



Lived Experience: **A story of resilience and hope**



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The journey continues

He waka
eke noa

We are all in this
canoe together,
and no one is
left behind.

Riana Manuel reflects on the achievements of the CPSLE Workforce Development Strategy 2020 to 2025, acknowledging the many voices and experiences that shaped it and looking ahead to the work still to be done.

Nau mai, haere mai ki tēnei rautaki hou mō te hunga whai wheako, te hunga kiritaki, te hunga tautoko ā hoa, me te hunga whai wheako ora.

Welcome to our Consumer, Peer Support and Lived Experience (CPSLE) 2020 to 2025 strategy celebration of achievement – a story of resilience and hope.

This strategy grew from the voices of people with lived experience, their whānau, and those who work alongside them.

We acknowledge and thank everyone who gave of themselves, their experience and their kupu/words, including those who shared difficult truths so that this work could be honest. You planted the seed of this strategy the privilege of listening was ours.

This document is a marker on the journey, not the end of it. Significant work lies ahead, honouring and resourcing the lived experience workforce, strengthening its capability, and ensuring the voice of the person is heard in every service and at every decision making table. It will only be achieved together.

He waka eke noa

We are all in this canoe together, and no one is left behind.

Riana

Riana Manuel

Chief Executive Officer Te Pou



A strategy that became a movement

A reflection by Amanda Bradley

The Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Strategy was more than a plan for change. It became a shared vision built on relationships, authenticity and the belief that lived experience belongs at the heart of our sector.

Looking back, what resonated most with me about the 2020 to 2025 CPSLE Workforce Development Strategy and Action Plan, was that it simply made sense. It was grounded in authenticity, relationships, and a genuine belief that lived experience matters.

After 26 years in the mental health and addiction sector, I had seen firsthand that real change happens when people feel heard, respected, and connected. The strategy recognised that people with lived experience are not only recipients of services, but leaders, advisors, advocates, and change-makers. It reflected values that have always been important to me: hope, connection, self-determination, and authentic relationships.

I saw the strategy and action plan as a guiding light. Across the CPSLE sector, I could clearly see commitment, passion, and loyalty to the vision. There was a collective belief that lived experience voices should not only be

heard, but should actively shape services, systems, and policy. It felt less like a strategy document and more like a movement, driven by people who genuinely cared about creating better more positive outcomes for others.

I was drawn to the lived experience sector because I wanted to be part of something intentional, meaningful, and authentic. I could see the opportunity to contribute through the relationships I had built over many years and to support a workforce that was growing in confidence, influence, and impact.

One of the most exciting aspects of the strategy was its commitment to growing CPSLE leadership. Through the action plan's focus on identifying and developing leadership opportunities,

my role as National Manager - Consumer, Peer Support, Lived Experience at Te Pou was created. For me, that was a dream come true and a tangible example of the Strategy being turned into action.

As we celebrate the achievements of the past five years, I find myself reflecting on how much has been accomplished through the dedication of the CPSLE workforce. Relationships have remained at the heart of the journey, and together we really have continued to strengthen the recognition, value, and influence of lived experience across the sector.

For me, the legacy of this strategy is people coming together with purpose, authenticity, and a shared commitment to creating a future where lived experience knowledge is valued, respected, and embedded in everything we do.

Amanda Bradley

National Manager
- Consumer, Peer Support,
Lived Experience



Forging new pathways

The evolution of lived experience leadership: from a time of silence and stigma to a workforce built by people, for people, and grounded in hope, partnership and collective action.

My mum experienced major depression at different times throughout my childhood. While having a mum with depression was frightening and difficult, it is the shame and silence that I remember most. It felt like a desperate, dirty secret we carried without understanding why.

Later came my own life-changing experiences of mental health challenges, beginning in my teens and continuing throughout my life. They were perhaps a little more colourful than Mum's, but I was determined they would never define me through shame.

Instead, they became the experiences that steered me into working in consumer, peer support and lived experience roles for nearly three decades.

My first paid role was as a consumer advisor (mental health). It was a new and very lone position, and those early years were pretty rough at times. There were hidden costs to being 'out'.

The stigma and discrimination of those times coloured not only our careers, but our aspirations. We were forging new rough terrain and cutting new pathways. We always had to be very reasoned and reasonable; otherwise, our 'wellness' was brought into question. In every relationship, interaction and meeting, we had to prove our value over and over again.

It was scary, exciting and full of quantum leaps and backslides, moving the improbable into the necessary possible.

The paid CPSLE workforce at that time was tiny, and most roles were focused on consumer advice and strategic advocacy. It was largely untested, and, in many ways, we were making it up as we went. That meant doing a bit of everything, often all at once.

Around the same time, the Like Minds, Like Mine campaign began challenging the entrenched negative depictions of 'mad' people that were so prevalent in our communities.

I smile now when I see how openly people talk about their mental health. What a change.

