Eastern Health

Community Participation Plan

2025-2026

Eastern Health Community Participation Plan 2025 and 2026

Table of contents

Acknowledgements

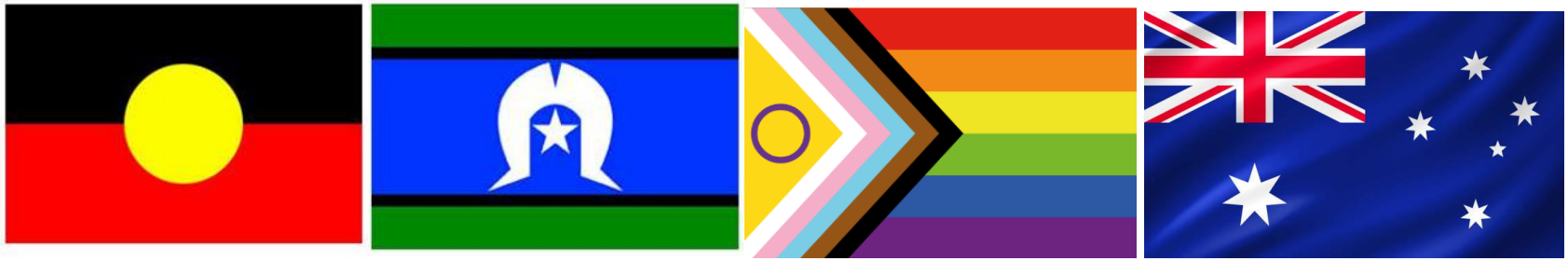
Acknowledgement of Country: Eastern Health acknowledges the Traditional Owners and Custodians of the land on which we work and live and pays respects to their Elders past, present and emerging. We acknowledge their significant cultural heritage, their fundamental spiritual connection to Country and value their unique contribution to our diverse community. We are proud to embrace the spirit of reconciliation and learn from the local Aboriginal and Torres Strait Islander communities about how to best work with them to advance their health, social and economic outcomes.

Acknowledgement of Lived Experience: We acknowledge the lived and living experience of our consumers and recognise that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and our community. We recognise the huge contribution people with lived and living experience make to Eastern Health.

Acknowledgement of Diversity: Eastern Health is committed to providing a safe, inclusive and equitable healthcare environment for all.

Eastern Health values the contributions, knowledge and lived experiences of all LGBTQIA+ people and acknowledge LGBTQIA+ individuals within our organisation and the broader community. Their voices are essential in guiding our efforts towards equity, respect and visibility. Eastern Health recognises that many LGBTQIA+ people experience stigma, discrimination and violence because of their identity. We work in partnership to learn and grow so that we can support and respond appropriately to the needs of our LGBTQIA+ colleagues and consumers.

Eastern Health values the contributions, knowledge and experiences of people with disabilities and their carers in our organisation and broader community. Eastern Health recognises that many people with disabilities face stigma, discrimination and access barriers. We are committed to fostering an inclusive environment for all. By working in partnership, we aim to learn and adapt to provide accessible and equitable services for people with disabilities.



Message from Eastern Health Board Chair and Chief Executive

It is with great pride that Eastern Health presents our 2-year Community Participation Plan 2025 *and 2026*.

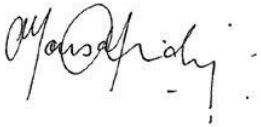
To deliver our promise of 'Healthier Together', Eastern Health is committed to working in partnership with our community, consumers and those with lived experience to improve our services, facilities, systems and information to meet the needs of our community. Through meaningful community and consumer partnerships at all levels we aim to demonstrate effective partnership with the community and deliver on our promise of 'Healthier Together'.

Our Community Participation Plan has been developed with engagement of members of our diverse community, consumer representatives, Eastern Health staff and Board Directors. We would like to recognise and thank all those who participated so generously in the consultation process and development of this plan.

We would also like to thank the members of the Community Participation Plan Steering Committee and Working Group, including the consumer representative co-chairs, for their commitment to supporting the development of this plan in true co-design fashion.

Underpinned by our Eastern Health value of 'partnering in care', this plan provides actions to continue to strengthen community participation and further embed the consumer voice into everything we do at Eastern Health. We commit to keeping our community informed of the progress we make and the outcomes we achieve together.

We warmly invite you to join us on this journey to continue to strengthen community participation and engagement to fulfil the Eastern Health Promise: Healthier Together.



Tass Mousaferiadis, Chair, Eastern Health Board

Adj Prof David Plunkett, Chief Executive

Introduction

Commitment

Eastern Health is committed to being a health service where consumers, patients, carers, families and our diverse community are meaningfully and equitably involved, heard, valued, respected, supported and empowered as partners in care.

Underpinned by our value of 'partnering in care', this Plan will describe how our staff, consumers and the community will together build on the existing community participation foundations to guide Eastern Health to continue to strengthen community participation and further embed the consumer voice into everything we do at Eastern Health. Most importantly, the Plan tells our staff, consumers, patients, carers, families and our community that their participation is fundamental to ensuring we can make a difference – we are healthier together when we partner together.

Scope

The scope of the Community Participation Plan includes:

- Our community
- Our consumers including patients, clients, families, carers, residents
- Our staff including Eastern Health staff, volunteers and consumer representatives
- Our leaders including the Eastern Health board, executive and managers

Strategic Alignment and Links

Eastern Health's Strategic Plan 2023 - 2025 defines Eastern Health's Promise, Values in Action and overall strategic direction. The Strategic Plan is underpinned by four strategic goals:

- Enabled and empowered people
- Excellent care and experiences
- Safe and welcoming
- Optimising resources

Our strategic goals are supported by our values in action:

- Respect for all
- Safe always
- Partnering in care
- Learning and improving every day

The Strategic Plan affirms our commitment to working together with our patients, consumers, staff, communities and partners to be healthier together.

