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Health

South Western Sydney
Local Health District

Project Report

**Rapid and enhanced community
consultation: An investigation and review**

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Executive summary

Introduction

Health services planning and delivery (including population health-oriented offerings and facilities) need to align closely with peoples' needs and demands. By providing information about health status and behaviours, and through their opinions and perspectives, community members can play an important role in how well a health service understands these needs. This determines how well the planning system can respond to requirements. This is a policy priority for South West Sydney Local Health District (SWSLHD) Population Health and is a Key priority under Strategic direction 2.26 in the 2014-2018 Operational Plan. Traditional methods of needs assessment may not respond in timely and efficient ways to people's health concerns. Some of these lead to information or views that are partial, non-representative, and dated. It is important to find ways of obtaining information and views that are rich, representative, up-to-date and cost effective.

New rapid enhanced approaches for obtaining community information and views are being used, particularly nationally and internationally. For instance, web-based approaches and citizens' panels have been/are being used by councils for community planning. Web-based engagement is also being used by a social movement groups to enable community members to voice their opinions about issues such as current events, health care, art/culture initiatives and more.

The Centre for Health Equity Training, Research and Evaluation (CHETRE) was commissioned by SWSLHD to conduct an investigation and review of models, mechanisms and methods used for rapid enhanced community consultation. This report: summarises the approaches used; discusses the suitability and feasibility of their implementation as a tool for obtaining representative health related behavioural and health status information and community views, in SWSLHD; and provides recommendations that can inform the implementation of such an approach. The findings will also inform any future work in terms of the development of a detailed implementation plan and a trial of the planned consultation. The report also summaries the outcomes of the workshop held to discuss the findings.

Aims and Methods

The investigation and review involved four components:

- A background literature review to identify local, national and international rapid enhanced consultation approaches, including web-based, citizen jury/representative panel, and citizen science type approaches, and to obtain relevant information about the methods used, level of effectiveness and the strengths and weaknesses of the approaches;
- Internet search and investigation of sites utilising rapid enhanced consultation approaches;

- Stakeholder knowledge of approaches currently being used, and by whom; online consultation websites; and contact persons were used to inform further internet investigations and to inform the consultation phase;
- Consultations with SWSLHD services and units, and local councils to obtain information about whether they used rapid enhanced consultation approaches, and if yes, the types of approaches, methods used, effectiveness, and strengths and weaknesses.

The research questions to be answered were:

1. What type of approaches are being used for rapid enhanced community consultation?
2. What information do they obtain and what methods do they use to obtain the information?
3. Which, if any are suitable and feasible for use in SWSLHD as a tool to obtain representative health behaviour and health status information, and community views, and why?

The focus was predominately on web-based approaches and representative panels but where a service did not use these approaches, consultations obtained information about the types of approaches they did use. Specific information to be identified included:

1. Implementation governance (engagement platforms set up internally or external company engaged; consultations run in isolation or in partnership);
2. Methods used to obtain information and the consultation process (membership, recruitment, range and type of consultations, privacy/confidentiality measures, how participants are approached, marketing, methods used, and volume and timeframe of consultations);
3. Data collection, analysis and dissemination, and evaluation of the consultation approach;
4. Considerations for engaging different and or hard to reach groups (e.g. people living in locationally disadvantaged areas, culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander communities, people with disabilities, low literacy, access issues etc);
5. Costs;
6. Strengths and weaknesses.

Results

Web-based consultations

The findings reported are from the literature review, the website scrutiny and the consultations. No SWSLHD service is currently using web-based consultation approaches. However, Health Promotion is in the process of setting up a web-based consultation for a specific health initiative.

Implementation governance

Most of the consultation platforms were set up using an external company, only one organisation (council) developed their own. For the local councils, the sites were then managed and maintained internally (e.g., engagement officers, digital team). Local councils tended to run their consultations in isolation. Other national and international government and social movement organisations tended to run theirs in partnerships with other organisations. Some sites managed consults for a range of organisations, most were stand-alone, or may allow a specific organisation (e.g., a government entity) to post a consultation on their site. Some of these are part of a government site.

Methods to obtain information (The consultation process)

Most sites have optional registration, allowing anyone to participate. Anticipated participants are made aware of consultation opportunities through social media, newspaper or home page advertisements, pop-up stores, banners, or flyers, or for registered participants, emails, text, phone, project reminders. All sites had links to social media platforms. Most consultations are conducted to obtain feedback and advice on plans and proposals. Others included views current affairs, products and services, quality of life information. The main consultation methods used were surveys/questionnaires, polls and formal written submissions and were all done via on-line modes. Some allowed for spatial information via interactive mapping. The number of consultations ranged from 7-90 per year and were run for 1-3 months. All sites ensured privacy, and confidentiality measures were in place.

Data collection, analysis and dissemination, and evaluations of the consultation approach

For participants who registered demographic information, available data included age, gender, locality and living situation. However, as most sites did not require this there is limited information available regarding the type of participants responding to the consults. External companies (which is what most organisations used) can send analysed data to the organisation or the organisation can access the raw data and analyse it themselves. Consultation findings are made available to participants through blogs, uploaded reports, social media platforms or email. No evaluations of the local web-based consultations have been conducted.

Considerations for engaging different groups

Only seven websites included accessibility-based features. The most common feature was the availability of language options. Others were: change of font size for visually impaired; voice box options for people with low literacy levels; links to services for deaf people to participate. To attract the wider community organisations used marketing strategies as listed above. To access harder to reach groups some councils used more 'aggressive' techniques – door knock, letters, telephone interviews, iPad surveys, kombi vans. One council had a special team to work with aged, disabled, and youth groups.

Costs

Developed consultation platform	Estimated costs
Using external companies <ul style="list-style-type: none"> • Council engagement platforms 	Yearly subscriptions with external companies can range from \$2,800 – \$75,000 depending on the type of package.
<ul style="list-style-type: none"> • Local Health District engagement platforms 	Yearly subscriptions with an external company are estimated to be up to or around \$40,000.
Developing/maintaining own website and engagement platform	\$60,000 setting up cost. \$10,000 yearly for maintenance costs.

Representative panels

Representative panel consultation is a ‘bottom-up’ approach that actively involves the public through the use of deliberative discussions that can assist in forming decisions for a range of topics, or, inform research.

The findings reported are from the literature, consultations and website scrutiny. No SWSLHD services interviewed were using representative panel approaches.

Implementation governance

The panels were all set up internally. Council panels were run in isolation, the UNSW reference panel is partnered with community groups across Australia. The UNSW reference panel is web-based, local Council panels are not.

Methods to obtain information (The consultation process)

The UNSW reference panel has two sub panels: 1. Drug use/treatment, sex work, or diagnosis with hepatitis C; and 2. Disability. It is linked with several community groups who have existing members with lived experiences. Research groups contact the panel coordinators who in turn contact the community groups who link them with volunteers willing to join the panel for the project. Council panel members are either volunteers, randomly selected, selected based on a ‘selection criteria’, or appointed. One council rotates members depending on topic of interest. Panel numbers range from 4 – 15 for Council panels to a mass panel with varying numbers for the UNSW reference panel. Council panel members are made aware of an upcoming project through newspaper advertisements, the council website, or cold call. For the UNSW reference panel, as stated above, the panel coordinators contact the community groups who in turn contact potential participants. Council panel consults are conducted for advice and decisions on plans and proposals, the UNSW reference panel consults are for drug, sex work, hepatitis C and disability research. Consultation methods used by councils were night meetings or workshops. The UNSW panel conducted telephone consultations. The number of Council consults ranged from 4-12 per year, UNSW reference panel

can conduct more than 20 panel consults in any given year. Consult timeframes vary depending on the project.

