PARTICIPATION & ENGAGEMENT MODEL

Better Health Network

ACCOUNTABILITY COLLABORATION RESPECT COURAGE

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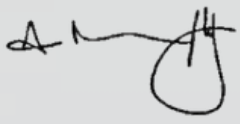
ACKNOWLEDGEMENT

BHN Better Health Network acknowledges Aboriginal and Torres Strait Islander people as the First Peoples and Traditional Owners and custodians of the land and waterways on which we live and we acknowledge that sovereignty was never ceded. We honour and pay our respects to Elders past and present.

BHN also acknowledges the extensive contributions from our community, workforce and partners in the development of this Model. We open this document with a quote from our community; this reminds us whose voice should be loudest.



Amanda Murphy
Interim Chief Executive Officer
BHN Better Health Network

“BHN IS SHAPED BY THE PEOPLE WHO USE OUR SERVICES”

BHN Community Member

CONTENTS

P 6 INTRODUCTION
About the Participation & Engagement Model

P 7 DEFINITIONS
Providing clarity on the language used throughout this document

PART 1: THE STRATEGY

P 10 WE ARE BETTER HEALTH NETWORK
Who we are and what we stand for

P 12 STRATEGIC PLAN, PILLAR ONE
A summary of Pillar One of BHN's Strategic Plan

P 14 THEORY OF CHANGE
Breaking down our thought process

P 16 STRATEGIC OBJECTIVES
The objectives guiding the Participation & Engagement Strategy

PART 2: THE FRAMEWORK

P 18 INTERSECTIONALITY
Acknowledging the importance of intersectionality

CONTENTS

P 19 CURRENT STATE ANALYSIS
Focusing on the people around us and our corporate memory

P 20 DEFINING THE OBJECTIVES
What the objectives mean for BHN

P 22 ACTIONING THE THEORY OF CHANGE
Driving change through strategic actions

P 25 GETTING STARTED
An overview of how we plan to commence our work

P 26 REVIEW CYCLE
Our maturity model

REFERENCES & APPENDICES

P 27 REFERENCES
List of references

P 28 APPENDIX 1
Sample BHN Catchment Data

INTRODUCTION

OUR MODEL FOR PARTICIPATION & ENGAGEMENT: THE BHN WAY

BHN is committed to delivering accessible, inclusive care that responds to the diverse needs of our communities and uses our platform to drive positive, lasting change. The Participation and Engagement Model has been shaped by months of thoughtful development, evolving from an individual-centered approach to a community-focused perspective. It recognises that achieving meaningful and lasting change requires working across all dimensions of diversity, engagement, and inclusion in an integrated way.

Why is this important?
Because too many people in our community are not getting the care that they need, leading to poor or nonexistent support and, ultimately, worse health outcomes. BHN stands to challenge the unfair social contexts that can impact peoples' health and wellbeing, because we know that **an inclusive service is a better service for everyone**.

The Model is delivered in two parts, the first being the **Strategy** which will deliver on Pillar One of our Strategic Plan (2023-2026) by taking a whole-of-organisation approach. It focuses on **strengthening our engagement with vulnerable or marginalised groups** to improve their relationships with our service and **reduce barriers to care**. Over time, this strategy aims to deliver better health outcomes for our most disadvantaged community members by listening to their needs and co-designing services that work for them.

This strategy will be delivered through a **Framework** which forms the second part of the Model. It provides a set of Principles and Practices for Participation and Engagement, ensuring we **build stronger relationships** and deliver better outcomes for our communities. The Framework will represent an 'iterative approach', recognising that we need to take foundational steps and our capability and impact will grow over time.

The Framework will have ongoing opportunities for input and influence to ensure that our activities are planned, are impactful, and reflect the priorities of diverse communities in our client groups, communities around us, and our staff and volunteer workforce.