Associated Eastern Health Plans and Initiatives

This Community Participation Plan is one of many Eastern Health tactical plans developed to support delivery of the Eastern Health Strategic Plan. When developing this Plan, it was acknowledged that there are many Eastern Health plans and initiatives that include community participation and engagement strategies and actions targeted to specific diverse cohorts within our community. These include:

Aboriginal Health Cultural Safety Plan: Healthier Together Towards 2024-2026

Outlines actions to support our commitment to self-determination, Cultural Recognition, ongoing reflection and the co-design of service delivery that will support closing the gap.

Innovate Reconciliation Action Plan

Outlines actions to support our vision for reconciliation through self-determination, partnerships and respect to ensure our entire community has access to culturally safe and responsive health care.

Aboriginal Workforce Plan 2023-2026

This plan demonstrates our commitment to growing and developing a talented and versatile Aboriginal workforce with a strong focus on cultural safety and belonging through actions to deliver impactful attraction, recruitment, on-boarding, development and retention of Aboriginal staff.

Diversity Equity and Inclusion Framework and Plan

The Diversity, Equity and Inclusion Framework outlines our approach to creating a safe, welcoming, respectful and inclusive service and workplace environment for all to thrive. It consolidates and builds upon Eastern Health's previous single-page Diversity, Equity and Inclusion Framework and the Equity and Inclusion Standard.

Disability Action Plan 2025-2026

Building on our earlier work (2019-2022), the Plan outlines actions to deliver on our commitment to identifying and adopting inclusive practices responsive to the health and wellbeing needs of staff, volunteers, patients, families and communities of people living with disability, as well as their carers, and to identifying, addressing and reducing the barriers they may experience in our workplaces and our health services.

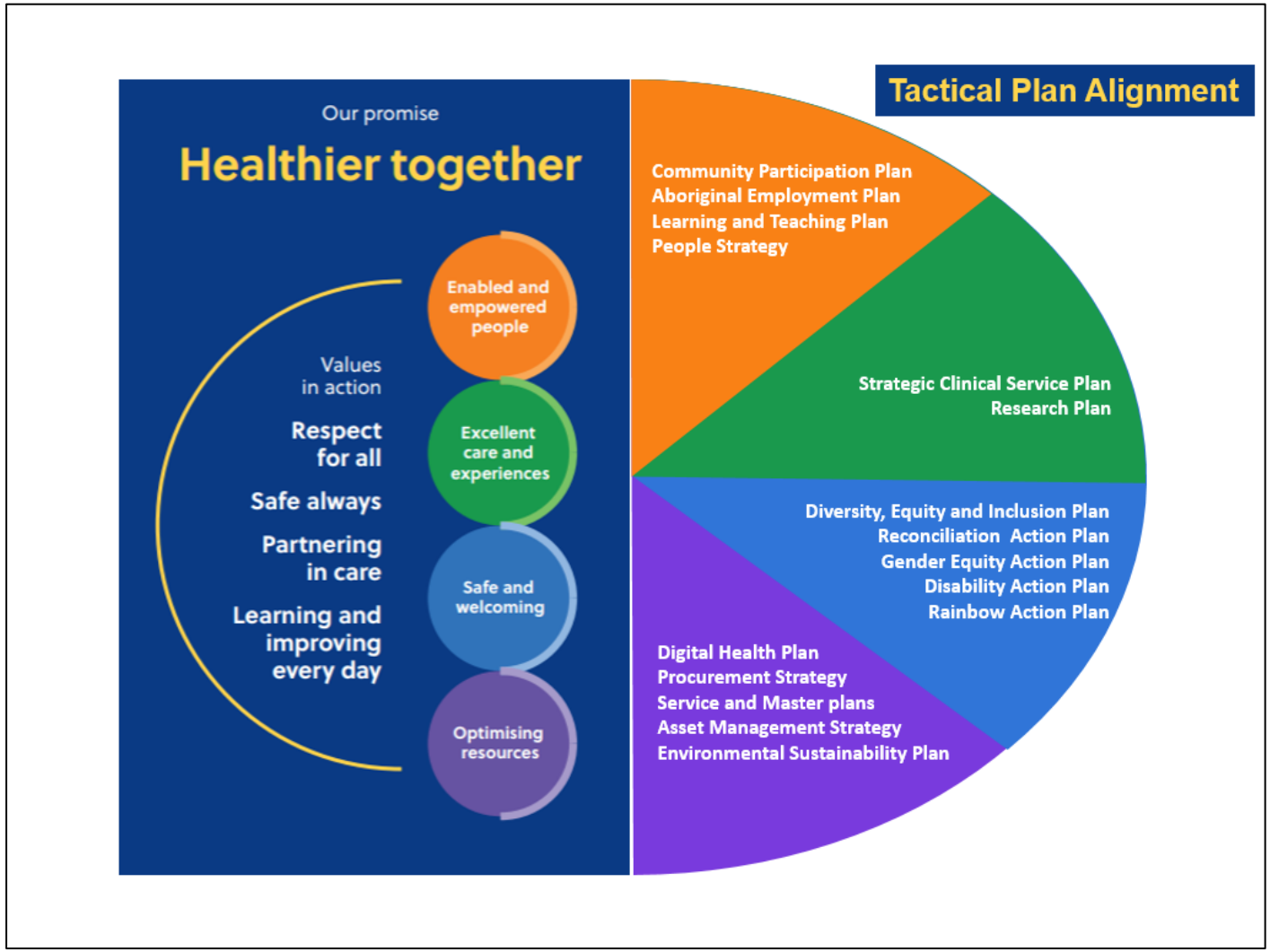
Gender Equality Action Plan 2021-2025

Outlines our commitment to fostering a gender equitable workplace. We aim to be an inclusive, supportive and safe place where our people respect and value the differences and skills of the people they work with, we are reflective of the communities we provide care to, our people can bring their authentic selves to work and feel safe and like they belong, and people of all genders feel that the experience and perspective they bring is embraced.

