

Brisbane North PHN Engagement and Partnering Framework



Acknowledgment

Brisbane North PHN would like to acknowledge the traditional custodians of the land on which we work and pay our respect to Elders past, present and future. We recognise the deep expertise and wisdom in partnership and engagement of Aboriginal and Torres Strait Islander people developed over 60,000 years of history and culture. We acknowledge the ongoing relationship that Aboriginal and Torres Strait Islander people have to the lands on which we work and live and recognise that sovereignty was never ceded.

Updates

This is a 'living document' in that it will be updated periodically to reflect ongoing practice development in engagement and partnering approaches. This second version is current as of September 2025.

Disclaimer

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About this framework

Every day, across all of Brisbane North PHN's activities we engage and partner with internal and external stakeholders who are in some way connected to our vision: 'a community where good health is available to everyone'. The quality of our stakeholder relationships and interactions will determine how well we deliver on our vision for better health and wellbeing for people living in North Brisbane, Moreton Bay city, parts of Somerset Regional Council and Norfolk Island, now and for future generations.

The framework sets out our strategic approach to engagement and partnering that includes:

- our context for engagement and partnering
- our approach to engagement and partnering
- methods we use for effective and inclusive engagement and partnering
- measuring our engagement and partnering impact.

The framework is supported by an internal toolkit that provides Brisbane North PHN staff with resources in the form of guides, policies, tools and templates to embed a best practice approach to developing and supporting stakeholder relationships and interactions that are intentional and fit for purpose.

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Our context for engagement and partnering

About us

Brisbane North PHN (the PHN) is one of 31 independent commissioning organisations funded by the Australian Government to address the primary health needs of their communities, particularly those at risk of poor health outcomes. PHNs were established with the specific objectives of:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

We are guided by our [strategic plan](#) which outlines five goals. Given the role of the PHN within the broader service system, engagement and partnering is fundamental to all that we do.

Engagement and partnering in the commissioning context

All PHNs are guided by a National PHN Commissioning Framework¹ (the Framework). The Framework describes commissioning as a continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring and evaluation. Commissioning describes a broad set of linked activities, including needs assessment, priority setting, service design and procurement through contracts, monitoring of service delivery, and review and evaluation. The PHN has adapted the Framework into a 'Commissioning Cycle'² that divides commissioning into four key stages each with a distinct purpose and include:

ASSESS Determine the needs of the community through systematic consultation, data and market analysis. The analysis identifies both met and unmet health needs and service gaps to inform prioritisation and resource allocation.

DESIGN The process of planning how best to respond to the needs prioritised. It ensures outcomes and interventions are clearly defined and appropriate to meet health and wellbeing outcomes and needs. It also leverages opportunities for partnerships with stakeholders to enhance integration and reduce duplication of services.

DELIVER Making services that meet the identified needs, available to people in our region. There are three options for delivery of a program that need to be considered in regard to what is most efficient, effective and will achieve the best outcomes for the region and include procure, partner and provide.

REVIEW Understanding the value of the programs provided including the performance of our contractors and the functioning of our partnerships.

Each stage of the [commissioning cycle](#) requires effective and 'fit for purpose' engagement and partnering to support the allocation of limited resources to programs and services that will best meet the needs of our local community. All teams within the PHN either directly or indirectly contribute towards commissioning related activity. Engagement and partnering are two key levers of commissioning agencies to influence outcome and are part of the PHN's internal [Performance Framework](#).³

Our stakeholders – who they are and why we engage

In order to achieve our strategic goals and work effectively within our commissioning cycle, we engage and partner with a diverse range of stakeholders. The following list of stakeholders is not exhaustive but provides an overview of the diverse stakeholder groups the PHN routinely engage and partner with.



Figure 1: The PHN's stakeholder landscape

Why do we need to engage and partner with stakeholders?

Ensuring we engage and partner in effective ways is critical to shape change, leverage resources and strategically invest in key health needs. The benefits of effective engagement and partnering are far reaching, helping to achieve the PHNs vision, mission and goals, and lead to system-wide change.

