Lived Experience Engagement and Participation:

current approaches and emerging practice developments in the public sector

Environmental Scan Report

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Executive Summary

Background

The embedding of lived experience insights and expertise across the full spectrum of activity to design, plan, deliver, monitor, and evaluate the mental health system is widely claimed to be a key enabler of transformational change. To help inform the National Mental Health Commission as it considers its own approach to engagement with mental health consumers and carers, families and kinship groups, an environmental scan was undertaken to better understand current approaches and emerging practice developments related to lived experience engagement and participation in the public sector.

Scope and approach

To achieve the scan's purpose, there was a need to look beyond the mental health consumer and carer context and consider participatory approaches to policymaking more broadly – i.e. approaches that facilitate the involvement of the public in policy design processes, including those most affected by a policy issue. Policymaking was also conceptualised broadly, across the whole policy cycle – from initial formulation through to implementation monitoring and evaluation, and reform/re-design.

The scan was completed in two phases: a desktop review to identify and analyse relevant academic and grey literature, as well as broader materials developed to guide public sector lived experience engagement and participation activities; external consultation with a select group of professionals with experience working in and with governments (participating in and/or designing and facilitating participatory processes) to validate review findings.

The literature examined was limited to work published over the past decade and only Commonwealth and jurisdictional levels of government were considered. Twelve people were consulted, including lived experience advocates/experts, consultants to governments, and public sector professionals.

Findings

There is increasing emphasis on and uptake of participatory approaches to policy development (such as 'co-design' and 'co-production') that value and prioritise 'lived experience' alongside traditional forms of knowledge and expertise – this represents a paradigm shift in how public policy is made.

A participatory approach to policymaking is essentially a design process, situating public sector professionals as process designers who are required to make intentional decisions about key components of a participatory process based on an understanding of the intended goals/outcomes relevant to the given context. Effective participatory processes require a distinct set of capabilities and conditions at both process and organisational levels, including the right knowledge, skills and mindsets of the people responsible for designing, sponsoring, championing and facilitating the process, and an authorising environment, resources, norms and processes that act to support and sustain participatory approaches as a core practice component of public sector agencies.

Increased uptake of lived experience engagement and participation in public policy work itself does not guarantee the principles and potential benefits of participatory approaches will be realised — these approaches may in fact be harmful or detrimental if ineffective or inauthentic. How participatory processes are designed and administered through specific mechanisms and activities, and the authorising environment in which they occur, is what determines outcomes.

The potential benefits of and desired goals for lived experience engagement and public participation are context-dependent and vary between processes and amongst individual participants. Common 'goals' for adopting a participatory approach generally align with one of three types: learning from wider knowledge to produce better policy outcomes; legitimising and authorising policy processes; recognising the rights of people affected by an issue to participate in decisions about that issue.

Many lived experience engagement frameworks and associated materials have been developed to guide the administration of specific participatory processes, as well as an increasing number of resources focused on building capability and conditions for participatory ways of working. Existing frameworks generally emphasise a generic set of common principles to guide how lived experience engagement and participation occurs in any setting, with limited practical guidance for those who are responsible for designing and leading these participatory processes in the public sector.

Conventional mechanisms and methods for engaging people with lived experience in policymaking work typically involve transactional, 'extractive' approaches to gaining input though one-off processes. More internally focused mechanisms for institutionalising lived experience engagement in public sector organisations are emerging that aim to help embed participatory approaches as a core practice and capability of government agencies.

There are a diverse range of challenges with, and critical perspectives on, participatory approaches to public policymaking, including a lack of evidence demonstrating that participation leads to better policy outcomes, institutional/cultural resistance to shifting away from traditional ways of working, and potential methodological limitations. While a causal link between participatory approaches and improved outcomes has not been established, there is evidence for a diverse range of potential process-related benefits and intermediate outcomes, including increased public trust in institutions.

There is a need to focus on evaluating the process and outcomes of participatory methods for policymaking that are relevant to the goals and context of a process to demonstrate the impact of lived experience engagement, as well as contribute to a practice-based knowledge base that can be used to develop capability within the public sector.

Conclusion

Based on a review of key literature, existing engagement frameworks and current mechanisms, as well as input gained through external consultation, some foundational steps for public sector agencies seeking to build capability for lived experience engagement and participation can be identified:

- Gain visible leadership commitment to investing in the resources (including time) required to build the conditions and capability for participatory ways of working at an organisational level.
- Build a shared understanding of the purpose for lived experience engagement and participation specific to an agency's context and remit, and relative to its general requirements to engage the public/communities in its work.
- Clarify the goals for participatory processes and develop evaluation and learning strategies that aim to demonstrate how these outcomes are being achieved.
- Undertake an internal assessment of current capacity for purposeful and effective lived experience engagement and participation measured against the core capabilities and conditions identified in the evidence base as necessary at both a process and organisational level.
- When seeking to address any capability gaps, draw on quality resources tailored to the public sector context and support from experts with practice-based knowledge of and skills in designing and facilitating participatory processes that effectively engage people with lived experience.

Background

Context

The embedding of lived experience insights and expertise across the full spectrum of activity to design, plan, deliver, monitor, and evaluate the mental health system is widely claimed to be a key enabler of transformational change, leading to improved wellbeing outcomes for people and communities.

Lived experience system integration is authorised by the findings and recommendations of a series of landmark inquiries into the mental health and suicide prevention systems[1–3] - all informed by extensive consultation with, and longstanding advocacy by, people with lived experience.

While efforts to structurally embed lived experience are not new, this contemporary authorising environment has stimulated significant government investment in facilitating lived experience involvement in mental health and suicide prevention systems improvement. In the public sector context, this has resulted in an increase in the number and variety of methods and mechanisms used to engage people with lived experience in policy development activity.

The National Mental Health Commission ('the Commission') is currently undertaking a program of work to strengthen its own capability for meaningful engagement with a diverse range of mental health consumers and carers, families, and kinship groups.

To inform the Commission's work, this environmental scan was undertaken to gain a better understanding of current approaches and emerging practice developments related to lived experience engagement and participation within governments and public sector agencies.

Scope

For the scan to achieve its purpose, it was important to look beyond the mental health consumer and carer context (and the literature associated with it) and consider participatory approaches to policymaking more broadly – i.e. approaches that facilitate the active involvement of the public in policy design processes, including those most affected by the relevant issues. In the context of the Commission's general remit, it was also important to conceptualise policymaking across the whole policy cycle – from initial formulation through to post-implementation monitoring and evaluation, and reform/re-design.

To ensure the scan generated useful insights and information informed by contemporary theory and practice, it was completed in two phases:

1. **Desktop review** to identify and analyse relevant academic and grey literature, as well as broader materials produced by and for government agencies to guide public sector engagement and participation practices.

2. **External consultation** with a select group of professionals with experience working in and with governments (participating in and/or designing and facilitating participatory processes) to validate review findings.

It became apparent through the scan's scoping phase that, to keep the review both manageable and relevant, the desktop review should be limited to work published over the past decade (i.e. 2014 – current) and only Commonwealth and jurisdictional levels of government would be considered (see Appendix B for a full description of methodology).

The scoping process generated a set of guiding research questions which were used to screen and select source materials, extract and analyse findings, and provide an organising framework for presenting these findings.