LGBTQIA+ Equity Action Plan 2025-2026

Building on our earlier work (2019-2022), the Plan outlines our commitment to being an inclusive health service responsive to the health and wellbeing needs of LGBTQIA+ patients, consumers, staff and carers, through actions that provide a welcoming environment for LGBTQIA+ people across all sites and programs, ensure all staff and volunteers are aware of the specific needs of LGBTQIA+ people and are able to provide appropriate services, and ensure processes and systems allow for safe disclosure and confidentiality of personal information for LGBTQIA+ people.

Figure 1. Tactical Plan Alignment



Community Participation and Engagement at Eastern Health

Community Participation and Engagement is embedded throughout Eastern Health's governance, culture, systems and processes.

Eastern Health's **Community Advisory Committee** (CAC) is an advisory committee of the Eastern Health Board and is one of the key means of ensuring community participation occurs at Eastern Health. The role of the Community Advisory Committee is to support the integration of consumer, carer and community views into all levels of Eastern Health's operations, planning and policy development and to advocate to the Board on behalf of the community, consumers and carers.

Eastern Health has embedded its partnership and support for self-determination through the **Aboriginal Health Advisory Committee**. The Aboriginal Health Advisory Committee has representatives from the Traditional Owners, the Wurundjeri people, significant Community Elders, Consumer representatives, Aboriginal staff representatives and representatives from several Community Controlled Organisations in our region. An Annual Consultation and Engagement Plan is developed.

Eastern Health has a large group of consumer representatives (consumers, carers and/or community members) on our **consumer representative register** who share their experiences and become active partners in design, planning and evaluation of Eastern Health's services. Consumer representatives' participation is varied and includes membership on governance committees, working groups or focus groups; co-design of services or improvements; and one-off involvement in activities such as interview panels or audits.

The **Eastern LGBTQIA+ Community of Practice** was established in 2024 comprising 15 LGBTQIA+ service providers across the Eastern Health catchment. The purpose of this initiative is to build and strengthen relationships with local LGBTQIA+ groups, share best practice approaches and collaborate to align and address shared goals. The Community of Practice aims to foster a unified approach to supporting the LGBTQIA+ community through joint initiatives and knowledge exchange. The establishment of the Eastern LGBTQIA+ Community of Practice marks a significant step toward enhanced, cohesive support for LGBTQIA+ individuals across the Eastern Health catchment.

The **Mental Health and Wellbeing Program Lived Experience Workforce** was established in 2018 and has continued to expand and embed consumer participation within Eastern Health's Mental Health and Wellbeing Program. Eastern Health recognises the transformative positive impact embedding Lived Experience has on our services, programs and most importantly the people who use our services. The Lived Experience Workforce is a non-clinical workforce that understands clinical work and complements other disciplines such as nurses, psychiatrists and allied health. Lived Experience Workforces provide validation, understanding and connection within our community and the work is instrumental in the recovery process of an individual, families, carers and supporters.

Definitions

Consumer – a person who has used, or may potentially use, health services including patients, clients, families, carers, residents.

Consumer Representative – People from a range of diverse backgrounds who contribute and share their patient, family or carer perspective, and advocate for the interests of consumers. They may be a past, present or future patient, family member, carer or community member.

Communities – We recognise that "communities" should be understood in a broad way to reflect the wide range of individual and shared experiences of health. Refer to the 'Our definition of 'communities' section below for further understanding of how we define communities.

Community Advisory Committee – an advisory committee of the Eastern Health Board and is one of the key means of ensuring community participation occurs at Eastern Health.

Community Engagement – community engagement is a planned process with the specific purpose of engaging and consulting with identified groups of people whether they are connected by geographic location, special interest or affiliation, to address issues affecting their well-being.

Community Participation – Community participation is any process that involves the community in problem-solving or decision-making or that uses public input to make better decisions.

Community stakeholder – Individuals or groups who are external to Eastern Health and represent an organisation, service or group based in the community in the Eastern Region. This includes non-government and government entities, such as schools, local councils, community health, domestic violence services and organisations, neighbourhood houses, community groups and networks.

Cultural safety – Cultural safety is about creating an environment that is spiritually, socially and emotionally safe, as well as physically safe for people. It is about providing a safe and nurturing place that is respectful and inclusive of Aboriginal people. It means working from the cultural perspective of another person, and not from your own perspective. A culturally safe workforce considers power relations, cultural differences and the rights of the patient, and encourages workers to reflect on their own attitudes and beliefs (Australian Commission on Safety and Quality in Health Care, 2017).

IAP2 Spectrum – Eastern Health has adopted the IAP2 Spectrum of Public Participation (appendix 2) which is designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum shows that differing levels of participation are legitimate depending on the goals, time frames, resources and levels of concern in the decision to be made.

Intersectionality – Refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of privilege and/or discrimination and marginalisation. Intersectionality is heavily impacted by the concept of social location – people can experience both power and oppression simultaneously and can experience power and privilege in some contexts and oppression in others.

Lived and living experience – "Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people" (Oxford Reference, 2024). The definition of lived and living experience (in mental illness) also applies, whereby "lived experience is a person's experience of mental ill-health and the journey of recovery, and that the experiences of consumers and carers are different to each other" (Mind Australia, 2024; State of Victoria, 2024).

Priority groups and populations – People and communities who experience greater health inequities and who need to be intentionally included in discussions and decisions that have an impact on their health and wellbeing. These groups bring their unique lived experience in health and service system navigation as First Nations people, people with disabilities, people of diverse cultural, linguistic and religious backgrounds, people of different socioeconomic and social circumstances, and migration status, people with diverse gender identities and sexual orientations, people in different age groups, older Victorians and children, particularly those from disadvantaged communities, people who live in rural and regional parts of our catchment (State of Victoria, Australia, Department of Health, 2024)

Recognition – The expertise, perspectives and lived experience of individuals are acknowledged, respected and valued (NSW Health, 2023; Safer Families 2020). Recognition is different for everyone. NSW Health (2023) recommends that "we're curious about what recognition for time means to the people we're engaging. We do financial and non-financial recognition."

Safety – A broader definition of safety recognises that "safety can be physical, emotional, legal and cultural. No one should be harmed by their experience of engagement" (NSW Health, 2023).

