Eastern Health

Diversity, Equity and Inclusion Framework and Plan

2025-2028

Contents

INTRODUCTION

Acknowledgement of Country

Eastern Health acknowledges the Wurundjeri people of the Kulin Nation, the Traditional Owners of the land on which our services operate.

We pay respect to Elders past, present and emerging. We also pay respect to the cultural authority of all Aboriginal and Torres Strait Islander peoples from other areas of Australia who reside in our region.

Eastern Health acknowledges the colonisation of Country and the continuing impact on all Aboriginal and Torres Strait Islander peoples.

Eastern Health is committed to achieving equality in health status between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Message from Our Board Chair and Chief Executive

Board Chair
Mr Tass Mousaferiadis

Chief Executive
Adjunct Professor David Plunkett

We are proud to present the Eastern Health *Diversity, Equity and Inclusion (DEI) Framework and Action Plan* – a pivotal milestone in our journey to becoming a more inclusive, equitable and culturally safe health service.

At Eastern Health, we firmly believe that **equitable care and inclusive workplaces are not optional; they are essential**. Health outcomes are shaped not only by clinical care, but by the systems, cultures and structures in which care is delivered.

Our role as a public health provider and as a governing Board, is to serve the public interest, ensuring that our services are **accessible, culturally safe and responsive to all communities**. We also have a duty to foster a workplace that reflects the diversity of the people we serve and where every individual is **seen, heard and valued**.

This Framework has been developed with care, courage and deep collaboration. Drawing on the voices of staff, consumers, partners and community representatives, it sets out a clear roadmap for meaningful change: one that includes **leadership, accountability, inclusive policies, workforce capability, and improved access to care**. It also highlights our responsibility to **challenge systemic inequities**, both within our organisation and in partnership with the communities we serve.

We would like to acknowledge the **external consultant**, Jason Rostant, who was engaged to lead this significant body of work- undertaking extensive engagement with consumers, staff and partner organisations to understand their experiences and aspirations and drafting the proposed Framework and Action Plans based on the feedback received. Their expertise and collaborative approach have been instrumental in shaping this comprehensive and inclusive strategy.

In addition to the overarching DEI Framework and Action Plan, we are proud to have developed two targeted initiatives: the *LGBTQIA+ Equity Action Plan* (2025–2026) and the *Disability Action Plan* (2025–2026). Both were developed through extensive consultation, grounded in lived experience, voices and extensive staff input. These plans set **targeted, practical actions** that will make our health service safer and more inclusive.

We will also continue to report on our progress against our *Gender Equality Action Plan* and begin development of our next iteration in 2025.

A further priority will be the creation of a dedicated action plan to support the needs, experiences and aspirations of our **multicultural and multifaith** communities and workforce.

We know this work is ongoing. Cultural transformation takes time, and it takes all of us. This Framework is not just a document — it is our commitment. Our commitment is long-term, and our resolve is strong.

We extend our heartfelt thanks to every staff member, consumer and community voice who has contributed to shaping this work. Now, together, we turn to the task of **bringing it to life – in our policies, our daily practice and every interaction**.

We reaffirm our shared commitment to delivering on our promise of "**Healthier Together**".

Our commitment

Eastern Health has a proud history of serving its diverse community. We are people led, for people, and with people at our heart.

Eastern Health is committed to ensuring that the needs of all consumers, carers and their families as well as our staff, students and volunteers are identified and met in an appropriate and respectful manner.

Working in partnership, we strive to provide a culturally safe environment that recognises, responds and supports the diverse needs of our consumers and our workforce.

At Eastern Health we are committed to:

Creating a welcoming environment that acknowledges and celebrates diversity in a respectful and appropriate manner.

Providing great health care with services that are person-centered, accessible, appropriate, fair and equitable.

Ensuring diversity, equity and inclusion is embedded in all aspects of our workplaces and in the way we deliver our programs and services.

Creating a supportive and inclusive environment for staff to build capacity and skills to actively practice respectful and inclusive behaviour and reduce health inequities.

Removing barriers and improving our systems for the benefit of those with intersecting vulnerabilities and at greatest risk of poor health outcomes.

Creating respectful partnerships and engagements with diverse communities and lived experience expertise.

Ensuring this Framework is sustainable, flexible and able to respond to emerging trends and the changing needs of our consumers and communities.

This 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 the Eastern Health previous single-page Diversity, Equity and Inclusion Framework and the Equity and Inclusion Standard.

WHY A DIVERSITY, EQUITY AND INCLUSION FRAMEWORK?

"*This work is about the culture we want at Eastern Health and it should be absolutely integrated into everything we do. When you walk into this organisation it should be really clear that we are genuinely committed to diversity, equity and inclusion; that we are telling a story from the shoes of the employee and the consumer. It's not just posters on the wall; everyone here must feel welcome and safe.*"

– Eastern Health Executive

Providing culturally safe health care at Eastern Health is both a responsibility and commitment. For our staff and our community, we are required to continually challenge ourselves to live our values and deliver our strategic promise – Healthier Together. It is a process that requires constant reflection and improvement.

– Cultural Safety Plan

Eastern Health is committed to becoming renowned as an inclusive, supportive and safe workplace that values and celebrates diversity of identity and thought.

We recognise that our people represent the community we serve and are our greatest strength. We want our people to thrive and to be their best selves and to feel engaged, safe and empowered. To achieve this, diversity and inclusion are essential to our culture and our values.

– Gender Equality Action Plan

Our communities are diverse and unique

- Eastern Health is one of Melbourne's largest metropolitan health services servicing communities that are diverse in culture, age, socio-economic status, sexual orientation, gender identity, ability and healthcare needs.

- Our communities are culturally rich. In 2022-23, more than 33,000 patients had a primary language other than English.

- Our community is changing, and there are increasing health, social and economic pressures. Understanding these changes must inform how we think about the future of our health service.

- Our community is growing and ageing. We have higher rates of suicide and road traffic injuries compared to the rest of Metropolitan Melbourne, and some individuals and communities are at risk of disadvantage and poorer life outcomes.

- Health care access is unevenly distributed across our communities.

- Worldwide, evidence shows that people from diverse populations are more likely to face barriers to accessing quality health care, leading to poorer health outcomes overall. This results in longer hospital stays and higher rates of medical error and lower patient satisfaction.