Research Questions

1. Key ideas and developments
What are the key ideas and developments related to participatory approaches to public policy making over the past decade?

a. Which ones are of specific relevance to the mental health reform context?
b. Where are these ideas being tested out/translated into practice in a meaningful way?

2. Existing frameworks
What frameworks (and related documents) have been developed by and for the public sector to provide guidance on lived experience engagement and participation?

a. What is the stated rationale for/purpose of the various frameworks?
b. What are their key elements (both common across, and unique to, various contexts/settings)?

3. Current mechanisms/activities
What are the primary mechanisms/activities utilised to facilitate lived experience engagement and participation across public policy work?

4. Evidence base
Is there an emerging consensus on what might constitute 'good' practice?

a. What are the key insights/lessons learned emerging from the implementation of lived experience engagement and participation frameworks/mechanisms/activities?
b. How is this being monitored and evaluated?

Analysis

Key findings

Desktop review – summary findings

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1. There is increasing emphasis on and uptake of participatory approaches to policy development in the public sector that value and prioritise 'lived experience' alongside traditional forms of knowledge and expertise - this represents a paradigm shift in how public policy is made.

2. The research and knowledge that shapes contemporary thinking about the participation of the public in policymaking is generated by three (reasonably distinct but converging) disciplinary 'fields' which can be broadly characterised as: *public participation; co-design/co-production*; and *user/consumer engagement/lived experience participation*.

3. The potential benefits and desired goals for public participation and lived experience engagement are context-dependent and vary between processes and amongst individual participants. Common 'goals' for adopting a participatory approach to public policy work generally align with one of three main types — 1) learning from wider knowledge to produce better policy outcomes, 2) legitimising and authorising policy processes, and 3) recognising the rights of people affected by an issue to participate in making decisions about that issue.

4. There are a diverse range of challenges with, and critical perspectives on, participatory approaches to public policy development, including limited evidence demonstrating that participation leads to better policy outcomes, institutional/cultural resistance to shifting away from traditional ways of working, and potential methodological limitations or concerns.

5. Lived experience engagement and participation in the context of mental health system reform represents a distinct form of public participation, with consumer and carer representatives advocating for the right to shared power and decision-making ('co-production') as fundamental to achieving better outcomes.

6. Many engagement frameworks and associated materials have been developed to guide public sector and non-government organisations in administering specific participatory processes and mechanisms, as well as an increasing number of resources that focus on building capability and conditions for participatory ways of working.

7. Existing lived experience engagement frameworks generally emphasise a generic set of common principles to guide how engagement and participation occurs in any setting, with practical guidance more limited for those who are responsible for designing and leading these participatory processes in the public sector.

8. Contemporary evidence shows that mechanisms for lived experience engagement (and public participation more broadly) are generally situated in the (co)design phase of the public policy cycle. More internally focused mechanisms for enabling effective lived experience engagement in public sector organisations are emerging.

9. There are a wide range of mechanisms and methods for engaging people with lived experience in the work of public sector agencies. There is an increased focus on embedding mechanisms

that serve to 'institutionalise' meaningful engagement, in contrast with a transactional, 'extractive' approach to gaining input though a one-off process.

10. There is a need to focus on evaluating the process and outcomes of participatory methods that are relevant to the goals and context of a process to demonstrate the impact of lived experience engagement, as well as contribute to a practice-based knowledge base that can be used to develop capability within the public sector.

11. A participatory approach to policymaking is fundamentally a design process, situating public sector professionals as process designers required to make purposeful decisions about how to effectively involve and utilise lived experience relevant to their given context.

12. Effective participatory processes require a distinct set of capabilities and conditions at both process and organisational levels including effective leadership by those who are designing, sponsoring, championing and facilitating the process, technical skills in facilitating dialogue and qualitative analysis/synthesis of information, robust learning and evaluation strategies, and a commitment to adaptive learning.

External consultation – summary findings

Key issues and challenges with participating in/facilitating participatory processes in the public sector:

- Lack of time to build trusted relationships, shared understanding and expectations.
- Lack of clarity about the purpose for lived experience engagement and participation.
- People tasked with overseeing participatory processes internally often don't have the right capabilities and are operating in environments that lack the right conditions.
- Participatory approaches are predicated on sharing of power and decision-making, but there has been little exploration of the desirability or feasibility of collaborative decision making in the context of public policymaking work.
- Government rhetoric is about wanting to work in participatory ways, but inflexible, bureaucratic structures, processes and mindsets remain in place that sit in tension with the inherently 'messy' (flexible, adaptive, creative) nature of participatory approaches.

Issues specific to the mental health reform context:

- Recognition there is a strong presence of organised professional advocates in mental health with well-established relationships and influence with governments which is not as prominent in other social policy areas – this may have led to agencies pulling back from consulting with a diverse range of consumers and carers not typically engaged in policymaking.
- Concerns that lived experience participation has been conflated with community/public participation so that broader community/public stakeholders aren't being engaged in policymaking work. Equally there is a concern that the umbrella term 'lived experience' elides the distinct significance/value of mental health consumer experiences and expertise.
- Concerns that the push to always go to the 'highest' end of the participation spectrum (i.e. co-production or 'lived experience led') has been at the expense of doing good quality consultation with the public as part of routine policymaking work.

Opportunities to learn and evolve practice:

- Aboriginal partnership approach and community-focused way of working.
- Place-based, community-led/community-engaged approaches.
- Sectors outside mental health where governments have needed to work harder to connect with people with lived experience utilising more creative engagement methods.
- The knowledge and experience of community engagement and co-design specialists with experience working in and with governments who hold practice-based expertise in designing/facilitating participatory processes.
- Public sector professionals and teams who have been involved in administering participatory processes who have evolved their own understanding of participatory approaches through working with external experts and are keen to champion participatory ways of working inside government.

Desktop review

1. Key ideas and developments

There is increasing emphasis on and uptake of participatory approaches to policy development that value and prioritise 'lived experience' of an issue alongside traditional forms of expertise.

The growing interest in and uptake of participatory approaches in the public sector is seen as representative of a contemporary paradigm shift in how public policy is made.[4] This shift involves a greater degree of participation of 'the public' in the activities of governments and public sector agencies across the policy cycle, especially those with lived experience of complex social issues.[5–7]

The research and knowledge that shapes contemporary thinking about the participation of the public in policymaking is generated by three (reasonably distinct but converging) disciplinary 'fields' which can be broadly characterised as: *public participation; co-design/co-production*; and *user/consumer engagement/lived experience participation*.[8] The literature covers a wide range of policy settings where participatory approaches have been explored, including health, education, climate change, urban planning and development, treasury/finance and legal/constitutional affairs.[9,10]

The broad intent of public participation is variously defined and described within these different disciplinary fields, but common elements include:

- the establishment and undertaking of mechanisms and processes of collaboration
- are used to involve members of the public or specific communities, or their representatives
- values the sharing and learning of different perspectives
- in the activities of public sector organisations
- for the purpose of developing and/or enacting public policy

In descriptions of participatory forms of policymaking, sometimes a broad notion of 'the public' is considered or assumed; in others, there will be a specific focus on who is most affected such as those with 'lived and living experience' of the issue.[11,12]

The participatory element may relate to one component of the policy lifecycle - design, planning, delivery, monitoring, evaluation, reform/re-design – or the totality of these.[13,14] The method of

participation could refer to a discrete co-design process or an ongoing mechanism built into governance structures.[15]

Participatory approaches, regardless of their form or function, are often based on a set of common values and principles that provide a guiding framework for what is considered authentic or genuine participation.[16,17] These principles generally emphasise the rights-based dimension of participation - including dignity, equity, inclusivity, safety and transparency - reflecting the fact that people most affected by complex social issues and systemic inequalities are those who should be (and often are) represented in activities to develop or enact policy about these issues.[18]

Public participation is commonly conceptualised as a one-dimensional ladder/spectrum model based on the degree of power and influence over decision-making that is shared with the public, where the primary purpose of any given process is implied to be achieving the highest level of power-sharing possible.[6,11] At its most realised, this involves 'handing over' authority for decision-making and/or delivery to the public.