Partnering in Healthcare Framework

The Eastern Health Partnering in Healthcare Framework was created through a collaboration between consumer representatives and staff to explain the roles of staff, consumers, people with lived experience, patients, family and carers to partner together in health care. It describes how Eastern Health partners in health care at the three levels: individual, program/service and organisation. The Framework was used during the consultation phase of the Community Participation Plan project to help us assess our current practice against the principles it outlines.

Figure 2. Eastern Health Partnering in Healthcare Framework

Guiding principles for community participation

Eastern Health is committed to building strong and sustainable relationships with communities and will strive to ensure that any activities involving community participation cultivate trust and are underpinned by **respect**, **recognition** and **safety**. Refer to the definitions page for a description of recognition and safety, including cultural safety, in the context of community participation.

In addition, we will be guided by the IAP2 Spectrum (Appendix 2) and the Victorian Government Public Engagement Principles (2023) in our practice:

1. **Meaningful:** The process of engagement is genuine and informs the final decision.

2. **Inclusive:** The engagement is respectful, inclusive and accessible.

3. **Transparent:** The engagement is clear, open about what the public can and cannot influence.

4. **Informed:** The engagement provides relevant and timely information to the public.

5. **Accountable:** The engagement is high quality and responsive.

6. **Valuable:** The engagement creates value for the community and health service. In addition to health, this can include social, economic and environmental value.

Our definition of ‘communities’

Communities are complex and ever changing and should be understood in a broad way to reflect the many individual and shared experiences of health and access to health care, and the interactions and partnerships between different services, entities and groups in the community.

Our definition of “communities” includes:

- People who live in the geographic areas of our catchment, with shared interests, culture, religion, language or social backgrounds.

- People who navigate the health service and systems as patients, consumers, carers, family members, and anyone who gives or has given support in the past, or currently.

  People who face poorer health outcomes and greater challenges when it comes to their experience of health and health care and accessing the health care they need. These groups are often referred to as priority groups and populations (See ‘Definitions’ page)

- People who are actively contributing by sharing their lived and living experiences and connections to communities. This includes consumer representatives, carer consultants and peer workers within a lived experience role, as well as staff and volunteers.

- Non-government and government entities, such as schools and local councils, community health and domestic violence services, community organisations, neighbourhood houses, community groups and networks in the Eastern Region and beyond who are often working together to improve health outcomes.

Overview of our communities

Geographically, Eastern Health covers the municipalities of Boroondara, Knox, Manningham, Maroondah, Whitehorse and Yarra Ranges. Communities in the Eastern Health catchment areas are diverse in culture, age, socio-economic status and healthcare needs.

Some information about our communities' health:

- Healthcare access is unevenly distributed across our communities
- We have higher rates of suicide and road traffic injuries compared to the rest of Metropolitan Melbourne
- We have better outcomes for a range of chronic illnesses
- We have fewer individuals and families dependent on welfare support
- In some local government areas, we have higher rates of youth mortality
- In some areas of our catchment there are individuals and communities at risk of disadvantage and poorer life outcomes

Of the 11,920 people who work at Eastern Health, 60% live within the communities they serve.

Population, age, sex and gender

The Eastern Health catchment area has a population of 1,044,451, which is 22.59% of Melbourne's total population.

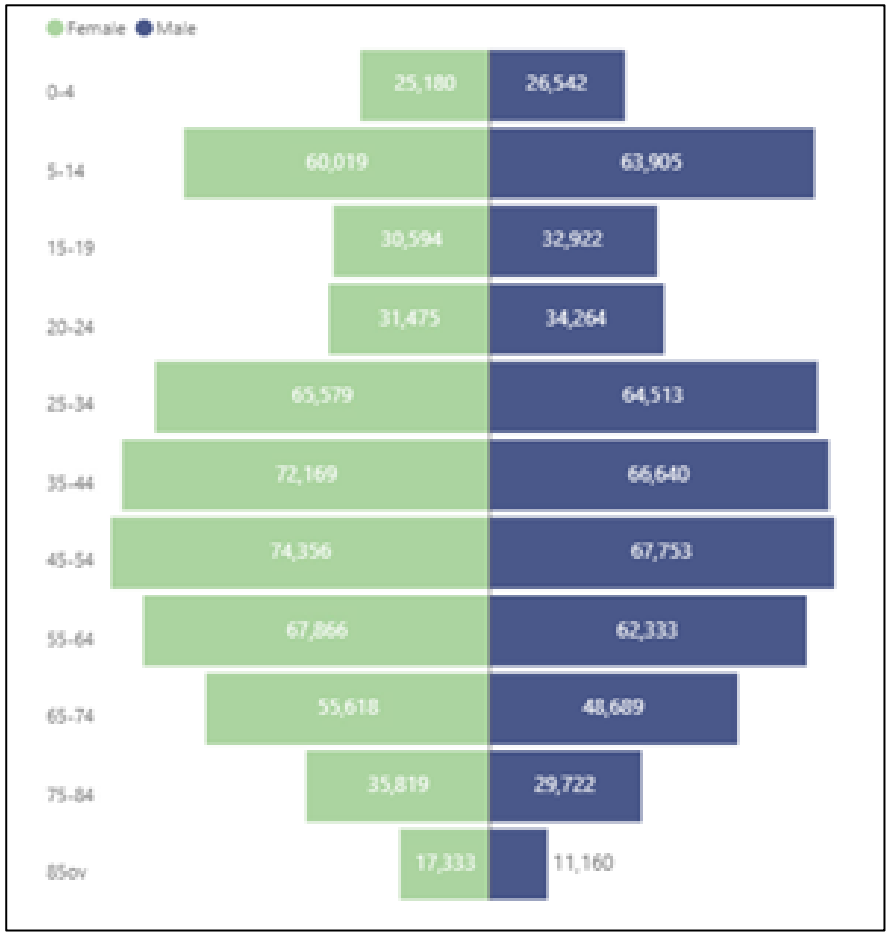
The median age in the Eastern Health catchment is 40. The demographic profile shows that the largest group is people aged 45-54 years (142,000), followed closely by those aged 35-44 years (139,000).

