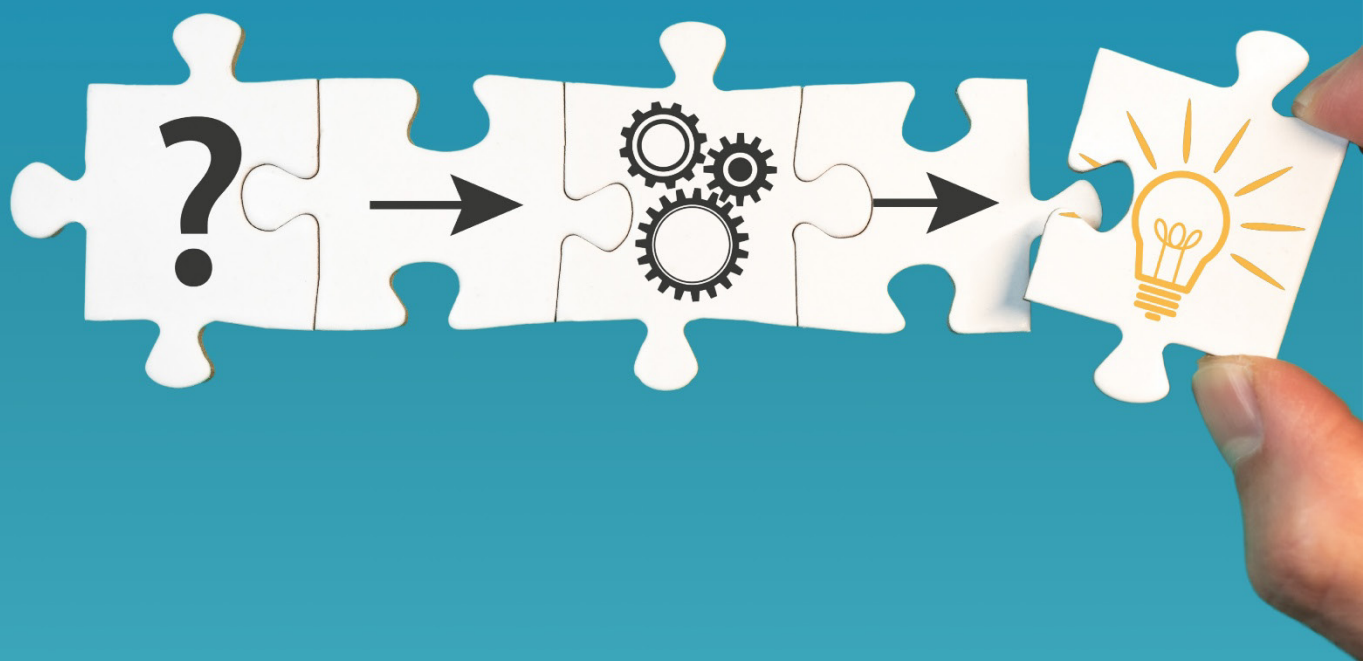


The Advocacy Toolkit

*Designing public health advocacy activities
by the Melbourne Children's Campus*



**Melbourne
Children's**

A world leader
in child and
adolescent health



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The Advocacy Toolkit: Designing public health advocacy activities by the Melbourne Children's Campus Version 2.0

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Purpose

The Advocacy Toolkit (toolkit) is an evidence-informed resource for researchers, policymakers, and clinician scientists who are designing initiatives to purposefully create change. It provides education and guidance when planning public health advocacy activities, particularly mental health, targeted at stakeholders such as government, health professional bodies, advocacy groups, and communities.

The objectives of this toolkit are to:

1. Present a synthesised approach to planning public health advocacy activities with targeted objectives.
2. Enhance the understanding of advocacy definitions, types, and available tools and frameworks.
3. Share case studies highlighting the application of mental health advocacy.

The development of the toolkit has been informed by published advocacy toolkits, a rapid literature review: *'Exploring Mental Health Advocacy'*, and key informants at the Melbourne Children's Campus.

The Melbourne Children's Campus (campus) includes The Royal Children's Hospital (RCH), Murdoch Children's Research Institute (MCRI), and The University of Melbourne Department of Paediatrics.



Advocacy action plan checklist

Section one: Understanding advocacy

- ☐ Defining advocacy
- ☐ Understanding The Advocacy Wheel

Section two: Developing a targeted advocacy objective

- ☐ Developing key issues and evidence
- ☐ Assessing environment and target for change
- ☐ Timing and assessing risk
- ☐ Engaging with lived experience
- ☐ Conducting stakeholder analysis

Section three: Developing key messages

- ☐ Coordinating shared values
- ☐ Framing messages
- ☐ Tailoring messages to stakeholders

Section four: Active advocacy

- ☐ Communicating advocacy
- ☐ Consolidating an elevator pitch

Section one: Understanding advocacy

Defining advocacy

The most basic meaning of advocacy is to represent, promote or defend a person or group's interest or opinion. However, there is no clear consensus on a single definition of advocacy and the many different forms and models. Therefore, it is important to understand that there is not one consistent approach to advocacy.

The strategies you and your team decide to use will depend on your advocacy issue and goal, as well as your stakeholders. For most Campus teams, the model of advocacy that is most relevant is systemic advocacy.