When I started in the role, I came under the wing of the powerful activists of the time - people who kicked in doors, protested, and thumped tables to right the wrongs of the past and carve new pathways forward. Coming from the women's movement, I felt like I'd found my tribe. They became my mentors, my guides and, in many ways, my teachers.

*I smile now when I see
how openly people talk
about their mental health.
What a change.*

Long before peer support was widely recognised, I had already experienced its healing power. My psychiatrist had a particular interest in seasonal affective disorder, which was still relatively new at the time. Over many cold, dark Stratford winters, we would sit together in front of a light box. Those desperate, terrifying, life-stealing experiences somehow became lighter through being shared.

All of this is what I brought with me into workforce development. I had a vision for the workforce we needed - one that could grow, learn and share together. I wanted people experiencing mental health challenges and addiction to have genuine choices in the support available to them, and for services to adapt to people's needs, rather than expecting people to adapt to services.

I also carried a deep concern. If we didn't start claiming our own space, articulating our value and defining our ways of working, we risked becoming a prescribed gap-filling resource - one that others shaped, rather than one we had led and developed ourselves.

One of our first major milestones was developing the competencies. They described the values that guide us, what we do, why we do it, how we do it, and, just as importantly, what we don't do.

It was no small task. Bringing together a workforce of passionate, committed people from across the mental health and addiction lived experience sector and reaching agreement was an achievement in itself. Somehow, we did it. Collectively, and not without a few scars along the way. The competencies weren't perfect - but they were ours, created by us, for us.

From there, we turned our attention to developing a workforce development strategy - again, by us, for us and in our own voice. The workforce was growing and diversifying, and we needed shared goals and aspirations to build strong foundations for the future.

We also knew that a strategy without an action plan risked becoming something people admired but never implemented. So, we created one of those too.

That brings us to today. Five years on, we have reached the end of the strategy's first cycle, and the foundations we hoped to build are firmly in place.

There was always a fear that professionalising our workforce might diminish the very qualities that made our roles so special. We worked hard to ensure that didn't happen - to hold fast to our values, believe in ourselves and the unique contribution we could make, influence service delivery, and remain part of a compassionate healing community. Along the way, we also had amazing allies who stood beside us and made an enormous difference.

I'm still astonished by how much we have achieved together as a workforce. The resources now available, the partnerships we've built and the foundations we've laid are things I once only hoped might be possible. None of this happened because of one person. It happened because so many people came together, time and again, generously sharing their knowledge, experience and belief in what lived experience could become.

My love of this workforce - its courage, compassion and ability to create healing and hope - has never diminished. Together, we created our place, held true to our values and made a positive difference for countless people and whānau.

Bring on the next five years!

Caro Swanson

Principal Advisor Mental Health,
Lived Experience Lead



CPSLE 2020–2025 Strategy:

Five years of progress, partnership and growth

Over the past five years, the CPSLE Workforce Development Strategy 2020 to 2025 has helped strengthen, connect and elevate the lived experience workforce and leadership across Aotearoa New Zealand's mental health and addiction sector.

Developed to guide workforce growth and strengthen lived experience leadership nationally, the strategy and accompanying action plan provided structure, direction and a shared vision for a sector that had often worked in isolation. At the conclusion of the five-year programme, assessment findings indicate that the strategy has largely achieved its intended goals while also laying important foundations for the future of the CPSLE workforce.

Overall, 80 percent of the actions outlined in the CPSLE Action Plan 2020 to 2025 were completed, with strong progress made across leadership development, workforce growth, workplace

capability and sector collaboration.

Feedback gathered from Te Pou kaimahi and members of the Strategy and Action Plan Advisory Group (SAPAG) consistently highlighted the value of having both a national strategy and an action plan for the CPSLE workforce. Participants described the strategy as providing much-needed guidance, structure and legitimacy to the sector at a time when many people and organisations were working independently, often creating their own resources and frameworks.

The strategy also played an important role in fostering collaboration and collective action. SAPAG members noted that the action plan not only drove practical workforce development activity but also created opportunities for people across the sector to connect, participate and work towards shared goals.

One of the most significant outcomes of the strategy has

been the strengthening of leadership and partnership infrastructure across the CPSLE sector. Participants reflected that the strategy gave greater mana, visibility and recognition to lived experience work, helping to establish strategic relationships and increase opportunities for collaboration across services and organisations.

The feedback also identified substantial workforce growth and capability development over the five-year period. Investment in peer support workforce development increased significantly, alongside the expansion of training, leadership opportunities and workforce resources. In addition, the workforce has become a diverse group of advocates, educators, trainers, researchers, auditors and board members.

Te Pou itself experienced notable growth as the host organisation for the strategy, including the establishment of a dedicated lived experience team, the appointment of a national manager for lived experience, and lived experience representation within executive leadership structures.

Importantly, the strategy contributed to a broader shift in how lived experience leadership is understood and valued within the mental health and addiction sector. Respondents reflected that the CPSLE workforce now has

greater visibility and recognition, with increased awareness of the importance of lived experience perspectives in workforce development, service design and leadership.