Our community is ageing with the proportion of the population over 85 years set to grow by 75% to 2036.

Eastern Health serves a community with a fairly equal number of men and women, though there are slightly more women.

- There are more males than females in the population aged 0 to 24.
- From age 25 onwards, there are more females than males.
- Females greatly outnumber males in the 75+ age group.

Figure 3: Male to Female ratio by age group in Eastern Health catchment



Currently, there are no nationwide or statewide systems in Australia for consistently collecting detailed data on LGBTQIA+ communities, which creates significant gaps in understanding their health and wellbeing. From the data available, we know that:

- About 4% of Australians identify as lesbian, gay or bisexual.
- Intersex variations, which are natural biological differences, occur in about 1.7% of all births.
- A greater proportion of young people (under 25) are part of the LGBTQIA+ community.

First Nations communities

The region is the traditional home of the Wurundjeri and Bunurong people of the Kulin Nations.
0.48% of people in the Eastern Health catchment population identify as Aboriginal and/or Torres Strait Islander compared with 0.62% for Greater Melbourne and 0.94% for the whole of Victoria. Considerable differences exist between the lowest rate of 0.21% in Manningham and the highest at 1.05% in Yarra Ranges.

Cultural background, languages spoken, country of birth, religion

The Eastern Health catchment area is culturally diverse. For example, in the city of Whitehorse alone, “over 150 cultures are represented” (Whitehorse Council). There is a higher percentage of people born in Asia compared to other regions, though the majority of the population is still Australian-born.

Some of the cultural backgrounds prominently represented in the local government areas that Eastern Health serves include Chinese, Greek, Italian, Indian, Sri Lankan, Iranian, South Koren, Malaysian, Broader Burmese Communities, Cambodian, Jewish, Japanese, Indonesian, Pakistani and Thai (*State Government of Victoria (2024) multicultural community profiles*).

Within the catchment area, the majority of people identify as either having no religious affiliation (461,193) or as being affiliated with Christianity (432,717). Other religions represented in the community include Buddhism (36,674), Hinduism (24,342), Islam (15,710), Sikhism (4,600) and Judaism (2,893).

The primary population of our catchment speaks a wide variety of languages other than English, though almost 70% only speak English.

- The most commonly spoken languages other than English include Mandarin, Cantonese, Greek and Italian.
- In 2022-23, Eastern Health provided language services in 85 languages, supported by its external agency providers.
- The top 10 preferred languages in 2023 for Eastern Health patients were English, Mandarin, Cantonese, Greek, Italian, Persian (excluding Dari), Vietnamese, Chin Haka, Burmese and related languages, and Arabic.

Population Projections

Population projections from 2021 to 2036 indicate a trend towards an older population with significant increases in both the young adult and elderly demographics. Population projections from 2021 to 2036 demonstrate trends including:

- a steady increase in the population aged 20-24, rising from 62,600 (6.77%) in 2021 to 82,330 (7.67%) in 2036
- 25-29 age group also shows significant growth, from 60,750 (6.57%) in 2021 to 78,470 (7.31%) in 2036
- the 0-4 and 5-9 age groups see a slight decrease in their share of the total population, dropping from 5.20% and 5.90% in 2021 to 4.86% and 5.05% respectively in 2036
- the elderly population (85+) experiences the most substantial relative increase, from 25,110 (2.72%) in 2021 to 38,860 (3.62%) in 2036.

How we developed this plan

Eastern Health is committed through this Community Participation Plan to deliver on our Promise of ‘Healthier Together’ and our value in action of ‘Partnering in Care’.

The development of the Community Participation Plan was overseen by the Eastern Health Community Participation Plan Project Steering Committee in partnership with the Community Participation Plan Project Working Group. Both the Steering Committee and Working Group were co-chaired by Eastern Health Consumer Representatives and included membership from community organisations, consumer representatives and Eastern Health staff.

Key activities in the development of the Plan included:

- Review of demographic data, research, community and consumer engagement trends, frameworks and action plans;
- Consultation with a range of partners and external and internal stakeholders via survey and consultation workshops;
- Testing and refining of goals and actions with staff, consumers and community members.

A total of 83 survey responses were received from consumer representatives, community stakeholders and Eastern Health staff.

- 40 staff
- 18 consumer representatives
- 25 community stakeholder/members

Two consultation workshops were held with a combination of staff, consumer representatives and community stakeholders attending and providing their views on strengths, gaps, barriers and enablers, and what success would look like in 2 years.