Systemic advocacy can be defined as a “social movement that seeks to change the disadvantageous policies and practices of legal, government and health systems from within to develop a more inclusive community for people needing health care and support” (1). The strength of systemic advocacy is that it aims to achieve lasting change, which ultimately has the largest impact on the community and its health and wellbeing (2).

Two concepts of systemic advocacy exist: **representational advocacy** and **facilitational advocacy** (3).

- **Representational advocacy** encompasses promoting goals to decision-makers and lobbying for change to occur.
- **Facilitational advocacy** focuses on working with communities whose voices are underrepresented to ensure they are heard in policy debates and research.

While these two advocacy concepts appear to oppose each other, it could be argued that by combining them, they encompass strategies that contribute to **systemic advocacy**.

Table 1: Advocacy definitions for researchers, policymakers, and clinician scientists.

	Definition	Source
Researchers	Advocacy is a combination of individual and social actions designed to achieve political commitment, policy support, social acceptance, and systems for a particular health or programme.	World Health Organisation 1995 (23)
Policymakers	Policy advocacy is the process of negotiating and mediating a dialogue through which influential networks, opinion leaders, and ultimately, decision makers take ownership of your ideas, evidence, and proposals and subsequently act upon them.	Making Research Evidence Matter, International Centre for Policy Advocacy 2014 (1)
Clinician Scientists	Advocacy is the deliberate pursuit of changes in policy, attitudes, behaviour, and decision making, usually in the public interest. Part science, part art – modern advocacy involves much more than a media release, a submission or petitions to MPs.	Royal Australasian College of Physicians Advocacy Framework 2017 (17)

The Advocacy Wheel

Figure 1: Focus areas (4,5)



The focus areas in the Advocacy Wheel outlined in Figure 1 are an approach to guide your thinking when advocacy planning. A common challenge in advocacy is the lack of a well-defined **targeted objective**. A clear and targeted advocacy objective is essential for driving an advocacy strategy, ensuring clarity and maintaining momentum among both your team and the stakeholders you aim to influence.

This is where this toolkit will come in handy. It will explore how best to:

1. Assess an environment and target for change.
2. Understand timing and risk.
3. Engage lived experience.
4. Analyse stakeholders and tailor messages.

The Advocacy Wheel, of course, is not a strict, step-by-step process. Instead, it is an iterative approach that should be adapted based on political, social, and cultural contexts. Effective advocacy planning should also be informed by the perspectives of stakeholders, including those with lived experience.



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Section two: Developing a targeted advocacy objective

Key issue and evidence

A robust evidence base provides advocates with material they can use to identify the problem. Initially, identifying your key issue and collecting evidence that can support the interpretation of your issue is essential.

To develop an effective advocacy strategy, you first need to analyse why the key issue persists and what barriers are preventing change from happening. This analysis helps pinpoint the core advocacy issue that your strategy should target.

Examples of advocacy issues include:

- increasing community understanding and visibility of an issue
- starting conversations with influential partners and decision makers
- shaping the views of professionals and experts on a problem or potential intervention
- ensuring the issue is prioritised and formally recognised by policymakers
- progressing proposed laws for debate and review in parliament
- achieving the adoption and implementation of policy recommendations

Assessing the environment

The core strategic focus or objective of your advocacy campaign must be **realistic, feasible and targeted**. For feasibility, the objective needs to be firmly focused on **process change** and not necessarily on the outcome.

A method to consider when developing your advocacy objective is to assess the current environment:

1. Identify common obstacles – what are the current obstacles to creating change?
2. Assess what you can leverage - what can catalyse your intended change?

The outcomes of these assessments will inform the development of a realistic and feasible advocacy objective. Table 2 outlines some of the obstacles and levers.

Table 2: Characteristics of common obstacles and what you can leverage (6)

Common barriers behind advocacy issues	Assessing leverage
<ul style="list-style-type: none">• relatively closed decision-making process• different values or interests• issue not on organisational agenda• lack of knowledge or understanding among your audience• lack of data to support decision-making or absence of evidence in your evidence area	<p>Combination of the following:</p> <ul style="list-style-type: none">• surprising or new research evidence or analysis• new solution to an old problem• an open policy window or opportunity• support from influential or powerful individuals or groups

Timing your advocacy

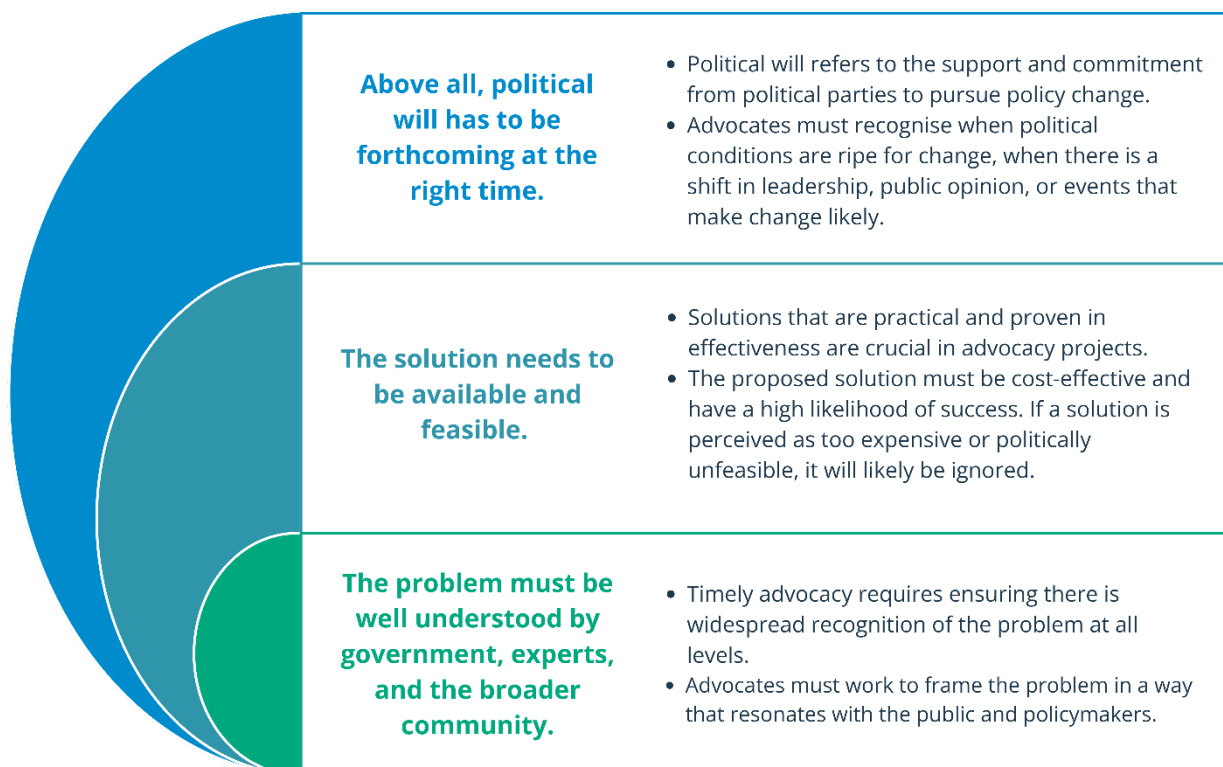
It is important to acknowledge that within a policy calendar, budget cycle or government term, there are multiple issues that require the attention of stakeholders. Well-timed advocacy can therefore be the difference between a successful and unsuccessful venture.

Timing advocacy well also increases the effectiveness of your campaign in several areas, including:

- **Maximised resource use:** A well-timed campaign minimises wasted efforts by targeting stakeholders when they are most engaged. Research on stakeholders accessing evidence for public health policy found that officials seek out relevant research information 4.3 times out of 5 when there are active issues circulating (10). This highlights the need for advocates to make their findings readily available when policy discussions are active.
- **Stakeholder management:** Policymakers and stakeholders are more receptive to targeted advocacy when it coincides with their budget planning, legislative reviews, or election cycles. This makes it easier to engage stakeholders and build lasting relationships.
- **Increased message receptivity:** Advocating during moments of heightened public/political awareness amplifies the impact of your messaging. Therefore, potentially reaching new or different stakeholders.

Understanding the key factors that drive policy and government decision-making is functionally important when deciding when your advocacy will be most relevant. A **policy window tool** (Figure 2) is useful as a reflexive tool to make sense of the current political situation and how it can or cannot benefit an advocacy campaign.

Figure 2: Kingdon Policy Window tool (11)





Managing Risks

Advocacy inherently involves risks, as it seeks to challenge the status quo and push for change in complex systems. Effective advocates must identify, assess, and mitigate risks to ensure the success and sustainability of their campaigns. Recognising potential pitfalls early will allow for proactive planning and responsiveness, even in uncertain circumstances.

Common risk themes in advocacy

Different projects, depending on their size and scale, will face different sets of risks. There are common themes to watch out for, including:

1. **Resistance from stakeholders:** Advocacy efforts may face pushback from influential individuals or groups who perceive the proposed changes as a threat to their interests or priorities.
2. **Resource constraints:** Limited funding, personnel, or time can jeopardise the execution of advocacy plans, leading to ineffective delivery or incomplete campaigns, particularly for long-term projects.
3. **Misinterpretation:** Poorly framed messages or badly timed campaigns may lead to misunderstandings, which can result in minimal change, or in some scenarios, backlash, damaging the credibility of the advocacy initiative.
4. **Policy stagnation:** Advocacy campaigns that fail to align with policy windows or decision-making cycles risk being ignored or deprioritised.
5. **Counterproductivity:** Sometimes, advocacy projects that aren't carefully designed or implemented can draw the wrong attention to an issue or worsen the outcomes for stakeholders involved.

The Role of adaptability in managing risk

Adaptability is a cornerstone of effective advocacy, enabling advocates to respond to unexpected challenges and act on emerging opportunities. Flexible strategies ensure campaigns can adjust their course and mitigate harm without compromising goals.

In practice, the following principles identified will assist in developing adaptable competencies in all types of projects (14,15):

- **Anticipating change:** Advocacy plans should include contingency measures for potential disruptions, such as shifts in political leadership, changes in public opinion, or new research findings.
- **Monitoring and evaluation:** Regularly tracking the progress of advocacy efforts allows for the timely identification of risks and the implementation of corrective actions.
- **Adjusting messaging and tactics:** If a strategy or message fails to resonate, advocates must be willing to refine their approach based on stakeholder feedback or changes in context.
- **Leveraging emerging opportunities:** Advocacy efforts should remain dynamic, ready to pivot, and take advantage of sudden policy windows, media coverage, or public awareness.

Engaging with lived experience

The knowledge and expertise of people with a lived or living experience are crucial for targeted advocacy objectives to be **relevant**, **inclusive**, and **impactful**.

Co-design involves partnering with people with lived experience in every aspect of decision-making. **Co-production** (Figure 3), on the other hand, places final decision-making in the hands of people with lived experience (15). It is important to think about rebalancing traditional power imbalances when planning and making shared decisions with the team involved in your targeted advocacy objective.

The National Lived Experience (Peer) Workforce Development Guidelines (16) promote the following six core principles relevant to policymakers, funding bodies, service planners, and commissioners:

- co-production
- maintain the integrity of the lived experience work
- create the conditions for a thriving workforce
- respond to diversity
- reduce coercive and restrictive practices
- support systemic change and professionalisation

Figure 3: What is co-production? (15)



Stakeholder analysis

According to the research undertaken by **Passing the Message Stick** (7), stakeholders can be defined into three main groups:

1. **The Base:** Individuals who already agree and believe in the issue you are advocating for.
2. **The Persuadables:** Includes 60 per cent of the general population who are more likely to change their mind with effective key messages, as they currently do not hold a strong view on the issue at hand.
3. **The Opposition:** Those who disagree with the issue and are often a barrier to the desired change. By alienating the Opposition, the Persuadables are more likely to be convinced of the Base's position.



The Base



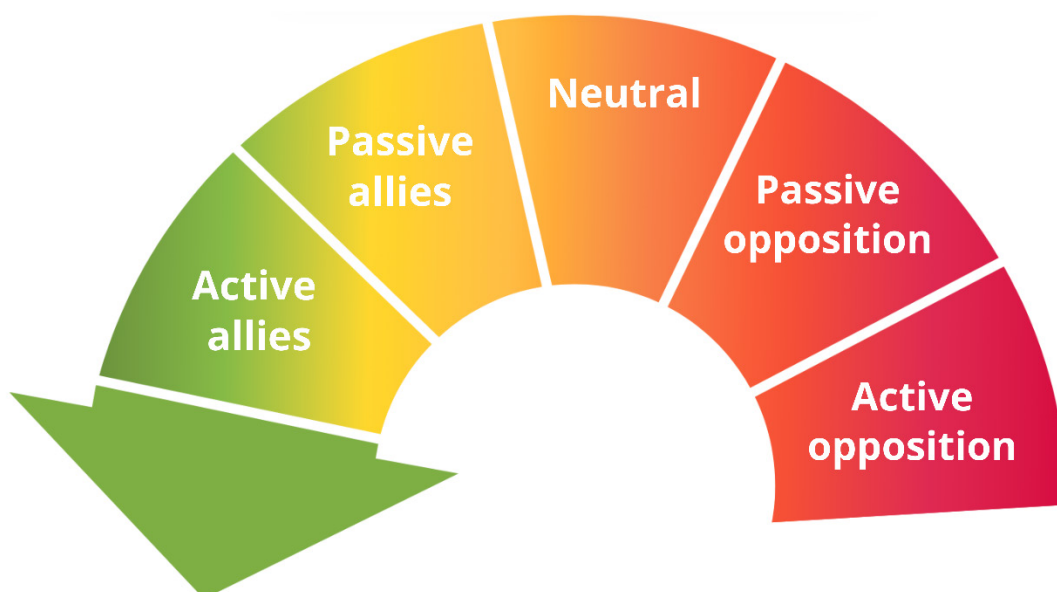
The Persuadables



The Opposition

A tool that can help analyse your stakeholders is the **Spectrum of Allies model** (Figure 4). This is a useful tool to **locate allies and opponents** along a spectrum from active opposition to active allies to increase your own support, as well as shift support out from under your opponent.

Figure 4: The Spectrum of Allies (8)





For example:

- **Active allies:** People who agree with you and are fighting alongside you.
- **Passive allies:** People who agree with you but aren't (yet) doing anything about it.
- **Neutrals:** Unengaged and uninformed.
- **Passive opposition:** People who disagree with you but aren't actively trying to stop you.
- **Active opposition:** People who not only disagree with you but are actively organising against you.

To get a more specific understanding of your stakeholders' ally position relating to your advocacy objective, you need to identify where on the **spectrum of allies** they sit and which direction they need to be shifted towards to achieve your objective.

Before working towards shifting your stakeholders to the ideal ally position, consider the following questions:

- Which stakeholders do you have access to?
- Which stakeholders aren't being reached?
- Which stakeholders are you most able to persuade?

You can enhance your stakeholder assessment by combining the use of other tools. This will allow your assessment to be more precise, therefore increasing your strategic approach to achieve your advocacy objective.



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Section three: Developing key messages

Purposeful, clear, and concise messaging is important when advocating and communicating to your stakeholders. This section of the toolkit will explain how to frame and develop key messages that will have the biggest impact on your desired audience. The language we use matters, and who the messenger is can also influence whether the advocacy campaign will be successful or not.

