The Victorian Lived and Living Experience Workforce Learning Collaborative

Information for applicants

Background

Lived and living experience (LLE) roles have rapidly grown in Victoria in recent years. There is a clear need to support mental health and alcohol and other drug (AOD) organisations with recruiting, embedding, supporting and retaining lived and living experience workforces (LLEW). Organisations have told the Department of Health (the department) that there is a lack of clarity about what is being asked of organisations. They have identified that they need access to people with on the ground know-how that have led to changes in organisations, access to guidance and resources, practical examples and opportunities to share the journey with others.

The department has engaged Yale University, in partnership with Dr Louise Byrne and SHARC, to improve the capability of organisations to integrate and partner with strong lived experience workforces, through the Victorian Lived and Living Experience Workforce Learning Collaborative (The Learning Collaborative).

The Learning Collaborative brings together organisations to draw on their unique strengths and contributions and provide organisational tools and resources to support lived experience workforces to thrive in safe work environments.

The Learning Collaborative partially responds to the Royal Commission into Victoria's Mental Health System (RCVMHS) interim report Recommendation 6, asking for a lived experience organisational readiness and workforce training program to be delivered across all Area Mental Health Services and identified non-government organisations.

About the Victorian Lived and Living Experience Learning Collaborative

Launched in November 2024, this groundbreaking program is designed to revolutionise the integration of Lived and Living Experience Workforces (LLEW) across Victoria. This is achieved

through a structured learning collaborative that supports organisations to develop their capability, implement meaningful change, and assess their progress using evidence-based guidance and assessment tools. If you would like to learn more about the Lived/Living Experience at Heart (LLEAH) program please visit https://www.sharc.org.au/lleah/ for more information.

The Learning Collaborative consists of one year of ongoing consultation and technical assistance to a cohort of ten (10) organisations who currently deploy, or are committed to employing a lived and loving experience workforce. This will be the third cohort of The Learning Collaborative, with the first and second cohort finishing the program in December 2025 and December 2026, respectively.

This initiative is designed to assist organisations in supporting and maximising the contributions of the LLE workforce in the delivery of mental health, health, and community support for people living with serious mental illness, distress, trauma, and/or substance use disorders and experiences.

The Learning Collaborative aims to help organisations establish the organisational culture and administrative infrastructure needed to hire, deploy, and effectively sustain a Lived and Living Experience Workforce.

The Learning Collaborative has been adapted to the Victorian context and is guided by the Australian National Lived Experience (Peer) Workforce Development Guidelines and the Victorian Lived and Living Experience Discipline Frameworks.

For many organisations involved, this work will involve developing or adapting policies, procedures, and programs to ensure the lived and living experience workforce can provide effective peer and other support and that their work is recognised and integrated into the organisation.

The Learning Collaborative includes training, consultation, and technical assistance provided by the lived and living experience faculty outlined at Appendix 1 and comprises the following:

1. An 11-month Learning Collaborative training course based on the Australian modified toolkit consisting of three modules:
    a. Module 1: Preparing the Organisational Culture (3 months)
    b. Module 2: Role Clarity, Recruiting and Hiring (3 months)
    c. Module 3: Supervising, Retaining, and Advancing the Careers of the Lived Experience Workforce (3 months)
2. Initial consultation and technical assistance (TA) workshops to support implementation of organisational change projects.

What's different in 2027?

Organisations are at very different stages in developing their LLEW. Some are just getting started, while others already have established roles, policies and strong LLEW leadership.

For 2027, The Learning Collaborative (TLC) has been adapted to better support organisations wherever they are on that journey. The refreshed model builds on learning from previous TLC cohorts, where participants told us they particularly valued one-on-one technical assistance and opportunities to learn from other organisations about their LLEW development efforts.

In response, TLC 2027 introduces monthly facilitated study groups, where organisations will be matched with others at a similar stage of LLEW development or working through similar implementation challenges. Facilitated by a Technical Expert, these smaller groups will create dedicated space for shared learning, peer exchange and practical problem-solving, alongside the broader TLC program.

