



Forensicare

Diversity, Equity & Inclusion

Action Plan

August 2022 (updated August 2023)



About the plan

Over many years, Forensicare has deepened our understanding of evolving societal issues related to diversity, equity, inclusion and intersectionality. We have broadened our focus and furthered our commitment to our people and our communities. The release of our inaugural Diversity, Equity, and Inclusion Framework (the Framework) is an important step in our aim to provide a safe and inclusive environment for our consumers, their families, carers and supporters, our staff and our stakeholders.

The Diversity, Equity and Inclusion action plan (the plan) provides a roadmap to guide implementation of the Framework over the next 5 years. The plan brings together and consolidates previous plans such as the Disability Action Plan and the Gender Equality Action Plan but should be regarded as a living document - one that sets a course but remains responsive to Forensicare's needs and priorities as they arise.

The plan is aligned to our Strategic Plan, the National Safety and Quality Healthcare Standards and the mental health and wellbeing principles prescribed in the *Mental Health and Wellbeing Act 2022*. It outlines actions, timeframes, objectives and measures and provides a template to measure success in achieving our strategic objectives. The plan also enables us to meet the requirements of legislation including the *Disability Act 2006*, the *Change or Suppression (Conversion) Practices Prohibition Act 2021*, the *Gender Equality Act 2020* and the *Equal Opportunity (Religious Exceptions) Amendment Act 2021*.

Our performance against actions is monitored and reported to our Board (consistent with the Board reporting) framework, Strategic and Operations Executive, staff, consumers and their families, carers and supports. External reporting requirements (e.g. in our annual report) are informed through monitoring activities. Regular updates to the plan are made to ensure:

- we remain compliant with any new, or changes to existing, legislation
- Suggestions and ideas from consumers and staff can be incorporated, and
- that the plan remains relevant and contemporary.

The plan initially included 69 individual actions with six actions incorporated across multiple strategic outcomes (total of 81 actions listed). This was due to the different areas of focus being addressed. For instance, implementation of the Strategic Workforce and Recruitment and Retention plans is included at outcome 2.1 with a focus on allied health and the Lived Experience team. Implementation is also included under outcome 3.3 with a focus on the development of a Clinical learning and development program.

Plan review

In March 2023, a review of the plan was initiated to ensure Forensicare remained compliant with the *Disability Act 2006* from 1 July 2023. A range of consultations, surveys and focus groups were undertaken with staff, consumers and their families, carers and supporters.

The review resulted in updates to existing actions (including updates to timeframes) and the development of new actions to span the remaining four years of the plan. Updates and additions are marked in red text. The plan has also been updated to highlight, in grey, actions that had been completed and closed up to 30 June 2023.

With the completion and closure of existing actions, and development of new actions to meet requirements of the disability act from 1 July 2023, the revised plan has a total of 74 individual actions. Six of these actions are noted in multiple strategic outcomes (total of 85 actions listed). Table 1 provides a snapshot of actions with multiple links across the plan.

Table 1: Actions with multiple entries

Action #	Action	Links
1.1.4	Model of Care implementation	1.1.5, 1.2.1, 4.1.1, 4.2.1, 4.2.2
1.1.7	Investigate improved information exchange between key stakeholders regarding consumer needs.	2.3.2
1.3.6	Promote national dates of significance	3.2.2
1.4.4	Re-development of current TEH facilities ensures compliance with building codes	3.2.38
2.1.3	Implement Strategic Workforce and Recruitment and Retention plans	2.4.1, 3.1.2, 3.3.3
3.1.1	Monitor gender and diversity balance and report annually.	3.2.13

Timeframes

Timeframes for completion of actions are provided with some actions spanning multiple years. Table 2 indicates the number of actions due from 1 July 2023 of the remaining life of the plan.

*Table 1: Actions due for completion by year**

Year 2: 2023-24	Year 3: 2024-25	Year 4: 2025-26	Year 5: 2026-27
19	38	6	22

*Note that these will change as actions are added or removed during regular updates.

Strategic Direction One: Consumer recovery pathway

Action #	Action Item	Relevant Strategic Priority	Relevant Supporting Plan/s	DEI Principle	Relevant NSQHS	Year/s of action delivery/implementation					Objective	Measurement	Owner	Partner/s
						2022-2023	2023-2024	2024-2025	2025-2026	2026-2027				
1.1 Outcome: Consumers and their carers/families/supporters report improvement in their experience of service.														
1.1.1	Formally launch and implement the DEI Framework 2022-27 across the organisation. (Link to SD 2, action 2.1.1)	1.1	DEI	All	All						*Inform consumers, their families and supporters, staff, visitors etc of the Framework. *Promote the Framework and Forensicare's commitment to making the organisation safe and inclusive for all people. *Inform stakeholders that all plans have been collated with one reporting framework	*DEI Framework launched. *Framework presented across the organisation in accessible formats and various languages *Review implementation through surveys and other engagement strategies to identify access issues and non-inclusive practices	ED SPP	
1.1.2	Develop action plan ensuring alignment of actions with the Strategic Plan and other key frameworks such as the Model of Care. Development will ensure incorporation of current plans (including Disability Action Plan, Gender Equality Plan).	1.1	DEI	All	All						*Collate actions across various plans, align these with Strategic Directions and outcomes, and streamline reporting requirements.	*Action plan developed and endorsed by the Strategic Executive team. *Minimum 6-monthly progress reporting by action owner	EDSPP	
1.1.3	Communicate progress of DEI action plan to key stakeholders including consumers, their families and supporters. Provide Diversity, Equity and Inclusion In Action stories. (link to SD3- 3.2.33)	1.1	DEI	All	Communicating for safety						*Inform consumers, their families and supporters of progress of actions. *Provide evidence of how Forensicare is meeting Strategic Directions and outcomes.	*Minimum 6-month progress reporting completed by action owner within determined timeframe. *≥ 5 intranet Diversity in Action stories every 1/4	ED SPP	

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1.1.4	Implement the Model of Care in accordance with annual strategic priorities. Ensure there are opportunities for people with lived experience to increase their engagement across all recovery domains- Personal, Clinical, Wellbeing and Offence-specific. (Link to 1.1.5, 1.2.1, 4.1.1, 4.2.1, 4.2.2)	1.1, 1.2, 4.1	MOC	Access & Equity	Partnering with Consumers						<ul style="list-style-type: none"> *Enable self-determination and choice *Ensure access to appropriate recovery focussed programs *Ensure treatments and supports are provided safely and respectfully 	<ul style="list-style-type: none"> *Surveys/ outcome measurements *YES results show 90% of respondents select 'Usually' or 'Always' to survey questions 14, 15, 21. 	COO	
1.1.5	Implement the Model of Care in accordance with annual strategic priorities. Ensure consumer's needs (such as: disability supports, trauma and experience of violence, cultural engagement, family and other support networks) are identified and supported. Utilise care pathways mapping to design or re-design approaches. (Link to 1.1.4, 1.2.1, 4.1.1, 4.2.1, 4.2.2)	1.1, 1.2	All	All	Comprehensive care						<ul style="list-style-type: none"> *Enable self-determination and choice *Ensure access to appropriate recovery focussed programs *Ensure treatments and supports are provided safely and respectfully* *Consumer needs (such as: disability supports, literacy level, AOD, trauma and experience of violence, cultural engagement, family and other support networks) are identified and appropriate supports provided to ensure treatment goals/outcomes are realised *Support needs addressed to enable, where practicable, community transition *Approaches including positive behaviour support and functional behaviour assessments support 	<ul style="list-style-type: none"> *A range of assessment tools (e.g. GAF, Vineland, activities of daily living etc) and screenings are used to identify a range of consumer needs *External expertise engaged, where appropriate, to provide assessments and develop support strategies e.g. neurodiversity, autism, positive behaviour support, functional behaviour assessments *Staff, through external supports, interpret and implement support strategies. *Care pathways, based on outcome of Women's pathway, developed for other consumer cohorts. *Pathways used to develop care frameworks e.g. physical healthcare framework, that consider needs of consumer groups. 	COO	