As noted in the literature, this way of conceptualising lived experience/public engagement and participation fails to appreciate the complexity of participatory policymaking practice, including that the reasons for taking a participatory approach are diverse and highly dependent on context.[19,20] More recent and contemporary ways of thinking about public participation consider other (intersecting) dimensions of a participatory process such as relational and power dynamics, inclusivity and representation (e.g. who is involved), and methods of knowledge exchange and learning appropriate to the purpose and context.[20,21]

> *The potential benefits of and desired goals for public participation and lived experience engagement are context-dependent and vary between processes and amongst individual participants.*

The desired goals of public participation vary between processes and amongst individual participants and are shaped by context-related drivers and participant motivations. Common 'goals' cited in the literature generally align with one of three main types: [11,22,23]

1. Learning — that participatory approaches substantively improve the quality of information available to make decisions through a richer and more evolved understanding of the context, problem and solutions which people with lived experience can uniquely bring, offering a form of 'feedback loop' for policy development in an otherwise linear process.
2. Legitimacy — that participatory approaches are an instrumental tool for building credibility and increasing the likelihood of acceptance of a policy within the public (or specific segments of), recognising the potential for opposition and/or uncertainty in complex contexts.
3. Social justice — based on a fundamental principle or philosophy that the public have the right to be involved in making decisions that affect their lives as part of a fair and just society.

What can be considered effective in terms of both process and outcomes then, will be specific to purpose and context.

There are a broad range of challenges related to, and critical perspectives on, participatory approaches to public policy development, including limited evidence demonstrating that participation leads to better policy outcomes.

It is commonly asserted that participatory approaches to policy development necessarily improve overall policy outcomes but based on available evidence which emerged through this desktop review, these claims are largely unsubstantiated. [9,23,24] This lack of evidence is generally attributed to unclear definition of concepts and goals, as well as a lack of applied research into impacts.[25,26]

Beyond the lack of an evidence base, there are a range of criticisms and challenges that exist about participatory ways of designing and overseeing public policy.[4,6,9,15,27,28] These include:

- Institutional/cultural challenges:
  o Less control and subsequent accountability of policymakers and public officials over the outputs of policymaking.
  o Resistance within professional disciplines and bureaucratic organisations to moving away from the dominant 'rationalist' approach to public policymaking, which is conventionally a linear process based on accepted scientific evidence and technical expertise.
  o Embedding innovative and emergent methods within traditionally bureaucratic and reactive systems requires considerable commitment and cultural change.
  o Resource requirements to adequately and appropriately undertake a participatory process are significant — including funding, time, relationships and capabilities.

- Methodological challenges:
  o Plurality of diverse and conflicting experiences inhibits the ability to synthesise and reconcile the views and wants of the community. Similarly, perceived difficulties in generalising individual and highly subjective lived experiences that may be conflicting rather than corroborating.
  o Lived experience-derived knowledge is not systematically generated like scientific methods of knowledge generation, so often not collected purposefully, transparently documented and is perceived as having variable levels of rigour or robustness.
  o Given the plurality of lived experiences, dynamics such as sampling and representation can be used by participants to skew and/or advance their own interests or other agendas. Further, opportunities for participation are often unequal and certain groups are under-represented.
  o Participatory methods tend to be best implemented in small-scale and/or time-limited processes, with difficulties reported in delivering these at wider scale or continuing for the implementation of policies and programs once developed.

Lived experience engagement in the context of mental health system reform represents a distinct form of public participation, with consumer and carer representatives advocating for the right to shared power and decision-making ('co-production') as fundamental to achieving better outcomes.[29]

In this context, the direct involvement of people with lived experience in policymaking challenges the conventional 'rationalist' approach (which privileges knowledge derived from research and analysis by technical experts) by valuing emergent and experiential forms of knowledge and the wisdom of 'lay people' who are affected by and invested in a specific issue.[16,18]

The concept of 'lived experience' is interpreted and applied in different and inconsistent ways in both theory and practice, making it difficult to critically evaluate the claims being made about its value.[30] For example, in the context of public participation, lived experience is generally assumed to be a subset of public/community, however this can elide the significance of the broader impacts of certain forms of lived experience, especially those associated with systemic harm and oppression.

In particular, it is important to recognise the distinct meaning that participation has in the context of Aboriginal and Torres Strait Islander people's rights to be involved in policymaking, as well as the specific set of obligations which public sector agencies hold in relation to this.

What constitutes a 'legitimate' form of lived experience expertise is also contested in the mental health reform context. 'Lived experience' and 'lived expertise' are often conflated, however consumer and carer advocates emphasise the importance of distinguishing between having personal lived experience and developing this as a form of expertise which can contribute to systemic change efforts because of its grounding in the history and principles of a collective social justice movement.[31]

The notion of 'lived experience leadership' has also emerged through the lived experience advocacy literature as a way of reframing the role of people with lived experience beyond 'mere' participation. This has (re) focused advocacy efforts on promoting and developing a professional lived experience workforce (outside of direct service delivery) that includes senior leadership roles, governance board/committee representation and lived experience-run organisations and peak bodies.[32]

On this view, effective engagement with people with lived experience necessarily requires more than simply extracting insights and information from them in the traditional rationalist way.[33,34] In fact, recent literature and advocacy highlight that 'extractive' approaches to lived experience engagement are not only potentially limiting in nature, but can serve to reinforce oppositional dynamics which prevent the effective collaboration required for co-producing public policy.

2. Existing frameworks

Many engagement frameworks and materials have been developed to guide the public sector and non-government organisations in administering specific participatory processes and mechanisms, as well as an increasing number of resources that focus on building capability and conditions for participatory ways of working.

Numerous lived experience engagement and participation frameworks and associated documents specific to the mental health consumer and carer context have been produced over the past decade, across both the public and non-government sectors, as well as by lived experience advocacy organisations. Prominent among these are guidance materials produced by mental health commissions, including the National Mental Health Commission.

When a wide-angle view of lived experience engagement is taken – i.e. as a subset of public participation – and policy remits beyond mental health are considered, then a broader range of potentially instructive resources comes into focus.

This reveals documents developed by and for public sector agencies that offer public engagement/community partnership practice guidance for public sector professionals and/or capability and conditions building advice aimed at an organisational level. A range of frameworks have also been designed to support public sector engagement with people with a variety of specific lived and living experiences, including children and young people, veterans, alcohol and other drugs

(AOD) consumers, victim-survivors of domestic, family and sexualised violence, people with disabilities, as well as mental health consumers and carers (see Appendix D for a list of examples).

