on mutual listening. |
| It is easy to contact the right person within the service in a timely manner. | Key relationships with sector stakeholders are developed, collaboratively sharing what works, |
| Organisations discuss their strengths and weaknesses openly and provide clear steps for | and pushing each other to improve. |
| involving people with lived experience in improving what they do. | Advocacy for lived experience leadership and involvement in system-level change. |
| Monitoring, evaluation and learning from a lived experience lens. | |
| | |





You've got to weigh out the benefit of being able to provide a service that is peerled, where people feel comfortable and trusting to come, to a service that is so clinically-led that people are not going to be wanting to be there. ... All the way through we've been able to show good decision-making around the decisions that we've made. Things will go wrong, there is no doubt, touch wood it won't be any time soon. There is no doubt at some point something will happen. It's just a fact of life in the services that we're operating, at some point there will be some kind of adverse event. ... And all we can do is show that we have made considered informed decisions around what we've done, and I think we can show that all the way along the process. We have to have a bit of risk appetite, because otherwise we will never move forward. If we're not prepared to have a bit of risk appetite, we're going to sit in the 1950s forever.





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Closing Out





resonant points, and the questions that remain

1. What has **stood out** to you today?

- 2. What do you and your colleagues need to keep talking about and grappling with?
- 3. What excites or energises you about this work?
- 4. What questions and/or concerns are you left with?
- 5. Any additional comments you would like to add?



ived

THE most important thing

 With everything that we have explored and talked about today [and with everything else that you have ever read, observed, thought or been curious about] ... what is <u>THE</u> most important consideration for how Lived Experience Governance can inform your work in the PHN context?









Activating Lived Experience Leadership (ALEL) Project



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The Model of Lived Experience Leadership

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> Strengthen loaring pathways and loadbartab skills development by poply with and encorrange opportunities for them to lead and provide advocancy. Enable easi development and ismail qualifications.
> Fund leading lived experiment argumations to develop and deliver networking and or information, activities and revers that support classifies alloarating or information.

> > 6. Enable resource flows for meaningful co-production of all services and programs. This should include co-production faultimeters and chargements, and funding equal places at the table for lived experience leaders.

appropriate, regulatory transworks and legislative processes. 7. Ensure models of care include equal recognition of lived experiance workforces and peer support. 8. Ensure range of organisational and sector infrastructure for the effective recognition, valuing and embedding

Strengthening Lived Experience Leadership for Transformative Systems Change: A South Australian Consensus Statement

<image>



www.lelan.org.au/shared-resources





THANKYOU! ellie@lelan.org.au if anything comes to mind later





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