The evaluation findings also acknowledged the challenges experienced throughout implementation. Participants identified barriers including inconsistent ownership of the strategy across the wider sector, changing government priorities, funding limitations and ongoing perceptions of mental health and addiction services as primarily clinically focused.

Feedback also highlighted the need for stronger system-level advocacy, clearer accountability and greater sector-wide ownership moving forward. While Te Pou led the development of the strategy with the intention that it would become sector-owned, participants reflected that broader engagement and shared responsibility across government agencies, workforce centres, NGOs and lived experience communities will be essential for the next phase of development.

Despite these challenges, the overall findings demonstrate that the CPSLE Strategy 2020 to

2025 has played a significant role in strengthening the lived experience workforce and building a stronger sense of identity, connection and leadership across the sector.

Participants consistently described the strategy as a foundational step—not the end of the journey, but an important platform for future growth.

Looking ahead, the assessment identifies opportunities to further strengthen workforce development, broaden participation across diverse communities, support greater implementation of resources and frameworks, and continue advocating for lived experience leadership at all levels of the system.

As the next phase of CPSLE workforce development begins, the legacy of the 2020 to 2025 strategy is already visible: stronger partnerships, increased visibility of lived experience leadership, growing workforce capability, and a sector that is more connected and valued than it was five years ago.

The work continues, built on foundations that are now stronger, more visible and more collaborative than ever before.



2020 to 2025 Strategy results

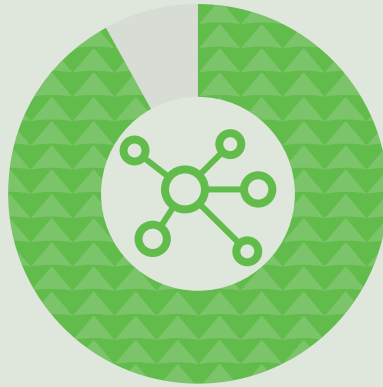
Activities completed

80% of CPSLE Action Plan activities completed



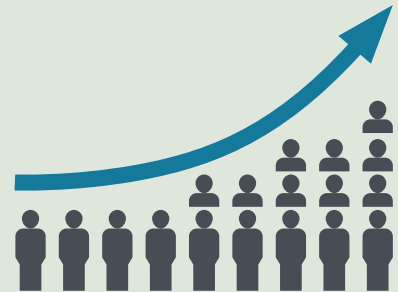
Leadership and partnership infrastructure

92% of planned leadership and partnership infrastructure activities delivered



Workforce growth

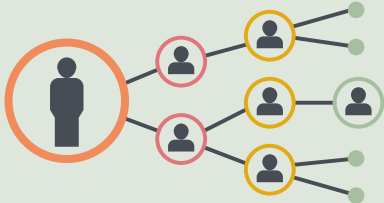
Significant growth in peer support and lived experience workforce development



"The strategy brought structure, visibility and connection to a workforce that had often worked in isolation." - SAPAG member

Collaboration and connection

Increased strategic relationships and sector collaboration



National leadership

Dedicated lived experience leadership established within Te Pou

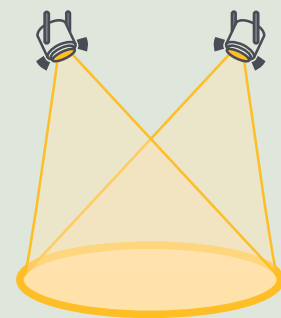
Examples

- › Dedicated lived experience team
- › National manager role established
- › Executive leadership representation
- › Wise Group board representation



Visibility and recognition

Increased visibility and recognition of the CPSLE workforce nationally



"This work helped bring the sector together."

- Te Pou kaimahi

Workforce development

Expanded training, guidance resources and workforce support tools



Sector voice

Stronger collective voice for lived experience leadership. Our workforce is valued across the sector



"Lived experience leadership is now recognised as essential."

- CPSLE worker

"The strategy was a foundational step, not the end of the journey."

- Te Pou leader



The birth of lived experience leadership in Aotearoa New Zealand

There was a time in Aotearoa New Zealand when mental health challenges and addiction were rarely spoken about openly.

Experiences of distress, trauma, addiction and recovery were often hidden behind closed doors, shaped by stigma, silence and shame. People who accessed mental health and addiction services were frequently defined by diagnosis rather than by their humanity, strengths or potential. Many felt unheard within the systems designed to support them.

Yet alongside this silence, something powerful was beginning to emerge.

Across the late 1980s and 1990s, people with personal experience of mental distress and addiction began connecting through advocacy groups, peer networks,

recovery communities and grassroots movements. Drawing on international recovery and consumer rights movements, people in Aotearoa started challenging traditional ideas about who held expertise within mental health and addiction services.

A simple but transformational idea began to take hold: that people with lived experience possessed knowledge, insight and leadership that could help others and improve services.