DEFINITIONS

TERM:	DEFINITION:
BHN	This is an abbreviation of BHN Better Health Network.
CALD or CARM	Culturally and linguistically diverse or culturally and racially marginalised.
Client	A person using or accessing BHNs services.
Co-design	A design process involving input from BHNs clients and or communities in the development of new initiatives.
Committee	A committee is a formal and permanent structure within BHN, tasked with handling ongoing, broad areas of work. Its members are typically appointed or elected for fixed terms, representing various areas or functions of the organisation. Committees have decision-making authority within their designated scope and report to a higher governing body, such as the Board of Directors.
Community/ communities	The BHN Community is made up of our clients, carers, volunteers, consumers / consumer advisors, and local residents whom live within our service area.
Community Themes	Due to the scale of BHNs service area, there are often specific or regional nuances that are relevant to different communities.
Designated Roles	Paid roles involving an employment relationship which require lived/living experience and recognise that lived experience is an essential part of the knowledge and skill set required for the role.
Intersectionality	The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect, especially in the experiences of marginalised individuals or groups.
Lived/living experience (LLE)	People with lived and living experience of mental health challenges, trauma, neurodiversity, psychological or emotional distress, suicidal thoughts and behaviours, substance use or addiction, those experiencing bereavement, grief and loss; and families, carers and supporters of people with these experiences.

DEFINITIONS

TERM:	DEFINITION:
Lived/living experience (LLE) workforce/worker	This is a broad term for designated roles which require lived/living experience as, at least part of the skill and knowledge set required for a role. These positions can be diverse and include roles that have been recognised for some time, for example peer worker and consumer or consumer consultant, and roles that are more newly being recognised or established such as consumer researcher, LLE experience supervisor, LLE People and culture/HR Advisor, LLE program manager, LLE project lead etc. It is BHN's intention to grow a diversified lived/living experience workforce.
P&E	This is an abbreviation of Participation and Engagement.
Peer Worker, Peer Support Worker or Peer Practitioner	'Peer Worker', 'Peer Support Worker' or 'Peer Practitioner' are all terms that refer to a specific role, a role in which a lived/living experience staff member provides direct and indirect therapeutic support to clients with similar health issues or experiences. It is only peer support if both parties have the same/similar experience. Usually, the Peer Worker will have personal experience of the service system the client is engaging with. Peer support is identified as a practice discipline and there are a range of approved training programs now available.
Reference Group	A group that advises BHN on a particular subject.
Staff	An individual or a group of people who are employed by BHN.
Volunteer	A person or group of people who give their time and expertise to BHN without being remunerated.
Working Group	A working group is an informal and temporary structure, created to address specific, short-term objectives or projects. Members are selected based on their expertise and relevance to the task at hand, with the group composition being more flexible. Unlike committees, working groups generally provide recommendations rather than making final decisions, reporting to a higher authority (often a committee). They concentrate on narrow, time-bound tasks and are disbanded once their objectives are met.

PART 1:
THE STRATEGY

The Strategy is framed by our essence as an organisation, as you will read on the next page, Better Health Network is more than a name, it is a set of ideas that we believe in and measure ourselves against. This speaks to the heart of why we exist, and why we operate in the way that we do. The Participation & Engagement Strategy provides the direction and destination that BHN will pursue which aligns with these ideas and values.

STRATEGY

WE ARE BETTER HEALTH NETWORK

Driven by the principles of better for clients, better for staff, and better for community; our legacy organisations of Connect Health & Community, Star Health Group, and Central Bayside Community Health Services came together to form BHN Better Health Network.
Better Health Network is more than a name, it is a set of ideas that we believe in and measure ourselves against.

BETTER:

We are dedicated to ongoing **improvement and innovation** in our service delivery, in the way we organise ourselves, and in our healthcare sector. We make sure that our efforts and our partnerships deliver **more effective and more accessible** health and wellbeing services. We understand that "better" means different things for different needs, so we ensure that we are flexible and always listening to our communities. We prioritise **excellent client experiences** in our care, services, and facilities.

HEALTH:

We **champion health equity for all**, and we challenge the unfair social contexts that can impact peoples health and wellbeing. We make sure that our health and wellbeing services are accessible for the people who need us, and meet the needs of the community. We understand that 'health' means many different things to different people and **we care about what is important to our clients**. We build on our 50 years of experience and will continue to deliver services that are **compassionate, holistic and safe**.

NETWORK:

We work towards a **healthcare system that is seamless and connected**, easy to access and available. Our programs connect with one another so that there is no wrong door for holistic care. We value **working in partnership** so that more people can easily benefit from our services. We build close relationships with the communities who use our services so that we work together and learn from each other, and we **share our learnings** with the healthcare sector so that we can all improve and innovate together.