											mental health interventions.			
1.1.6	Implement Co-design Framework. (link to 4.1.3 & 2.1.5)	1.1, 2.1, 4.1	MOC	Inclusiveness	Partnering with Consumers						<ul style="list-style-type: none"> *Ensure services are relevant, purposeful and responsive *Protect and enhance the rights of people with lived experience through empowerment *Engage, hear and respect people with lived experience in all aspects of service design, implementation and evaluation 	<ul style="list-style-type: none"> *Co-design framework released *Co-design included in Project Management Framework (under development) *All projects, research & evaluation utilise tools, principles and templates outlined in the Framework 	EDSPP	
1.1.7	Investigate opportunities for improved information exchange (in line with privacy requirements) between Forensicare, Corrections, VicPol, courts and CFMHS regarding consumer needs. (Link to 2.3.2)	1.1	DAP	Responsiveness							<ul style="list-style-type: none"> *All relevant information to assess needs and provide access to appropriate interventions is available. *Enhance continuity of care upon transition (internal and external) *Reduce consumers repetition of information 	<ul style="list-style-type: none"> *MOUs developed and implemented *Relevant procedures updated *Information systems enhanced for streamlined information exchange 	EDSPP	CHIO
1.1.8	Develop a range of communications for staff and consumers regarding consent to be provided upon admission to services and at relevant points of internal transition.	1.1	DAP	Cultural Safety & Recovery							<ul style="list-style-type: none"> *Consumer rights are upheld. *Adherence to relevant legislation. 	<ul style="list-style-type: none"> *All consent related documents are signed by consumers *0 complaints related to consent 	EDSPP	EDGRL
1.1.9	Review engagement by diverse consumer cohorts (with consideration to outcomes of consumer needs assessments, 1.1.5) in current therapeutic programs intended to facilitate successful	1.1, 1.3	DEI/DAP	Access & Equity							<ul style="list-style-type: none"> *Consumers with a range of diverse needs e.g. cognitive impairment, communication, language, culture, are able to fully participate in 	<ul style="list-style-type: none"> *Therapeutic programs are tailored to the unique needs of individuals e.g. one-one sessions rather than groups, use of pictorial resources rather than written forms *Strategic partnerships utilised to engage subject matter 	COO	Discipline Heads

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	community transition. With input from subject matter experts, update therapeutic programs accordingly and consider separate sessions for different cohorts.									transition related activities *Separate sessions are available for particular groups e.g. women. *Improve understanding, skills development and experience of consumers.	experts to assist with review and tailoring of programs. *Improvement in program outcome measures for consumers with diverse needs.		
1.1.10	Conduct annual YES survey	1.1	All	Inclusiveness						*Monitor improvement of individual experiences of treatment and care	*Increase in uptake of YES survey by consumers (≥ 10% increase per year) *YES survey results report ≥ 80% overall experience rated at Good, very good or excellent	COO	Quality team
1.1.11	Continue roll out of new skills development programs such as digital literacy and consider development of other programs that support community engagement and transition.	1.1, 2.1, 2.4	MOC/DAP		Comprehensive Care					*Consumers are educated and develop skills e.g. use of smart phones, online safety, offending history and employment (disclosure, WWC, police checks), intimate relationships etc. to support community engagement and transition.	*A range of skills development programs are developed, offered and regularly reviewed to support a consumers' community transition.	COO	Chief OT
1.1.12	Explore use of adaptive technologies for use in communication, treatment engagement and program participation.	1.1, 2.1, 2.4	MOC/DAP		Comprehensive Care					*Consumers who have been identified with this need can access adaptive technology to support their full engagement and participation in Forensicare services.	*Use of adaptive technologies is enabled.	COO	Chief OT Head IT

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1.1.13	Consider Forensicare employment opportunities for consumers.		DEI		Partnering with consumers					*Provide a pathway to employment for consumers who have completed TAFE or other courses e.g. Lived Experience, Test and Tag, barista.	*Consideration given to needs of the Forensicare workforce, legal, insurance, liability, security and risk as well as supports, training and supervision of consumers	COO	ED RAM
1.1.14	Audit implementation of Clinical Review procedure.		DAP		Comprehensive Care					*Provide a snapshot of frequency of consumer and family/carer participation in clinical reviews. *Develop strategies to improve uptake.	*Audit undertaken. *Strategies implemented to improve uptake of consumers and their families/carer participation in clinical reviews or other MDT meetings as per current policy and procedure.	ED FMH	
1.1.15	Review admission, discharge and clinical review related policies and procedures to ensure consistency and MDT approach.		MOC		Comprehensive Care					*Discharge planning is a focus for staff throughout a consumer's engagement with Forensicare. *Discharge planning is coordinated across all disciplines and consistent within all procedures. *Key stakeholders can provide valuable input to decision making	*Practice where discharge planning is commenced at admission/first presentation and discussed/reviewed during engagement is consistent across all documents. *Discharge summary template updated to include section for MDT/disciplines. *Involvement of other key stakeholders e.g. NDIS providers, in clinical review is considered.	ED FMH	
1.1.16	Review key consumer and family/carer templates, forms and documents and translate into various languages and easy read formats.		DAP		Partnering with consumers					*Consumers and their families/carers can access critical information in a format that is easily understood.	*Key consumer and carer/family templates, forms & documents, such as admission booklets, CPP, PSP, MHRP, Model of Care, Advance Statement, consent form provide in a range of accessible formats	COO	LET/Communications
1.1.17	Proposal requesting provision of standard mobility equipment for inpatient units prepared for consideration by prison operators.		DAP		Comprehensive Care					*To ensure standard mobility equipment is always available for consumers with this need.	*Proposal prepared (based on OT proposal for equipment at Ravenhall) and considered by prison operators.	EDPS	Chief OT