The stated rationales for these distinct types of engagement and participation resources are multiple and varied, however some common themes can be identified:

- provides an overarching framework for a consistent and coordinated approach to engagement and participation
- articulates a set of core values and principles to guide engagement practice
- outlines the responsibilities of an agency with regards to lived experience/public participation in its work and the expectations it has of its staff to meet these responsibilities
- outlines the capabilities and enablers required for participatory ways of working and provides guidance on how to develop them
- publicly communicates an agency's commitment to lived experience/public participation
- identifies areas for engagement practice improvement and ways to improve

Existing lived experience engagement frameworks generally emphasise a generic set of common principles to guide how engagement and participation occurs in any setting, with limited practical guidance specifically developed for those who are responsible for designing and leading participatory processes in the public sector.

The mental health specific lived experience engagement frameworks identified through the scan are typically external facing to the organisations which have developed them, with advice and guidance directed at the mental health service system and those working in it. There is an implicit (sometimes explicit) assumption that this advice and guidance has broad applicability to any setting in which lived experience participation occurs, including public policymaking.

These frameworks are generally built around promoting a set of abstract principles (typically the broadly rights-based ones referred to earlier) that are presumed to create safe and effective processes which naturally result in good outcomes when generically applied by professionals tasked with administering participatory processes. The reductive spectrum/ladder-based way of understanding public participation is often the centrepiece of these frameworks, focusing the attention of professionals on maximising opportunities to share power and authority, regardless of their own level of influence over decision-making.

There are also an increasing number of lived experience partnership, leadership and governance documents produced by lived experience experts and advocacy organisations that are being promoted as foundational guides for effectively integrating lived experience expertise across all areas, and at all levels, of the mental health system and its reforms.[35,36]

Resources specifically relevant to the public policymaking context are typically internal facing, designed for and developed by public sector agencies. The most useful of these (according to what the literature identifies as important) provide practical guidance for building and sustaining the enabling capabilities and conditions for participatory ways of working and institutionalising lived experience engagement/public participation as a core practice and accountability of public sector agencies and policy professionals. Other examples that can be found outside the public sector may align more closely with the evidence base and be most instructive for applying to a public

policymaking context within it — one such example is Blomkamp's Systemic Design Practice Framework.[5]

On this basis, three main types of public sector focused frameworks (and associated guidance documents) with potential utility for the mental health policy reform context can be distinguished, based on their primary focus and target cohort: guidance for engaging with specific lived experience cohorts (including mental health); general guidance for public sector professionals on how to engage the public in their work; and organisation level advice and support for building capability and conditions for participatory ways of working (see Appendix D for examples of each type).

3. Current mechanisms

Contemporary evidence shows that lived experience engagement and public participation activities are generally situated in the initial (co)design phase of the public policy cycle and involve time-limited processes to develop solutions to a pre-identified problem. More internally focused mechanisms for enabling and institutionalising effective lived experience engagement in public sector organisations are emerging.

Increased uptake of lived experience engagement and participation in public policy work itself does not guarantee the principles and potential benefits of participatory approaches will be realised[4] — these approaches may in fact be harmful or detrimental if ineffective or inauthentic.[33] How participatory processes are designed and administered through specific mechanisms and activities, and the authorising environment in which they occur, is what determines outcomes.

From the evidence base, the mechanisms or methods commonly employed appear to predominantly focus on the (co)design phase of the public policy cycle – in other words, in developing solutions to identified problems. Examples of these types of participatory processes (as described in the literature) generally have a pre-defined and time-limited duration, mostly involve small group interactions, and are undertaken for the purpose of collaboratively designing and endorsing a policy 'product'.

A review of the literature reveals the importance of also identifying mechanisms that serve to 'institutionalise' meaningful lived experience engagement and enable participatory approaches to naturally occur as a core practice component of public sector agencies.[15,16,25]

There are a wide range of mechanisms and methods for engaging people with lived experience in the work of public sector agencies, with an increased focus on embedding mechanisms that serve to 'institutionalise' meaningful experience engagement.

There are a broad range of mechanisms and activities currently utilised by public sector agencies to engage people with lived experience/the public in the work of their organisations. In the mental health consumer and carer context, this includes conventional methods such as advisory groups and consultation processes specific to a program of work, as well as (formal and informal) channels for ongoing input from individual lived experience advocates, advocacy groups and peak organisations.

Consistent with the emerging literature and systemic advocacy of people with lived experience, there is an increased focus on embedding mechanisms that serve to 'institutionalise' meaningful lived experience engagement, rather than taking a transactional and 'extractive' approach to gathering information through one-off processes.[37] This includes senior designated staff positions, policy teams with a dedicated function of lived experience engagement, and teams made up exclusively of designated lived experience roles (see Appendix E for list of mechanism types with examples).

4. Evidence base

There is a need to focus on evaluating the process and outcomes of participatory methods that are relevant to the goals and context of a process to demonstrate the impact of lived experience engagement, as well as contribute to a practice-based knowledge base that can be used to develop capability within the public sector.

Public participation approaches are often based on the assumption that participation leads to better policy outcomes. Despite widespread acceptance of and commitment to increased participation and involvement of people affected by policy decisions (as reflected in existing frameworks and current mechanisms), the literature highlights a lack of evidence demonstrating the veracity of this assumption.[21] It is important to note however that evaluating the impact of any approach to policy development is inherently challenging due to variable goals and methodological limitations - as a result, there is limited evidence demonstrating the distinct benefits of one specific approach over another in terms of overall policy outcomes.[11]

In particular, there is a lack of summative evaluation measuring the impact of the implementation of engagement and participation frameworks within the public sector context. While formative evaluation that seeks to inform these frameworks based on credible evidence is more prevalent, it is widely variable. The APS Framework for Engagement and Participation[38] is one example of a framework which has been developed based on a considerable amount of clearly documented formative evaluation, however summative evaluation of its impact is not currently available.

A lack of evidence is partly due to the goals of participation activities not being determined or made explicit, which subsequently affects what is or can be evaluated.[14,22] It is also difficult to evaluate the quality and effectiveness of participatory approaches because of the ill-defined and inconsistent usage and application of the concepts and terminology associated with them. Terms such as 'engagement', 'participation', 'involvement' and 'partnership' (as well as 'co-design' and 'co-production') are often used interchangeably, with no clear consensus on their definitional distinctions[12].