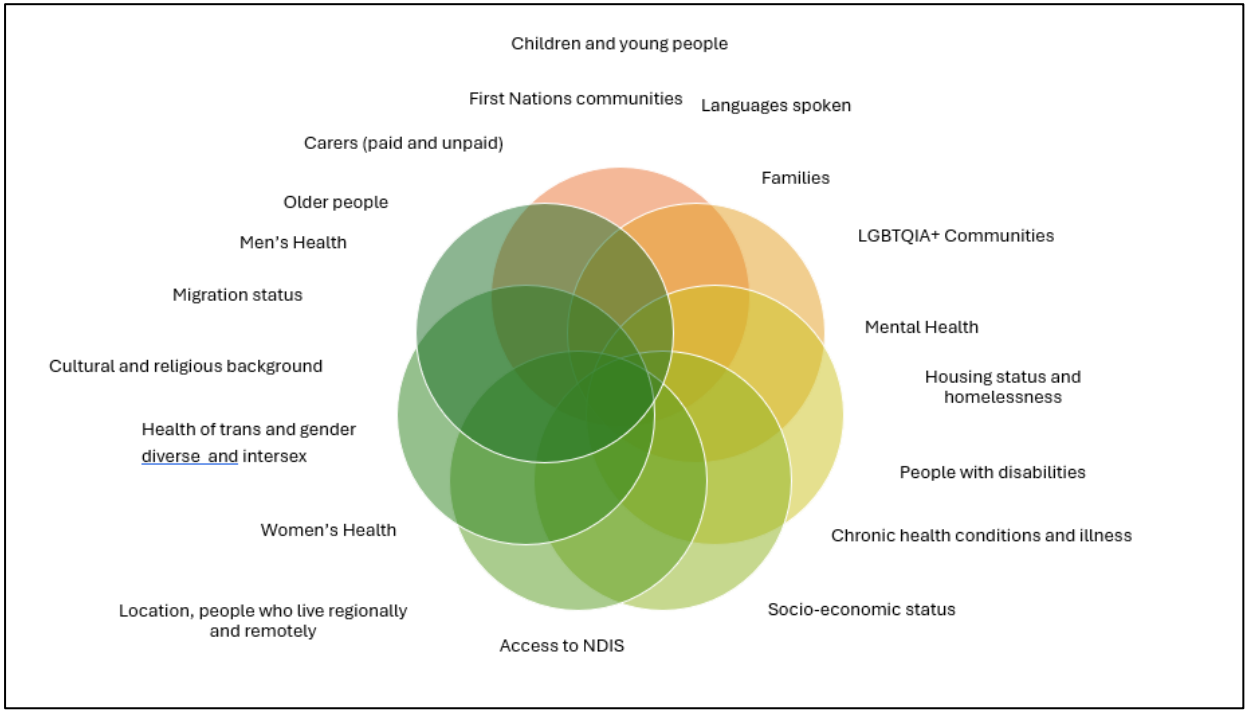
Our heartfelt thanks go to those who have contributed their valuable time to developing this plan.

What we heard in consultation – It's about who and how we engage when we partner with communities

Through broad consultation and a stakeholder mapping exercise, the breadth of community perspectives that need to be included, and how we would engage and reach these communities in health service decision-making and improvement were identified.

Figure 4 shows the different community perspectives that need to be engaged and considered from an intersectionality perspective when it comes to accessing health care and understanding people's needs. Key groups that were identified as needing increased participation were the voices of young people and children, particularly young gender diverse people, people from all faiths and cultures, and older consumers and carers, especially those who are more vulnerable. Linking in with existing community structures such as schools, local councils and sporting clubs, and conducting outreach to specific groups were some ways in which we could increase our engagement with these groups.

Figure 4 Communities identified through the project's stakeholder mapping



A summary of the seven themes relating to how Eastern Health enables community participation and engages with communities is provided in Table 1 below.

As part of the actions in this plan, Eastern Health will continue to build on listening to, understanding and proactively engaging with people in our communities.

Table 1: Summary of Consultation Themes

THEME
1. Consumer & Community Needs & Supports Recognise participation barriers and make it easy for consumers and communities to participate in governance, quality and service improvement activities.
2. Engagement methods, practices & feedback loops Review our engagement methods and practices, provide more group-based engagement, make it adaptive, improve feedback loops.
3. Community partnerships & community-led Work in partnership with community leaders, organisations, groups and networks. Respond to community needs.
4. Diverse cohorts & perspectives Broaden the diversity of our consumer advisory pool. Look at focused engagement with sub-groups who would find it difficult to participate through our formal structures.
5. Organisational Systems & Processes Ensure key organisational and consumer engagement processes are better equipped to plan for community participation and provide timely support for the organisation's varied community participation needs.
6. Staff Needs & Support Staff are time poor and need to be provided with the right knowledge and information, such as an easy step-by-step process and clarity on roles and expectations, when engaging with the community.
7. Visibility, Communication, Awareness There is an opportunity to increase community awareness through wider advertising and locally targeted information updates.

Eastern Health

GOALS AND ACTIONS

Informed by data, research, community and consumer engagement trends, and findings from consultation, we have identified goals and actions to guide our staff, consumers and the community to together build on the existing community participation foundations and guide Eastern Health to continue to strengthen community participation.

When developing these goals and actions, it was acknowledged that there are many other Eastern Health plans and initiatives that include community participation and engagement strategies and actions targeted to specific diverse cohorts within our community (refer to the 'Associated Plans and Initiatives' section above).

We recognise that there may be a need for this plan to be a living document with updates and revisions throughout its two-year life span to adapt and change according to the needs of our community and health service.

Goals

Through the implementation of this Community Participation Plan, Eastern Health aims to:

1. Strengthen relationships with community leaders, groups, networks and organisations, and build on opportunities to listen to, learn from, and work in partnership with our community.
2. Continue to grow Eastern Health's capability to enable genuine, inclusive and evidence-based community engagement and participation.
3. Support safe, welcoming and easy ways for consumers and community to participate by recognising their needs.
4. Develop targeted strategies and identify opportunities to proactively engage with different cohorts and specific groups that represent our diverse community.

Actions

Actions have been aligned to the four goals identified. Success measures have been provided to support Eastern Health to identify whether or not we have achieved our goals.

Timeframe for completion provides an indication of where in this two-year plan actions will be completed. Some actions will be dependent on others being completed first, and some will begin in year one but take until year two to complete.

Priority levels of high/medium/low have been provided to help us understand the actions based on importance, urgency and value.

Resourcing levels of high/medium/low provide an indication of the anticipated effort in terms of people's time required to complete the actions.