1.2 Outcome: Restrictive interventions are reduced															
1.2.1	Implement the Model of Care in accordance with annual strategic priorities. Continue implementation of the '6-core Strategies' methodology to reducing restrictive interventions, using the SPRINT approach. (Link to 1.1.4, 1.1.5, 4.1.1, 4.2.1, 4.2.2)	1.1, 1.2, 1.3, 4.1	MOC	Cultural Safety & Recovery	Comprehensive care							*Reduce instances of restrictive interventions *Reduce instances of and time spent in seclusion *Improve the safe engagement of patients in treatment and recovery	*Reduction in restrictive interventions *Reduction in episodes of seclusion *Reduction in seclusion length	COO	EDIS, DCS-Inpatient
1.3 Outcome: Performance against the <i>National Mental Health Performance Framework</i> is strengthened															
1.3.1	Outcome measurement tools such as the Health of Nation Outcome Scale (HONOS) and Behaviour and Symptom Identification Scale (Basis-32), are completed for TEH and Community consumers on admission to and discharge from the service and at 3-month intervals during service provision.	1.3	Strategic plan	Responsiveness	Comprehensive care							*Monitor and track consumer progress *Identify areas of focus to prepare consumers for transition *Ensure Forensic care meets reporting requirements as outlined in contractual agreements	*HONOS and other measures show overall improvement *Reporting obligations are met or exceeded	COO	EDCS, EDIS, EDPS, EDCO, DCS
1.3.2	Review and update the <i>Outcome Measures</i> procedure to ensure alignment with the <i>National Mental Health Performance Framework</i> and to reflect changes in funding requirements.	1.3	Strategic plan	Responsiveness	Comprehensive care							*Clearly outline staff responsibilities for collecting and recording outcome measure data	*Procedure reviewed, updated and implemented *Reporting obligations are met or exceeded	EDSPP	CHIO
1.3.3	Continued application of the DUNDRUM toolkit.	1.1, 1.3	Strategic plan	Inclusiveness	Partnering with Consumers							*Consumers are provided opportunity to self-report outcome measures. *Consumers are engaged with, direct and evaluate their progress with treatment interventions	*DUNDRUM show overall improvement in SROM	COO	EDCS, EDIS, EDPS, EDCO, DCS

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1.3.4	Investigate opportunities to improve the inclusion of people identifying as LGBTQI+ e.g. Rainbow Tick accreditation.	1.1, 1.3	DEI	Inclusiveness	Partnering with Consumers						*Understand and implement LGBTQI+ safe and inclusive practices	*Recommendation/s to implement opportunities provided to Executive team for endorsement	EDSPP	Quality team, P&C
1.3.5	Actions endorsed from 1.3.4 implemented	1.1, 1.3, 3.2	DEI	All	Preventing/controlling infections						*Understand and implement LGBTQI+ safe and inclusive practices	*Recommended approach/es implemented	EDSPP	Quality team, P&C
1.3.6	Promote national dates of significance such as NAIDOC Week, IDAHOBIT Day, Cultural Diversity Week, Mental Health Month, 16 days of activism against gender-based violence, through education opportunities, intranet stories, partnership development, and encourage consumers and their families to organize celebration activities. (Link to SD3-3.2.2)	1.1, 1.3, 3.2	DEI	All	Partnering with Consumers						*Affirm Forensicare's commitment to Diversity, Equity and Inclusion *Enhance understanding of diversity, equity and inclusion *Improve experience of dignity and respect *Embed culture where staff and consumers have ownership/responsibility/accountability for celebrating national dates that are significant to them	*YES survey results report improvement in experience of dignity and respect across all questions- rated at Good, very good or excellent (increase of ≥ 10% each year) *Develop resources for staff and consumers that can assist them to celebrate dates that are significant to them e.g. calendar of dates, ideas for celebration, links to resources etc	EDSPP	Quality team, all staff
1.4 Outcome: Facility and infrastructure upgrades deliver a contemporary environment for consumers and staff.														
1.4.1	The TEH BEP considers and, where possible, includes in designs, environments that support diversity and inclusion. E.g. Gender diverse units or pods, prayer rooms, Gathering Places.	1.1, 1.3	All	Inclusiveness	Partnering with Consumers						*Consumers with diverse identities feel safe and included	*Conduct satisfaction and engagement survey with consumers involved in TEH BEP project *Co-design Framework is implemented with consumers co-producing or co-designing at all stages of the TEH BEP	EDBEP	LET

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1.4.2	Regular audits of physical environments are conducted with strategies to address gaps in DDA compliance imbedded in schedule of works. Audits should involve consumers where practicable.	1.4	DAP	Access & Equity	Comprehensive care						*Ensure ongoing compliance with DDA *Access and other consumer needs identified *Issues including sunken lounge rooms in units and private area for therapeutic work at Jardine addressed	*Physical audits conducted *Strategies developed and implemented	EDRAM	
1.4.3	Provide consumers at TEH greater access to a computers/devices.		DAP		Partnering with consumers						*Consumers can access online training and utilise internet facilities to support transition e.g. seek employment opportunities, practise digital literacy skills.	*A controlled, supervised environment is provided where consumers can access online training and utilise internet facilities to support transition e.g. seek employment opportunities, practise digital literacy skills.	ED RAM	Head IT
1.4.4	Re-development of current TEH facilities ensures compliance with building codes, meets needs of the consumer group and inclusive designs, where funding opportunities are available.	3.2.38	DAP								*Consumers and staff, including wheelchair users and those with limited mobility, are able to access all areas of the TEH facility. *Consumer physical support needs are met. *Staff are confident in support consumers in accessible and inclusive environments.	*Compliance with building codes. *Facility design is reviewed and updated to ensure equitable access e.g. removal of sunken lounges, access to TEH pool, inclusion of bariatric bedrooms and assisted bathrooms. *Staff trained in use of equipment e.g. hoists, in their workplace.	ED RAM	ED Inpatient Services

Strategic Direction 2: Connections and partnerships														
Action #	Action Item	Relevant Strategic Priority	Relevant supporting plans	DEI Principle	Relevant NSQHS	Year(s) of action delivery/implementation					Objective	Measurement	Owner	Partner/s
						2022-2023	2023-2024	2024-2025	2025-2026	2026-2027				
2.1 Outcome: Consumers, carers, their families and supporters can access forensic mental health services when they need them.														
2.1.1	Formally launch and implement the DEI Framework 2022-27 across the organisation. (Link to 1.1.1)	1.1	DEI	All	All						*Inform consumers, their families and supporters, staff, visitors etc of the Framework. *Promote the Framework and Forensicare's commitment to making the organisation safe and inclusive for all people. *Inform stakeholders that all plans have been collated with one reporting framework	*DEI Framework launched. *Framework presented across the organisation in accessible formats and various languages *Review implementation through surveys and other engagement strategies to identify access issues and non-inclusive practices	ED SPP	