CONNECTING WHO WE ARE AS BETTER HEALTH NETWORK

TO PILLAR ONE OF OUR STRATEGIC PLAN

With these ideas in mind about who we are, it became very clear to us that the first pillar of our Strategic Plan needed to emphasise the importance of understanding and integrating the voices and needs of our communities into the design and operations of our services. The following page provides a summary of this Pillar.

STRATEGY

PILLAR ONE

We seek to understand the unique needs of our communities and we design our services through listening to them.

PRIORITIES AT A GLANCE:

A) Understanding and promoting safety for diverse communities and people using BHN services, especially First Nations peoples and people who might face barriers getting healthcare.

Why? So that...

- Our communities feel safe and welcome to access our services.
- We are constantly connecting with, listening to, and understanding the range of needs from diverse communities and people who may be using our services or working with us.
- Our work actively helps to address unequal access to healthcare and enables more equitable outcomes for more people.

B) Impactful partnering with communities, organisations, and leaders.

Why? So that...

- We are a strong and valued part of our networks and represent a safe partner and referral option.
- We deliver more programs and initiatives in partnership with stakeholders and community groups.
- Our influence grows, and our learnings can benefit the sector and community.

C) Investment in growing and sustaining our Lived and Living Experience workforce at all organisational levels.

Why? So that...

- Our organisation represents a diverse mix of experience, including lived and clinical expertise, and this mix provides more choice for clients, and more innovation in our work.
- BHN is recognised for its' skills and expertise as an LLE employer and attracts more program opportunities which benefit from this growing discipline.

D) Co-designing a modern approach to client voice, accounting for regional nuance and service-specific needs.

Why? So that...

- Our design, planning, policy, and practice reflect the wide range of voices and experiences that our community holds, helping us to demonstrate accountability and transparency.
- Our community is confident that their voices, ideas, concerns, and experiences are valued and heard by the organisation, enabling continuous quality improvement and good governance at BHN.

THE LINK BETWEEN PILLAR ONE OF OUR STRATEGIC PLAN

&

THE PARTICIPATION & ENGAGEMENT STRATEGY

To ensure that our thinking and rationale is clear, the next page outlines our Theory of Change—a diagram of the inputs, outputs, and outcomes needed to deliver real impacts. You will notice that it begins with the headline of Pillar One from our Strategic Plan; this is because the underlying goal of this Strategy is to deliver on the outcomes listed under Pillar One of our Strategic Plan.

STRATEGY

OUR THEORY OF CHANGE

We seek to understand the unique needs of our communities and we design our services through listening to them.

INPUTS

WE WILL:

- Bring community and diverse views into decision making and service design
- Continuously engage with diverse perspectives and communities

OUTPUTS

SO THAT:

- We can develop strong formal and informal relationships
- We can develop the policies and workforce capacity we need
- We are creating opportunities for self-determination and empowerment

OUTCOMES

SO THAT:

- BHN is equipped to drive systemic change which enhances care
- BHN is known, trusted and accessed by communities
- BHN benefits from diverse connections and viewpoints

IMPACTS

SO THAT:

- Diverse communities receive the care they need in the way they want, leading to stronger health outcomes

IMPACTS

SO THAT:

- BHN is contributing to a healthier and more equitable community and delivering our Purpose.

TRANSLATING OUR THEORY OF CHANGE

INTO ACTIONABLE OBJECTIVES

From our Theory of Change comes four key objectives of the Participation & Engagement Strategy:

1. Building Trust
2. Enhancing Capacity
3. Empower & Facilitate
4. Establishing Impact

Together, these objectives help guide our efforts to ensure they create positive outcomes, influence social change, and contribute to systemic improvements in health and wellbeing services.

STRATEGY

PARTICIPATION & ENGAGEMENT OBJECTIVES

BUILDING TRUST

Building trust with diverse communities is a key goal of our Participation and Engagement strategy, as it lays the foundation for strong, effective relationships with our clients, community members and workforce.

Trust promotes open communication, helping us better understand and address the unique needs and cultural contexts of different groups. By making trust a priority, we can remove barriers to care, increase community involvement in service design and delivery, and ensure fair access to services. This results in better health outcomes, stronger partnerships, and a service that is inclusive, culturally safe, and welcoming to all forms of diversity.