- Many people in our community identify and belong to multiple diverse populations. As a result, they may face compounded and intersecting barriers to maintaining good health and wellbeing, and to accessing quality care.

- Eastern Health is an inclusive health care service committed to excellent care, experiences and outcomes. We deliver harm-free care by partnering in healthcare delivery.

Our workforce should reflect the diversity of our communities

We understand that it is our **staff, volunteers, and partners** who are at the heart of our success.

At Eastern Health we employ around

11,500
staff

and have

180
volunteers

and

70
consumer representatives.

Our paid and volunteer workforce represents the diversity of our community.

Our workforce is made up of over

103
nationalities

and

60%
of our staff live in the communities they serve.

Research has found that greater workforce diversity and among decision makers and contributors is associated with improved patient satisfaction, clinical decision making, quality of care, and health outcomes.

Workforce diversity is also linked with improvement in organisational performance, productivity, effectiveness, innovation, and financial performance.

Our priority is the wellbeing of our staff, volunteers, patients and consumers

We understand that a positive and safe workplace delivers better patient care, increases staff retention, and decreases the number of accidents and reduces absenteeism.

A commitment to DEI is good for people, good for health, and good for our community.

We recognise we also have legal obligations as an employer and provider of services to the community.

We have also heard that while our efforts are well-intentioned, they can also be ad hoc. We know our work can be strengthened through a more integrated and systematic approach.

We must respect, protect and promote human rights and consider human rights when making decisions.

We must not discriminate in employment and delivery of services, and should take all reasonable steps to prevent discrimination, harassment, and bullying.

We must work to promote gender equality in our workplace.

We have demonstrated a long commitment to principles of DEI reflective of the needs and experiences of the communities we serve.

Through our DEI Framework we can ensure our commitment to fairness and equity sits at the heart of our work, is visible and reflected in our culture and practice, and informs everything that we do and deliver.

STRATEGIC AND LEGISLATIVE ALIGNMENT

Healthier together is our promise to our community, patients, consumers and staff. It is a call to action to work together to achieve what is necessary for a healthier future.

This Framework is an essential resource to help us deliver on this promise.

At Eastern Health we take our role as one of the largest health services in Victoria and one of the largest employers in our region very seriously.

We continue to work hard to ensure we are equipped to respond to the needs of every person we interact with across our increasingly diverse community.

This includes ensuring our staff have a workplace that enables them to thrive, but who also have the necessary resources, skills and capabilities to deliver systems of care that respond to diverse community need and deliver equitable health outcomes.

This Framework informs conversations between leaders, staff, patients, consumers, and our wider community about how we can maintain a safe, accessible, inclusive and welcoming environment for all people.

It provides a clear pathway, guided by our values, that helps us position at the forefront of diversity, equity and inclusion practice, rather than simply meeting our minimum legislative and compliance obligations.

Through our new *Diversity Equity and Inclusion Plan* we continue to strengthen and integrate our approach and realise the Framework's aspirations. This new Plan will connect with and progressively align a number of existing Eastern Health action plans to ensure our work is visible, integrated, effective, and intersectional.

Eastern Health Strategic Plan 2023-2025

Our Strategic Plan builds upon the momentum, success and learnings from recent times to set us on a path for transformative healthcare that meets the needs of our diverse community.

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

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

Our Strategic Plan explicitly identifies a range of strategies and outcomes directly relevant to DEI Framework. Specifically, these include:

Our Promise

Healthier Together

Values in action

Respect for all

Safe always

Partnering in care

Learning and improving every day

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

Enabled and empowered people

Partner with our staff to build an engaged and sustainable workforce (employer of choice)

Excellent care and experiences

Patients, consumers and the community to enable shared decision making and co-designed care (improved consumer experiences)

Safe and welcoming

- Ensure employee wellbeing and engagement
- Enhance our capacity to be an equitable and inclusive health services
- Strengthen our safety culture to prevent harm
- Create environments that welcome our diverse communities

Optimising resources

Partner to create better outcomes for our community

Population-specific action plans and initiatives

Aboriginal Health Cultural Safety Plan: Healthier Together Towards 2024

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.

Aboriginal 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 healthcare.

Community Participation Plan 2025-2026

Outlines actions to deliver our commitment to providing a great patient experience, great patient outcomes and harm-free care by ensuring consumer representatives are partners in planning, design, decision-making, delivery, monitoring and evaluation of systems and services, and that patients are partners in their own care, to the extent that they choose.

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.

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.

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.

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.

Legislative Context

Our work to strengthen and deepen diversity practice at Eastern Health also supports our capacity and commitment to meeting requirements under several Commonwealth and State laws. These include for example:

Commonwealth

- Age Discrimination Act 2004
- Anti-Discrimination and Human Rights Legislation Amendment (Respect at Work) Act 2022
- Disability Discrimination Act 1992
- Disability Services and Inclusion Act 2023
- Fair Work Act 2009
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Workplace Gender Equality Act 2012
- Workplace Gender Equality Amendment (Closing the Gender Pay Gap) Act 2023

Victoria

- Carers Recognition Act 2012
- Charter of Human Rights & Responsibilities Act 2006
- Child Wellbeing & Safety Act 2018
- Disability Act 2006
- Equal Opportunity Act 2010
- Gender Equality Act 2020
- Medical Treatment Planning & Decisions Act 2016
- Mental Health & Wellbeing Act 2022
- Multicultural Victoria Act 2011
- Occupational Health & Safety Act 2004
- Racial & Religious Tolerance Act 2001

EASTERN HEALTH DIVERSITY, EQUITY AND INCLUSION FRAMEWORK

Our commitment

To achieve our promise of healthier together, we will deliver a culturally safe, equitable and inclusive health care environment that reflects the diversity of our community and fosters trust and collaboration.

Values in action

Through this Framework we remain accountable for enacting the values in action outlined in our Strategic Plan. The means:

Respect for all

We treat all people with respect and dignity. We acknowledge unique identities, backgrounds and needs. We promote fairness and equity to address barriers and ensure equal opportunities.

Safe always

We create physically, culturally and psychologically safe spaces. All people are supported to feel secure, valued and heard. Everyone is free to be themself without fear of discrimination or bias.

