

## **Community engagement and consultation: a guide for rural and regional communities**

## Acknowledgements

The *Community Consultation Manual* was first published by the Department of Human Services in 1999. This guide is a further update of the manual that was republished in 2003.

The Department of Human Services would like to acknowledge in particular the assistance of Jeanette Grant, Chief Executive Officer of Otway Health and Community Services and Gregg Nicholls, Executive Director of Ambulatory and Community Services and Psychiatric Services at Bendigo Health Care Group for their contributions and advice.

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## Foreword

This document aims to assist agencies in rural and regional areas of Victoria by providing flexible and broadly applicable guidelines for the structuring of consultation processes.

This edition has been updated to include additional suggestions for community engagement and consultation.

The national rural health policy, *Healthy horizons: outlook for 2003–2007*, focuses on seven goals. It also sets out some key principles to guide implementation of the goals in a manner that responds to local circumstances and consultation.

*Community engagement and consultation: a guide for rural and regional communities* addresses three of these principles:

### Capability of communities

Social capability and the physical capacity to plan and implement local programs are required for communities to improve and maintain their health.

### Community participation

Community participation by individuals, communities and special groups in determining their health priorities should be pursued as a basis for successful programs and services to maintain and improve their health.

### Partnerships and collaboration

The establishment of effective partnerships in the delivery of services, and collaboration for the benefit of communities, are essential ingredients in successful implementation of health improvement programs.

This guide is consistent with the directions outlined in the policy document – *Rural directions for a better state of health*. Consultation with consumers, carers and the community will always be integral to service planning. This enhances the rural health services' understanding of their needs, encourages broader consideration and debate, and allows people to be involved in decision making about their health care and that of the community.

I commend this document to you.



**Geoff Lavender**

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## Why community engagement?

Community building and engagement across Victoria is about working together to achieve greater social and economic wellbeing for local communities. It works by listening to what local people believe could improve their community and to their ideas about changes they want to achieve.

This framework provides a reference tool for health service agencies to strengthen relationships in order to develop sound policies, programs and services. The guide promotes participation, active engagement and partnership to build a stronger community. Stronger communities are more inclusive communities, where collaboration and consultation is a means for addressing the challenge of better engaging service users and their families in policy, planning and the delivery of supports and services.

Community consultation and engagement is essential in tailoring local health solutions for rural and regional communities. Without accurate feedback concerning specific problems confronted by individual communities, service provision will often fail to respond to the specific needs of the community. It is important to ensure that users of health services are satisfied because if consumers are not informed about their health, are not given information and are not happy with the service, their health will suffer.

This framework renews the emphasis placed on community consultation by reaffirming the underlying principles of:

- community engagement in the planning, establishment and delivery of health services in rural and regional areas
- developing a wider sense of community ownership of rural and regional health services
- improving health service capacity to identify and address community needs
- facilitating community evaluation of rural and regional health services and establishing channels for continued feedback.

It is important to ensure that all parties consider the potential range of outcomes and are also made aware of the practical constraints on outcomes. While community consultation and engagement involves joint planning and shared decision making by the relevant parties at all stages of the process, the health service executive and the Department of Human Services will make the ultimate decision on resource allocation and service development. This should be clearly communicated to the community, clarifying the consultation purpose, objectives and parameters.

The benefits of community engagement and consultation include:

- involving the local population in the planning and responsiveness of health services
- encouraging interest group and stakeholder involvement in the planning process
- prioritising needs of the community for service availability and delivery
- enhancing opportunities to establish dialogue about different ways that health services should be implemented, established and delivered.

Community engagement is characterised by a number of methods.

To inform	To provide citizens and stakeholders with balanced and objective information to assist their understanding or reaching solutions
To consult	To obtain citizen and stakeholder feedback on analysis, alternatives and/or decisions
To involve	To work directly with citizens and stakeholders throughout the process to ensure that issues and concerns are consistently understood and considered
To empower	To share in each aspect of the situation including the development of alternatives and how to achieve action with other stakeholders

Adapted from *Effective community engagement: workbook and tools, Version 2*, published by the Department of Sustainability and Environment and the Department of Primary Industries, January 2004.

Each method is effective in achieving at least some of the goals of community engagement. Not every decision that needs to be made must go through an intensive community engagement process such as empowering the community through shared decision making. In some circumstances, a consultation that is used to inform citizens of changes and ideas is a more effective method of engagement. The decision as to which of these methods to use is to be determined on a case-by-case basis.

The more involved the community is with their local health service, the more ‘user friendly’ it becomes. The health service becomes a centre of community health activity instead of just the hospital. Furthermore, community participation stimulates thought and discussion within the wider community about what a healthy community might look like and how it might be achieved. Flow-on effects from community participation could include establishing of fundraising groups, walking groups, or a health column in the local paper. (Adapted from the Upper Murray Health & Community Services, Campbell Town Health & Community Services, The University of Melbourne & The University of Tasmania, *Leading Practice Support Program (LPSP) for multipurpose services – community and consumer participation*, April 2005.)