Resources and support for selected organisations

The Learning Collaborative training and technical assistance will be provided at no cost to the participating organisations. The program is funded by Victoria's Department of Health and delivered in partnership with the Yale Program for Recovery and Community Health (Yale PRCH), Dr. Louise Byrne and SHARC.

The third Victorian cohort will commence on 4 March 2027.

As part of this initiative, selected organisations will be offered:

1. A 2-hour readiness conversation supported by a screening tool to explore organisational authority, safety, role integrity and priorities.
2. Half-day "kick-off" on the organisational aspects of integrating lived experience within your program. This training will include preliminary discussion of organisational changes involving both clinical and administrative activities.
3. 2-hour monthly virtual Learning Collaboratives for all organisations.
4. Access to assessment tools to help organisations assess how their culture supports LLE work and develop position descriptions that reflect LLEW values and practice.
5. 1.5-hour monthly virtual study group facilitated by a technical assistant to support action planning, implementation, and learning alongside peer organisations.
6. Consultation and technical assistance on effectively supporting lived and living experience workforces, grounded in peer competencies and skills.

7. A copy of the toolkit “Facilitating Cultural Change and Enhancing Lived and Living Experience in your Organisation”.

Resources are adapted for the Victorian context and integrate with relevant Australian and Victorian guidelines and frameworks.

Eligibility

Victorian Department of Health-funded organisations that employ or have a commitment to employ lived and living experience workforces within mental health and drug and alcohol sectors, including mental health and alcohol and drug services; Aboriginal and Torres Strait Islander Community Controlled and lived and living experience led services/organisations; and system steward organisations (for example, the Victorian Mental Health and Wellbeing Commission).

We recognise that lived and living experience workforces also play important roles in related sectors, including homelessness, gambling harm, family violence, and other community services where there are strong intersections with mental health and AOD. While organisations operating solely within these sectors may not meet the current eligibility requirements, we encourage you to contact the LLEAH team to discuss your interest and explore potential opportunities for involvement.

Organisational commitment

Participating organisations need to be able to commit to the following:

1. Having CEO/executive management sponsorship (authoriser of the EOI application) or, if your organisation has a separate mental health division or similar, sponsorship at the divisional or equivalent level.
2. Select an organisation project key contact to be the lead liaison for the initiative and coordinate activities. This person should have adequate release time from regular duties to fulfill the responsibilities of the initiative and the power/authority to implement change.
3. Have a team that would include a currently employed designated lived experience worker, a senior leader or administrator, HR specialist, and supervisory staff. The team will be expected to meet at least monthly and will participate in all virtual consultations.
4. Commit to attending all events and activities of the collaborative as outlined in Appendix 2, including: a 2-hour readiness conversation, the initial three-hour kick-off, monthly two-hour collaborative meetings, monthly 1.5-hour study groups, and all assessments as required.
5. Actively participate during monthly meetings, report on the progress of the project and learn from the faculty and other participants.

6. Identify and implement a project for sustained or increased lived and living experience involvement specific to this initiative.

How to apply

1. Applications are open from Friday 6 November 2026.
2. Complete the application form in Appendix 3.
3. Applications must be supported by the organisation's CEO or equivalent level of authorisation.
4. Applications must be submitted electronically to LLEAH@sharc.org.au by COB on Friday 18 December 2026.

Selection process

Participating organisations will be selected by members of the project team across SHARC, Yale, and The Victorian Collaborative Centre for Mental Health and Wellbeing. A mix of organisation types will be selected based on demonstrating the ability to commit to program requirements.

