



FAMILY & DOMESTIC
VIOLENCE
LIVED EXPERIENCE
ADVISORY GROUP
CONSULTATION
REPORT

2024



I dedicate this project to my sister Jess whose life was stolen by someone she should have been safe with.

Your beautiful spirit was with me throughout this entire project, driving me to fight for you and all the other women, men and children who lived with the horror of family and domestic violence and are not with us today due to murder or suicide.

All of you are remembered, still very much loved and your voice and memory lives on through your loved ones still here.



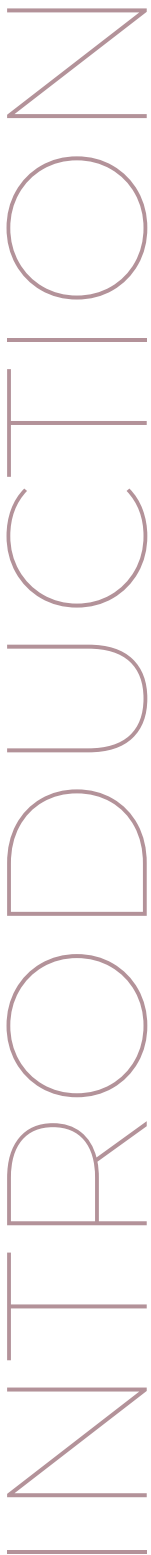
Kwobap Consultancy acknowledges all Aboriginal and Torres Strait Islander people across Australia, the Traditional Custodians of the lands on which we work and live, and pay respects to Elders past and present.

We acknowledge the ongoing connection that Aboriginal and Torres Strait Islander people have to land, sea, community and culture.

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This document is a Consultation Report detailing the findings of the survey and consultations that were held to inform the design of the Family and Domestic Violence (FDV) Lived Experience Advisory Group (LEAG) in Western Australia (WA). This chapter overviews the background to the project.

Background

In 2023, the State Government in Western Australia established a special Taskforce to help guide the State's efforts to address fFDV. One of the Taskforce's first actions was to establish a LEAG that will operate as a consultative body and place the experiences of victim-survivors at the centre of family violence policy and service design.

The Department of Communities (Communities) engaged Kwobap Consultancy to design of the model, including its purpose, role, membership criteria, and operational processes. The Taskforce seeks to ensure that the LEAG:

1. Provides a safe space for victim-survivors to share their stories and experiences.
2. Is inclusive with diverse representation from across Western Australia, such as people with disabilities or from Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) and LGBTQIA+ communities.
3. Operates with trauma informed approaches including in relation to meeting structure, composition, processes and work practices. This includes the ways victim-survivors may be supported in-between meetings.
4. Provides a culturally safe environment with an emphasis on engaging Aboriginal women.
5. Understands that lived experience can mean diverse and different things including the experiences of victim-survivors, secondary victims, and service providers.

PROJECT OVERVIEW

This project was supported by a sub-group of the Taskforce and involved a number of related activities and deliverables, as shown in the table below.

Project Activities	Project Deliverables
Jurisdictional analysis to identify the features of comparable entities in WA and other jurisdictions	Jurisdictional Scan & Literature Review
Literature review considering learnings about how lived experience groups can be best supported	
Consultation to engage key stakeholders, including victim-survivors and dedicated consultations with First Nations victim-survivors	Consultation Report with proposed LEAG operating model or Terms of Reference.
Engagement with relevant stakeholders to inform options for how, and in what circumstances, the Lived Experience Advisory Group should be engaged to provide advice.	

The Literature Review and Jurisdictional Scan are included in Chapters five and six below.

Note on terminology

There is a notable lack of consensus and significant variation in the lived experience literature regarding the use and definition of key terms. For example, the literature uses different names for lived experience roles, such as “people with lived experience,” “victim survivor advocates,” “lived experience experts,” “lived experience practitioners,” “peers” or “peer workers,” “consumers,” or “consumer representatives.” This document refers to ‘people with lived experiences’. Terminology should be further refined and agreed on by the members of the Lived Experience Advisory Group when it commences operation.

2. METHODOLOGY

This chapter details the project methods and outlines who was engaged by the survey and consultations.

Consultation Principles

In this project, key stakeholders were invited to provide comment on all the potential components of the new LEAG. Stakeholder engagements were conducted in accordance with the following principles:

1. Culturally secure – Alison Scott led consultation activities with Aboriginal people to ensure information has been interpreted correctly and the right questions, and engagement approach was used.
2. Respectful – Alison Scott and Karine Hamilton will actively listen to all ideas and respect diverse views.
3. Participative – The consultation process was open and responsive. Stakeholders were encouraged to generate new ideas and to inform the design of the LEAG.
4. Flexible – Enabling different consultation methods to meet the individual needs of stakeholders e.g., the consultation process included focus groups, workshops, individual interviews, surveys, women only and men only groups.
5. Minimise burden – Alison Scott and Karine Hamilton planned and designed the consultation sessions in a way that considered how stakeholders are busy and have multiple responsibilities (i.e. location, length and timing of consultation sessions).

Consultation Methods

Stakeholders in this project were engaged by either an online survey or a consultation interview. The table below shows the stakeholder groups who were involved in the FDV sector that were mapped by Kwobap Consultancy.

LEAG Stakeholder Groups

People with a lived experience
Taskforce Working Group
Department of Communities and other Government Agencies
Peak Bodies
Aboriginal Communities Controlled Organisations (ACCOs)
Community Sector Organisations
Academics

Initially, all stakeholders were informed about the Project to gauge their interest in participating. This included using a number of communication channels, such as organisational networks, notice boards, radio and social media.

As part of disseminating information about the project, services (e.g, FDV, women's health, Aboriginal Medical Services, refuges, counselling services, community groups, disability services, CALD services and LGBTQIA+ services) operating in the planned consultation sites were contacted via email or phone. Each service was asked to share project information with their networks and clients. This approach may not have reached people who do not access services, however this was the most feasible approach in the limited project time available.

Stakeholders were:

- Informed about the Project.
- Provided a Project Information Sheet.
- Asked about their willingness, availability and consent for engaging in a consultation and/or completing the project survey.

Consultations were conducted flexibly (pending the preference, location, and availability of stakeholders) using either online meetings, phone calls, emails, face to face semi-structured group or individual sessions.

Aboriginal consultations were also held flexibly. To respect Aboriginal cultural protocols, women-only and men-only sessions were conducted at different sites across the State and facilitated by male or female Aboriginal consultants. There were also whole-of-community sessions run for Aboriginal men and women, and other general community consultations were often joined by both Aboriginal and non-Aboriginal people.

Throughout the consultation and survey process the demographic details of participants were monitored and where necessary additional efforts were made to increase the engagement of key target groups. The consultation tools, such as the Information Sheet and Consultation Questions, are in the Appendix.

Ethical considerations

As this is a sensitive topic, care was taken to adopt a trauma-informed approach when consulting people with a lived experience. The project lead has many years of front-line experience managing Aboriginal services for people with complex needs and recently completed Mental Health First Aid and DV Alert training.

At first contact, the consultants asked if people felt safe and obtained informed consent before progressing. An information sheet was given to participants which explained the project (verbally whenever needed) and informed them they can stop at any time or reschedule, and that their information was confidential. It also gave them a list of support services they could access immediately if needed. People with lived experience who were consulted for this project also received a \$50 voucher in recognition of their time and information.

WHO PARTICIPATED IN THE SURVEY?

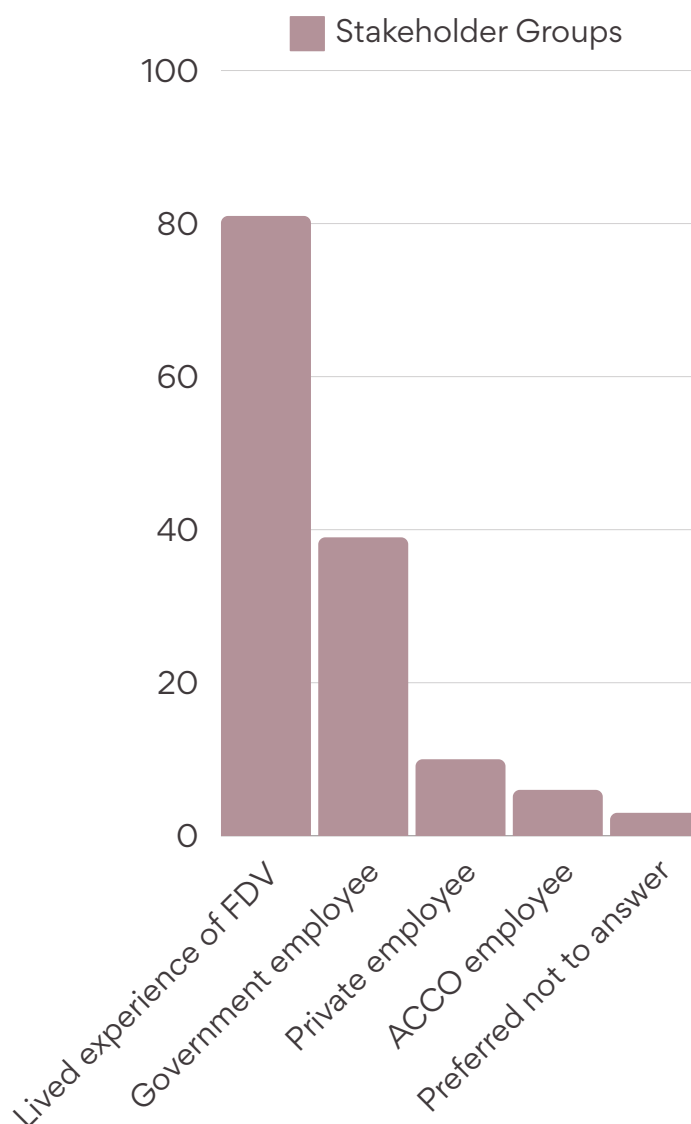
Two-hundred-and-eighty people from across WA completed the LEAG survey. The majority of survey respondents:

81% were people with lived experience

93% identified as a woman

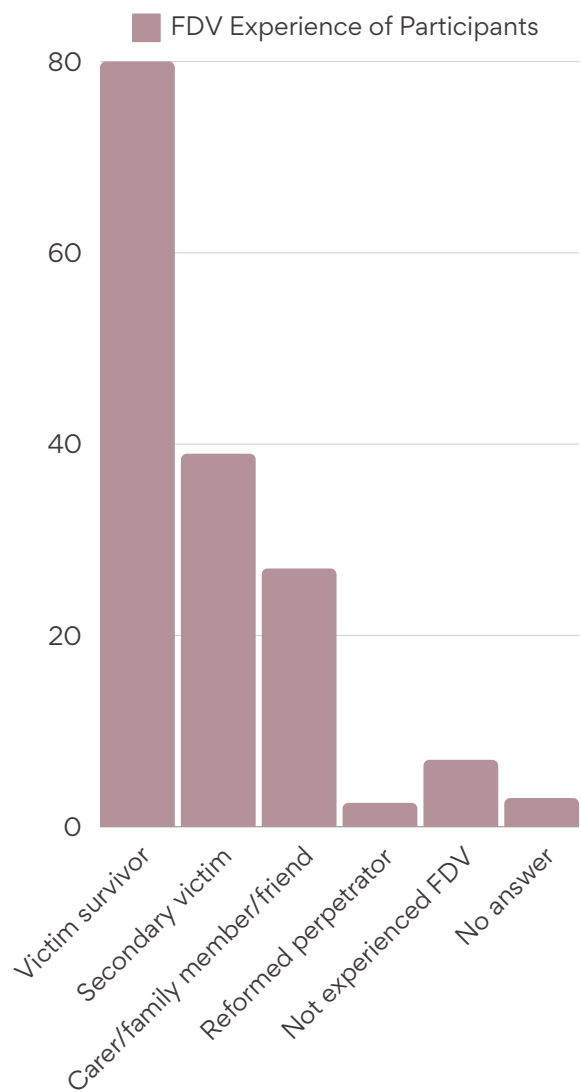
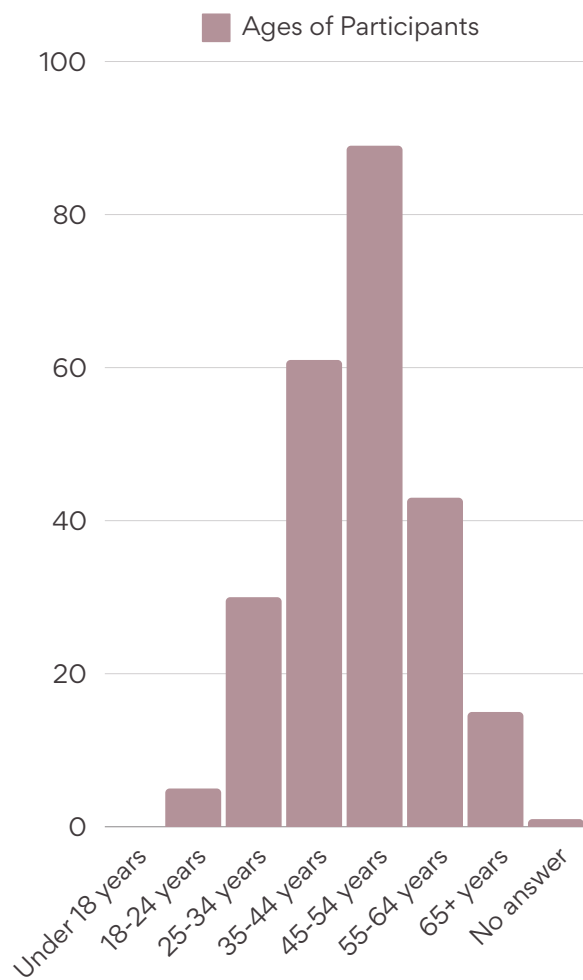
61% were between 35-54 years of age

78% resided in the Perth metro area



Notably, 39% of survey respondents also identified as a government organisation or employee.

Eighty per cent of the survey respondents identified as a victim-survivor, 39% identified as a secondary victim (someone close to you is or has experienced FDV) and 27% identified as a carer/family member or friend of a victim-survivor.



WHO PARTICIPATED IN THE CONSULTATIONS?

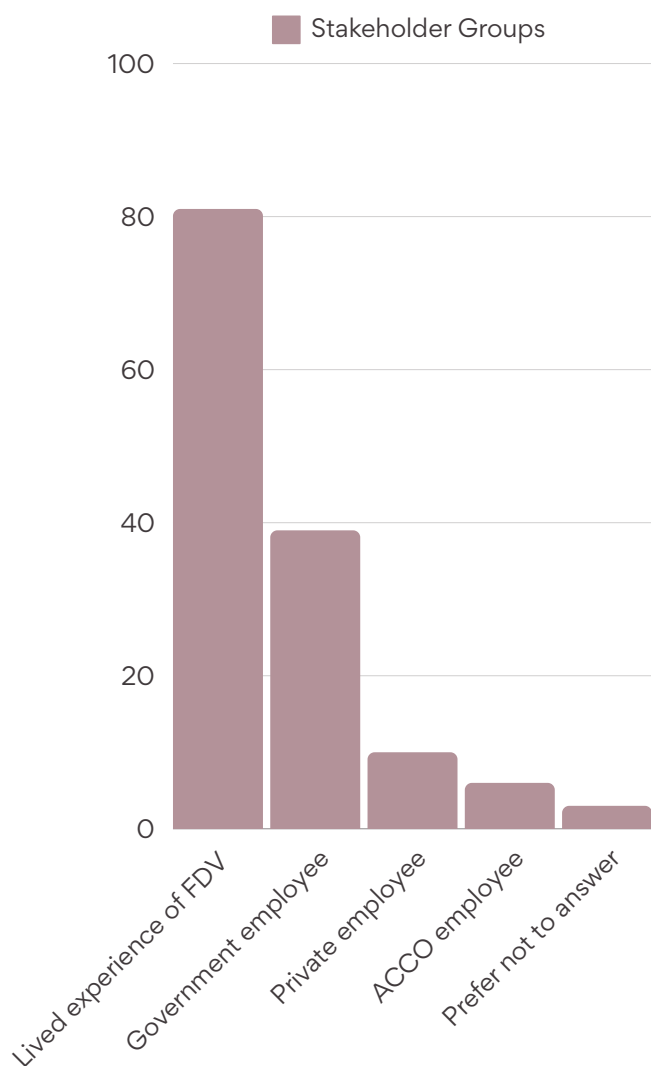
Consultations commenced on 8 January 2024 and concluded on 1 March 2024. Consultations included community members, service and sector stakeholders.