The importance of shared values

It is important to spend time thinking about what **shared values** you have with your stakeholders as you advocate for change. Everyone has their own biases that can cloud how we perceive certain messages. For example, **confirmation bias** is the idea that if you challenge someone's pre-existing beliefs, people are more likely to be convinced that their idea is correct.

Naturally, people accept concepts that reinforce what they already believe and reject new ideas. Therefore, we must acknowledge these differences with stakeholders and map out what shared values they may have. This will ensure that your key messages are strong and more likely to have a lasting impact on the person you are communicating with.

How to structure and frame messages

It is crucial that the structure of key messages focuses on **strength** and **capability**. By doing this, your message will more likely convince the receiver to act upon the issue you are advocating for, and they may even go and share your message with their network.

The Royal Australasian College of Physicians suggests that messages that express overarching values such as **equity, equality, fairness, and responsibility** are what motivate individuals to change (17).

Using shared values to frame messages ensures they stay grounded rather than getting bogged down with too many statistics or the particulars of scientific evidence that only appeals to researchers.

"Good advocates recognise the power of emotions, deeply held values, identity, and the cognitive biases to which we are all prone" – The Royal Australasian College of Physicians. (17)

The importance of key messages and who you are trying to influence

Now that you have considered how shared values will contribute to your key message, defining the audience you are sharing the message with is important. Remember to think back to [Section two](#), where we defined our stakeholders. Your message is likely to change depending on your audience.

For example, your Base is already convinced the change you want to create is important, but the Persuadables may need to be shown why that change could be meaningful.

Let's talk about language

"Learning messaging theory made me realise deficit doesn't always work – these messages are wrong and unhelpful, and we're not getting through" – Dr Jackie Huggins AM, Bidjara/Birri Gubba Juru Passing the Message Stick Steering Committee (7).

When developing key messages, be deliberate with diction choices and use strength-based language. This means avoiding words that suggest a problem needs to be "fixed", "improved", or "rectified".

Strength-based language framing motivates people and leads to long-term engagement when they are encouraged to **create**, **protect**, or **support** a solution. When the message focuses on the problem or what can't be done, the message is no longer as inviting when trying to elicit a **call to action**.



"This is not an adequate care pathway to treat anxiety in young people".



"We support plan X that can detect anxiety in young people so support and treatment can be accessed"

Don't use words like can't and not

Don't use deficit language

Don't other a group of people eg "World's most incarcerated people"

Do frame messages from strength and capability

Do start with a shared value

Do use positive language

Tools to aid consistent and key message development

Below are some tools that can help break down the problem and frame key messages in a positive way. There are **four different tool tables** with individual purposes. Table 3 helps break down the different components of the problem that will lead to the development of a specific key message.

Table 3: Breaking down the problem to develop a key message (9)

The problem	
The effects of the problem	
The causes of the problem	
The key stakeholders	
What do we believe needs to change and why?	
Who can solve the problem?	
Key message	

Strengths-based key messaging tool

The tool in Table 4 draws upon the Passing the Message Stick (7) framework that focuses on developing messages from a strengths-based perspective.

Table 4: Framing key messages

Shared value	
Villain/problem	
Victory/solution	
Vision	

Everyone deserves to be treated with equal respect and dignity. **(Shared value)**

But today, we still have a racist system that unfairly targets people based on their colour and blocks them from setting their own course. We have aggressive policing of Aboriginal children, controls put on what Aboriginal people can spend their pensions on, and discrimination when applying for jobs. **(Villain/problem)**

We need to work together, whether we've been here for five years, five generations or 5,000 generations, to redesign things so it's fair for everyone. **(Victory/solution)**

With a system that reflects the values we all share, everyone, no matter who they are, can be treated equally. **(Vision)**



Reframing key messages to match your intended audience tool

Table 5 is designed to help reframe key messages depending on the audience you are delivering your key message to. This tool helps you to adapt and change key messages to suit your audience’s needs.

Table 5: Targeting the key message to a defined audience

Key message	Stakeholder /group	What is important to them?	What keywords might stand out to them?	Rewrite key message

Killer fact tool

Chapman (11) argues that all advocates must be prepared with **“killer facts”** to help them advocate for their cause. For these killer facts to be ascertained, you need to collect evidence that demonstrates why your cause is worth advocating for. As identified in the second step of the *Advocacy Wheel*, a strong evidence base enables advocates to promote their cause and argue their position clearly with data to back up their claims.

For the mental health sector, killer facts could include statistics that highlight the prevalence of mental health or anecdotes from those with lived and living experience. Ultimately, the killer facts need to highlight how, without improving the increasing rates of mental health concerns, the healthcare system will be burdened.

Although if the **evidence does change, advocates must keep an open mind** about modifying their arguments. An example of this is the data emerging about the impact of the COVID-19 pandemic on the mental health of young children and adolescents (12).

An Australian study examining the mental health impact of the pandemic on young children aged between zero to five years old surveyed 373 caregivers (13). The results indicated that 12 per cent of children who experienced a second lockdown reported very high levels of anxiety, while 21-47 per cent had scores in the high range (13). This example demonstrates how many factors can influence the evidence base, and therefore, you as an advocate must change with the evidence to develop clear and concise killer facts.