ENHANCING CAPACITY

In order for us to effectively engage with and provide an inclusive organisation for diverse people and communities, we must ensure that our workforce and systems have the necessary capacity to be safe, adaptive and innovative. We understand that 'health and wellbeing' means many different things to different people, and we care about what is important to our clients and community members. By empowering staff with the right skills and tools, BHN can foster meaningful, respectful relationships, ensuring that we continue to deliver services that are compassionate, holistic, and safe as well as being an employer of choice.

EMPOWER & FACILITATE

Shifting from traditional service delivery models to a co-design approach is central to building more inclusive and responsive services. By involving clients and communities in shaping the services they receive, we foster a sense of self-determination and agency, especially among underrepresented or marginalised groups. This collaborative approach helps us better meet the needs of the people that need us, ensuring services are more accessible and effective. By prioritising partnership and shared decision-making, we can break down barriers to care, build trust, and align our policies with the evolving needs of different communities. The result is a service model that empowers individuals, promotes social equity, and drives lasting, meaningful change.

ESTABLISHING IMPACT

Establishing meaningful and measurable impact is fundamental in the success of BHN's Participation and Engagement strategy. By involving clients and communities in shaping the services they use, we not only build trust but also ensure that BHN's services are truly responsive to their needs. Measuring this impact demonstrates our commitment to accountability, transparency, and continuous improvement. With clear, agreed indicators, we can assess where our strategies are working, identify areas for adjustment, and celebrate collective success. When communities see their input leading to real change, it deepens relationships and encourages ongoing participation, driving continuous improvement and client-centred care.

PART 2: THE FRAMEWORK

The Strategy will be implemented through a Framework that forms the second part of the Model. It offers a set of principles and practices for Participation & Engagement, guiding us in building stronger relationships and achieving better outcomes for our communities. The Framework follows an ‘iterative approach’, acknowledging that we must start with foundational steps as our capability and impact develop over time.

FRAMEWORK

RECOGNISING INTERSECTIONALITY

Better Health Network is committed to fostering an inclusive service and work environment where every individual feels accepted, safe, affirmed, and celebrated. We prioritise fair and equitable treatment for all, including those from diverse cultural or linguistic backgrounds, sexual orientations, gender identities, intersex statuses, religious or spiritual beliefs, socioeconomic statuses, ages, abilities or disabilities. We recognise that each person carries multiple identities and experiences—no one wears just one hat—and that intersectionality shapes the challenges people face. This requires us to apply an intersectional lens to all our work.

We also acknowledge that the experiences and insights in this document do not capture every perspective, need or experience. Children and young people within all communities are particularly vulnerable and often face compounded oppression. Better Health Network is committed to continually exploring and addressing these needs across our services.

CURRENT STATE ANALYSIS

OUR CORPORATE MEMORY

Our legacy organisations have built a rich foundation of community engagement, prioritising meaningful relationships and inclusive service delivery, particularly through our Lived/Living Experience (LLE) roles and partnerships with culturally diverse and First Nations communities. These experiences demonstrate a commitment to reflecting community voices in our service planning and have laid the groundwork for our expanded Participation and Engagement Strategy.

Across BHN, work is being undertaken to map out our existing internal structures and pathways for participation and engagement. This will help us form some baseline indicators and lead us towards a reporting milestone in tracking the effectiveness of the Framework. Using this baseline, we will be able to work towards a centralised structure of pathways, committees, working groups and reference groups to facilitate more participation and engagement with our communities across all areas of the organisation.

THE PEOPLE WE SERVE

Our work is centered in a highly diverse region, covering LGAs across Southeast Melbourne where distinct demographic, socioeconomic, and cultural factors shape the health and wellbeing needs of each area. For instance, we serve significant numbers of older adults, culturally and linguistically diverse communities, and people experiencing socioeconomic challenges, including elevated rates of homelessness and family violence in parts of our catchment. These unique regional characteristics guide our approach to tailoring services that resonate with the lived realities of our community.

Through a partnership approach, we will ensure that the diversity within our community is reflected in our service delivery, as we tailor support for mental health, family support, aged care, and culturally responsive care. For instance, targeted family violence support and mental health services will meet urgent needs in areas like Frankston and Greater Dandenong, while accessible, community-oriented aged care will be prioritised across the middle and southern zones.

Central to our vision is the strategic use of data to deepen our understanding and responsiveness. As we refine our data collection, our digital infrastructure will enable us to capture insights from every segment of the community, filling gaps where data may be sparse (see Appendix 1). This not only supports a comprehensive view of the community's needs but also informs culturally sensitive, inclusive decisions that foster equity and wellbeing.