## Outcomes and outputs

### Outcomes

A consultation process can yield a range of **positive** outcomes for the community. These include:

- community ownership of services provided and planned by the agency through the consultative process
- provision of ongoing education and communication to the community concerning local health issues
- a feedback channel for identifying agency deficiencies as perceived by the community
- the practical demonstration of a purposeful commitment to community engagement and consultation
- establishment of an identifiable and accessible link between the service and the community
- a means for exploring community options in an accountable and transparent manner
- a guide for management and agency boards to undertake business and service planning in the short, medium and long term
- a means for validating the services currently offered by the agency.

A further educational component should be incorporated into the consultation process that helps the community understand the type and level of services they can expect from a local health service. It is not feasible to expect that all health services have the capacity to provide all the services that a large metropolitan health service can provide.

### Outputs

The primary output of the consultation process will be a community consultation report that summarises feedback from all elements of the consultation.

Contents of the report should include:

- purpose of the consultation
- local health issues that have been identified
- goals set by the community to address local health issues
- priorities agreed upon by the consultative committee
- raw data used in the consultation (for example, survey forms, statistics, planning data or other material)
- an executive summary, outlining the report's recommendations.

The report becomes not only a valuable planning and publicity tool, but also a demonstration of the transparent consultation process. Public availability of the report also verifies that the process was conducted with integrity and candour.

Specific information about existing services may also be obtained and included, such as:

- availability or accessibility
- frequency
- effectiveness
- continuity
- efficiency
- safety.

In addition, targeted reports may be prepared for specific interests, such as the board, local general practitioners (GPs), quality and education coordinators at the health service, the health service executive, the Department of Human Services regional office, or the media.

## Background

Rural and regional health care agencies require feedback concerning the structure, purpose, effectiveness and demand for the provision of services in local communities. Changes in the provision of services will not be sustainable without accurately identifying the level of demand for the required services. Community consultations can offer valuable input when determining community demand for health service provision.

This guide informs rural agencies about the purpose and structure of community consultation and engagement. While this guide primarily targets agencies seeking involvement in rural health initiatives, the framework outlined is broadly applicable to individuals or organisations requiring policy guidelines for community consultations on a broad range of issues.

These guidelines encourage communities to maintain and develop important feedback mechanisms facilitated through the creation of a consultative committee. This representative organisation – combining professional, non-professional, business and social players within the community – provides a continued consultation and communication link. This encourages the involvement of the community in continued capacity building enterprises.

Community consultations are designed to encourage formal input from stakeholders on the needs of rural and regional communities.

### Purpose of the document

The underlying purpose of this document is to provide a flexible yet formal structure to the community consultation and engagement process. Creating and maintaining a representative community group provides a means of identifying the demand for service provision in rural, regional or metropolitan communities.

This document outlines the options available to the agency, allowing them to choose the most effective consultation model available in engaging with its communities – discussion papers, public submissions, community meetings, media releases, conferences, workshops and surveys.

The agency should consider it a priority to raise the community's awareness of its health issues and to ensure informed opinions. The implementation of a consultation policy in a responsible and professional manner provides grounds for further strengthening the links between the community and the agency.

## Limitations

While the process of community engagement and consultation is a vital component of service redevelopment and planning processes, **it is not a substitute for a detailed needs analysis**. A community consultation process will, by its nature, present a range of perceived needs, which must be tempered by an objective needs and data analysis. Advice regarding service planning can also be sought from your regional office.

This guide is a broad template for community engagement, with elements to be used (as appropriate) in individual agencies. Communities will have varying levels of sophistication in their understanding of, and support for, changes to health service delivery in their health agencies.

An agency that has already significantly changed its service delivery focus over several years will be looking for quite different input from its local community in comparison to an agency that may be investigating the options for change with its community for the first time. As such, the framework has the flexibility to be tailored to local circumstances. Small rural health services are in a good position to investigate their options for change using the various tools described in this guide.

## Consultative committee

A consultative committee could be established to represent the community during the conduct of a specific project that requires consultation or input. The primary duties of the committee are to:

- determine the scope of the project
- define the geographical boundaries of the area/community to be consulted
- assist with preparing a project outline
- monitor progress and report to the agency board(s) on the project
- ensure that the views of key stakeholders are incorporated into the report
- ensure that the views of the community are incorporated into the report
- support the consultation staff by providing contacts, introductions and information
- maintain means for feedback on future community building projects, following the completion of the consultation.

A consultative committee should be convened at the earliest stage, in order to minimise confusion and maximise transparency during the consultation process.

### How should a consultative committee be convened?

In a single agency consultation, the terms of reference prepared for the consultation should include the composition and aims of the committee, as well as its responsibilities and reporting arrangements back to the agency.

In a multi-agency consultation, there should initially be a formal agreement or memorandum of understanding between each of the boards involved. This will ensure that common aims and outcomes for the process are identified, and individual agency responsibilities, such as funding contributions, representation and information supply, are documented for the subsequent reference of the consultative committee.

### Who should a consultative committee include?

A consultative committee should represent all the main interest groups, local government and community members. However, the committee should be restricted to a **manageable** size. Ten to 12 people is preferable. Members should include:

- representatives of the local community (at least 50 per cent of the membership)
- a non-management staff member from participating agencies
- a senior staff member of the agency, such as the hospital, community health service or community agency
- a representative of local government
- a board member of the agency
- a Department of Human Services regional office representative.

Community representatives could be recruited through advertisements in the local newspaper or through informal information sessions provided to local service groups. Their understanding of the characteristics, trends and events that may affect their community are vital to the success of the consultation process.

The consultative committee (where possible) should be representative of the community involved, considering geographic spread (particularly in a multi-agency consultation), gender, age, ethnicity and socioeconomic status.

In a health consultation, the Department of Human Services regional office can provide information and awareness of relevant policy documents (such as regional health plans or Primary Care Partnership agreements) to place the discussion in an appropriate context. They would then identify channels through which detailed information on regional (or agency) policy could be obtained.

The representative nature of a consultative committee should not be seen as interfering with the primary functions of the board. The purpose of the consultative committee is to identify community perceptions concerning local issues and to improve feedback links. The board constitutes the formal decision-making body that identifies and implements the realistic and attainable recommendations of the committee. Moreover, maintaining a community consultation mechanism provides the opportunity for future negotiation between the board and the community concerning realistic service provision, on the basis of recommendations.

### **Meeting frequency and reporting**

The frequency of meetings held by the consultative committee will largely depend on the number of issues that demand resolution, and the extent of responsibility delegated to the person assigned the day-to-day oversight of the consultation.

In some instances, a committee may only meet three or four times over the course of the consultation and choose to delegate responsibility to a senior staff member at the lead agency for the project (such as the Chief Executive Officer).

However, opportunities for committee members to present viewpoints, to confront and discuss issues concerning the progress of the project and to interact with other committee members should not be limited by a meeting timetable. Facilitating discussion about improving community consultation and engagement strategies is a fundamental role for the committee.

## Case study

### **The Upper Murray Health and Community Services (Corryong, Victoria) Community Liaison Group**

The Upper Murray Community Liaison Group (UMCLG), made up of active community members and/or representatives of frequent users of the system, developed a single-issue community decision-making process based on a reverse petition. This was used to determine the level of support for the board to purchase the building that housed UMHCS's health and fitness centre.

The process provided the opportunity for people to learn about the proposal through an information/education strategy and to sign a petition if they supported the purchase. The project also provided accessible processes for people to object and express concerns.

The decision took approximately two months, from the development of the information and media materials and delivery of the information/education campaign through to the collection of approximately 600 signatures.

## Staffing the consultation project

It is essential that the consultation coordinator has access to information and advice from key staff within the agency planning their service redevelopment. The staff selected should have strong written and oral communication skills, confident interpersonal skills and be able to relate effectively to rural people and local issues. Skills in report writing are highly desirable as is a sincere motivation to drive improvement within the local community and the ability to work with minimal supervision.

Three options for recruiting staff are:

### **Use an existing staff member**

There may be an appropriately skilled staff member or project officer within the agency conducting the consultation who can be freed from their normal duties. The perceived impartiality of such a person should be considered if this option is selected. The involvement of more than one staff member can spread the project workload and allow existing duties to be maintained.

### **Employ someone specifically for the task**

Identifying and employing an appropriately skilled person for the duration of the process goes part way to addressing impartiality concerns. Finding the right person willing to take such a short-term position, however, may present challenges of its own.

### **Engage a consultant or facilitator**

Some agencies may choose to engage a consultant, in which case the first task of the consultative committee will be to prepare a project brief against which consultants can submit a tender, either by invitation or following short listing after an expression of interest process.

## Funding the project

If funding from the agency is to be used, the board should be responsible for the amount allocated. In a multi-agency consultation, funds should be contributed proportionally as a key component of the initial memorandum of understanding. This may involve dividing the proposed budget evenly amongst the agencies or it may be allocated on the basis of a percentage of gross operating revenue. Whichever funding method is adopted, it should be included as an element of the formal heads of agreement.

## Managing the process

### Timelines

The community consultation process should not be prolonged. A project timeline should be prepared to aid in identifying circumstances that would alter this timeframe. The consultative committee should monitor these timelines to ensure that the consultation progresses effectively and commitments are met.

Unstructured or hesitant interaction with the community can give the impression that agencies are not committed, either to the process or to changing services based on the outcomes. Local communities want to see that their contributions are being acted upon. Their goodwill may not be sustained if they feel that the agency is tentative over the consultation.