Data collection, analysis and dissemination, and evaluations of the consultation approach

Only one of the councils had data for age, gender and ethnicity. No other representative data is available. Council consultation findings are made available to participants and or other community members through their websites, and social media. UNSW reference panel findings are made available on their website. No evaluations have been completed.

Considerations for engaging different groups

There were limited processes in place to equitably engage and consider different groups. One council held their panel meetings at night and opened them up to community members, and also gave the public the option of live/streaming the meeting. This enables a wider range of community members to be involved. The other council tried to ensure representativeness through having a diverse range of age, gender and ethnicity on their panels. The panel coordinators for the UNSW reference panel were of Aboriginal and Torres Strait islander origin, and the panel is linked with a wide range of community groups with members who have lived experience with drugs, sex work, hepatitis C and disability.

Costs

Costs were mostly covered through infrastructure or governance funding, however no exact or estimated figures were provided. The interviewees did however feel they were minimal involving staff costs for recruitment, incentives, and travel costs for panel members.

Other consultation approaches

The SWSLHD services interviewed did not conduct web-based or representative panel consultations so they were consulted about the approaches they did use. Consultations using standard traditional methods were either run in isolation or in partnership with relevant stakeholders. They were conducted to obtain health, health behaviour, and service/treatment information or feedback. Recruitment was through service or hospital lists/records, existing groups, advertising, discussions and emails to interested individuals. /records, Methods used include group meetings, surveys (telephone (talk or sms), email, hand-filled paper, on-line), interviews, forums, workshops, and focus groups. Participants were volunteers. In some instances they were selected based on relevance to the topic demographic. The volume and timeframe of consultations varied. Consultation outcomes were made available through social media or the intranet.

Demographic and representative data is available when participants are recruited through a service database. Equity considerations included language options, trained facilitators capable of meeting the needs of diverse ethnic groups. Costs, other than staffing, ranged from minimal travel, meal allowance costs to \$300,000 for a large Health Promotion project.

Strengths and weaknesses of the different approaches

The following table provides an overview of the strengths, weaknesses, and considerations for each of the approaches as identified from the literature, consultations and website scrutiny.

Rapid consultation approaches		Other consultation approaches
Web-based	Representative panel	
Flexible, can put things up quickly, easy to manage	Can be flexible	Can be very flexible
Accessible	Effective framework	Minimal costs
Can be costly	Minimal costs (non-website)	Face to face can have a positive effect on engagement with the community
Effective in obtaining quick information	Reaches/attracts the 'non-internet' individuals	Can use range of strategies to engage people - group meetings, forums, surveys, interviews
Attracts 'Time- poor' individuals and enables them to have say	Community members can participate in a range of projects/consultations	
Can use a range of methods	All members have the opportunity to participate and voice opinion	
Open access builds trust	Members can provide meaningful input	
You can grow with the community	Can create meaningful engagement	
Can inform as well as obtain information and views	Can produce practical outcomes in policy and practice	
Can reach wide range of groups		
Participants can be involved a range of consultations		
Not fully representative. Difficult to target low SES, diverse ethnic groups, those with low literacy, no computer access,	Views not always representative. Challenge regarding democracy, representation, influence	Not fully representative – don't always reach all population groups of interest, and challenge with hard to reach populations
Biased representation -expert citizens/representatives that dominate decisions made	Bias due to limited numbers in some panels	Bias - limited set of opinions if same people involved, or quiet people don't speak
Initial marketing and raising awareness can be difficult	Initial set-up process can be difficult – levels of approval for content	Inability to receive quick answers
Can be quite costly	Non website approach can be time consuming and slow	Can be labour intensive and slow
Needs to be well designed	Need independent oversight by steering committee	Meetings/workshops need a skilled facilitator
Need to be consistent with how you use it	Need strict method process, appropriate jury/panel time, respect for members	Need to gain trust of community leaders to reach hard to reach
Use interactive approach – social media, other internet methods to encourage range of populations	Utilise recruitment strategies through market researchers and stratifications to promote inclusivity	Needs to ensure diversity
Use with other consultation methods		

Note: Green = Strengths; Yellow = Weaknesses; Blue = Considerations

Discussion and recommendations

The findings from the literature, website investigations and consultations show that each approach has its advantages and disadvantages. Website approaches (including website panel approaches) can be fast, accessible, flexible, and can reach a wide audience. They also attract time poor individuals. Non web-based panel approaches and traditional approaches attract those who either don't have access to, or have difficulty using, digital technology. All approaches can make use of a range of methods, and all can create meaningful engagement and obtain meaningful information. Non- web-based approaches can be less costly than web-based approaches, and less time consuming and labour intensive.

All approaches, however, are weak in terms of ascertaining and ensuring community representivity, and acknowledgement of and reducing possible bias. Regardless of the approach it is difficult to access and engage diverse ethnic groups, hard to reach individuals, people with low literacy levels, people living in disadvantaged, low socioeconomic areas, people living with disability, and specific population groups (e.g., youth, aged, mental health populations). Limited equity considerations were in place for all approaches with the main consideration being language options. Most councils did try to obtain wider, more representative participation by utilising a mixed approach, whereby traditional, and other unique approaches were used to supplement a web-based consultation. Unique and diverse marketing strategies were also used to obtain better representation.

Rapid enhanced consultation approaches can be feasible for SWSLHD. Their selection and implementation is, however dependent on the amount of funding one is prepared, or able to commit. Web-based approaches including web-based panels are fast but can be costly. Non web-based panels are less costly but slower. If a web-based approach were to be used, other supplementary approaches (additional internet methods including social media, iPad surveys, kombi vans, special teams to work with specific groups) are recommended, as are the use of effective marketing strategies.

The dimensions that need to be taken into consideration when deciding on rapid vs standard consultations (how rapid the consultation), and the level of representativeness and equity are:

- The issues, or research topic/s to be investigated (i.e., the quality and quantity of the problem identified as the core of the consultation process);
- The population/s one wants to reach (a small homogeneous, easily identifiable group on the one end of a spectrum, a large, diverse, complex and dynamic population on the other);
- The level of information desired/required (deep knowledge of sophisticated parameters on the one end of the spectrum, opinions and beliefs on the other);
- The timeframes (days vs months).

These parameters were explored at a workshop held to discuss the findings and recommendations.

Workshop outcomes

Discussion of the findings and recommendations resulted in the following decisions:

- Implementation of a web-based rapid and enhanced consultation approach to obtain representative health behaviour and health status information, and community views would facilitate the effective planning and delivery of services that meet the needs of the community in SWSLHD;
- A further meeting is to be planned at which a representative from 'Bang the Table', an external on-line community engagement platform development company, would present more detailed information about setting up and managing a community engagement platform;
- The information provided at this meeting would inform the preparation of a business case for the development and implementation of a web-based consultation approach;
- The aim, in the first instance, is to obtain support for development and implementation at the Local Health District scale. If this is not feasible, then for the Population Health Service.

Introduction

Health services planning and delivery (including population health-oriented offerings and facilities) need to align closely with peoples' needs and demands. By providing information about health status and behaviours, and through their opinions and perspectives, community members can play an important role in how well a health service understands these needs. This determines how well the planning system can respond to requirements. This is a policy priority for SWSLHD Population Health and is a Key priority under Strategic direction 2.26 in the 2014-2018 Operational Plan.