FRAMEWORK

DEFINING OUR OBJECTIVES

The Framework will establish and implement methods to build trust with people from diverse communities and backgrounds, alongside tools to measure and analyse our progress.

To **strengthen our organisational capacity**, BHN will introduce targeted staff training programs that focus on understanding and addressing the needs of diverse client groups. This includes cultural awareness training and specialised workshops to improve community engagement. Staff will be equipped with the tools and knowledge to create meaningful, respectful pathways for clients from all backgrounds, ensuring care is delivered in a tailored manner from the very first interaction.

Simultaneously, BHN will invest in **enhancing our data collection and systems**. By developing a more robust digital infrastructure, we'll track engagement across services accurately and use the data to inform our decisions. This includes benchmarking progress, identifying areas for improvement, and ensuring accountability to our goals of equity and inclusion. These improvements will be integrated into our ongoing monitoring and reporting frameworks, enabling BHN to remain adaptable and responsive to the needs of its diverse communities.

To **empower clients and communities**, BHN will create pathways for greater involvement in service design and delivery. This involves formalising co-design processes where clients, especially from marginalised groups, have a voice in shaping services. BHN will identify and support "co-design champions" within the organisation to consistently represent client perspectives. Through workshops, consultations, and ongoing feedback, clients will actively contribute to service planning, helping build a seamless, connected healthcare system that meets their specific needs.

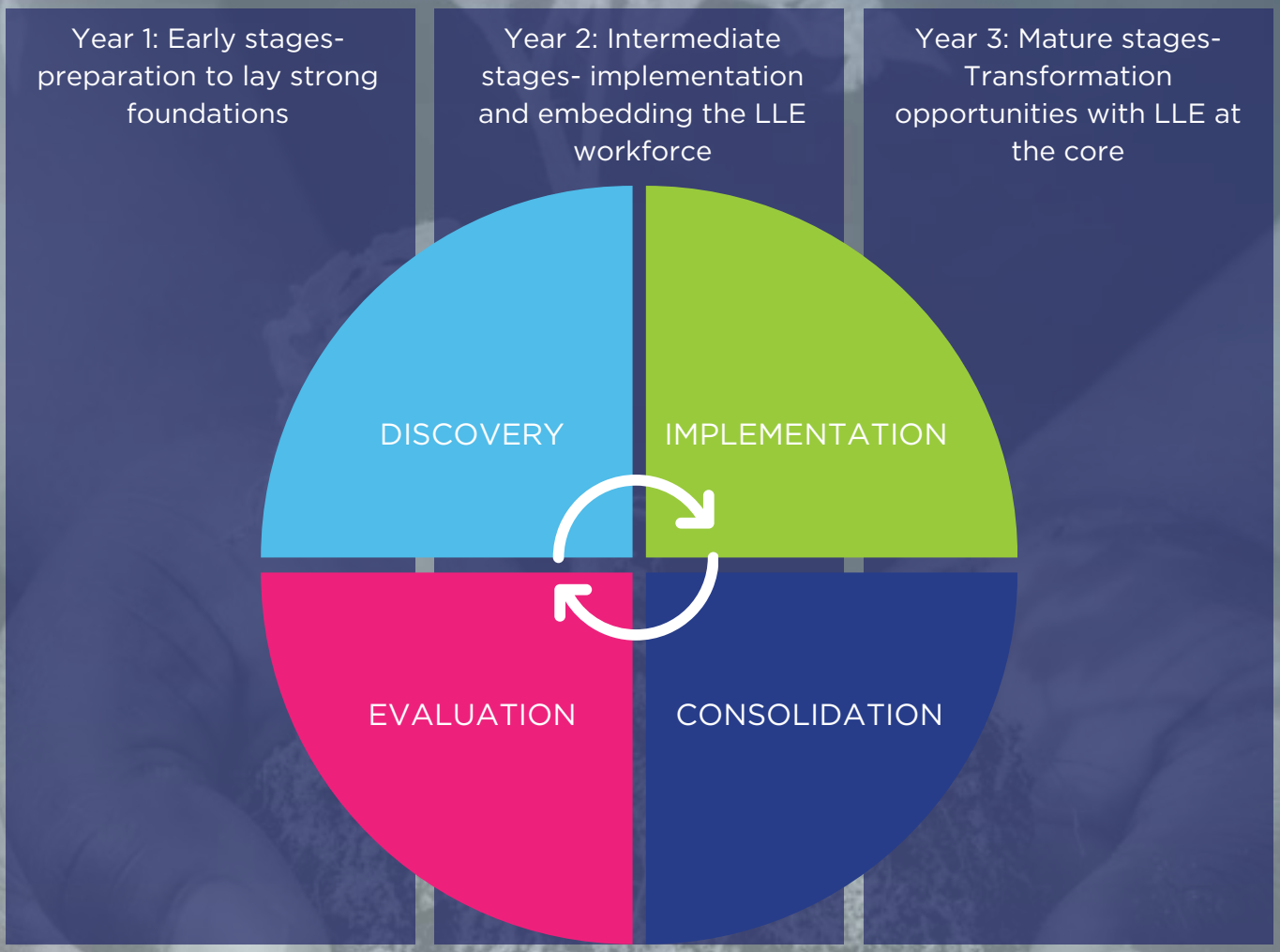
To **measure our impact**, BHN will create a comprehensive framework for tracking the success of participation and engagement (P&E) initiatives. Key performance indicators (KPIs) that reflect community input will align with our engagement goals and evaluate the effectiveness of programs. Regularly reporting on these metrics will make our progress transparent to both internal and external stakeholders, enhancing accountability.