The PHN recognises that effective, fit for purpose engagement and partnering with our stakeholders:

- is the most effective way for our PHN to understand how to best meet the healthcare needs of our community
- allows us to tap into and learn about our community's lived experience and wisdom related to health services, issues, strengths and opportunities
- allows us to design services and solutions that reflect their needs, deliver appropriate person-centred care to all sections of the community that lead to better health outcomes for all
- identifies opportunities to build sustainable health and wellbeing solutions, resulting in more efficient use of limited resources.

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Our approach to effective and inclusive engagement and partnering

Engagement

In our context, stakeholder engagement refers to a range of intentional processes that the PHN applies with people and/or organisations with shared interests to inform, consult, involve, design, deliver and evaluate services, projects, and programs. Put simply, stakeholder engagement is the most effective way for the PHN to understand and learn about what and how our community wants healthcare to be delivered in order to best meet their needs and preferences and how to work together to achieve it.

Engagement principles

It is fundamental that best practice engagement principles underpin all engagement activity at the PHN. Our PHN endorses five overarching principles from the International Association for Public Participation (IAP2) that sets the direction for our approach to stakeholder engagement⁴.

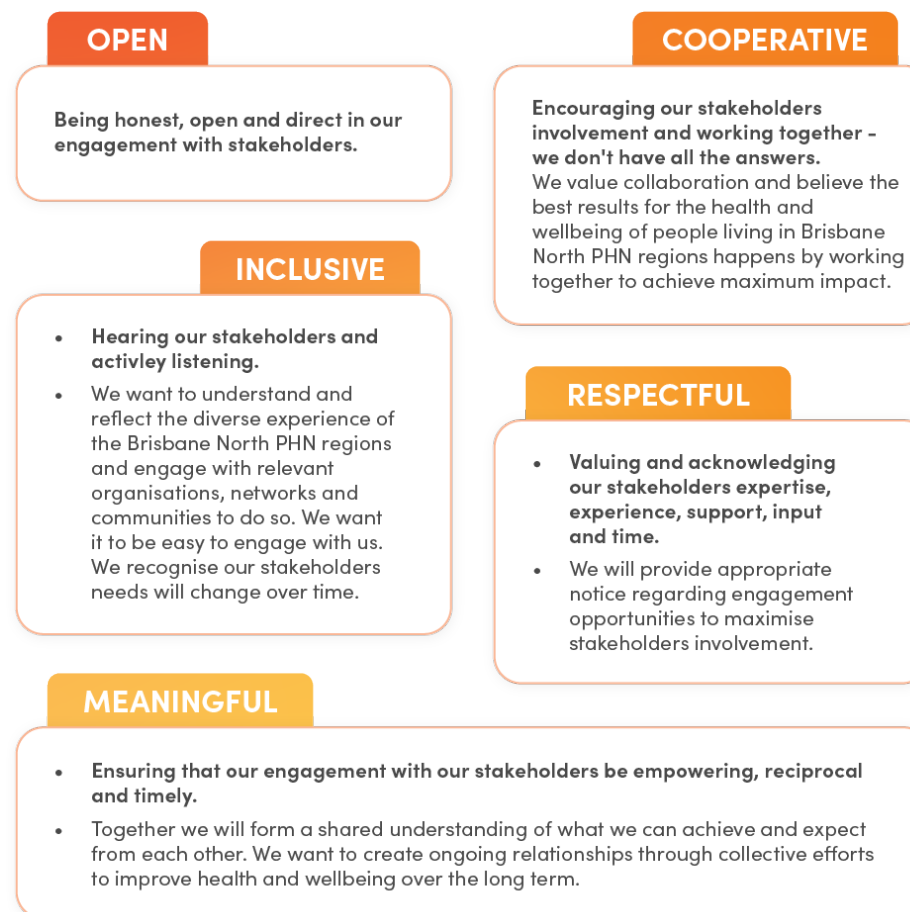


Figure 2: Our Engagement Principles

Brisbane North PHN's engagement continuum

Our PHN uses an adapted version of the IAP2 Public Participation Spectrum⁵ to assist with the selection of the level of participation that defines the stakeholder's role in any PHN engagement activity called the 'Brisbane North PHN Engagement Continuum'. Each level of engagement has its own corresponding features and include the:

- goal
- promise
- decision making power
- PHN role
- stakeholder role
- relevant information for PHN staff
- potential engagement methods.