Traditional methods of needs assessment may not respond in timely and efficient ways to peoples' health concerns. Some of these lead to information or views that are partial, non-representative, and dated. It is important to find ways of obtaining information and views that are rich, representative, up-to-date and cost effective.

New rapid enhanced approaches such as web-based consultations, citizen panels, citizen juries, have been and, or are currently being used by councils, other government bodies and social movement groups, locally, nationally, and internationally, to obtain community views about issues, current events, health care, art/culture initiatives etc., and for community planning. An understanding and appreciation of these approaches, and the models, mechanisms and methods used by each can inform decisions regarding the suitability and feasibility of their implementation as a tool for obtaining health related information and views that would inform planning and implementation of services in SWSLHD.

The Centre for Health Equity Training, Research and Evaluation (CHETRE) was contracted by SWSLHD to conduct an investigation and review of models, mechanisms and methods used for rapid enhanced community consultation. This report: summarises the approaches used; discusses the suitability and feasibility of their implementation as a tool for obtaining representative health related behavioural and health status information and community views, in SWSLHD; and provides recommendations that can inform the implementation of such an approach. The findings will also inform any future work in term of the development of a detailed implementation plan and a trial of the planned consultation.

Aim and research questions

The aim of the investigation and review was to:

- Develop a report that summarises approaches used for rapid enhanced community consultation to obtain representative health behavioural and health status information, and community views, and discusses the suitability and feasibility of their implementation in SWSLHD.
- Inform future work in terms of: the development of a detailed implementation plan for conducting rapid community consultation, and a trial of the planned consultation mechanism.

Specific information to be identified included:

1. Implementation governance (i.e. whether organisations developed and set up engagement platforms internally or engaged an external company, and whether consultations were run in isolation or in partnership);
2. Methods used to obtain information and the consultation process (membership, recruitment, range and type of consultations, privacy/confidentiality measures, how participants are approached, marketing, methods used, and volume and timeframe of consultations);
3. Data collection, analysis and dissemination, and evaluation of the consultation approach;
4. Considerations for engaging different and or hard to reach groups (e.g. people living in locationally disadvantaged areas, culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander communities, people with disabilities, low literacy, access issues etc);
5. Costs;
6. Strengths and weaknesses.

The investigation and review primarily focused on web-based and representative panel approaches, but where an organisation or service did not use these approaches, information about the types of approaches they did use was obtained.

The research questions were:

1. What type of approaches are being used for rapid enhanced community consultation?
2. What information do they obtain and what methods do they use to obtain the information?
3. Which, if any are suitable and feasible for use in SWSLHD as a tool to obtain representative health behaviour and health status information, and community views, and why?

Methods

The investigation and review stage involved four components: a background literature review; internet investigations, stakeholder knowledge; and consultations.

Background literature review

Search Strategy

A background literature review was undertaken to identify local, national and international rapid enhanced consultation approaches including web-based, citizen jury/representative panel, and citizen science type approaches. The aim was to obtain any relevant information about the methods used in these approaches, and the level of effectiveness, and strengths and weaknesses of the approaches.

Initial searching involved trialling combinations of MeSH terms such as “community participation”, “community consultation” and “consultation approaches/methods”. The strategy was then narrowed down to keywords such as “web-based community consultation/web-based community engagement”, “citizen jury/representative panel approaches” and “citizen science approaches”. The search was conducted using the UNSW Library (general search function), Google Scholar, and the ProQuest, PubMed, Research Gate, and Taylor & Francis databases.

Literature was also sourced through the internet, using the following terms: “online consultation”, “online engagement” and “online community engagement”. In addition, the websites of organisations known to utilise rapid approaches was searched for any relevant literature, as were SWSLHD websites.

Documents were included or excluded based on the following criteria:

- Inclusion criteria
 - English language
 - Date range (2000-2018)
 - Reviews of methods
 - Anything relative to these methods and approaches
- Exclusion criteria
 - Anything relative to these methods and approaches

Internet search and investigations

The second component of the investigation and review was an internet search and investigation of sites utilising rapid enhanced consultation approaches. Local, national and international sites using these approaches were identified using the following search terms: “online community consultation” and “online community engagement”. Stakeholder knowledge was also used to identify sites using these approaches. The identified sites were then scrutinised and reviewed.

Components of interest as identified previously included: implementation governance; methods used to obtain information and the consultation process; data collection, analysis and dissemination, and evaluation of the approach; considerations for engaging different and or hard to reach groups; costs; and strengths and weaknesses. The scrutiny also involved assessing web-site appeal and

navigation, and ascertaining whether the website provided options for non-web-based consultation approaches such as representative panels, workshops, public meetings and focus groups. Findings were summarised into a website investigation data extraction table. (See Appendix 1 for the website data extraction question template).

Stakeholder knowledge

Stakeholder knowledge of current rapid enhanced consultation approaches being used within SWSLHD was sourced at the initial planning meeting for the project. This included knowledge about approaches being used by SWSLHD services, key partners such as local council councils or other organisations, on-line consultation websites, and contact persons.

The information was used to inform further investigations of sites utilising rapid enhanced consultation approaches, as outlined above, and to inform the consultation phase as outlined in the following section.

Consultations

Consultations were conducted with SWSLHD services and or units, local councils and other organisations. The purpose of the consultations was to firstly obtain information about whether the organisation or service used rapid consultations methods and if so the type of approaches used e.g. website and or representative panels (web-based or non-web-based).

For sites that utilised these approaches standard question templates (see Appendix 2 and 3) were used to obtain the information of interest as outlined above, namely: implementation governance; methods used to obtain information and the consultation process; data collection, analysis and dissemination, and evaluation of the consultation approach; considerations for engaging different and or hard to reach groups; costs; and strengths and weaknesses. There were some variations in information obtained depending on the type of organisation e.g. council vs health service.

All consultations were conducted by means of a telephone interview which was recorded. The responses were hand written onto the question template during the interview, checked against the recordings to ensure all information had been correctly captured, and then typed into a data extraction table.

If the organisations used rapid web-based approaches, as described above, internet website investigations were conducted prior to the consultation.

Results

A total of 28 peer reviewed articles and reports were initially identified in the background literature review. Sixteen of these were deemed relevant and have been included in the findings. They included descriptive papers discussing community participation and engagement, and evaluations

reviews, and systematic reviews of citizen science, representative panel/citizen juries and internet-based engagement.

During the community engagement websites investigations, 13 websites were identified and reviewed. These were: Be heard Philly; Community Planning Aberdeen; the Have your say websites for the NSW, ACT, and SA governments; City of Sydney; Your voice Australia; Positive life NSW. and the Liverpool, Campbelltown, Canterbury Bankstown, Wollondilly and Fairfield City Councils websites. The websites of the three external companies who developed many of these websites were also investigated. These were Social pinpoint, Seamless, and Bang the Table – Engagement HQ.

Consultations were conducted with representatives from: SWSLHD Drug Health Services, Mental Health, Primary and Community Health Services, Health Promotion Service, and NSW Refugee Health Service; and from Liverpool, Campbelltown, Canterbury Bankstown, Wollondilly and Fairfield City Councils. Consultations were also conducted with representatives from: Wollondilly Shire Council - Local Planning Panel (Wollondilly Shire Council was consulted to speak on behalf of all SWSLHD Local Council Planning Panels); Canterbury Bankstown Council - Community Voice Panel 2018 and Experts Interests Panel 2018; and the UNSW Reference Panel.