This became the foundation of what is now known as the CPSLE workforce.

The early lived experience movement was deeply connected to human rights, self-determination and recovery. It sought to create systems that listened to people rather than speaking for them. It championed dignity,

participation and hope at a time when many people continue to experience exclusion and discrimination.

The development of lived experience leadership in Aotearoa New Zealand has been shaped by both lived experience advocacy and Māori approaches to wellbeing, whānau-centred support and collective recovery. Many of the principles that underpin peer support, including connection, relationships, shared understanding and hope, align closely with Māori models of health and wellbeing, contributing to a uniquely Aotearoa approach to lived experience leadership.

As the movement evolved, peer support became an increasingly important part of the mental health and addiction landscape. Individuals with lived experience began working alongside others in recovery – not as clinicians, but as peers, mentors, advocates, facilitators and supporters.

Their contribution was different because it was grounded in shared understanding and mutual experience.

Te Pou describes peer work as being built on values including mutuality, experiential knowledge, self-determination, participation, equity and recovery and hope. These values emerged from the consumer rights, self-help and recovery movements that shaped mental health and addiction support over several decades.

Importantly, the lived experience workforce developed not in opposition to clinical services, but alongside them, offering connection, understanding and community-based support that many people found transformative.

Over time, lived experience voices became increasingly recognised as essential to service design, leadership and workforce development. The 2018 Government Inquiry into Mental Health and Addiction, *He Ara Oranga*, reinforced this shift, highlighting the importance of strengthening lived experience leadership and ensuring that people and whānau were involved in shaping services.

Within this evolving landscape, Te Pou played a significant role in helping to grow and strengthen the CPSLE workforce in Aotearoa New Zealand.

For more than 20 years, Te Pou has contributed to the development of peer workforce competencies, workforce development strategies, leadership infrastructure, guidance resources, partnerships and national conversations that have helped bring the sector together.

The impact of this work can be seen not only in workforce growth, but also in wider societal change.

Today, lived experience leadership is recognised as an essential part of a compassionate and effective mental health and addiction system. People with lived

experience work across communities as facilitators, educators, advisors, coaches, peer support workers and leaders. Conversations about mental health and addiction are more open than they once were, and many people now feel safer sharing their experiences and seeking support.

While challenges remain, the growth of lived experience leadership reflects a profound cultural shift in Aotearoa New Zealand – from silence and stigma towards participation, connection, recovery and hope.

This journey continues.

But its foundations were built by people who chose to speak, connect, advocate and lead, often at a time when doing so required immense courage.

Their voices helped change the landscape of mental health and addiction in Aotearoa New Zealand.

References

- › Te Pou – Lived Experience Work
- › CPSLE Workforce Development Strategy 2020–2025
- › The Role of the Peer Workforce (Te Pou/Caro Swanson)
- › CPSLE Guide and Workforce Resources
- › He Ara Oranga – Government Inquiry into Mental Health and Addiction
- › Like Minds, Like Mine National Plan 2007–2013

The evolution of lived experience leadership in Aotearoa New Zealand

1980s

Early consumer and recovery movements emerge

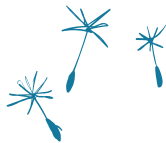
- › Lived experience voices begin calling for dignity, participation and recovery-focused mental health services.
- › Auckland Psychiatric Survivors forms, later helping establish Aotearoa Network of Psychiatric Survivors (ANOPS) as a national consumer voice during the shift to community care.
- › Addiction services grow outside mental health, supported by the voluntary sector and shaping a distinct workforce, culture and evolving recovery language.



2006 to 2010

Te Pou strengthens workforce development across mental health, addiction, and disability

- › Te Pou is established and embeds lived experience input across mental health, addiction and disability workforce development.



2010s

Lived experience leadership expands

- › Lived experience leadership becomes more visible across workforce development, service design, advocacy, training and leadership.



2020 to 2025

Building leadership, partnership and workforce capability

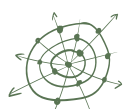
- › The strategy strengthens leadership, workforce capability, collaboration, guidance and sector visibility across Aotearoa New Zealand.



2025

A stronger, more connected CPSLE sector

- › Five years on, the CPSLE workforce is larger, more visible, connected, valued and recognised nationally.



Late 1990s to early 2000s

Lived experience roles increased

- › Lived experience advocacy and advisory roles emerge, strengthened by the Mason reports and new consumer advisor roles across mental health services.
- › Local and regional consumer networks grow, while people with addiction lived experience increasingly move into formal health-qualified roles.



Early 2000s

Recovery and human rights approaches gain momentum

- › Recovery-focused practice gains momentum, alongside stronger recognition of human rights, self-determination and inclusion.



2018

He Ara Oranga signals system change

- › He Ara Oranga reinforces lived experience leadership and calls for stronger peer support and national workforce development.