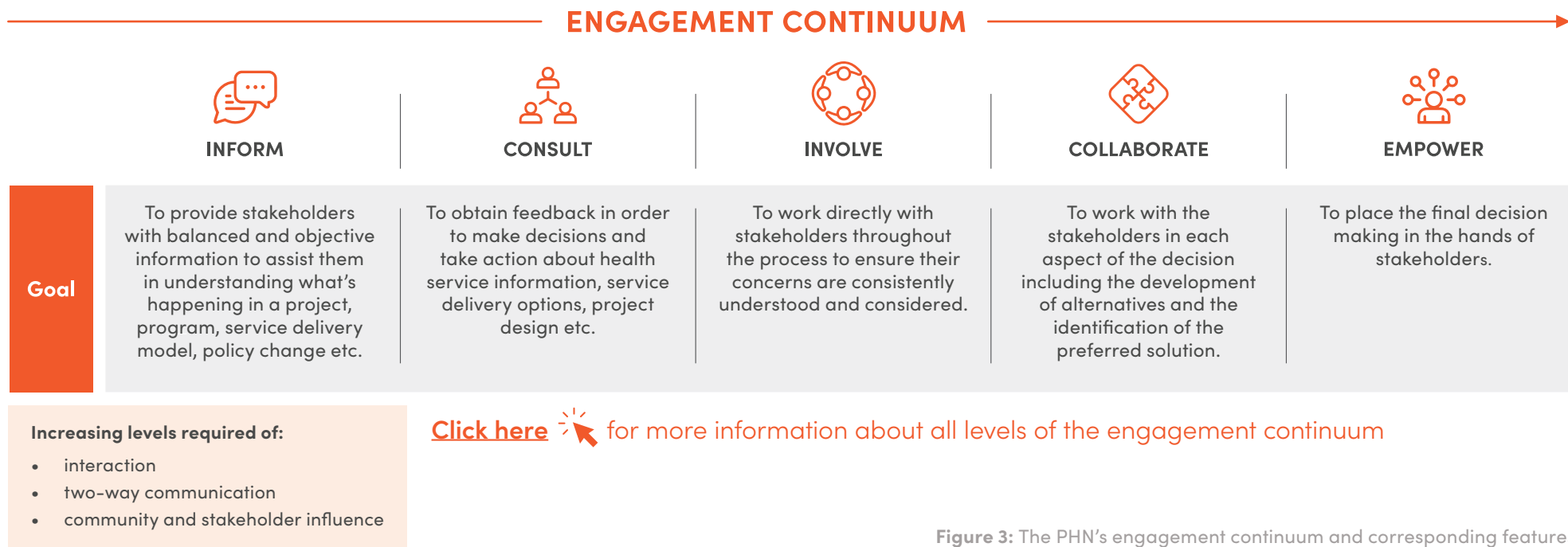


Figure 3: The PHN's engagement continuum and corresponding features

Structured ways we engage stakeholders

The PHN plans the way we engage with stakeholders, and we think deliberately about the best method to match the intended engagement level with the outcomes we, and our stakeholders, seek from the engagement. The PHN has several methods of engaging with our stakeholders and we align with the levels of the Brisbane North PHN Engagement Continuum.

METHODS OF ENGAGEMENT

Newsletter: A one-off or repeated electronic method of sharing ideas, updates and insights targeted to large or small groups of segmented stakeholders.

Digital platforms: The website and social media platforms used to share our latest news and updates and seek feedback or comment, from stakeholders.

Events: A way to present information and provide a structured opportunity for discussion that focusses on building shared understanding across stakeholders. At Brisbane North PHN these include sector briefings within a procurement process.

Survey: Applied in a planned manner to elicit the desired quantity and quality of input from a select group or broader audience.

Inform	Consult	Involve	Collaborate	Empower
✓				
✓				
	✓			
	✓			

METHODS OF ENGAGEMENT

One-to-one conversation: Individual in-person, over the phone or online engagements, that may be structured as interviews or planned meetings that are designed to generate detailed insights on a specific topic or to foster relationships. These include home, practice and provider visits.

Partnerships: Formal and documented partnership arrangements, most often in place with strategically significant stakeholders.