45 Consultations across WA

13 Locations statewide

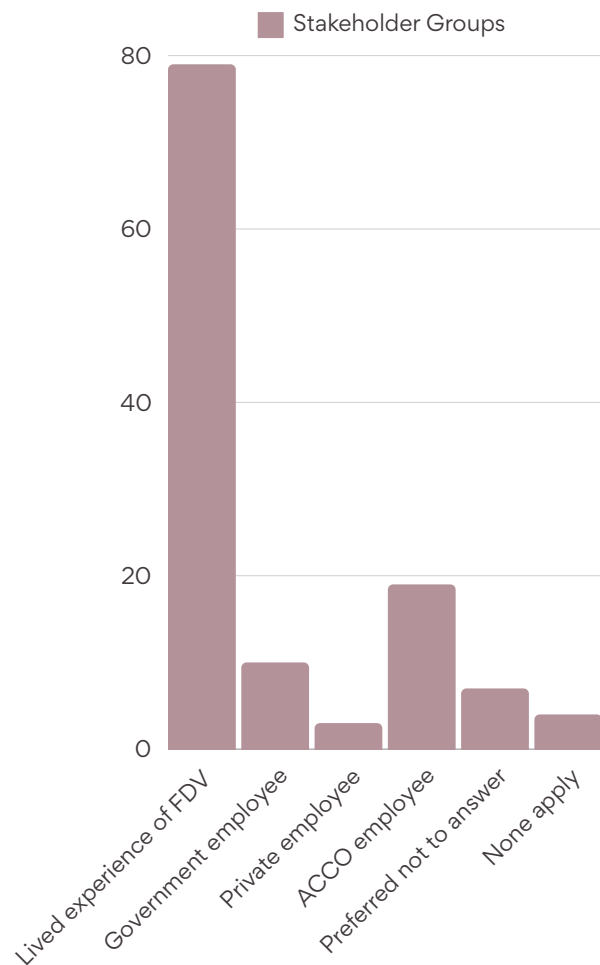
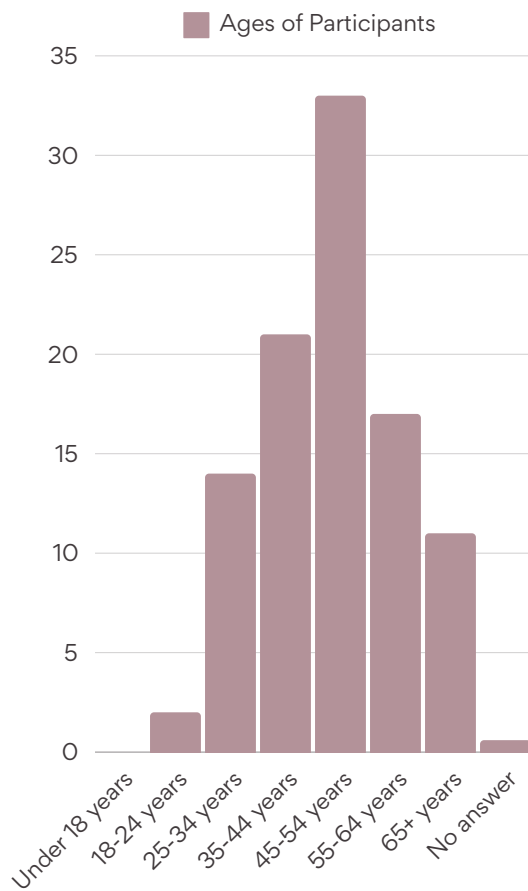
192 Participants

80% Identified as a person with lived experience



Region	Location
Perth	Midland, Victoria Park, Bassendean East and West Perth
West Kimberley	Broome and Derby
East Kimberley	Kununurra
Pilbara	South Hedland, Newman and Jigalong
Goldfields	Kalgoorlie
South West	Bunbury

Eighty per cent of consultation participants were female and 20% were male. Similar to the survey cohort, just over half of participants were between the ages of 35 and 54 years.

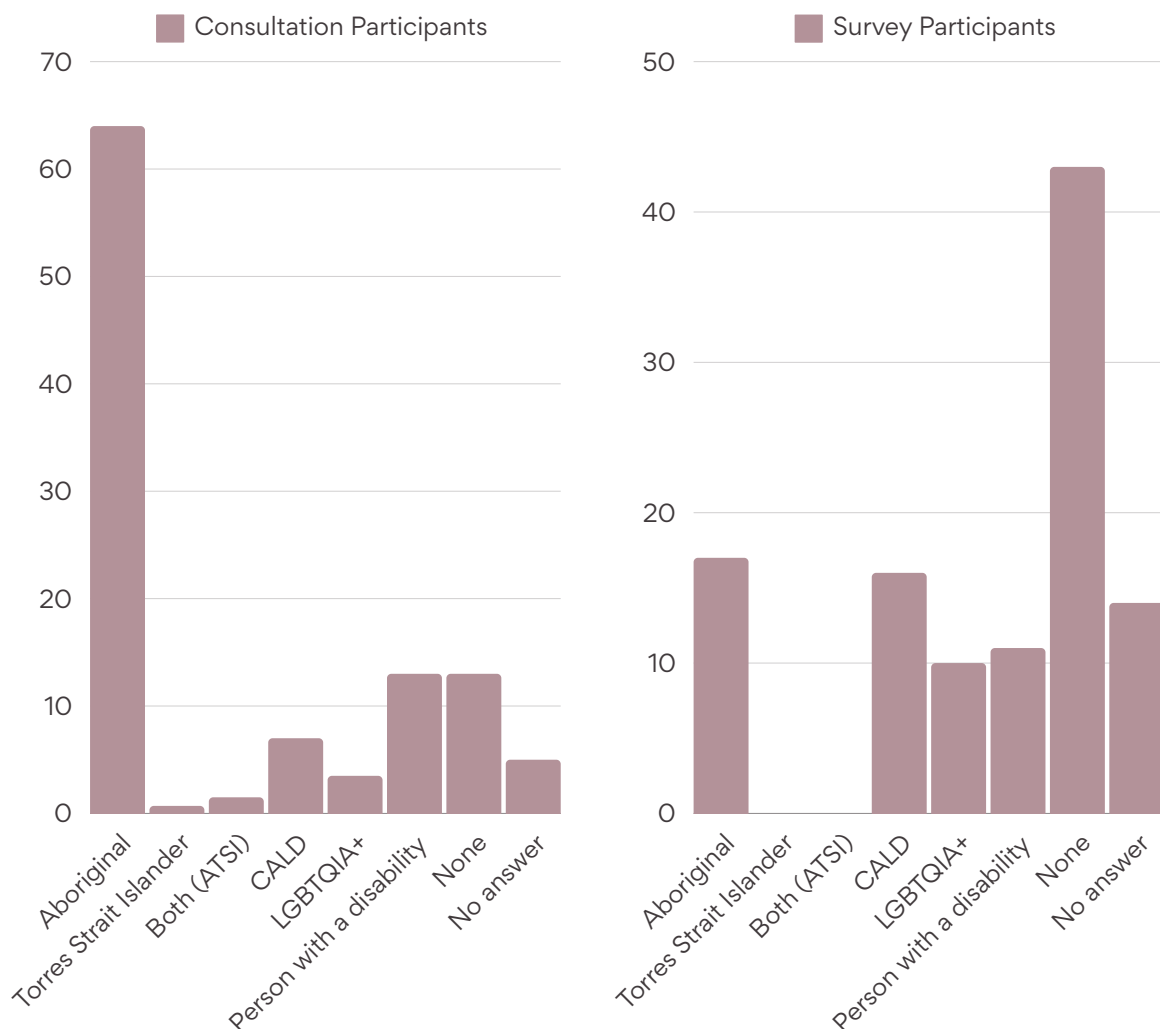


STATEWIDE CONSULTATIONS

	GOVERNMENT DEPARTMENTS	Five Consultations	11 Participants
	PEAK BODIES	Four Consultations	7 Participants
	TEAMS MEETINGS	Six Consultations	8 Participants
	PERTH	Eight Consultations	75 Participants
	BROOME & DERBY	Six Consultations	10 Participants
	KUNUNURRA	Three Consultations	35 Participants
	NEWMAN, JIGALONG & SOUTH HEDLAND	Nine Consultations	40 Participants
	BUNBURY	Two Consultations	4 Participants
	KALGOORLIE	Two Consultations	2 Participants

Notes on key differences between participation in the survey and consultations:

- There were noticeably fewer Aboriginal people who completed the survey (17% of survey respondents were Aboriginal, while 64% of consultation participants were Aboriginal).
- CALD community members preferred the online survey method (14% of survey respondents were CALD, while 7% consultation participants were CALD).
- The LGBTQIA+ community preferred the survey (10% of survey respondents identified as LGBTQIA+, while 3% of consultation participants were LGBTQIA+).
- In both the survey and consultations, people with disability formed 12% of participants.
- Forty-three per cent of survey respondents did not identify with a minority group, while in consultations 13% of participants did not identify with a minority group.



3. FINDINGS

This chapter details the findings of the survey and consultations, including the key learnings and major themes identified.

Purpose and Role

Overall Findings

Between 87-90% of survey respondents believed the role and purpose of the LEAG should be to:

- Inform the design of family and domestic violence laws, policies and services.
- Give advice to the Minister for Prevention of Family and Domestic Violence.
- Listen to community members lived experience.
- Advocate for reform.

The above four responses also rated highly amongst the people consulted. One additional suggestion was strongly highlighted by participants in the survey (74% of respondents selected it) and in the consultations: to monitor the State’s implementation of Path to Safety: Western Australia’s Strategy to Reduce Family and Domestic Violence 2020-2030 and the Aboriginal Family Safety Strategy 2022-2032.

Themes

Project participants repeatedly stated that the development of lived experience groups is rapidly growing and these groups need clear boundaries and scope to achieve their tasks. Having a clear role and purpose is key to managing the expectations of group members and external stakeholders who are likely to want to access the group for alternative purposes. The LEAG role should be clearly communicated beyond the group so that requests for group engagement can be easily managed.

“The group needs a clear and well understood purpose and roles. To be effective, the group should be able to influence policy and practice on DV and should be able to advise the Minister.”
Survey respondent

Creating change was the core message the sector and lived experience community members conveyed about their desired purpose for the LEAG. Informing legislation, service design and delivery came through strongly in conversations across the State as a way of achieving reform. In the regions there was a shared feeling that FDV laws, policies and services were, at times, not adequate or appropriate and this impacted people’s access to services.

Community members consulted said it is important that the LEAG represents the needs of the whole State and recognises that what works in one area or for one group of people will not necessarily be successful in another place or for a different cohort. Understanding and representing the diverse needs of people with lived experience was very important for participants overall.

The need for the LEAG to hear diverse lived experience voices in the community was a common theme throughout consultations. It was stressed that this went beyond hearing from LEAG members and also needed to include opportunities for general community members with lived experience across the state to share their stories and input into the LEAG's discussions. This was reported in most consultations with people with lived experience wanting their story to be heard in some way. Participants believed sharing their lived experience could help identify service gaps, poor service delivery, or missed opportunities and could inform meaningful system improvements.

Participants informed that their stories could improve services as well as broader community awareness of FDV, while also supporting their own feelings of empowerment and healing.

Overwhelmingly, participants stated the scope of the LEAG should include providing advice to the Minister for Prevention of Family and Domestic Violence as well as other Ministers and Government Agencies in related portfolios. Time and again, participants stressed that the LEAG needs to inform the *whole* FDV sector as FDV is complex and cuts across multiple portfolios: Police; Justice; Education; Health; Mental Health; Housing and Homelessness; and Disability Services

“

“It’s about time. We’ve gone far too long doing and creating services and policies by somebody sitting in a high rise building with fast internet not knowing what’s happening on the ground ... grassroots voices are very important for coming up with solutions.”

Consultation participant

”

“

“The problem is huge, the appetite is huge, the minute anyone hears about it, everyone is going to want to reach out, it’s your biggest risk.”

Consultation participant

”

Risks

A significant risk for the LEAG identified by participants is that it becomes overwhelmed by requests and takes on more than members can handle. This risk is mitigated by having a clear role and purpose.

Clarifying scope and purpose is not only essential for making sure members avoid feeling overwhelmed, it also reduces the risk members become frustrated and disappointed because they hold different expectations for what the LEAG can do and achieve.

One of the most discussed themes by participants, also identified as a major risk, was the LEAG being tokenistic and lacking authentic engagement of lived experiences or genuine influence. People were wary of the LEAG becoming a “talk fest” or a new stage for the “Trauma Olympics,” with limited capacity for creating real systems change. People reported seeing equivalent bodies succumb to these risks and expressed strong misgivings about the LEAG being an ineffective mechanism or a “waste of time”; Aboriginal people were particularly vocal about this.

“

“Whenever we ask for someone’s input, we should see their fingerprints on the end results .. if they don’t see their fingerprints that’s going to affect their willingness to be part of it and their actual influence and impact.”

Consultation participant

”

Victim-survivors of FDV have commonly experienced coercive forms of control or a loss of autonomy, many spoke about their lack of control over their own personal circumstances, such as ongoing disputes about the care of children, finances and legal matters. If the LEAG reinforces limited personal agency and self-determination, it risks recreating the trauma and disempowerment members have experienced in their personal lives.

Without “teeth,” LEAG recommendations risk being disregarded; and participants strongly preferred the LEAG move beyond ‘advising’ to more concrete influence as this would show genuine State Government commitment to valuing the unique knowledge and skills people with lived experience bring to the urgent task of improving responses to FDV.

Principles

Overall Findings

The following principles were selected by 71-94% of survey respondents:

- Trauma Informed
- Culturally Safe
- Empowering
- Confidential
- Inclusive
- Integrity
- Treat everyone with dignity and respect
- Compassionate
- Accountability
- Diverse,

Likewise, consultation participants agreed the above principles were important. In both the survey and consultations, trauma informed and culturally safe were regarded as the two most important principles.

Themes

Principles guide how LEAG members will behave and set the standard for how work will be conducted. Participants agreed that having overarching LEAG principles would help maintain a safe environment. It was acknowledged by many participants that LEAG members will inevitably be triggered at times and having the group engaged in codesign about the principles needed to guide member behaviour and group dynamics was considered a good way of mitigating this risk.

The principles above were considered important for guiding conduct during meetings and for selecting members. Participants agreed that trauma informed and culturally safe were critical principles, however many warned that these terms were not necessarily well understood. They have become “buzz words” that people use but often lack the required knowledge and experience needed to practice them. Providing training to LEAG members and Secretariat staff would strengthen the application of these two principles. Other principles participants said are important underpin trauma informed care, such as respect, safety, trust, collaboration, and empowerment.

Structure

Overall Findings

Only the consultations asked for feedback about the ideal structure of the LEAG and the findings were clear. The majority of consultation participants stated a preference for the LEAG to have 10-12 members and meet:

- Frequently, as FDV is a community crisis requiring urgent action (noting too that lived experience voices are currently not represented in any formal way in the sector or in government).
- Face-to-face (predominantly) for opportunities to build trusting relationships between members.
- In regional locations, and pending the capacity of LEAG resources and members, hold accompanying community consultation events or create avenues for the LEAG to receive wider community input (e.g., monitored “LEAG stakeholder” Inbox).

Themes

Consultation participants discussed various options for who should manage or host the LEAG, such as the Department of Communities, Department of Health, or a Peak Body. Many Aboriginal community members said they held ongoing mistrust of Communities due to the Stolen Generations and continued high rates of Aboriginal child removals. Participants overwhelmingly stated the LEAG should preferably sit in the Department of Premier and Cabinet to reflect the cross-sector approach needed to address FDV meaningfully. Further, Participants wanted the LEAG to sit in DPC to continue highlighting that the State Government is committed to this issue from the very top of the Premiers Office.

Kwobap Consultancy has initially proposed Communities provides the LEAG secretariat support, but with the scope of the LEAG to include the provision of formal advice to multiple Ministerial Portfolios. Pending the governance arrangements to form and commence after the end of the FDV Taskforce in March 2023, it may be possible for the LEAG to sit under the auspice of DPC in some capacity. This should be considered in view of the overwhelming support from across the State for the State Government and the Premier to continue prioritising their commitment to improving responses to FDV.

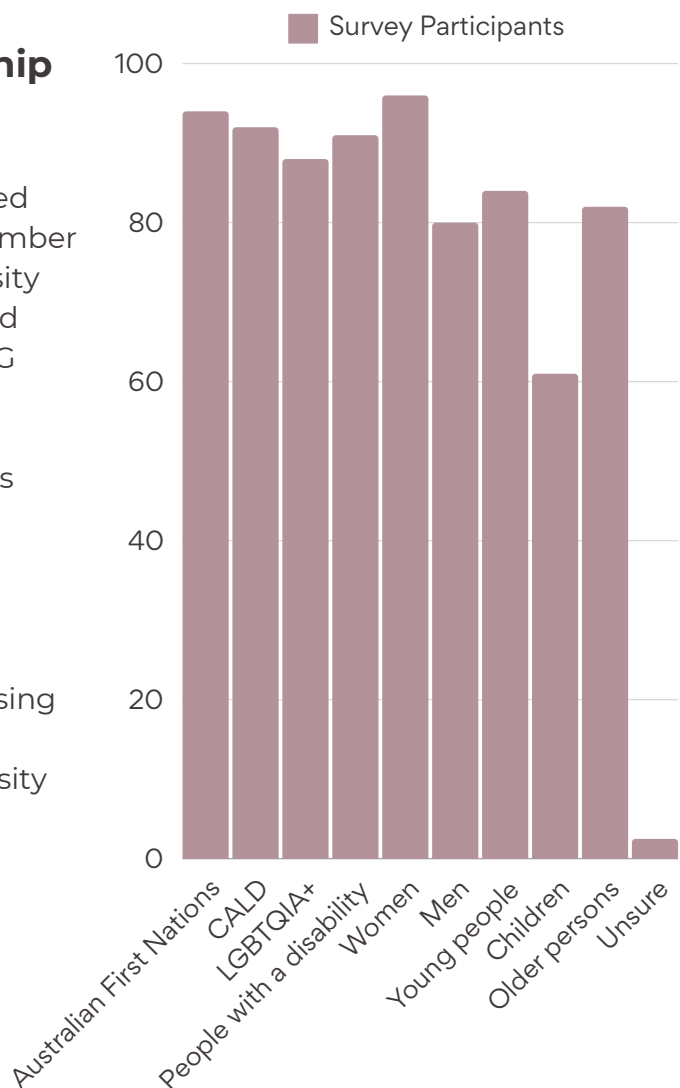
Representation and Membership

Overall Findings

Consultation and survey responses shared similar views about who should be a member of the LEAG, with both embracing diversity and inclusivity. The survey results showed that 80-96% of respondents agreed LEAG membership should include: Aboriginal; CALD; LGBTQIA+; Women; Men; Young People; and Older Persons. 'Children' was supported by only 61% of respondents.

Themes

Inclusivity was important to survey and consultation participants, many recognising that FDV does not discriminate, and the LEAG therefore should represent a diversity of voices.



“The LEAG needs “a diverse group with different employment, educational and class backgrounds as well. FDV hits every corner of humanity.”

Survey respondent

Consultations and survey responses agreed that the LEAG should be as diverse as the community it represents; commonly recognising this is not an easy task and there is a risk of adopting a “tick box” approach to diversity. For example, there was the concern raised regarding “pink washing,” whereby organisations pay lip service to the LGBTQIA+ community via the Rainbow Tick credentials though don’t necessarily meaningfully engage or service this cohort. Similar sentiments were shared by Aboriginal participants about the LEAG needing to respect diversity in a genuine way.

Collectively, participants referred to LEAG members needing a variety of experiences and demographic backgrounds, such as people living in regional and remote areas or coming from refugee backgrounds. They sought people who have experience with AOD misuse, mental illness, foster care, homelessness, poverty or socioeconomic disadvantage, and wanted members to have different experiences of FDV (e.g. Elder abuse, people experiencing FDV-related fatalities including suicide, or people who have extensive experience of the legal system for FDV related matters.)

Victim-survivor

Participants unanimously believed that victim survivors of FDV should be LEAG members.

Secondary Victims and Carers/Family Members

There was strong support for including secondary victims of FDV as LEAG members. However, a minority of participants felt only people who had directly experienced FDV should be members, at the exclusion of a secondary victims (who, it was inferred, could not legitimately represent the experience of FDV).

One participant, quoted to the right, observed an equivalent tension in the mental health space. Kwobap Consultancy has addressed the risk of this potential tension in the LEAG by clarifying in the Terms of Reference that the “majority (or a minimum of 10 members) are for primary victims or victim-survivors.”

While participants filled out their registration forms and recorded their experience of FDV, one Aboriginal person remarked “Every Aboriginal person will be ticking this box [i.e., being a Secondary Victim].”

“There is a notable tension between consumers [primary victims] and carers [secondary victims] ... Consumers can often resent having carers in this space as they feel like they dominate and overtake their voice.”

Consultation Participant

Regional and Remote Representation

Consultations across WA consistently stated that the LEAG needs representation from regional and remote areas. During regional visits, project participants reported high levels of FDV in Aboriginal communities, with concerns raised that abuse was being normalised and many families in high risk were not accessing or receiving services.

Consultations about regional and remote representation on the LEAG identified the following key issues:

- The needs and experiences of people living in regional and remote areas are unique and require dedicated attention, especially Aboriginal people living in remote communities.
- Each region and remote area is unique and therefore needs separate representation on the LEAG.

An advisory group with a limited number of members risks clashing with Aboriginal cultural protocols as one Aboriginal person from a particular cultural group cannot speak for other Aboriginal groups. Aboriginal participants commonly suggested two Aboriginal people (a female and male) from each region (West Kimberley, East Kimberley, Pilbara, Mid-West, Goldfields-Esperance, Wheatbelt, South West and Great Southern) sit on the LEAG. However, this would still risk clashing with protocols.

Kwobab Consultancy acknowledges the strong preferences expressed by project participants for the LEAG to genuinely represent regional and remote community members. The LEAG's Terms of Reference mandates the LEAG to support grassroots information sharing/input and further developing the inclusion of lived experience voices across the FDV sector. As part of its role, the LEAG will need to consider how to include input from Aboriginal people in regional/remote communities in a meaningful and culturally respectful way.

People who experienced an FDV fatality

Participants who had a family member murdered or suicided in circumstances of FDV were keen to use their unique experiences to identify system gaps and inform system improvements to prevent future lives being lost.

Elder abuse

Elder abuse by family members was raised by many older Aboriginal people who participated in consultations, many were unsure if this was included as part of FDV. One participant said "old grandmas put up with it because they don't have the energy to stop it". When this issue was raised in group discussions, people of all ages acknowledged this was an issue that needed to be addressed and was often overlooked.

Children

The survey and consultations identified concerns with the LEAG including representation from children. Many participants agreed it would not be safe. There were some suggestions for having LEAG members who work with children and would therefore be able to bring children's views to the table.

Men

There was healthy discussion and interest in the inclusion of men on the LEAG. There was near unanimous support for including men as victim survivors of FDV, with many people commenting that male victims were not receiving the support they need and are an important voice for the LEAG to represent.

Amongst the non-Aboriginal women who participated, there were mixed views and strong hesitancy about the involvement of men, particularly as reformed perpetrators (i.e., "they'll dominate the discussions" or "they'll present as victims but actually be perpetrators"). Despite these initial misgivings, many women adamantly supported the involvement of men, expressing sentiments like "it's time to bring them into this conversation" or "we can't fix this without them." During these discussions, many women who initially opposed the involvement of men, changed their minds and concluded men needed representation on the LEAG.

The Aboriginal women consulted were more cohesively certain about the need for men on the LEAG, both as victim survivors and reformed perpetrators. FDV was seen in all Aboriginal communities and Aboriginal families want to find ways to stay

together safely. There were misgivings expressed about current 'feminist' inspired approaches encouraging women to leave men who use violence. Aboriginal participants commonly noted that perpetrators were often victim-survivors themselves and there were many women using violence as well.

Aboriginal male participants also wanted both male victim-survivors and reformed perpetrators on the LEAG. Having men who had changed their ways would add value to the LEAG and these members could become influential role models for men; creating more opportunity for the LEAG to produce positive community outcomes.

"Children are super important but it could be unsafe for them to be involved and ethically grey area regarding ability to give consent, could also be quite intimidating for them to participate etc therefore children's advocates and parents and carers should be included in the lived experience group."

Survey participant

"Men are being abused by women and nothing is being done. Some of these men are being repeatedly physically abused with serious injury."

Consultation participant

While there was notable interest in the LEAG engaging reformed perpetrators, this would create significant safety risks. Kwobap Consultancy has included men as victims of FDV in the Terms of Reference but has not included reformed perpetrators given the safety risks this generates. We recommend the LEAG itself consider how reformed perpetrators (both male and female) can be safely engaged in the future to inform the work of the group (i.e., subcommittee).

Recruitment of LEAG Members

Participants spoke about having broad advertising for LEAG positions to reach into the community (including social media, posters in shopping centres and at local services such as Aboriginal Medical Services, doctor surgeries, government departments).

Consultation participants commonly highlighted that selecting the right people for LEAG membership is crucial to the success of the group. Participants commonly warned that this group should not be made up of the “same old voices” or people who are already sitting on advisory groups. The LEAG should actively recruit fresh voices, with participants strongly indicating members should have genuine “grassroots” community connections. To achieve this, the recruitment process can have people with lived experience and strong grassroots community links on the Selection Panel, and applicants can be asked to provide a community reference.

Participants widely accepted that LEAG members would need high-level skills and experience, including knowledge of legislation, strategies and policies. It was believed that members needed to take a strategic approach to working with senior government and sector representatives and to forming and progressing impactful recommendations.

There were mixed views amongst participants about allowing LEAG members to participate anonymously. However, Aboriginal people almost exclusively opposed this option as anonymous members could not be held accountable to their community. Kwobap Consultancy has not included in the Terms of Reference the opportunity for LEAG members to be appointed anonymously, though this is an issue that could be raised and considered by the LEAG in their annual review process.

Aboriginal cultural protocols

Aboriginal men and women desire cultural protocols to be included in the LEAG, including separate discussions by men and women, as well as Aboriginal only discussions. There was further discussion by participants about how Aboriginal Elders, healers and Lore men/women, could be involved in the LEAG. The Terms of Reference includes Aboriginal positions on the LEAG (including the role of Chair) and the creation of a dedicated Aboriginal sub-committee. Aboriginal LEAG members will drive the application of cultural protocols as needed, noting that “cultural safety” is a key principle of the group.



“Don’t ask members to be a formal conduit for wider community members, its too much. Create other mechanisms for them to maintain community communication like workshops, public website (feedback page), minimise the burden on them.”

Consultation participant



Risks

Participants highlighted that a significant risk for the LEAG to manage is the potential for the wider community to perceive it as ‘out of touch’ or too elite. Participants repeatedly stated they want the LEAG to avoid working in isolation with no accountability to community members whose voices continue to be silenced in the current FDV system. However, there were numerous concerns raised about how LEAG members can safely connect to the wider community and avoid being overwhelmed by trauma stories.

Incorporating information sharing mechanisms between the LEAG and wider community would reduce the risk the LEAG is perceived as unrepresentative and provide a structured way for members to conduct community engagement.

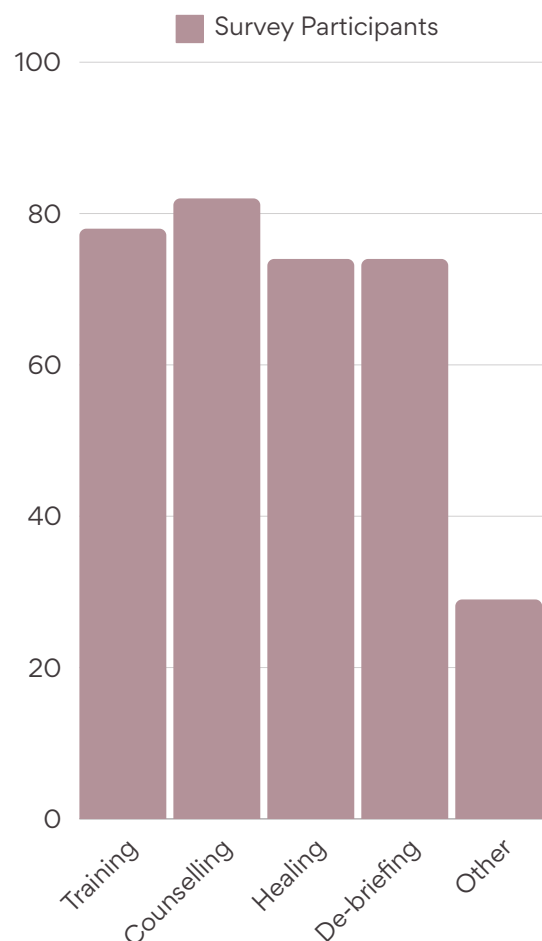
Member Safety and Support

Overall Findings

Seventy-four to 82% of survey respondents supported the provision of training, counselling, healing and debriefing to LEAG members. Consultation participants were particularly vocal about the need for members to be provided significant specialist supports to enable safe and effective participation in the LEAG.

Themes

Almost all participants pointed out that participation in the LEAG posed significant risk to member’s mental health and wellbeing, noting the real potential for retraumatisation. Members must invoke their own traumas to fulfill their roles and remain vulnerable to vicarious trauma by listening to other members’ experiences of abuse and harm. It is clear, there are unique imperatives for the LEAG to operate with psychologically safe practices, including trauma-informed management and facilitation.



Participants raised a variety of strategies for creating safety in the LEAG:

- Recruit people who are no longer in crisis and are stable (i.e., at least two years has past since their FDV experience). Kwobap Consultancy recommends the use of a self-assessment tool for LEAG applications to determine their readiness for the role.
- Recruit people who are able to look beyond their own trauma and work towards the LEAG's collective outcomes.
- Appointing a Chair with highly developed skills in trauma-informed facilitation (e.g. reminding members they can take a short break, they are safe to speak out etc.).
- Reminding members they can resign from the group at any time, with full support and dignity.
- Providing specialist trauma or FDV counselling to members.
- Providing healing options, this was suggested for Aboriginal members but would be applicable to all members.
- Providing pre and post meeting debriefing opportunities.
- Actively building group cohesion and safety e.g. paid participation two days per year for members to attend conferences, access seminars, healing and professional development as a team.

Despite taking the precautions above, there is no way to ensure members entirely avoid re-traumatisation. Healing and recovery is not a linear process. There were many accounts from participants of members in equivalent groups becoming over reliant on secretariat staff for support. Maintaining clear boundaries of the scope of supports is important, while also empowering members to take responsibility for their own self-care and safety.

Training

Most participants believed LEAG members needed access to training to fulfill their roles safely and effectively. Some participants pointed out that the LEAG will be an important avenue for members to develop their professional experience, knowledge and skills. The main training suggested was for members to complete was Lived Experience Speaker Training to develop skills in applying their personal story to a strategic context. Likewise, a comprehensive Induction was considered vital. Training to strengthen trauma-informed practices in the LEAG (for both members and Secretariat) was strongly encouraged by participants, and there were calls for members to attend and/or present at FDV conferences.

In summary, providing a platform for people with lived experience of FDV to share their stories requires additional resources to mitigate safety risks and to provide additional time, staffing and external supports. Having a range of support options for members is also important as what works for one person is not necessarily appropriate for another.

“Set very clear boundaries about role and scope, and not supporting members as Case Workers, link them to supports but do not actively provide it. Members should be treated as employees.”

Consultation participant

In view of the significant safety risks identified by project participants, Kwobap Consultancy has included in the Terms of Reference guidance for members to develop a Professional Development and Self-Care & Safety Plan. These costs need to be included in the LEAG's budget.

Summary

In total, this project involved 472 survey or consultation responses. It was clear that many people have experienced FDV, including the enormous harm, injustice and poor, stretched, or absent services that sit in the sector. It is apparent that there is enormous appetite in the WA community for the State Government to begin genuinely listening to the expertise of people with lived experience of FDV and for new, community-driven voices to finally start informing responses to the issue.

Participants acknowledged that FDV is experienced by all sections of society and diversity of demographic backgrounds and of experiences of FDV is essential to reflect in the composition of the LEAG. Likewise, the LEAG will need extra care and resourcing to provide members with a safe, trauma informed environment.

Community hopes for the new LEAG are high. It was seen as the start of a new chapter, or a stepping stone, for lived experience expertise to begin influencing the FDV sector and to develop its own professional spaces. Kowbap Consultancy has used these findings to develop the LEAG's Terms of Reference, found in the following chapter. Much thought was taken to fairly reflect community expectations of the LEAG, to make the group accountable and transparent and to create operating procedures that are clear in scope and roles and are genuinely trauma-informed. Overall, the aim of the Terms of Reference is to position the LEAG to recruit members who are community based, but who can also start strategic conversations and drive change at the rapid pace this issue calls for.

4. TERMS OF REFERENCE

This chapter contains the proposed operating model or Terms of Reference for the FDV LEAG.

Terms of Reference

Family and Domestic Violence Lived Experience Advisory Group

Background

In 2023, the Hon. Sabine Winton MLA, Minister for Prevention of Family and Domestic Violence (the Minister) established a time-limited Family and Domestic Violence (FDV) Taskforce to help guide the State's efforts to address the FDV crisis. One of the Taskforce's first actions was to establish a Lived Experience Advisory Group (LEAG) to place the experience and voices of victim survivors at the centre of FDV policy and service design in Western Australia (WA).

This document details the purpose, scope and operating rules of the LEAG and was informed by the best practice literature and by consulting and surveying people with lived experience of FDV and other stakeholders across WA.

Purpose

The LEAG will establish a formal mechanism for people with lived experience of family and domestic violence to give strategic advice to the Minister for Prevention of Family and Domestic Violence on the reforms needed to improve responses to family and domestic violence and outcomes for victim-survivors.

LEAG Members and the Minister jointly develop an Annual Workplan based on shared strategic priorities. The Annual Work Plan will include time-based and clearly defined priority areas and goals, though have some flexibility to respond to emerging issues if they arise.

Aligned to the Annual Workplan, the LEAG:

- Provides advice and proposes actions to the Minister or other Ministers, Government Committees and Departments in related portfolios on matters.
- Provides advice and proposes actions to inform the design of FDV laws, policies, services, and programs. This includes being engaged in early planning and reviewing related draft documents (e.g. draft legislation, strategies, policies, programs or Tender Requests).
- Provides advice and proposes actions on the State's implementation of:
 - The reform program developed by the FDV Taskforce.
 - Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030,
 - Aboriginal Family Safety Strategy 2022 – 2032.

This includes reviewing monitoring activities, evaluations, and Action Plans to track implementation progress.

- Provides advice and proposes actions on further developing and integrating lived experience expertise in the FDV sector.
- Supports grassroots information sharing and consultation processes to enable community input to the LEAG and to the major law and policy initiatives impacting people experiencing FDV in WA.

Out-of-scope

- The LEAG does not represent any specific organisations, religions, or services.
- The LEAG is not a platform for members to pursue their individual reform agendas without the collaborative and collective discussion and decision-making of the wider group.
- The LEAG cannot provide members significant emotional or practical supports outside the scope of each member's annual Professional Development and Self-Care & Safety Plan (detailed further below).

Powers

The LEAG is a non-statutory advisory body. Without legislated powers, it does not have any delegated authority to act on behalf of or commit the State Government to any actions.

Principles

LEAG activities and members are guided by the following principles:

- Trauma-informed
- Culturally safe
- Accountable
- Empowering
- Dignity and Respect
- Confidentiality
- Compassionate
- Inclusive
- Diversity
- Integrity.

Roles and Responsibilities

The LEAG comprises up to 12 members, including one Chair. The Department of Communities (Communities) provides secretariat support.

Chairperson

There is one Chair who is responsible for providing trauma-informed facilitation and group leadership including:

- Preparing LEAG papers in line with the Terms of Reference.
- Preparing Meeting Agendas and the Annual Work Plan with all members.
- Carefully facilitating constructive and collaborative team discussions and relations.
- Empowering contributions from all members in diverse and flexible ways if needed.
- Promoting a culture of dignity, emotional safety and constructive challenge and debate.
- Running meetings to schedule.

- Driving the delivery of agreed actions arising from meetings and reporting back at each meeting on the progress of meeting action items using the Advice & Actions Register.
- Drafting Briefing Notes with formal LEAG advice and proposed actions.
- Drafting a brief public Communique to summarise meeting discussions and outcomes.
- Determining the necessary approach for members with any conflicts of interest.
- Liaising and meeting with the Minister and other stakeholders where necessary.
- Leading the annual review of LEAG operations and performance.

Members of the LEAG are responsible for:

- Attending meetings and sharing their lived experience expertise to consider and discuss items on the meeting Agenda and to collectively develop formal advice to the Minister and other stakeholders.
- Allocating time to read papers prior to meetings and any out-of-session matters that arise.
- Working collaboratively with each other and staff to achieve the LEAG's purpose. This can include liaising with each other outside of meetings to discuss LEAG matters by email or phone (not public communication channels).
- Upon request of the Chair, attend meetings with the Minister and other stakeholders to verbally deliver formal LEAG advice and provide explanation, context, and clarification.
- Advocating for and representing the wider community of people with lived experience of FDV.
- Upholding a duty of care to keep themselves, other members, and Secretariat staff safe and to remain safe.
- Maintaining the confidentiality of all meeting discussions and any sensitive information, such as the identities and details of other LEAG members.
- Reporting any actual or perceived conflict of interest to the secretariat and to the LEAG at the start of meetings.
- Applying the LEAG principles in their participation at meetings by creating a culturally-safe space, empowering diverse perspectives to be heard, and showing each other compassion.

Minister

The Minister and the Minister's Office is responsible for:

- Providing a list of priority actions to co-develop the Annual Workplan with the LEAG.
- Attending four LEAG meetings in person each year (approximately quarterly).
- Liaising with Members of Parliament and other Ministerial offices on matters relating to the LEAG.
- Championing, promoting, and raising the profile of the LEAG in Parliament, and to community members and other stakeholders.
- Developing a schedule of regular feedback to members, outlining responses and outcomes achieved from the LEAG's advice and proposed actions.

Secretariat

The Secretariat supports the Chair and members and is responsible for:

- Establishing and supporting Selection Panels for recruiting members.
- Onboarding new LEAG members through provision of Induction, relevant documents, governance materials and/or training.
- Liaising with the Chair prior to preparing each Agenda, to determine the priority of issues to be addressed at each meeting.
- Circulating Agenda and associated papers.
- Arrange the meeting venues.
- Sending invitations to the meeting location, date, and time.
- Booking any necessary travel and accommodation for Members to attend meetings.
- Taking meeting minutes and distributing to members.
- Maintaining the Advice & Actions Register.
- Processing sitting fees for members.
- Ensuring that LEAG members are provided documents, information, and data to enable them to fulfill their role, and this may include arranging pre-meeting briefings, training on governance, understanding legislation etc.

Sub-committees

Sub-committees may be created to focus on specific issues (either time limited or ongoing) aligning to the Annual Work Plan. The roles and responsibilities of members in these terms of reference apply to sub-committees.

A dedicated Aboriginal Sub-committee should operate ongoing to complement the work of the LEAG and provide added focus on overseeing the implementation of the Aboriginal Family Safety Strategy 2022–2032 and matters in the Annual Work Plan specific to Aboriginal people and services.

Meetings

Acknowledgement of Country and Principles

Every meeting will start with an Acknowledgement of Country and recognition of the LEAG's principles, included as standing agenda items.

Frequency and length

Meetings are held for up to 3 hours (inclusive of a 30-minute break) every 8 weeks (bi-monthly). An annual calendar of meetings is confirmed by the Chair, with the Secretariat to distribute it to members.

Meetings may be held more frequently if required, as determined by the Minister or the Chair, noting that the initial establishment phase may require additional meetings or urgent matters may arise for the group to consider. Alternatively, when there is a need for urgent or timely advice, items may be circulated out-of-session.

Agendas and Minutes

Meeting Agendas and papers will be circulated by the Secretariat approximately five business days prior to the meeting date. The Minutes should:

- Be clear and accurate and circulated in draft for members to confirm at the next meeting.
- Have formal advice and proposed actions recorded in an Advice & Actions Register.
- Record any instances of a conflict of interest (add as Agenda Item).
- Be accepted by the members and approved by the Chair (add as Agenda Item).
- Once reviewed and accepted, stored centrally and electronically for members to access.

Member Attendance

Members are encouraged to attend all meetings, proxies are not allowed. When a member is unable to attend they should advise the Chair and the Secretariat in advance and arrange for another member to communicate their views at the meeting or provide notes to the Chair regarding their views on the papers (for incorporating into the LEAG's meeting discussion).

Decision-making

A quorum is reached if more than 50 per cent of members are present. Members will try to reach a consensus view (i.e., collective agreement) on matters being considered. Where consensus is not reached; the majority view will be documented and the minutes will reflect any dissenting views.

Location

Meeting locations will be decided by members and the Chair in the Annual Work Plan. Meetings are held either at Communities or other metropolitan locations, with the option of holding two meetings per year in regional areas.

Members can attend meetings online but are encouraged to commit to attending at least half the annual meetings in person to support group cohesion.

Guests

The LEAG may invite non-members or guests to attend meetings to provide information, expert advice or observe proceedings. Guests speak to specific agenda items and may be asked to join the meeting for a specific item only. All guests have no voting rights and need to respect meeting confidentiality.

Guests may include people from:

- Government (Ministers or Department agencies).
- Peak bodies.
- Aboriginal community-controlled organisations.
- FDV service providers.
- Lived experience.
- Higher education.

Communication and Reporting

Members will be given access to a central online site (e.g., SharePoint or equivalent) where:

- The Secretariat will save relevant resources and meeting documentation.
- Members can easily communicate with each other out of session.

Briefing Note

If a LEAG meeting results in the development of formal advice and proposes actions, the Chair drafts a Briefing Note and supporting papers (if applicable) for the Secretariat to distribute to the Minister or other Ministers, Government Committees and Departments in related portfolios. This may involve the Secretariat arranging an in-person meeting for the Chair (and if necessary other members) to discuss and clarify the LEAG's advice with the Briefing Note recipients.

Public Communique

To support transparency and accountability of the LEAG, the Chair will draft a public Communique after each meeting to summarise key discussion topics and meeting outcomes, which will be distributed for members review and confirmation with the Meeting Minutes.

The secretariat maintains a list of email recipients who have expressed interest in receiving ongoing information and updates about the LEAG and distribute the Communique to the list. The Communique is also posted on the Communities public website. The LEAG publishes an Annual Dashboard summarising the progress of its advice and proposed actions.

Membership

Composition

The FDV LEAG has up to 12 members including the Chair. The LEAG seeks to include the lived experience of a range of FDV relationships (e.g., intimate partner abuse, elder abuse, carer abuse, extended family and kinship abuse) and abuse types (e.g., physical, verbal, emotional, financial, sexual, visa, and spiritual).

The LEAG also strives to have membership that represents WA's diverse population, emphasising representation from people who are:

- Aboriginal and Torres Strait Islander.
- Lesbian, gay, bisexual, transgender, queer, intersex, asexual and others LGBTQIA+.
- From multicultural and multifaith backgrounds, including new migrants and culturally and linguistically diverse backgrounds.
- From regional and remote WA.
- Of varied socio-economic status.
- With disability.
- Of mixed ages, including older or seniors and young (18-25 years of age).
- Men.

Of the 12 LEAG positions:

- Four to six positions are filled by Aboriginal people, including the role of Chair.
- The majority (or a minimum of 10) are for primary victims or victim-survivors.
- No more than two positions are filled by men.

Eligibility

All members need lived experience of FDV (i.e., they are the primary victim or victim survivor, or they are the families and carers directly impacted by FDV as secondary victims).

To foster robust trauma-informed approaches in the LEAG, people appointed to the role of Chair:

- Have highly developed skills in trauma-informed practice and preferably facilitation.
- Can 'walk both worlds' between Aboriginal and non-Aboriginal worlds and approaches.
- Consistently link discussion of lived experiences to the priorities in the Annual Work Plan.
- Skilfully prioritise competing agendas and manage group expectations.

Due to the high-level and time critical need for lived experience expertise to begin informing government responses to FDV, members need to meet most of the following selection criteria:

- Experience in applying lived experience and/or sector and professional expertise to influence and shape government responses and outcomes.
- Maturity and skill to adopt an intersectional lens while valuing and representing diverse views and experiences of FDV and advocating for system-wide change beyond individual personal experience.
- Understanding of current government and sector systems, processes, services, and strategies.
- Ability to communicate safely and meaningfully with people with lived experience and diverse sector and professional backgrounds.
- Significant progress toward healing or recovery (i.e., members are considerably removed and recovered from immediate FDV risk or circumstances).

The purpose of the LEAG includes further building the capacity of the FDV system to integrate lived experience expertise and members provide advice and propose actions for further embedding diverse lived experience voices in alternative groups, the workforce and wider system structures.

Individuals are eligible to be members of the LEAG even if they are also a member or staff of other organisations or bodies though must follow the conflict-of-interest guidelines below.

Recruitment and Appointment

LEAG vacancies are widely advertised and interested people are invited to apply and participate in an Expression of Interest and selection process.

Where more than 12 applicants have met the membership selection criteria in any recruitment round, they will be placed in a Pool for 12 months and invited to fill unplanned vacancies without undergoing further selection process.

Members of the LEAG are recruited through a specially formed Selection Panel managed by the Secretariat, including representation from up to three people who meet all or some of the criteria below:

- Impartial person with FDV expertise from another Australian jurisdiction or impartial person in WA with human services expertise unrelated to FDV (at least one impartial person).
- Person with Lived Experience (at least one person).
- Aboriginal person from Western Australia.
- Person with demonstrated grassroots community links relating to the intended composition of the LEAG.
- Therapeutic specialist with FDV or trauma qualifications/experience.

Membership occurs on a rotating basis and there will be a staggered process of renewal. Members are appointed for either a two-year or three-year term. Members may be reappointed for another two-year term by the Selection Panel. Members can only be on the Advisory Council for two consecutive terms.

Resignation or cessation

At any time, a LEAG member is free to resign or retire, either verbally or in writing. As part of their ongoing self-care, members are encouraged to continually reflect on their safety and capacity for participating in the LEAG. If a member decides they are no longer able to participate, they can resign in good faith and with the confidence that their wellbeing is prioritised by the LEAG.

Other circumstances someone may lose their membership are if they:

- Pass away.
- Are convicted of an offence which, in the opinion of the Minister or the majority of LEAG members, is incompatible with the work undertaken by the LEAG.

- Are no longer considered by the Minister, or the majority of members in the LEAG, to be suitable or safe for membership. For example, this may be due to a significant breach of the Confidentiality Declaration or the Code of Conduct. Such a decision is not appealable.
- Are unavailable for three consecutive meetings or 50 percent of meetings in a year without apologies or leave.
- Have not responded to LEAG correspondence for a significant stretch of time (i.e. over 3 months).

Payment

LEAG members are paid a sitting fee in accordance with the State Governments Boards and Committees - Premier Circular 2023/02.

When needed, other costs associated with participation in the LEAG are also covered such as:

- Travel and accommodation to attend meetings (including flights, public transport, cab charges or parking costs).
- Interpreter.
- Food and refreshments for provision during meetings and for members who are travelling to attend meetings (including special dietary needs like vegan, Halal or Kosher certification).
- Childcare (either for a babysitter, childcare or bringing a support person to look after children).
- Supports identified each member's Professional Development and Self-Care & Safety Plan.

Safety

In WA, the Commission for Occupational Safety and Health administers the Occupational Safety and Health Act 1984 and recognises that everyone has a responsibility to recognise and manage potential "psychological hazards" in the workplace. In line with occupational health and safety laws, Communities, the Minister and members share a duty of care to each other (including all members and Secretariat staff) for the LEAG to be safe.

Communities will provide:

- Self-Assessment tool for prospective members to use to assess their readiness prior to applying and, if appointed, to conduct an annual reassessment.
- Funding allowance for members to implement a Professional Development and Self-care & Safety Plan, including access to ongoing training and up to 12 appointments per year with a specialist FDV or trauma practitioner or other trauma recovery therapies.
- Trauma-informed approach to all meetings and activities, including optional post-meeting debriefing and regular check-ins.

Members will:

- Follow the Code of Conduct.
- Take responsibility for seeking support and managing their safety and wellbeing (as needed), including the co-development a Professional Development and Self-Care/Safety Plan.

Professional Development and Self-Care & Safety Plan

The LEAG has an annual budget for training, professional development, and safety planning to support members to build the skills and knowledge they need to fulfill their roles safely and effectively. Upon appointment, members are provided with Induction, including a package containing information about:

- High level overview of FDV statistics.
- The role, responsibilities, and structure of government agencies and the wider FDV sector.
- High level mapping of current service system.
- Identification of current government FDV strategic priorities.
- Governance responsibilities relating to participation on the LEAG.

All members have or complete Lived Experience Speaker Training (or equivalent) prior to or when commencing their appointment to the LEAG.

Members co-develop with the Secretariat a funded annual *Professional Development and Self-Care & Safety Plan* to determine their professional development and safety needs, including (but not limited to):

- Training for Trauma-informed Ways of Working; Aboriginal Culture and others.
- FDV Conference presentation or attendance.
- Mentorship opportunities.
- Up to 12 appointments per year with a specialist FDV and/or trauma practitioner.
- Trauma-informed yoga, breathing and mediation practices.
- Other interventions designed to support personal wellbeing, trauma recovery, healing and to minimise any identified safety risks arising from participation in the LEAG, such as vicarious trauma.

Every year, the LEAG meets twice for one day, to build strong relationships and trust between members. Members can decide to hold activities such as a Healing Day, an information seminar with a guest speaker, team building exercise or informal meetings over food and refreshments. Members are paid for their participation.

Confidentiality

Members will access confidential information, including the personal experiences shared by members and information provided by government. Members treat this information as strictly confidential and sign a Confidentiality Declaration.

The LEAG will maintain members' privacy and will not share their personal information without consent. Information shared will only be used for the purpose stated in any consultation. Permission will be sought to share feedback more broadly

and where feedback is shared, generic terms will be used so that members cannot easily be identified.

To enhance knowledge and understanding of current issues and trends affecting people experiencing FDV in the community, members are encouraged to informally discuss issues with their networks. However, members of the LEAG must keep LEAG discussions and papers confidential and refer to the content of public Communiques as a source of approved information sharing. Members of the LEAG are not to make any comments to the media, share information online (including to social media platforms), or publish details of the LEAG's activities (beyond the public Communique) without consulting the Chair and Secretariat and receiving written approval to do so.

Conflict of Interest

Members declare all real, potential, or perceived conflicts of interest. The Chair advises if the Member should not participate in any related discussions. Conflicts of interest are recorded in the Minutes.

Review

The LEAG conducts an annual review and self-assessment to reflect on its effectiveness and whether it is meeting its purpose. This involves examining the LEAG Advice & Actions Register and inviting and considering feedback from the Secretariat, the Minister, and other stakeholders on the effectiveness of its advice and proposed actions.

The annual review will include the re-evaluation of the Terms of Reference using co-design principles to assess if it is still fit for purpose or if changes are required to (as examples) increase effectiveness, minimise administrative burden, improve accessibility or reflect new State Government priorities, and legislation.

Document Control

Version	Date	Author	Comments
1	10 March 2024		First Draft

Members can seek immediate support from the following services:

General
National Domestic Family & Sexual Violence Counselling 1800 737 732 Full Stop Australia National Violence & Abuse Trauma Counselling, Recovery Service (24/7) 1800 385 578
Women
Women’s Domestic Violence Helpline 1800 007 339
Men
Men’s Domestic Violence Helpline 1800 000 599 Mensline Australia 1300 78 99 78
Aboriginal
13 YARN 13 92 76 Brother to Brother Crisis Support (24/7) 1800 435 799
LGBTQIA+
Rainbow Sexual, Domestic and Family Violence Helpline 1800 497 212
Older Persons
Ageing and Disability Abuse Helpline 1800 628 221 Elder Abuse Help Line 1300 651 192
Crisis
Lifeline 13 11 14 Suicide Call Back Service 1300 659 467 Emergency Services 000

5. LITERATURE REVIEW

Learnings and key evidence for how lived experience groups can be best supported and made accessible for participation of people with specific needs.

Introduction

This paper details the findings of a review of the literature regarding the engagement of people with lived experiences of complex issues like poor mental health, homelessness and family and domestic violence (FDV), and their navigation of support services. Specifically, the review sought to identify the:

- Benefits and challenges of engaging people with lived experiences in professional contexts.
- Types of supports needed to engage people safely and effectively with lived experiences.
- Strategies for improving access and participation in lived experience roles of people with diverse and specific needs, such as people with disabilities or from Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) and LGBTIQ+ communities.

Context

In 2023, the State Government in Western Australia established a special Taskforce to help guide the State's efforts to address family and domestic violence. One of the Taskforce's first actions is to establish a Lived Experience Advisory Group that will operate as a consultative body and place the experiences and voices of victim survivors at the centre of family violence policy and service design.

The Department engaged Kwobap Consultancy to assist with the design of the model. The deliverables for this piece of work are:

- 1. A report describing options for a proposed operating model for the advisory group, encompassing its purpose, role, membership (criteria), structure, connection points to existing Governance groups and operating principles. The report should provide justification for the proposed options, including risks and benefits
- 2. Draft Terms of Reference for the advisory group, and other key document as needed to support their operation (to be negotiated with the Department of Communities).
- 3. A stakeholder register and consultation summary report that provides an overview of consultant engagements, stakeholder details, issues raised and a summary of consultation outcomes.
- 4. Findings from the jurisdictional scan and analysis, including best practice and comparable entities from other jurisdictions.

Methodology

The literature review involved online desktop research of publicly available information and included grey (non-academic) literature, such as reports, websites, frameworks, strategies, as well as academic or peer reviewed publications. Key search phrases, such as “lived experience evidence”, “lived experience best practice” and “supporting lived experience,” were used to identify sources on Google, which were then reviewed for their content and reference lists.

Background

The literature review found that the benefits of engaging people with lived experiences in informing service design and reform, and better meeting the service needs of community members are becoming more well known. As one American publication stated in 2021, “there is growing interest in refining, improving, and expanding these kinds of [lived experience] engagements, particularly among health and human services programs.”[1]

Overall, Kwobap Consultancy found that the topic of how to engage and support people with lived experiences of family and domestic violence is still very much in its infancy [2]. The majority of evidence and publications concerning lived experience groups and roles derives from the mental health space, which has a longer history of incorporating lived experiences in service design, implementation, and workforce development than other human service portfolio areas [3]. In Australia, the mental health sector has been engaging lived experience participants since the early 1990s [4]. At its roots, the engagement of people with lived experiences has been driven by “an ethical imperative and anti-oppressive practice in the context of inequities that have occurred in healthcare research and clinical practice, and indeed emerged from disability rights and consumer/survivor movements.”[5]

“The lived experience evidence base has “been derived largely from qualitative studies, commentaries, and descriptive pieces highlighting the experiences of those engaged, which has been expressed as a limitation.”

Hawke, L.D., et al., 2023

[1] Skelton-Wilson, S., Sandoval-Lunn, M., Zhang, X., Stern, F., & Kendall, J. (2021). *Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice*. Washington, DC: Office of The Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

[2] Domestic Violence Victoria and University of Melbourne. *The Family Violence Experts by Experience Framework 2020*.

[3] Basset, T; Faulkner, A; Repper, J and Stamou, E (2010), *Lived Experience Leading the Way: Peer Support in Mental Health*. London: Together for Mental Wellbeing; Sunkel, C. and Sartor, C. 2022. *Perspectives: Involving Persons with Lived of Mental Health Conditions in Service Delivery, Development and Leadership*. *Bulletin of the Royal College of Psychiatrists* 46, 160–164.