Checklist:	✓
Discuss with regional Department of Human Services office	
Board and executive decide to examine options for service change	
Negotiate with adjoining agencies (where appropriate)	
Develop heads of agreement (if appropriate)	
Convene consultative committee	
Develop community consultation project brief	
Identify and/or employ project worker(s)	
Prepare project plan and consultation elements (including discussion of appropriate consultation models)	
Prepare consultation timeline	
Research and identify additional information sources	
Determine means for the consultation (questionnaire, discussion paper)	
Begin consulting with stakeholders	
Brief media (or send media release) and seek involvement from community groups	
Initiate or dispatch consultation model (questionnaire, discussion paper, public meeting)	
Construct database	
Collate material (questionnaires, submissions, meetings, conferences and workshops)	
Analyse responses	
Prepare draft consultation report (inc. source material, stakeholders, staff responses)	
Circulate draft for comment to consultation committee, board, executive and selected stakeholders	
Incorporate comments into final draft of report	
Finalise and publish report	
Distribute report to all stakeholders (boards, staff, media, and the general public)	
Conclude project (maintain the continuity of the consultative committee through regular meetings, induction of new committee members, and the discussion of issues confronting the general community)	

## Needs analysis

There is a fundamental difference between a community consultation and a needs analysis. A needs analysis includes detailed local demographic information, geographical and accessibility classification, morbidity and mortality rates (possibly age and gender specific), and health service utilisation. The bibliography at the end of this guide provides ideas of where to find more information on needs analysis.

While the consultation process is a vital component of the service redevelopment and planning process, it is not a substitute for a detailed needs analysis.

## Business planning

The business plan sets out how the agency will achieve the health and community objectives identified in the service planning process. It identifies the incremental budgetary, organisational, capital, facility redevelopment, staffing and service change steps that will be taken in the short and medium terms. It is the working and reference document that informs the service change process.

## Case study

### **The Upper Murray Health and Community Services (Corryong, Victoria) Needs Assessment Strategy and Methods**

Evidence-based needs assessment involves three converging strategies:

1. The development of a demographic and epidemiological profile for the catchment population.
2. The development of evidence-based case studies relating to the priority areas identified through the demographic and epidemiological profiles, community led consultation and the national priority areas.
3. The development and implementation of a community led consultation process. A further ongoing stage involves the continued development of community participation strategies that will facilitate community decision making.

## Methods of community engagement

### Stakeholders

It is essential that local health and community stakeholders are asked for their opinions and cooperation in any new model of service delivery. Without the support of these groups, any changes initiated through community engagement or consultation are unlikely to be successful. Wide consultation can provide more detailed information in relation to the project objectives.

Stakeholders to consult may include:

- general practitioners
- visiting specialists
- service groups (such as Lions, Apex, Rotary, Probus or Freemasons)
- church groups and other religious leaders
- voluntary organisations (such as St Vincent de Paul, Salvation Army, or self-help groups)
- Country Women's Association (CWA)
- youth groups or youth councils
- community-based service providers
- disability support services
- aged care residential facilities
- welfare services
- dentists
- education institutions (Universities, TAFE colleges, secondary colleges, primary schools, kindergartens)
- Department of Human Services regional offices
- pharmacists
- ambulance services
- local government or individual local councillors
- hospitals or health services (including staff and board)
- local Members of Parliament
- sport or recreational associations or clubs
- representative farmer organisations (Australian or Victorian Farmers Federation)
- social or youth workers/counsellors
- district nurses or representative bodies
- allied health professionals or representative bodies
- government or private employment agencies
- business representatives
- philanthropic organisations
- visitor information centres.

The intention of engaging in discussion with stakeholders is to:

- define current dealings with the existing agency
- identify key communication pathways or problems
- determine any service or interface problems being experienced
- address how the agency and stakeholders could work better together
- discuss what sort of new or different services the agency could provide that can better meet the needs of stakeholders or people represented
- gauge support for service redevelopment options
- promote the benefits of a preferred option or options.

## Community meetings

Community meetings are best conducted at the beginning of the consultation process. They are most useful in addressing community concerns about proposed projects. Residents have a forum to express their feelings and, for agencies, there is an opportunity to explain the imperatives for and benefits of changes to the provision of local health services.

Given the potential for public meetings to be dominated by interest groups, it is important that consensus is reached by the consultation committee in relation to the agenda, and that the agenda is then followed.

## Case study

### **The Otway Health and Community Services – example of a successful community meeting**

When many local people had raised concerns that no residential respite places were available for relatives, a community meeting was held to present a range of aged care information and alternative care models.

More than 40 people attended to hear from speakers on the agenda, including the Regional Aged Care Assessment Service, Home and Community Care (HACC) service providers,

Community Aged Care Package Managers, Carer Support Centre staff and Otway Health and Community Services.

At the conclusion of the meeting, those in attendance advised they had learnt about the broad range of services available to them. As a result, Otway Health and Community Services commenced planning for a pet foster care program that was identified by a number of older people in the audience as their greatest concern if they were hospitalised.

## Publicity

Public meetings should be widely publicised. Effective mediums include press releases or articles or advertisements in local newspapers. Recruitment of local opinion leaders to spread the message and distributing posters, flyers or mail outs are other effective communication techniques. In addition, promotion via local radio and television should be considered, particularly if the airtime can be obtained for free or as a news item. The agency's website can also be used to publicise community meetings.

The ability to publicise a community meeting obviously depends on population size, geography and the resources available within the local community. Informal avenues (including 'word of mouth') should also be considered for attracting public attention.