Focus group: A small group discussion (usually with about five to eight individuals), hosted by a facilitator and typically exploring a particular topic in depth through semi-structured discussion.

Workshop/forum: A large group brought together to gather insight from a diverse group of stakeholders to inform process, direction and seek feedback or input. Typically includes more individuals than a focus group.

Steering committee: A group of people brought together to guide the development and implementation of a project or activity; provide leadership, oversight and direction; monitor progress and delegate actions to within the membership and to others.

Inform	Consult	Involve	Collaborate	Empower
✓	✓	✓		
			✓	
	✓	✓		
	✓	✓		
		✓	✓	

METHODS OF ENGAGEMENT

Councils, advisory and reference groups: A group of people brought together to seek independent, timely guidance, advice or options from a range of experts in a given area and usually convened for multiple sessions or on an ongoing basis.

Working group: A group of people brought together to work on a specific problem and/or task, often reporting into a steering group.

Communities of practice: A facilitated discussion amongst a group of people who share a common interest, concern or a passion for something they do, and learn how to do it better as they interact regularly with each other.

Stakeholder panels: A group of stakeholders who are invited to come together to discuss and provide advice and insight on specific strategic topics. Panel arrangements are often delivered in collaboration with strategic partners. Includes tender assessment panels.

Design or Codesign initiatives: The process of bringing together various stakeholders as a mechanism for better informing and supporting decision making by harnessing a range of views, ideas and experience. Typically utilises various engagement activities to facilitate shared conversations and problem solving across stakeholder groups.

Inform	Consult	Involve	Collaborate	Empower
	✓	✓	✓	
		✓		
✓	✓			
		✓		
	✓	✓	✓	

METHODS OF ENGAGEMENT

Yarning circles (In partnership with Brisbane North First Nation communities): Yarning has been an integral part of Aboriginal and Torres Strait Islander cultures for thousands of years as a way to share knowledge, understanding and preservation of culture. When yarning is used in healthcare it is a two-way dialogue of sharing and receiving information. It's built on a process where relationships and trust within the community are built overtime.⁶

Multi-stakeholder initiatives and joint projects: involve organisations from different societal sectors working together, sharing risks and combining their unique resources and competencies in ways that can generate and maximise value towards shared partnership and individual partner objectives, often through more innovative, more sustainable, more efficient and/or more systemic approaches.⁷

Integration of stakeholders into PHN governance structures

Inform	Consult	Involve	Collaborate	Empower
	✓	✓		
			✓	
				✓

Figure 4: Structured ways we engage stakeholders. Table adapted from the WA Primary Health Alliance's Stakeholder Engagement Framework⁸

Brisbane North PHN's engagement process

The PHN uses the Victorian State Government's Public Engagement Framework 2021–2025 'How-to guide for engagement' to inform our processes⁹. The guide provides steps to empower PHN staff undertake stakeholder engagement. There are eight key steps to design, deliver and complete stakeholder engagement.

- 1 Define** the purpose of engagement
- 2 Understand** stakeholder and community interests, values and opportunities for engagement
- 3 Design** an appropriate engagement process per the PHN's engagement continuum
- 4 Deliver** genuine, inclusive and respectful engagement
- 5 Review** and interpret the engagement information and data
- 6 Apply** the outcomes of the engagement to inform the decision-making process
- 7 Close the loop** on stakeholders' engagement and acknowledge contributions
- 8 Evaluate** the success of the engagement and share the lessons learnt

What does our engagement process mean for PHN stakeholders?

Stakeholders:

- have a clear understanding of the purpose of engagement
- have access to engagement opportunities that are relevant, inclusive and accessible
- have access to a range of fit-for-purpose engagement activities
- can safely participate and provide informed contributions to the engagement
- contributions to the engagement are treated with respect
- understand how their contributions informed the decision-making process
- are provided with timely reporting on the engagement process and outcomes
- experience continuous improvement in engagement delivery.

Partnering

All 31 PHNs across Australia are given the responsibility to achieve sustainable system change across a broad range of health and wellbeing issues. It is well known that sustainable system change is reliant on the collective actions of numerous organisations (both within and outside of the health sector that represent the social determinants of health). At Brisbane North PHN, the main goal of partnerships is to achieve benefits or pursue system level change beyond what is possible at an individual organisational level.