Stakeholder knowledge of approaches currently being used, and by whom, contributed to the identification of websites and organisations to be investigated and consulted.

The findings from the literature, website investigations and consultations are reported under the following main headings:

- Background to community participation;
- Web-based consultation approaches;
- Representative panel approaches;
- Other consultation approaches;

Background to community participation

Community participation, also known as citizen participation, has widely been used as an approach where the community assists in the decision-making process. Examples include building health policies and gaining advice on planned projects or developments. Consultation within a community can be defined as the ability to collect the views and opinions of individuals to influence the particular process and outcome. Traditional and well-known methods used across organisations, governments and councils in obtaining information and views from the community include public meetings, workshops, forums and information sessions.

Community participation approaches have also been used by researchers. Community-based research also known as citizen science or street science, began as a method for researchers to collaborate with volunteers from the community to assist in conducting scientific projects. This approach allows members of the community to be actively involved by assisting in research aspects such as data collection and data analysis. Engaging with members of the community in collecting and analysing data can help the participants to become aware of the environment around them

(Rowbotham, McKinnon, Leach, Lamberts & Hawe, 2017). Not only can this approach assist in science type research, it also has the ability to generate new knowledge and understanding within the field of public health (Den Broeder, Devilee, Van Oers, Schuit & Wagemakers, 2016). It has the ability to encourage new views, offer additional ways in problem solving , and implement effective outcomes (Rowbotham, McKinnon, Leach, Lamberts & Hawe, 2017). Gathering information by driving the community's involvement in research can encourage, promote and assist with decision making and policy development (Den Broeder, Devilee, Van Oers, Schuit & Wagemakers, 2016). However, in order to centralise equity throughout the community research participation process, integrating collective engagement with a range of diverse social groups is essential. In addition to this, ensuring the process supports and considers the social structures of the community can also assist in increasing the amount of collaboration amongst the community members (Israel, Schulz, Parker & Becker, 1998).

Another well-known community consultation approach is citizen juries/representative panels. Citizen jury approaches have been used by Australian state governments and councils. As stated by Gooberman-Hill, Horwood and Calnan (2008), citizen juries have similar principles to community participation as they attempt to work from a "bottom up" approach. They can actively involve the public through targeted engagement with population groups, which can then assist in forming decisions relating to a range of topics, or inform research. Citizen jury/representative panel approaches can be web-based or non-web-based.

Web-based consultation, is a new and up to date approach that can allow immediate information, advice, feedback and views from the community to be obtained through the use of on-line, often interactive approaches (Agger, 2012). Web-based consultation is used by governments and local councils, social movement organisations and other organisations to aid them in their decision making processes and planning.

Community participation does however pose challenges and there are needs to be met in terms of ensuring community representativeness (Gooberman-Hill, Horwood & Calnan, 2008). While the literature discusses the importance of ensuring community consultation, and community-based research, is representative, it also notes the difficulties in doing so (Sydor, 2013).

Web-based consultation approaches

Literature review findings

Findings from a review of the participation literature (Agger, 2012) show that, as stated above, web-based consultation is a new and up to date approach that can allow immediate information, advice, feedback and views from the community to be obtained through the use of on-line, often interactive approaches. Further, it has the ability to reach a wide range of age groups and allows busy individuals to have their say, without it taking too much of their time. The findings also show the importance of involving the public throughout a policy-making process.

An international community engagement website ("BeHeardPhilly", 2018) was created by a research institute in Philadelphia with the aim of consulting with the community through the use of surveys.

BeHeard Philly follows a flexible and assessable consultation approach providing options for surveys to be completed on-line, by email or by phone. Within Australia, state governments and local councils are using web-based consultation approaches to inform the population about upcoming plans or proposals and to obtain community opinion and views (NSW Have Your Say", 2018) through the use of surveys, polls, formal submissions, interactive mapping and discussion forums.

Web-based consultation does however pose challenges. The literature review identified some of the issues and challenges of web-based consultations and strategies that could be used to address them. Aggar (2012) discusses the problem of "expert citizens", defined as 'the expert representatives with confidence that dominate the decisions being made', and recommends the use of interactive approaches such as social media and other type of internet methods to encourage other populations to be heard, particularly disengaged citizens such as young people. Further, findings from research conducted by Sydor (2013) highlight the complexities of conducting research with the "hard to reach" or "hidden" populations. In the paper Sydor (2013) recommends effective strategies to combat these difficulties. These include: building partnerships with community services; snowball sampling to gain more participants; and innovative communication methods such as using internet-based options. It was concluded in the paper that chatrooms, social networking sites and forums have the ability to make participants feel more comfortable and open about sensitive topics.

No evaluations, specifically investigating the effectiveness of web-based community engagement/consultation were identified. However, there is research indicating the positive effect that social media can have on areas such as increasing social-wellbeing through collective efficacy and community engagement (Han, 2019). In addition, findings from research conducted by Rolls, Hansen, Jackson, and Elliott (2016), shows that social media can encourage and build virtual communities amongst health staff and consumers. Not only does the current literature indicate that social media has the ability to enhance community engagement, it also shows it can be effective in regard to allowing 'time poor individuals' to participate (Duffy & Foley, 2011). Despite findings indicating the effectiveness of social media engagement, it is important to note that there is no available literature indicating that this approach is effective in gaining representative views.

Internet investigations

National and international community engagement websites

National and international on-line community engagement websites, identified through internet searches or through stakeholder knowledge, were scrutinised to obtain information about implementation governance, website appeal, the consultation process (membership, recruitment, methods used, marketing, data collection, analysis and dissemination, evaluation of the approach, equity considerations, and costs).

Implementation governance

Most of the national and international websites scrutinised were partnership sites. Partnerships were generally between councils, not-for profit organisations, and government organisations (state or local council). There was a mixture of stand-alone sites and sites that were part of main government site. Most of the websites managed consultations for a range of organisations.

The consultation process, and website appeal and usability

Approximately half of the sites that were scrutinised required people to become members and register for consultations. Information obtained from members was mostly limited to location, age and gender. Participants at all sites were from the general population and could choose topics of interest to them. Consultations were mostly conducted to obtain information and advice on future plans and proposals. Other reasons for consultation were to obtain opinions and views on current affairs, products and services, and to obtain information on quality of life for those living with HIV.

Table 1 details the consultation methods, equity considerations and marketing strategies used by the sites and the researcher's assessment of the appeal and ease of use of the site. The main consultation methods used were surveys, feedback forms, email submissions, and interactive mapping. Only two websites had equity-based features such as language and font adjustment options. Every website had linked social media platforms. The majority of websites had an appealing and modish design and were easy to use.

Table 1: National and international community engagement website investigation – Summary of methods, equity considerations, marketing, and website appeal and ease of use.

Organisation	Consultation methods	Equity considerations	Website marketing	Appeal and navigation
Be Heard Philly	Surveys	None	Social media platforms	Very appealing, clear, simple, modish design. Easy navigation.
Community Planning Aberdeen	Questionnaires	None	None	Bland. Easy navigation.
NSW Government 'Have your say'	Feedback forms and email submissions	Alternate website viewing options available for those with disabilities	Social media platforms and Youtube	Quite appealing. Relatively easy navigation.
via	Surveys, interactive maps, conversations via comment boxes	None	Social media platforms	Very appealing, clear, simple, modish design. Easy navigation.
SA Government 'Your say SA'	Surveys, discussions, polls, email submissions	None	Social media platforms and Youtube	Very appealing, clear, simple, modish design. Easy navigation.
City of Sydney	Surveys, forms, email submissions,	Many languages, translation services, links to services for deaf people to participate	Social media platforms and Youtube	Very appealing, simple, modish design. Not easy to navigate all the tabs and sections.
Your Voice Australia	Surveys	None	Facebook	Bland. Easy to navigate.