Let's look at some examples (14). These killer facts draw on evidence to emphasise the impact mental health conditions can have on children and young people:

- Half of all the mental health conditions we experience at some point in our lives start by the time we turn 14.
- One in seven young people aged 4 to 17 years old experiences a mental health condition in any given year.
- Young people are less likely than any other age group to seek professional help. Only 31 per cent of young women and 13 per cent of young men with mental health problems had sought any professional help.

After reading these killer facts, one can understand the importance of early intervention and prevention of poor mental health, given that childhood and adolescence are critical periods where individuals are more vulnerable to developing a mental health condition.

Tailoring your message to key stakeholders

When crafting effective messages for your advocacy campaign, identifying your stakeholders is important, but you must also understand their roles and how to effectively engage with them.

Stakeholders will differ in their levels of alignment with your goals, and tailoring messages to address their unique perspectives is essential for maximising impact.

In this section, we will use the three main groups: **The Base**, **The Persuadable**, and **The Opposition** to discuss the engagement techniques that best suit.

Table 6: Understanding stakeholder groups

Stakeholder	Message approach
The Base Includes individuals and groups who already support your advocacy goals.	<ul style="list-style-type: none"> • Reinforce shared values and reaffirm their commitment. • Provide them with the tools and resources needed to advocate on your behalf. • Highlight success stories and progress to sustain their motivation and involvement.
The Persuadables Represent most of the general population who do not have strong opinions about the issue. They are open to influence with compelling and well-framed key messages.	<ul style="list-style-type: none"> • Focus on raising awareness by presenting relatable evidence and stories. • Use strength-based language that highlights solutions and positive outcomes. • Connect the issue to shared values and common interests to make it personally relevant.

The Opposition

Includes those who disagree with your advocacy goals and often act as a barrier to change.

Their resistance can range from passive disagreement to active opposition.

- Avoid direct confrontation, as it may further entrench their views.
- Consult with them to understand their perspective and use this to inform how you tailor your message to them and other actors.
- Consider potential avenues and windows to convince them of your concern but avoid concentrating too many efforts into a futile case.
- Monitor their activities to anticipate potential challenges or counter-messaging efforts.

Case study: Crafting a successful message for the dissemination of clinical practice guidelines for anxiety in children and young people

Aim: The Melbourne Children’s Campus Mental Health Strategy team worked on a project with the advocacy aim to solicit endorsement of their “Evidence-based Clinical Practice Guideline for Anxiety in Children and Young People by the Royal Australian College of General Practitioners (RACGP)”.

Evidence and impact: Anxiety is one of the most common mental health conditions in children and young people. In Australia, around 1 in 14 children experience an anxiety disorder. When addressed early, anxiety disorders can be managed more effectively, and the risk of long-term challenges into adulthood can be reduced.

Using stakeholder analysis, the Base, Persuadables, and Opposition were identified as:

- **Base:** Mental health practitioners (psychiatrists, psychologists), Mental health colleges (Royal Australian College of Psychiatrists), not-for-profit advocacy groups, parents and caregivers, and counsellors.
- **Persuadables:** Primary care (general practitioners (GPs), paediatricians), community groups, health funding bodies, parents unfamiliar with anxiety, policy generalists.
- **Opposition:** Alternative therapy advocates, stakeholders who were budget-constrained, and mental health sceptics.

Given that families and children usually present to GPs as their first point of care and were identified within the ‘Persuadables’ group, the team selected the Royal Australian College of General Practitioners as a key target for their advocacy strategy.

Table 7: Stakeholder analysis table

Use this table to assess the profile of your stakeholder in their demographics, knowledge, attitudes, motivations, and influence.

Question	Answer
Name/organisation	Royal Australian College of General Practitioners (RACGP)
Position	National professional body for GPs in Australia. Sets clinical standards and provides education, training, and advocacy.
Level of knowledge about the issue	High: GPs frequently encounter children and young people with anxiety and are often the first point of contact for families. However, there are large gaps in the awareness of and access to consistent, evidence-based, child-specific clinical guidance.
Why does the issue matter to them?	Anxiety is one of the most common mental health presentations in children and young people, but many GPs face challenges in identifying, assessing, and treating it. RACGP prioritises improving primary care pathways and reducing referral bottlenecks. A clear, GP-usable guideline would support early intervention, appropriate referral, and continuity of care in community settings.
How will our work affect them?	The guideline gives GPs a structured, evidence-based framework for recognising and managing anxiety, including: <ul style="list-style-type: none">• when to refer and escalate care• enabling them to provide consistent, best-practice care and build confidence in non-specialist mental health management• potentially reducing GP burnout by providing clarity on decision-making and family education
How can they help our work?	RACGP endorsement lends credibility and facilitates widespread adoption across GP practices. Their dissemination channels (eg newsletters, continuing professional development (CPD) modules, webinars) can amplify reach. They can also support integration into GP education and clinical software. Endorsement may encourage Medicare support for recommended interventions (eg parent-led cognitive behavioural therapy (CBT)).



Suggested messaging tailoring for RACGP:

- **Frame the guideline as a practical clinical tool** that aligns with GP workflows (eg stepwise care planning, red flags, and family engagement).
- **Highlight the immediate benefits**, such as the anxiety quick-reference flowchart, as ideal for busy consultations.
- **Emphasise the cost-effective and scalable interventions**, such as CBT or other psychoeducation resources for patients.
- Acknowledge the **limited specialist access in rural or remote areas**, making GP confidence and guidance crucial.
- Mention the alignment with **primary care principles** like early intervention, shared decision-making, and continuity of care.