A key characteristic of partnerships (and what it makes it distinct from engagement activity) is interdependence, whereby organisations acknowledge that the success of the work they do is reliant on the actions of other organisations¹⁰.

The PHN's role in partnering arrangements varies and can range from participating through to leading and co-leading. For example, the PHN can participate in, lead or co-lead the following partnering functions:

- **Cooperative** – Stakeholders (individuals/and or agencies) work more closely on a shared task or activity.
- **Coordination** – Stakeholders (individuals/and or agencies) agree to make better use of existing knowledge, skills, resources, services.
- **Collaboration** – Stakeholders (individuals/and or agencies) come together to agree to change the way they do some things in order to achieve a better result.
- **Transformational partnerships** – Stakeholders (individuals/and or agencies) come together around a common purpose where the answer is not known, and innovation/ change sought.

Partnering principles

For partners to function optimally, it is fundamental that best practice partnering principles underpin the day-to-day working. Ideally, partnership members work together to define these principles relevant to their unique context. However, the PHN has adapted a foundation from the Partnership Brokers Association (PBA)¹¹ that groups can build principles from which include diversity, equity, openness, mutual benefit, and courage (Figure 5).

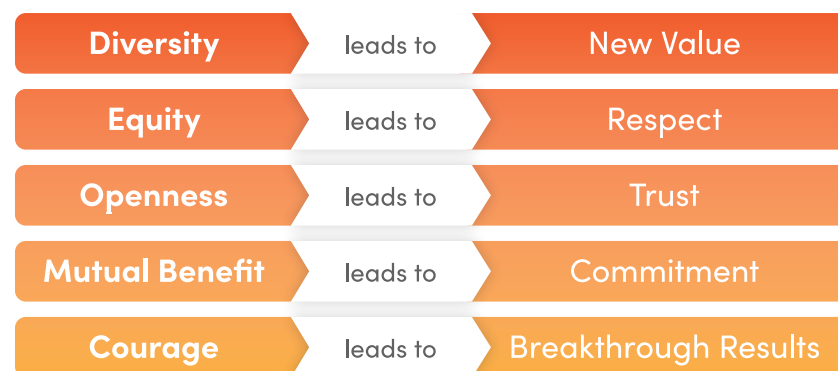
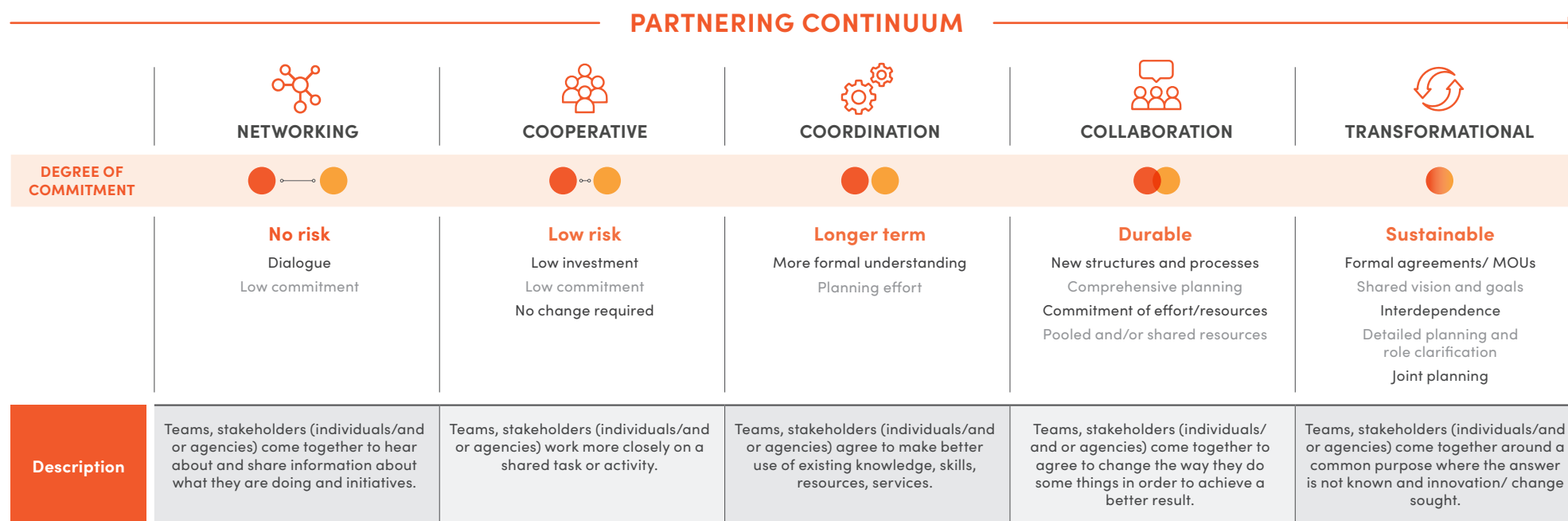