Queries

If you have questions about the application process, please contact: LLEAH@sharc.org.au

If you have questions about The Learning Collaborative please contact:

- Megan Evans: megan.evans@yale.edu or
- Maria E. Restrepo-Toro: maria.restrepo-toro@yale.edu or
- Jacqui Sundbery: LLEAH@sharc.org.au

Appendix 1. Faculty/Coordinators:

Louise Byrne, PhD is a leading international expert on Lived and Living Experience, acknowledged as a thought-leader in workforce development and the change management strategies required to build authentic, effective and impactful Lived Experience (Peer) workforces. Louise's name is synonymous with highest quality, evidence-informed work, setting benchmarks for best practice, and enhancing understanding of authentic Lived Experience principles and practice. Louise's work is informed by her personal (consumer) Lived and Living Expertise and her experience in a diverse range of designated Lived Experience work roles across sectors and settings, since 2005. Louise trained in Intentional Peer Support, and since 2010 has led an internationally groundbreaking body of research on Lived Experience workforce development, culminating in numerous frameworks, policies and models including the Australian 'National Lived Experience (Peer) Workforce Development Guidelines'. Louise is a Fulbright alumni, has been awarded multiple research fellowships and holds an Associate Professor Adjunct position at Yale University. Louise's program of research has created a theory of change for how to advance understanding, respect and leadership opportunities for the Lived and Living Experience workforces.

Chyrell D. Bellamy, PhD, MSW is a Professor of psychiatry in Yale's Department of Psychiatry and where she serves as the Director of Yale's Program for Recovery and Community Health and the Director of Peer Support Services & Research. Dr. Bellamy is also the Senior Policy Adviser to the Commissioner of Connecticut Department of Mental Health and Addictions Services. Her research examines sociocultural experiences and pathways to wellness and recovery in prevention and treatment; peer support; lived experience leadership; and community based participatory research and co-design methods. She brings expertise as a frontline service provider, clinician, social worker, community educator and organizer, trainer, program evaluator, and community and academic researcher in the health and behavioral health fields, and she openly identifies as a person with lived experience of multiple marginalized and minoritized identities including mental illness, trauma, and addictions. She is founder and developer of the Imani Breakthrough Faithbased Harm Reduction Opioid Recovery program with Dr. Ayana Jordan. She has received various federal and state grants for her work on peer support and community based participatory development of interventions. She is a co-founder and director of the International Yale Lived Experience Transformational Leadership Academy (LET(s)Lead). Dr. Bellamy is a proud 2013 recipient of the Pearl Johnson Advocacy Award from the National Association for Rights Protection and Advocacy, a 2021 recipient of The Steve Harrington Award from the National Association of Peer Support, 2023 recipient of the new inaugural Celia Brown Advocacy Award from the Alliance for Rights and Recovery (formerly NYAPRS), and 2024 recipient of the Museum of African American Addiction, Treatment and Recovery Hall of Fame Award.

Maria E. Restrepo-Toro, MS is a nationally recognized leader, educator and trainer in the fields of Latino behavioral health recovery, psychiatric rehabilitation and cultural competence. She was one

of the developers of LET(s)Lead and if co-director with Chyrell Bellamy. She is currently the director of Yale PRCH's Health Equity, Education and Training and the project co-director of the New England Mental Health Technology Transfer Center and brings her expertise in 1) workforce development in recovery-oriented practices such us person-centered, trauma-informed care and psychiatric rehabilitation interventions; 2) development of peer-run initiatives, training and technical assistance on peer integration practices; and 3) development of culturally appropriate curriculums and web-based training tools. She has trained hundreds of multidisciplinary stakeholders, both nationally and internationally and provided technical assistance in the implementation and dissemination of innovative recovery-based interventions. She founded the Latino Initiatives at Boston University Center for Psychiatric Rehabilitation and established and coordinated the Yale Latino Recovery Colectivo a group committed to the dissemination of recovery oriented, trauma informed and evidenced based initiatives on Latinos(x). She has earned recognition as a leader in the field of psychiatric rehabilitation, receiving the USPRA 2012 Leroy Spaniol Educator Award. For the past 28 years—most of which were spent at the Boston University Center for Psychiatric Rehabilitation —Restrepo-Toro has successfully trained bilingual professionals, administrators, peers, advocates, and family members both nationally and internationally. She has a unique expertise in developing culturally appropriate recovery oriented training materials designed to bring hope and to empower Spanish-speaking persons and their families, as well as other persons of color.