<p>2.1.2</p>	<p>Implementation of the DEI Framework and this plan are overseen by the Diversity, Equity and Inclusion Advisory Committee. The Committee will:</p> <ul style="list-style-type: none"> - address collective issues and facilitate and foster partnerships between key stakeholders e.g. NDIA/NDIS, Justice, VicPol, Corrections, Forensic Disability Services, Family Violence organisations, LGBTIQ+ services, Aboriginal organisations and primary health to improve outcomes for consumers. - Interface and engage with internal and external stakeholders to ensure consumers can access appropriate needs related assessments and services. 	<p>1.1, 2.2.1, 2.3.2, 2.4</p>	<p>DEI/DAP</p>	<p>All</p>	<p>All</p>						<p>*Oversight, monitoring and advice on implementation of DEI Framework</p>	<p>*Progress against actions *Advice provided to address issues such as engagement with stakeholders, prioritisation of work, identification of family violence, working with people with intersectional identities</p>		
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2.1.3	<p>Implement the Strategic Workforce and Recruitment and Retention plans. May include: *expansion of allied health services (speech/language therapists, neuropsychologists) to be inclusive of assessment and support needs for consumers unable to access services through avenues such as NDIS or My Aged Care. *reviewing scope of the lived experience and peer workforce to support diverse needs of consumers. *social workers across all prison programs to support transition. *Consideration of case management/coordination function (link to 2.4.1, 3.1.2, 3.3.3)</p>	2.1, 1.1, 1.3, 2.3, 2.4, 3.1, 3.3	MOC/DAP	Access & Equity	Clinical Governance						<p>*Provision of services that are safe and address the individual needs of consumers *support appropriate timely transition through the phases of care *ensure the right people are providing the right care in the right environment. *supports and linkages are coordinated from first engagement and promote discharge/transition planning</p>	<p>*Staffing models investigated *Report on models completed *Recommendations for models that could be implemented at Forensicare developed</p>	COO	Discipline Heads, P&C
2.1.4	<p>Develop and implement a consumer communication plan/strategy.</p>	2.1, 1.1	DEI	Inclusiveness	Partnering with Consumers						<p>*Ensure communications are tailored to the diverse needs of consumers, including the need for: - communications in plain language and Easy English versions - delivery of information face to face with follow up in writing - gender neutral language - information available in community languages - video materials to include closed captions - co-production/design</p>	<p>*Consumer communication strategy developed and implemented</p>	EDSPP	Chief LE

											with consumers - website upgrades into accessible formats			
2.1.5	Implement Co-design Framework. (link to 1.1.6 & 4.1.3)	2.1, 1.1, 4.1	MOC	Inclusiveness	Partnering with Consumers						*Ensure services are relevant, purposeful and responsive *Protect and enhance the rights of people with lived experience through empowerment *Engage, hear and respect people with lived experience in all aspects of service design, implementation and evaluation	*Co-design framework released *Co-design included in Project Management Framework (under development) *All projects, research & evaluation utilise tools, principles and templates outlined in the Framework	EDSPP	Chief LE
2.1.6	Develop and maintain strategic partnerships (using the Advocacy Framework and consumer needs as reference) with relevant community services such as housing providers, education institutes, parenting supports, health services, interpreters/translators, family violence services, sexual assault and vocation supports and services that support those who use violence.	2.1, 1.1	All	Access & Equity	Comprehensive care						*Partner with organisations that have forensic mental health experience, or other expertise (Disability, AOD etc) to ensure consumers can safely transition to the community with suitable and timely supports *Address the needs of consumers transitioning and reintegrating into the community. e.g. accommodation, employment, education/training opportunities for consumers *Utilise expertise to provide training and professional development	*MOUs/Service Agreements developed and implemented *Collaborative care planning between Forensicare and external services evident. *Engagement with reform and establish our role as a state-wide service in the Regional Mental Health & Wellbeing Boards *Key strategic partnerships identified through analysis/review of organisation need, utilising Advocacy Framework *Partnerships include NDIS providers and other organisations with experience supporting consumers with complex or specialist needs	COO	ED SPP

											opportunities for staff.			
2.1.7	Develop and implement organisation wide Advocacy Framework	2.1.8	DAP								<p>*Strengthen planning, coordination and efficiency of advocacy activities.</p> <p>*Outline key areas of advocacy that direct activities such as strategic partnerships and influencing government policy.</p> <p>*Support Forensicare’s role in advocating for: appropriate detention of people without mental health issues in prison; appropriate responses and supports for transgender and complex prisoners; prison design that accommodate people with mobility issues (including wheelchair access)</p>	*Advocacy Framework developed and implemented.	ED SPP	
2.1.8	Consider implementation of recommendations from the Health Information Data project including new registration process with additional fields to flag support needs.		DAP								<p>*Improve identification of consumer needs at admission/ commencement.</p> <p>*Enable data collection and analysis that supports tailoring of services and development of business cases and/or funding bids.</p>	<p>*PMI enhancements are embedded.</p> <p>*New process for registration of consumers implemented.</p> <p>*Data collection and analysis enhanced.</p>	ED SPP	DHI

2.1.9	Consider internal resourcing (position) to develop easy read and plain language publications.		DAP								*Implement suggestions from the Mental Health and Wellbeing Act *Improve consumer understanding of and engagement in Forensicare services.	*Publications are available in easy read and plain language versions	ED SPP	COO
2.2 Outcome: Increased access to services in the community														
2.2.1	Implement community forensic mental health expansion projects (including the <i>Regional Forensic Mental Health Service, Community Forensic Disability Mental Health Service</i> and the <i>MHTSS</i>).	2.2, 2.1	All	Access & Equity	Clinical Governance						*Develop a detailed business case and model for a trial regional forensic mental health service *Meet requirements of Royal Commission recommendations for expansion of community based Forensic mental health services & services to support prisoner transition *Ensure consumers can access required services in their region and within a timely manner	*Business case completed and presented and endorsed to Forensicare Board and Executive team *All regional forensic mental health services are in place and providing services to consumers in their region *Development and implementation of a new service model, with expanded resources, for the CFDMHS *Implementation of the MHTSS	ED SPP/ COO	EDCO EDPS
2.3 Outcome: Meet National Safety and Quality Health Service Standards														
2.3.1	Implement body of work that evidences how Forensicare meets the NSQHS.	2.3	All	All	All						*Meet NSQHS standards	*NSQHS standards are met	COO	Quality team, all staff

2.3.2	Investigate opportunities for improved information exchange (in line with privacy requirements) between Forensicare, Corrections, VicPol, courts and CFMHS regarding consumer needs. (Link to 1.1.7)	2.3, 1.1	DAP	Responsive ness	Communicating for safety							*All relevant information to assess needs and provide access to appropriate interventions is available. *Enhance continuity of care upon transition (internal and external) *Reduce consumers repetition of information *Meet requirements of Family Violence and Child Information Sharing Schemes	*MOUs developed and implemented *Relevant procedures updated *Information systems enhanced for streamlined information exchange	EDSPP	CHIO
2.4 Outcome: Consumers, carers, their families, supporters, staff and partners, along with the broader community trust in the recovery of consumers.															
2.4.1	Implement the Strategic Workforce and Recruitment and Retention plans. (link to 2.1.3, 3.1.2, 3.3.3)	2.4, 1.1, 1.3, 2.1, 2.3, 3.1, 3.3	MOC	Access & Equity	Clinical Governance							*Provision of services that address the individual needs of consumers *support appropriate timely transition through the phases of care	*Staffing models implemented	COO	P&C
2.4.2	Investigate avenues for consumers in prisons to access programs available at TEH e.g. TAFE courses, particularly for those in rehabilitation units.	2.4, 1.1, 2.1	MOC	Access & Equity	Partnering with Consumers							*Consumers have equitable access to programs that aid in recovery and reintegration	*Options for access developed and assessed for suitability *Viable options implemented *Consumers access programs	ED PS	
2.4.3	Work with the Adult Parole Board and courts so participation in prison-based mental health services may be considered during parole or court hearings.	2.4, 2.1, 1.1	DEI	Cultural Safety & Recovery	Partnering with Consumers							*APB and courts understand and recognise prison rehabilitation programs	*Treatment and recovery progress is better understood and considered during parole and court hearings	ED PS	
2.4.4	Develop information packages about the parole process for patients in prisons ensuring accessible formats provided.	2.4, 2.1, 1.1	MOC/DAP	Cultural Safety & Recovery	Partnering with Consumers							*Enhance consumer understanding of parole processes and the role Forensicare plays in providing	*Consumers report better understanding.	ED PS	

											information to Corrections and the APC.			
2.4.5	Collaborate with First Nations Peoples and Wurundjeri Elders in all aspects of TEH BEP project design and delivery, from initial issues to developing and testing solutions as well as create a participative process that is open and responsive, and which generates new, shared meanings based on significant input that promotes Aboriginal cultural spaces and feeling culturally safe & connected.	2.4.1, 2.1,1.1	MOC/DEI	Cultural Safety & Recovery	Partnering with Consumers						* Recognise the significant cultural importance of the role of culture, identity, and connection to Country for Aboriginal social and emotional wellbeing and design the building with Wurundjeri Elders to recognise the special interest in preserving not just cultural objects, but also landscapes of cultural importance.	*Co-design Framework is implemented with Wurundjeri Land Council co-producing or co-designing at all stages of the TEH BEP	ED RAM	

Strategic Direction 3: Workplace of choice														
Action #	Action Item	Relevant Strategic Priority	Relevant supporting plans	DEI Principle	Relevant NSQHS	Year(s) of action delivery/implementation					Objective	Measurement	Owner	Partner/s
						2022-2023	2023-2024	2024-2025	2025-2026	2026-2027				
3.1 Outcome: Lived Experience workforce is embedded across Forensicare at all levels of leadership.														
3.1.1	Monitor gender and diversity balance and report annually. Consider strategies to diversify recruitment to leadership roles and implement as necessary. This may include but is not limited to: > A review of gender balance in leadership roles considering representation of Aboriginal and Torres Strait Islanders, culturally and linguistically diverse people, people living with disability and LGBTIQ+ people. (see also 3.2.13)	3.1, 3.2	GEAP	All	Clinical Governance						*Where possible, Forensicare leadership group is representative of community diversity i.e. different: gender identities, cultural backgrounds, lived experience etc	*People Matter survey results report improvement in overall positive responses to questions about: - making fair recruitment and promotion decisions, based on merit > 41% - having an equal chance at promotion in my organisation > 45%	COO & ED P&C	
3.1.2	Implement the Strategic Workforce and Recruitment and Retention plans. (link to 2.1.3, 2.4.1, 3.3.3)	3.1, 2.1, 2.4, 3.3		All	Clinical Governance									
3.2 Outcome: People Matters Survey- exceed state-wide averages in 9 items under organisational culture relating to safety; culture; management; training; and improvement in staff psychological safety.														
3.2.1	Identify strategies to collect missing gender and intersectional data across the organisation and implement, where practicable.	3.1	GEAP	Responsiveness	Clinical Governance						*Collect base-line data for more robust analysis of intersectionality *Enhance understanding of staff diversity to provide more tailored supports	*Current data gaps identified *Strategies to address gaps developed *Recommendations made to ED P&C	ED P&C	

3.2.2	Promote national dates of significance such as NAIDOC Week, IDAHOBIT Day, Cultural Diversity Week, Mental Health Month, through education opportunities, intranet stories, partnership development, and encourage consumers and their families to organize celebration activities. (Link to SD1- 1.3.5)	3.2	DEI	Inclusiveness	Partnering with Consumers					<p>*Affirm Forensicare's commitment to providing a safe and inclusive environment for all people</p> <p>*Enhance understanding of diversity, equity and inclusion</p> <p>*Improve experience of dignity and respect</p> <p>*Embed culture where staff and consumers have ownership/ responsibility/ accountability for celebrating national dates that are significant to them</p>	<p>*People Matter survey results report improvement in overall positive responses (relative to Comparator group) to questions about:</p> <ul style="list-style-type: none"> - respect; > 77% in 2022 - human rights; > 81% in 2022 <p>*Develop resources for staff and consumers that can assist them to celebrate dates that are significant to them e.g. calendar of dates, ideas for celebration, links to resources etc</p>		
3.2.3	Identify and implement methods to collate and track data by individual, team, department and directorate, (and integrate in the planned HRIS system as appropriate), including: - recruitment, promotion, exits, career development, higher duties and secondments - flexible working, carers leave, parental leave.	3.2, 3.1	GEAP	Access & Equity	Clinical Governance					<p>*Enhance understanding of diversity, equity and inclusion and impact on career development</p>	<p>*Methods identified and endorsed methods implemented</p>	ED P&C	
3.2.4	Review an appropriate gender and intersectional workforce mix that meets the needs of the organisation and those of our consumers.	3.2, 3.1	GEAP	All						<p>*Identify areas of concern, root causes and strategies to redress any issues.</p>	<p>*Literature review of diverse workforce models</p> <p>*Endorsed strategies implemented</p>	ED P&C	

3.2.5	Implement initiatives such as revising the style guide , for example: - including pronouns alongside people’s names, to reduce risk of misgendering - using images of gender and culturally diverse people, to better reflect our community - terminology guidelines around how to refer to people and avoiding gendered language where possible.	3.1, 3.2, 3.3	GEAP	Inclusiveness	Clinical Governance						*Assist people with understanding gender equal behaviour, language and support	*People Matter survey results report improvement in overall positive responses (relative to Comparator group) to questions about: - respect; > 77% in 2022 - human rights; > 81% in 2022	ED SPP	
3.2.6	Proactively demonstrate we are an (gender) inclusive organisation to prospective employees and external stakeholders by introducing standardised protocols for all internal and external communications, for example: - promoting pronouns in email signatures (that employees can update themselves as needed) - including gender-identity flags in email signatures, on the website and key reports – including the rainbow pride flag, trans flag and non-binary flag. - ensure eRecruit is in an accessible format -vacancy adverts to welcome applicants with diverse identities -Care web page 'Work with us' outlines how people with disability provide applications and lists alternative methods to register with eRecruit	3.2, 3.1	GEAP/DAP	Inclusiveness	Comprehensive care						*Increase diversity of staff across the organisation. *Be seen as a safe and inclusive workplace of choice	*increase in diversity across the organisation *Diversity included in quarterly staff snapshot	ED SPP	

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	-consideration is given to easy read and translated versions for all publications												
3.2.7	Join a support organisation such as Diversity Council Australia to receive resources, research and training that can be shared with all staff.	3.2	GEAP	All	Comprehensive care						*Keep up to date with latest diversity and inclusion trends *Educate staff and raise awareness through access to free events and training	*Membership approved and access to resources shared with staff	ED P&C
3.2.8	Conduct an audit of our publications and messaging in adherence to the revised style guide and update as required.		GEAP	Inclusiveness							*Ensure publications meet new style guide requirements	*Publications meet style guide requirements	EP SPP
3.2.9	Investigate options for: - gender-neutral bathrooms - appropriate lighting, exit signage and safe passage out of facilities	3.2, 3.2	GEAP	Access & Equity	Clinical Governance						* Facilities meet the needs of people of all genders and those who have experienced gender-based violence.	*Options developed *Endorsed options included in schedule of works/Master Plan	CFO
3.2.10	Investigate and develop strategies to ensure Forensicare’s signage actively demonstrates gender inclusivity. This may include but is not limited to: - posters and statements on not tolerating gender discrimination and how to report it if you see it - equitable representation of people of different genders in imagery -Braille and image options on all signage	3.2	GEAP/DAP	Inclusiveness	Comprehensive care						*Affirm Forensicare's commitment to Diversity, Equity and Inclusion	*Style and other guides updated to include requirements for signage *Photo gallery for use in publications/signage includes images representative of different genders *People Matter survey results report improvement in positive responses to questions about inclusion and respectful images and language >73%	ED SPP

3.2.11	Implement the Safe Place and Culture Plan initiatives for bullying, sexual harassment, discrimination and victimisation.	3.2, 3.3	GEAP	Responsiveness	Clinical Governance						<p>*Affirm Forensicare's zero tolerance of bullying, harassment, discrimination and victimisation</p> <p>*Address staff concerns related to bullying, harassment etc</p> <p>*Strengthen confidence and ability in reporting instances of bullying etc</p>	<p>*People Matter survey results report improvement in responses to questions about:</p> <ul style="list-style-type: none"> -grievance would be investigated in a thorough and objective manner >43% -there is good communication about psychological safety issues >44% -taking steps to eliminate bullying, harassment and discrimination > 49% -confidence in protection from reprisal for reporting improper conduct >49% -experiencing bullying (<24%), discrimination (<10%) and sexual harassment (<14%) - witnessing violence or aggression <18% 	ED P&C	
3.2.12	Conduct equity impact assessments as per the Gender Equality Act 2020 when developing or reviewing a policy, program or service		GEAP	All	Clinical Governance						<p>*Compliance with legislative requirements</p>	<p>*All new and reviewed policies, programs or services have an equity impact assessment conducted</p>	COO	

3.2.13	Monitor gender and diversity balance and report annually. Consider strategies to diversify recruitment to leadership roles and implement as necessary. This may include but is not limited to: > A review of gender balance in leadership roles considering representation of Aboriginal and Torres Strait Islanders, culturally and linguistically diverse people, people living with disability and LGBTIQ+ people. (see also 3.1.1)	3.2, 3.1	GEAP/DAP	All	Clinical Governance						*Where possible, Forensicare leadership group is representative of community diversity i.e. different: gender identities, cultural backgrounds, lived experience, abilities etc	*People Matter survey results report improvement in overall positive responses to questions about: - making fair recruitment and promotion decisions, based on merit > 41% - having an equal chance at promotion in my organisation > 45%	COO & ED P&C	
3.2.14	Ensure our consultation processes seek the views and experiences of diverse groups.	3.2	GEAP/DAP	Inclusiveness							*Diverse groups impacted by projects, actions, policies and/or procedures consulted and views considered	*Implementation of Co-Design Framework *Implementation of project Management Framework	COO	ED SPP
3.2.15	Monitor gender and diversity balance across all occupations and levels of the organisation (when data is available) and implement strategies where necessary to diversify recruitment to roles.	3.2, 3.1	GEAP/DAP	Access & Equity	Clinical Governance						*Enhance diversity of Forensicare's workforce	*Quarterly staff snapshot completed and analysed *Strategies to diversify recruitment developed and implemented	ED P&C	
3.2.16	Identify any gender disparities and opportunities in recruitment and develop strategies accordingly (see action 7.1).	3.2, 3.1	GEAP	Access & Equity	Clinical Governance						*Enhance diversity and equality in recruitment	*Strategies for addressing gender disparity developed and implemented *People Matter survey results report improvement in overall positive responses to questions about: - making fair recruitment and promotion decisions,	ED P&C	

											based on merit > 41%		
3.2.17	Attract people of all genders to roles at Forensicare, including those that break conventional 'gender norms', this could include but is not limited to: - ensuring gender neutral language and imagery in all marketing and recruitment materials - specifically targeting recruitment campaigns at diverse groups such as Aboriginal and Torres Strait Islanders, culturally and linguistically diverse people, and LGBTIQ+ communities	3.1, 3.2	GEAP	Inclusiveness	Comprehensive care					*Enhance diversity and equality in recruitment *Affirm Forensicare's commitment to a safe and inclusive workplace	*People Matter survey results report improvement in overall positive responses to questions about: - making fair recruitment and promotion decisions, based on merit > 41% - having an equal chance at promotion in my organisation > 45% *Gender neutral and/or diverse images and language used in marketing and recruitment materials *Marketing campaign/s focussed on diverse groups *Engagement with specialist employment/recruitment agencies *Quarterly staff snapshot shows increased staff diversity	ED P&C	

3.2.18	Partner with specialist employment and volunteer providers e.g. disability, LGBTQI+ employment services, to expand opportunities for people with diverse needs and identities to apply for and obtain employment	3.2	DAP	Inclusiveness	Clinical Governance					*Enhance diversity and equality in recruitment *Affirm Forensicare's commitment to a safe and inclusive workplace	*People Matter survey results report improvement in overall positive responses to questions about: - Diverse images and language used in marketing and recruitment materials *Engagement with specialist employment/recruitment agencies *Quarterly staff snapshot shows increased staff diversity	ED P&C	
3.2.19	Review current recruitment and selection practices for opportunities for improvement, based on best practice. This may include but is not limited to: > de-identified application processes (to a minimum long-listing level), removing identifying features such as name, gender, location, place of study, age, where systems either support or could be improved.	3.1, 3.2	GEAP	Access & Equity	Comprehensive care					*Enhance diversity and equality in recruitment *Affirm Forensicare's commitment to a safe and inclusive workplace	*People Matter survey results report improvement in overall positive responses to questions about: - making fair recruitment and promotion decisions, based on merit > 41% - having an equal chance at promotion in my organisation > 45% *Quarterly staff snapshot shows increased staff diversity	ED P&C	

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3.2.20	Provide training to managers involved in recruitment (see culture and workforce plans): -unconscious bias -equal opportunity -gender equality -reasonable adjustments including process for identifying, use of questionnaires, flexible working arrangements, responsibilities (manager vs discipline lead) etc -interviewing techniques for different needs	3.1, 3.2, 3.3	GEAP/DAP	All	Comprehensive care						*Increase understanding of unconscious bias, legislation and interviewing techniques that support diversity of recruitment	*All current managers have participated in training	ED P&C	
3.2.21	Identify any gender disparities and opportunities in promotion, secondment, and higher duties, subject to data extraction and availability, and develop strategies accordingly.	3.1, 3.2, 3.3	GEAP	Access & Equity	Clinical Governance						*Identify disparities that currently exist so strategies to address can be developed	*People Matter survey results report improvement in overall positive responses to questions about: - making fair recruitment and promotion decisions, based on merit > 41% - having an equal chance at promotion in my organisation > 45%	ED P&C	
3.2.22	Identify strategies including but not limited to: - a mentoring scheme to provide guidance and encouragement to women and people from diverse backgrounds in their professional development - improved opportunities for flexibility, including for secondment and higher duties opportunities, to encourage applications and suitability of employees	3.1	GEAP	Access & Equity							*Ensure equitable access to career development opportunities to all staff, especially women and gender diverse people from diverse communities.	*People Matter survey results report improvement in overall positive responses to questions about: - having an equal chance at promotion in my organisation > 45% -Gender is not a barrier to success >40% - a request for a	COO	

												flexible work arrangement would be given due consideration >60% (Comparator group)		
3.2.23	Investigate any pay equity issues by gender, employment status, occupation, and discipline.	3.1, 3.2	GEAP	Access & Equity	Clinical Governance							*Identify pay equity issues	*Pay equity issues identified	ED P&C
3.2.24	Develop a pay gap issues paper to identify any concerns and root causes.	3.1, 3.2	GEAP	Access & Equity	Clinical Governance							*Identify pay gap issues	*Pay gap issues paper completed and endorsed by Executive team	ED P&C
3.2.25	Develop and implement strategies and responses to address pay equity issues and opportunities	3.1, 3.2	GEAP	Access & Equity	Comprehensive care							*Address pay gap issues identified	*Strategies to address pay gap issues developed *Endorsed strategies implemented	ED P&C
3.2.26	Investigate leave types by gender and workforce type (for example, clinical vs non-clinical, rostered vs Monday to Friday) for impact on career progression, organisational knowledge and skills and develop strategies to address issues as necessary.	3.1, 3.3	GEAP	All	Clinical Governance							*Address critical differences in use of leave that may impact on career progression	*Investigation completed *Strategies to address impacts developed *People Matter survey results report improvement in overall positive responses (relative to Comparator group) to questions about flexibility to manage work and non-work activities and responsibilities > 65% *Endorsed strategies implemented	ED P&C

3.2.27	Promote the availability of and confidential support for accessing family violence leave.	3.2, 3.3	GEAP	Cultural Safety & Recovery	Clinical Governance						<p>*Staff are aware of and utilise available leave options</p> <p>*Enhance understanding of staff needs</p> <p>*Deidentified family violence leave data collated and utilised to analyse trends and develop targeted supports</p>	<p>*Support and leave options included in orientation activities</p> <p>*Supports outlined in staff communiques such as CEO updates, All staff broadcasts etc and promoted during Domestic and Family Violence Prevention Week</p>	ED SPP	
3.2.28	Identify strategies to ensure taking parental or carer's leave does not impact employees long-term career development prospects.	3.2, 3.3	GEAP	Access & Equity	Comprehensive care						<p>*Ensure fairness and equity in career development opportunities.</p>	<p>*People Matter survey results report improvement in overall positive responses (relative to Comparator group) to questions about:</p> <ul style="list-style-type: none"> - positive culture in relation to employees who have family responsibilities > 65% -supports for employees with family or other caring responsibilities, regardless of gender >68% -family/caring responsibilities is not a barrier to success >55% 	ED P&C	

3.2.29	Investigate the extent of flexible working options in use and develop strategies inclusive of the needs of direct and non-direct care staff and people of all genders and diverse backgrounds.	3.3.3	GEAP/DAP	Access & Equity	Clinical Governance						*Ensure fairness and equity in opportunity to use flexible working options, where ever possible	*Strategies for implementation of different flexible working options developed *People Matter survey results report improvement in overall positive responses (relative to Comparator group) to questions about: - flexibility to manage work and non-work activities and responsibilities >65% - a request for a flexible work arrangement would be given due consideration >60% - positive culture in relation to employees who use flexible work arrangements >55% - flexible work arrangements is not a barrier to success >50%	ED P&C	
3.2.30	Develop and encourage diversity support networks that staff can contribute to and benefit from (see Diversity, Equity and Inclusion Framework)	3.2, 3.3	GEAP/DAP	Cultural Safety & Recovery	Clinical Governance						*Encourage connectedness and supports within diverse communities	*Intranet pages that staff can contribute to	ED P&C	ED SPP
3.2.31	Review opportunities to support and encourage people to feel safe disclosing disabilities and the need for reasonable adjustments.		GEAP/DAP	Responsiveness	Comprehensive care						*Ensure staff have access to supports required to complete their duties *Comply with legislation	*Staff are provided with reasonable adjustments when they are required	ED P&C	

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3.2.32	Conduct People Matters Survey annually	3.2	Strategic plan	All	Clinical Governance						<ul style="list-style-type: none"> *Provide an annual snapshot of culture *Enable development of strategies to address issues *Build positive workplace culture 	> 90% of staff complete People Matter Survey	ED P&C	
3.2.33	Communicate progress of DEI action plan to key stakeholders including consumers, their families, carers and supporters and staff. Provide Diversity, Equity and Inclusion In Action stories. (link to SD1-1.1.3)	3.2	DEI	All	Communicating for safety						<ul style="list-style-type: none"> *Inform staff, visitors etc of progress of actions. *Provide evidence of how Forensicare is meeting Strategic Directions and outcomes. 	<ul style="list-style-type: none"> *Minimum 6-month progress reporting completed by action owner within determined timeframe. *≥ 5 intranet Diversity in Action stories every 1/4 	ED SPP	
3.2.34	Implement the Cultural Reform Plan.	3.2	All		Clinical Governance						<ul style="list-style-type: none"> *develop and support courageous and accountable leaders *address unlawful workplace behaviours such as bullying, sexual harassment, discrimination and victimisation *eliminate occupational violence *create a psychologically safe environment where everyone can speak up *promote a mentally healthy workplace, where all our staff thrive professionally and personally 	<ul style="list-style-type: none"> *Forensicare becomes a lead workplace of choice. *Staff and leadership capability is strengthened *Staff retention and the ability to grow sustainably is improved *A healthy culture in which people work with dignity, inclusion and safety. 	ED P&C	All

3.2.35	Implement the <i>Employee Wellbeing framework</i> with explanation of interface with diversity, equity and inclusion.		DAP							*Provide direction on protecting and supporting workforce	*Framework launched *Information on interface with other frameworks (including DEI) provided *Framework implemented via action plan	ED P&C	Health, Safety & Wellbeing Manager
3.2.36	Work with managers to embed health and wellbeing (including supports and/or adjustments) aspect to regular operational supervision		DAP							*Ensure that health and wellbeing is considered at all times and that staff have an opportunity to raise issues without fear of reprisal	*Operational supervision includes health and wellbeing aspect	ED P&C	Health, Safety & Wellbeing Manager
3.2.37	Consider updates to recruitment and commencement templates and publications to include information about staff supports including reasonable adjustments and flexible working arrangements		DAP							*Promotion of flexible working arrangement *Encourage new staff to access reasonable adjustments in a safe way *Promote opportunities to request reasonable adjustments. *Ensure staff are aware of the suite of supports available. *Promote Forensicare as an inclusive and diverse workplace.	*Updates to Manager induction guide and checklist to include provision of information about adjustments, employee supports, setting aside adequate time for mandatory training, FITS and other training opportunities. *Updates to interview template to include reference to inclusion and reasonable adjustments/flexible working. *Targeted orientation sessions considered for different staffing groups e.g. consultants, allied health, TEH etc.		