Goal 1: Strengthen relationships with community leaders, groups, networks and organisations, and build on opportunities to listen to, learn from, and work in partnership with our community.		
Action	**What does success look like? (Measure)**	**Timeframe for Completion**
1.1 Invite community leaders to annual Consumer Representative and Community Forums to create opportunity for networking and meaningful interactions with Eastern Health leaders.	Increased proportion of forum attendees from community organisations.	Year 1
1.2 Determine a sustainable way for staff to have access to: • knowledge of external community networks, leaders and contacts to facilitate consultation and engagement. • up-to-date information about the community they serve and how best to engage them.	More staff across Eastern Health know how to contact external community networks, leaders and contacts established. Up to date information about Eastern Health community available to all staff.	Year 1
1.3 Increase organisational visibility of and attendance at local community events or networking groups for the purpose of awareness-raising, education and relationship building.	Increased number of social media and Viva Engage (internal Eastern Health communication platform) posts relating to attendance at community events. Consumer Participation report to CAC reports on increased number of community engagement events attended across the organisation.	Year 2

Goal 2. Continue to grow Eastern Health's capability to enable genuine, inclusive and evidence-based community engagement and participation.		
Action	**What does success look like? (Measure)**	**Timeframe for Completion**
2.1 Improve online systems and tools to meet the needs of consumer representatives and community by providing access to appropriate IT support and functionality.	Established process and system for IT access for consumer representatives enabling appropriate access to meeting papers, resources and meeting functions. Consumer Representatives are supported by IT team with IT issues as required.	Year 1
2.2 Co-design additional pathways for engaging with consumers appropriate to different participation needs and levels of engagement required. • Simple and easy ways to be involved (including one-off opportunities to engage) • Increased group-based engagement opportunities • Pathways support adequate resourcing of projects and activities that acknowledge the increased time required to meaningfully engage with consumers/community • Pathways are flexible and considerate of consumer representative needs e.g. out of hours opportunities, online opportunities	Additional pathways for community and consumer engagement in place. Increased number of consumer representative requests filled. Consumers report increased flexibility to participate and engage with Eastern Health (pre survey compared to post survey).	Year 1

Goal 2. Continue to grow Eastern Health's capability to enable genuine, inclusive and evidence-based community engagement and participation.		
Action	**What does success look like? (Measure)**	**Timeframe for Completion**
2.3 Develop a resource hub to support capability building for leaders, staff and consumer representatives to be able to practise genuine and inclusive community engagement and co-design. Resources to include: • participation needs • accessibility needs • ways to engage (step by step processes) • IAP2 Spectrum of participation • different consumer perspectives (e.g. current/recent service user, lived experience, consumer/ community perspectives) consumer and community personas • Thinking early and preparing for engaging consumers in planning, projects and continuous improvement • Feedback loop	Resource hub for staff and consumers developed and available to leaders, staff and consumers Leaders, staff and consumers report increased confidence and capability practice community engagement and co-design as evidenced via survey	Year 2
2.4 Develop and implement a communication strategy to increase the visibility and awareness of community participation activities at Eastern Health including: • Improve the Consumer and Community Engagement page of the Eastern Health website so that content is clear and available in different languages. • Quarterly newsletter, translated into top 5 languages, to be shared internally and externally • Considering different events for community members to have the opportunity to hear from, engage and share stories with the Executive and Board Directors in a purposeful and meaningful way • Advertisement in local newspapers and newsletters • Social media presence	Quarterly newsletter piloted Number of subscribers to the newsletter Increased number of unique views on the Consumer and Community Engagement webpage Consumer and Community Engagement page of the Eastern Health website content available in different languages.	Year 2

Goal 3. Support safe, welcoming and easy ways for consumers and community to participate by recognising their needs.		
Action	**What does success look like? (Measure)**	**Timeframe for Completion**
3.1 Develop a policy for consumer representative and community remuneration and financial recognition through utilisation of benchmarking and research available. NOTE: Advice from Safer Care Victoria will determine whether this can be included in the plan	Policy for consumer representative and community remuneration and financial incentives developed and approved. Increased engagement from diverse consumers.	Year 1
3.2 Review and improve the onboarding & orientation process for consumer representatives including review of mandatory training requirements to make it easy and relevant for consumer representatives.	>80% of consumers strongly agree or agree that onboarding and orientation is relevant and adequate in consumer representative annual survey (2023 survey = 40%).	Year 1
3.3 Identify learning opportunities for consumer representatives and staff that support understanding of role clarity and key skills, as well as cultural safety and how to make it safe and welcoming for different groups	Calendar of learning opportunities established with a minimum of 3 x sessions offered per year.	Year 1
3.4 Co-design and pilot a peer-based mentoring program for consumer representatives	A co-designed model for consumer representative mentoring developed Pilot completed with a minimum of 10 consumer representatives (5 mentors and 5 mentees) and evaluated	Year 2

Goal 4: Develop targeted strategies and identify opportunities to proactively engage with different cohorts and specific groups that reflect our diverse community.		
Action	**What does success look like? (Measure)**	**Timeframe for Completion**
4.1 Explore and develop pathways for engaging current/recent service users, families and carers	Improving Performance Together Framework is strengthened to include engagement with current patients/families/carers in local-level improvement. Increase number of referrals from staff to the consumer representative register that are recent service users	Year 1
4.2 Develop and implement strategies to increase engagement with children and young people, including piloting an Advisory Group for children and young people	Organisational resources for engaging with children and young people developed Advisory Group for children and young people piloted Strengthened relationships with community stakeholders such as schools, youth groups, police and other stakeholders with key connections to children and young people.	Year 2
4.3 Work with Community Advisory Committee, key internal staff from select programs and services, and relevant community stakeholders to identify priority groups and diverse cohorts for proactive engagement at the organisational level as per the Partnering in Healthcare Framework.	Organisational gap analysis completed Priority groups and diverse cohorts and how we are currently engaging with them identified to guide future planning	Year 1
4.4 Building on action 4.3, support relevant programs/services to pro-actively engage with priority groups and diverse cohorts identified.	Relationships established with new priority groups and diverse cohorts that Eastern Health has previously not engaged significantly with.	Year 2

Outcomes, Monitoring and Reporting

This Community Participation Plan is designed to support Eastern Health to achieve the commitment to be a health service where consumers, patients, carers, families and our diverse community are meaningfully and equitably involved, heard, valued, respected, supported and enabled as partners in care.

We commit to regularly measuring progress against the outcomes outlined in the Eastern Health Partnering in Healthcare Framework.

Individual	**Program or service**	**Organisation**
We (including staff, consumers, lived experience workforce, patients, families and carers): • trust we will be safe, welcomed and respected • ask what matters • listen and are listened to • have all the information we need • decide together	We improve how we do things with staff, lived experience workforce, consumers, carers and community members. • Planning, designing, delivering and evaluating our services • Measuring and monitoring our performance • Identifying and implementing actions to improve outcomes	We make the big decisions together. • We use different ways to engage with as many people as possible • We involve consumers, carers and community members in governance • Organisational decisions are informed by those who are impacted.