[4] Byrne, L. (2017) *Promoting Lived Experience Perspective: Discussion Paper Prepared for the Queensland Mental Health Commission*.

[5] Hawke, L.D., Sheikhan, N.Y., Roberts, S. et al. (2023) *Research Evidence*.

It is worth noting that while the field of mental health has been actively engaging people with lived experiences in a variety of contexts for many years, the empirical research or evidence base on the effectiveness and outcomes of these engagements has notable gaps [6]. Despite some of these limitations, there is enough overlap between mental health and FDV issues and services that enable this review to draw on the mental health literature and extrapolate key findings to the FDV context.

Note on terminology

There is a notable lack of consensus and significant variation in the lived experience literature regarding the use and definition of key terms [7]. For example, the literature uses different names for lived experience roles, such as “people with lived experience,” “victim survivor advocates,” “lived experience experts,” “lived experience practitioners,” “peers” or “peer workers,” ‘consumers,’ or “consumer representatives.”[8] This review drew on publications that used all these varied terms but have chosen to refer to ‘people with lived experiences’.

[6] Hawke, L.D., Sheikhan, N.Y., Roberts, S. et al. (2023) Research Evidence.

[7] Hawke, L.D., Sheikhan, N.Y., Roberts, S. et al. (2023) Research Evidence.

[8] Ibid.

What are the Benefits and Challenges of a Lived Experience Advisory Group?

This section outlines what the literatures suggests are the common benefits and challenges of engaging people with lived experiences and provides background to the remaining two chapters which discusses supports that are needed and how to engage people with diverse needs.

Overall findings

The literature highlights that people with lived experiences who are engaged in dedicated lived experience roles can experience significant benefits and an overall increase in personal and professional empowerment, and even therapeutic recovery. The literature further highlights how engaging people with lived experience leads to organisational and systemic benefits by improving and strengthening human service and policy design and implementation. Whilst the benefits discussed in the literature are widespread and significant, there are also some common challenges and barriers to engaging people with lived experiences, which are detailed further below.

Benefits

Organisational and systemic improvement

The literature highlights the organisational and systemic benefits of engaging people with lived experiences in human service design, workforces, and leadership [9]. Lived experience experts can help an organisation and its staff to achieve a clearer understanding of core issues, client needs and how to better service a wider range of community members [10]. It can also increase an organisation's credibility to the public and other stakeholders.

“Lived experience advocates have ... challenged the status quo and taken a stand on a human rights perspective as the foundation of change, transformation and systems strengthening. Building on this, there is growing recognition of the value of persons with lived experience as agents of change through contributing their unique expertise, in-depth knowledge of navigating systems, first-hand experience of segregation and discrimination, and their ability to provide high-level and practical solutions. This recognition places persons with lived experience as experts by experience and leaders of development and change, through their influence on policy and practice.”

Charlene Sunkel and Claudia Sartor 2022

[9] Byrne, L. & Wykes, T. (2020)

“A role for lived experience mental health leadership in the age of Covid-19,” *Journal of Mental Health*, 29:3, 243-246.

[10] Mind. *Mental Health and Physical Activity Toolkit Guide 3 Involving People with Lived Experience of Mental Health Problems in the Design And Delivery of Your Work.*

By giving a voice to people who have been traditionally silenced within mainstream professional and service contexts, it is commonly espoused that lived experience engagement helps to design and implement more effective human service systems and policies that better support the people using them [11].

Therapeutic and healing value

Studies and publications almost unanimously point to the personal benefits for people engaged in lived experience roles, such as improved feelings of self-worth, confidence, acceptance, solidarity, belonging, friendship, social connectedness, hope, and motivation [12].

The literature commonly goes further to suggest that one of the main benefits for people in lived experience roles is the therapeutic effects of belonging to a group of people with shared values and aims. In some cases, people in lived experience roles are better equipped to overcome the issues that mainstream services have been unable to assist with, thereby contributing to their healing and trauma recovery [13].

“The lived experience evidence base has “been derived largely from qualitative studies, commentaries, and descriptive pieces highlighting the experiences of those engaged, which has been expressed as a limitation.”

Hawke, L.D., et al., 2023

Professional development

Lived experience roles can also help people’s professional development by providing learnings and experiences that can increase their suitability for further employment and assist them to achieve professional goals [14]. As noted by Byrne and Wykes (2020), “Lived experience is a discipline and on the way to becoming a recognised profession”, [15] which is supporting the professional skill development and pathways to employment for people with lived experiences.

[11] Basset, T. et al (2010), Lived Experience Leading; Mind. Mental Health and Physical Activity Toolkit; Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies; Family Safety Victoria. Family Violence Lived Experience Strategy 2022; Welford, J., Milner, C. & Moreton, R. (2021) Involving People with Lived Experience in The Workforce: Workforce Development and Multiple Disadvantage. Evaluation of Fulfilling Lives: Supporting People Experiencing Multiple Disadvantage. CFE Research and The University of Sheffield, with the Systems Change Action Network

[12] Basset, T. et al (2010), Lived Experience Leading.

[13] Ibid.

Basset, T. et al (2010), Lived Experience Leading; Mind. Mental Health and Physical Activity Toolkit; The Democratic Society. (2022) Engaging people with Lived Experience: Best Practice, Challenges and Opportunities. Commissioned by Health and Social Care Alliance Scotland; Welford, J., et al. (2021). Involving People.

[14] Byrne, L. & Wykes, T. (2020) “A role for lived experience.”

[15] Domestic Violence Victoria. The Family Violence Experts; Basset, T. et al (2010), Lived Experience Leading.

Challenges

Role clarity and influence

The literature frequently observes that people engaged for their lived experiences can develop frustrations with the parameters and limitations of their role [16]. Common frustrations with roles and responsibilities relate to how lived experience roles or groups can maintain independence and flexibility within bureaucratic contexts or how they can avoid getting too involved and inadvertently crossing expectations and role boundaries [17].

The most common frustration described in the literature by people with lived experience relates to their perceived lack of authority to inform decisions or a lack of genuine engagement. Sometimes the literature refers to the risks of “authentic and effective engagement, versus tokenism,” [18] usually noting it’s important to ensure that the engagement of people with lived experience avoids “tokenistic” gestures. Tokenism may even reinforce the disempowerment and trauma experienced by people with lived experience by reproducing the exclusionary effects of existing service systems which often silence lived experience perspectives [19].

Similarly, one journal article noted that there can be a notable divergence between professional expressions of valuing lived experience input, but then having trouble accepting lived experience advice [20]. Some of the common ways lived experience advice is avoided or diluted is “to filter which person or persons to consult” or “to filter out questions that may draw a challenging response.” [21]

In the Aboriginal context, the issue of “tokenistic” engagements is particularly sensitive. The Productivity Commission’s Review of the National Agreement on Closing the Gap (Draft Report 2023) found that there was a widespread view amongst Aboriginal stakeholders “that engagements can still feel tokenistic, as if they are being conducted to tick a box when the particular policy or program has already been decided upon.” The literature clearly emphasises that conditional or diluted forms of engagement risk negative perceptions of “tokenism” and will be unable to support meaningful system reform.

Managing wellbeing

For people with lived experiences being engaged in various professional roles, drawing on their experiences of traumatic and complex issues can be stressful and

[17] Basset, T. et al (2010), Lived Experience Leading.

[18] Daya, I., Hamilton, B. and Roper, C. (2020), Authentic Engagement: A Conceptual Model for Welcoming Diverse and Challenging Consumer And Survivor Views in Mental Health Research, Policy, And Practice. International Journal of Mental Health Nursing, 29: 299-311.

[19] Domestic Violence Victoria. The Family Violence Experts; Alison, 2019.

[20] Daya, I., Hamilton, B. and Roper, C. (2020), Authentic engagement.

[21] Ibid.

triggering [22]. Many “people with lived experience lack the confidence or ability to articulate their views,” [23] and they can be managing a variety of physical and/or mental conditions. In turn, talking about their experiences, and hearing other peoples’, can be emotionally taxing and even retraumatising. As one study stated in 2023, lived experience work “is intensely emotionally challenging and draining, and it requires courage in showing vulnerability.”[24]

The experiences of Aboriginal and Torres Strait Islander people are however different to other people as they continue to be impacted by colonisation, “disadvantage, racism, lack of acknowledgement of cultural differences and exclusion” [25]. For Aboriginal and/or Torres Strait people who identify with more than one vulnerability, such as LGBTIQ+ community members, more severe experiences of powerlessness and lack of understanding by service providers was reported. This group felt there was even less visibility, increased discrimination, isolation and racism [26]. Lack of understanding of these ongoing complex issues for Aboriginal and Torres Strait Islander community members can increase feelings of powerlessness, reduce people’s ability and willingness to engage and compound trauma.

A review of Indigenous lived experiences of suicide found that “the inclusion for those with lived experience can have negative implications if undertaken incorrectly. There is genuine concern that the exploration of complex traumas experienced by Indigenous lived experience experts could potentially exacerbate such trauma.”[27] The literature indicates that when engaging people with lived experiences, it is extra important to implement strategies to support their health and wellbeing and minimise the potential for re-traumatisation.

Resourcing

A current barrier identified in the literature to better engaging lived experience expertise is a lack of adequate funding and resourcing [28]. In order to create an effective lived experience group, workforce or role, there needs to be adequate funding to provide the necessary ongoing supports and organisational infrastructure.

[22] Domestic Violence Victoria. The Family Violence Experts; CFE Research (2020). The Role of Lived Experience in Creating Systems Change Evaluation of Fulfilling Lives: Supporting People with Multiple Needs.

[23] Byrne L, Wykes T. (2020) A role for lived experience mental health leadership in the age of Covid-19. *Journal of Mental Health*; 29: 243–6 quoted in Sunkel, C. and Sartor, C. 2022. Perspectives.

[24] Hawgood, J., Rimkeviciene, J., Gibson, M., McGrath, M., Edwards, B., Ross, V., Kresin, T., & Kolves, K. (2023). Informing and Sustaining Participation of Lived Experience in the Suicide Prevention Workforce. *International Journal of Environmental Research and Public Health*. Feb 10;20(4).

[25] Dudgeon, P., Rouhani, L., Darwin, L. & Boe, M. (2018) Indigenous Lived Experience of Suicide: Literature Review. Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. The University of Western Australia.

[26] Ibid.

[27] Ibid.

[28] Domestic Violence Victoria. The Family Violence Experts; Basset, T. et al (2010), Lived Experience Leading.

As noted above, the wellbeing of people with lived experiences can be put at risk when they are engaged to continually draw on their complex and traumatic circumstances. The literature notes that it can be a challenge for organisational leadership to properly fund lived experience engagements without recognising these risks and providing the necessary recourses to maintain their ethical and occupational health and safety obligations.

Stereotypes

Mainstream culture (popular and organisational) may reduce the effectiveness or credibility of lived experience roles through common myths and misconceptions.[29] For example, there may be certain stigma surrounding complex issues like family and domestic violence that can create negative perceptions or insensitivity to people with lived experiences. This can arise from outdated, yet still common, misconceptions and stereotypes, such as:

- “Family violence only happens to poor uneducated women or women who can’t stand up for themselves”.
- “If it’s that bad, why don’t they just leave?”[30]

These cultural attitudes can lead to prejudice and discrimination in the workplace as well as other contexts, which can impact people with lived experiences and the quality of their engagements [31].

Socioeconomic inequalities

The literature indicates that socioeconomic factors, such as limited education, unemployment, poverty, and other social inequities, can act as barriers to people participating in lived experience roles [1]. In addition, the literature commonly points to the existence of power inequalities between lived experience advocates and the professional staff who comprise the services supporting or treating them.[2] The chapters below provide more information about how the challenges and barriers discussed above can be addressed and minimised.

“

“... involving people with lived experience requires communication, time, and resources for a meaningful, inclusive, and impactful engagement.”

*The Democratic Society,
2022.*

”

[29] Basset, T. et al (2010), Lived Experience Leading; Byrne, L., Roper, C., Happell, B., & Reid-Searl, K. (2019) The Stigma of Identifying as Having a Lived Experience Runs Before Me: Challenges for Lived Experience Roles. Journal of Mental Health 28, 260-266.; Byrne, L. (2017) Promoting Lived Experience.

[30] Safe+Equal. Family Violence Myths.

[31] Sunkel, C. and Sartor, C. 2022. Perspectives.

[32] Ibid.

[33] Ibid.

How to Support a Lived Experience Advisory Group?

This section outlines the types of supports the literature indicates are necessary to engage lived experience experts safely and effectively.

Overall findings

The literature very clearly states that people who draw on their lived experiences in various types of professional roles require significant supports to effectively manage their wellbeing and to ensure that organisational health and safety protocols are respected.[34]

Legislative context

In WA, the Occupational Safety and Health Act 1984 (the OSH Act) is administered by the Commission for Occupational Safety and Health (the Commission). The Commission released the Code of Practice – Psychosocial Hazards in the Workplace (2022) which aims to “provide practical guidance for workplaces where people may be exposed to psychosocial hazards such as stress, fatigue and burnout.” [35] Heightened risk of psychological harms in the workplace apply to people: “who are younger, in training, older, or who are new to the organisation or doing new tasks from culturally and linguistically diverse (CALD) backgrounds who have experienced work-related injury, illness or previous exposure to a traumatic event.”[36]

Kwobap Consultancy notes these cohorts strongly align to the likely membership of a Lived Experience Advisory Group for family and domestic violence. As stated in the Code of Practice, the OSH Act places mutual responsibilities on employers and employees to identify and manage health and safety (including psychological health) in work environments. In turn, a Lived Experience Advisory Group for family and domestic violence will need to consider and identify the responsibilities of both Communities and members in maintaining the safety and wellbeing of the group and its individual members.

Role clarity and accountability

A theme in the lived experience literature is the importance of providing clear guidelines for roles and responsibilities, accountability, and governance.[37] A successful lived experience group requires strong leadership and skilful facilitation, as well as shared vision and values by the group.[38]

[34] Domestic Violence Victoria. The Family Violence Experts.

[35] Commission for Occupational Safety and Health (2022) Code of Practice Psychosocial Hazards in the Workplace. Department of Mines, Industry Regulation and Safety.

[36] Ibid.

[37] Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies; The Democratic Society. (2022) Engaging People.

[38] Dorozenko, K. P., Ridley, S., Martin, R., & Mahboub, L. (2016). A journey of embedding mental health lived experience in social work education. *Social Work Education*, 35(8), 905–917.

People with lived experience

Role clarity is particularly important to avoid perceptions of “tokenism” or potential burnout, this can include providing clear information to people about the time and skills needed to perform the lived experience role and a description of the specific activities associated with the role that must be “thoughtful, intentional, inclusive, and purposeful engagement.”[39] In particular, the degree of influence and authority a lived experience role has should be communicated clearly from the outset to manage expectations with full transparency.

“Organisations need to be very clear upfront about the role or roles they are seeking to fill, their expectations of the work and workload involved, levels of reward or remuneration, and what supports will be provided to individuals.”

Mental Health Commission,
2019.

Organisations

A “committed leadership” is considered a success factor in lived experience initiatives, [40] and this extends to clearly describing how organisations will receive lived experience advice, and the level of their commitment to carefully consider and action it. It also needs to remain clear that while lived experience advisory groups can promote and inform change, they cannot accomplish significant system reform without a whole-of-system or government approach to support reform and cultural change in language, practices, strategies, policies and procedures [41]. This can mean that organisations like Communities engaging people with lived experience need to commit to identifying and addressing the potential stigma and discrimination faced by lived experience workers in their own organisation [42].

One strategy discussed in the literature to strengthen the accountability of lived experience roles is to create formal mechanisms for members to provide feedback or complaints about their role, wellbeing and perceptions of change and influence. In a study by Curtin University this meant having members of a lived experience group complete a brief survey after each meeting to invite feedback and continually gauge how safe and supported the members felt [43].

Another strategy to strengthen accountability discussed in the literature is to implement ongoing monitoring and evaluation of the Lived Experience Advisory Group for the purpose of continuous improvement. This includes developing “feedback loops” to obtain ongoing feedback from lived experience practitioners to inform practice.[44] Kwobap Consultancy has included in Appendix A an example of a Program Logic for lived experience group that can be adapted to inform the development of similar logic model for the proposed Communities Lived Experience Advisory Group.

[41] Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies

[42] Ibid.

[41] Basset, T. et al (2010), Lived Experience Leading.

[42] Byrne, L. et al (2019) The Stigma of Identifying.

[43] Dorozenko, et al (2016). A journey of Embedding.

[44] Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies; The Democratic Society. (2022) Engaging People; National Mental Health Commissions 2019.

Listening

For brave and respectful conversations to occur a safe environment for these discussions must first be created. In this work professional and personal relationships will need to be established so that personal stories can be shared. The voices of people with lived experience need to be centred as the stories they share, their own and those of people they have contact with, bring meaning to the work. Not only does feeling heard increase people's willingness to engage the process, it can also "reduce conflict, decrease physical pain, and foster emotional healing" [45].

Dadirri, a Ngangikurungkurr word from the people of Daly River region in the Northern Territory, means deep listening and quiet stillness. It is a practice Aboriginal people across Australia have been using for thousands of years and is used today in a variety of settings by Aboriginal and non-Aboriginal people. It speaks of the "importance of observing and listening with one's eyes, ears, and heart, and paying attention to non-verbal cues in contemplative and reciprocal relationships [46].

Training

Most of the literature reviewed identified the provision of training as a necessary support to people in lived experience roles [47]. This includes a formal Induction process to provide extra clarity about roles, remuneration, length of appointment and any legal or policy considerations (i.e., occupational health and safety).

Suggested training included a variety of possible topics, such as:

- Diversity and inclusion.
- Communication and conflict resolution.
- Mental health, and personal wellbeing or self-care practices
- Trauma-informed practice.
- Leadership.
- Family violence priority reform areas/policies.
- Advocacy, public speaking, and media [48].

The literature commonly identifies training as two-way with some publications suggesting that staff working with lived experience experts also need "training and continuous improvement" to learn the skills needed for effective engagement of people with lived experience, such as co-design and co-production skills [49].

Safety

How to maintain the safety of lived experience roles and groups is a common consideration in the lived experience literature [50]. This entails being trauma and

[45] McCann, S., Barto, J., & Goldman, N. (2019). Learning Through Story Listening.

[46] Ungunmerr M. (1993). Dadirri: Listening to One Another.

[47] Basset, T. et al (2010). Lived Experience Leading; Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies; The Democratic Society. (2022) Engaging People.

[48] Homer, A. (2019) Engaging People with Lived/Living Experience a Guide for Including People in Poverty Reduction. Tamarack Institute.

[49] National Mental Health Commission (2019). Sit Beside Me, Not Above Me Supporting Safe and Effective Engagement And Participation Of People With Lived Experience.

[50] National Mental Health Commission (2019). Sit Beside Me.

healing informed,[51] and fostering a culture of patience and acceptance, as well as developing policies and procedures to safeguard the wellbeing of lived experience experts [52]. The literature makes a number of suggestions, such as:

- Using a Lived Experience Advisory Group Safety Agreement between members and their employing organisation,[53] and/or developing individualised “safety and wellbeing plans” with members to support their ongoing participation [54].
- Maintaining strict confidentiality and privacy of identities and personal information (if needed) of members.
- Providing people access to supervision, post-meeting de-briefing, and/or ongoing psychological supports (i.e. access to EAP program). One Australian study in 2023 found that all the lived experience participants in their research reported needing formal workplace supports as well as informal supports (i.e. friends and family) [55].
- Providing members with “key contacts” they can approach and seek support from, [56] and consider linking lived experience experts to formal mentors,[57] or establishing peer supports [58].

From the start of engaging people, the recruitment process can involve an assessment of whether someone is in a place of ‘readiness’ for engaging in a lived experience role. However, it should be recognised that peoples’ mental health and resilience can change across different times and contexts (i.e. Christmas period can provoke renewed loss and trauma for survivors who have lost loved ones), and so it is important that there is a process for regular check-ins and ongoing support [59].

[51] Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies.

[52] Domestic Violence Victoria. The Family Violence Experts.

[53] Dorozenko, et al (2016). A journey of Embedding.

[54] Welford, J., et al (2021) Involving People.

[55] Hawgood, J, et al. (2023). Informing and Sustaining Participation.

[56] The Democratic Society. (2022) Engaging People.

[57] Welford, J., et al (2021). Involving People.

[58] Mental Health Commission (2019).

[59] Domestic Violence Victoria. The Family Violence Experts.

How to Improve Access and Participation in a Lived Experience Advisory Group?

This section details the strategies identified in the lived experience and related literature for improving the access and participation of people with diverse and specific needs, such as people with disabilities or from Aboriginal and Torres Strait Islander, CALD and LGBTIQ+ communities.

Overall findings

The literature recognises that there “can never be a single ‘representative’ consumer or survivor who can speak authentically to all our needs. Consumers/survivors, like any cross-section of a population, are a heterogeneous group.”[60]

There are also “intersecting factors” which impact the higher rates of family and domestic violence on particular cohorts, such as “sex, gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age.”[61] These factors and related social power imbalances can undermine access and participation in lived experience groups or roles. [62].

Addressing power imbalances

The literature recommends proactively identifying and addressing the power and socioeconomic disparities acting as barriers to participation in lived experience roles [63]. Reducing power imbalances is important too for being trauma-informed because people who have experienced family and domestic violence have experienced abuses of power and control [64]. Some studies suggest giving people with lived experiences the opportunity to enter leadership roles (Chair, Co-Chair, Facilitator)[65] to “ensure sharing of power and promote openness in meeting facilitation, and multiple opportunities for feedback.”[66]

“it is important to attend to the barriers to effective engagement, such as avoiding tokenistic engagement, carefully managing conflicting views and negative perceptions of engagement, addressing stigma, and navigating funding constraints that sometimes limit the breadth, scope, and timeline of engagement activities.”

Hawke, L.D., Sheikhan, N.Y., Roberts, S. et al., 2023

[60] Daya, I., Hamilton, B. and Roper, C. (2020), Authentic engagement; The Democratic Society. (2022) Engaging People.

[61] Family Safety Victoria. Family Violence Lived Experience Strategy 2022.

[62] Homer, A. (2019). Engaging People.

[63] Sunkel, C. and Sartor, C. 2022. Perspectives; Domestic Violence Victoria. The Family Violence Experts.

[64] Family Safety Victoria (2022). Lived Experience Engagement Guidance for Government Workers A Practical Guide To Support You To Engage With People With Lived Experience of Family Violence.

[65] Homer, A. (2019). Engaging People.

[66] Dorozenko, et al (2016). A journey of embedding.

Another strategy is to encourage critical reflection by the staff engaging people with lived experiences on the “power and privilege” they hold to foster more respectful interactions [67]. The Victorian *Lived Experience Engagement Guidance for Government Workers A Practical Guide To Support You To Engage With People With Lived Experience Of Family Violence* (co-developed by Family Safety Victoria and the Victim Survivors’ Advisory Council) provides in-depth information about how to acknowledge and reduce power differentials. This includes a Pre-engagement Reflection Tool for staff to consider:



How the engagement findings will inform outcomes, acknowledging the power of the person who makes the final decision.

Where the engagement activity is held, noting that power imbalances can be created by holding it in a government meeting space as opposed to a neutral, community setting.

The accessibility of the engagement, noting that power imbalances could be created through limited digital literacy, the physical accessibility of a venue or language barriers.

The composition of the group attending, noting that minimising numbers and avoiding having too many government attendees is desirable: everybody who attends should have a role, such as presenting, note taking or listening to advice.

Reflect on how to choose a facilitator that will work best for their engagement and has experience in working with people with lived experience.

Trust and relationship building

The lived experience literature emphasises that effective collaboration with people with lived experience requires the development of strong relationships and trust [68]. This is particularly true for people from minority groups (i.e., Aboriginal and Torres Strait Islander, CALD, LGBTIQ+) where allowing time for relationship and trust building is extra important.

“developing allyship between members, promoting healing and building new skills are vital to ensuring that people with lived experience feel supported to work in partnership with government.”
Family Violence Lived Experience Strategy, 2022

[67] Family Safety Victoria. Family Violence Lived Experience Strategy 2022

[68] Domestic Violence Victoria. The Family Violence Experts; Hawke, L.D., Sheikhan, N.Y., Roberts, S. et al. (2023) Research Evidence.

As a starting point:

- Ask for preferences for acknowledging country.
- Recognise history and colonisation.
- Acknowledge lived experience of family violence, or note when you don't have lived experience (for instance, as a non-Aboriginal person engaging with Aboriginal communities).
- Acknowledge and use preferred pronouns [69].

Time and resources to build relationships and support members to “come out of their comfort zones” is needed, with one study reporting it devoted the “first few meetings solely to learning together, co-developing rules of engagement, creating a training agenda, and laying out how everyone would work together.”[70] This literature review found that the use of “co-design” or “co-production” processes and principles to engage people with lived experience was considered the most empowering and trauma-informed approach by most publications [71].

Other strategies for building relationships and trust include:

- Give lived experience experts enough time and information to understand the background related to a particular topic, project or policy [72].
- Empower members with the choice for the timing and circumstances they are willing to use their personal experiences for advice, advocacy or awareness raising [73].
- Provide lived experience experts access to training to build their skills and confidence [74].
- Accept that disagreement between lived experience experts is normal and embed it as a part of the group facilitation process [75].
- Provide clear information and ongoing feedback to lived experience groups about what they have influence on (and what has already been decided) and how their advice is being actioned (or not and why), as a “lack of follow-through greatly hinders the development of trust.” [76]

[69] Family Safety Victoria. Lived Experience Engagement Guidance.

[70] Homer, A. (2019). Engaging People.

[71] Family Safety Victoria. Family Violence Lived Experience Strategy 2022.

[72] Ibid.

[73] Homer, A. (2019). Engaging People; Skelton-Wilson, S., et al. (2021). Methods and Emerging Strategies.

[74] The Democratic Society. (2022) Engaging People.

[75] Domestic Violence Victoria. The Family Violence Experts.

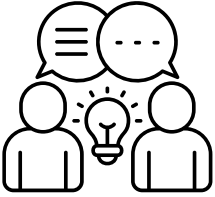
[76] Homer, A. (2019). Engaging People; The Democratic Society. (2022) Engaging People; Family Safety Victoria. Family Violence Lived Experience Strategy 2022.

Informal conversations	Beginning an engagement with informal conversation can ease people into the engagement.
Sharing	Sharing something about yourself and your professional journey may build trust and help people feel more at ease to participate and share during your engagement.
Listening	Active listening ensures that people with lived experience feel heard and believed. Consider listening to the words participants are using and reflect them back in your communication.
Checking for understanding	Take the burden off participants to clarify when they do not understand something by using phrases such as, “Was that clear?”, “Did you get that?”, “Do you know what I mean by this?”
Providing choice with language	In the context of family violence, language can be interpreted differently depending on a person’s experience. Consider asking participants about the language they prefer using, “Would you prefer that I use perpetrator or person who uses violence?”, “Would you prefer that I use victim survivor or person with lived experience?”

Family Safety Victoria, Lived Experience Engagement Guidance for Government Workers, 2022

Closely related to reducing power imbalances and building trust to increase people’s engagement in lived experience roles is the need to communicate in a clear and sensitive manner.

The communication strategies below come from Family Safety Victoria’s Lived Experience Engagement Guidance for Government Workers (2022):

	<p>Ask people how they want to receive information. Keep your content and messages brief and simple, using plain English.</p> <p>Ensure that communication is accessible for people with disabilities and follows accessibility guidelines for government communication.</p> <p>Spell out and explain any acronyms and provide an accompanying glossary of terms if technical language or acronyms cannot be avoided.</p> <p>Be clear on how the work fits into a broader context, including existing policies.</p> <p>If you use jargon or loaded phrases like “cultural safety” or “embedding voices of young people”, explain what this means in plain language and in the context of your work.</p> <p>Keep any presentations simple, visual and brief.</p> <p>Invite people to take care of themselves and mention supports on offer if conversations become difficult.</p> <p>Be honest about what you don’t know.</p>
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Funding and resourcing

Most publications identified adequate funding and resourcing as necessary to establishing a lived experience role or group which enables participation from a diverse range of people. For example, one best practice guide stated that “Funding enables adequate support for participants and staff members, reimbursement of people with lived experience for their time and effort, training opportunities and equipment.”[77] In addition to funding, having trained and experienced staff to support and facilitate lived experience roles or groups is an important resource to consider [78]. This ties into the need for strong leadership support in the form of resource and funding allocation [79].

The literature highlights the importance of providing clear role descriptions [80] and adopting “equity” as a principle of planning and recruitment so that hard to reach populations are given the opportunity to apply for lived experience roles and provide meaningful advice [81]. The literature notes that recruitment processes can be “intimidating” [82] and standard employment prerequisites (i.e. no criminal record) can sometimes act as barriers to engaging harder to reach community members with relevant lived experiences, and these should be removed wherever possible.[83]

Remuneration

Remuneration is a significant factor in reducing power imbalances and enabling people from disadvantaged or minority groups to access and participate in lived experience roles [84]. In general, the literature supports the need for people with lived experiences to be remunerated for their expertise and contributions in a variety of professional activities, such as consultation, providing advice, research, advocacy, delivering training etc [85]. This includes paying people with lived experiences for the value of their knowledge and time, as well as for any additional costs, such as:

- Travel and accommodation
- Food allowance
- Childcare
- Parking
- Translation/interpreting services.

Most studies suggest payment does not motivate participation for people with a lived experience but is instead seen as a token of appreciation and recognition of time, value and out of pocket expenses incurred by lived experience experts [86].

[77] The Democratic Society. (2022) Engaging People.

[78] Ibid.

[79] Domestic Violence Victoria. The Family Violence Experts.

[80] Basset, T. et al (2010), Lived Experience Leading.

[81] Sunkel, C. and Sartor, C. 2022. Perspectives.

[82] Wedlford, J., Milner, C., & Moreton. (2021).

[83] Dorozenko, et al (2016). A journey of embedding.

[84] Homer, A. (2019). Engaging People.

[85] Domestic Violence Victoria. The Family Violence Experts.

[86] Ibid.

[87] Welford, J., et al (2021). Involving People.

Some publications noted that remuneration can impact, and potentially reduce, a participant's welfare payments [87]. In a study conducted at Curtin University of mental health experience in Social Work courses, this was overcome by providing the option of paying lived experienced experts in vouchers instead of monetary payment, and/or spreading their payments over a longer timeframe so that their allowed earnings were never surpassed [88].

[88] Dorozenko, et al (2016). A journey of embedding.

References

Basset, T; Faulkner, A; Repper, J and Stamou, E (2010). Lived Experience Leading the Way: Peer Support in Mental Health. London: Together for Mental Wellbeing

Byrne, L. (2017) Promoting Lived Experience Perspective: Discussion Paper Prepared for the Queensland Mental Health Commission.

Byrne, L., Roper, C., Happell, B., & Reid-Searl, K. (2019) The Stigma of Identifying as Having a Lived Experience Runs Before Me: Challenges for Lived Experience Roles. *Journal of Mental Health* 28, 260-266.

Byrne, L. & Wykes, T. (2020) A Role for Lived Experience Mental Health Leadership in the Age of Covid-19. *Journal of Mental Health* 29, 243-246

CFE Research (2020) The Role of Lived Experience in Creating Systems Change Evaluation of Fulfilling Lives: Supporting People with Multiple Needs.

Commission for Occupational Safety and Health (2022) Code of Practice Psychosocial Hazards in the Workplace. Department of Mines, Industry Regulation and Safety.

Daya, I., Hamilton, B. and Roper, C. (2020) Authentic Engagement: A Conceptual Model for Welcoming Diverse and Challenging Consumer and Survivor Views in Mental Health Research, Policy, And Practice. *International Journal of Mental Health Nursing* 29, 299-311.

Domestic Violence Victoria and University of Melbourne. The Family Violence Experts by Experience Framework 2020.

Dorozenko, K. P., Ridley, S., Martin, R., & Mahboub, L. (2016) A Journey of Embedding Mental Health Lived Experience in Social Work Education. *Social Work Education* 35, 905–917.

Dudgeon, P., Rouhani, L., Darwin, L. & Boe, M. (2018) Indigenous Lived Experience of Suicide: Literature Review. Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. The University of Western Australia.

Family Safety Victoria. Family Violence Lived Experience Strategy 2022.

Family Safety Victoria (2022). Lived Experience Engagement Guidance for Government Workers A Practical Guide To Support You To Engage With People With Lived Experience Of Family Violence

Hawke, L.D., Sheikhan, N.Y., Roberts, S. et al. (2023) Research Evidence and Implementation Gaps in the Engagement of People with Lived Experience in Mental Health and Substance Use Research: A Scoping Review. *Research Involvement and Engagement*, 9.

Hawgood, J., Rimkeviciene, J., Gibson, M., McGrath, M., Edwards, B., Ross, V., Kresin, T., & Kolves, K. (2023). Informing and Sustaining Participation of Lived Experience in the Suicide Prevention Workforce. *International Journal of Environmental Research and Public Health*. Feb 10;20(4).

Homer, A. (2019) Engaging People with Lived/Living Experience a Guide for Including People in Poverty Reduction. Tamarack Institute.

McCann, S., Barto, J., & Goldman, N. (2019). Learning Through Story Listening. *American journal of health promotion* : AJHP, 33(3), 477–481. <https://doi.org/10.1177/0890117119825525e>

Mind. Mental Health and Physical Activity Toolkit Guide 3 Involving People with Lived Experience of Mental Health Problems in the Design and Delivery of Your Work.

National Mental Health Commission (2019). Sit Beside Me, Not Above Me Supporting Safe And Effective Engagement And Participation Of People With Lived Experience.

Productivity Commission. (2023) Review of the National Agreement on Closing the Gap Draft report.

Safe+Equal. Family Violence Myths.

Skelton-Wilson, S., Sandoval-Lunn, M., Zhang, X., Stern, F., & Kendall, J. (2021). Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, And Practice. Washington, DC: Office of The Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Sunkel, C. and Sartor, C. 2022. Perspectives: Involving Persons with Lived of Mental Health Conditions in Service Delivery, Development and Leadership. Bulletin of the Royal College of Psychiatrists 46, 160–164.

Suomi, A., Freeman, B. & Banfield, M. (Framework for the engagement of people with a lived experience in program implementation and research Review and report prepared for the LifeSpan suicide prevention project. Australian National University.

The Democratic Society. (2022) Engaging People with Lived Experience: Best Practice, Challenges and Opportunities. Commissioned by Health and Social Care Alliance Scotland. Family Safety Victoria. Family Violence Lived Experience Strategy 2022.

Ungunmerr M. (1993), Dadirri: Listening to One Another. In: Hendricks J, Hefferan G, editors. A spirituality of Catholic Aborigines and the Struggle for Justice. Brisbane (AUST): Catholic Archdiocese of Brisbane; 1993. p. 34-7.

Welford, J., Milner, C. & Moreton, R. (2021) Involving People with Lived Experience In The Workforce: Workforce Development And Multiple Disadvantage. Evaluation Of Fulfilling Lives: Supporting People Experiencing Multiple Disadvantage. CFE Research and The University of Sheffield, with the Systems Change Action Network.

6. JURISDICTIONAL ANALYSIS

The table below provides a jurisdictional analysis of lived experience advisory groups and relevant organisations to identify the features of comparable entities in Western Australia and other states and territories. It includes groups convened in a range of portfolio areas like family and domestic violence, mental health and justice.

Notes:

- Where there is “NA” recorded, there was either no information or it was not relevant.
- The groups identified are not exhaustive, the most relevant to family and domestic violence were selected. The analysis excluded local government advisory groups.