In terms of the actual consultation process, in general, an organisation will send the website manager the survey, feedback form, and or information needed to set up polls, comment boxes, interactive maps etc. The website manager will either put up ready surveys, forms and or develop the other required options. People are made aware of the consultations through marketing strategies. People who have joined the site are sent notification about the consultation. Consultation outcomes are generally posted on the website in the form of a report or a blog. Information about the number and timeframes of consultations, costs and website maintenance was not available on the sites. There was no evidence of evaluations of the consultation approach.

Local council community engagement websites

Local council on-line community engagement websites were scrutinised, and representatives of these sites were involved in the consultation phase of this research. The sites were scrutinised prior to the consultations taking place. Information relating to implementation governance, membership, recruitment, demographic information obtained, consultation purpose, how participants are approached, number and timeframe of consultations, data analysis and dissemination, evaluation of the approach, and costs have been incorporated into the Consultation findings.

Table 2 details the consultation methods used, equity considerations and marketing strategies used by the council sites and the researcher’s assessment of the appeal and ease of use of the site.

Table 2: Local council community engagement websites investigation – summary of consultation methods, equity considerations, marketing, and website appeal and ease of use.

Organisation	Consultation methods	Equity consideration	Website marketing	Appeal and navigation
Liverpool City Council	Surveys, forms, email submissions, interactive mapping	Language options	Social media platforms	Very appealing, clear navigation, simple and modish design.
Fairfield City Council	Email submissions	Language options	Social media platforms	Quite bland, simple design, clear navigation
Canterbury Bankstown Council	Surveys, polls, email submissions, interactive mapping	Language and font size options	Social media platforms	Very appealing, clear navigation, simple and modish design
Campbelltown City Council	Submissions	Language and voice box options	Social media platforms	Original design was quite bland, it has since been updated and is very appealing and clear navigation
Wollondilly Shire Council	Surveys, petitions, email submissions, interactive mapping	None	Social media platforms	Very appealing, clear navigation, simple and modish design.

The main consultation methods used were surveys, email submissions, and interactive mapping. Nearly all websites had language options, one had font adjustment options and one had voice box options. Every website had linked social media platforms. All websites except one had an appealing and modish design and were easy to use,

Strengths and weaknesses

The researcher assessed strengths and weakness of web-based consultations, based on their investigation of the sites, are summarised in Table 3. Strengths relate to: ease of use; appeal; access to information relating to plans, consultation outcomes, and to other sites; and the number and variety of consultation methods. Weaknesses relate to: accessibility for people who do not have, or are not comfortable with, digital technology; and that some sites are not appealing, or easy to use or provide outcome information.

Table 3: Researcher-assessed strengths and weaknesses of web-based consultation

Strengths	Weaknesses
Simple, quick and easy to use	Some sites are not easy to navigate
Appealing	Some sites are bland
Links to plans, outcomes, reports, other sites	Some sites do not provide outcome information
Ability to utilise a variety of consultation methods	Accessibility for people who do not have, or are not comfortable with, digital technology
On sites where there is collaboration between the site and a range of organisations (e.g. Be Heard Philly, Social Pinpoint) participants can be involved in a range of different consultations.	

External on-line community engagement platform developers

The websites for Social Pinpoint, Seamless, and Bang the Table – Engagement HQ, who develop consultation platforms for state governments, councils, health service organisations and non-government organisations, including many of those investigated in this research, are mainly for the use of the organisations that want to develop a community engagement platform. They provide information about their services, including the methods and tools that can be incorporated into a consultation project, and the support services they provide. Community members who access the site can obtain information about current consultation projects. Bang the Table – Engagement HQ has links that will take interested person to projects that they may wish to participate in.

Consultations

None of the SWSLHD services consulted were currently using web-based consultation approaches. However, the Health Promotion Service is in the process of setting up a web-based consultation approach for a specific health initiative. Liverpool, Campbelltown, Canterbury Bankstown, Wollondilly and Fairfield councils were using web-based approaches and were consulted following a scrutiny of their community engagement websites.

Implementation governance

Most of the councils' consultation engagement platforms were set up using an external company, only one council created their own consultation platform. One of the local councils used an external company to set up the whole council website, including the consultation engagement section. The other councils used an external company to set up the consultation section on their pre-existing website. This was mainly due to cost reasons. External companies used by the local councils were Bang The Table – Engagement HQ, Seamless and Social Pinpoint.

All councils were found to run in isolation. However, a few consultation projects were conducted in collaboration with community groups, with all parties being involved in organising and managing the consultations. Council website consultations and web-site maintenance are all managed by the council community engagement/communication teams. Larger project consultations such as Development Application (DA) projects are organised by the DA project team, but are still overseen by the community engagement/communication teams.

Methods to obtain information

Table 4 summaries the findings related to website membership, consultation recruitment, the type and purpose of consultations, privacy and confidentiality, and the consultation process including, how members are approached, marketing, methods used, volume and timeframes.

Anticipated participants are generally made aware of upcoming consultations, through the use of pop up stores, banners, flyer distribution, social media platforms, and newspaper or home page advertisements. Registered members can be sent emails, and consultation project reminders. The one council, that obtained information about age, gender, locality, and living situation at recruitment can send emails to some targeted groups. The main consultation methods used were surveys/questionnaires, polls and formal written submissions. These were all completed on-line. One council also used interactive mapping. The amount of consultations varied between councils and ranged from 7-90 consults posted on the websites per year. Timeframe ranged from 1-3 months per project.

Table 4: Council web-based consultation – methods used to obtain information.

Methods	Councils
Membership/Registration	
Website/consultation membership	Most council websites do not have compulsory membership. Some offer a membership option where you join and receive newsletters via email.
Registration for consultations	Most council websites allow anyone to participate in consultations. However, there were registration options on every council consultation site for those who wished to do so. Registration was a 'one off' process.
Information collected during the registration process	One council collected information about age, gender, locality, living situation, interaction with council. Most of the others only required name and email address. One did not collect any information.
Specific consults or a range of consultations	All councils conducted a range of consults relating to development plans and projects. All participants, registered and unregistered, can participate in any, and as many, consultations they want to.
Purpose of consultations	All consultations are conducted to obtain feedback and advice on plans and proposals
Privacy and confidentiality measures	All council websites stated privacy and confidentiality measures before each registration or consultation submission.
Consultations	
How the members are approached	Members can be sent emails of current consultations taking place or be specifically targeted if the council are targeting a particular demographic.
How consultations are marketed to the general public	Councils used techniques such as pop up stores, banners, flyer distribution, social media platforms, newspaper advertisements, advertisements on the home page on council website.
Consultation methods used	Most common methods used were surveys/questionnaires, polls, and formal written submissions. One council also used Interactive mapping.
How consultations are completed	All consultations are completed online via the consultation platform.
Volume of consultations	Consultation volumes depended on the council and ranged from 7 to 90 consults per year.
Timeframe of consultations	Depends on the project, usually 1-3 months.

