

Community Advisory Committee Guidelines

Non-Statutory Guidelines for Metropolitan Health Services

to Assist in the Selection and Appointment of Members of Community Advisory Committees and to Provide Guidance in Relation to the Role and Conduct of Such Committees

A health service “that is seen to be patient friendly and aware is viewed as a more trustworthy institution. Patients and families feel they are welcome. By empowering former patients through involvement in the patient advisory group the hospital also ensures that [it is] perceived in the community as caring and aware of the needs of [its] consumers, past, present and future.”

(Health Service Consumer)

Foreword

The Victorian Government is committed to genuine community participation - at all levels of Victorian society. This is particularly important for the delivery of good quality public health care. Members of the public have a right as citizens, carers and users of health care systems to high quality, accessible and safe health care. More and more, evidence suggests that increased community participation in systems planning and delivery can lead to improvements in the quality, safety and accessibility of health care systems and also can improve individual and community health outcomes.



Part of the Government's commitment to ensuring effective community participation in the Victorian public health care system is to require the new Metropolitan Health Service Boards to ensure opportunities are available to the community to make meaningful input to decision-making. One important component of this is a statutory obligation that Health Service Boards establish Community Advisory Committees. These Committees will assist the Health Service Boards ensure mechanisms are in place to secure appropriate community and consumer participation at all levels of the Health Services.

These non-statutory guidelines have been developed by the Department of Human Services to assist Metropolitan Health Service Boards to meet the Government's goal of improving community participation in the Victorian health care system. The guidelines are flexible, recognising the unique nature of each of our Health Services and the differing character of the communities they serve. The guidelines have been developed in a highly consultative manner, and are supported by a review of a body of literature on community participation in health service governance. The results of this review will be published in a separate volume, to accompany and support the use of these guidelines.

I commend these guidelines to the Metropolitan Health Service Boards and the community as a useful resource to help structure, support and respond to their Community Advisory Committees in their efforts to improve health outcomes for all Victorians.

A handwritten signature in black ink, appearing to read 'Chris Brook', written in a cursive style.

Dr Chris Brook
Director, Acute Health

Acknowledgments

Health Issues Centre & Corrs Chambers Westgarth

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Contents

Introduction	1
Key Themes	3
The Guidelines	4
The Role of the Community Advisory Committee	5
Accountability and Reporting Relationships	7
Membership of the Community Advisory Committee	9
Resourcing the Community Advisory Committee	11
Evaluating the Outcomes of the Community Advisory Committee Initiative	13
Some Helpful Advice	14
Model Work Plan	15
Appendix 1. Extract from Government Response to Ministerial Review of Health Care Networks, May 2000	16
Appendix 2. Contact Details, Peak Community Bodies	18

Introduction

The statutory requirement that each Metropolitan Health Service Board establishes a Community Advisory Committee is an important component of an overall strategy to improve community participation in Victoria's public health services. It is based on a number of considerations.

First, the quality and accessibility of the public health care system is of considerable importance to the community. In a democratic society the public is entitled to be involved in policy making and strategic planning in health services, which are both publicly funded and central to community well being. There is also evidence that participation promotes social cohesion and better health outcomes for the community. Effective community participation in health services policy and planning is, therefore, of itself, valuable.

Secondly, several recent reports have suggested that increased community and consumer participation supports the effectiveness of system-wide planning and promotes improvement in health care quality and safety. It does this by ensuring accountability, stimulating review and improvement, and providing mechanisms for integrating community and consumer priorities in policy and practice. Improving the mix, accessibility, safety and quality of services is a direct objective of enhancing community participation in health services.

Thirdly, individual health care consumers have a well-recognised right to participate in decision-making about their own health care. There is also increasing evidence that consumer participation in individual decision-making improves individual health outcomes.

Improving community and consumer participation in Metropolitan Health Services is expected, therefore, to contribute to direct improvements in health care quality, service planning and individual decision making. For the reasons described above, community participation in Health Services is also intrinsically desirable. A demonstrable increase in participation will, of itself, represent an important achievement.

It is expected that Community Advisory Committees will assist Health Services to ensure mechanisms are in place to facilitate appropriate community and consumer participation at all levels in the Health Services.

In establishing their Community Advisory Committees, Health Services need to carefully consider a number of issues, including:

- Who is their "community"?
- What is the role of the Community Advisory Committee?
- To whom should the Community Advisory Committee report?
- Who can be a member of the Community Advisory Committee and how should members be selected?
- How should the Community Advisory Committee be resourced?