	Role Summary	Membership	Meeting Details	Runumeration
Western Australia				
CENTRE FOR WOMEN'S SAFETY AND WELLBEING				
Lived Experience Advisory Group[1]	CWSW is the WA based peak body for family, domestic and sexual violence. This Group seeks to provide formal opportunities for survivor advocates to influence policy development, service planning and practice.	Members will reflect the diversity of women in the community: young women, Aboriginal and Torres Strait Islander people, rural/regional, low income, CALD, LGBTIQ+, with disability.	Online or in-person	Yes
DEPARTMENT OF THE PREMIER AND CABINET				
Aboriginal Advisory Council WA[2]	AACWA is an advisory and consultative board that provides independent or expert advice to the government on strategic matters or matters of board significance. AACWA is a statutory body that reports to the Minister for Aboriginal Affairs.	Council to consist of persons of Aboriginal and/or Torres Strait Islander descent, chosen by persons of Aboriginal and Torres Strait Islander descent living in Western Australia. Minister approves number of people, currently there are 9 members.	Online or in-person held a minimum of four meetings a year	Runumerated as the Minister determines, on the recommendation of the Public Sector Commission.

[1] Centre for Women's Safety and Wellbeing website, including the Lived Experience Advisory Group Application Form.

[2] Government of WA, Department of the Premier and Cabinet, Aboriginal Advisory Council of WA website, including the Terms of Reference and Frequently Asked Questions.

Role Summary	Membership	Meeting Details	Runumeration
COMMISSIONER FOR VICTIMS OF CRIME			
<p>Victims of Crime Reference Group [3]</p> <p>This group has been established to provide the Attorney General and the State Government with non-binding strategic advice to inform the development of policy, programs and services for victims of crime in Western Australia. Victim-survivors are invited to use their experiences to promote reforms required to support positive outcomes for victims of crime.</p>	<p>Five victim representatives (Aboriginal and Torres Strait Islander people, young people, and from regional locations) with 2-year fixed terms (maximum 4 years). A co-chair position is held by one of the victim representatives, the Commissioner for Victims of Crime holds the other co-chair position. Representatives from: Department of Justice; WA Police Force; Office of Director of Public Prosecutions; Department of Communities; Department of Health; Legal Aid WA; Mental Health Commission are also members of the Reference Group.</p>	<p>Meetings held quarterly for 90 mins, either in person or online</p>	<p>\$220 (attendance & preparation); plus reimbursement for travel costs for members attending from regional areas.</p>
DEPARTMENT OF JUSTICE (WA)			
<p>Aboriginal Justice Advisory Committee [4]</p> <p>The purpose of the AJAC is to provide cultural advice and guidance to the Department of Justice on justice matters relevant to the Aboriginal and Torres Strait Islander community. The Committees key role is to ensure DoJ key departmental strategic policy directions and instruments operate with</p>	<p>The Committee is Chaired by the DoJ Director General and provided secretariat support from the Aboriginal Justice Transformation team. 10 Aboriginal people from across Australia are selected with each representing a different region.</p>	<p>Minimum 4 times per annum.</p>	<p>Members will be remunerated for their time. Expenses to attend meetings such as accommodation, meals, travel and reasonable incidentals in relation to attendance are also covered.</p>

[3] Government of WA, Department of Justice, Commissioner for Victims of Crime website, including the Terms of Reference and Frequently Asked Questions.

[4] Government of WA, Department of Justice, Aboriginal Justice Advisory Committee website, including the Terms of Reference.

	Role Summary	Membership	Meeting Details	Runumeration
	meaningful involvement from significant Aboriginal and Torres Strait Islander community advisors.			
MENTAL HEALTH COMMISSION (WA)				
Mental Health Advisory Council (MHAC)[5]	The Council brings “together representatives from the Western Australian community to provide high level, independent advice, and input to the Mental Health Commissioner (Commissioner) regarding major issues affecting Western Australians with mental health challenges, their families, carers, and service providers. MHAC will provide a forum for information exchange between key stakeholders as well as discussion about broad strategic issues relating to mental health.”	Up to 14 members, including those with lived experience of using services or carers, and people who are Aboriginal person, young, from regional areas, LGTBQI+, CALD. Up to 3-years initial appointment (reappointment at Minister’s discretion for Maximum of 10 years).	Minimum 4 times per annum.	Paid Participation Policy in line with State Government Boards and Committees – Premier’s Circular 2022/02.
CONSUMERS OF MENTAL HEALTH WA				
Consumers of Mental Health WA[6]	Incorporated in 2005, CoMHWA is led by people with lived experience of mental health issues and acts as a Peak body. It has a role in systemic advocacy and reform, education and awareness raising, research, peer leadership and development. Funded by MHC, DOC, DSS, and WAPHA.	CoMWA has a Board (9 members), CEO and 25 staff.	NA	NA

[5] Mental Health commission WA (2023). Mental Health Advisory Council Terms of Reference.

[6] Consumers of Mental Health WA website.

	Role Summary	Membership	Meeting Details	Runumeration
SHELTER WA				
Hear of My Experience (HOME) Project[7]	In 2019, Shelter WA began a co-design project to empower people with a lived experience of homelessness or housing insecurity. The project aimed to establish a long-term body giving voice and advocacy to lived experience in the housing sector, and to offer expertise on housing/homelessness. It also aimed to co-design a toolkit to teach organisations how to work with people with a lived experience.	NA	NA	NA
DEPARTMENT OF HEALTH				
Rockingham Peel Group Consumer Advisory Council (CAC) [8]	CAC establishes a formal partnership between consumers and carer representatives and the hospital. It aims to: makes recommendations and advise the organisation on consumer and carer related matters; Represent the voice of patients, families, and carers; Participate in the planning and evaluation of initiatives, projects and services that impact on consumers.	Min. 10 elected members and 3 service staff. Seeks members from diverse background	Monthly meetings (additional if needed)	Sitting Fee in South Metropolitan Health Service (SMHS) Consumer and Carer Participation Policy (excludes costs of Refreshments, Paper/printing. Payment for parking and travel under authorisation)

[7] Originally funded via a grant from Department of Finance & Tenancy WA. Shelter WA website.

[8] Consumers of Mental Health (WA) has an online WA Consumer Advisory Group Directory listing 22 Consumer Advisory Groups operating in WA Health, such as the Rockingham Peel CAG. According to their website, WACHS has established District Health Advisory Councils in 18 locations across regional WA.

	Role Summary	Membership	Meeting Details	Runumeration
Victoria				
FAMILY SAFETY VICTORIA				
Victim Survivors' Advisory Council ^[9]	Established in 2016, VSAC's role is to prioritise people with lived experience in family violence reform/service design and to ensure the government's response to the recommendations of the Royal Commission into Family Violence meets the expectations of people with lived experience.	VSAC has 15 members representing people of different ages, genders, demographics, and communities across Victoria.	4 hours, every 6 weeks (online or in-person). Different teams from across government and the family violence sector bring a piece of work to VSAC and ask for feedback.	General members: Four hours or under: \$240 Over four hours (daily rate): \$319; Chair: Four hours or under: \$350 / Over four hours (daily rate): \$410 \$60 per hour (other work i.e., awareness raising).
MENTAL HEALTH VICTORIA				
Lived and Living Experience Advisory Group ^[10]	Advises MHV on all of its policy, advocacy, training, research and other activities in alignment with the recommendation of the Royal Commission into Victoria's Mental Health System, that Lived Experience perspectives must be integral to the reformed system.	Four members	NA	NA
Victorian Mental Illness Awareness Council (VMIAAC) ^[11]	Peak body in VIC for people with a lived experience of mental health or emotional challenges. Managed by consumers, the org advocates for consumer rights and workforce. Since 2019 it has maintained a Lived Experience Advisory Group to include lived	Management Committee (14 members), approx. 30 staff. The LEAG has consumers who are community members and who are also working within services. It also has representatives from related organisations like the Mental Health Advocacy Service.	LEAG meets monthly	NA

[9] Victorian Government website.

[10] Mental health Victoria website.

[11] Victorian Mental Illness Awareness Council website.

Role Summary	Membership	Meeting Details	Runumeration
<p>experience perspectives into operations; provide subject matter expertise to the Department on current and emerging issues and policy/practice; and provide oversight of engagement activities, such as targeted advisory groups (TAGs).</p>			
MENTAL HEALTH TRIBUNAL			
<p>Tribunal Advisory Group (TAG)^[12]</p>	<p>11 members from diverse backgrounds, including 2 lived experience consumers and 2 family/carers who work at public mental services in lived experience roles; 2 consumers with recent or current experience; 2 family/carer with recent or current experience, plus a senior member of the Tribunal Senior Adviser Lived Experience and the CEO.</p>	<p>Bi-monthly meetings held for up to 3 hours.</p>	<p>\$220/meeting</p>
DEPARTMENT OF HEALTH			
<p>Suicide Prevention and Response Expert Advisory Committee^[13]</p>	<p>Approx. 14 members (minimum of 6 with lived experience), plus</p>	<p>Every two months for 1.5 hours (with out of session engagement when necessary).</p>	<p>Premier and Cabinet Appointment and Remuneration Guidelines (2023)</p>

[12] Mental Health Tribunal website.

[13] Department of Health Victoria website.

Role Summary	Membership	Meeting Details	Runumeration
	evidence to drive outcomes; workforce and community capacity; delivery of compassionate services; groups that are disproportionately impacted by suicide; and existing frameworks, models, or programs. It ensures that lived experience knowledge and insights are integrated into government decision-making, that diverse and intersectional perspectives of suicide prevention and response are valued and inform government policies and programs, and that lived experience is central to the oversight, monitoring and evaluation of suicide prevention and response efforts.[14]		
DEPARTMENT OF HEALTH			
AOD Lived and Living Experience Advisory Group (LLEA)[15]	Established in 2020 to support meaningful participation and partnership with people with lived and living experience of AOD misuse, their family and supporters. It aims to partner with the Mental Health and Wellbeing Division to: <ul style="list-style-type: none"> • ensure lived and living experience of substance use or addiction informs the work of the 	Seeks diverse members of all ages, Aboriginal and Torres Strait Islander people, with disability, CALD, and LGBTIQA+. Co-Chaired by the CEO of the Self-Help Addiction Resource Centre (SHARC) and a Director in the Mental Health and Wellbeing Division of the Department of Health.	Bi-monthly meetings NA

[14] Suicide Prevention and Response Expert Advisory Committee Draft Terms of Reference

[15] Department of Health Victoria website.

Role Summary	Membership	Meeting Details	Runumeration
<p>division</p> <ul style="list-style-type: none"> • provide expertise on AOD issues • provide advice to inform work on AOD policy priorities, including Royal Commission AOD initiatives and implications for the AOD system, strategic reform, policy, and service development. 			
South Australia			
OFFICE OF THE CHIEF PSYCHIATRIST SA			
<p>Lived Experience Advisory Group^[16]</p> <p>The LEAG is a statewide committee providing advice and recommendations on the key statutory and departmental functions of the OCP. Members work collaboratively with the OCP to give advice on improving the safety and quality of the mental health services in SA. The LEAG ensures consumers and carers perspectives are embedded in the design, implementation and evaluation of mental health policies, programs, and services.</p>	<p>Broad range of diversity (culture, age, gender, background and lifestyle, rural and remote representation)</p>	<p>Held monthly (or as necessary) for 2.5 hours.</p>	<p>Reimbursement is \$35 per hour in line with SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive.</p>
DEPARTMENT OF HUMAN SERVICES			
<p>Lived Experience Network^[17]</p> <p>Advises DHS on how the child and family support system can better support families to keep their children safe at home. Members give opinions, share experiences, and co-create to inform the design of the Child and Family Support System (CFSS).</p>	<p>15 System Advisers (diverse ages, cultures, and backgrounds, ATSI, rural/regional, young parents, with disability, CALD, LGBTQIA+, Men/dads, Grandparents/carers) with lived experiences of significant family stress and system contact.</p>	<p>Members participate in regular co-design and consultation with DHS, approx. 3 hours per fortnight. Also, quarterly meetings to review how the Network is operating.</p>	<p>\$30/hour</p>

[16] Office of the Chief Psychiatrist website.

[17] Government of South Australia website.

Role Summary	Membership	Meeting Details	Runumeration
LIVED EXPERIENCE LEADERSHIP AND ADVOCACY NETWORK			
Lived Experience Leadership and Advocacy Network (LELAN)[18]	8 person Board, plus 8 staff	NA	NA
Queensland			
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL			
Independent Ministerial Advisory Council[19]	Announced in September 2023, this body will advise government lived experience perspectives and on issues relating to victims of crime (including family and domestic violence), and system reform and victim supports.	17 members (2 anonymous), includes victims of crimes (including FDV), plus representatives from the legal sector and peak advocacy bodies, First Nations representatives and expert practitioners.	Up to four times annually NA
QUEENSLAND MENTAL HEALTH COMMISSION			
Queensland Mental Health and Drug Advisory Council[20]	Established by the Queensland Mental Commission Act 2013, it functions to: provide advice to the Commission on mental health or substance misuse issues either on its own	Members reflect the diversity of the Queensland community (lived experience, families/carers, Aboriginal and Torres Strait Islander, rural/remote, CALD, service providers or academics.	Meets every two months at a minimum either in Brisbane or other locations. NA

[18] Lived Experience Leadership and Advocacy Network website.

[19] Department of Justice and Attorney-General QLD website.

[20] Queensland Mental health Commission website.

	Role Summary	Membership	Meeting Details	Runumeration
	<p>initiative or at the Commission's request; and make recommendations to the Commission about the Commission's functions.</p>			
QUEENSLAND MENTAL HEALTH COMMISSION				
Suicide Prevention Lived Experience Advisory Group[21]	<p>Aims to provide ongoing lived experience advice of suicide across suicide prevention policy in Queensland and to promote, support, co-design and co-produce key suicide prevention projects across the Commission and the Queensland Government more broadly.</p>	<p>Membership includes people who represent CALD, Aboriginal and Torres Strait Islander, people from rural and regional areas, LGBTIQ+ young people.</p>	<p>Online quarterly meetings for half a day</p>	<p>Paid Participation Policy \$390/day (Co) Chair \$300/day member</p>
MENTAL HEALTH LIVED EXPERIENCE PEAK QUEENSLAND				
Mental Health Lived Experience Peak Queensland (MHLEPQ)[22]	<p>Established in 2023, MHLEPQ is the Peak Body for mental health consumers in Queensland giving policy advice and systems advocacy for consumers of mental health services of all ages in Queensland. Advocates for systemic change guided by our lived experience expertise. It operates Lived Experience Advisory Group - Cultural Safety group.</p>	<p>Board of four members, plus two staff.</p>	<p>NA</p>	<p>NA</p>

[21] Queensland Mental Health Commission website, including the Paid Participation Policy Corporate Standard 0011.

[22] Mental Health Lived Experience Peak Queensland website.

Role Summary	Membership	Meeting Details	Runumeration
New South Wales			
DOMESTIC VIOLENCE NSW			
Lived Expertise Policy Advisory Group[23]	NA	NA	NA
Established 2021, the group gives strategic advice to DV NSW on policies for domestic, family and sexual violence in NSW. It also offers advice from lived experience, and sharing of resources, best practice and knowledge. DVNSW's had the Voices For Change primary prevention project, which supported victim-survivors to speak publicly about their stories through survivor media advocacy.			
MENTAL HEALTH COMMISSION OF NSW			
Community Advisory Council[24]	15 members who reflect the diversity of NSW (CALD, LGBTIQ+, youth, Aboriginal and Torres Strait Islander, regional/remote residents, service users, lived experience of mental health issues and their families, carers or kin.	Meet minimum 4 times per year (plus out of session work if needed). Chairperson and members of the Council attend no less than 75% of meetings per year.	Chairperson: \$350 per day Members: \$220 per day Members are reimbursed for a range of travel and out of pocket expenses.

[23] Domestic Violence NSW website.

[24] Mental Health Commission of NSW website, including the Charter of Governance and Terms of Reference Mental Health Community Advisory Council (2023).

	Role Summary	Membership	Meeting Details	Runumeration
BEING – Mental Health Consumers Ltd.[25]	NSW non-government peak body (originally a ministerial committee) that represents people who use mental health services (mental health consumers) to all levels of the NSW Government. This body encourages mental health consumers to give input into government decision making (policy and law) about services. NSW CAG keeps people informed of what is happening in the state and gather information via interactive website, committees, consumer groups, forums, and research about consumers' experiences of mental health services.	Governed by a Board of 7-11 Trustees (75% consumers)	NA	NA
HEALTH CONSUMERS NSW				
Health Consumers NSW	This is a membership-based, independent, charity providing a voice for patients, their family, and carers in NSW. independent think-tank in health consumer engagement in NSW, also representing health consumer organisations for specific disease and population groups.	Governed by a Board of nine people, staffed by six people. Also have individual and organisational members.	NA	NA

25] NSW Consumer Advisory Group – Mental Health Inc website.

Role Summary	Membership	Meeting Details	Runneration
HOUSING FOR THE AGED ACTION GROUP			
Lived Experience Action Group (LEAG) [26]	The group is for older persons experienced with difficulty paying the rent, or homelessness, and seeking reform. Members are trained to share their stories in the community and with media. Group seeks to advocate change with government.	People aged over 45 years from diverse backgrounds and locations in NSW.	Meeting online once monthly for six months (twice monthly initially) for 1.5 hours. NA
Tasmania			
DEPARTMENT OF PREMIER AND CABINET			
Victim-Survivor Advisory Council[27]	Council shall establish ongoing representation of victim survivors to the Tasmanian Government, informing and shaping the implementation of Survivors at the Centre: Tasmania's Family and Sexual Violence Action Plan 2022-2027.	Up to 12 members appointed by the Minister for the Prevention of family violence. Members must come from diverse backgrounds, "regionally balanced and reflect the gender and cultural diversity of the Tasmanian community."	NA Members will be remunerated for their time. Remuneration will be determined in accordance with Tasmanian Government Board Fee Policy. Members will also be reimbursed for all travel related expenses.
DEPARTMENT OF JUSTICE			
Lived Experience Advisory Panel[28]	The panel is a group of people with lived experience of child sexual abuse in institutional settings which advises and	Up to 10 members, appointed for up to 3 years.	In-person or online meetings, plus short activities, and occasional surveys. NA

[26] Health Consumers NSW website.

[27] Tasmanian Government website, including the Family and Sexual Violence Victim-Survivor Advisory Council Terms of Reference (2023).

[28] Department of Justice Tasmania website.