2020

Launch of the CPSLE Workforce Development Strategy 2020–2025

- › Te Pou launches the first national mental health and addiction CPSLE Workforce Development Strategy and Action Plan.



Future/2026+

Te ara whakamua | The next chapter

- › The next CPSLE strategy builds on these foundations to grow a workforce that expands choice, strengthens person-centred services and informs future system change.



The strength of the consumer, peer support and lived experience movement has always been its people.

Behind every strategy, framework and milestone are individuals who have shared their experiences, challenged the status quo, built partnerships and created opportunities for others.

The following stories represent just six of the many voices that have helped shape the CPSLE journey over the past 25 years. While each perspective is unique, together they reflect a shared commitment to ensuring lived experience continues to strengthen mental health and addiction services across Aotearoa New Zealand.



Janice McGill

Janice McGill has been helping to grow New Zealand's peer support workforce for more than two decades. She has seen first-hand how a shared vision can become everyday practice.

From leading peer teams and facilitating reflective practice to co-chairing the CPSLE Strategy and Action Plan Advisory Group (SAPAG), Janice has worked alongside services and organisations to strengthen CPSLE practice across Aotearoa.

Looking back, Janice sees the CPSLE Workforce Development Strategy and Competencies as one of the most significant developments for the sector.

"The framework didn't just give us something to talk about - it gave us something we could put into practice."

That practical application has been transformational, says Janice.

One of the highlights of her career was using the CPSLE competencies to design and develop a peer workforce training programme. Rather than simply describing what good peer support should look like, the framework became a practical tool that helped people recognise the value of their own lived experience and intentionally use it to support others.

Participants came to the training with personal experience of mental health challenges or addiction services. Many already possessed the empathy, insight and resilience needed for CPSLE work. The training helped them recognise those qualities as strengths, build confidence in their identity as CPSLE workers, and develop the skills to use their experience purposefully within the workforce.

"The strategy created understanding," Janice explains. "It gave people permission to see themselves within the CPSLE workforce and to intentionally use their lived experience in a safe and supported way."

But for Janice, developing the workforce is about much more than initial training.

Reflective practice, ongoing supervision, coaching and strong organisational support are all essential to sustaining CPSLE workers throughout their careers. She believes the framework provides a foundation that organisations can continue building through recruitment, professional development, service design and leadership.

"It isn't just a document," she says. "It's a tool that helps you build services, develop people and create opportunities for growth."

Janice is equally passionate about protecting the unique identity of peer support as lived experience leadership continues to evolve.

Looking to the future, Janice hopes to see peer support recognised across every part of the mental health and addiction system while remaining true to its origins and values.

Many of the frameworks, competencies and resources developed through the work of Te Pou have influenced organisations nationally and internationally, helping shape workforce development well beyond Aotearoa.

For Janice, that is something worth celebrating. "This has been incredible mahi," she reflects. "The framework continues to guide how we grow services, support people and strengthen the workforce. Twenty years on, we're still building on those foundations."



Janice McGill

Sheridan Pooley

Every significant change begins with someone believing things can be different. Sheridan Pooley has spent much of her career helping make that belief a reality within addiction services.

As consumer advisor and team lead at Community Alcohol and Drug Services (CADS), Waitematā, Sheridan has spent many years advocating for the value of lived experience within addiction services.

Working at the intersection of peer support, clinical services and system leadership, she has seen first-hand how attitudes towards lived experience have evolved. For Sheridan, one of the greatest achievements of the (CPSLE) Workforce Development Strategy was that it gave the sector something it had long needed – credibility.

“We’d been saying these things for years,” she reflects. “But having them written down in a national strategy gave them weight. It showed people this wasn’t just someone’s opinion – it was the direction the whole workforce was moving in.”

That shift made a tangible difference.

When CADS was redesigning one of its withdrawal services, Sheridan and her manager saw an opportunity to strengthen peer support within the new model of care. Using the national strategy and other workforce guidance, they successfully advocated for peer support roles to be included in the service. Initially hoping to secure a single position, the team ultimately established more than two full-time equivalent peer support roles.

“It became a national goal rather than just an idea,” Sheridan says. “We were able to point to the strategy and say, ‘This is where the workforce is heading. This is what good services should be doing.’”

For Sheridan, this illustrates the real value of the strategy, not simply as a document, but as a catalyst for change.

While much has been achieved over the past five years, Sheridan believes the next phase of workforce development is about ensuring lived experience knowledge stands alongside traditional clinical expertise with equal respect. In particular embedding people with skills knowledge and lived experience into every level of the system – peer support to work with clients and advisors to work with services, to ensure the voices and experiences of people who use services are essential elements of quality improvement and assurance, strategic planning and service development.

She also believes continued investment in peer support must go beyond recruitment. Training, reflective practice, supervision and wellbeing are all essential to sustaining a workforce that carries significant emotional responsibility.

Reflecting on her years contributing to the CPSLE Strategy and Action Plan Advisory Group, Sheridan acknowledges that building consensus was not always easy.