Where more than one town or community is involved in an engagement or consultation process, there should be a public meeting at each centre. Consideration should be given to having several meetings at different times, to ensure residents with work commitments are able to attend. Meetings should be documented by video or audio, with minutes of proceedings taken and distributed.

## Community meeting process

There are two approaches that may be taken:

- The **traditional** approach is where a panel consisting of the lead agency's CEO, other agency staff or board members and a moderator (such as a local opinion leader) are seated at the front of the audience. The agency CEO or an alternate representative makes a presentation about the imperatives for change, possible future directions (including the status quo) and a preferred option. The moderator then fields questions and discussion from the floor. The role of the moderator is to ensure that the discussion focuses on the topic, allowing each party to put forward their point of view.

Clearly defined parameters should be placed upon the meeting at commencement, including time limits on questions, starting and finishing times, desired outcomes (or outputs), and decisions to be made at the meeting (if any). The media should be invited to ensure that the meeting outcomes are widely reported.

- The **consultative** approach is where the meetings are run as workshops, designed to identify local health priorities and to feed into the service redevelopment process.

## Outcomes

A formal report of the public meeting should be prepared after the meeting (or series of meetings). This should be included as a summary in the consultation report presented to the board and made available to the public after this time. Participants should be encouraged to leave their names and contact details (including addresses, telephone numbers, email addresses) so that they can receive a summary of the outcomes. Information may also include an outline of the process to be followed in the next stages of the service redevelopment.

## Questionnaire

A questionnaire or survey asking local people about their health service use and expectations, perceptions of health, and what is important to them about their local health services, is a powerful tool for obtaining detailed and honest community opinion.

A questionnaire should determine the following critical elements:

- recent health service use by individuals (both local and external) and their opinion on the quality of the services accessed
- perception of what lifestyle factors (smoking, diet, or level of physical activity) affect the health of individuals and the community as a whole
- why the local community needs access to **specific** health services (for example, dentistry services or allied health services)
- what types of services local health agencies could provide to improve or benefit the health status of the community
- how local residents feel health funding and service development should be prioritised (within their communities).

This type of questionnaire provides the agency with an understanding of the expectations of its community, which provides a starting point for community discussion and negotiation.

## Design

A questionnaire should be tailored to address individual local situations and needs. Some communities may be more interested in responding than others.

There are two types of questions:

Open	allows exploration of the range of possible themes arising from an issue that respondents can themselves formulate.
<i>Example:</i>	<i>Describe several things that we can do to improve your health service?</i>
Closed	respondents are forced to choose between several given options. This makes it easy to code, record and analyse results quantitatively.
<i>Example:</i> <i>(Please circle):</i>	<i>What services do you find more important if planning for your local health service?</i>
<i>Aged care beds</i>	<i>Dental services   Birthing services   Mental health   Operating theatres</i>

It is possible to use a mixture of the two formats, depending on the purpose and structure of the questionnaire. While there is no universal agreement about the optimal length of questionnaires, short, simple questionnaires usually attract higher response rates than long, complex ones.

Ensure that the questionnaire:

- is concise (though not necessarily short)
- is expressed in simple terms
- contains quantitative (closed) and qualitative (open) questions (yes or no answers, number scales, finite choices, the opportunity for descriptive elaboration on answers)
- is tested on a small sample of people and then evaluated prior to distributing it to the wider community
- does not generate meaningless data through oversimplification.

Attempts should be made to obtain specific feedback (on a geographical basis) allowing the results to be compiled according to localities within the community (dependent upon population size). This could be obtained through a simple question asking for an estimated travel (driving) time (within defined time parameters) to a central location (for example, a post office, bank, general store).

Designing questionnaires is a difficult process, particularly in ensuring their validity and accuracy. It may be a good idea to seek expert advice in their development.

### Confidentiality

Potential respondents to a survey may be naturally reluctant to fill out a questionnaire if the nature of the questions compromise their anonymity or if they are unsure of who in the community would be able to view their responses. This is particularly so if respondents have general criticisms or personally identifiable opinions or complaints. Confidentiality measures must be clearly explained in an accompanying cover letter that details the purpose of the questionnaire. Questionnaires should not have individually identifiable marks, and should be destroyed upon collation of the data.

In small rural areas, even demographic data such as age, years of residence, income brackets or numbers of people in the household may identify individuals. Care should be taken in the use and presentation of this type of information. However, concerns can be largely allayed through public information sessions, clearly explaining the purpose and importance of the questionnaire.

## Distribution

Having defined the population, a decision needs to be made about who will receive the questionnaire. This decision depends on the required number of responses for statistical relevance, the size of the community being surveyed, and the availability of mailing lists. Without individual prompting, return rates for a mail questionnaire are expected to be approximately 20–25 per cent.

There are two widely used methods for distributing questionnaires:

- **Sending the questionnaire to a random sample of the community**

If selecting a random sample, a complete list of residents of the catchment area is necessary. This could be generated from a local ratepayers list, the electoral roll or census data. Having selected a desired number of households to survey, the following procedure can be used (inserting the appropriate numbers for the local situation).

**Example**

If 500 households out of a list of 2,000 are to be surveyed, **randomly** choose a number between one and four, start with the household this corresponds to on the list of households located within the catchment, then select every fourth household listed. The random selection of the starting point ensures the validity of the sample.

- **Sending the questionnaire to every household.**

If an inclusive list of households in the catchment area cannot be generated (for reasons of impartiality), it may be preferable to send the questionnaire to every household via the post office, addressed to ‘the householder’. The Post Office can advise on the total number of addresses on their mail runs, and will charge the pamphlet rate if addressed delivery is not required. This is also a good way to reinforce the anonymity of returns.

Establishing an inclusive list of households in a catchment area can be problematic for various reasons and should be considered very carefully before this option is undertaken.

## Returns

Whichever method of distribution is chosen, a reply paid envelope should be included to make returning the questionnaire as easy as possible for respondents. If arrangements with the local Post Office can be made to tally returns before forwarding to the health service, then these can also be postage paid to further encourage a high return rate.

A drop box should be placed prominently in the hospital or health service foyer and can also be placed in a high profile location in the local shopping centre, such as the newsagent, supermarket or pharmacy (providing the security of the box can be ensured).

A contact person should be nominated on the covering letter, enabling residents to call if they have queries or require assistance in filling out the questionnaire. If residents do take advantage of the contact, care should be taken not to lead their responses. This reinforces the requirement for impartiality of the project officer assigned to the consultation position.

### Potential problems and solutions

- **Low rate of response** (aim for at least a 20–25 per cent response rate). Promote the progress of the questionnaire response regularly through the local media, emphasising the need for a high response rate and the potential consequences of an inadequate response.
- **Sophisticated concepts.** Break down the issues to be addressed prior to the formulation of the questions, and attempt to isolate each issue in a single, concise and simple manner.
- **Extended written responses.** Respondents are more likely to answer questions more thoroughly when graded scales (1–5) and/or ‘Yes or No’ questions are provided. However, opportunities should be provided for respondents to elaborate on their answers.
- **Perception that the health service(s) has already decided or will not listen.** It is important to highlight the role of community consultation within the broader service development and to emphasise that the consultation is intended to give direction to the planning processes being undertaken.
- **Responses from those most polarised.** Local residents will have legitimate concerns. These will often be expressed with constructive criticisms, which should be included and considered in the preparation of the consultation report. If only satisfied residents responded, there would appear to be nothing to change or improve in the health service(s).

Alternatives to public meetings or questionnaires – media releases, printed material, discussion papers, conferences or workshops – may be more suitable means of obtaining feedback or engaging the community.

*Taken from the Otway Health and Community Services Community Consultation policy*

## Media releases

Media releases are seen as being official and reflecting the agency's position or the outcome of the project. Media releases aim to get the widest possible coverage for a community issue or proposal through the publication or broadcasting of the information in the release. Media releases can be used to disseminate information quickly to a large number of people and can raise publicity and awareness.

Method:

- Determine the main news angle you wish to communicate.
- Check deadlines for local publications/television/radio bulletins to ensure the media release is received in time to be published before the event.
- On average, send releases two weeks before events.
- Follow appropriate style of writing:
- keep the focus local
  - use short sentences
  - avoid jargon and difficult words
  - first paragraph should explain who, what, where, when and why about the event, issue or project
  - if using quotes, ensure that credible spokespeople are used and identify them with their positions in the organisation
  - keep information clear and unambiguous
  - keep media releases short
  - include the date the release was written, and a contact name and phone number for someone who can be easily contacted during office hours.

Remember that if using media releases to engage and consult with the community, key facts or emphasis may be modified to make the news or issue more exciting.

## Printed information

Printed material is one of the easiest ways to publicise and provide information on a project/issue or publicise a participation process such as an event or meeting. Popular forms include fact sheets, flyers, newsletters, brochures, issues papers, reports and surveys. These can be single purpose or produced as a series. Printed material can be distributed hand to hand, made available for the public to pick up, or mailed out either directly to a select mailing list or included as 'bill stuffers' with regular mail outs such as utility bills, rates notices or other regularly posted bills.

Method:

- Available budget, and the use of other publicity methods and tools, will determine the type of printed material that will best suit your need.
- Plan your messages well. Provide regular updates but do not bombard people with information.
- Develop the material with the following considerations in mind:
  - make it eye-catching (colour, photos, cartoons)
  - make it simple and easy to understand
  - provide points of contact
  - avoid a 'sales' look
  - do not overload with information.
- Limited public input can be sought through printed public information materials by the inclusion of surveys and questionnaires or comment/response sheets.
- Enclosing a stamped, addressed envelope (or email address/website) with mail outs will improve the return of comments for posted materials.
- The material should be easily available to the public and be accessible from a number of locations.
- It is critical that the information outlines the public's role in the participation process or opportunities for participation.