While a causal link between participatory approaches and better policy outcomes has not been established, the contemporary evidence base does demonstrate a diverse range of potential process-related benefits and intermediate outcomes.[12] These generally include:

- improved perceptions of the quality and legitimacy of decisions
- increased capacity and social capital of people affected by public policy being engaged in the policymaking process
- greater availability of information and insight to use in policy decisions
- increased public trust in institutions
- positive changes within and between participants

There is growing recognition of the need for more robust monitoring and evaluation methods and measures for assessing the effectiveness of participatory policymaking.[8] Common approaches to evaluating outcomes focus on how public policy decisions and outputs were made and what participants' experiences were of the process, which are important and relevant outcomes, however the impact of the quality and result of those policy outputs is less commonly explored. Further, there is a need to build up a practice-based evidence base through examples of participatory approaches

applied to various settings and contexts to help guide and inform uptake and capacity-building within and across public sector roles.[23]

> *A participatory approach to policymaking is fundamentally a design process, situating public sector professionals as process designers required to make purposeful choices about how to effectively involve and utilise lived expertise relevant to their given context.*

The evidence base highlights that participatory approaches to policymaking should be a core practice component and capability of public sector agencies.[19] It describes public sector professionals as essentially process designers who are required to make intentional decisions about key components of the process based on an understanding of the intended goals/outcomes relevant to the given context.[11,20,39] This generally involves making decisions relating to:

- appraising context and determining purpose and goals
- selecting and engaging participants
- coordinating and facilitating participation (e.g. relationships, process legitimacy, leadership, inputs/resources, rules/structures, exchange, inclusivity and safety)
- evaluating and redesigning these processes

> *Effective participatory processes require a distinct set of capabilities and conditions at both process and organisational levels including effective leadership, facilitating dialogue and managing power dynamics, qualitative analysis/synthesis of information, robust learning and evaluation strategies, and a commitment to adaptive learning.*

The evidence base highlights a comprehensive and diverse set of common requirements for enabling participatory approaches to be implemented effectively at both a process and organisational level.[15,27] These factors include *capabilities* - including the right knowledge, skills and mindsets of the people who are responsible for designing, sponsoring, championing and facilitating the process - and *conditions* - the authorising environment, resources, norms and processes that act to support and sustain (i.e. 'institutionalise') participatory approaches as core practice in public sector agencies.[17,23,25,27,34,40]

- At a process-level:
    - trusted relationships with communities and stakeholders of interest
    - effective leadership, including those who are designing, sponsoring, championing and facilitating the process
    - skills in facilitating dialogue, managing power dynamics and negotiating conflict
    - capability for qualitative analysis/synthesis of information
    - project management and governance arrangements that promote a systematic and transparent approach
    - appropriate mechanisms of performance and accountability
    - robust evaluation and learning strategies
- At an organisational level:
    - leadership and cultural capability to share power, position lived experience alongside other forms of expertise, and genuinely involve people with lived experience in policy and program decisions[41]
    - developing capability in public sector professionals to work in participatory ways with people with lived experience

- o building and sustaining the capacity of people with lived experience to be involved in policymaking processes
- o institutionalising approaches to public participation through processes, practices, structures, accountability
- o a commitment to adaptive learning

Developing these capabilities may require new roles within and across public sector organisations to initiate, support and enable participatory approaches.[6,14,42] Similarly, developing the conditions may require a reframing of the conventional form of 'evidence-based policy/practice' that can limit opportunities for effective engagement and collaboration with people with lived experience.[27,43]

External consultation

A small and targeted group of professionals including lived experience advocates/experts, external consultants, and public sector professionals were consulted to sense check findings.

The insights gathered through this external consultation process were highly consistent with the main findings of the desktop review, especially as they relate to the challenges and issues associated with working in participatory ways in the public policymaking context at state and national levels. There was also a consistency of views within the consultation group, whether they were speaking from the perspective of participating in an engagement process or designing/facilitating one.

Key topics	*Key insights*
Challenges with working in participatory ways in and with governments	• Lack of time to build trusted relationships, develop shared understanding and expectations, and establish collaborative ways of working. • Sponsors and administrators of processes often have limited understanding of the purpose for lived experience engagement – this can lead to lived experience expertise not being valued and utilised in a beneficial way. • People tasked with administering participatory processes often don't have the right capabilities and skills and/or are required to operate in environments that lack the right conditions for effective participation – this can lead to ruptures in relationships, disengagement, disillusionment and further breaches of trust. In turn, this can make agencies and public sector professionals wary of undertaking participatory processes. • People tasked with delivering participatory processes typically don't have a genuine ability to make key decisions but can be placed in a position of having to present a process as if shared decision-making is possible. • Participatory approaches such as co-design and co-production are predicated on sharing of power and decision-making, but there has been little exploration of the desirability or feasibility of collaborative decision-making in the context of government policymaking work. • There is a lack of openness to exploring and sharing learnings within the public sector – this is a fundamental principle of participatory practice and key to building capability for doing it well. • Government rhetoric is about wanting to change ways of working, but inflexible, bureaucratic structures, processes (e.g. New Policy Proposals) and

	mindsets remain in place that sit in tension with the inherently 'messy' nature of participatory approaches (which need to be intrinsically flexible and adaptive). This tension plays out when trying to 'do' participation – negatively impacting participants and designers/facilitators of processes.
Issues specific to the mental health reform context	• It was commonly noted that there was a strong presence of organised professional advocates in the mental health sector who had built substantial influence with governments, but there was concern about whether this had meant agencies had pulled back from their obligations to consult with a diverse range of consumers and carers not typically engaged in policymaking. • There was a common concern that a small group of advocates dominate processes and determine what counts as legitimate representation and that this may have inadvertently led to a more diverse range of consumers and carers not being engaged – especially those currently impacted by the system and/or who do not identify with lived experience movements. • There was concern expressed that the push by advocates within mental health to always go to the 'highest' end of the participation spectrum (i.e. co-production or even 'lived experience led' processes) has been at the expense of also doing good quality consultation with the public as part of routine policymaking work. • There are concerns that lived experience participation has been conflated with community/public participation – another reason for community/public stakeholders not being included in policymaking work. At the same time, there was concern that the adoption of the umbrella term 'lived experience' within mental health has devalued the unique nature of consumers' experiences and therefore the distinct value of their insights and expertise. • There were different views on conceptualising lived experience as a sub-set of public participation: lived experience advocates/experts placed more emphasis on the need to recognise the distinct features of types and sources of lived experience for engagement to be purposeful and draw on relevant knowledge and insights (e.g. consumer vs carer, specific types of diagnoses and treatment experiences, personal lived experience vs lived experience expertise).
Emerging 'good' practice and opportunities to learn	• Aboriginal partnership approach – challenges with this in practice but nevertheless provides a theoretical model for way of working and a source of expertise that can be drawn on. • Regional and local examples where government and citizens are naturally brought closer together – this includes learning from place-based, community-led/community-engaged models (both in terms of process related benefits and outcomes). • Sectors outside mental health where there aren't as strong a presence of professionalised advocates may have examples of good engagement practice because governments need to work harder to connect with people 'where they are at' utilising more creative engagement methods in community – e.g. justice sector.

	• Consultants engaged to deliver 'co-design' processes sponsored by governments all noted there are specific individuals and teams in the public sector who were willing to learn and evolve their own understanding of what is required to work differently – they could be given opportunities to share learnings and model new ways of working as internal champions.
Key considerations for public sector agencies	• 'Slow down' and take the time to explore what lived experience engagement and participation means in relation to the context and goals of the agency and its work. • Really clarify purpose and goals for participatory processes and choose engagement methods and mechanisms appropriate to these. • Understand public engagement as a core practice and capability of public policy work rather than a function of a separate stakeholder engagement team. In the mental health policy context, this means knowledge and capability in lived experience engagement and participation needs to be embedded in the policy team. • At the same time, recognise that participatory practice requires specialist capabilities developed through the practice-based knowledge of and technical skills in participatory design and facilitation (especially in communities and with people with lived experience of complex social issues). This needs to be drawn on when building capability internally. • Assess whether there is current internal capacity to design/facilitate purposeful processes and mechanisms, identify capability gaps and draw on the right expertise (both internally and externally) to address them. • Identify public sector professionals who have knowledge of and enthusiasm for participatory approaches and enable them to help support internal capability building work and champion participatory ways of working across the organisation. • Authorise and enable public sector professionals to formally connect with peers in other agencies who are similarly leading/administering participatory processes to share experiences and reflect on learnings. • Visible leadership buy-in and commitment is key - leaders should be given their own opportunities to better understand the enabling conditions for participatory way of working and how these can be realistically built in their own contexts/settings and establish an authorising environment for teams to work in more participatory ways.