Megan Evans, PhD, MS is a Postdoctoral Fellow at Yale's Program for Recovery and Community Health. Dr. Evans also serves as faculty and the curriculum and evaluation lead of the Yale Lived Experience Transformational Leadership Academy (LET(s)Lead). Following almost a decade of professional experience in the behavioral healthcare and social services fields, Dr. Evans returned to graduate school to pursue systems change on a larger scale. Informed by her professional and lived experiences of the behavioral healthcare system as well as her graduate training in public health, her research focuses broadly on social and behavioral approaches to promoting mental health, recovery, and quality of life among disenfranchised populations. Specifically, her current research program focuses on 1) the role of employment in recovery, and 2) designing, implementing, and evaluating peer support initiatives. She is the author of the 2023 book, Peer Support Services Reaching People with Schizophrenia.

Graziela, Reis, MPH, MA is a program coordinator for Yale PRCH and has experience in public health and psychology in Brazil and the USA. Graziela Reis is an immigrant from Brazil who brings several strengths and international experiences to the field of behavioral health and wellbeing. She is a mother, wife, worker, and advocate for equity, inclusion, and human rights. She is a clinical psychologist who graduated in Brazil with a master's degree in public health (MPH) and a post-master's degree in trauma-informed care (PMT) from Springfield College, MA. Currently, Graziela works at Yale Program for Recovery and Community Health. Her professional interests are focused on improving mental health, substance use, and disability access and services for minoritized

communities. Graziela is a recognized national and international trainer, and her work is related to education, focusing on promoting culture-sensitive services and community engagement for adults and children with trauma, mental illness, and substance use challenges. She is the IMANI Latino project coordinator, Yale site coordinator at the New England Mental Health Technology Transfer Center, project manager of the Disability Lived Experience Networking and co-chair of Yale Recovery Latino Collective. Graziela's commitment is to advance and disseminate recovery-oriented care strategies for Spanish and Portuguese communities as part of her community activity. She was the Mental Health Task Force's chair at Unitarian Society of New Haven for more than six years, a board member of NAMI Elm City for two terms, a board member of Yale Latino Network, board member of the Unit Head, Policy, Law and Human Rights Unit (PLR) Department of Mental Health and Substance Use, World Health Organization, Coordinator of Brazilian University Researchers, a board member of CT Mental Health, and a Board Member of Connecticut Council on Developmental Disabilities.

Clare Davies is the Chief Executive Officer at Self Help Addiction Resource Centre SHARC which is one of the oldest peer led and governed organisations in Australia. Clare's approach is deeply grounded in collective experience, shared recovery and the life sustaining power of peer support. Clare has been a leader in developing, managing, and sustaining peer workforces within the Alcohol and Other Drug (AOD) sector for many years. She has played a key role in building and sustaining spaces where lived and living experience leadership can thrive. She has qualifications in AOD, social science, social work, governance and strategy and is a Churchill Fellow, Harvard Club of Victoria Non-Profit Fellow, current participant of Social Impact Leadership Australia program and Vice President of Victorian Alcohol and Drug Association VAADA. Clare continues to advocate for structures that value mutuality, equity, and the transformative potential of collective care with the understanding that change is most powerful when it is led by those with direct experience.