Partnering in care

We make the big decisions together. We listen and involve people in the conversations and decisions that impact them. We ask what matters and use different ways to engage as many people as possible.

Learning and improving every day

We learn by gathering information and understanding emerging needs. We grow by promoting deeper cultural understanding and encouraging self-reflection in our work.

Scope and target communities

In this Framework, when we reference *Our people* we mean:

Our community
including communities of the East, external partners

Our consumers
including patients, clients, families, carers, residents

Our staff
including Eastern Health staff, volunteers and consumer representatives across all disciplines and locations

Our leaders
including Eastern Health board, executive and managers

The Framework is expected to deliver a range of outcomes for all of our people. These include behavioural, experiential and systemic / organisational outcomes and are outlined on page 16.

However, evidence shows us that health experiences and outcomes vary widely by group.

Inequality may be compounded by multiple forms of disadvantage or discrimination that a person may experience based on Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation, and other attributes.

Through this Framework we identify a range of social descriptors and social identities relevant to consider when applying a diversity, equity & inclusion lens.

While the Framework is intended to benefit all people, it focuses on specific groups that have historically lacked access to power, resources and opportunities. These include for example:

- **First Nations people**
- **LGBTQIA+ people**
- **People from cultural and linguistically diverse, migrant and refugee backgrounds**
- **People living with disability, neurodiversity**
- **People experiencing socioeconomic disadvantage**
- **People with addiction and/or mental health concerns**
- **People of all ages**
- **Women and victim-survivors of gendered violence**

Focus areas

We recognise that our diversity, equity and inclusion commitment can only be delivered through ongoing effort and investment. Behavioural, structural and cultural shifts are needed to create substantive, transformative and sustainable change.

During our consultations we heard about areas of current strength, as well as opportunities for improvement. Through this Framework, we commit to an integrated approach that responds to this feedback and will be delivered through the following focus areas.

Planning and data

We heard that our diversity, equity and inclusion initiatives need to be embedded, integrated and visible across all of our work. They must be supported by a shared vision and robust planning. Our work must be informed by good data that tells a story about the changes needed and the outcomes we achieve.

- We will embed and link this Framework to wider organisational strategy to ensure DEI is foundational in all initiatives and service developments.

- We will deliver this Framework through integrated, linked and resourced plans that include clear objectives, timelines and success metrics, and are regularly updated to respond to evolving needs.

- We will collect, analyse, and report intersectional DEI-related data, including workforce demographics, patient outcomes, patient experience, and community feedback to identify disparities and inform system, service and workforce planning.

- We will use data to identify gaps and areas for improvement, fostering transparency in DEI progress and effectiveness.

Governance and accountability

We heard that strong and accountable leadership are critical to our success. Our governance systems must enable us to track and communicate our work. Everyone in our organisation must know their rights, be able to raise issues and concerns, and understand how their role helps us achieve our diversity, equity and inclusion goals.

- We will appoint dedicated Executive-level leadership to governance structures comprising appropriately skilled and representative members to oversee the implementation and progress of DEI initiatives at all levels of the organisation.

- We will integrate a DEI lens into organisational polices, guidelines, and standards to ensure our values are consistently upheld and right, roles and responsibilities for leaders, staff, patients and consumers are clearly defined.

- We will create a clear accountability framework to embed performance metrics for all staff, including leadership, to deliver ongoing improvements in our DEI systems, processes, culture and outcomes.

- We will continue to develop our systems for anonymous feedback and reporting on DEI issues to ensure safe avenues for raising concerns and continuous improvement.

Learning and capability

We heard there are many people doing exceptional work within our organisation, but also that we collectively must continue to learn and develop our understanding and response to the diverse needs of our community. Our organisation at all levels must also properly reflect the diversity of the communities we serve.

- We will ensure comprehensive, ongoing DEI training and development opportunities for all staff are a workforce development priority to deliver the cultural safety, unconscious bias, and allyship skills and capabilities our people need.

- We will establish a cohort of DEI champions, leaders and identified roles across departments to advocate, educate, and support staff and community members in achieving DEI objectives.

- We will progressively deliver a Board, leadership, staff, volunteer and consumer body that reflects the diversity of our community.

Collaboration and communications

We heard that collaboration with partners, patients and consumers is one of our greatest strengths.

We also heard there are opportunities to improve how we engage and communicate with our diverse communities, and better promote our work.

- We will work together with local communities, consumers and staff, especially from underrepresented groups to enable sharing of their lived experience as co-design partners.

- We will engage external DEI experts, advocacy groups and service providers to help us leverage expertise and expand the impact of our DEI programs.

- We will deliver clear, accessible, and inclusive communication about DEI policies, updates, and initiatives through multiple formats and languages as needed.

- We will ensure DEI progress, challenges, and successes; leadership; and our diverse community cultures and strengths are routinely communicated and celebrated to foster organisational-wide engagement and trust.

Resourcing and facilities

We heard that dedicated resources have helped us achieve success in many areas, but also that gaps remain.

Our people do not always have access to the tools, resources and systems they need to deliver the outcomes we aspire to.

- We will allocate dedicated funding and resources to grow and refine our DEI work.

- We will provide staff with the tools and resources they need to deliver trauma-informed and inclusive care that is responsive to diverse community needs.

- We will ensure our facilities and environments are accessible to all, meet standards for accessibility and incorporate inclusive design features.

The outcomes we're striving for

The Framework provides a roadmap for Eastern Health's ongoing journey to a health service that values, supports and empowers everyone to reach their full potential.

Collectively, the key actions outlined in this Framework and the related *Diversity, Equity and Inclusion Plan* (see appendix 3) will support delivery of the commitment we make on page 13 of this document.

It will be necessary for us to measure and report on the success of our work. Development of a comprehensive monitoring, evaluation and reporting plan is a proposed action in the future *Diversity, Equity and Inclusion Plan*.

An extensive review of established tools for tracking diversity, equity and inclusion outcomes is distilled below

into a range of proposed **experiential** (how our people think and feel), **behavioural** (how our people act), and **systemic** (how our organisation works) outcomes.

The preliminary measures are proposed because they are evidence-based, can be applied to all people covered in the scope of the Framework (community, consumers, staff and leaders), can be measured using indicators drawn from tools currently used by Eastern Health, and provide a high-level means of measuring our diversity, equity and inclusion commitments.