Figure 5: PBA core principles for partnering

Brisbane North PHN's partnering continuum

Figure 6 details the PHN's partnering continuum (the partnering continuum) that outlines five types of partnering structures. The partnering continuum has been developed from 'The Continuum of Joint Effort' developed by Success Works 2002¹² and has been adapted to the PHN's context. Each partnership structure has its own corresponding features and includes:

- degree of intensity/commitment
- process
- description
- motivation/need
- purpose/desired outcome
- change sought/required
- memberships
- making sense of the level of complexity.



[Click here](#)  for more information about all levels of the partnering continuum

Figure 6: The PHN's partnering continuum and corresponding features

The partnering cycle

The PHN uses the Partnering Initiative's 4-phase partnering cycle¹³ to guide the planning, development, progression, and evaluation of a typical partnership over time (Figure 7). The cycle provides a basis for understanding the changes in priorities and key activities for the partners as their partnering progresses. The four phases include:

- scoping and building
- managing and maintaining
- reviewing and revising
- sustaining outcomes.

No partnership progresses neatly from one stage to the next as this cycle implies. Priorities are identified differently by every partnering group and activities will be undertaken in the order that seems most appropriate for the partners involved. However, the cycle provides a useful framework and structure for partners to guide a complex process. The PHN uses the cycle to provide clarity about when to:

- anticipate what is required to move the partnership forward effectively
- recognise when a vital element has been missed in the partnering process
- understand when it is a good time to assess whether it is time to move on to the next phase (or back to an earlier phase)
- know whether or not it is right to change arrangements or directions.