Jacqui Sundbery, PhD, MA is the Lived and Living Experience At Heart (LLEAH) program manager. She works from a family/supporter perspective and has a long connection with AOD recovery communities. Jacqui has a background in Aboriginal health, research translation and workforce development as well as being a family therapist who enjoys collectivist approaches that consider and work with the whole system. She has been a friend of SHARC since the 90s, was the first family counsellor, and a board director for four years. Jacqui completed her PhD in 2015 which explored the effectiveness of family therapy training and practice when working with substance use issues in Aboriginal and Torres Strait Islander Community and has worked in university, alcohol and other drug, mental health and government settings.

Robyn Priest has spent almost 30 years turning her own mental health journey into a platform for learning, leadership and system change. An internationally respected lived experience leader, educator and peer support advocate, Robyn has worked across mental health, AOD and harm reduction settings in communities around the world. She is currently the Manager of The Collective,

a Victorian lived and living experience workforce initiative that supports connection, leadership development and sector-wide capacity building for lived experience workers. As co-founder of 'Live your truth', Robyn has supported organisations globally to build authentic lived experience workforces and embed peer support values into practice, policy and culture. Internationally recognised for her contribution to the field, Robyn contributed to the Mental Health Commission of Canada's landmark report Making the Case for Peer Support and received the iNAPS Lifetime International Achievement Award for her impact on peer support worldwide. Known for making complex ideas accessible, engaging and practical, Robyn helps organisations move beyond theory and into meaningful implementation, creating cultures grounded in hope, dignity, mutuality and authentic human connection.

Jacqueline Gibson brings fifteen years of deliberate authority in governance, rights-based health advocacy, and clinical accreditation. Her trauma-informed lens stems from her lived experience as a carer, a witness, and a quiet force in the margins. Standing firmly on the foundation of public interest and statutory oversight, she strips away bureaucratic abstractions to embed human safety and dignity within structural policy. She has occupied the closed rooms where narratives are codified: Mental Health and Wellbeing Lived Experience Carer Commissioner for the Mental Health and Wellbeing Commission (MHWC), holding government to account for systemic performance, and as a community member on the Victorian Mental Health Tribunal (MHT), interpreting complex legal frameworks to protect individual human rights. In these roles, alongside her tenure as a Board member of Uniting Care Prahran Mission, she evaluated evidence with absolute independence. Her strategic footprint extends deep into national regulatory design. Appointed via Ahpra to represent the public voice on the Dental Board of Australia (DBA) and the Medical Board of Australia (MBA) Victoria, she applied rigorous ethical frameworks to audit educational standards and shift National Health Law to include Cultural safety using human rights benchmarks. By dismantling defensive clinical dogmas and instilling absolute health consumer transparency within the Australian Medical Council (AMC) and the Australasian College for Emergency Medicine (ACEM), where she was awarded a rare Honorary Fellowship. Jacqueline ensures that those who live the system are the ones who ultimately shape it.

Michelle Swann is a highly respected family carer and supporter lived experience leader with more than 20 years' experience across government, clinical services and community organisations. A qualified social worker, Michelle has played a significant role in shaping Victoria's mental health reform agenda, including serving as Principal Adviser, Lived Experience (Carer) within the Victorian Department of Health. She is passionate about embedding meaningful lived experience leadership in policy, service design and system reform, and has extensive expertise in co-design, workforce development and organisational change. Michelle brings a strong commitment to human rights, social justice and the inclusion of family, carer and supporter perspectives in decision-making, helping organisations build more responsive, inclusive and person-centred services. Michelle

recently established Swanning Around Consultancy, through which she continues to support lived experience leadership and reform initiatives across Australia's mental health system.