- How can the effectiveness of the Community Advisory Committee be evaluated?

These guidelines are designed to assist Metropolitan Health Service Boards answer these questions. They represent the outcome of a review of the relevant literature and a comprehensive consultation process with health care consumers, community representatives, Health Services executives and Health Services Boards. They are provided to assist Health Services to establish effective Community Advisory Committees, thereby enhancing community participation in Health Services and, ultimately, improving health outcomes.

Key Themes

A number of key themes have emerged from the literature review and consultation. These guidelines are designed to reflect and incorporate the following themes:

- Health Services (both Victorian and interstate) with experience of Community Advisory Committees confirm that both Health Services and their communities benefit from successful Community Advisory Committees.
- The Community Advisory Committee should not represent the sole response of the Health Service to its responsibility to engage the community. The Community Advisory Committee should not displace existing structures and processes for community and consumer involvement. It will be a critical structure for advising the Health Service Board on the range of necessary structures and available strategies for involving the community at all levels of the Health Service.
- Health Services will need to be mindful of tokenism. To eliminate tokenism, there will need to be significant community participation in meaningful policy formation. The Community Advisory Committee should not be seen simply as a mechanism for gaining consumer or community feedback. The Community Advisory Committee will need to be engaged in timely and meaningful dialogue about major innovations.
- The Health Service Board will retain full executive authority within the Health Service. The Community Advisory Committee will be an advisory committee to the Health Service Board.
- The Health Service will need to define the community it serves in order to establish criteria for membership which will enable the Community Advisory Committee to reflect community perspectives. Communities may be defined in terms of ethnicity, language, age, gender, chronicity of illness, specific illness or disability, role as consumer or carer, socio-economic status and geography.
- Members of the Community Advisory Committee should have the capacity to link the Health Service with community networks.
- The Health Service Board and the Community Advisory Committee should establish a mutually acceptable work program and make a commitment to act on its outcomes. The work program should be sufficiently flexible to enable integration of new and emerging issues identified by either the Health Service Board or the Community Advisory Committee.
- Expectations need to be realistic. Community Advisory Committees will need time to develop.
- There will need to be a demonstrable commitment by the Health Service to its Community Advisory Committee. The Community Advisory Committee and its members will need to be supported and appropriately resourced. The Community Advisory Committee should be developed and promoted as a high profile committee, linked into and working in partnership with the Health Service.
- A relationship of trust will need to develop between the Health Service and its Community Advisory Committee. This will be facilitated by clear definition of roles, responsibilities and accountabilities.

The Guidelines

The following guidelines reflect legislative requirements and policy decisions accepted by the Government following the May 2000 Ministerial Review of Health Care Networks, as well as the outcome of a literature review and consultation process involving health service providers, consumers and community representatives.

Some aspects of these guidelines are mandatory. These are identified with an *. Many of these reflect Government policy already established as a consequence of the Government's acceptance of the recommendations of the Ministerial Review of Health Care Networks. A summary of the Government's response to the recommendations of the Ministerial Review of Health Care Networks is included as an appendix to these guidelines.

Recognising, however, that the most effective processes are those that are developed locally to suit local needs, mandatory aspects of the guidelines have been kept to a minimum.

The guidelines cover the role, reporting relationships, membership, resourcing and evaluation of Community Advisory Committees.

The Role of the Community Advisory Committee

Key Principles

- The Community Advisory Committee will be appointed in an advisory capacity to the Metropolitan Health Service Board. It will have no executive authority.
- The Community Advisory Committee will be a high level committee which will provide a central focus for all strategies and mechanisms for community participation and consumer involvement in the Health Service. The Community Advisory Committee will be an enabler of community participation, rather than representing the sole response of the Health Service to its responsibility to engage the community.
- The Community Advisory Committee will have two critical roles. The first will be to assist the Health Service to appropriately integrate consumer and community views at all levels of its operations, planning and policy development. The second will be to advocate to the Board on behalf of the community.
- The Community Advisory Committee will have a predominant responsibility to advise on governance, policy and strategy in relation to community participation and its impact on health service outcomes. The Board will have a complementary responsibility to seek informed advice in a timely manner from the Community Advisory Committee on major strategic issues and developments.
- The role of the Community Advisory Committee will need to be compatible with its size, composition and available resources. It will need to be supported by a variety of structures and processes throughout the Health Service that will provide opportunities for community and consumer participation.