For other ideas to tailor your advocacy messages effectively, consider the following steps:

1. **Segment your audience:** Identify which stakeholders belong to each group and assess specific concerns, motivations, and values.
2. **Develop targeted messaging:** Use tools like the Spectrum of Allies model (Figure 4) to design messages that resonate with each group, from reinforcing The Base to engaging the Persuadable.
3. **Adapt language and framing:** Strength-based, positive messaging works well across all groups, while specific examples and data may be more effective for certain stakeholders.
4. Lastly, **by understanding and addressing the unique needs of each stakeholder group**, you can build broader support for your advocacy efforts, strengthen alliances, and achieve lasting change.



References – Developing key messages

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Section four: Active advocacy

Communicating advocacy

Congratulations, your advocacy planning is complete! It's now time to put that planning into action.

Communication and advocacy work hand in hand. Advocacy is the strategic effort to influence for purposeful change, and communication is the process of sharing information to inform or engage. Effective advocacy relies on communication to influence, while communication gains impact when it is purposefully used to drive advocacy objectives.

As shown in Table 8, there are many different communication methods to implement your targeted advocacy objective. Which strategy you decide to employ will depend on the **situation and audience**.

Table 8: Communication methods to support advocacy strategies

Communication method	What?	When to use?
Online	<ul style="list-style-type: none">• social media platforms (eg Twitter and LinkedIn)• websites (eg Mental Health Central)• apps and banner ads• podcasts and videos	<ul style="list-style-type: none">• effective for disseminating key messages to wide audiences• external focus
Traditional media	<ul style="list-style-type: none">• paid (eg advertising) or unpaid articles in newspapers• feature piece on the nightly news or the radio	<ul style="list-style-type: none">• best suited for external advocacy• helps government pay attention• raises awareness in general public
MCRI and RCH Communications	<ul style="list-style-type: none">• provide key updates• keep stakeholders informed and engaged in advocacy campaigns (eg bulletins, newsletters, intranet posts)	<ul style="list-style-type: none">• useful for internal communication within an organisation like the Melbourne Children's Campus
Letter writing	<ul style="list-style-type: none">• traditional advocacy strategy• good for influencing specific outcomes/actions	<ul style="list-style-type: none">• useful for engaging government. (eg reminding them of official policy)

		requirements or need for funding)
Letters to the editor and opinion pieces	<ul style="list-style-type: none"> engage with issues in media use key messages to highlight why your opinion/view should be considered 	<ul style="list-style-type: none"> external focus getting published is effective for widespread reach and public involvement quick method – usually limited by word count so can prepare and respond promptly to what has been published in media
Champions of advocacy	<ul style="list-style-type: none"> celebrates good examples in the community and interest area, whether a team or an individual 	<ul style="list-style-type: none"> inspires other advocates beneficial to have a role models
Advocacy launch	<ul style="list-style-type: none"> memorable/interesting event to announce an advocacy campaign 	<ul style="list-style-type: none"> effective method to garner support can be both internally focused or engage the external community
Events	<ul style="list-style-type: none"> Q and A's seminars summits roadshows 	<ul style="list-style-type: none"> useful to start important conversations and get a wide audience involved share key messages you want people to take away from the event
Opinion polling	<ul style="list-style-type: none"> gauge opinions of different stakeholder groups to ensure messaging is targeted 	<ul style="list-style-type: none"> help set up the foundation for what matters to people identify gaps in understanding or knowledge increase awareness of the advocacy issue
Academic publications and conferences	<ul style="list-style-type: none"> peer-reviewed journal articles oral or poster presentations at a conference 	<ul style="list-style-type: none"> having an empirical evidence base that supports your argument helps strengthen your position, after all advocacy should be evidence-informed

Consensus issue papers and policy briefs	<ul style="list-style-type: none"> evidence-informed thinking on an issue to be shared highlight priority areas 	<ul style="list-style-type: none"> shares evidence that supports the advocacy issue presents solutions to the problems
Engage policy decision makers, politicians, and government	<ul style="list-style-type: none"> can use manifestos to highlight key priority areas and call for action (eg through formal Meetings or government submissions) 	<ul style="list-style-type: none"> provides opportunity to engage with influential decision makers who can push policy change over the line
Involvement in staff meetings	<ul style="list-style-type: none"> Town Halls integrating into existing meetings to spread key messages 	<ul style="list-style-type: none"> brings influential people together keep people involved gain endorsement for different calls to action
Staff engagement activities	<ul style="list-style-type: none"> lunch and learns seminars workshops roadshows summits panel discussions 	<ul style="list-style-type: none"> start important conversations create environment where individuals can learn more and use this knowledge to promote and talk about the advocacy campaign
Access to education resources	<ul style="list-style-type: none"> toolkits 	<ul style="list-style-type: none"> practical and useful advice to empower everyone to be a successful advocate
Collaboration opportunities	<ul style="list-style-type: none"> focus groups advisory groups lived experience advisors and networks 	<ul style="list-style-type: none"> ensure work is not siloed team approach multiple people who all believe the same cause shows strength when advocating
Modification to policies/procedures, or new legislation/policy	<ul style="list-style-type: none"> policy briefs policy recommendations 	<ul style="list-style-type: none"> encourages long-lasting change



Plain language

When communicating to your audience, simple and easy-to-understand writing is key. This is called plain language, and it benefits everyone, even people with higher literacy levels. Using plain language in advocacy not only builds trust but ensures your messages are engaging and accessible. It also streamlines communication, meaning your readers get the essential information quicker.