“This work matters because it’s personal,” she says. “For many of us, lived experience isn’t just our job, it’s our lives.”

That shared commitment, she believes, has helped create a stronger future for people accessing mental health and addiction services.

“Having the strategy meant we could say, ‘This isn’t just our idea, this is where the whole workforce is heading.’”



Sheridan Pooley

Aaryn Niuapu

Long before lived experience became recognised as a workforce, it was a movement grounded in advocacy, connection and hope. Aaryn Niuapu has been part of that journey every step of the way.

Over the past decade, Aaryn has helped shape the (CPSLE) workforce from both strategic and operational perspectives. From his early work supporting Māori lived experience leadership through Te Rau Ora and later contributing to the development of Te Pou's CPSLE Strategy and Action Plan, he has watched the movement grow from aspiration into action.

One of the achievements he is most proud of was helping strengthen the partnership between Te Pou and Māori lived experience leaders during the development of the strategy. Ensuring Māori leadership was woven into the work from the beginning was more than good governance, it reflected the values of partnership, accountability and shared leadership that continue to shape the workforce today.

Looking back, Aaryn says one of the strategy's greatest achievements has been providing greater clarity around what it means to be part of the CPSLE workforce.

"It clarified who we are," he explains. "Not only our shared values, but what our practice looks like when the rubber hits the road."

"The workforce was a movement first. When people feel connected to that wider purpose, we achieve more together."

Since contributing to the strategy, he has had the opportunity to see those ideas come to life through services, practice models, leadership roles and workforce development. For him, seeing the strategy translated into real-world change has been deeply rewarding.

"It's encouraging to know none of it was in vain," he says. "Many of the people we supported are now stepping into leadership roles themselves and helping shape the next chapter."

One moment stands out.

After presenting at a conference on the growth of lived experience leadership, a person new to the workforce approached Aaryn to share how hopeful they felt after hearing there was now a genuine pathway into leadership. Until then, they had questioned whether there was a future for them in the sector.

"For me, that really reinforced the importance of visible leadership," Aaryn reflects. "Sometimes simply seeing someone who has walked a similar path gives another person confidence that they belong here too."

He has seen that same growth through mentoring and supervision, supporting emerging leaders to build confidence using the CPSLE values, competencies and action plan as their North Star. Watching people go on to lead organisations and influence the sector has been one of the most rewarding aspects of his journey.

Looking ahead, Aaryn believes the workforce will continue to mature, with stronger leadership pathways, greater accountability and, ultimately, professional recognition. Yet as the workforce grows, he believes it is equally important to hold onto its origins.

"Our roots are in advocacy, human rights and collective action," he says. "As we become more established, we need to keep coming back to our 'why'."

He also sees new opportunities - and new challenges.

As technology and artificial intelligence become increasingly embedded in everyday work, Aaryn believes the sector must ensure lived experience remains authentically human.

"No technology can replace the spirit of real lived experience," he says. "We need to embrace innovation while protecting what makes this workforce unique."

Ultimately, what gives Aaryn hope is the growing sense that people are part of something much bigger than their individual role.



Aaryn Niuapu

Romy Lee

As New Zealand's communities become increasingly diverse, Romy Lee believes the lived experience workforce must evolve alongside them.

Romy is Principal Advisor – Lived Experience at Asian Family Services, and brings a unique perspective to the Consumer, Peer Support and Lived Experience (CPSLE) workforce.

Working within an Asian-led organisation, she has seen how culture shapes people's experiences of mental health, addiction and recovery. She has also seen how important it is that lived experience leadership reflects the diversity of the communities it serves.

For Romy, one of the greatest achievements of the CPSLE Workforce Development Strategy has been creating a strong foundation for lived experience practice across Aotearoa.

"It gave us a common language," she explains. "It helped people understand what lived experience work is, why it matters, and how it can contribute alongside clinical services."

Over the past five years, she has seen that foundation influence organisations, strengthen leadership and provide clearer pathways for people wanting to work within the CPSLE workforce.

But she believes the work is far from finished.

One of Romy's strongest messages is the importance of ensuring future workforce development reflects the diversity of New Zealand's communities.

"As our workforce grows, we can't assume one approach will work for everyone," she says. "We need to future-proof our work, so it responds to the changing needs of all our communities."

For organisations like Asian Family Services, culturally responsive lived experience practice is essential.

People often experience mental health and addiction differently depending on their cultural background, family expectations and community context. Romy believes those differences should be reflected in leadership, workforce development and service design.

She is equally passionate about reducing variation across the sector.

"We need to future-proof our work, so it responds to the changing needs of all our communities."

While many organisations have embraced lived experience leadership, others continue to face barriers including limited funding, workforce capacity and access to specialist support.

"It's not just geography," Romy explains. "It's also about organisational size and resources. Larger organisations often have greater capacity to establish lived experience roles, while smaller organisations can struggle to create even a single position."