EXPERIENTIAL	BEHAVIOURAL	SYSTEMIC
Access and equity		
Our people experience seamless and equitable access in our organisation; feel their unique needs are understood and met across the breadth of our work.	Our people actively assess and address organisational and service barriers, and advocate for resources or adjustments as needed to ensure all people receive equitable access to necessary supports.	Our organisation consistently measures and improves access, ensuring policies and resource allocation work to eliminate disparities and meet our community's diverse needs.
Physical, cultural and psychological safety		
Our people feel safe, valued, and respected, with the confidence to express their identities and concerns without fear of bias, discrimination or harm.	Our people actively support and model inclusive and respectful communication, responding empathetically to diverse perspectives and fostering a culture of mutual respect.	Our policies embed physical and cultural safety practices into all engagements, ensuring systemic safeguards against physical harm, discrimination, harassment, and inequity.
Inclusive policies and practices		
Our people feel their diverse identities are respected and represented, knowing our policies are inclusive and flexible to accommodate their various needs and preferences.	Our people demonstrate a commitment to equitable application of policies, listen to one another and ensure diverse voices are included when making decisions.	We are recognised as a good place to work and receive care.
Workforce inclusion and representation		
Our people feel their cultural knowledge and lived experiences are valued, enriching the organization's connection with diverse communities.	Our people collaborate to leverage diverse perspectives and experiences to enhance patient care and workplace practices.	Our leadership, workforce, and consumers reflect the diversity of our community.

APPENDICES

Appendix 1:
Eastern Health Diversity, Equity and Inclusion Framework on a page

OUR COMMITMENT

To achieve our promise of **Healthier Together**, we will deliver a culturally safe, equitable and inclusive healthcare environment that reflects the diversity of our community and fosters trust, collaboration, and growth for all.

WHAT WE WANT TO DELIVER

Access and Equity	Cultural and Psychological Safety	Inclusive Policies and Practices	Workforce Inclusion and Representation

FOCUS AREAS

Planning and data	Governance and accountability	Learning and capability	Collaboration and communications	Resourcing and facilities

CULTURAL ELEMENTS

Behavioural	Systemic	Structural

VALUES IN ACTION

RESPECT FOR ALL	SAFE ALWAYS	PARTNERING IN CARE	LEARNING AND IMPROVING EVERY DAY

Appendix 2:
Key Concepts

Access

The elimination of discrimination and other barriers that contribute to inequitable opportunities to join and be a part of a work group, organization, or community.[1]

Accessible health care

The dimensions of access to health care are affordability, availability, accessibility, accommodation and acceptability, which incorporate factors such as physical access requirements, communication capabilities and needs, service availability etc.

Appropriate care

The provision of inclusive, respectful and responsive care that meets the needs of each individual and recognises that we are all unique and need different care to get the same health outcomes.

Barriers

Factors that can limit access or use of services that may affect some groups of people more than others and includes: social, cultural or personal barriers (knowledge, attitudes, beliefs and previous experiences); financial barriers (out of pocket expenses, travel costs, loss of wages to attend appointments); and organisational barriers (no or limited physical access, inefficient or poorly designed services, lack of technology).

Cultural intelligence

The ability to be culturally responsive, adaptable and relatable, and practice social humility and cultural competence when engaging with people and circumstances connected with a culture other than one's own.[2]

Cultural safety

First developed for health service delivery for Maori communities and later adopted by other First Nations communities (including in Australia) and more broadly, cultural safety is defined as an environment that is safe for people, where there is no assault, challenge or denial of identity, of who they are and what they need.

Cultural safety is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and true listening.[3]

Desktop review

Refers to a form of research that focuses on gathering information relevant to a project's needs. A desktop review helps to understand what work has already been done, the current environment, as well as possible gaps or areas for further action.[4]

Disaggregated data

Refers to a way of collecting and analysing data that is broken down into specific sub-categories (such as age, gender, ethnicity) to help understand different experiences. Data that is disaggregated for intersectional identities can reveal specific experiences and outcomes for particular groups and tells a more nuanced "story" that aggregate (whole of population) data can hide.

Discrimination

Refers actions that treat a person less favourably because of a personal characteristic (for example age, sex, gender, sexual orientation, race, ability, religious belief, parenting status, etc.), or impose a requirement, condition or practice that is likely to unreasonably disadvantage such a person. Discrimination presents as ageism, sexism, racism, ableism, homophobia, transphobia etc.

Diversity

Involves the representation or composition of various social identity groups in a group, organization, or community. The focus is on social identities that correspond to societal differences in power and privilege, and thus to the marginalization of some groups based on specific attributes – e.g., race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, religion, spirituality, disability, age, national origin, immigration status, and language. (Other identities may also be considered where there is evidence of disparities in power and privilege.)

There is a recognition that people have multiple identities and that social identities are intersectional and have different importance and impact in different contexts.[5]

Equality

Providing the same resources and opportunities to all people regardless of the needs, background and historical inequities experienced by members of a given social identity group.[6]

Equity

Providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups.[7]

Experience (Patient and Staff)

The sum of all **interactions** (the orchestrated touch-points of people, processes, policies, communications, actions, and environment), shaped by an organisation's **culture** (vision, values, people at all levels and in all parts of the organisation and community), that influence **perceptions** (what is recognized, understood and remembered as also influenced by beliefs, values, cultural background, etc.) across the **continuum of engagement** (before, during and after patient care or staff employment).[8]

Human Rights

Human rights are the rights we all have because we exist as human beings; they are **fundamental** (they form the basis of international law), **universal** and **inherent** to all people (we all have them regardless of our background) and **inalienable** (they cannot be taken away without a good reason and due process).[9]

Inclusion

An environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing all individuals to bring in their whole selves (and all of their identities) and to demonstrate their strengths and capacity.[10]

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.[11]

Justice

Commitment to creating fairness and equity in resources, rights, and treatment of marginalised individuals and groups of people who do not share equal power in society.[12] Justice seeks to fix systems and structures to promote long-term, sustainable and equitable access.[13]

LGBTQIA+

This acronym stands for Lesbian, Gay, Bisexual, Trans and gender diverse, Queer, Intersex and Asexual. It is an inclusive umbrella term used to refer to people with diverse sexualities, genders and sex characteristics.