Guidelines for Implementation

- The Community Advisory Committee's role will encompass:
 - Advising the Health Service Board on the appropriate structures and processes necessary within the Health Service to ensure effective consumer and community participation at all levels of service planning and delivery;*
 - Identifying and advising the Health Service Board on priority areas and issues requiring consumer and community participation;*
 - Developing a strategic Community Participation Plan for approval by the Health Service Board, and monitoring the implementation and effectiveness of the approved Plan;*
 - Advocating on behalf of the community, including promotion of greater attention and sensitivity to the needs of disadvantaged and marginalised consumers and communities;*

- Facilitating two-way communication between consumer and community groups and the Health Service;*
- Participating in the Health Service strategic planning process;*
- Participating in the development and ongoing monitoring of key performance indicators for Health Service quality.*
- Its role may encompass:
 - Directly advising the Health Service Board on consumer and community issues relevant to specific health service initiatives and services;
 - Monitoring the quality and accessibility of the Health Service as a whole or its component services and departments;
 - Educating Health Service staff on the benefits to be gained from effective consumer and community participation.

Sample Terms of Reference

The Community Advisory Committee will:

- Advise the Health Service Board on strategies to enhance and promote consumer and community participation at all levels within the Health Service, including the development of a strategic Community Participation Plan;
- Identify and advise the Health Service Board on priority areas and issues requiring consumer and community participation;
- Monitor the implementation and effectiveness of the Community Participation Plan;
- Assist the Health Service Board and the Executive in their communication with the Health Service's community and consumers;
- Advise the Board on major strategic issues and initiatives;
- Generally advocate on behalf of the community to the Board;
- Participate in the Health Service's broad strategic planning and service development processes;
- Assist the Health Service Board in the development and ongoing monitoring of key performance indicators for service quality and accessibility;
- Undertake other activities and projects as agreed with the Health Service Board from time to time.

Accountability and Reporting Relationships

Key Principles

- The Community Advisory Committee will be accountable to the Health Service Board.
- The Health Service Board is accountable to the Minister, as the community's elected representative, for the effectiveness of its community participation strategies.
- The Department of Human Services has a responsibility to oversee policy implementation at a system-wide level.
- Members of the Community Advisory Committee will have a responsibility to assist with two-way communication between the Health Service and the community.

Guidelines for Implementation

- The Community Advisory Committee will report to and be accountable to the Health Service Board.*
- Details of the Community Advisory Committee's terms of reference and membership should be forwarded to the Secretary of the Department of Human Services by 30 April 2001.*
- The Community Advisory Committee should meet at least bi-monthly with a minimum of six meetings per year.
- The Community Advisory Committee and the Health Service Board should agree on the Community Advisory Committee's work plan on an annual basis.
- In its overall budget planning process, the Health Service Board should take account of the likely budget implications of the outcomes of the Community Advisory Committee's work.
- The Health Service Board should routinely receive the minutes of the Community Advisory Committee.*
- The Health Service's annual report should incorporate a report from the Health Service Board about the activities of the Community Advisory Committee and the actions taken by the Health Service Board in relation to the recommendations made to it by the Community Advisory Committee.*
- The Health Service Board should consider regular reporting on the activities of the Community Advisory Committee to the community through the Health Service newsletter, web site, public forums or other means.
- The Minister or the Secretary of the Department of Human Services may consider seeking direct feedback from Health Service Boards, members of Community Advisory Committees and the community on system-wide progress and achievements, barriers to effectiveness and the general utility of the Community Advisory Committees.

- To assist in the development of good working relationships between the Community Advisory Committee and the Health Service, the parameters within which Community Advisory Committee members may communicate information about the Health Service to the community should be agreed and documented. Such agreement will need to take into account issues such as:
 - The expectation that members of the Community Advisory Committee will link the Health Service with the community;
 - The need to establish long term working relationships between the Community Advisory Committee and the Health Service based on mutual trust and confidence;
 - The public interest in access to information; and
 - The need to protect individual confidentiality and privacy.*

Membership of the Community Advisory Committee

Key Principles

- The development of criteria and the selection process for appointment to the Community Advisory Committee must be transparent and accountable and must provide an opportunity for interested individuals or groups to identify themselves to the Health Service.
- Members of the Community Advisory Committee should have the capacity to reflect the perspectives of the communities served by the Health Service and to bring to the Community Advisory Committee knowledge of the opinions and policies of relevant community groups. However, members should not be appointed as representatives of specific organisations.
- Membership of the Community Advisory Committee should reflect consumers and communities, not health care providers.
- Potential members of the Community Advisory Committee should have a clear understanding of the membership role and responsibilities.
- A direct link with the Health Service Board will be necessary for the Community Advisory Committee to fulfil its advisory role to the Board.

Guidelines for Implementation

- Health Services will need to define the constituency of the communities they serve. The community may be defined in terms of ethnicity, language, age, gender, chronicity of illness, specific illness or disability, role as consumer or carer, socio-economic status and geography.
- Criteria for selection of Community Advisory Committee members should be agreed by the Health Service Board.
- Applicants for Community Advisory Committee membership should be sought through a range of strategies including seeking nominations from peak bodies, identification of individuals with appropriate experience and open advertisement.*
- A majority of members should be linked to established community or consumer networks, although appointment of individual consumers with the capacity to develop such links should also be considered. All members should be appointed to the Community Advisory Committee as individuals rather than as organisational representatives.
- Membership should comprise between nine and twelve people appointed by the Health Service Board.
- At least one member of the Board who satisfies the selection criteria for appointment should be appointed to the Community Advisory Committee.*

- Health Services that provide a significant level of service to rural communities should appoint at least one rural consumer or community member to their Community Advisory Committee.*
- Health Service Boards should nominate the initial Chair of the Community Advisory Committee from amongst the Board or community members.
- To ensure adequate continuity of membership, but also to provide for continuing vitality of Community Advisory Committees, initial appointments should range from one to a maximum of three years with the opportunity for reappointment for a further term.
- Health Services should develop an orientation package incorporating information about the role, responsibility and support available to the Community Advisory Committee and its members. This package should be available for distribution to individuals and organisations that have expressed interest in membership.*
- The Chief Executive Officer or an alternate senior executive identified by the Health Service Board should be in attendance at each meeting of the Community Advisory Committee, either as a member of, or as a resource to, the Community Advisory Committee.*
- Health care providers may attend meetings by invitation as a resource to the Community Advisory Committee and in an advisory capacity.*
- A clear majority of people in attendance at each Community Advisory Committee meeting should be consumer/community members of the Community Advisory Committee.*
- Health Service Boards should consider the benefits of overlap of membership or systematic information exchange between the Community Advisory Committee, the Health Service Quality Committee and the Primary Care and Population Health Advisory Committee. They should, however, be mindful of potential workloads and may identify other means of ensuring good communication and co-ordination of activity between these committees.

Resourcing the Community Advisory Committee

Key Principles

- Timely access by the Community Advisory Committee to relevant information will determine its capacity to provide meaningful advice.
- The success of the Community Advisory Committee will depend on:
 - The availability of experienced administrative and project officer support;
 - Personal support for the Community Advisory Committee members to facilitate their participation; and
 - Visible interest and support from the Health Service senior executive and Board.
- Meetings should not be dominated by health care providers, as consumer and community members are likely to find such a structure intimidating. However, appropriate professional advice should be available to the Community Advisory Committee as required.

Guidelines for Implementation

- Responsibility for ensuring that the Community Advisory Committee has adequate access to qualified personnel should rest with an appropriate, senior level manager in the Health Service. Staff supporting the Community Advisory Committee should be capable of ensuring its efficient administration, undertaking research, assisting in the development of community networks and drafting submissions and responses on the Committee's behalf. Servicing the Community Advisory Committee should be a key responsibility of the persons appointed to these roles.*
- Health Services could consider the appointment of an appropriately experienced Community Development Officer to undertake these roles.
- The Community Advisory Committee will need a baseline audit of community participation activities across the Health Service in order to commence development of the Community Participation Plan. This audit should be conducted by the Health Service prior to the Committee commencing its work.
- Individual members of the Community Advisory Committee will need to be supported in their participation and must be eligible for reimbursement of the costs they incur in participating. Health Services should, at a minimum, provide access to carparking, schedule meetings at suitable times, and provide adequate refreshment. Interpreter services, reimbursement of travel, child care and carer costs, and other reasonable expenses should be provided as necessary.*

- Adequate orientation and training will be essential to the success of the Community Advisory Committee. Each Health Service should develop a formal orientation and training program that can be delivered in a flexible fashion to meet the needs of members of its Community Advisory Committee.
- Health Services should consider the benefits of mentoring arrangements for members of the Community Advisory Committee. Such arrangements may assist in ensuring members are well informed about health service activities generally and have ready access to specific information when required. Mentors would need to be well informed about the activities of the Health Service and the role of the Community Advisory Committee. Selection of mentors could be considered from among members of the Health Service senior staff.

Evaluating the Outcomes of the Community Advisory Committee Initiative

Key Principles

- The Community Advisory Committee will need time to develop skills and to establish an achievable work plan.
- The Community Advisory Committee work plan should identify specific time frames and outcomes.
- Both qualitative and quantitative evaluation should be conducted.
- Evaluation should be at both a local and system-wide level and should include the work of the Community Advisory Committees and the responsiveness of the Health Services.
- An increase in the level of community participation in decision making in Health Services is considered to be a positive outcome.
- In the longer term, improvements in Health Service planning and quality are expected as a result of improved community participation.

Guidelines for Implementation

- The Community Advisory Committee and the Health Service should undertake an annual review, the results of which should be reported to the Health Service Board.*
- The review should include a broad evaluation of the following issues:
 - Has the Community Advisory Committee been able to achieve the major goals and objectives of its work plan within identified time frames?
 - Has a high quality strategic Community Participation Plan been developed and has its implementation been monitored effectively?
 - Has the advice of the Community Advisory Committee been sought by the Board in a timely and appropriate manner during the development and implementation of the Health Service's overall strategic plan?
 - Has the advice of the Community Advisory Committee been sought by the Board in a timely and appropriate manner on any other matter of strategic importance to the Health Service?
 - Does the Health Service Board consider it has benefited from the advice of the Community Advisory Committee?
 - Does the Community Advisory Committee consider that it has been effective in contributing to the policy and strategic directions of the health service?

- Has the Community Advisory Committee made recommendations to the Health Service Board and is there evidence that those recommendations have been considered and responded to?
- Have any of the recommendations of the Community Advisory Committee resulted in observable change in practice in the health service?
- Meeting attendance records for community and consumer representatives and Health Service Board members and staff should be maintained and reported to and evaluated by the Health Service Board annually.
- Within three years of the establishment of Community Advisory Committees, the Department of Human Services should undertake an independent, external evaluation of their structure, operation and effectiveness. Arrangements for this review should be established early to ensure adequate recording of review parameters.

Some Helpful Advice

Local media and community radio are effective ways to seek expressions of interest in membership of Community Advisory Committees.

Details of some peak bodies and statewide representative groups are included as an appendix to these guidelines.

The Government is funding the Health Issues Centre to train and support members of Community Advisory Committees and to develop a database of consumer nominees. It is also available to assist members of Metropolitan Health Service Boards and key health service management personnel on how to involve consumers in governance, planning, service development and other aspects of health care service provision. In the first instance, Health Issues Centre is available to help Health Services with the coordination of initial requests for expressions of interest, nominations from statewide representative groups and peak bodies, and advertisements through community press and radio.

Health Issues Centre is available on request to assist Health Services in their selection of Community Advisory Committee members and in the development of their orientation packages.

Community Advisory Committee Model Work Plan

Task	Nov 2000	Dec	Jan 2001	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2002	Feb
Develop Draft Terms of Reference																
Agree Administrative Arrangements																
Define Community																
Develop Member Selection Criteria																
Develop Information Package																
Advertise Positions																
Appoint Members																
Member Orientation																
Audit Community Participation Activities																
First Meeting																
Develop and Agree Communication Protocol																
Develop and Agree Work Plan Incl. Evaluation Framework																
Input into Health Service Strategic Plan																
Develop Community Participation Plan																
Input into Development of Key Quality Indicators																
Monitoring of Implementation and Effectiveness of Community Participation Plan																
Monitoring of Key Quality Indicators																

Appendix 1. Extract from Government Response to Ministerial Review of Health Care Networks, May 2000

Recommendation 42

That each Metropolitan Health Service Board includes at least one person, appointed by the Governor in Council on the recommendation of the Minister for Health, who is able to reflect the perspectives of users of health services. Health service providers should be ineligible for this role.

Agreed

Recommendation 43

That a provision in keeping with section 40L of the Health Services Act 1988, requiring the establishment of at least one Community Advisory Committee, be included in the amendments to the Act, and the provision strengthened with the inclusion of provisions governing timelines for the appointment of Advisory Committees, and the maintenance of such Committees.