For Romy, creating equity means ensuring every organisation reaches a strong baseline before expecting further innovation.

"We need everyone to reach a minimum standard," she says. "Otherwise, those already leading the way will continue to move ahead while others fall further behind."

Looking ahead, she believes one of the biggest opportunities lies within the way services are commissioned.

Rather than treating lived experience roles as optional non-clinical positions, Romy hopes future contracts will intentionally specify the inclusion of peer support and lived experience expertise.

"We need to be much more intentional about how we commission these roles," she says. "That creates consistency and ensures lived experience isn't dependent on goodwill alone."

Reflecting on the work of the Strategy and Action Plan Advisory Group, Romy is quick to acknowledge the collective effort behind the strategy's success.

"They've done so much work," she says of the Te Pou team. "It's for the better of all of us in the sector."

For Romy, that is what gives her confidence about the future.

The foundations have been built.

Now the challenge – and the opportunity – is ensuring every community has the chance to build upon them.



Romy Lee

Kevin Harper

Some people change services. Others help change the systems behind them. Kevin Harper has spent much of his career doing the latter.

Kevin is the Chief Executive of Changing Minds and former Chair of the CPSLE Strategy Action Plan Advisory Group. He has spent much of his career looking beyond individual programmes to the systems that shape people's lives.

From that perspective, he sees the Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Strategy as far more than a five-year plan.

"It changed the conversation," he says simply.

Throughout his interview, Kevin returns to one idea more than any other: the power of having a collective point of reference.

Before the strategy existed, lived experience leaders often found themselves advocating alone. Once the strategy and action plan were in place, those conversations changed.

"There is a big difference between standing alone and pointing to something the sector has collectively agreed on," he explains. "It gave people permission. It gave people authority."

Whether discussing employment, service design or government funding, people no longer had to argue their case in isolation. They could point to a nationally endorsed strategy that reflected the collective aspirations of the sector.

For Kevin, that simple shift had enormous significance.

"It wasn't the responsibility of individuals," he says. "It was about what we had agreed together."

Looking back, Kevin believes one of the greatest dangers is viewing the strategy with the benefit of hindsight.

Today, it's easy to assume the pathway was obvious.

It wasn't.

"The people leading this work weren't simply walking along an existing road," he reflects. "They were cutting the pathway."

That pathway required courage, persistence and a willingness to learn.

Some ambitions proved more difficult than expected. Some goals evolved as the sector matured. Yet Kevin sees that not as failure, but as the very nature of meaningful change.

"The opportunity to learn was part of the success," he says. "You don't know what you don't know when you're creating something new."

He is equally quick to recognise the many people who helped shape that journey.

Kevin acknowledges the determination of Caro Swanson, the Lived Experience team at Te Pou and other lived experience leaders over many years, who continued to champion the work even when the path forward was uncertain. Their leadership, he believes, helped create the foundations that others now build upon.

Importantly, Kevin sees the strategy's success not only in what it achieved, but in its continued relevance.

Five years after its publication, organisations still refer to it, services still use it, and leaders continue to draw on it to guide decision making.

"Not every strategy stays relevant," he observes. "This one has."

Perhaps Kevin's most powerful reflection comes when considering the people who embraced the strategy throughout the country.

"It's an enormous congratulations to everyone who picked it up and used it," he says. "You've made it easier for the next person, and the next person, and the next person."

For Kevin, that may be the strategy's greatest legacy.

Not simply the document itself, but the pathway it created for those who would follow.

"The framework didn't just give us something to talk about - it gave us something we could put into practice."



Kevin Harper

Rhonda Robertson

Having helped shape the lived experience movement over more than three decades, Rhonda Robertson believes its greatest strength has never been in individual voices, but in ensuring the voices of others continue to be heard.

Rhonda has been part of Aotearoa New Zealand's lived experience journey since the mid-1990s, contributing to the development of consumer leadership across the mental health and alcohol and other drug sectors long before lived experience became a recognised workforce.

Reflecting on the (CPSLE) Workforce Development Strategy, Rhonda sees it as an important milestone, but one chapter in a much longer story of people working together to strengthen the place of lived experience within addiction and mental health services.

She is also quick to acknowledge the foundations that were laid before the strategy.

Within the alcohol and other drug sector, people with lived experience had long supported others through recovery, and the

first funded lived experience role in that sector was established in Christchurch in 1999. Over time, that work evolved into a recognised consumer and peer workforce, creating formal opportunities for lived experience knowledge to influence services and systems.

"The values are the most important thing," Rhonda says.

For Rhonda, lived experience leadership has never been about becoming the loudest voice in the room. It is about creating space for the voices that are too often unheard.

"It's not about me," she reflects. "It's about upholding everybody's experiences."

She believes people working in lived experience roles have a responsibility not simply to share their own stories, but to remain connected to the people and

communities whose experiences continue to shape the work.