The P&E Strategy further supports continuous impact assessment, allowing for regular evaluations and adjustments based on data and feedback. This approach will enable us to quickly adapt, refine our practices and improve community engagement to achieve better health outcomes.

FRAMEWORK

ACTIONING THE THEORY OF CHANGE

Shifting change from theory to action: Participation and Engagement at BHN



At BHN, we are committed to growing into an organisation where participation and engagement is woven into every part of our work, where every perspective is heard, valued, and considered. We will use a partnership approach to highlight the importance of each individual, their diverse experiences and insights and their community connections.

The Framework coordinates how clients, communities and our workforce can engage in planning, service delivery and evaluating our work. It also envisions a more accessible path for community members and clients to join our workforce- in designated and non-designated roles.

FRAMEWORK

ACTIONING THE THEORY OF CHANGE

Shifting change from theory to action: Participation and Engagement at BHN

A key focus is on strengthening our team's capability, especially our Lived and Living Experience (LLE) workforce, because of the important role our LLE workforce plays in:

- Driving cultural and systemic change
- Fostering a recovery-oriented and client-focused environment and
- Strategically expanding our LLE offerings across the organisation.

The Theory of Change is one way that we connect our planned actions with the impact we intend them to have. Our Theory of Change is based on direct engagement with clients, staff, volunteers and community members as well as the rich external evidence base available (see end). In particular, the Model is informed by the IAP2 Core Values, and the Public Participation Spectrum:

INCREASING IMPACT OF DECISION

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

FRAMEWORK

ACTIONING THE THEORY OF CHANGE

Shifting change from theory to action: Participation and Engagement at BHN

This Framework aligns with our Participation and Engagement Strategy and the BHN Strategic Plan. Priority actions will fall under key pillars in a structured matrix, outlining roles, responsibilities and ways to measure our efforts. Each pillar will follow a three-year cycle, with annual action plans aligned to our strategic goals. This activity matrix will be the product of Framework Phase One: Discovery.

STEP 1: INVOLVING THE COMMUNITY & LISTENING TO DIFFERENT PERSPECTIVES

We're committed to including the voices and experiences of all community members when we make decisions about our services and design new ones. We'll keep actively reaching out to and engaging with different groups and viewpoints to ensure we're in tune with the needs and concerns of the people we serve. We will learn what strategies for connection and communication are already being used and working well; and we will build from strengths to increase ways to engage. At the early stages this will include:

- Standing up a representative working group to commence the Phase One activity, which includes
- Recruiting and commencing reference groups connected to priority communities
- Designing and implementing a communications and governance system through BHN's internal committees and to the Board of Directors.

STEP 2: BUILDING STRONG RELATIONSHIPS & BUILDING CAPACITY

We will build both formal partnerships and informal connections with communities. We will begin by focusing dedicated attention on engaging and building relationships with identified priority communities. These include (at the first instance):
LGBTIQA+, CALD/CARM, Disability, LLE, First Nations, Homelessness, Older Persons, and Community Themes.