Appendix 2. The Learning Collaborative Schedule

Schedule 2027		
Month	**The Learning Collaborative – All of cohort**	**Study groups**
March	**4 March 2027** 9 am - 11 am LLEWLC Kick-off meeting	**18 March 2027** 10:30 am - 12 pm **Study group #1**
April	**1 April 2027** 9 am - 11 am **Module 1(a)**: Preparing the Organisational Culture.	**15 April 2027** 10:30 am - 12 pm **Study group #1**
May	**6 May 2027** 9 am - 11 am **Module 1(b)**: Preparing the Organisational Culture.	**20 May 2027** 10:30 am - 12 pm **Study group #1**
June	**3 June 2027** 9 am - 11 am **Module 1(c)**: Preparing the Organisational Culture. **Team presentations (Project #1).**	**17 June 2027** 10:30 am - 12 pm **Study group #1**
July	**1 July 2027** 9 am - 11 am **Module 2(a)**: Role Clarity, Recruiting and Hiring Lived Experience Workers.	**15 July 2027** 10:30 am - 12 pm **Study group #2**
August	**12 August 2027** 9 am - 11 am **Module 2(b)**: Role Clarity, Recruiting and Hiring Lived Experience Workers.	**19 August 2027** 10:30 am - 12 pm **Study group #2**
September	**2 September 2027** 9 am - 11 am **Module 2(c)**: Role Clarity, Recruiting and Hiring Lived Experience Workers. **Team presentations (Project #2).**	**16 September 2027** 10:30 am - 12 pm **Study group #2**

October	**7 October 2027** 9 am - 11 am **Module 3(a)**: Supervising, Retaining, and Advancing the Careers of Lived Experience Workers.	**21 October 2027** 10:30 am - 12 pm **Study group #3**
November	**4 November 2027** 9 am - 11 am **Module 3(b)**: Supervising, Retaining, and Advancing the Careers of Lived Experience Workers.	**18 November 2027** 10:30 am - 12 pm **Study group #3**
December	**2 December 2027** 9 am - 11 am **Module 3(c)**: Supervising, Retaining, and Advancing the Careers of Lived Experience Workers.	**9 December 2027** 10:30 am - 12 pm **Study group #3**
January 2028	**20 January 2028** 9 am - 11 am **Final presentations**	
January 2028	**27 January 2028** 9 am - 11 am **Certificates and celebrations**	

Appendix 3. Application form

Complete all sections, adding more lines to the tables as required.

Email applications to LLEAH@sharc.org.au by 5pm on Friday 18 December 2026.

Identifying Information	
Name of organisation	
Address of organisation	

Project Key Contact	
Provide the name and position of an individual who will be identified as the project key contact for the initiative and coordinate activities. Ideally this individual should have line authority over programs or a major and relevant institutional role.	
Name	
Position/title	
E-mail address	
Phone number	

Executive Sponsor	
Please provide details of your organisation's Executive Sponsor for this work as described in point 1 under Organisational Commitment.	
Name	
Position/title	
E-mail address	
Phone number	

Criteria 1: Organisational overview
Provide a brief, overview of your organisation, including years in operation, mission/vision, organisational structure, range of services, number of staff, and number of individuals served annually. **Please attach a copy of your organisational chart to this application.**
Details:

Criteria 2: Current lived and living experience workforce status
Describe current lived and living experience roles within your organisation (role types, functions and FTE etc.). If your organisation has a separate mental health division or similar, describe that rather than the whole organisation. If your organisation does not currently employ lived and living experience workers, describe your organisation's commitment to developing, employing and supporting a lived and living experience workforce, including any current initiatives, plans or organisational priorities in this area.
Details:
Describe any organisational development or training your organisation has already undertaken regarding integration of lived and living experience workforce in your organisation.
Details:

Criteria 3: Organisational readiness/capacity
Describe the readiness or capacity of your service/organisation to participate and benefit from this initiative. Identify any potential barriers to effective participation or successful implementation. Please refer to Organisational Commitment on page 3.
Details:

Criteria 4: Other initiatives
Identify any other LLEW initiatives at your service/organisation that would take place concurrently with this project and whether these would complement or compete with this initiative.
Details:

Criteria 5: Benefit of participation
What is your vision for LLEW at your organisation and how will this initiative be helpful to your organisation and the people you serve.
Details:

Other relevant information
Please provide any other information you think may be relevant for the panel assessing this application.
Details: