

Partnering in Healthcare Framework

Better, safer care together

OFFICIAL

Acknowledgement of Country

Our office is based on the land of the Traditional Owners, the Wurundjeri people of the Kulin Nation. We acknowledge and pay respect to their history, culture and Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice. For this land always was and always will be, Aboriginal Land.

Acknowledgements

Partnering in healthcare is grounded in the collective contributions of people who bring their knowledge, experience and ideas together to achieve better outcomes. The refreshed Framework has been made possible through the passion, commitment and considered insights of many individuals and organisations.

We gratefully acknowledge the contributions of:

- consumers, carers and people with lived experience, including representatives and participants from the Safer Care Victoria Consumer Network
- members of the Patient Experience Network
- health professionals and staff from individual health services and Local Health Service Networks
- past and present staff members and consumer leads of Safer Care Victoria
- past and present staff members of the Department of Health
- the Victorian Multicultural Commission
- Health Voices Victoria
- The First Peoples' Assembly of Gellung Warl
- Victorian Aboriginal Community Controlled health Organisation (VACCHO)
- BehaviourWorks Australia at Monash University, for their guidance and expertise in implementing the *Updating the Partnering in Healthcare Framework* project (2024).

**To receive this publication in an accessible format
email Safer Care Victoria <info@safercare.vic.gov.au>**

Authorised and published by the Victorian Government,
1 Treasury Place, Melbourne.

© State of Victoria, Australia, Safer Care Victoria, September 2026 (2605555)

ISBN 978-1-76131-014-0 - Online (pdf/word)

Available at the [Safer Care Victoria website](https://www.safercare.vic.gov.au) <<https://www.safercare.vic.gov.au>>
(2607619)



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Foreword

Partnering with consumers is no longer innovative practice. It is good practice.



Since the first *Partnering in Healthcare Framework* was published in 2019, health services across Victoria have made significant progress in working alongside consumers, carers and families. Through co-design, lived experience leadership and shared decision-making, partnering has become an established part of how we improve care.

That progress is worth celebrating. But consumers continue to tell us that participation is not always meaningful, that decisions can feel predetermined and that they do not always see the impact of their contributions. Services tell us they want clearer guidance on how to partner well and create genuine opportunities for involvement.

This refreshed Framework responds to that challenge. It shifts the focus from participation as an activity to whether it makes a difference. It describes the conditions needed for consumers to influence decisions, shape services and improve care.

Our ambition is clear: a health system where lived experience is valued alongside clinical expertise and where partnership is embedded in how we design, deliver and improve healthcare.

The question is no longer whether to partner. The question is whether we are creating the conditions for partnership to genuinely influence decisions.

That is the challenge this Framework sets for all of us.

A stylized, handwritten signature in blue ink, consisting of several loops and a long horizontal stroke.

Louise McKinlay

Chief Executive Officer
Safer Care Victoria

About this update

Partnering is more likely to make a difference when people are involved early, feel safe to raise concerns and are told what changed as a result of their input.

This Framework focuses on creating the conditions that make these experiences possible, so that partnering can influence decisions in visible and meaningful ways.

This update draws on learning from the implementation of the 2019 Framework and the 2024 BehaviourWorks review. It shifts the focus from whether partnering is happening to whether it makes a difference.



"I think we have so many sharing groups, sharing sessions, we have so many customer consumer representatives. They give their comments, give their feedback, but what we need most is what's the impact, what's the implementation?"

Partnering in Healthcare
Summit attendee, 2024

About the word 'consumer'

Many words describe the people who use or are affected by health services, including patient, resident, client, family member, carer, community member and people with lived or living experience. No single term fits every person, role or setting and people should be able to use the language that feels right for them.

This Framework uses *consumer* as an umbrella term for people who partner with the health system across all settings and services.

Patients and carers participate in decisions about their own care. Consumer advocates and representatives bring lived and living experience into decisions about how services and systems are designed, governed and improved. These are different but equally important forms of partnering.

The term *lived and living experience* is used intentionally. Lived experience describes something a person has experienced and can reflect on. Living experience describes circumstances a person is currently navigating, where understanding continues to develop. Both provide valuable knowledge and insight. In mental health and wellbeing, lived and living experience has a distinct history, body of knowledge, recognised workforces, disciplines and leadership roles that extend beyond consumer participation and representation.

People also bring expertise shaped by navigating systems over time. For example, people living with disability often hold valuable knowledge about accessibility, communication, coordination of care and the practical realities of participating in health services and everyday life. This expertise can help identify barriers, improve experiences and strengthen outcomes for others.

Safer Care Victoria recognises consumer advocacy as expertise should be recognised, supported and remunerated appropriately.

How this Framework works alongside existing requirements

Health services are already required to partner with consumers to meet legal, accreditation and governance obligations.

The Health Services Act 1988 requires public health service boards to appoint a Community Advisory Committee. The National Safety and Quality Health Service (NSQHS) Standards set partnering with consumers as an accreditation requirement across three levels: a person's own care, service design and improvement, and organisational governance. The Victorian Clinical Governance Framework makes partnering with consumers a requirement of good clinical governance, with detailed actions on committee structure, board reporting, training and remuneration.

This Framework describes the conditions that make meeting those requirements effective. Where obligations set out what services must do, the five conditions describe what has to be in place for that work to change anything, including how decisions are shared, how partnering is planned and delivered and how services monitor and improve the way partnering is working. This Framework also extends the five conditions to a system and policy level, where decisions about funding, regulation and reform shape the care people receive across Victoria.

This Framework complements Victoria's commitments to Aboriginal self-determination under Victoria's Statewide Treaty. This is set out in Aboriginal self-determination and Treaty below.

In short, these frameworks all depend on a common foundation: the conditions that allow people to participate meaningfully in decisions that affect them.

Who this Framework is for

Everyone in the health system has a role in partnering with consumers.

For **consumers** (including patients, carers, family and community) who want to understand what meaningful partnering looks like and what they can expect from health services.

For **Community Advisory Committees and consumer advisory groups** seeking a shared foundation for consumer leadership and effective partnering with boards, executives and staff.

For **health services and Local Health Service Networks** building capability, assessing current practice and strengthening their partnering practice.

For **Safer Care Victoria** to guide internal partnering practice and the development of tools, resources and shared learning.

For the **Department of Health** to inform policy, funding and accountability arrangements that support high-quality partnering.

Aboriginal self-determination and Treaty

Consumer partnering under this Framework operates alongside and does not replace, the State's separate obligations to Aboriginal self-determination under Treaty.

The Assembly of Gellung Warl, the democratically elected representative body established under the Statewide Treaty Act 2025, commenced implementation of the Community Governance and Answerability Framework on 1 May 2026. Under section 88 of the Act, the State is developing Duty to Consult Guidelines to assist departments in fulfilling their legislative obligations to consult with Gellung Warl.

Meaningful partnering with Aboriginal communities requires recognising self-determination, supporting Aboriginal-led decision-making and respecting the distinct authority and roles of the Assembly of Gellung Warl, Traditional Owner groups and Aboriginal Community Controlled Organisations in shaping the policies, services and priorities that affect Aboriginal people.

Health equity and partnering

Health outcomes and experiences are not the same for everyone in Victoria. Some people face barriers that affect the care they receive and their ability to have a say.

Some groups are more likely to experience these barriers, including Aboriginal and Torres Strait Islander peoples, people with disability, LGBTIQ+ communities, people from non-English speaking backgrounds, people experiencing family violence, refugees and people seeking asylum, people with uncertain visa status, people living in regional and remote areas and people experiencing disadvantage.

These differences continue when the people most affected by decisions have the fewest opportunities to influence them.

Meaningful partnering can improve health equity. By recognising and removing barriers to participation, health services can ensure a broader range of voices, experiences and perspectives shape decisions. This can reduce unfairness, challenge discrimination and bias and create services that are safer, more inclusive and better able to meet people's needs.



Intersectionality

People's experiences are shaped by unique combinations of experiences, relationships, cultures, responsibilities, circumstances and identities. No two people experience healthcare in exactly the same way. Recognising this complexity helps avoid assumptions and supports more meaningful partnering.

As decisions affect larger groups of people, it can be easy to lose sight of the individuals behind the data. Person-centred partnering reminds us that every service, governance and policy decision ultimately affects real people living real lives.

What this means in practice

What people need to participate safely and meaningfully will differ from person to person. For some, this may mean accessible information, interpreters, cultural support, flexible participation options or assistance navigating complex processes. For others it may mean recognising the impacts of barriers and discrimination related to disability, family violence, racism, trauma, gender diversity, faith, migration experiences or other circumstances that shape how they experience healthcare and participation.

When decisions affect larger groups of people, it may be better to partner through trusted organisations, community groups or existing networks that have strong relationships with the people affected.

This can help health services hear a wider range of experiences and include voices that might otherwise be missed.



What is Partnering in Healthcare

Better decisions happen when the people affected by them help make them

Partnering in healthcare brings together consumer knowledge and experience, clinical expertise and professional knowledge to make better decisions about healthcare.

People who use health services, support loved ones through care, or live with ongoing health conditions hold knowledge that the system cannot understand on its own. They know what works, what doesn't, what matters most and how healthcare is experienced in everyday life.

When this knowledge is considered alongside clinical and professional expertise, it helps shape decisions, improve care and strengthen the quality and safety of healthcare.

The care people receive is influenced by decisions made well beyond any single appointment, admission or interaction. That's why partnering matters at every level of the health system:

- **Direct care**, where decisions are made about a person's treatment, care and support
- **Service design and improvement**, where decisions are made about how services are designed, delivered and improved
- **Organisational governance**, where organisations set priorities, allocate resources and monitor performance
- **System and policy**, where decisions about funding, policy and reform shape healthcare across Victoria.

The decisions may differ in scope, but the principle remains the same:

The people affected by a decision bring valuable knowledge that can help make that decision better.

Partnering can take many forms, including shared decision-making in care, consumer and community participation, co-design, consumer leadership, Community Advisory Committees and other advisory structures.

Whatever the setting, meaningful partnering happens when people feel welcomed, respected and able to contribute their knowledge and experience in ways that influence decisions.



The five conditions for meaningful partnering

Person-centred



Who will be affected by this decision, and what matters to them?

Partnering starts with people. It recognises lived experience as expertise and keeps attention on the individuals and communities whose lives will be affected by the decision.

Safe and inclusive



Who needs to be part of this conversation and what will help them participate?

People participate most effectively when they feel safe, respected and included. This means recognising and responding to different needs, experiences and barriers to participation.

Clear and transparent



Do people understand why they are involved and how they can contribute?

People should understand the purpose of the work, their role, what influence they can have and how decisions will be made.

Shared understanding



Are we learning from one another?

Partnering is a two-way exchange. People need information that helps them participate meaningfully and organisations need to listen with curiosity and genuinely seek to understand different experiences and perspectives.

Shared decision-making



Can people see how their experience helped shape the decision?

Partnering is most meaningful when people can see how their contribution informed decisions, improved understanding or influenced outcomes.

Partnering is not a separate activity or a single project. It is how people work together to make better decisions.

By understanding the decision, creating the conditions for meaningful participation, closing the loop and reflecting on what was learned, we strengthen our ability to partner over time.

Partnering shapes how we care, how we improve and how we make decisions together.

What consumers expect

Creating the conditions for consumers to partner safely and meaningfully is the responsibility of the health system, so that consumers can take part with choice and influence, in the way and to the degree they choose.

Consumers have been clear about what they expect from high-quality partnering, which is that they:



can participate in a way that works for them



feel safe, respected and valued



are listened to and acknowledged



understand what is happening and their role in it



can see how their input influences decisions and outcomes.

These are the experiences the five conditions are designed to produce.



How to use this Framework

The Partnering in Healthcare Framework helps health services strengthen how they partner with consumers at every level of the system. It can be used to review a single project, activity or decision, or to reflect on partnering across an entire organisation.

The Framework is not a checklist or a prescribed set of activities. It offers a way to think about what meaningful partnering looks like, assess current practice and identify opportunities for improvement. Most organisations are already partnering in many ways, so the first step is understanding what is working well and where practice could be strengthened.

Use the framework to:

- reflect on your current approach to partnering
- identify strengths and examples of good practice
- understand how consumers experience partnering with your service
- recognise gaps or barriers that may affect participation or influence
- prioritise actions for improvement
- monitor progress over time
- contribute to shared learning across the health system.

A continuous improvement cycle

The Framework is supported by a four-step cycle:

Understand the decision: what is being decided, who it affects and why lived experience matters. Start early, before decisions are substantially formed.

Create the conditions: put the five conditions in place so people can participate meaningfully and influence the decision.

Close the loop: show people how their involvement informed decisions and outcomes.

Reflect and improve: learn from what worked and what didn't and use it to strengthen future partnering.

These steps are not completed once. They form an ongoing cycle that helps organisations learn from experience and contribute to a learning health system across Victoria. Each step is described in more detail in *Putting the Framework into practice* later in this document.

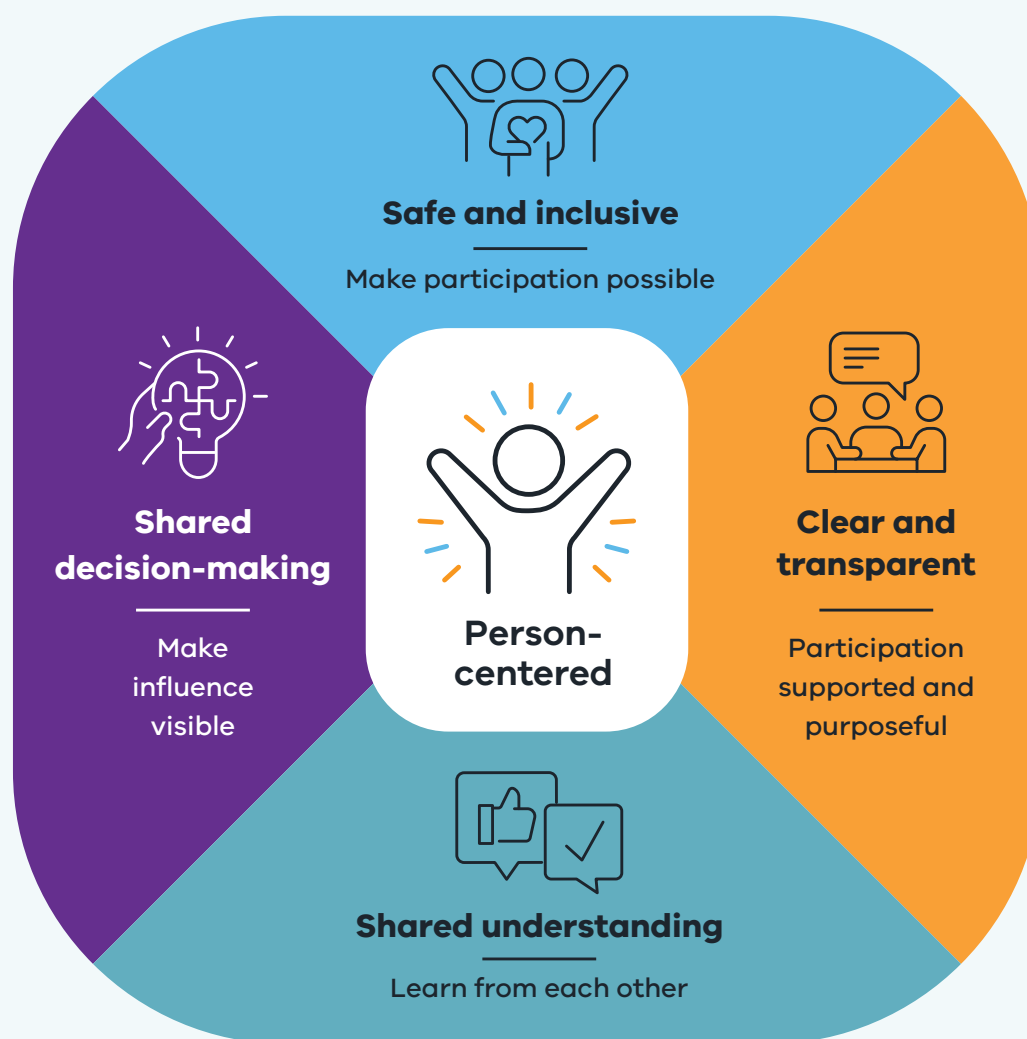
For consumers, this Framework sets out what you can expect when partnering with health services, whether in your own care, at a service level or at a system level.

Companion resources to support implementation are available from Safer Care Victoria.

The conditions for partnering

A condition is different from an activity or a capability. Activities, such as consultation or co-design, are what you do. Capabilities are the skills and behaviours people need. Conditions are what must be in place for partnering to work, whether you are creating a care plan with a patient, or setting funding priorities with a consumer representative.

Five conditions must be present for consumers to partner effectively with the health system. Together they create the environment people need to participate safely and contribute their knowledge and experience with genuine influence. They are:



How the conditions work together

The five conditions are interconnected. Together, they create the environment needed for meaningful partnering.

When one condition is weak or missing, partnering becomes harder. People may feel excluded, unclear on their role, unable to contribute fully or unsure whether their involvement made a difference.

Partnering is strengthened by understanding which conditions are working well and which may need more attention.

Only consumers who participate can tell us whether the conditions were present: whether they felt safe, respected, understood and able to influence decisions. The system's responsibility is to ask, listen and respond. If partnering never raises concerns, challenges existing thinking or changes decisions, it may be a sign that people do not feel safe to speak openly.

Table 1: What each of the conditions focuses on

Condition	What it focuses on
Person-centred	Decisions are shaped by the needs, experiences and priorities of the people they affect
Safe and inclusive	The people involved reflect the diversity of those affected and can participate safely and meaningfully
Clear and transparent	Participation is clear, supported and purposeful
Shared understanding	Knowledge and understanding flow both ways
Shared decision-making	People can see how their contribution shaped decisions and outcomes

It may also mean they were unclear about their role, or became involved after key decisions had already been made.

The conditions apply at every level

The five conditions apply wherever decisions are made across the health system, from a person's own care through to service design and improvement, organisational governance, system and policy development.

What changes is not the conditions themselves, but the people affected by the decision:

- direct care: an individual person
- service design and improvement: people who use a service
- organisational governance: communities served by the organisation
- system and policy: the people of Victoria.

At every level, the same questions apply:



Who is affected?



Who needs to be involved?



Do people understand their role?



Are we learning from one another?



Can people see how their involvement shaped decisions?

Table 2. How the conditions scale across the system

Condition	Direct care	Service improvement	Governance	System/policy
Person-centred	Care and participation are shaped around the individual	Service design and improvement is informed by the experiences and needs of the people who use it	Governance structures are representative of local communities and consider their needs and experiences in decision-making	Policy, funding and reform are informed by and weighed against the needs and experiences of Victorians
Safe and inclusive	A person feels safe and able to participate meaningfully in decisions about their own care, or the care of someone they support. This stays constant for consumers at all levels, whether at the bedside or participating in statewide reform. What changes is how the system creates that safety	Engagement reaches beyond the people who find participation easiest	Governance structures and consumer leadership reflect the diversity of the communities served	Policy and reform are informed by the full diversity of Victorian communities, particularly groups who experience the greatest barriers or inequities
Clear and transparent	The individual understands their role in decisions about their care and is supported to participate	Consumers are involved early, understand their role and influence and are supported to contribute effectively	Partnering is embedded in governance structures, with clear consumer roles, support and influence	There are clear and sustained pathways for lived experience to influence policy, funding and reform
Shared understanding	People understand their options and clinicians understand what matters in their lives	Consumers know what they are contributing to and services learn from people's experiences	Consumer advisors are supported to navigate governance processes and leaders learn from community priorities and perspectives	Communities understand how policy decisions are shaped and policymakers understand the experiences and needs of Victorians
Shared decision-making	Decisions about care are made together	Consumers influence service improvements while choices remain open	Consumer perspectives influence organisational priorities and direction	Lived experience influences policy, funding and system reform

While the five conditions work together, person-centred is the foundation that guides all the others.

Person-centred

Person-centred care and participation starts with what matters to people.

Person-centred is the foundation for all the other conditions. It keeps attention on the people whose lives are affected by decisions and recognises them as experts in their own lives.

A simple question tests this: Are we shaping care and participation around people's needs or are we asking people to fit around the system?

Person-centred partnering recognises consumer experience as expertise. People who experience healthcare know things that the system cannot see on its own: what works, what doesn't and what matters in everyday life.

A consumer advisor living with a chronic illness can explain what healthcare is like for them, with their history, circumstances and what has or hasn't worked in their care. This knowledge is valuable because it provides insight the system cannot generate on its own.

As decisions affect larger groups of people, no single experience can represent everyone who will be affected. Services should seek a range of lived and living experiences, particularly from people who are seldom heard or understood. Together, these experiences help reveal patterns, gaps, risks and opportunities that may not be visible through any one person's perspective alone.

To keep people at the centre, we must recognise that partnering looks different for every person. It needs to be shaped around their circumstances, experiences and what they need to participate meaningfully.

How person-centred scales across the system

Person-centred means decisions are guided by what matters to the people they affect.

As decisions move across the system, person-centred remains focused on the people affected by the decision. What changes is not the principle, but the number and diversity of experiences that need to be considered.

In direct care, the individual patient, family member or carer is the authority on their own life and what matters within it.

In service design and improvement, services draw on the experiences and needs of the people who use the service to understand what is working, what is not and what could be improved.

In organisational governance, boards and leadership teams consider the needs and experiences of the communities served by the organisation. Governance structures and consumer leadership mechanisms help ensure community perspectives inform strategic direction.

At the system and policy level, decisions are informed by the needs and experiences of the people of Victoria. Consumer experience helps policymakers understand how policies, funding decisions and reforms affect people in practice. Broader decisions require a range of perspectives so that patterns, risks and gaps can be identified.



"We should aim to make the consumer a co-pilot rather than a passenger."

Safer Care Victoria Consumer Network member

When consumers are not involved in decision-making at all levels, services may appear well designed but fail in practice because they do not reflect the realities of the people who use them.

For Aboriginal and Torres Strait Islander peoples, self-determination is recognised internationally as a right held by individuals and communities. In direct care, person-centred still means holding the individual as the expert in their own life. At the service, governance and system levels, decisions affecting Aboriginal communities must involve engagement with the Assembly of Gellung Warl, Aboriginal Controlled Organisations or traditional owners.

Person-centred is at work when:

- people are recognised as experts in their own lives
- care and participation are shaped around what matters to them
- consumer experience is recognised as knowledge in its own right
- people can take part in ways that suit their circumstances and histories, including past harm or trauma
- at every level, decisions can be traced back to the lives they affect
- where the people affected cannot be involved directly, a range of experiences is included to help represent their perspectives
- decisions draw on lived experience to reduce harm and recognise and build on what already works well
- people experience continuity across transitions, not gaps or duplication.

Person-centred in action

Partnering requires curiosity rather than assumption. This includes avoiding assumptions about family structures, relationships, carers, sexuality, faith or cultural identity. Instead, ask people what matters to them and who they would like involved in decisions about their care. For example, a person's legal name may differ from the name they use every day. The service records and uses their preferred name, pronouns and gender, so they do not need to repeatedly explain or correct staff throughout their care journey.



Safe and inclusive



'The health system can feel very complex. It's a hierarchy. It can feel intimidating'

Safer Care Victoria Consumer Network member

Person-centred partnering asks whose lives are affected by a decision. Safe and inclusive considers what those people need to participate.

Partnering depends on people being able to take part in decisions that affect them. Many people do not realise they have a role to play in healthcare, whether in decisions about their own care, or in improving services, shaping governance or influencing policy. Others may not feel safe to participate or may face barriers that make participation difficult.

Not everyone experiences healthcare in the same way. Culture, language, disability, faith, age, sex, gender, sexuality, socioeconomic circumstances, migration history, visa status, geographic location and previous experiences with healthcare can all shape how care is experienced and how people participate. Effective partnering recognises this complexity and avoids making assumptions about what people need, what matters to them, or how they would like to participate.

People may face barriers related to language, disability, caring responsibilities, financial circumstances, technology, geographic isolation, previous experiences of discrimination or harm, or cultural expectations about authority and decision-making. These barriers are not evenly shared and they do not affect everyone in the same way.

When some groups are unable to participate, important knowledge is lost. People whose experiences differ from the majority often identify risks, gaps and unintended consequences that others may not see. Designing for people who face the greatest barriers often leads to services that are safer, more accessible and more effective for everyone.

Safe and inclusive partnering therefore asks:



Who is affected by this decision?



Who is participating?



Which communities may be under represented or seldom heard and why?



What can we do to make participation possible for them?

Removing barriers to participation is the system's responsibility. This may include providing accessible information, accredited interpreters, translated materials, Easy Read resources, cultural supports, disability accommodations, flexible participation options, peer support, childcare, transport assistance, or outreach through trusted community organisations and existing advisory structures.

For people living with cognitive or psychosocial disability, safe and inclusive participation can depend on supported decision-making: being given the time, information and support needed to understand options and communicate a decision with a substitute decision-maker involved only when necessary and always guided by the person's own will and preferences.

For people experiencing family violence, safety extends beyond the health service itself. Participation needs to consider the complex ways that a person using violence may monitor, control or access information, including correspondence, phone calls, electronic devices, financial payments or attendance at appointments. Without careful consideration of these risks, engagement activities can inadvertently compromise safety, increase family violence risk and result in further harm. Contact methods, closing the loop and any form of remuneration should be checked for safety before proceeding.

Safety also includes cultural considerations, so that people can participate safely, regardless of their culture, language, faith, ethnicity or identity. Services have a responsibility to recognise and address racism, discrimination and exclusion wherever they occur. Cultural safety is determined by the people receiving it, not by the service providing it.

For Aboriginal and Torres Strait Islander people, cultural safety also includes recognising the ongoing impacts of colonisation, supporting self-determination and respecting Aboriginal-led decision-making.

Safe and inclusive partnering is achieved when the people involved meaningfully reflect the diversity of those affected by the decision.



"We want those who face the most issues to be given the same opportunities and improvements as everyone else."

Safer Care Victoria Consumer
Network member

How safe and inclusive looks across the system

As decisions move across the health system, the focus broadens from supporting an individual person to participate, to ensuring the diversity of people affected by a decision are represented and supported to participate.

In direct care, safe and inclusive means an individual person can participate in decisions about their care. Services remove barriers to participation and create environments where people feel able to ask questions, express concerns and make choices that reflect what matters to them.

In service design and improvement, the focus broadens to the people who use the service. Engagement reaches beyond those who find participation easiest and actively includes seldom heard communities.

In organisational governance, safe and inclusive means governance structures, advisory groups and consumer leadership arrangements that reflect the diversity of the communities served. Where communities are not represented on internal structures such as Community Advisory Committees, consider partnering with existing community organisations, multicultural health organisations, Aboriginal Community Controlled Organisations, disability advocacy organisations and other established community networks. Representation should be monitored over time, so organisations understand which communities are informing decisions and which communities remain underrepresented. When leadership and boards of health organisations invest in safety culture, it drives best practice and ensures the creation of safe environments for both healthcare workers and consumers.

At the system and policy level, the focus broadens again to the diversity of people across Victoria. Consumer insight reflects a wide range of experiences, particularly underserved, underrepresented and seldom heard communities. System leaders identify and address structural barriers, including racism, discrimination, geographic disadvantage, socioeconomic exclusion and digital inequity.

At every level, safe and inclusive partnering means recognising whose voices are shaping decisions, whose voices are missing and what action is needed to ensure the people involved reflect those affected by the decision.

Aboriginal self-determination and Treaty

For Aboriginal and Torres Strait Islander peoples, safety and inclusion cannot be built through individual consumer engagement alone. Culturally safe partnering requires recognition of Aboriginal self-determination and support for Aboriginal-led decision-making through the Assembly of Gellung Warl, Traditional Owner groups and Aboriginal community-controlled organisations.

Safe and inclusive is present when:

- people can participate safely, meaningfully and as themselves
- the people involved reflect the diversity of those affected by the decision
- people have choice and control over how, when and how much they take part
- barriers to participation are identified and actively addressed
- information, communication and participation methods are accessible and responsive to people's needs
- people feel free to ask questions, disagree, raise concerns or change their mind without fear of negative consequences
- people experience cultural safety as they themselves define it, free from racism or discrimination in how they are engaged

- contact, closing-the-loop and remuneration methods are checked for safety before they are used, particularly for people experiencing family violence or at risk of harm from someone they may be in contact with
- NAATI-accredited interpreters and communication supports convey exactly what people say, without filtering or softening
- organisations collect, analyse and use demographic information responsibly to understand who is using services, who is participating in decision-making and recognise seldom heard and underrepresented communities
- existing community organisations, networks and advisory structures are used to reach communities who are often excluded from decision-making
- Aboriginal and Torres Strait Islander self-determination is upheld.

Safe and inclusive in action

The system is responsible for removing barriers to participation. A service notices that people from recently arrived communities rarely participate in advisory groups. Rather than assume they are not interested, the service partners with a multicultural health organisation and designs flexible and supported participation options.



“People need to feel that they do have a place and deserve to share what their experiences are”

Safer Care Victoria Consumer Network member



Clear and transparent



"We need clarity around the type of participation and our role. Transparency in how the information we provide will be used"

Safer Care Victoria Consumer
Network member

Clear and transparent focuses on partnering that is deliberately structured, supported and clear.

Person-centred considers whose needs and experiences should shape a decision, safe and inclusive examines who might be missing and how to remove barriers so that they can participate. Clear and transparent is about the practical and operational requirements for people to participate purposefully.

Effective partnering starts with the decision, not the consumer. Before people are invited to participate, services need to be clear about what is being decided, what influence consumers can have and what role they will play in the process.

When these things are clear, people can participate with realistic expectations and meaningful opportunities to contribute. When they are not, partnering can quickly feel tokenistic.

The most common problems occur when people are brought in at the wrong time, given unclear roles or asked to comment on decisions that have already been made. Consumers are asked to review something that has already been decided. They are told they are co-designing, but nothing changes and no one explains why.

Or the limits of their influence are never made clear. These experiences erode trust because people cannot see how their time, expertise or participation made a difference.

Meaningful partnering also depends on the practical systems that support participation. This includes recruitment, onboarding, remuneration, accessibility supports and the resources people need to contribute effectively. Partnering processes, technologies and governance structures should be designed to be accessible from the outset, rather than relying solely on individual adjustments.

People may have different preferences and needs for how they participate. Services should ask: "How do you like to work?" and make reasonable adjustments where possible. This may include meeting formats, information formats, timing, communication methods, accessibility supports, cultural requirements or support people being involved.

Consumer experience is expertise. People who contribute that expertise should be recognised, supported and remunerated accordingly.

Organisations need to show people how their contribution informed decisions, including when it did not lead to the outcome they expected. Reporting back shows people that their time, effort and expertise were taken seriously.



"You can't play tennis with somebody who doesn't hit the ball back"

Safer Care Victoria Consumer
Network member

How clear and transparent looks across the system

Clear and transparent means partnering is deliberately designed, clearly understood and properly supported. As decisions move across the health system, the structures supporting participation become more formal, but the principle remains the same: people understand their role, have the support they need and can contribute in ways that make a difference.

In direct care, people understand their role in decisions about their own care. They know what decisions are being made, what options are available, where there are limits and how their preferences will be considered. Clinicians create opportunities for participation and support people to be involved in ways that work for them.

In service design and improvement, participation is planned, purposeful and transparent. Consumers are involved early enough to influence the work, understand why they are involved, what influence they will have and how their contribution will be used. Practical supports are provided so people can participate effectively.

In organisational governance, partnering is embedded in governance structures and organisational processes. Consumer leadership roles, advisory groups and committees have a clear purpose and a clear role in decision-making. Consumers are prepared, supported, recognised and paid for their contribution, and leaders demonstrate that partnering is part of how the organisation operates.

At the system and policy level, clear and transparent means there are clear and sustained pathways for consumers to influence policy, funding and reform. Participation is supported through transparent processes, clear decision-making boundaries and accountability for how consumer input is considered.

For Aboriginal Community Controlled Health Organisations and Traditional Owner groups, effective engagement should align with First Peoples governance and accountability agreements established through Victoria's Treaty Framework. The Statewide Treaty Act 2025 recognises the role of the Assembly of Gellung Warl as the democratically elected representative body for First Peoples, reinforcing the importance of engaging through established community-led structures and agreements rather than relying solely on consumer engagement models designed for other settings.

At every level, clear and transparent means people know why they are involved, what influence they have, how they can contribute and how their contribution will be used.

Clear and transparent partnering is present when:

- consumers are involved early enough to shape direction, while choices are still open
- the consumer's role matches what the decision needs
- the scope of influence is clear from the start, so people know what is open to change and what is not
- people are prepared, supported, recognised and paid for their contribution
- partnering processes are designed to be accessible
- the organisation closes the loop, telling people what changed and why, including when their input did not change the outcome and why
- partnering is visible in how the organisation plans, governs and improves.

Clear and transparent in action

Before joining a service design project, consumers receive a briefing about the purpose of the work, the decisions that are open to influence, how they will be supported and how they will be paid for their participation.



Shared understanding

Shared understanding is a two-way process. The health system works to understand people as much as it helps people to understand the system. It depends on curiosity, openness and a willingness to learn from one another.

Consumers bring knowledge the system cannot gain on its own. They know what it is like to live with a condition, navigate treatment over time and experience the effects of healthcare decisions in everyday life. When that knowledge is not actively sought, listened to and taken seriously, understanding is not shared.

People find it easier to contribute in more meaningful ways when they have clear information and the support they need. Consumers come to partnering with different levels of health literacy, digital confidence, governance knowledge, English language proficiency and experience participating in healthcare decision-making. Information may need to be provided in different formats or approaches depending on who is taking part. This may include providing accredited interpreters, translated materials, Easy Read resources, visual formats, verbal explanations, peer support, cultural brokers or partnering through community organisations.

Understanding is about more than exchanging information. It comes from listening, asking questions and learning from one another, rather than assuming what people know, need or value.

Shared understanding also means making decision-making processes, constraints and trade-offs visible. Consumers do not need to agree with every decision, but they should have enough information to understand how decisions are made and why some options may not be possible.

What shared understanding looks like changes at different levels of the system, but the principle remains the same: information, experience and expertise flow both ways.



“She was my saviour, she explained everything to me. We talked about my fears. I could contact her any time with questions or concerns.”

Consumer, after being put in touch with a heart failure nurse.

How shared understanding looks across the system

Shared understanding means people have the information, context and support needed to understand each other and contribute meaningfully. As decisions move across the health system, the focus expands from understanding an individual's experience to understanding the experiences of increasingly larger groups of people affected by a decision

In direct care, shared understanding is built through conversations between a person and their care team. Clinicians seek to understand the person's circumstances, goals, concerns and preferences, while ensuring people have the information they need to understand their options and participate in decisions about their care.

In service design and improvement, consumers know what they are contributing to, why the work is being done and how their input will be used. At the same time, services learn from consumer experiences to identify what is working, where barriers exist and where improvements are needed.

In organisational governance, consumer advisors are supported to navigate governance processes, priorities and decision-making pathways, while leaders and boards learn from the experiences and priorities of the communities they serve. Consumer knowledge is considered alongside clinical, operational and financial information when decisions are made.

At the system and policy level, communities are supported to understand how policy decisions are shaped and where influence is possible, while governments, policymakers and system leaders learn from the experiences of diverse Victorian communities. Consumer experience is gathered, analysed and used alongside other forms of evidence to inform policy, funding and reform.

At every level, shared understanding means the health system values consumer knowledge and invests as much in understanding consumers as it does in helping consumers understand the system.

Shared understanding is present when:

- consumer experience is sought, heard and recognised as evidence alongside clinical and professional expertise
- people feel heard and their knowledge is taken seriously
- consumers understand the purpose of the work, their role and how their contribution will be used
- information is offered in ways that work for the person, without assuming health literacy, system knowledge or prior experience
- communication is provided in formats people can access, understand and use to participate equally in decision-making. This includes plain language, Easy Read resources, interpreters, onboarding or other approaches that enable meaningful participation
- decision-makers actively seek to understand consumer experiences rather than relying on assumptions
- consumer perspectives reach decision-makers accurately, without being filtered or diluted
- decision-makers can explain what they learned from consumers and how it influenced their thinking
- the system invests as much in understanding consumers as it does in helping consumers understand the system.

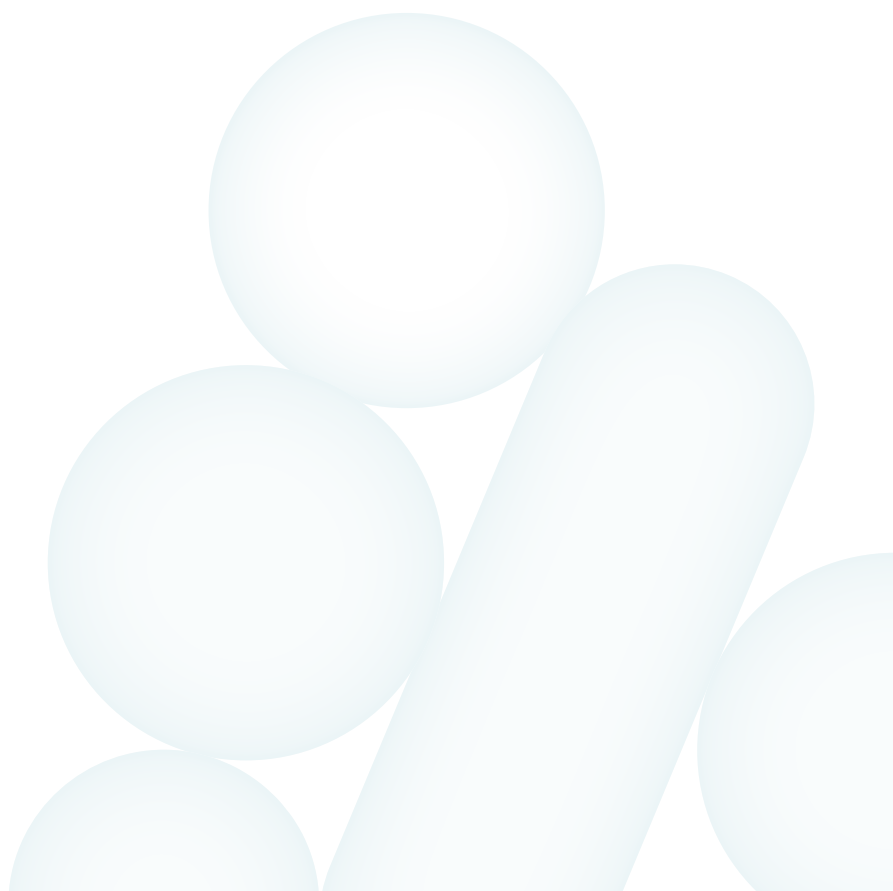
Shared understanding in action

A consumer joins a Quality and Safety Committee after caring for a family member with complex health needs. The service provides an orientation session, plain language materials and ongoing support so they can participate confidently. Committee members take time to understand the lived experience perspective the consumer brings, while the consumer is supported to understand the governance processes, evidence and constraints that shape service decisions.



*"Always go back to the source
and make sure you've got that
story right"*

SCV Consumer Lead



Shared decision-making

Shared decision-making means people have real, visible influence over decisions that affect them.

This is where partnering moves beyond participation to visibly influence decisions and outcomes. The first four conditions create the space, safety, structure and understanding needed for partnering to occur. Shared decision-making is the test of whether any of it mattered: did what people shared influence the decision?

Influence looks different at different levels of the health system, but the principle remains the same. People should understand what decisions are being made, where they can influence them, what constraints exist and how their contribution will be considered alongside other evidence.

Shared decision-making does not mean consumers make every decision. Healthcare decisions are often shaped by evidence, safety, resources, legislation and competing priorities. It does mean people are involved while choices remain open, understand where influence is possible and can see how their contribution shaped the outcome.

Some people may need support to participate in decisions. Supported decision-making strengthens a person's ability to express their preferences, make choices and influence decisions that affect them. This support should maximise the person's own voice, preferences and autonomy.

Making influence visible is the health system's responsibility. Consumers should be able to see the impact of their participation and understand how their views were considered. When decisions turn out differently than expected, organisations should explain why. Openness and transparency help build trust and confidence in the system.



"If partnering worked well, trust and belief would be built and agreed outcomes will be delivered and continued."

Safer Care Victoria Consumer
Network member

How shared decision-making looks across the system

Shared decision-making means people have influence over decisions that affect them. As decisions move across the health system, the focus expands from influencing decisions about an individual's care to influencing decisions that affect larger groups of people and communities.

In direct care, shared decision-making means people participate in decisions about their own care. They understand their options, discuss what matters to them and work with clinicians to make decisions that reflect both evidence and their individual circumstances.

In service design and improvement, consumers help shape improvements to services they use. They are involved while choices remain open, understand where influence sits and can see how their experiences and recommendations informed the final outcome.

In organisational governance, consumer perspectives influence strategic priorities, organisational direction and decisions affecting the communities served by the organisation. Consumer leaders understand the scope of their influence and can see how their contribution informed governance decisions.

At the system and policy level, consumer perspectives help shape policy, funding and reform that affect Victorian communities. System leaders create clear pathways for consumer influence, are transparent about constraints and demonstrate how community perspectives informed decisions.

Aboriginal self-determination and decision-making

Decisions affecting Aboriginal and Torres Strait Islander peoples should recognise Aboriginal self-determination and the authority of the Assembly of Gellung Warl, Traditional Owner groups and Aboriginal Community Controlled Health Organisations.

At every level, shared decision-making means people understand where influence is possible, participate while choices remain open and can see how their contribution shaped the decision.

Shared decision-making is present when:

- people understand how decisions are made, who makes them and who has final responsibility
- people are involved while choices remain open rather than after decisions have already been made
- the scope of influence is clear from the start
- supported decision-making is available where needed
- consumer experience is considered alongside clinical, professional, operational and financial evidence
- organisations can explain how consumer input influenced decisions and outcomes
- consumers can point to something that is different because they participated
- people feel safe to challenge assumptions, raise concerns and offer different perspectives
- decisions affecting Aboriginal and Torres Strait Islander communities recognise the authority of Aboriginal-led governance and community-controlled organisations
- cultural safety is embedded throughout decision-making, ensuring engagement is respectful, inclusive and responsive to Aboriginal and Torres Strait Islander cultures, knowledge, perspectives and community priorities.

Shared decision-making in action

Consumers and carers describe the challenges of repeatedly telling their story as they move between hospitals, specialists and community services. Their experiences, together with clinical and operational evidence, contribute to the development of a statewide initiative to improve care coordination. The final reform reflects several priorities raised by consumers and policymakers report back on how consumer input shaped the decision and where constraints limited further change.



“When closing the loop, consider how consumers can see themselves in a timeline, or a journey from giving advice... through to the end result.”

Safer Care Victoria Consumer
Network member



Shared commitments

Consumers don't need special expertise to partner. They are the experts in their own lives and that's knowledge the system needs.

The system needs to create the conditions for consumers to participate safely and meaningfully.

That responsibility is not limited to consumer engagement roles or clinical staff. It is shared across the system.

Everyone who designs, delivers or supports services including system and service leaders, administrative and operational staff such as IT, communications, finance, HR, legal and facilities, plays a role in enabling meaningful partnering with consumers.

The table below sets out what each condition asks of the people involved. The first column describes what it should feel like for a consumer. The remaining columns describe what has to happen for that to be true.

Figure 1: Shared commitments required for effective partnering

<u>Person-centred</u>		
For consumers this feels like	<p>You are the expert in your own life.</p> <p>You share what matters to you and the consumers you are representing: the values, priorities, cultural needs and the support around you.</p> <p>You are heard and acknowledged.</p>	
Clinicians and health service staff need to	<p>Ask what matters to the person in front of you, not just what is the matter. Shape care and engagement around their whole context, not only clinical or administrative needs.</p>	
System and operational staff need to	<p>Consider who will use the services, processes and systems you create and what they need from them.</p>	
Health service leaders need to	<p>Design systems, models of care and workforce capability so that responding to what matters to people becomes standard practice.</p>	
System and policy leaders need to	<p>Enable models of care that support continuity, flexibility and responsiveness to diverse needs across the system.</p>	

Safe and inclusive



For consumers this feels like

You can share what you need to feel safe and able to participate.
If something feels unsafe or disrespectful, you have the right to speak up and expect it to be taken seriously.

Clinicians and health service staff need to

Understand what is required to create safe and inclusive environments.
Recognise that people may hold back for reasons that are not always visible.
Continue to monitor for indicators that consumers do not feel psychologically, culturally or physically safe.

System and operational staff need to

Recognise that safety and inclusion extends beyond physical locations.
Build accessibility, safety and inclusion into communications, systems, processes and digital environments.

Health service leaders need to

Know who is missing from services and decision-making, and take action to understand why.
Commit to organisational safety culture.
Attract and retain staff and consumer advisors from diverse communities.

System and policy leaders need to

Embed equity into policy, funding and accountability.
Build and support a workforce that reflects and understands the communities served by the system.
Actively address barriers to equitable access through the development of programs, policies and funding.



Clear and transparent

For consumers this feels like

Your experience is welcomed, valued and supported.
You can take part in ways that feel right for you.
You understand your role and the influence you can have.

Clinicians and health service staff need to

Invite consumers to participate when decisions are still open.
Be clear about roles, scope, level of influence and constraints.
Support people to participate in ways that work for them.
Close the loop so people know what changed as a result of their participation.

System and operational staff need to

Create systems and processes that support consumer participation, including communication, digital access and remuneration.

Health service leaders need to

Visibly demonstrate how consumer insights influence decision-making.
Appropriately resource partnering activities across the organisation.
Embed good practice and accountability into governance, planning and improvement so it becomes core business.

System and policy leaders need to

Recognise the important role consumers play in the way the system works.
Create system accountability for partnering with consumers.
Ensure that policy, funding and reform priorities are influenced by consumer needs.

Shared understanding



For consumers this feels like

Information is provided to you in ways that support your understanding.

You know you can ask questions when something is unclear and share your experiences.

Your knowledge is valuable and helps shape better care and decisions.

Clinicians and health service staff need to

Provide information in ways that support understanding.

Seek to understand as much as you inform.

Validate understanding, both ways.

System and operational staff need to

Support flexibility in the delivery of information.

Develop and maintain clear, accessible information, systems and guidance.

Use plain language, consistent messaging and communication that supports understanding across diverse audiences.

Check for gaps in capability and understanding across staff, systems, processes and training.

Health service leaders need to

Demonstrate your commitment to supporting shared understanding.

Build organisational capability to hear, value and act on lived experience.

Review and address gaps and barriers in systems, processes and understanding.

System and policy leaders need to

Invest in health literacy, plain language and accessible communication.

Promote the use of accessible formats, languages and channels.

Reduce system fragmentation and complexity.

Build a culture of listening across the system.

Use consumer insights to inform policy.



Shared decision-making

For consumers this feels like

Your experience is acknowledged and can influence decisions.

You understand where you can influence outcomes and how decisions are made.

You know what happened as a result of your participation.

Clinicians and health service staff need to

Be open about how decisions are made, what level of influence is available and where there are limits.

Share what happened as a result of participation and if nothing changed, why not.

System and operational staff need to

Assist shared decision-making by ensuring systems, processes and tools can record and trace decisions.

Health service leaders need to

Demonstrate how consumer insights inform decisions.

Create a culture where lived experience is considered alongside clinical and professional expertise.

Ensure governance has genuine consumer influence.

System and policy leaders need to

Embed shared decision-making into system expectations, standards and accountability mechanisms.

Demonstrate how consumer insights are shaping the system.

Monitor how consumer insights are applied and address gaps.

Partnering takes different forms



“What is the decision-making process? Where is the responsibility, accountability and authority, and what in the process can we influence?”

Safer Care Victoria Consumer Network member

Different types of knowledge

Every decision draws on more than one kind of knowledge, including:

- clinical knowledge, which assesses evidence about diagnosis, treatment, risk and safety
- professional knowledge, which understands how services and systems are designed, run and governed
- consumer expertise, which brings insight into what it is like to live with a condition, receive care over time and whether care works in everyday life.

The relevance of different knowledge shifts with the decision. One way to think about this is to consider whether the decision is focused more on:

- what works – what is clinically effective, safe and feasible
- what matters – which outcomes are meaningful, which trade-offs are acceptable and what fits a person’s life.

The more a decision depends on what matters to people’s lives, the more it relies on partnering with consumers and the greater the role consumers should have in shaping it.

Level of influence



“If we’re talking about meaningful engagement, there needs to be understanding of that. And sometimes it’s okay just to inform and consult. You’re not going to co-produce everything.”

Safer Care Victoria Consumer Network member

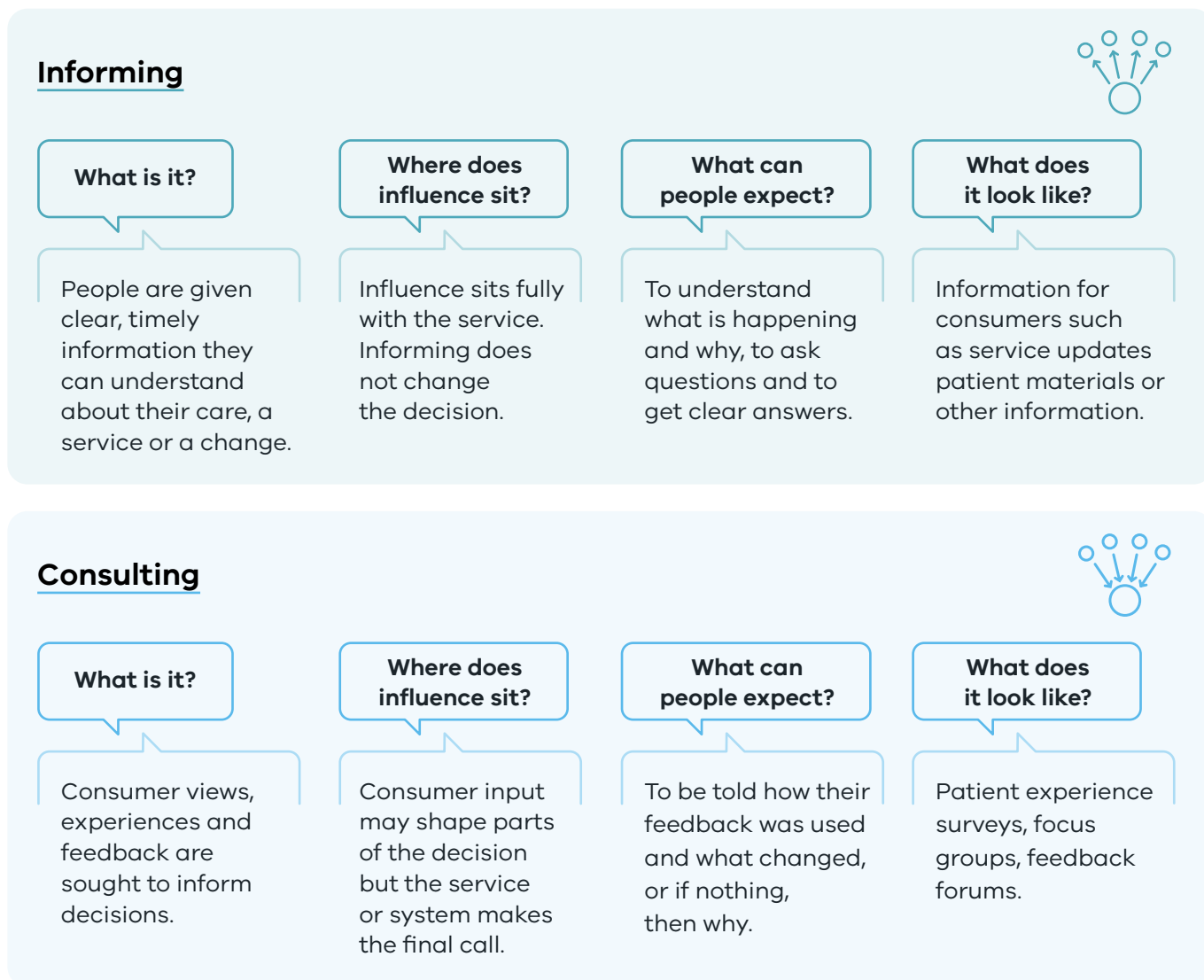
The participation spectrum

The participation spectrum sets out five levels of influence:



These are levels, not steps. Higher is not always better. The right level is the one that fits the decision.

Figure 2: Safer Care Victoria's participation spectrum





Involving

What is it?

Consumers are actively involved through planning, design or improvement

Where does influence sit?

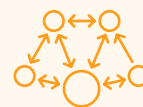
Consumer influence sits within boundaries that are clear from the start

What can people expect?

To see how their input shapes the work and to know where decisions are fixed and where they are open

What does it look like?

Consumers on committees, being involved in an improvement project, participating in a journey mapping workshop



Collaborating

What is it?

Consumers and services work together to design solutions including co-design.

Where does influence sit?

Influence is shared: problems, options and decisions are explored and worked through together.

What can people expect?

To define problems and opportunities, weigh options and make decisions alongside the service and to see how their input shaped the result.

What does it look like?

Co-design projects, shared governance structures, long term advisory councils.



Leading

What is it?

Consumers lead the work, with services supporting and enabling.

Where does influence sit?

Consumers set the priorities and make the decisions.

What can people expect?

To direct the work and shape outcomes, with support from services where they want it.

What does it look like?

Consumer led governance bodies, peer led education and navigation programs.

This spectrum builds on the IAP2 Spectrum of Public Participation and aligns with the *Victorian Clinical Governance Framework*.

Choosing the level

The spectrum is a guide, not a scale from worse to better. Informing a person well can matter as much as leading a co-design project. Its purpose is to help you choose the right level of involvement for the decision, rather than defaulting to whatever is most familiar or easiest to resource.

Once chosen, it has to be delivered on, from planning through to reporting back. If you are collaborating, decisions need to be worked through jointly, not finalised elsewhere and brought back for comment.

Most damage to trust doesn't come from choosing the wrong level. It comes from the gap between what was promised and what was delivered.

A note on co-design

Co-design has driven powerful, human-centred change across Victoria. But it is not the only way to partner and not always the right option. Co-design works when the conditions are right, with real flexibility in the decision, clear room for consumers to shape the outcome and the time and resources to do it properly. When those are missing, even well-intentioned co-design leaves consumers feeling unheard and services spent without much to show for it. That is not a failure of effort, it is a failure of fit.

A note on Treaty

The participation spectrum above describes how a service structures consumer involvement in a decision it holds. It does not describe Gellung Warl's authority established by the Statewide Treaty. Where a decision affects Aboriginal and Torres Strait Islander people as a whole, services should look first to Treaty structures.

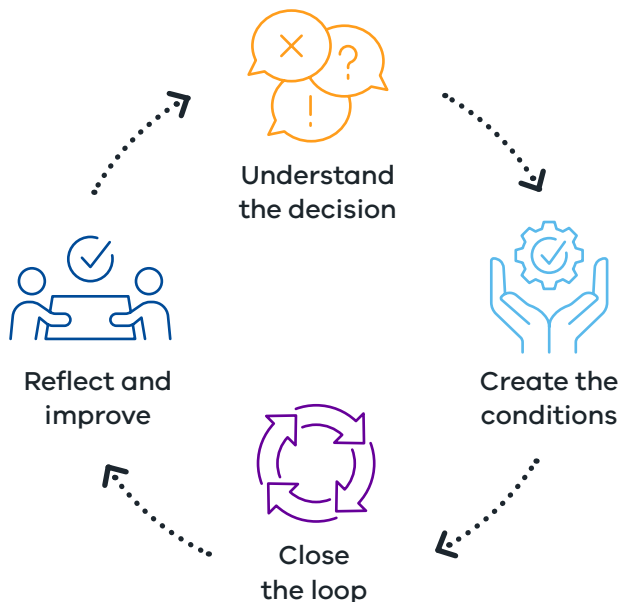
Putting the Framework into practice

The Partnering in Healthcare Framework can be used to strengthen partnering across a project, program, service or organisation.

Most health services are already partnering with consumers in different ways. The purpose of this framework is not to start again. It is to help organisations understand what is working well, identify opportunities to strengthen practice, and improve over time.

Meaningful partnering is not defined by the number of activities undertaken. It is reflected in whether the right people were involved, whether they were able to contribute safely, whether their perspectives informed decisions and whether they could see the impact of their involvement.

The Framework uses a continuous improvement cycle:



Together, these four steps help organisations make partnering more meaningful, improve decision-making and continuously strengthen their approach.

1. Understand the decision

Good partnering starts with understanding what is being decided, why consumer perspectives matter and how consumers can be involved early enough to influence outcomes.

Before choosing a partnering approach, consider:

- What decision, activity or outcome are you trying to inform?
- Who will be affected?
- Whose experiences and perspectives should be included?
- What barriers might prevent participation?
- What level of influence is possible?
- What constraints need to be understood from the outset?
- How will consumer perspectives reach decision-makers?

Being clear about these questions helps set expectations, identify the right approach and create opportunities for meaningful influence.



Ask: Are we clear about the decision, the opportunity for influence and why partnering matters?

2. Create the conditions

Meaningful partnering requires more than participation. The five conditions help create an environment where people feel welcomed, respected, valued and able to contribute their knowledge and experience in ways that influence decisions. Consumers should feel supported to contribute, understand their role, know what to expect and have confidence that their perspectives will be considered.



Ask: Have we created the conditions for meaningful participation and influence?

3. Close the loop

Partnering does not end when people share their experiences.

People should understand:

- what was heard
- how their perspectives were considered
- whether their perspectives were accurately understood and represented
- what decisions were made
- what changed as a result
- where change was not possible and why.

Closing the loop demonstrates respect, transparency and accountability. It helps people understand how their involvement contributed to decisions and builds trust in future partnering activities.



Ask: Have we shown people how their involvement influenced the outcome?

4. Reflect and improve

Partnering capability develops through reflection, learning and improvement.

Review what worked well, what could be strengthened and what difference partnering made.

Draw on feedback from consumers, staff and decision-makers to understand:

- how partnering was experienced
- how the process was supported
- how consumer perspectives influenced decisions
- whether expectations were met
- whether consumers felt heard, valued and respected
- whether participants would choose to partner again

Use this learning to strengthen future partnering activities, organisational capability and partnering systems.



Ask: What have we learned and what should we do differently next time?

Table 3. Reflecting on the five conditions

Condition	Consumer experience	Improvement focus
Person-centred	Was I understood?	Did we understand who was affected by the decision and what mattered to them?
Safe and inclusive	Did I feel safe to participate?	Did we hear from the people affected by the decision, including those who are often overlooked?
Clear and transparent	Did I understand my role?	Were the purpose, process, constraints and opportunities for influence clear?
Shared understanding	Did we learn from each other?	Did consumer knowledge reach decision-makers, retain its meaning and shape thinking?
Shared decision-making	Did my participation make a difference?	Can we see how consumer perspectives influenced decisions and outcomes, and if nothing changed, why not?

Partnering is a continuous improvement cycle

The insights gained through reflection should inform future planning, improvement activities and organisational capability development.

The goal is to understand whether partnering helped make decisions better, whether consumers could see their influence in those decisions and how partnering can continue to improve over time.

Contributing to a learning health system

Partnering capability develops over time.

Organisations learn through experience, reflection and shared knowledge. Learning can come from consumers, peer organisations, consumer-led organisations, accreditation processes and local innovation.

Share your partnering journeys, lessons learned, case studies and examples of improvement with Safer Care Victoria, your peers and the consumers who helped shape the work. By sharing what works, what doesn't and what can be improved, organisations contribute to a learning health system that continually strengthens partnering practice across Victoria.

For companion resources and to be kept up to date as resources evolve, visit [Safer Care Victoria](https://www.safercare.vic.gov.au/) <https://www.safercare.vic.gov.au/>.

Partnering is how we care, how we improve and how we lead together.

References

Policy and standards

Australian Commission on Safety and Quality in Health Care, 2017, *National Safety and Quality Health Service Standards* (2nd ed.) – Partnering with consumers.

Australian Commission on Safety and Quality in Health Care, 2020, *Australian Charter of Healthcare Rights* (2nd ed.).

Safer Care Victoria, 2024, *Victorian Clinical Governance Framework*, Victorian Government.

Coalition of Peaks, & Australian Governments, 2020, *National Agreement on Closing the Gap*.

Commonwealth of Australia.

Statewide Treaty Act, 2025, Victorian Government.

Health Services Act 1988, Victorian Government

Frameworks and models

International Association for Public Participation (IAP2), 2018, IAP2 Spectrum of Public Participation, IAP2 International Federation.

Safer Care Victoria, 2025, Victorian Quality and Safety Capability Framework, Victorian Government.

Safer Care Victoria, 2024, Victorian Safety Culture Guide, Victorian Government.

Victorian Government, 2022, Mental health lived experience engagement framework, State of Victoria

Department of Health, & Victorian Aboriginal Community Controlled Health Organisation, 2023, *Aboriginal health and wellbeing partnership agreement 2022 – 2032*, Victorian Government

Victorian Government, 2018, Stakeholder Engagement and Public Participation Framework, State of Victoria.

Evidence and research

Adams C, Brown AJ, 2023, 'Partnering with healthcare: The experiences of consumer representatives', *Patient Experience Journal*, 10(1), 4–9 <<https://doi.org/10.35680/2372-0247.1819>>.

Abid MH, Kumah A, Newera A, Hafez P, 2024, 'Patient-Centered Healthcare: From Patient Experience to Human Experience', *Global Journal on Quality and Safety in Healthcare*, Jul 10;7(4):144-148. doi: 10.36401/JQSH-24-X2. PMID: 39534234; PMCID: PMC11554389 <<https://pubmed.ncbi.nlm.nih.gov/articles/PMC11554389/>>

Merner B, 2023, 'Consumers' and health providers' views and perceptions of partnering to improve health services design, delivery and evaluation: A co-produced qualitative evidence synthesis', *Cochrane Database of Systematic Reviews*.

Monash University and BehaviourWorks Australia, 2024, *Updating the partnering in healthcare framework: Final report*, prepared for Safer Care Victoria.

Stone T, Eyles E, 2025, 'Trauma-informed principles in practice: A mixed-method study of co-producing systems change with people who have experienced multiple disadvantage', *Health Expectations*, 28(6), e70472. <<https://doi.org/10.1111/hex.70472>>

Yoorrook Justice Commission, 2025, 'Yoorrook for transformation: Third interim report, volume 4: Health', Parliament of Victoria. <<https://www.yoorrook.org.au/reports-and-recommendations/reports>>