Future Considerations

Based on a review of key literature, existing engagement frameworks and current mechanisms, as well as input gained through external consultation, some foundational steps for public sector agencies seeking to build capability for lived experience engagement and participation can be identified:

- Gain visible leadership commitment to investing in the resources (including time) required to build organisational capability and provide opportunities for leaders to explore ways to establish and sustain the enabling conditions for participatory ways of working tailored to their specific contexts.

- Develop shared literacy across the organisation of key concepts and ideas relating to participatory policymaking practice - including 'lived experience', 'engagement', 'participation', 'co-design' and 'co-production' - as well as an appreciation of lived experience engagement/public participation as a core practice and accountability of public sector agencies and policy professionals.

- Gain a clear understanding of the purpose for lived experience engagement and participation specific to an agency's context and remit, and relative to its general requirements to engage the community/public and other stakeholders in its work.

- Clarify the purpose of and goals for participatory processes and develop evaluation and learning strategies that aim to monitor and demonstrate how these outcomes are being achieved, identify process learnings and contribute to practice-based evidence.

- Undertake an internal assessment of current capacity for purposeful and effective lived experience engagement and participation measured against the core capabilities and conditions identified in the evidence base as necessary at both a process and organisational level.

- When seeking to address any capability gaps, draw on resources specifically designed for the public sector context based on robust formative evaluation, as well as support from technical experts with practice-based knowledge of designing and facilitating participatory processes that effectively engage people with lived experience of complex social challenges.

- Embed mechanisms for continuous improvement through adaptive learning that include opportunities for professional peer reflection to support staff's ongoing practice development.

Appendices

Appendix A: Glossary

Term	Definition
Co-design	In the context of health and social services improvement initiatives, co-design is broadly understood as a process designed to enable consumers, carers, families and professionals to work together in partnership based on "an equal and reciprocal relationship between all stakeholders". Agency for Clinical Innovation *A Guide to Build Co-design Capability*: A guide to build co-design capability: Consumers and staff coming together to improve healthcare (nsw.gov.au) As a specific methodology for policymaking, co-design can be characterised as having three main components: • Process: iterative stages of design thinking, oriented towards innovation. • Principles: people are creative; people are the experts in their own lives; policy should be designed by people with relevant lived experience. • Practical tools: creative and tangible methods for telling, enacting and making. Emma Blomkamp *Sharing the principles of co-design*: Sharing the principles of co-design — Emma Blomkamp
Co-production	In mental health consumer participation contexts, co-production is understood as an approach that "sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently". It seeks to move beyond "seeking involvement or participation after an agenda has already been set, to seeking consumer leadership from the outset so that consumers are engaged in the initial thinking and priority setting processes." *Co-production: putting principles into practice in mental health contexts*: Coproduction_putting-principles-into-practice.pdf (unimelb.edu.au)
Engagement	In the public sector context, engagement can be described in simple terms as "the practice of involving members of the public in the agenda-setting, decision-making, and policy-forming activities of organizations/institutions responsible for policy development." *A Typology of Public Engagement Mechanisms:* A Typology of Public Engagement Mechanisms - Gene Rowe, Lynn J. Frewer, 2005 (sagepub.com)
Lived experience	In the context of mental health, lived experience typically refers to someone with personal experience of mental ill-health and recovery (sometimes referred to as a 'consumer') or a person with experience supporting a person living with mental ill-health and recovery (sometimes referred to as a 'carer'). A carer or supporter is often a family member, including from a person's chosen family rather than their family of origin. VIC Department of Health: Lived experience	health.vic.gov.au

Participation/ Public participation	Participation in the context of public involvement in policy development can be described in general terms as "a form of engagement which assumes active participation…public participation is mostly deliberative and collaborative forms of engagement with some elements of consultation."
	APS Framework for Engagement and Participation: aps-framework-for-engagement-and-participation.pdf (industry.gov.au)
	From a rights-based perspective, it is specifically the right of citizens to "participate in decisions which affect their human rights…it must be active, free and meaningful, and give attention to issues of accessibility, including access to information in a form and a language which can be understood." Human rights-based approaches	Australian Human Rights Commission
Participatory approaches	A participatory approach to policymaking refers to a general approach (rather than a specific methodology or tool) that aims to facilitate the inclusion of individual community members or groups in the design of policies through consultative or participatory means (especially those most impacted by the policy issue), and in a way that aims to reflect the core values of legitimacy, effective governance, and justice.
	Putting the Public Back into Governance: The Challenges of Citizen Participation and Its Future: Fung, A., 2015	JSTOR

Appendix B: Methodology

Scope

In scoping relevant inclusion criteria and search terms, specific consideration was given to key concepts and categories (e.g. 'lived experience', 'community engagement', 'co-design'), policy portfolios (e.g. health, disability), agency types (e.g. level of government, remit and status), information sources (e.g. academic literature, engagement frameworks).

Concepts and categories	<u>Subject category</u> public/citizen lived experience community mental health consumer mental health carer (family and kin) <u>Method/methodology</u> engagement participation partnership consultation co-design co-production participatory
Sector Sources	<u>Level</u> Commonwealth Government State and Territory governments Interjurisdictional mechanisms <u>Agency types</u> Health (and other) departments Statutory bodies Non-statutory public agencies Mental Health Commissions Public sector Commissions <u>Portfolio/policy remit</u> Lived Experience Mental Health Suicide Prevention Disability Health
Information sources	<u>Academic</u> Published, peer-reviewed articles Conference papers Evaluation reports <u>Public sector documents</u> Strategies Frameworks and guidance documents Evidence papers Position papers Implementation plans and toolkits Consultation reports Monitoring and evaluation documentation Practice papers by relevant public sector peak and professional bodies

Through this scoping process it became apparent that, to keep the review both manageable and relevant, the literature scan should be limited to work published over the past decade (i.e. 2014 – current) and that only Commonwealth and jurisdictional levels of government would be considered.

This scoping process generated a set of guiding research questions:

1. Key ideas and developments

What are the key ideas and developments related to participatory approaches to public policy making over the past decade?

a. Which ones are of specific relevance to the mental health reform context?
b. Where are these ideas being tested out/translated into practice in a meaningful way?

2. Existing frameworks

What frameworks (and related documents) have been developed by and for the public sector to provide guidance on lived experience engagement and participation?

a. What is the stated rationale for/purpose of the various frameworks?
b. What are their key elements (both common across, and unique to, various contexts/settings)?