Consultation data collection, analysis and dissemination, and evaluations of the consultation approach

Available demographic and representativeness data

As stated above, most councils do not currently have data on the demographics of those who participate in their consultations as registration is optional. Most councils indicated they allowed participants to remain anonymous as they believed it encouraged participation. For registered participants available data is generally also limited as most sites only require name and email address. Where data was obtained either at registration or as part of a particular survey this was still generally limited to age, gender, locality and living situation. One council who obtained this information for a range of particular projects found that women in their 30-40s were the biggest users. As there is no other data generally available, the councils do not have any indication of whether their consultations are reaching all, or desired population groups, and cannot be assured of the representativeness of their consultation findings.

Data review and analysis

Most external companies can organise and analysis the raw data and send it through to councils, or the councils can access the raw data and analysis it themselves if they choose to. One external company however does not provide a data analysis options. Data from all external companies can be easily exported as Excel and PDF files.

Dissemination of outcomes

Once the data is analysed, most councils upload consultation results onto their on-line consultation platform and, or, on social media platforms. Registered members also receive results via email. If it is a DA project, the results of consultations are written into a council report and uploaded online.

Evaluation of the consultation approach

None of the councils consulted had conducted an evaluation of their web-based consultation approach.

Considerations for engaging different groups

Most council consultation websites included at least one accessibility-based feature, the most common being language options such as the availability of several language options, or 'google translate'. Others accessibility features used were, voice box options for those with low literacy levels and font size adjustments for the visually impaired. Some provided all these features

To attract the wider community councils used marketing strategies such as pop up stores, advertising banners, flyer distribution, newspaper and home page advertising, and social media platforms. Some councils used more aggressive techniques to access 'harder to reach/harder to hear' groups. These included door knocks, letters, telephone interviews and iPad surveys. One council has a kombi van in which teams can drive around so they can talk to individuals and groups out in the community. Another has a community life team which works with aged, disability and youth groups.

Cost of a web-based consultation approach

Throughout the consultation process, it was difficult to obtain any cost figures with only one council providing estimated costs. This was due to either the staff members spoken to either not knowing, or not being allowed to disclose this level of information. Further investigations, and consultations with external companies were therefore conducted to obtain a better indication of the costs of setting up consultation platforms for local councils and also for local health districts. Estimated figures are outlined in Table 5.

Table 5: Estimated engagement platform costs using external companies

Developed consultation platform	Estimated costs
Using external companies <ul style="list-style-type: none"> • Council engagement platforms 	Yearly subscriptions with external companies can range from \$2,800 – \$75,000.
<ul style="list-style-type: none"> • Local Health District engagement platforms 	Yearly subscriptions with an external company are estimated to be up to approximately \$40,000.
Developing/maintaining own council website and engagement platform	\$60,000 setting up cost. \$10,000 yearly for maintenance costs.

The yearly subscriptions for engagement platforms depend on the type of package purchased, (e.g. yearly or six monthly subscriptions, one project per year vs unlimited projects per year). Some external companies adjust the price depending on the population bracket, which is based on the population size of the location in which the consultation will take place. All external companies were flexible in what they could provide.

The yearly subscription for a council engagement platform can vary from around \$2,800 for a one-off project to \$75,000 for unlimited projects. In regard to Local Health District engagement platforms, the cost is based on the amount of tailored support required for health sector services as there are a number of different units within the sector. In addition to this, the price can sometimes be higher than council fees as there is an increased amount of technical confidence required for the platforms. The prices can also vary depending on the Local Health District population bracket. Estimated yearly subscriptions are up to or around \$40,000.

One council that did not use an external company and created their own website and web-based consultation platform indicated the set-up cost was around \$60,000, with a further \$10,000 per year for web-site maintenance costs. This option would also incur additional staffing costs for consultation management, and data management and analysis. However, this council recently updated their website and engagement platform and are now using an external company. It is now costing the council around \$20,000 for a yearly license fee for unlimited consultations.

In regard to other costs such as staffing and incentive costs, no information was provided.

Strengths and weaknesses

Opinions about the strengths and weaknesses of web-based consultation, given by the council staff members consulted are described in Table 6. This approach has both strengths and weaknesses. Strengths relate to flexibility, accessibility, time, ease of use and management, trust, connections and growth with the community and cost. Weaknesses relate to marketing difficulties, access for all population groups, and ease of use for some groups. Combining other approaches with web-based consultation was recommended by some of the people consulted.

Table 6: Strengths and weaknesses of web-based consultation approaches, as identified by interviewees

Strengths	Weaknesses
Digital is great. You can put things up quickly. There is flexibility.	Initial marketing and raising awareness of the web-based consultation methods are difficult. Social media platforms are good too, but you still need to use mixed methods.
Low cost. Simple to manage. Printer friendly. Assessable.	Difficult if you're not computer literate or of a low social economic status.
Having it open builds a lot of trust. Conjunction with other methods is key – better to not do only in-line.. However, anything website related is good. It is a dedicated platform with integrating social media	Council needs to be consistent with how they use the platform. Amount of effort must be consistent. It's hard to target the ethnically diverse community.
Lots of value in it. Continue to grow with the community, we can get segments of the community. Online platforms are a good way to move.	Need to combine approaches to capture all people.
Engagement can be silent with a majority of people.	
Attracts time poor people	

Representative panel approaches

Literature review

Within Australia, state governments and local councils are utilising panel type approaches such as local planning panels/representative panels to obtain guidance, recommendations and comments on development applications and planning proposals. It has also been found that university research faculties are using mass community panels to assist in the selection of research participants ("Community Reference Panel - Centre for Social Research in Health - Arts & Social Sciences - UNSW

Australia", 2018). Democracy Co, is an organisation which is partnered with the Australian government and assists in facilitating and managing a range of consultations including citizen juries.

Representative panel/citizen jury approaches has advantages. They can enable community members to participate in a range of projects or consultations and to voice their opinions, and have their say. A report written by democracyCo (2017), described a citizen jury panel and the findings of an evaluation of that panel, based on feedback from the panel group. It was found that 100% of panel group members felt they had an adequate opportunity to participate throughout the panel process and voice their opinions. Citizen juries also provide community input into policy decisions and service provision as shown in a report by Street, Duszynski, Krawczyk and Braunack-Mayer (2014), which describes the ability that citizen juries can have on producing practical outcomes in health policy and practice. Similarly, Gooberman-Hill, Horwood and Calnan (2008) highlighted the ability of citizen juries to assist in forming decisions relating to a range of topics and issues. They can also be an effective framework, and have the ability to promote meaningful engagement (Gooberman-Hill, Horwood & Calnan, 2008).

However, there are challenges to the approach. Gooberman-Hill, Horwood and Calnan (2008) emphasize the challenges in using this approach in relation to the issues of democracy, representation and influence. Findings from a systematic review by Street, Duszynski, Krawczyk and Braunack-Mayer (2014) highlight the issue of representation and the usefulness of promoting inclusivity by utilising a range of recruitment strategies through market researchers and stratification. They also stress the importance of having an independent oversight by a steering committee, including a strict method process, appropriate jury time, and respect for the participant members (Street, Duszynski, Krawczyk & Braunack-Mayer, 2014).

Consultation findings

None of the SWSLHD services consulted were currently using representative panel consultation approaches. Mental Health did mention a mother's type reference panel used in the past however could not provide further information. Current and recently used representative panels were found to be utilised across Local Councils. The University of New South Wales (UNSW) also has a reference panel used for research purposes.

Consultations were conducted with representatives from the UNSW reference panel, Wollondilly Shire Council and Canterbury Bankstown Council who had a Community Voice and an Experts panel in 2018. The representative from the Wollondilly Reference panel spoke on behalf of all SWSLHD local Council Planning Panels.