The Community Advisory Committee and Executive Committee will monitor progress against the actions in this Community Participation Plan via quarterly reports to these committees.

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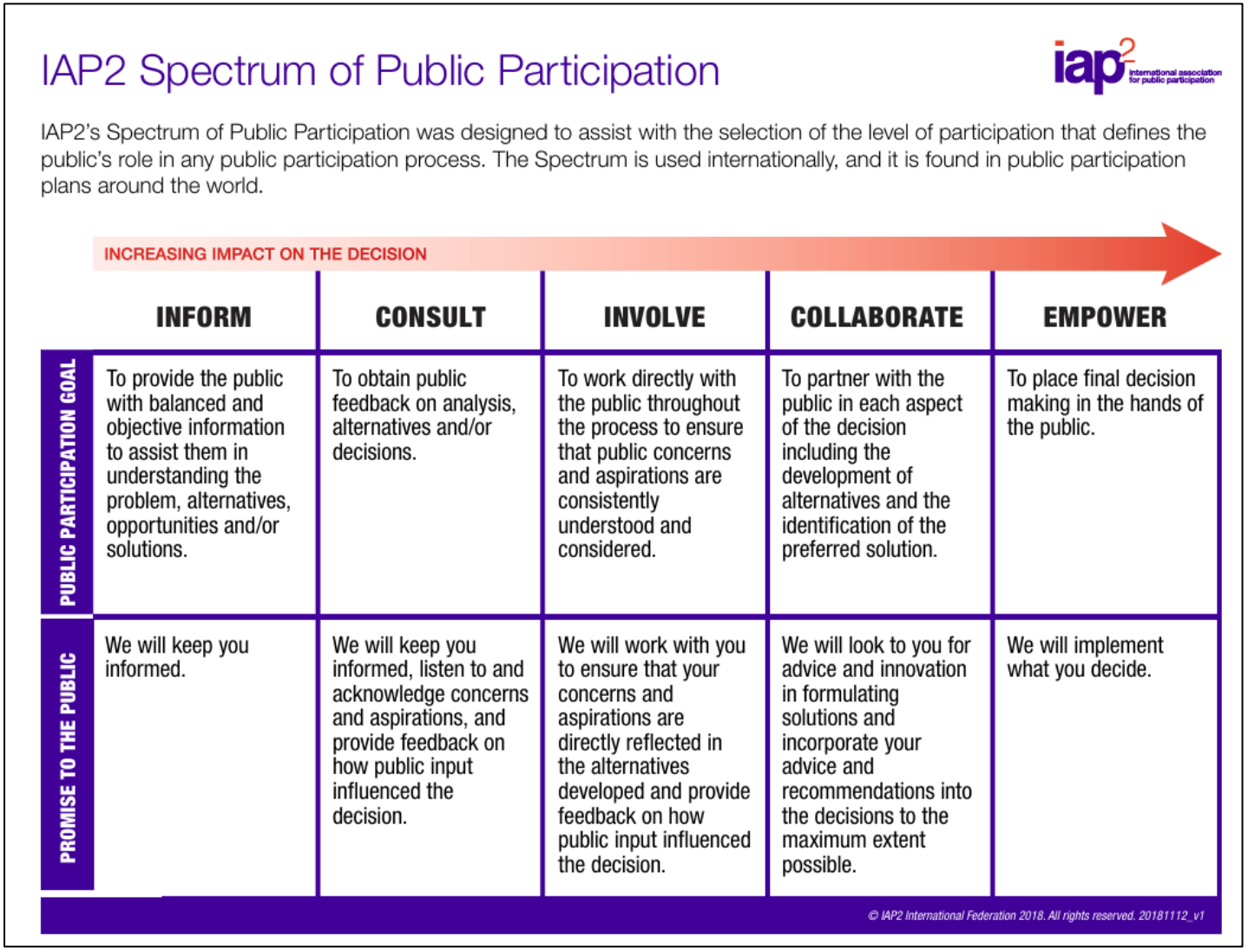
Appendix 1. Members of Project Working Group and Steering Committee

Community Participation Plan Project Steering Committee members	
Ged Millard	Chief Allied Health Officer (co-chair)
Raj Liskaser	Consumer Representative (co-chair)
Verity Speed	Director Consumer Partnerships & Experience
Bill Bennett	Consumer Representative and CAC member
Richard Smith	Director External Relations & Partnerships
Toni Gutschlag	Executive Director Mental Health & Clinical Support
Olivia Rofe	Director Operations, Medicine
Paul Buntine	Executive Director Eastern Health Institute
Zoe Quinn	Manager Communities, Engagement & Integrated Planning, Whitehorse City Council
Fiona Read	Senior Manager Health Promotion & Engagement, Access Health & Community

Community Participation Plan Project Working Group members	
Irene Toh	Consumer Representative & CAC member (co-chair)
Verity Speed	Director Consumer Partnerships & Experience (co-chair)
Raj Liskaser	Consumer Representative
Sue Emery	Consumer Representative
Paul Roche	Consumer Representative and CAC member
Liz Flemming	Consumer Representative
Gloria Sleaby	Consumer Representative
Jo Ong	Manager, Engagement and Equity, Eastern Melbourne Primary Health Network
Naomi King Bol	Women's Health East Bicultural Worker
Rachel Soh	Manager Consumer Participation & Community Engagement
Priscilla Stephenson	Manager Patient Experience
Eden Keyar	Diversity Coordinator
Lisa Gray	Senior Social Worker/Child Safety Project Lead
Melinda Webb St-Mart	Diversity Manager
Lauren Lynch	Community Health Manager, Eastern Health
Mena Love	Reconciliation Action Plan Manager
Richard Smith	Director Partnerships and External Relations
Brooke Trevorah	Project Director, Mental Health and Wellbeing Program

Appendix 2. IAP2 Public Participation Spectrum



IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.