Although communities included in this umbrella term have distinct experiences and needs, and different histories of identity and organisation, they also share many common experiences of marginalisation. The plus sign (+) recognises there are many other terms used to describe identity, not all of which are covered by the letters in the acronym (for example Agender, Aromantic, Non-binary, Brotherboy/Sistagirl and many others).[14]

Participation and engagement

Public participation is broadly defined as the involvement of those affected by a decision in the decision-making process. In practice, participation can incorporate a wide range of activities using interchangeable terms such as community consultation or stakeholder engagement.

Occurring along a spectrum, lower levels of engagement (informing and consulting) tend to involve limited power sharing and shared decision making, whereas higher levels of engagement (collaboration and empowerment) involve greater power sharing by meaningfully involving stakeholders in the design, delivery and evaluation of services and programs (co-design, co-deliver, co-evaluation).[15]

Psychological safety

A climate that is safe, welcoming, engaging, and affirming for people of all social identity groups and intersections, especially those most impacted by systemic oppression. It includes being courageous to express vulnerability, to own mistakes and transform them into learning opportunities, and to trust that judgement will not be issued for doing so.

Creating a psychologically safe environment requires a deep understanding of the historical challenges in healthcare, an acknowledgement of who has been harmed and the impact of that harm, and a commitment to cultivating an honest and transparent relationship with marginalised communities.[16]

Self-determination

Self-determination can mean different things to different groups of people. At its core, self-determination is concerned with the fundamental right of people to shape their own lives. In a practical sense, self-determination means that people have the freedom to live well and to determine what it means to live well according to their own values and beliefs.[17]

In an Australian context, Aboriginal self-determination is an ongoing process of choice to ensure that Indigenous communities are able to meet their social, cultural and economic needs. The right to self-determination acknowledges Indigenous peoples as Australia's first people and is central to addressing the historical legacy and continuing impacts of colonisation and dispossession.[18]

Social determinants of health

Determinants of health are factors that influence how likely we are to stay healthy or to become ill or injured. Many of the key drivers of health reside in our everyday living and working conditions – the circumstances in which we grow, live, work and age. These social determinants can strengthen or undermine the health of individuals and communities.

The social determinants of health include factors such as socioeconomic position, conditions of employment, the distribution of wealth, empowerment and social support.

Social determinants form part of the wider determinants of health which also include the environmental, structural, economic, cultural, biomedical, commercial and digital factors in our lives.[19]

Unconscious bias

Refers to the automatic associations and reactions that arise when we encounter a person or group, in which we unconsciously associate positive or negative stereotypes with them that can influence our behaviour. Unconscious bias can lead to discriminatory behaviours.

Workplace Inclusion

An atmosphere where all employees are embraced, respected and valued for their differences so that they feel they belong, are able to contribute, and can thrive.

Workforce mutuality

Workforce mutuality describes the extent to which the diversity of an organisation or a sector's workforce reflects the diversity of the community it serves, as well as the level of responsiveness of an organisation or sector to the needs of a diverse community.

Workforce mutuality can increase the participation of people from diverse backgrounds in the delivery of health and community services. It can also improve the ways in which organisations meet the needs of their communities.[20]

1   https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

2   https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

3   Williams R 2008 'Cultural safety: what does it mean for our work practice?' Australian and New Zealand Journal of Public Health, vol. 23, no. 2, pp. 213-214

4   https://www.vic.gov.au/desktop-research

5   https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

6   https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/

7   https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

8   https://theberylinstitute.org/

9   https://www.ohchr.org/en/what-are-human-rights

10 https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

11 https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2021/11/18101814/Change-the-story-Our-Watch-AA.pdf

12 https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

13 https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/

14 https://www.vic.gov.au/sites/default/files/2023-10/LGBTIQA%2B-inclusive-language-guide.pdf

15 https://www.audit.vic.gov.au/sites/default/files/20150130-Public-Participation-BPG.pdf

16 https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf

17 https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination

18 https://vpsc.vic.gov.au/workforce-programs/aboriginal-cultural-capability-toolkit/aboriginal-self-determination/

19 https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health

20 https://healthwest.org.au/wp-content/uploads/2023/07/Workforce-Mutuality-Standards-2020.pdf

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028)

Related Plans:

CPP: Community Participation Plan

DAP: Disability Action Plan

GEAP: Gender Equality Action Plan

LEAP: LGBTQIA+ Equity Action Plan

While this is an overarching Diversity, Equity and Inclusion Framework for Eastern Health, action plans impacting **Aboriginal and Torres Strait Islander Communities** are governed under the Closing the Health Gap Committee.

Eastern Health existing Aboriginal and Torres Strait Islander action/tactical plans have actions directly relevant to the five focus areas of: Planning and Data; Governance and Accountability; Learning and Capability; Collaboration and Communication; and Resourcing and Facilities.

Eastern Health **Aboriginal and Torres Strait Islander related Health Plans and Strategies** are available on our external webpages.

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
1: PLANNING AND DATA: **Our planning ensures we are a diverse, equitable and inclusive health service; Our data collection and analysis help us tell our story and make improvements**		
1.1: The DEI Framework and Plan informs Eastern Health organisational Strategy.	**a.** Eastern Health Strategic Plan includes explicit reference to DEI principles.	Year 2 – December 2026
1.2: Population-specific action plans to ensure integration and alignment with the DEI Framework and Plan through shared goals, objectives, timelines and success metrics.	**a.** Explicit reference to DEI framework is included in all DEI related action plans. **b.** Develop an action plan for Cultural and Linguistically Diverse (CALD) community in consultation with consumers and staff representative of the community. **c.** Consider developing additional plans for other under-represented group like neuro-divergent community. **d.** Diversity, Equity and Inclusion Committee (DEIC) monitor progress of the various DEI action plans via relevant working groups: • GEAP • DAP • LEAP	Year 4 – December 2028