Agreed

Recommendation 44

That the legislative provision governing the appointment of Community Advisory Committees should also stipulate that membership should comprise between six and nine people appointed to the Committee by the Board of the Metropolitan Health Service.

Agreed as administrative guide

Recommendation 45

That Community Advisory Committees should comprise people who have the capacity to reflect the perspectives of the communities served by the Metropolitan Health Service. Registered health practitioners and people currently employed or engaged in the provision of health services should be ineligible for membership to such Committees.

Agreed

Recommendation 46

That the Department of Human Services publish non-statutory guidelines, prior to the establishment of Metropolitan Health Services, and then from time to time, which will assist in the selection and appointment of members for Community Advisory Committees and provide guidance in relation to the role and conduct of such Committees.

Agreed

Recommendation 47

That the legislative provisions governing the appointment and conduct of Community Advisory Committees should also require the establishment of an arrangement for direct reporting and accountability between the Board and the Community Advisory Committee.

Agreed as administrative guide

Recommendation 48

That a member of the Board, not being the Chief Executive Officer, who satisfied the selection criteria for appointment to a Community Advisory Committee, be appointed as a member of each Community Advisory Committee. This appointment would be in addition to the Chief Executive Officer's appointment to the Community Advisory Committee, if such an appointment is made.

Agreed

Recommendation 49

That the Board of a Metropolitan Health Service be required to report to the Minister for Health, on an annual basis, on the activities of the Community Advisory Committee and the actions taken by the Board in relation to the recommendations made to it by such a Committee.

Agreed

Recommendation 50

That the legislation require the Secretary of the Department of Human Services to incorporate a report on the activities of the Community Advisory Committees into the Annual Report of the Department of Human Services

Agreed as administrative guide

Recommendation 51

That the Department of Human Services be responsible for ensuring that an independent evaluation of the effectiveness of the Community Advisory Committees be conducted and reported within three years of their establishment.

Agreed

Recommendation 52

That Boards negotiate key performance measures for their Community Advisory Committees and that information gained from assessments against these measures be used in an ongoing improvement process by the Committee.

Agreed

Recommendation 53

That Boards of Metropolitan Health Services ensure that a range of mechanisms and opportunities are established and made available to the community to enable meaningful input into decision-making within Metropolitan Health Services. Community Advisory Committees should supplement the array of mechanisms by which Boards are able to ascertain community views and integrate these views into decision-making processes.

Agreed

Recommendation 54

That the Department of Human Services fund an independent mechanism to assist Boards of Metropolitan Health Services in recruiting, training and resourcing consumer/community representatives thus strengthening community involvement in Metropolitan Health Services and participation in health care debates more generally.

Agreed

Appendix 2.

Contact Details, Peak Community Bodies

Health Issues Centre

Meredith Carter

Level 5, Health Sciences 2
LA TROBE UNIVERSITY 3086
Telephone: 9479 5827

Chronic Illness Alliance

Christine Walker

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Victorian Council of Social Service

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Level 6, 130 Little Collins Street
MELBOURNE 3000
Telephone: 9654 5050

Council On The Ageing (Vic)

Patricia Reeves

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98 Elizabeth Street
MELBOURNE 3000
Telephone: 9654 4443

Carers Victoria

Level 5, 130 Little Collins Street
MELBOURNE 3000
Telephone: 1 800 242 636

Royal Victorian Institute for the Blind

Manager Information and Referrals Unit

557 St Kilda Road
MELBOURNE 3004
Telephone: 9522 5210

Municipal Association of Victoria

Clare Hargreaves

Level 12/60 Collins Street
MELBOURNE 3000
Telephone: 9667 5555

Women's Health Victoria

Queen Victoria Women's Centre
2nd Floor, 210 Lonsdale Street
MELBOURNE 3000
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Rural & Remote Consumers Network

Bev Cook

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Telephone: 5078 1224

VICSERV

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Victorian Mental Illness Awareness Council

Isabelle Collins

23 Weston Street
BRUNSWICK 3056
Telephone: 9387 8317

Centre for Culture, Ethnicity & Health

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RICHMOND 3121
Telephone: 9427 8766

Action on Disability in Ethnic Communities

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Victorian Aboriginal Community Controlled Health Organisation

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Ethnic Communities Council of Victoria

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