Tips for writing in plain language

- Keep it simple! Use short sentences no longer than 25 words.
- Aim to write for a reading age of 13 years old.
- Choose commonly used words instead of big or complicated words, as they can slow the reader down.
- Avoid jargon. If you must use technical terms, make sure you explain them in plain language first.
- Be concise. Many people are time poor and will skim over large paragraphs.
- Break up larger chunks of information by using dot points.
- Use an active voice. This means emphasising the person or thing doing the action.

For more information on how to practice plain language, see the Government's [Plain Language Style Guide](#) and [Section 5 resources](#).

Elevator pitches

The aim of an elevator pitch is to be succinct (around 30 seconds), informative, and memorable. It is an effective method for creating interest and raising awareness.

How to put together your elevator pitch

Step one: Identify your goal

- What is the objective of your elevator pitch?
 - It could be as simple as explaining what you do, or you could be trying to elicit buy-in from an important leader in the field.
- What do you want your audience to remember most about you?

Step two: Explain the “what”

- Start broad by explaining the purpose.
- Hit them with a killer fact that is going to stick.
 - Finish with what you want. Why did you start this elevator pitch in the first place?

Step three: What is unique about your project/proposal?

- Why should your audience care?

Step four: End with a question on next steps and address what needs to happen

- This makes your audience think and engage with the content you have just explained.



And remember: Practice makes perfect!

Example of an elevator pitch for implementing trauma-informed preventive care in paediatric hospital settings

Implementing a trauma-informed preventative care (TIPC) framework benefits all paediatric hospitals.

TIPC is a universal approach to the delivery of care that recognises the prevalence of trauma and mitigates the impact it has on children, young people, families, and staff. Up to 4 in 5 children, families, and carers report experiences of traumatic stress responses following paediatric illness, injury or medical procedures.

Adopting TIPC in a hospital setting requires a whole organisational approach, including a shared understanding, language, and leadership.

For everyone to have the literacy and know-how, we need to start by ensuring staff have adequate education and training so they can deliver TIPC. Because of this, we have developed a new TIPC foundational eLearn for all of our staff.

Section five: Resources

Campus advocacy

- [MCRI Policy and Advocacy Community of Practice \(MCRI Staff\)](#)
 - [Dino A. Government Relations Manager - Director's Office or Rachel Whiffen Mental Health Advocacy Manager – CCCH](#)
 - Email: dino.asproloupoupos@mcri.edu.au, rachel.whiffen@mcri.edu.au
- [Murdoch Children's Research Institute Policy and Advocacy \(submissions\)](#)
- [Centre for Community Child Health Advocacy Resource Hub](#)
- [MCRI Policy Library](#)
- [Campus Mental Health Strategy Advocacy Resources - Campus trauma informed preventative care policy summary](#)

Campus communications guides and templates

- [MCRI Style Guide](#)
- [RCH Communications and Branding Guide](#)
- [Research Hub Melbourne Children's Campus](#)

Campus leadership, governance and partnerships

- [Murdoch Children's Research Institute Leadership, Board and Committees](#)
- [Royal Children's Hospital Executive](#)
- [Murdoch Children's Research Institute Policy portal](#)
- [Royal Children's Hospital Policies and Procedures](#)
- [Royal Children's Hospital Research Governance and Ethics](#)
- [University of Melbourne Department of Paediatrics partnership work with Campus](#)

Campus strategic plans

- [Royal Children's Hospital 2024-26 Strategic Plan](#)
- [University of Melbourne Department of Paediatrics 2021-22 Annual Report](#)

Australian Government resources

- [Australian Public Service Guide to Great Policy Advice](#)
- [Cabinet process](#)
- [Budget process](#)
- [Legislation process](#)
- [Strategy, Policy & Evaluation | Australian Public Service Academy](#)
- [Implementation & Services | Australian Public Service Academy](#)
- [Plain Language Style Guide](#)

Clinical specific advocacy

- [Policy and Advocacy - RACP](#)
- [RACGP - Advocacy resources](#)
- [Policy and advocacy | RANZCP](#)

Public health advocacy groups

- [Public Health Association Australia Getting Started with Advocacy](#)
- [Public Health Advocacy Institute](#)
- [Frameworks Institute Resources on Advocacy](#)
- [Advocacy Lab | School of Population Health - UNSW Sydney](#)

Version control

Contact for proposed changes

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Version	Revised date	Staff	Amendment Details
1.0	June 2023	Anitha Thiraviarajah/Kayla Elliott	
2.0	June 2025	Anitha Thiraviarajah/Calvin Truong/ Claudia Dorney	Updating/removal of outdated content. Additional content: Section 2 – Timing, managing risk, engaging with lived experience, tailoring your message to key stakeholders. Section 5 – Resources.