## Discussion papers

- A formal discussion paper is especially suited to situations where the central issue is clearly defined and is of significant interest to specific groups.
- Issues should be presented in the document in an unbiased and neutral manner in order to promote constructive feedback from a defined target group.
- Discussion papers allow respondents (whether individuals, organisations or professional representative bodies) to formally reply (in an autonomous or overt written format) to a specific issue. This enables respondents to elaborate or expand on their viewpoints – an opportunity that may not be available through other consultation models.

## Conferences

- Conferences are suited to broad issues or proposals where refining or focusing of the topic is required. This is especially useful when community experiences and perceptions are incorporated into discussion through presentations.
- Formal presentations outline the main issues, prompting further discussion or debate to identify specific or underlying factors. This also allows questions to be directed to speakers or to the presentation panel in a later forum, depending on the nature of the presentation.

## Workshops

- Workshops tend to be more tightly structured than conferences. While the topic tends to be predetermined, the issue for discussion normally requires elaboration or expansion from various interest groups or participants to provide feedback on specific aspects of the agenda.
- Workshops have tended to be most effective when the range of participants is well defined (special interest groups).

## Media

The media is a valuable partner in the consultation process and should be kept informed and provided with up-to-date information. Senior members of the health service involved should be available at all times for comment or discussion.

While the local newspaper is the most regular vehicle for information and news about the health service, local radio, regional television and the Internet are all valuable mediums for promotion and information sharing.

Local residents or stakeholders with opposing positions or views will also use the media. In this instance, the health service should seek a right of reply in a reasoned and factual manner, highlighting the imperatives for change and the unfeasibility of maintaining the status quo. Legitimate concerns expressed by the community should be fully addressed in presentations to the media.

### Internet/electronic media

As increasing numbers of rural residents are accessing the Internet, information about the consultation can be posted on a website. This can either stand alone (should there be expertise available locally to create one) or may be attached to the Victorian Department of Human Services website maintained by the Rural and Regional Health Services Branch.

The Department of Human Services Rural Health website ([www.health.vic.gov.au/ruralhealth](http://www.health.vic.gov.au/ruralhealth)) has been developed to deliver specific and tailored information to those involved in the Victorian rural health sector through one easily accessible point. The Internet is ideally suited for displaying the results of the community consultation for public access.

If the Internet is used in the consultation, it is essential to promote:

- using the Internet in order to access information regarding the progress of the consultation
- the website address in any material circulated by the consultative committee
- information about any feedback channels (for example discussion groups, or email links) on the website.

Email is another way of promoting dialogue between a health service and interested local residents. It should be remembered, however, that because of the personal nature of email addresses, anonymity in any dialogue might not be possible.

## Engaging and consulting with special communities

Both governments and health services grapple with the issue of ensuring that their consultation approaches reach all relevant groups in their communities, including people with disabilities, Indigenous groups, young people, and culturally and linguistically diverse (CALD) groups. This is particularly problematic given that these groups often need more support and encouragement to participate in community life.

### People with a disability

People with a disability are the largest minority group in our community. There are many different types of disabilities and they can be caused by accidents, illnesses or genetic disorders.

People with a disability are major users of the health system so they should be engaged and consulted with during any major consultation process.

### Indigenous groups

Indigenous Australians lag behind the rest of the nation in just about every facet of life: health, welfare, education, income and employment. A report commissioned by the Council of Australian Governments found that Indigenous people were far more likely to be suffering poor health, with life expectancy 17 years lower than the rest of the population.

Targeting Indigenous communities for inclusion in engagement and consultative processes is extremely important in order to bridge the gap between the experiences of Indigenous people and other Australians.

### Young people

Young people are becoming an increasing concern to health professionals because of the impact of childhood (and adult) obesity, mental health, drug and alcohol abuse and child and family violence.

Young people constitute approximately 20 per cent of the Victorian population (Australian Bureau of Statistics). As such, young people should be targeted for any consultation that impacts on the whole community.

## CALD groups

In the 2001 Census of Population and Housing, 20.4 per cent of Victorians spoke a language other than English at home. Although this proportion does not figure as strongly in rural and regional areas, it still highlights the importance of applying appropriate measures to involve people from different cultural backgrounds in every type of consultation.

Given the complex nature of engaging and consulting with these communities, it is imperative that health services undertake strategic planning on how best to encourage these communities to participate in community life. The bibliography provides references to other resources concerned with engaging and consulting with these special communities.

## Case study

### **Loddon Mallee Aboriginal Reference Group**

Loddon Mallee Region has six Aboriginal cooperatives, each having taken a leadership role in addressing issues of Aboriginal health and wellbeing. Representatives from each of these cooperatives formed the Loddon Mallee Aboriginal Reference Group (LMARG). This group is working across a range of issues, building the capacity of Aboriginal organisations, services and the regional office to meet the needs of communities.

The LMARG is an effective regional voice for Aboriginal communities providing improved access to information about the Department of Human Services, the mainstream service system, and even other Aboriginal organisations in the region.

The formation of the LMARG has been an important part of the process of developing a sense of identity and power.

## Presenting the final consultation document

The presentation and structure of the final report is ultimately a determining factor in effectively conveying community perceptions obtained by the process of consultation.