3. Current mechanisms/activities

What are the primary mechanisms/activities utilised to facilitate lived experience engagement and participation across public policy work?

4. Evidence base

Is there an emerging consensus on what might constitute 'good' practice?

a. What are the key insights/lessons learned emerging from the implementation of lived experience engagement and participation frameworks/mechanisms/activities?
b. How is this being monitored and evaluated?

Source selection

Desktop review

The desktop review (undertaken 10 – 23 June 2024) was guided by these four research questions which were used to screen and select source, extract and analyse findings, and provide an organising framework for presenting these findings. materials

Database searches of academic and grey literature returned 73 sources. These were reviewed for their relevance and applicability to the mental health policymaking context which narrowed the scope of material needing deeper examination to 43.

Frameworks and other guiding resources produced for the public sector were also sourced utilising the following search strategy:

- Google searches of keywords to gather easy to find sources
- Targeted searches of public sector agency websites based on remit and awareness of existing documentation

This strategy returned a total of 39 documents. These were scanned to determine suitability for formal review, based on their relevance and applicability, as well as to ensure a cross-section of agency types and remits, geographical regions, and target cohorts were captured. 20 documents were identified and examined on this basis; these were further distilled to 13 based on their specific utility for the Commission's work.

This process also identified a range of mechanisms/activities currently being utilised to facilitate lived experience engagement and participation in public policymaking. These were categorised according to mechanism types and relevant examples for each type were identified and examined across a variety of public sector settings and policy remits.

Field	Academic and grey literature	Frameworks and guiding resources
Initial search results	73 documents	39 documents
Narrowed search results	43 documents	20 documents, further refined to 13 documents
Final list	See Appendix C (references)	See Appendix C (frameworks)

External consultation

The findings of the desktop review were presented to a group of twelve professionals for sense checking and for further input. The consultation cohort was selected with the aim of gaining a diverse range of relevant insights and views. Participants can be categorised into three main types:

- Lived experience advocates/experts (3)
- Public sector professionals (5)
- Consultants to government (4)

Limitations

- Given the varied and inconsistent ways in which key terminology is used across (and sometimes within) the source documents identified and analysed in this scan, a reasonably broad and inclusive application of key terms such as 'participatory approaches', 'public policy' and 'lived experience engagement' was needed to be employed. Similarly, it is possible that potentially relevant sources were not identified through the scan because they utilised different terminology not included in the targeted search terms.
- The date range used to select source materials means that seminal papers published prior to 2014 which may have influenced the evidence base will not have been captured; some readers may expect to see these foundational documents cited but they are not because they were outside the scope of the scan.
- The targeted nature of the environmental scan means that its insights draw from a non-exhaustive sample of source materials identified as relevant based on the initial search criteria and research questions. Similarly, the consultation group was small and targeted. While efforts were made to include a diverse range of perspectives, the insights captured through the consultation process are not rigorously comprehensive and are not presented as such.
- Most examples of mental health lived experience engagement frameworks have not been evaluated or had evaluation insights published about them, so the 'evidence base' here largely draws from wider participatory approaches in public policymaking that may be comparable (but not identical) contexts.
- The depth of analysis possible was constrained by the time-limited nature of the project and because the purpose was to provide a general scan of the current landscape rather than to conduct formal research into the field.

Appendix C: Source lists

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Public Sector Frameworks

Document Name	Agency	Region	LE Cohort	Primary Audience
Agency for Clinical Innovation A Guide to Build Co-design Capability	State Clinical Agency	NSW	Health consumers	Health professionals and services
Dept of Health and Aged Care National Consumer Engagement Strategy for Health Wellbeing NCESHW (Draft)	Govt Health Dept	National	Consumers and community	Internal facing – Govt Dept
Dept of Industry, Science and Resources Australian Public Service Framework for Engagement and Participation	Govt Dept	National	Public/ citizens	Govt public sector professionals
DVA Lived Experience Framework (under development)	Govt Dept	National	Veterans	Internal facing – Govt Dept
National Disability Insurance Agency NDIA Engagement Framework	Govt Agency	National	Disability	Internal facing – Govt agency
National Mental Health Commission Consumer and Carer Engagement: A practical guide	National Mental Health Commission	National	Mental health Consumers and Carers	Mental health sector/system

Northern Territory Health Northern Territory Lived Experience Framework (Draft)	State Health Dept	NT	Mental health service users	Mental health workforces
NSW Health All of Us: A guide to engaging consumers, carers and communities across NSW Health	State Health Dept	NSW	Health consumers carers and communities	Internal facing – State govt dept
NSW Health Alcohol and Other Drugs (AOD) Consumer Engagement Framework	State Health Dept	NSW	AOD consumers	Internal facing – State govt dept
Mental Health Commission of NSW Lived Experience Framework for NSW	State Mental Health Commission	NSW	Mental health Consumers and Carers	Mental health and social service providers
NSW State Insurance Regulatory Authority Engaging with Lived Experience Framework	State Regulatory Authority	NSW	Lived experience of mental health recovery	Internal facing – State govt agency
Queensland Mental Health Commission Stretch2Engage Framework	State Mental Health Commission	QLD	Mental health Consumers and Carers	Public, non-government and private mental health and AOD services
Queensland Family and Child Commission Child and Youth Participation Framework	State Commission	QLD	Children and young people	Internal facing – State commission
SA Health Consumer Carer and Community Engagement Strategic Framework	State Health Dept	SA	Consumers carers and community	Internal facing – State govt dept
Tasmanian Dept of Health Consumer and Carer Participation Framework	State Health Dept	TAS	Consumers and carers	Mental health sector/system
VIC Dept of Health and Human Services Mental Health Lived Experience Engagement Framework	State Health Dept	VIC	Mental health consumers and carers	Policymakers and advisors
Victorian Mental Health and Wellbeing Commission Driven by Lived Experience Framework and Strategy	State Mental Health Commission	VIC	Mental health Consumers and Carers	Internal facing – State commission
Victorian Auditor General's Public Participation in Government Decision-making: Better practice guide	State Regulatory Authority	VIC	Public	State govt agencies
WA Govt Dept of Communities Partnership Framework	State Govt Dept	WA	Communities	Internal facing – State govt dept
WA Mental Health Commission Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018 – 2025	State Mental Health Commission	WA	Mental health and AOD Consumers and Carers	Mental health and AOD sectors/systems