3.2.38	Re-development of current TEH facilities ensures compliance with building codes, meets needs of the staff group and inclusive designs, where funding opportunities are available.	1.1.4	DAP								*Consumers and staff, including wheelchair users and those with limited mobility, are able to access all areas of the TEH facility. *Staff physical support needs are met.	*Buildings comply with current building codes about access. *Facility design is reviewed and updated to ensure equitable access e.g. removal of sunken lounges, access to TEH pool, inclusion of bariatric bedrooms and assisted bathrooms.	ED RAM	ED Inpatient Services
3.3 Outcome: All clinical staff are skilled in forensic mental health or are working towards the development of further specialist skills.														
3.3.1	Promote gender equality, intersectionality, its benefits and our responsibilities under the family violence framework, MARAM.	3.3, 3.1, 3.1	GEAP	All	Comprehensive care						*Ensure staff have access to supports required to complete their duties *Comply with legislation *To ensure staff are aware of their responsibilities under the MARAM framework. *To ensure staff understand practice guidance in relation to these responsibilities to ensure a inclusive and safe response.	*Included in mandatory training	ED SPP	
3.3.2	Develop mandatory gender equality training including: - avoiding and addressing unfair assumptions, pressures and treatment of people based on gender - improving understanding of intersectional experiences of discrimination and inequity - required workplace policies, protocols and	3.2, 3.3	GEAP	All	Comprehensive care						*increase understanding of gender inequality and required workplace related behaviours	*Training developed and implemented *All staff complete mandatory training	ED P&C	

	procedures that help address gender inequality.													
3.3.3	Implement the Strategic Workforce and Recruitment and Retention plans including development of a clinical learning and development program inclusive of, but not limited to: -recovery principles and specific role expectations in supporting a safe and meaningful recovery journey for medical staff, clinicians, consumers, carers and families. Link to SD1. -relevant legislation e.g. Disability Act, Gender Equality Act etc -complex and challenging behaviours related to ABI, ID and ASD -positive behaviour support -sensory modulation -culture, communication, language and inclusivity -cultural formulations and needs (Link to 2.1.3, 2.4.1, 3.1.2)	3.3, 2.1, 2.4, 3.1	MOC/DAP	All	Comprehensive care						*Build staff awareness and capability *Better outcomes/experience for consumers	*Diverse needs of consumers are met *Learnings implemented resulting in *YES survey results report ³ improvement in experience of dignity and respect across all questions- rated at Good, very good or excellent (increase of ≥ 10% each year)	COO	P&C
3.3.4	Scope options for building specialist expertise, including strategic partnership, in areas such as ATSI, disability, LGBTQI+ and CALD across the organisation outside of the learning and development program. Consider ways to harness existing capability within the organisation.	3.3	DAP	All	Comprehensive care						*Build capacity and capability within current staff to support the organisation *Utilise expertise of strategic partners to provide training, professional development, secondment and other capacity building supports.	*Options scoped and report with recommendations released *Strategic partnerships developed and maintained.	COO	P&C

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3.3.5	Review Graduate programs to include education and training on diversity, equity and inclusion.		DEI							*Embed diversity, equity and inclusion across the organisation. *Consideration of diverse needs and characteristics of consumers and staff embedded in practice.	*DEI is part of our culture with new staff aware and buying in from the onset	COO	Discipline Heads/ EDFMH
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4 Research, education and innovation														
Action #	Action Item	Relevant Strategic Priority	Relevant supporting plans	DEI Principle	Relevant National Safety & Quality Health Care Standard/s	Year(s) of action delivery/implementation					Objective	Measurement	Owner	Partner/s
						2022-2023	2023-2024	2024-2025	2025-2026	2026-2027				
4.1 Outcome: Evidence of scholarly excellence and impact.														
4.1.1	Implement the Model of Care, ensuring care is provided through expert, innovative and evidence-informed services. (Link to 1.1.4, 1.1.5, 1.2.1, 4.2.1, 4.2.2)	1.1, 2.1, 4.1	MOC	All	Clinical Governance						* The interface between mental illness and offending behaviour is addressed in MOC implementation. *Forensicare remains contemporary in its delivery of forensic mental health services	*Actions outlined in the strategic implementation plan completed *Measurements under SD 1.1 met	COO	
4.2 Outcome: Implement and measure the Framework to Access the Impact from Translational health research across Forensicare research programs.														
4.2.1	Implement the Model of Care in accordance with annual strategic priorities. Review use of validated tools, such as DUNDRUM, for effectiveness in increasing timeliness, continuity and coordination of care across all directorates. (Link to 1.1.4, 1.1.5, 1.2.1, 4.1.1, 4.2.2)	1.1, 1.2, 1.3, 4.1	MOC	Access & Equity	Comprehensive care						*Support people as they move: -between Forensicare directorates -within a Forensicare directorate -to transition out from a Forensicare service	*Reduction in restrictive intervention *Increase in recovery and treatment engagement *Program advancement and/or transition	ED PSR	COO

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4.2.2	Implement the Model of Care in accordance with annual strategic priorities. Review use of relevant assessment tools and screens to ensure a focus on: *understanding a person’s strengths and needs, *recognising and respecting each person’s unique experiences, beliefs, orientation, culture, values, age and abilities. (Link to 1.1.4, 1.1.5, 1.2.1, 4.1.1, 4.2.1)	1.1, 1.2, 4.1	MOC/DAP	Access & Equity	Comprehensive care						*Improve access to quality care that address individual needs *Provision of recovery and treatment interventions that are culturally appropriate	*Reduction in restrictive intervention *Increase in recovery and treatment engagement *Program advancement and/or transition	ED PSR	COO
4.2.3	Evaluate implementation of Co-design Framework (link to 1.1.6, 2.1.5)	4.1, 1.1, 2.1	MOC	Inclusiveness	Comprehensive care						*Ensure objectives of the Co-Design Framework are being met *Make recommendations for improvements in implementation of the Framework	*Evaluation completed *Recommendations accepted and implemented	ED PSR	ED SPP Chief LE
4.2.4	Evaluate implementation of the Model of Care. (link to 1.1.4, 1.2.1, 1.2.2, 1.2.3, 2.1.3, 4.1.1)	4.1, 1.1	MOC	All	Clinical Governance						*Ensure objectives of the Model of Care are being met *Make recommendations for improvements in implementation of Model of Care	*Evaluation completed *Recommendations accepted and implemented	ED PSR	COO
4.2.5	Consider a project on the "impacts of life experiences with an intersectional lens" and recidivism.	4.2	MOC	All	Clinical Governance						*Inform training opportunities about working with consumers with experiences of intersectionality and how tailored engagement could	*Project considered as part of research plan	ED SPP	