### Preparing the document

The preparation of a report on a community consultation will be completed more readily if a draft outline of the document is drawn up at an early stage. As relevant material is collected, collated and analysed, it can be formatted in such a way as to be readily incorporated into a final report.

A draft report should include the intended structure of the final report, outlining the broad themes of individual sections, with descriptions detailing the anticipated content. A flexible outline allows for the inclusion of ideas and issues for the elaboration of research on potentially complex aspects of the consultation. This approach also provides a useful means for determining the anticipated writing timeframe, the audience and the required depth of the report.

### Formatting and editing the document

Depending on the intended audiences, a final report may be presented in various forms. Providing a preliminary summary or highlights section for general distribution to all interested parties and the general public, as well as providing the full document to the board and/or significant stakeholders, is an effective means of informing the community about the findings of the consultation. Abbreviated forms of the report may also be suitable for publication in an agency annual report or for distribution to local media outlets.

Thorough editing of the consultation report will be needed to ensure a consistent standard and style of expression, especially if numerous authors directly contributed to the drafting of the report. Report content and structure will benefit from a critical review by a person not involved in the production process who has relevant editing experience or expertise in report writing.

## Structure

An Executive Summary at the beginning of the report, outlining the main conclusions or recommendations, is essential. This will give agency and board members and other readers a brief overview of the document before providing information in greater detail. A suggested structure is:

- **Executive Summary** – mainly summarising the recommendations identified in the consultation.
- **Aims or objectives** – a brief explanation of the aims of the consultation.
- **Methods** – a brief explanation of the methods or process used during the consultation.
- **Summary or discussion of accumulated data** – the presentation of important findings from the questionnaire, staff and stakeholder meetings and community forums.
- **Conclusions (or analysis) and Recommendations** – identification of themes and a discussion of findings, leading to a number of recommendations to be addressed by subsequent service redevelopment or ongoing programs and projects of the health service.
- **Appendices** – collation of the questionnaire results and of staff, stakeholder and public meeting outcomes, along with other documents used in or generated by the consultation process.

## Recommendations

The key issues identified in the consultation should be encompassed in a number of short recommendations. Board and health service management can then direct their service and business planning processes towards addressing the recommendations.

While the number of recommendations should be limited to approximately 10–15 actions that the consultation committee considers realistic and feasible, the committee may decide to classify the identified improvement areas within a short, medium or long term timetable.

Classifying recommendations in this manner will facilitate the prioritisation of short-term measures. This is designed to alleviate the most obvious consequences of identified deficiencies, without compromising the resolution of long-term, underlying problems.

## Report revisions

Some revisions and modifications will usually be necessary after the draft document is prepared and circulated to the consultative committee, senior management and possibly key stakeholders. Some compromises may be needed if the recommendations of the report are to be widely accepted and ultimately acted upon.

## Production

Once the consultation report has been finalised and approved, it can be prepared for publication. The standard of production will depend upon available funds and the intended distribution of the document. Decisions to be made include:

- the number of different versions of the report to be prepared
- whether a separate summary document is needed
- number of copies of each version for each intended audience
- illustrations or charts and graphs
- how the plan is to be distributed
- the type of cover and binding.

A final careful proofreading of the document is essential before going to print.

## Distribution and promotion

Depending on the various forms of report prepared, the final consultation document may be generally distributed or targeted to particular stakeholders or to an in-house audience.

If the report is for general circulation, its availability and general findings should be promoted in all the media previously detailed. This includes making the report available on the Internet and on CD-ROM should local residents or media outlets find these mediums more convenient.

An official launch of the final report is a great opportunity to raise the profile of the consultation and give weight to its findings.

A formal presentation to the board may also be useful. This may include some broad direction or brainstorming activities on ways to best implement the recommendations.

## Use, review and evaluation of the consultation

### Use of the consultation report

Consultation recommendations should be a significant input into service delivery and redevelopment planning. Recommendations are a legitimate expression of issues that local residents and stakeholders want to see addressed and should, therefore, be given proper consideration in the planning process.

### Review and evaluation of the consultation report

At regular intervals following the consultation process, the progress of the health service towards achieving the recommendations should be reviewed. If appropriate, an increased focus should be given to any recommendations that do not appear to have been adequately considered.

Over time, many recommendations will be satisfactorily addressed, while others may become redundant. One way to evaluate the ultimate effectiveness of the consultation process is to periodically consult the community formally. This can be done using similar consultation methods to those first adopted. Changes in community concerns, levels of satisfaction or priorities can be identified and documented. This may need to occur every three to five years, depending on the pace of change in the health services and the communities involved.

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### Websites

Department of Victorian Communities, Community Building website: [www.communitybuilding.vic.gov.au](http://www.communitybuilding.vic.gov.au)

Local Government Consultation and Engagement website, Victorian Government: <http://www.vlgaconsultation.org.au/> (This website includes information and communication strategies targeting Indigenous people, young people, older people, culturally and linguistically diverse communities, and people with disabilities.)