Appendix D: Relevant frameworks

Types of frameworks

Type	Examples
By public sector agencies for the mental health sector/system	• National Mental Health Commission *Consumer and Carer Engagement: A practical guide* • National Mental Health Commission *Mental Health Safety and Quality Engagement Guide* • National Mental Health Commission *Sit Beside Me Not Above Me* • Mental Health Commission of NSW *Lived Experience Framework for NSW* • Queensland Mental Health Commission *Stretch2Engage Framework* • Western Australia Mental Health Commission *Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018 – 2025* and *Working Together Framework 2018 - 2025* • Northern Territory Government *Northern Territory Lived Experience Framework*
By and for public sector - for engagement with specific lived experience cohorts	• Department of Veteran Affairs *Lived Experience Framework* (under development) • National Disability Insurance Agency *NDIA Engagement Framework* • NSW Health *AOD Consumers Engagement Framework* • Queensland Child and Family Commission *Child and Youth Participation Framework* • VIC Dept of Health and Human Services *Mental Health Lived Experience Engagement Framework* • Victorian Mental Health and Wellbeing Commission *Driven by Lived Experience Framework and Strategy*
By and for the public sector - for general public engagement	• Australian Public Service *Charter of Partnerships and Engagement* • Department of Health and Aged Care *National Consumer Engagement Strategy for Health Wellbeing NCESHW* (Draft) • Department of Industry, Science and Resources *Australian Public Service Framework for Engagement and Participation* • VIC Govt *Public Engagement Framework 2021 – 2025* • Victorian Auditor General's *Public Participation in Government Decision-making: Better practice guide*
Capability building focused resources for public sector professionals and organisations	• Commonwealth Government's *APS Agency Engagement Maturity Assessment* • Emma Blomkamp's *Systemic Design Practice Framework* • NSW Agency for Clinical Innovation's *A Guide to Building Co-design Capability* • Victorian Public Service *Place-based capability framework* • Western Australian Government *Communities Partnership Framework*

Stated rationale for key frameworks

Guidance Document	Rationale/Purpose
Blomkamp's *Systemic Design Practice Framework*	Guides practitioners (including public sector professionals) taking creative and participatory approaches to complex problems. Designed by co-design theorist, educator and practitioner Emma Blomkamp, it distils experience and knowledge from research, evaluation, education and practice in design for public and social innovation.
Commonwealth Dept of Industry, Science and Resources *APS Framework for Engagement and Participation*	Provides guidance and support to the Australian Public Service to enhance engagement with community expertise to improve policy, program and services, and deliver better outcomes for the public.

Department of Veterans Affairs *Lived Experience Framework* (under development)	Comprehensive enterprise-level framework that outlines the principles and practices for lived experience participation. Supports agency's commitment to systems change and service improvement through greater participation of those most impacted by the system.
Dept of Health and Aged Care *National Consumer Engagement Strategy for Health Wellbeing NCESHW* (Draft)	Implementation resource for strengthening partnerships in prevention with the community. Aims to support and strengthen partnerships that are equitable and effective and to build trust between consumers and policymakers in all policy areas relevant to preventive health.
NSW Agency for Clinical Innovation *A Guide to Build Co-design Capability*	Guide to the capabilities, demonstrated behaviours, key actions and service enablers that support co-design to occur successfully at individual and organisational levels for health services that want to partner with people with lived experience of a health condition to make healthcare improvements using a co-design method - to develop capability in using co-design as an improvement approach.
NSW Health Alcohol and Other Drugs (*AOD) Consumer Engagement Framework*	Guides how consumer engagement can be integrated into all activities within the AOD Branch; foster a partnership between the Consumer Reference Committee and AOD Branch to ensure the CRC contributes meaningfully to the development and implementation of AOD Branch policy, programs and decisions; formally recognise the value of the lived experience of consumers and their role in informing and encouraging best practice in AOD programs and services.
Queensland Family and Child Commission *Child and Youth Participation Framework*	Provides an overarching structure for an approach that affirms child rights by bringing together existing aims, intent and processes and providing future guidance. Also designed to help other organisations in setting up their own processes for involving children and young people in their work. Provides agency with ways to influence the development and evaluation of state and national strategies affecting children and young people.
SA Health *Consumer Carer and Community Engagement Strategic Framework*	Outlines departmental responsibilities to strengthen and improve the practice of consumer, carer and community engagement. Articulates participation and partnership principles, core values and goals. Supports Dept and health services to meet legislative responsibilities.
VIC Dept of Health and Human Services *Mental Health Lived Experience Engagement Framework*	Provides framework for consistent and coordinated approach to engagement and participation. Represents commitment to developing partnership approaches as well as to adopt co-design and co-production methodologies. Tool for policymakers and advisors to use as a mechanism to ensure that there is authentic engagement and partnership with people with lived experience in decision-making.
Victorian Auditor General's *Public Participation in Government Decision-making: Better practice guide*	Communicates expectations about what good performance looks like by describing the principles and practices agencies are expected to follow and signals the basis upon which auditing of the efficiency and effectiveness of public participation will be done in the future.
VIC Government *Place-based Capability Framework*	Developed by the Victorian Public Sector Commission for use by those needing to develop the capabilities for working with place-based approaches, including adaptive and facilitative leadership and ability to share power and accountability. Also considered useful for staff working in policy and strategy roles that would benefit from developing these capabilities.
Victorian Mental Health and Wellbeing Commission *Driven by Lived Experience Framework and Strategy*	Articulates how lived experience has guided the agency to date, opportunities to improve, and steps to develop a framework and strategy to guide how the MHCC will be driven by lived experience into the future.
WA Government *Communities Partnership Framework*	Guidelines for establishing and sustaining partnerships with external stakeholders which are designed to support, develop and improve the agency's partnership capability and ways of working with its partners.

Appendix E: Existing mechanisms

	Mechanism type	Example/s
External	Consultation processes	• One-off, time-bound activities for discrete pieces of work utilising conventional engagement methods (e.g. surveys, forums, workshops)
	Lived experience registers	• Office of the Chief Psychiatrist SA • National Mental Health Consumer & Carer Forum • Department of Veterans Affairs (under development)
	Senior lived experience advisory groups	• Domestic Family and Sexualised Violence Commission National Lived Experience Advisory Council • NSW Health AOD Consumer Reference Committee • National Suicide Prevention Office Lived Experience Partnership Group

	Formal and informal channels to receive ongoing input and advice from advocacy organisations (also includes individual lived experience advocates and groups)	• General mental health consumer and carer representation:
		  o State mental health consumer and carer peaks
		  o National mental health consumer and carer peaks (forthcoming)
		• Specific community representation:
		  o Aboriginal controlled organisations and peak bodies
		  o Organisations representing other specific communities (e.g. LGBTQIA+)

	Senior advisory groups with lived experience representation	• Department of Health and Aged Care Mental Health and Suicide Prevention Senior Officials Group • Western Australia Mental Health, Wellbeing, Alcohol and Other Drugs Ministerial Advisory Panel

Internal	Senior designated roles	• Senior staff positions:
		  o VIC Department of Health Executive Director, Lived Experience
		  o VIC Mental Health and Wellbeing Commission General Manager, Lived Experience
		• Commissioner/Deputy Commissioner roles:
		  o Commissioner for Aboriginal Children and Young People Mental Health Commission of NSW Deputy Commissioner/s roles designated for people with lived experience
		  o Victorian Mental Health and Wellbeing Commission Consumer Commissioner

	Suite of coordinated mechanisms and initiatives	• Department of Veterans Affairs Lived Experience Framework (under development) • Queensland Mental Health Commission (under development)
	Internal policy team with a dedicated focus on lived experience engagement	• Department of Health and Aged Care, Mental Health and Suicide Prevention Division, Lived Experience and Sector Engagement
	Internal policy team with significant Lived Experience expertise	• Mental Health Commission of NSW's Advocacy and Reform team • Office of the Chief Psychiatrist SA Lived Experience team
	Lived Experience Branch within government	• VIC Dept of Health and Human Services Department Lived Experience Branch
	Agencies that provide capability building support for participatory practice	• Queensland Public Sector Commission Leadership and Capability Unit • NSW Agency for Clinical Innovation