

Authors: Alain Palines, Neoma Carey, Andree Dolby, David Fry, Jane Little, Mei Mak, Steven Taylor, Adrian Hubble

Organisation: LiverWELL, Melbourne, Australia

Publication Date: July 20, 2025

Contact: [alain@liverwell.org.au](mailto:alain@liverwell.org.au) LiverWELL, 15 Gracie Street, North Melbourne, Victoria, 3051, Australia [Liverwell.org.au](http://Liverwell.org.au)

**“Through this committee, we aim to ensure the lived experiences of individuals directly shape the future of liver health in Australia, driving change, reducing stigma, and improving access to information, testing, and support.”** — LiverWELL Lived Experience Advisory Committee

## Why LEAC?

- LiverWELL created the Lived Experience Advisory Committee (LEAC) to embed the voices of people with lived experience into decision-making, policy, and programs.
- This model advances best practice in consumer engagement, governance, and program co-design — aligning with evolving care models in viral hepatitis response.



## What makes the LEAC Model different?

- Operates under shared governance, not traditional consultation
- Guided by co-design principles and the IAP2 ladder of participation
- Builds trust through trauma-informed, inclusive practice
- Serves as a replicable model for workforce engagement and community leadership

### Implementation Areas

- Targeted recruitment reflecting and prioritising diverse lived experiences
- Advocacy to address stigma and systemic service gaps
- Trauma-informed and trust-building spaces

## What Has LEAC Achieved?

### Engagement & Sustainability



- Members report a respectful and inclusive environment
- Clear roles and alignment on shared goals, including the 2030 elimination targets
- Strong commitment to peer-led responses and equity-driven systems change
- Stigma and discrimination were also areas of discussion
- Identified opportunities for growing shared understanding within a diverse group

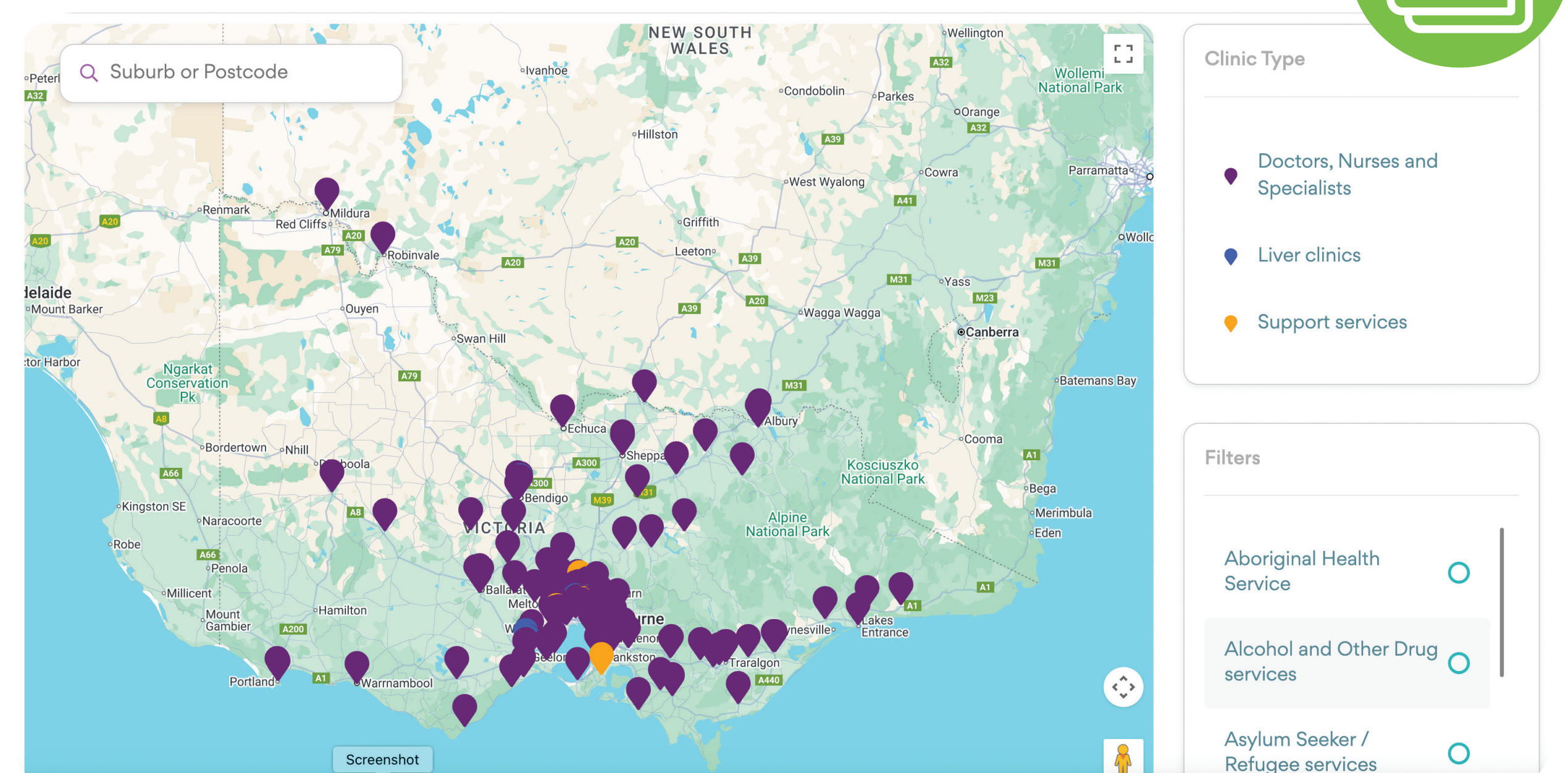
### Policy & Governance



- LEAC is actively reviewing organisational policies on volunteering, peer roles, and lived experience engagement

## Program Development

- LiverLine Lived Experience Volunteer Framework — co-designed with LEAC
- Hepatitis Services Directory — informed by LEAC input



## Advocacy & Public Engagement

- ‘Be the Change’ video campaign — LEAC involved in script, shoot, and review
- Supports sector-wide best practice in health communications



## What's next?

This work contributes to professional development across disciplines, and informs clinical, community, and policy practice:

- Expand lived experience across LiverWELL's strategic governance
- Develop a formal evaluation framework for policy and service impact
- Annual member-led self-evaluation
- Scale the model across viral hepatitis and liver health sectors

## Key message

This work supports a multidisciplinary, future-focused response to viral hepatitis by embedding lived experience in service design and leadership.

It demonstrates how co-design, shared governance, and trauma-informed practice can drive policy change, professional development and community-led innovation.