"They need to be the conduit," she explains. "Not sitting in that space speaking only from their own experience."

That perspective has been shaped by decades of experience.

She remembers a time when the value of dedicated lived experience roles was still being questioned. While many clinicians also brought their own experiences of recovery, Rhonda believes dedicated lived experience roles complemented that expertise by ensuring the voices of people using services could directly influence how support was designed and delivered.

Today she is encouraged by how far the workforce has come. The strategy has provided shared direction, strengthened partnerships and helped establish



lived experience as an essential part of the mental health and addiction workforce.

But Rhonda gently reminds us that no strategy is ever the destination. The real measure of success lies in how those values continue to be lived every day.

She believes lived experience leadership is a privilege. Sitting at decision-making tables brings influence, but with that influence comes a responsibility to remain connected to the people and whānau whose experiences inform the work.

“We have the responsibility of carrying as many voices as we can.”

She is equally passionate about recognising lived experience knowledge alongside every other form of expertise.

“Cultural knowledge, clinical knowledge and lived experience all have value,” she says. “No form of knowledge is more important than another.”

Rather than seeking validation from other professions, Rhonda encourages the workforce to have confidence in the knowledge it already holds while remaining open to learning from others.

“The biggest player can learn from the smallest player,” she reflects. “We all need to humble ourselves to where that knowledge could come from.”

Looking ahead, Rhonda hopes the workforce continues to grow without losing sight of its underlying purpose: improving the experiences of people and whānau seeking support.

For her, success has never been measured by how influential the workforce becomes. It is measured by whether the people and whānau at the heart of the work continue to see their experiences reflected in the decisions being made.

“Cultural knowledge, clinical knowledge and lived experience all have value, no form of knowledge is more important than another.”



Rhonda Robertson





Next steps

The renewed strategy
and action plan
2026 to 2031

At the heart of the Mātau ā-wheako, Consumer, Peer Support and Lived Experience workforce is a shared commitment to making things better for those who come after us. The first workforce strategy and action plan helped give shape to that commitment and created a foundation for continued growth. This new strategy and action plan looks ahead to 2026–2031, acknowledging that the world around us is changing, and that lived and living experience expertise must continue to be understood, valued and embedded as change unfolds.

The final stages of the CPSLE strategy and action plan were written during Matariki 2026, a time that invites reflection, remembrance, hope and renewal. This felt fitting. The strategy has been shaped by many voices across the motu, beginning with a Māori and Pacific stakeholder hui and continuing through workforce forums, a nationwide survey, advisory groups, whānau advisors, lived experience leaders and sector partners. Some kōrero was challenging, as important kōrero often is. It helped sharpen the direction and deepen the commitment behind this combined strategy and action plan.

What came through clearly was a shared call for lived and living experience to be recognised as essential expertise. It is knowledge carried through life, relationships, recovery, whānau, community, culture and service experience, and it must be supported, resourced and woven through the mental health and addiction system.

This direction builds on the first CPSLE workforce development strategy and action plan, which concluded in 2025. That work achieved much, particularly in leadership, partnership infrastructure, communities of practice, resources, research and sector visibility. It also surfaced areas still needed, including inconsistent understanding of lived experience roles, limited accountability, funding pressures, unclear sector ownership and wider system change. The next stage must therefore be practical, shared and sustainable.

To hold this well, the strategy is grounded in Te Tiriti o Waitangi, equity, cultural responsiveness, mātauranga Māori and Te Ao Māori frameworks. It recognises the importance of Māori leadership, self-determination, and responses that honour tāngata whai ora, whānau and diverse communities, including Māori, Pacific, disabled, neurodivergent, rural, Asian, rainbow, refugee, migrant, youth and older people.

By 2031, the vision is for a thriving, visible and sustainably resourced CPSLE workforce whose expertise is valued in service and system design, decision-making and everyday practice. Seven values guide this journey: Lived and living experience, Mana motuhake, Equity, Hope, Whanaungatanga, Hauora and Social justice.

The action plan brings this vision into focus through three connected goals. Goal One nurtures the knowledge, skills and conditions people need to flourish, including competencies, supervision, mentoring, training, education

pathways, career progression, wellbeing, pay and conditions. Goal Two grows the size, diversity and clarity of the workforce through planning, data, recruitment, retention, role clarity, scopes, standards, ethics, grants and scholarships. Goal Three strengthens the leadership, relationships and infrastructure needed for lasting change, including a national professional body, sector connection, diverse leadership, governance training, research, evaluation and support for CPSLE-led and CPSLE-influenced organisations.

Bringing this plan to life will take collective effort across commissioners, employers, workforce development centres, CPSLE leaders, advisory groups, Te Pou and wider sector partners. Most importantly, this plan belongs to the CPSLE workforce. It carries the voices, hopes and responsibilities of many people, and seeks to create the conditions for lived and living experience leadership to shape a more equitable, responsive and hopeful mental health and addiction system for the future.