We will also implement a BHN way of coordinating community participation and engagement, including ways of communicating, governing and reporting on our work. This will be one of the products of Framework Phase Two: Implementation. This approach will also help us create policies that are relevant to our clients' needs and strengthen our team's capacity to best serve diverse populations. Additionally, it opens the door for people to feel empowered, with more opportunities to take control over their own healthcare and well-being options.

FRAMEWORK

ACTIONING THE THEORY OF CHANGE

Shifting change from theory to action: Participation and Engagement at BHN

STEP 3: BECOMING A TRUSTED SERVICE DRIVING SYSTEMIC CHANGE

With these relationships and a skilled, diverse workforce, we'll be better positioned to lead change in how care and support is provided and designed in Victoria. As a result, our service will gain a strong reputation within communities as a place that truly listens, respects and responds to their needs. The benefit of this trust and connection is that our service can tap into a rich pool of perspectives, which helps us grow and adapt. This will be captured during Framework Phase Three: Consolidation. We will contribute diverse perspectives to wider health and wellbeing agendas and we will facilitate opportunities internally (such as through our governing and committee systems) and externally (such as through our peak organisations) for people to use their own expertise from experience to influence change.

STEP 4: MEETING DIVERSE HEALTH NEEDS, IMPROVING OUTCOMES

We know that when people feel comfortable, safe and understood by services, they're more likely to seek out the care they need in ways that feel right to them. This approach leads to better health outcomes because people are receiving care that truly aligns with their preferences and needs. We will test our actions to see whether and to what degree, more people from more diverse experiences and communities are connecting with BHN as a service and an employer.

STEP 5: CREATING A HEALTHIER, MORE EQUITABLE COMMUNITY

In the long term, this range of activity means that we're not only improving individual health outcomes but also contributing to a healthier and more fair community. Through the Strategy and Framework, we will be fulfilling our Purpose of delivering accessible health and wellbeing services that meet the needs of our communities and using our influence to create positive change. To make sure that we are continuously moving closer and closer to this outcome, in a way that is maturing and growing over time, we will evaluate the matrix of activity on an annual basis (Framework Phase Four: Evaluation) so that the Framework is an evolving, living part of the BHN way.

FRAMEWORK

GETTING STARTED

DISCOVERY
DEC 24 - FEB 25

- Establish a first working group consisting of representation from workforce, community, leadership and volunteers
- Develop and share a consolidated map of all BHN P&E activities that currently exist and their scope
- Develop a communications strategy that connects the organisation with each of the existing community or consumer representative groups
- Undertake connection and canvassing activities to seek interest from priority groups to join P&E Reference Groups
- Undertake a policy gap analysis

IMPLEMENTATION
MAR 25 - MAY 25

- Co-produce the first activity matrix via each reference group (see Appendix 1)
- Establish a project plan which represents the timetabled activity and delivery against the policy gap analysis
- Establish a regular cadence of communications into communities and BHN governance
- Commencement of volunteer strategy design

CONSOLIDATION
JUN 25 - AUG 25

- Delivery against co-produced action plans
- Finalisation of volunteer strategy
- Continue to build and share insights from the BHN Catchment Data work

EVALUATION
SEP 25 - NOV 25

- Self-assessments within Reference Groups
- Review and reporting of outcomes within action plans
- Data review
- Gap analysis and early identification of priorities for year 2
- Assess readiness to progress to next maturity stage

FRAMEWORK

REVIEW CYCLE

Building maturity over time

Each year, during the evaluation cycle BHN will determine whether we are ready to progress to the 'next stage' of maturity, or whether another year will be spent at the same level for strengthening and consolidation. This will be communicated and based on evaluation findings. This Framework will be subject to an annual review with new editions appended, to ensure a responsive, lively and contemporary approach.

NEXT STEPS:

Communication of the Framework and Strategy

↓

Commencing a representative (phase one) working group

↓

Developing and implementing a communications strategy through, into, and out of the organisation connecting our client and volunteer representatives with the workforce and leadership

↓

Designing and recruiting to the community Reference Groups.