The type of reference panels

Independent Hearing and Assessment Panels (IHAPs) also known as Local Planning Panels have been used by councils across NSW as part of the *Department of Planning and Environment Act 1979* ("Independent Hearing and Assessment Panels", 2018). The Local Planning Panels are mandatory for all metropolitan Councils in Sydney and Wollongong and follow the department's model regarding make-up and recruitment of panel members. They were established to ensure the process and

assessment of DA's with high corruption risk, sensitivity or strategic importance are transparent and accountable.

The community voice and experts panels were created for the year of 2018 to obtain advice and views on plans and proposals. The UNSW reference panel is a mass panel used for research purposes. The community panels were set up to improve the quality and relevance of their research through the input from those with lived experience.

Implementation governance

All of the panels were developed and set up internally. All council Local Planning Panels and other community panels developed by councils are normally run in isolation. The UNSW Reference Panel is partnered with several community groups across Australia. The UNSW reference panel is web-based, the council panels are not.

Methods to obtain information

The findings relating to panel membership, recruitment, the type and purpose of consultations, how members are approached, consultation methods, and consultation frequency and timeframes are detailed in Table 7.

The UNSW reference panel has two sub panels for: 1. research on Drug use/treatment, sex work, or diagnosis with hepatitis C; and 2. disability research. It is linked with several community groups who have existing members with lived experiences. Research groups contact the panel coordinators who in turn contact the community groups who link them with volunteers willing to join the panel for the project. Council panel members are either volunteers, randomly selected, selected based on a 'selection criteria', or appointed. The council and local planning chairperson is required to have expertise in law and government or architecture. The expert members are required to have experience in planning, architecture, heritage, the environment, urban design, economics, traffic and transport, law, engineering, tourism, or government and public administration. One council rotates members depending on the topic of interest.

Panel numbers range from 4 – 15 for council panels to mass panels with varying numbers for the UNSW reference panel. Council panel members are made aware of upcoming projects through newspaper advertisements, the council website, or cold call. For the UNSW reference panel, as stated above, the panel coordinators contact the community groups who in turn contact potential participants. Council panel consults are conducted for advice and decisions on plans and proposals, the UNSW reference panel consultations are for drug, sex work, hepatitis C and disability research. Consultation methods used by councils are night meetings or workshops. The UNSW reference panel conducts mostly telephone consultations. The number of council consultations range from 4-12 per year. The UNSW reference panel can conduct more than 20 panel consults in any given year. Consultation timeframes vary depending on the project.

Table 7: Panel information, recruitment and consultation methods

Methods	Council Local Planning Panel	Council Community Voice Panel/Expert Interests Panel	UNSW Reference Panel
Panel membership	Each individual panel consists of a chairperson, two independent expert members and community member. (There are two chairpersons who are on rotation and three community members on rotation)	Two panels held in 2018, comprised of community members	Members from across Australia who have lived experience of drug use/treatment, sex work, diagnosis of hepatitis C or live with a disability.
Recruitment of members	The chairpersons are appointed by the Minister for Planning, the expert members are selected by the council from a pool approved by the Minister, and the community members are selected by the councils based on a selection criteria.	The community voice panel members were randomly selected. The experts interests panel members community volunteers were members who expressed interest and had strong views about metro/renewal topics.	The partnered community groups then find people which volunteer and join the panel.
Number of members on the panel	Each individual panel - 4	14 members in the community voice panel 15 members in the expert interest's panel	Mass panel
Consultation topics	Plans and proposals	Plans and proposals	Research on drug use/treatment, sex work, hepatitis C and disability
How community members are approached	Newspaper and website	Cold calls and website	Community groups select appropriate participants
How consultations are/were conducted	Panel meetings held at night which the public able to join	Workshops	Predominately phone consultations, some on-line consultations
Number and timeframe of consultations	Monthly meetings	Four workshops	Can conduct more than 20 consults in a given year. Timeframes vary

Data collection, analysis and dissemination, and evaluation of the consultation approach

Only one council had data for age, gender and locality. There is no other data indicating the representativeness of panel members. Council consultation findings are made available to participants and or other community members through their websites and social media. UNSW reference panel findings are made available on their website. No evaluations of the approach have been conducted.

Considerations for engaging different groups

There were limited processes in place to equitably engage and consider different groups. The local Planning Panel only has one community member as a voice of the community for each consultation. They do however hold their panel meetings at night, open them up to community members, and give the public the option of live/streaming the meeting. This enables a wide range of community members to be involved. The Community Voice Panel and Expert's Interests Panel tried to ensure representativeness by having a diverse range of age, gender and ethnicity on their panels. The University Reference Panel, has panel coordinators of Aboriginal and Torres Strait islander origin, and the panel is linked with a wide range of community groups with members who have lived experience with drugs, sex work, hepatitis C and disability.

Cost of the representative panel approach

Costs were mostly covered through infrastructure or governance funding, however no exact or estimated figures were provided. The interviewees did however feel costs were minimal involving staff costs for recruitment, incentives and travel costs for panel members. In regard to receiving panel approach costs, no exact figures were given.

Strengths and weaknesses

Opinions about the strengths and weaknesses of the approach, as identified by the interviewees, are described in Table 8. Strengths relate to the benefits of having expert input, design, reaching the non-internet people and flexibility. Weaknesses relate to lack of representativity, and time involved.

Table 8: Strengths and weaknesses using panel type approaches, as identified by interviewees

Strengths	Weaknesses
Having expert input is fantastic, especially from those with planning and environmental knowledge. Community panel members know everyone, are not against development, and provide great input other panel members can't.	The panel may not have enough community representation as there is only one community member per panel.
Can be effective, if it is well-designed. Overall, it is useful and gets the "non-internet" people engaged.	It is not a "quick" method.
it's a different participation model. It is a flexible approach. We do mainly phone consults, a few online. Phone seems to be least harmful and appropriate	

Other consultation approaches

As stated previously the SWSLHD Health services interviewed have not, or currently use web-based or representative panel type approaches, so they were consulted about the approaches they did use. Consultations, using standard traditional approaches, were either run in isolation or in partnership with relevant stakeholders.

Consultations were conducted to obtain health, health behaviour, and service, program or treatment information or feedback. Recruitment was through service or hospital records or lists, existing groups, advertising, discussions and emails to interested individuals. Methods used across the services included group meetings, surveys (telephone (talk or text), email, hand filled paper, on-line), interviews, forums, workshops and focus groups. Participants were volunteers. In some instances, they were selected based on relevance to a topic demographic. The volume and timeframe of consultations varied.

Equity considerations across the Health Service consultations included incentives such as Woolworths vouchers, taxi vouchers, language options on feedback forms and the use of phone consultations to enable those with low literacy levels to have their say.

The strengths and weakness as identified by those consulted are outlined in Table 9. Strengths relate to the positive effect of face to face on community engagement, variety and range of strategies, flexibility and being able to both provide and obtain information. Weaknesses relate to the representativity due to the challenges of reaching hard to reach populations, bias, timeliness and labour intensiveness, and the need for skilled facilitators.

Table 9: Strengths and weaknesses of standard traditional consultation approaches, as identified by interviewees

Strengths	Weaknesses
The positive effect that face-to-face can have on engaging with the community	Challenges with the hard to reach populations. For aboriginal and Torres Strait islander populations you need to gain the trust of the community elders
Being able to use a range of strategies.	Sometimes the same people attend consultation groups, or quiet, low in confidence people don't speak up, resulting in a limited set of opinions, or
Flexibility	Time consuming and labour intensive
Can provide and obtain information	Need a well-trained and skilled facilitator
Minimal costs	

Strengths and weaknesses of the different approaches

Table 10 provides an overview of the strengths, weaknesses, and considerations for each of the approaches as identified from the literature, consultations and website scrutiny.