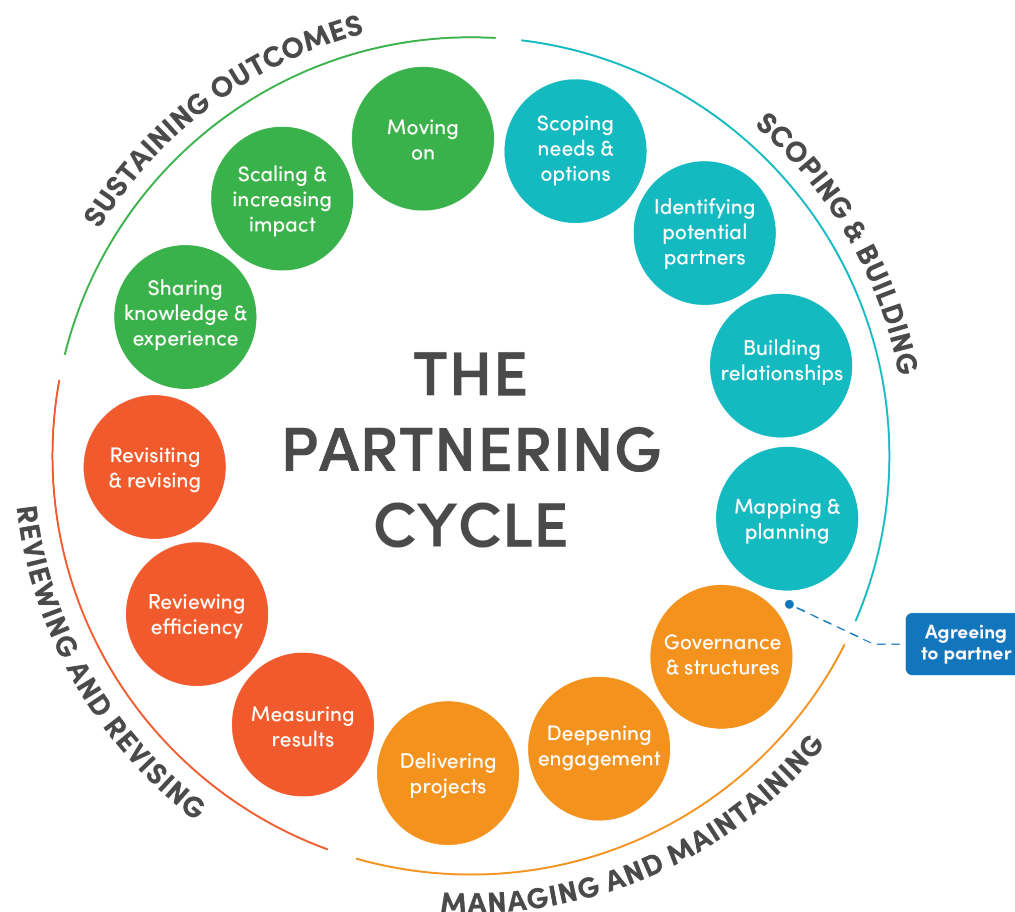


Figure 7: The Partnering Initiative 4-phase partnering cycle

Inclusive Engagement and Partnering

The PHN is committed to creating and co-creating services and solutions that respect and reflect the diversity of our service areas and population health needs. We continue to learn how to extend our engagement and partnering reach to population groups who face barriers to accessing healthcare and are less likely to engage in activities through commonly used engagement and partnering methods (i.e. expression of interest processes).

The PHN strives to reach stakeholders that may come from many groups including:

- Aboriginal and Torres Strait Islander People
- older persons
- people living with mental illness
- people living with disabilities
- culturally and linguistically diverse communities
- refugee and asylum seeker backgrounds
- children
- people who identify as LGBTIQ+
- people experiencing or at risk of homelessness
- people experiencing domestic and family violence.

There are many associations and organisations within the community that the PHN works with to support inclusive engagement and partnering work. These organisations have existing relationships with communities they serve and may be more appropriate to lead processes on behalf of the PHN. This can also support PHN staff to develop meaningful and responsive relationships with a diverse range of stakeholders within our community.

Aboriginal and Torres Strait Islander communities

While progress has been made in some health areas, many health services are still not as accessible and appropriate for Aboriginal and Torres Strait Islander populations as for non-Indigenous people¹⁴. As some mainstream health organisations can be viewed as unsafe places, engagement and partnering are an effective and essential way for the PHN to connect with Aboriginal and Torres Strait Islander people to ensure we are culturally respectful and responsive.

The PHN seeks to develop respectful and honest relationships with:

- Local Elders
- Aboriginal and Torres Strait Islander community-controlled health services and peak bodies
- Reconciliation Queensland
- Reconciliation Australia.

Within our 2024 – 2027 strategic plan we acknowledge our responsibility to ensure self-determination for First Nations people. A key factor will be to expand the capability of all PHN staff to engage and partner with First Nations organisations to identify gaps and commission services for First Nations people. Our Reconciliation Action Plan also provides strategic guidance on how we prioritise establishing relationships, respect and opportunities for our First Nation communities¹⁵.

Engagement and partnering monitoring and outcomes

To measure if we are improving our stakeholder relationships, the PHN needs to evaluate the quality of our engagement and partnering activities. This includes examining the stakeholder experience across four key areas:



Figure 8: core domains for evaluating stakeholder relationships at the PHN

The PHN also monitors its engagement and partnering activities through the internal performance framework³. Specifically, there are two evaluation questions:

- What was the quality of the engagement and/or partnering process undertaken? (reach, process, appropriateness)
- What outcomes were achieved for the PHN and stakeholders involved in the engagement and/or partnership activity? (outcomes)

These questions contribute to answering whether we have met the following outcome statements:

- The PHN builds functional collaborative relationships that reflect best practice partnering principles and processes.
- Communities and stakeholders are engaged with about their health and wellbeing needs and experiences.

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