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
1: PLANNING AND DATA: **Our planning ensures we are a diverse, equitable and inclusive health service; Our data collection and analysis help us tell our story and make improvements**		
1.3: Collect, analyse, and report intersectional DEI-related data, including workforce demographics, patient outcomes experience and feedback, and community feedback to identify disparities and inform systems, service and workforce planning.	**a.** Include demographic questions to capture ethnicity, faith/religion and disability in Patient Experience Survey (PES). **b.** Include demographic questions in consumer representative application and evaluation process. **c.** Review and develop appropriate indicators of diversity, and ensure we are collecting and analysing relevant data. • GEAP – *Ensure systems capture employee demographic data* • DAP – *Actions 1.1, 1.2, 1.3* • LEAP – *Actions 1.1, 1.3, 1.4*	Year 1 – December 2025
1.4: Strengthen visibility, accessibility, confidence to use, and uptake of staff and patient surveys/feedback and other data capturing mechanisms to ensure safe avenues for raising DEI issues and concerns, identify gaps and areas for improvement, and transparently report progress.	**a.** Undertake an analysis to identify which population groups Eastern Health is not hearing from (staff and consumer cohorts), identify barriers and develop a plan to support ways to capture their experience. **b.** Monitor and deliver actions as per the relevant diversity action plans: • GEAP – *Raising awareness of importance of providing demographic information* – *Trauma-informed Sexual Harassment case management and reporting to foster a safe environment for reporting inappropriate conduct:* - *Complaints of Sexual Harassment reported to the Executive.* • DAP *Actions 1.1, 1.2, 1.3, 1.4* • LEAP *Actions 2.5, 1.1, 1.2, 1.3, 1.4* • CPP *Actions 3.3, 4.3*	Year 2 – December 2026

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
1: PLANNING AND DATA: **Our planning ensures we are a diverse, equitable and inclusive health service; Our data collection and analysis help us tell our story and make improvements**		

1.5: Ensure patient and staff demographic data is appropriately and sensitively collected and is used consistently in accordance with information privacy legislation.	**a.** Develop and deliver training to staff to collect demographic data consistently, sensitively and appropriately, and understand our Privacy of data obligations.
	
	b. Monitor and deliver actions as per the relevant diversity action plans:
	
	• GEAP
	  - *Intersectionality Data Collection from new and existing staff.*
	• DAP
	  - *Actions 1.2, 1.4, 1.5*
	• LEAP
	  - *Action 1.2*
		Year 2 – December 2026

1.6: Enhance the inclusivity and equity of clinical research by actively increasing the representation of underrepresented groups in clinical research including clinical trials.	**a.** Draft a plan to seek funding to increase the awareness of underrepresented groups of the opportunities to participate in research and clinical trials. **b.** Implement targeted recruitment strategies, reducing barriers to participation, and fostering community partnerships. **c.** Ensure diverse participant representation in research and clinical trials, to improve the generalisability and effectiveness of research outcomes, ultimately advancing equitable healthcare solutions for all populations.	Year 4 – December 2028
2: GOVERNANCE AND ACCOUNTABILITY: **Our governance and leadership facilitate embedded practice and oversight; Our people understand their roles, rights and responsibilities**		
2.1: Align all DEI activities under an executive portfolio responsible for overseeing DEI governance and implementation at all levels of the organisation.	**a.** Develop an aligned reporting structure to ensure accountability and delivery of DEI programme of work.	Year 1 – December 2025

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
2: GOVERNANCE AND ACCOUNTABILITY: **Our governance and leadership facilitate embedded practice and oversight;** **Our people understand their roles, rights and responsibilities**		
2.2: Elevate the Diversity, Equity and Inclusion commitment by including DEI principles in Eastern Health committees.	**a.** Establish DEI principles and integrate them into regular reporting by embedding them in terms-of-reference, agenda and reporting templates of identified committees. **b.** Invite representation from each directorate, programme and clinical operations teams to be part of the various Diversity related working groups and committees.	Year 4 – December 2028
2.3: Establish a cohort of DEI leaders/champions and allies to advocate, educate, and support staff and community members in understanding and achieving DEI objectives.	**a.** Draft and implement an overarching DEI Champions programme, to include the under-represented groups of Disability, LGBTQIA+, Multicultural & Multifaith and Aboriginal and Torres Strait islander communities. **b.** Monitor and deliver actions as per the relevant diversity action plans: • DAP - *Action 3.6* **c.** Establish an employee network/reference group, representing different faiths, ethnicities and cultures.	Year 4 – December 2028
2.4: Develop a clear accountability framework to embed performance metrics for all staff, including Board and leadership, to deliver ongoing improvements in our DEI systems, processes, culture and outcomes.	**a.** Include DEI expectations in position descriptions. **b.** Include DEI as a standard performance goal in Achieve (performance review) conversations.	Year 1 – December 2025

2.5: Integrate a DEI lens into organisational policy, program and infrastructure development and review to ensure values are consistently upheld and rights, roles and responsibilities for leaders, staff, patients and consumers are clearly defined.	**a.** Develop a framework, governance and tools to implement and report on Equity Impact Assessments.
	 • GEAP
	   - *Equity Impact Assessments: Gender equality is integrated in existing policies, plans, programs, services and infrastructure.*
	 • DAP
	   - *Action 3.4*
	 • LEAP
	   - *Action 3.5*
		Year 1 – December 2025

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
2: GOVERNANCE AND ACCOUNTABILITY: **Our governance and leadership facilitate embedded practice and oversight;** **Our people understand their roles, rights and responsibilities**		

2.6: Deliver a safe and inclusive environment for all by ensuring a proactive approach to prevent bullying, harassment and discrimination (positive duty), and systems that support safe disclosure, timely investigation and appropriate support and action when incidents do occur.	**a.** Promote and set expectation for staff to comply with the Respectful Working Relationships guidelines and uphold standards for preventing and managing workplace violence and aggression.
	
	b. Promote the Integrity Line as a confidential whistleblower service for employees to make complaints about misconduct or unethical behaviour, fostering an inclusive workplace and enhancing psychological safety.
	
	c. Monitor and deliver actions as per the relevant diversity action plans:
	
	• GEAP
	  - *Trauma-informed Sexual Harassment case management and reporting to foster a safe environment for reporting inappropriate conduct:*
	    - *Improve the Complainant experience through the introduction of guidelines.*
	    - *Build awareness of positive duty responsibilities.*
	    - *Complaints of Sexual Harassment reported to the Executive.*
	• DAP
	  - *Action 3.6*
	• LEAP
	  - *Action 2.7*
		Year 4 – December 2028