Role Summary	Membership	Meeting Details	Runumeration
MENTAL HEALTH FAMILIES AND FRIENDS TASMANIA			
Mental Health Families and Friends Tasmania (MHFFTas) [29]	Tasmanian peak advocate for mental health and AOD consumers. They used lived experiences to advocate for systemic reform in mental health and AOD services.	Board of 9 members, plus 3 staff.	NA
Northern Territory			
MENTAL HEALTH FAMILIES AND FRIENDS TASMANIA			
Aboriginal Advisory Board on Domestic, Family and Sexual Violence [30]	It provides advice and information to the Minister for the Prevention of DFSV in relation to improving the prevention of and response to DFSV as it impacts upon Aboriginal and Torres Strait Islander people, communities, and services. This includes information and advice on governance mechanisms, policies and programs, and service delivery. The Board is a non-statutory Board comprising members of the public approved by the Minister.	Nine Members (4 men, 5 women) who have the following skills (not limited to): understanding of the objectives, roles, and obligations of the board; experience in the DFSV sector (professional or lived experience), understanding of current DFSV practice frameworks and evidence; reputation, integrity, and credibility; geographical links across the NT.	Quarterly meetings (special meetings or urgent out of session matters available).
			Members of the Board will be remunerated at a rate equivalent to a Class C2 (Expert high impact statutory board). Members will receive sitting fees and travelling expenses in line with the NTG Boards Handbook processes and travel policies.

[29] Mental Health Families and Friends Tasmania website.

[30] Northern Territory Government website, including the Aboriginal Advisory Board on Domestic, Family and Sexual Violence Terms of Reference (2023)

Role Summary	Membership	Meeting Details	Runumeration
NORTHERN TERRITORY LIVED EXPERIENCE NETWORK			
<p>Northern Territory Lived Experience Network^[31]</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Established in 2020, it provides an independent voice for people with lived experience of issues related to mental health, trauma, suicide and AOD misuse in the Northern Territory. Aims to act as a peak and provide members with opportunities to use lived experience to inform reforms to service systems; Information to navigate service systems; Opportunities to build skills to promote recovery for individuals and family/kin in the NT.</p>			
Australian Capital Territory			
COMMISSIONING			
<p>Lived Experience Engagement Advisory Panel^[32]</p>	<p>Members represent a diverse mix of lived experience perspectives from the human services and health systems can include people that use or have used services; representative bodies or individuals; service providers; and/or researchers.</p>	<p>NA</p>	<p>NA</p>
<p>The Panel aims to support the commissioning process by: ensuring Commissioners and partners in commissioning processes hear and use the voices of lived experience; helping Commissioners to plan and undertake commissioning processes in a way that most appropriately includes, and is informed by, lived experience; connecting Commissioners with existing lived experience insights, so people aren't asked to again provide insights and experiences that they have already shared.</p>			

^[31] Northern Territory Lived Experience Network website.

^[32] ACT Government website.

	Role Summary	Membership	Meeting Details	Runumeration
ACT Disability Reference Group ^[33]	<p>The Group provide advice to the ACT Government on issues affecting people with disability; advise on, and participate in, community engagement to build an inclusive Canberra; provide strategic whole of government advice to the Minister for Disability on relevant national policy development including on the seven strategic policy outcomes of Australia's Disability Strategy; foster cooperative linkages with people with disability, their families and other unpaid carers, organisations, government and community; alert the ACT Government to emerging issues, potential risks and opportunities related to the ongoing implementation of the National Disability Insurance Scheme (NDIS); and provide advice on strategies that raise community awareness of the rights of people with disability.</p>	<p>Seeks person with disability; young person with disability; person from an Aboriginal and Torres Strait Islander background with disability; person who identifies as LGBTIQ+ with disability; person from a CALD background with disability; carer of a person or people with disability (of any age or background); and/or person engaged in the disability service system.</p>	Bi-monthly meetings, plus leading community engagement and significant out-of-session contributions up to 15 hours per year.	Aligns to the ACT Remuneration Tribunal determination.
National				
DOMESTIC, FAMILY AND SEXUAL VIOLENCE COMMISSION				
Lived Experience Advisory Council ^{[34], [35]}	This body is in formation with an EOI for members released September 2023. The Council will provide advice to help improve	12 members from across Australia. 10 cohorts identified within ToR to be represented in the membership.	Minimum of six per year predominantly online.	Aligns to the ACT Remuneration Tribunal determination.

^[33] ACT Government website.^[1]

^[34] Australian Government Domestic Family and Sexual Violence Commission website.

^[35] Australian Government Domestic Family and Sexual Violence Commission, Draft Terms of Reference Confidential Document

	Role Summary	Membership	Meeting Details	Runumeration
	domestic, family, and sexual violence policies, systems and services, and monitor implementation and progress towards the objectives of the National Plan to End Violence against Women and Children 2022-23.			
ATTORNEY-GENERAL'S DEPARTMENT				
Lived Expert Group on Sexual Violence ^[36]	This Group is in formation, with an EOI for members released in August 2023. It is expected the Group will provide advice on the impacts of legal frameworks and law enforcement on victims and survivors. Also, the group will consider supports and services for victims and survivors, within, and adjacent to, the justice system, and alternative and transformative approaches to justice. Group is facilitated by a trauma-informed facilitator engaged by the Department.	Up to 20 sexual violence victims and survivors, and their advocates (includes staff working in the sector). Seeks to select people from background overrepresented in sexual violence statistics, including (not limited to): women, Aboriginal and Torres Strait Islander peoples, CALD, LGBTIQ+, people from rural, regional and remote locations, sex workers, former prisoners, young and older people	Quarterly meetings (two online and two in-person)	Daily fee \$430 (Co-Chair \$572) 1 hour or less \$86 Between 1 and 2 hours \$172 Between 2 and 5 hours \$244 5 hours or more \$430
NATIONAL SUICIDE PREVENTION OFFICE				
Lived Partnership Group ^[37]	The Group ensure lived experience insights and knowledge are incorporated into the operations and work of the NSPO, including the development of the National Suicide Prevention Strategy and	Co-chaired by one LEPC member (nominated by the group) and the Head, NSPO or a nominated representative.	Monthly meetings (ad hoc meetings available)	NA

[36] Australian Government Attorney-General's Department website, including the Request for Expressions of Interest and the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination (No. 1) 2023.

[37] Australian Government National Suicide Prevention Office, including the Lived Experience Partnership Group Terms of Reference.

Role Summary	Membership	Meeting Details	Runumeration
<p>National Suicide Prevention Outcomes Framework. It provides subject matter expertise to the NSPO on current and emerging issues, advises on current and emerging policy, advises on effective and inclusive ways of meaningfully partnering with people with lived experience of suicide. It provides advice on engagement activities, such as targeted advisory groups, to ensure inclusive and equitable opportunities for influence and identifies any potential barriers to the success of the work of the NSPO and opportunities to address these.</p>			
LIVED EXPERIENCE AUSTRALIA			
<p>Lived Experience Australia^[38]</p>	<p>All Board and Staff have lived experiences of mental health issues and services.</p>	<p>NA</p>	<p>NA</p>
<p>Established in 2002, this national body is governed by a Board and has four staff. It promotes the interests of members of the community accessing private mental health services and focuses of advocacy, research, capacity building and collaborations for people with lived experiences of mental health issues.</p>			

[38] Lived Experience Australia website.

Role Summary	Membership	Meeting Details	Runumeration
National Lived Experience Advisory Group (LEAG) [39]	Ten members from across jurisdictions in Australia.	Meet regularly	NA
STANDBY			
Lifeline Experience Advisory Group (LLEAG)[40]	Six members	NA	NA
Established 2019 to inform strategic direction, to StandBy and to help champion the StandBy program (postvention suicide support). The groups also support special projects and suggests priority actions for the continuous improvement of the program.	The LLEAG provides Lifeline with lived experience expertise, with Members providing advice across a Lifeline Australia's activities, projects, and services. The LLEAG supports Lifeline in effectively supporting people in times of crisis and creating suicide safety.		
LIFELINE			
Advisory Group [41]	12 members from across Australian jurisdictions representing diverse ages, genders, sexual orientation, and cultures.	Meet regularly	NA
This group is part of the National Survivor Advocate Program offering survivors platform to advocate for change. The Advisory Group guides the work of Full Stop Australia and addresses sexual, domestic and family violence.			
FULL STOP AUSTRALIA			

[40] Lifeline website.

[41] Full Stop Australian website. Brianna Boecker (2022). "Flood society with help: Full Stop Australia gives platform to 12 domestic violence survivors to advocate for change." Women's Agenda.

Appendix A

Lived Experience Advisory Group Information Sheet for Organisations

The Department of Communities (Communities) has engaged Kwobap Consultancy to facilitate consultations to inform the design of a new family and domestic violence Lived Experience Advisory Group.

In 2023, the State Government in Western Australia established a Special Taskforce to help guide the State's efforts to address family and domestic violence. One of the Taskforce's first actions is to establish a Lived Experience Advisory Group that will operate as a consultative body and place the experience and voices of victim survivors at the centre of family and domestic violence policy and service design.

Lived Experience Advisory Group

The Government wants to know what this new group's purpose, role, membership criteria, and operational processes should be. How can we make sure that the Advisory Group:

1. Provides a safe space for victim-survivors to share their stories and experiences.
2. Is inclusive with diverse representation from across Western Australia.
3. Operates with trauma informed approaches including in relation to meeting structure processes and work practices. This includes the ways victim-survivors may be supported in-between meetings.
4. Provides a culturally safe environment with an emphasis on engaging Aboriginal women.
5. Understands that lived experience can mean diverse and different things including the experiences of victim-survivors, secondary victims, and service providers.

Consultations

To facilitate the consultations that will inform the design of the Lived Experience Advisory Group, Kwobap Consultancy would like to hold consultations with family and domestic violence stakeholders (either online or in-person) between December 2023 and February 2024, pending the availability of stakeholders. Please also note:

- All information collected will remain confidential and secure.
- The consultations will inform the design of the Lived Experience Advisory Group, including the Terms of Reference.
- A *Consultation Summary Report* will be provided to the State Government.

Upon accepting an invitation to participate in the consultation process, Alison or Karine will be in touch to make plans for the consultation.

More Information









Please contact the people below with any questions you may have about the project:




- Alison Scott, Project Manager, Kwobap Consultancy:
0455 631 215 or kwobap-goodplace@outlook.com
- FDV Taskforce secretariat at FDV.Taskforce@communities.wa.gov.au

Appendix B

Lived Experience Advisory Group Consultations Community Information Sheet

This paper helps you make a choice about talking to us

	<p>Family and domestic violence is any violent, threatening or abusive behaviours in family, domestic or inmate relationships. This can include different types of harms such as physical, financial, coercive control and emotional abuse.</p>
 <p>GOVERNMENT OF WESTERN AUSTRALIA</p>	<p>The WA Government wants to make sure it is listening to the voices of people who have experienced family and domestic violence by creating a Lived Experience Advisory Group. This Group will include people who have experienced family and domestic violence who can offer the government advice or their real-life knowledge of how to make services work better for people in this situation.</p>
	<p>Have you experienced family and domestic violence? Or are you a carer/ family member helping someone who is experiencing it? Would you like to have a say on how a state-wide lived experience family and domestic violence advisory group (a group that gives advice) is set up? Then we would like to speak to you!</p>
<p>CONSULTATION TEAM</p>  <p>ALISON SCOTT PROJECT MANAGER</p>  <p>KARINE HAMILTON PROJECT SUPPORT</p>	<p>The WA Government has asked Alison Scott to speak to the community about this and to ask community members for ideas about what this new group should look like and how it runs. Alison is a proud Noongar woman and regularly speaks publicly about her own personal and professional experiences to advocate for change. Karine Hamilton is helping Alison with the project. If you would prefer to speak with a male that can be organised, just let us know.</p>
	<p>Would you like to talk to Alison or Karine? They want to hear your thoughts about how a Lived Experience Advisory Group can best give a voice to people with lived experience and give advice to government.</p>
	<p>Everything you say to us will be kept safe and private. We won't mention your name in anything we write or talk about, so no-one can tell 'who said what'.</p>
	<p>Alison and Karine will write a Report to tell Government about what community members have told them and to give suggestions for how to design the Lived Experience Advisory Group.</p>
	<p>You don't have to take part in this project if you don't want to. If you decide to be involved you decide which questions you want to answer,</p>

	<p>it's your choice. There are no right or wrong answers and all information is helpful.</p>
 	<p>If you are happy to talk with us, please tell us 'Yes'.</p> <p>Alternatively if you would like to be involved via the survey please go to: https://www.surveymonkey.com/r/GG8M9QR or scan the QR code to go straight to the survey.</p> <p>If you need to ask a question about the project, you can call or email: Alison Scott, Project Manager: 0455 631 215 or kwobap-goodplace@outlook.com</p> <p>If you want to speak to the Department of Communities please contact FDV Taskforce secretariat at FDV.Taskforce@communities.wa.gov.au It can be hard to talk sometimes when you have experienced family violence. If you feel upset, let us know, we can offer you support and give you information about support services.</p>
	<ul style="list-style-type: none"> • National Domestic Family & Sexual Violence Counselling 1800 737 732 • Full Stop Australia 1800 385 578 • 13 YARN 13 92 76 • Brother to Brother Crisis Support 1800 435 799 • Crisis Care 1800 199 008 • Men's Domestic Violence Helpline 1800 000 599 • Women's Domestic Violence Helpline 1800 007 339 • Rainbow Sexual, Domestic and Family Violence Helpline 1800 497 212 • Lifeline 13 11 14 • Ageing and Disability Abuse Helpline 1800 628 221 • Elder Abuse Help Line 1300 651 192 • Mensline Australia 1300 78 99 78 • Kids Helpline 1800 55 1800 • Suicide Call Back Service 1300 659 467

Appendix C

LEAG Consultation Questions

Please note that Alison and Karine will tailor the wording of questions and ‘pick and choose’ questions based on each stakeholder or group being consulted. This will ensure questions are relevant and asked in a way that is suited to each stakeholder group.

Purpose and Role

Do you think it’s important to have a LEAG? Why?

What should be the purpose and role of the LEAG?

Prompts:

- Value and listen to community members experiences so that current issues and trends inform ongoing work.
- Engage the wider community to keep them informed about their activities and/or hear from people with lived experienced to further inform the LEAG?
- Give advice to the Minister for Prevention of Family and Domestic Violence on the issues and policies concerning government responses to family violence? Who else needs to access the advice and expertise of people with lived experiences?
- Inform the design of family violence policies and services?
- Oversee and monitor the state’s implementation of family violence strategies, currently Path to Safety: Western Australia’s Strategy to Reduce Family and Domestic Violence 2020-2030?
- Provide capacity building to the sector i.e., toolkits, training, awareness raising workshops?
- Research and develop position papers to advocate for reform?
- Recommend sub-groups or projects if required?
- Other?

What do you think are the potential benefits or positive outcomes of a LEAG?

What do you think are the potential risks or negative/unintended outcomes of a LEAG?

Structure

How many members should it have? How long should members be appointed for?

How often, and for how long, should the LEAG meet?

Where should the meeting be held? In person, and/or online?

Which agencies or groups should the LEAG have links to? How can those links be formed?

What kind of resourcing will the LEAG need?

Representaon and Membership Criteria

How can the LEAG have diverse representation from across WA?

Which community groups should be represented?

CALD, First Nations, Persons with Disability, Gender, LGBTQIA+?

What are the best ways to engage and inform these community groups about the LEAG?

What ongoing considerations will these groups need while being LEAG members?

How can the diversity of lived experiences be included in the LEAG and who should be included as a person with a lived experience: Vicms survivors, Secondary vicms, Service providers, Reformed perpetrators?

Should the LEAG only have lived experience members? Or should it also have representaves from government agencies like WA Police, Jusce or Health, service providers, academics or other experts?

What should the LEAG selecon process look like? Is it through an EOI process, are people nominated, other suggesons?

Who should be involved in selecng members of the LEAG?

Should LEAG members need to have certain skills, experiences, or values beyond their lived experience of family violence?

Should vicm survivors and anyone else that is to be represented by the LEAG have access to members? What would that look like?

Principles

Which guiding principles or values should the LEAG follow? Example prompts: trauma informed, culturally safe, empowering, flexibility, diversity?

Member Safety and Support

How can the LEAG be a safe space for members to share their stories and experiences?

Certain groups may find it more difficult to share their experiences within this space examples are people with disabilities, people in the LGBTQIA+ community, men as vicms survivors, reformed perpetrators if they were to be included. Do you have suggesons on how a safe space could be developed for these conversaons with these different groups in mind?

How can the LEAG be culturally safe for Aboriginal members?

What kind of supports and training will members need during, and outside, of meengs?

How can the LEAG be trauma-informed (i.e., meeng structure, pracces, processes)?

Should members remain anonymous?

How can any ongoing risks to members (or their family/children) by perpetrators be managed?

ACKNOWLEDGEMENTS

I would like to express my genuine appreciation to all those who have supported and contributed to this project. To all the community members and service providers with lived experience of FDV, who bravely shared their experiences, thoughts and ideas on how this new advisory group could be designed and operate, I am truly thankful.

To the Taskforce and Taskforce Sub Group thank you for progressing this important project; your assistance and guidance has helped us get to this point. It was a pleasure working with all of you.

I would also like to thank the Kwobap Consultancy project team. As someone with lived experience of FDV having a caring committed team was essential; they kept me strong throughout the journey. Karine Hamilton played an integral part in this project. I cannot fault her passion, dedication and expertise. I have learnt and laughed so much working with her. Leon Ruri created a safe space for men to participate in conversations, provided support with any tasks that needed to be done and brang the energy and gave encouragement whenever we needed it. Lastly, thank you to John Mogridge for his support of the project from the very first session as a community member and then stepping in and facilitating the last few consultations when we were down a staff member. All of you made this intense whirlwind of a project a pleasure to work on and have ensured, most importantly, that the voices of people who have experienced family and domestic violence are heard and valued and that they have had an opportunity to have a say on how the new FDV Lived Experience Advisory Group will be formed and function.

Thank you!



Kwobap Consultancy Project Team

ALISON SCOTT - DIRECTOR
KARINE HAMILTON, LEON RURI AND JOHN MOGRIDGE -
PROJECT SUPPORT