REFERENCES

The Theory of Change is one way that we connect our planned actions and the impact we intend them to have. Our Theory of Change is based on:

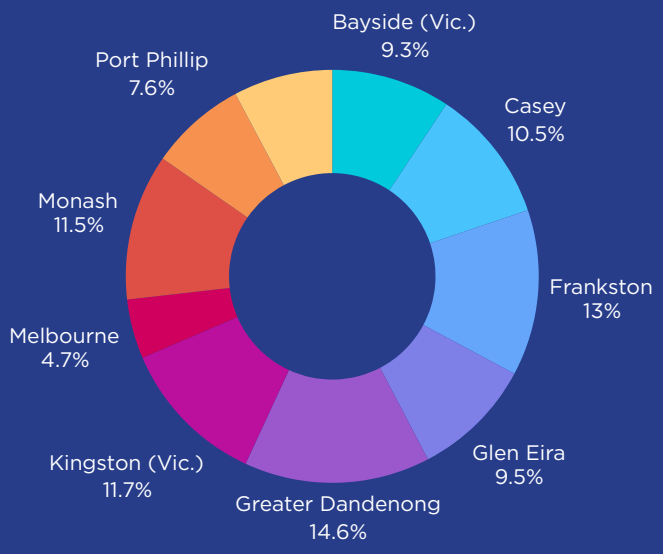
- Hundreds of points of direct engagement and discussion with clients, community members, staff, and volunteers through consultations for the BHN Strategic Plan and this Framework
- Expert input from current LLE practitioners and managers
- Subject matter experts from each BHN division (Services, People and Culture, Quality, Transformation, Business Enablement)
- Learnings and insights from previous organisation projects including the 2022 Report & Framework for Growing, Enabling and Integrating the LLE Workforce.
- International Association for Public Participation (IAP2). (2018). IAP2 Spectrum of Public Participation. Retrieved from https://iap2.org.au/resources/spectrum/.
- National Consumer Engagement Strategy for Health and Wellbeing National Preventive Health Strategy 2023, (including the Good Practice Guidelines and HELP toolkit).
- Australasian College of Health Service Management (ACHSM) publications: Development of a Consumer Engagement Framework (2016); In Search of a Contemporary Definition of Meaningful Engagement (2021).

APPENDIX 1: CATCHMENT DATA

Sample BHN catchment data highlights, opportunities and emerging questions

Disability:
Relative to population numbers in each LGA, Greater Dandenong (7.5%), Frankston (6.7%) and Kingston (6%) have the highest rates of people recorded to be living with a profound or severe disability within our region. Interestingly, in comparison to the numbers of individuals living with a profound disability, the number of National Disability Insurance Scheme (NDIS) participants across our top LGAs are notably low. When looking at State data, there looks to be a gap in the mid ranges of engagement (between 2.5% to 3.2% of residents participating in NDIS). As a registered NDIS Provider, this may be an area of growth for BHN to explore. Bayside, Kingston and Frankston LGAs have the highest percentages of residents providing unpaid assistance to people with a disability.

The following chart provides an overview of the percentage of people living with a profound or severe disability by Local Government Area:



Cultural Data Collection:
Both Census data and BHN internal intake data continue to be typified by high 'unknown' data subsets relating to a client's Aboriginal and/or Torres Strait Islander identity. The effect is that actual primary care access is unknown and cannot be reliably extracted from our available information.
Demographers and First Nations health groups have run campaigns in the past to promote the importance of building organisation capacity to safely enquire, record and store this information so that the true need, access, barriers and outcomes experienced by First Nations service users can be understood.
This underrepresentation in the data suggests the ongoing relevance of these campaigns. BHN may wish to explore an enhancement activity to close this data gap and increase the reliability of our information by equipping our organisation to consistently 'ask the question' in a culturally safe manner.

Alcohol and Other Drugs:
Addiction to alcohol and other drugs (AOD) in our catchment is elevated relative to the state in many LGAs and in certain demographic groups. Alcohol is a major lifestyle risk factor for chronic diseases and is associated with other behaviours such as tobacco use, unsafe sex, violence, driving whilst intoxicated and suicide. Consumption of alcohol by residents aged 18 years and above in all but two LGAs in the catchment are high compared to the state. Access to alcohol in the community is driven partially by the number of premises with liquor licences due to increased availability and accessibility. The LGAs of Casey, Port Phillip and Stonnington had the highest numbers of alcohol and drug related hospitalisations across our catchment in 2021 (6,600 across the three LGAs).

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