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
3: LEARNING AND CAPABILITY: **Our people have the skills and knowledge they need**		
3.1: Develop a comprehensive DEI communications, training and development plan to ensure our people at all levels have the skills and capabilities needed within their roles and across the employment journey.	**a.** Conduct a comprehensive training needs analysis of DEI related staff capabilities. **b.** Develop and implement a training plan to build awareness and understanding of working with multicultural and multifaith communities. **c.** Ensure education & development planning strategies are developed from the below action plans: • GEAP - *Continue to develop leadership capability particularly in areas affected by gender imbalance* - *Reinforce inclusive leadership practices and align with Audit findings* - *Establish a cross-organisation Gender Equality Community of Interest group (including leveraging The Human Library construct to challenge stereotypes and prejudices through dialogue)* - *Sexual Harassment – Build awareness of positive duty responsibilities* • DAP - *Actions 2.1, 2.2, 2.3, 2.4* • LEAP - *Actions 2.1, 2.4, 2.5, 2.6* • CPP - *Action 2.3*	Year 4 – December 2028

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
3: LEARNING AND CAPABILITY: **Our people have the skills and knowledge they need**		
3.2: Deliver specific information, training and support for managers, recruiting staff and others with specific DEI obligations.	**a.** Assess the need to develop new and review existing, policy documents and collateral related to improving recruitment, retention and development of employees from diverse groups.	Year 3 – December 2027
	b. Develop resources for managers and staff to support Eastern Health DEI commitments and provide a safe and welcoming environment for our workforce and consumers.	
	c. Foster trauma informed leadership practices – through training and education programmes and promoting resources developed under focus area 5.2.	
	d. Develop and deliver Psychological Safety leadership practices masterclass	
	e. Review current and develop training programmes from the below action plans:	
	• GEAP	
	- *Design, develop and introduce targeted manager learning.*	
	- *Reinforce inclusive leadership practices and align with audit findings.*	
	- *Build awareness and understanding of the Respectful Working Relationships Guidelines, prevention and management of Occupational Violence and Aggression.*	
	- *Build awareness of positive duty responsibilities.*	
	- *Promote Integrity Line to report inappropriate behaviours.*	
	• DAP	
	- *Actions 2.2, 2.3, 2.5*	
	• LEAP	
	- *Actions 2.2, 2.3, 2.4, 2.6, 2.7*	

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
3: LEARNING AND CAPABILITY: Our people have the skills and knowledge they need		
3.3: Incorporate a DEI lens and metrics in strategic workforce plans to progressively deliver Board, leadership, staff, volunteer and consumer representation that reflects community diversity.	**a.** Include DEI principles into strategic workforce plans and talent management for all staff groups. **b.** Report to DEI Committee on workforce demographic recruitment and termination data bi-annually **c.** Monitor and deliver actions as per the relevant diversity action plans: • LEAP - *Action 1.6*	Year 2 – December 2026
4: COLLABORATION AND COMMUNICATIONS: Our partnering approach builds an engaged and sustainable workforce and community; Our communications are accessible, transparent and promote our work		
4.1: Ensure underrepresented groups are equitably included in decision-making processes, with meaningful engagement where all voices are heard, and appropriate remuneration is provided to consumers when necessary.	**a.** Review current membership and process to obtain representation on corporate and clinical decision-making committees. **b.** Use workforce demographics to analyse representation across the different staff hierarchies and decision-making bodies at Eastern Health. **c.** Incorporate co-design principles through consultation with consumers and staff with lived experience in drafting and monitoring diversity related action plans and/or services. **d.** Monitor and deliver actions as per the relevant diversity action plans: • GEAP - *Enable gender balanced decision-making bodies to minimise bias and support equitable leadership presence.* - *Enable gender balance in specialist skill areas.* - *Enhance Leadership capability to reinforce the role of leaders to foster a Gender Equitable workplace.* - *Report on Equity Impact Assessment (EIA) where consumer engagement has been included.* • DAP - *Actions 3.4, 3.5* • LEAP - *Action 3.5* • CPP - *Actions 2.2, 3.1, 4.1, 4.2, 4.3, 4.4*	Year 3 – December 2027

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
4: COLLABORATION AND COMMUNICATIONS: **Our partnering approach builds an engaged and sustainable workforce and community; Our communications are accessible, transparent and promote our work**		

4.2: Partner with external experts, advocacy groups, service providers and other organisations to help us leverage external expertise that expand the impact of our DEI programs.	**a.** Develop and deliver an "Inclusive Leadership Practices" masterclass
	
	 b. Monitor and deliver actions as per the relevant diversity action plans:
	
	 • GEAP
	    - *Enhance Leadership capability to reinforce the role of leaders to foster a Gender Equitable workplace.*
	    - *Manager capability to increase awareness and expectations in creating an inclusive practice that minimises gender inequalities.*
	
	 • DAP
	    - *Action 3.4*
	
	 • LEAP
	    - *Action 3.5*
	
	 • CPP
	    - *Action 1.1*
		Year 3 – December 2027

4.3: Positively influence our internal and external stakeholders through advocacy and procurement policies to encourage partnerships that drive Eastern Health DEI commitments and work towards improved health, wellbeing, economic and social outcomes for marginalised communities.	**a.** Review current procurement policy documents to ensure representation of diverse organisations included in the tender process.
	
	 b. Monitor and deliver actions as per the relevant diversity action plans:
	
	 • DAP
	    - *Action 3.6*
	
	 • LEAP
	    - *Action 3.4*
		Year 3 – December 2027

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
4: COLLABORATION AND COMMUNICATIONS: Our partnering approach builds an engaged and sustainable workforce and community; Our communications are accessible, transparent and promote our work		

4.4: Promote Eastern Health statement of commitment to DEI practice.	a. Approve and promote Eastern Health formal statement of DEI, internally and externally.
	
	b. Promote DEI progress, challenges, and successes to our "hardly reached" communities.
	
	c. Understand the under-represented diverse communities in our workforce and promote Eastern Health as an "Employer of Choice".
	
	d. Monitor progress against the relevant diversity action plans:
	
	• GEAP
	  - *Understand value of Gender Equality and build trust to disclose and share information when data is gathered.*
	  - *Leadership accountability through transparency of progress made/status.*
	  - *Celebrate women's achievements and promote gender equality.*
	• DAP
	  - *Actions 3.1, 3.3, 3.6*
	• LEAP
	  - *Actions 3.1, 3.5, 3.6*
	• CPP
	  - *Actions 1.1, 1.3*
		Year 3 – December 2027

4.5: Increase visibility and awareness of DEI-specific policies, programmes and initiatives, through clear and accessible communications delivered in multiple formats and languages.	a. Promote diversity related initiatives and services, in the five most used languages in the Eastern Health catchment, on external website.
	
	b. Monitor and deliver actions as per the relevant diversity action plans:
	
	• DAP
	  - *Actions 3.1, 3.3, 4.2, 4.10*
	• LEAP
	  - *Action 3.3*
	• CPP
	  - *Action 2.4*
		Year 3 – December 2027

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
4: COLLABORATION AND COMMUNICATIONS: **Our partnering approach builds an engaged and sustainable workforce and community; Our communications are accessible, transparent and promote our work**		

4.6: Ensure internal and external communications feature inclusive imagery and language that acknowledge and celebrate of our diverse communities' cultures, strengths and achievements, and promote events and days of significance.	**a.** Identify key days of significance and develop plans to celebrate those important to multiculture and multifaith communities that access Eastern Health services. **b.** Develop and share a Diversity Calendar, showcasing the various communities we serve and within our workforce. Promoting it for internal and external access. **c.** Monitor and deliver actions as per the relevant diversity action plans:
	• GEAP
	  - *Celebrate women's achievements and promote gender equality:*
	  - *Sharing of stories of achievement and exemplars cases of a diverse and inclusive workforce*
	  - *International Women's Day*
	  - *16 Days of Activism events*
	• DAP
	  - *Actions 3.2, 3.3, 4.8*
	• LEAP
	  - *Actions 3.2, 3.6*
	• CPP
	  - *Action 2.4*
		Year 3 – December 2027

5: RESOURCING AND FACILITIES: **Our resourcing and resources support and enable our practice; Our facilities and environments welcome our diverse staff and communities**		
5.1: Allocate dedicated funding and resources to grow and refine our DEI work, including through the expansion of DEI identified roles across departments, and the establishment and expansion of staff special interest groups.	**a.** Identify resources needed to implement the DEI program of work. **b.** Develop cost estimate and budget for DEI programme of work.	

Eastern Health Diversity, Equity and Inclusion Plan (2025–2028) (continued)

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
5: RESOURCING AND FACILITIES: **Our resourcing and resources support and enable our practice;** **Our facilities and environments welcome our diverse staff and communities**		

5.2: Provide tools and resources to deliver trauma-informed inclusive care that effectively responds to the diverse needs of the community.	**a.** Develop and/or strengthen trauma-informed:
	
	 • Clinical tools and protocols
	
	 • Communication guidelines
	
	 • Build leadership capability, to improve clinical and employee experiences
	
	 • Cultural and faith specific support services including linguistically appropriate materials
	
	 b. Develop and promote a comprehensive resource/ information hub to better support the Culturally and Linguistically Diverse (CALD) communities accessing our services and supporting the workforce.
	
	 c. Promote DEI resource hubs developed for clinicians and managers to access and support consumers and their teams.
	
	 d. Monitor and deliver actions as per the relevant diversity action plans:
	
	 • GEAP
	     - *Trauma- informed Sexual Harassment case management and reporting to foster a safe environment for reporting inappropriate conduct:*
	        - *Improve the Complainant experience through the introduction of trauma-informed guidelines*
	        - *Promote Integrity Line to report inappropriate behaviours*
	        - *Complaints of Sexual Harassment reported to the Executive*
	
	 • CPP
	     - *Actions 2.3, 3.3*
		Year 3 – December 2027

STRATEGIC OBJECTIVES AND PRIORITY FOCUS AREAS	ACTIONS AND RELATED ACTION/ TACTICAL PLANS	TIMELINES
5: RESOURCING AND FACILITIES: Our resourcing and resources support and enable our practice; Our facilities and environments welcome our diverse staff and communities		

5.3: Invest in external benchmark and practice improvement organisations to deliver and support practice improvements for specific target populations.	**a.** Identify and invest in appropriate benchmarking and practice improvement with organisations relevant to Eastern Health demographic communities, by monitoring and delivering actions as per the relevant diversity action plans:
	
	• GEAP
	  - *Review and publish GEAP Audit and progress report.*
	
	• DAP
	  - *Action 2.3*
	
	• LEAP
	  - *Action 2.6*
	
	• CPP
	  - *Actions 4.3, 4.4*
		Year 2 – December 2026

5.4: Ensure our facilities and environments are accessible to all, meet standards for physical, sensory, and cognitive accessibility, and incorporate inclusive design features such as all-gender restrooms, sensory-friendly spaces, parking accessibility, facility naming, and clear, culturally relevant signage.	**a.** Monitor and deliver actions as per the relevant diversity action plans:
	
	• DAP
	  - *Actions 4.1, 4.3, 4.4, 4.5, 4.6, 4.7, 4.9*
	
	• LEAP
	  - *Action 4.1*
		Year 4 – December 2028

5.5: Ensure our systems enable collection, analysis and reporting on intersectional patient and staff demographic, experience and outcome data, including DEI-related feedback, incident reporting and management.	**a.** Undertake gap analysis of technical and administrative systems related to staff and consumers, to support collection of intersectional demographic data:
	
	b. Monitor and deliver actions as per the relevant diversity action plans:
	
	• GEAP
	  - *Intersectionality data collection from existing staff.*
	
	• LEAP
	  - *Actions 1.4, 1.1*
		Year 3 – December 2027

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Eastern Health values feedback and uses it to continuously improve the services we provide.

There are a number of ways to provide your feedback:

Fill in our online feedback form at **www.easternhealth.org.au**

Contact one of our Patient Relations Advisors on 1800 327 837. Patient Relations Advisors are available Monday to Friday from 9am to 3pm

Send an email to **feedback@easternhealth.org.au**

Write to us at:
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