Rapid consultation approaches		Other consultation approaches
Web-based	Representative panel	
Flexible, can put things up quickly, easy to manage	Can be flexible	Can be very flexible
Accessible	Effective framework	Minimal costs
Can be costly	Minimal costs (non-website)	Face to face can have a positive effect on engagement with the community
Effective in obtaining quick information	Reaches/attracts the 'non-internet' individuals	Can use range of strategies to engage people - group meetings, forums, surveys, interviews
Attracts 'Time-poor' individuals and enables them to have say	Community members can participate in a range of projects/consultations	
Can use a range of methods	All members have the opportunity to participate and voice opinion	
Open access builds trust	Members can provide meaningful input	
You can grow with the community	Can create meaningful engagement	
Can inform as well as obtain information and views	Can produce practical outcomes in policy and practice	
Can reach wide range of groups		
Participants can be involved a range of consultations		
Not fully representative. Difficult to target low SES, diverse ethnic groups, those with low literacy, no computer access,	Views not always representative. Challenge regarding democracy, representation, influence	Not fully representative – don't always reach all population groups of interest, and challenge with hard to reach populations
Biased representation -expert citizens/representatives that dominate decisions made	Bias due to limited numbers in some panels	Bias - limited set of opinions if same people involved, or quiet people don't speak
Initial marketing and raising awareness can be difficult	Initial set-up process can be difficult – levels of approval for content	Inability to receive quick answers
Can be quite costly	Non website approach can be time consuming and slow	Can be labour intensive and slow
Needs to be well designed	Need independent oversight by steering committee	Meetings/workshops need a skilled facilitator
Need to be consistent with how you use it	Need strict method process, appropriate jury/panel time, respect for members	Need to gain trust of community leaders to reach hard to reach
Use interactive approach – social media, other internet methods to encourage range of populations	Utilise recruitment strategies through market researchers and stratifications to promote inclusivity	Needs to ensure diversity
Use with other consultation methods		

Note: Green = Strengths; Yellow = Weaknesses; Blue = Considerations

Discussion

The findings from this investigation and review of rapid enhanced community consultation approaches have shown that web-based approaches (including web-based panel approaches), non web-based panel approached, and traditional approaches all have advantages and disadvantages.

The strengths of web-based approaches, identified in the literature, were the ability to obtain information easily and quickly, to reach a wide audience and to attract time poor individuals. The literature further highlights the effectiveness of social media (a strong component of web-based community consultation) in enhancing community engagement and building virtual communities. These findings were mirrored in our investigations with the interviewees in the consultations, identifying flexibility, obtaining information quickly, reaching a wide audience, attracting time poor individuals, building trust, and growing with the community as strengths of the approach. Other strengths identified were accessibility, and being able to inform as well as to obtain information.

One of the challenges of web-based approaches identified in the literature was representativity because of the difficulties in reaching diverse populations groups, and 'hard to reach' or 'hidden' populations. Another was bias due to what was termed as 'expert citizens – the expert representatives with confidence that dominate decisions. These issues were also identified as weaknesses by our interviewees. They spoke about the difficulty of reaching low socio-economic populations, diverse ethnic groups, and hard to reach groups. They also talked about the approach not being fully representative because it was difficult to target/access those with low literacy, no computer access or not comfortable with digital technology. The interviewees did not identify bias as a weakness. Other issues they identified were costs and that initial marketing and raising awareness of consultations was difficult.

Several methods to address some of the challenges were adopted by the organisations consulted. These included ensuring the engagement platform is well designed and being consistent in how it is used. In regards to representativity and reaching a wider audience, including the 'hard to reach', most of the organisations spoke about the importance of using other interactive methods such as different forms of social media and other internet methods to encourage a range of populations, and to also supplement the web-based consultation with standard traditional methods, and more 'aggressive' methods such as door knocks, letters, telephone interviews, Ipads, combi vans, and having special teams to work with specific groups.

The strengths of representative panel approaches identified in the literature were that they were an effective framework, flexible, can create meaningful engagement, gave all panel members the opportunity to participate in a range of projects or consultations, voice their opinion, and provide meaningful input, and that they have the ability to produce practical outcomes in policy and practice. The interviews in our consultations also identified flexibility and panel members being able to provide meaningful input as strengths of the approach. Other strengths they identified were that it gave the non-internet people the opportunity to participate, and, for Local Planning Panels, having an 'expert on the panel was considered a strength.

Weaknesses of representative panel approaches identified in the literature, where the same as those of web-based approaches, namely bias due to decisions based on views of 'influential' or not enough representatives,

and the lack of representivity due to panels not always including a diverse range of members, and often being very small. These findings were mirrored in our consultations with interviewees also commenting on a lack of representativity and bias when panel numbers are small, from select groups, or from a limited range population groups. Other weaknesses identified by the interviewees were the difficulty of setting up, and also time, particularly for non web-based panels.

One way of addressing the lack of representativity, identified in the literature, is by utilising a range of marketing strategies that will reach a wide and diverse audience and using stratification at recruitment. Others included having independent oversight and ensuring a strict methodology.

Findings from the literature and from the consultations suggest that just one approach is not optimal and that using a mixed methods approach can help to address some of the issues, particularly in term pf representativity and bias. While traditional approaches have also been shown, in our investigations to have challenges in terms of these issues, utilising a range of methods and approaches could be useful. Different approaches may appeal to, or be more useful for, different groups and using a combination could enable a wider reach.

Rapid enhanced community engagement approaches are feasible for use in SWSLHD. The methods used can be utilised effectively to obtain health related information and views. However, the issues and challenges discussed, particularly, representativity and cost, need to be taken into consideration decisions about whether to implement them or not.

Conclusion and recommendations

The findings from the literature review, website investigations and consultations show that each approach has its advantages and disadvantages. Website approaches (including website panel approaches) can be fast, accessible, flexible, and can reach a wide audience. They also attract time poor individuals. Non web-based panel approaches and traditional approaches attract those who either don't have access to, or have difficulty using, digital technology. All approaches can make use of a range of methods, and all can create meaningful engagement and obtain meaningful information. Non- web-based approaches can be less costly than web-based approaches, and less time consuming and labour intensive.

All approaches, however, are weak in terms of ascertaining and ensuring community representivity, and acknowledgement of and reducing possible bias. Regardless of the approach it is difficult to access and engage diverse ethnic groups, hard to reach individuals, people with low literacy levels, people living in disadvantaged, low socioeconomic areas, people living with disability, and specific population groups (e.g., youth, aged, mental health populations). Limited equity considerations were in place for all approaches with the main consideration being language options. Most councils did try to obtain wider, more representative participation by utilising a mixed approach, whereby traditional, and other unique approaches were used to supplement a web-based consultation. Unique and diverse marketing strategies were also used to obtain better representation.

Rapid consultation approaches can be feasible for SWSLHD. Their selection and implementation is, however, dependent on the amount of funding one is prepared, or able to commit. Web-based approaches including web-based panels are fast but can be costly. Non web-based panels are less

costly but slower. If a web-based approach were to be used, other supplementary approaches (additional internet methods including social media, iPad surveys, kombi vans, special teams to work with specific groups) are recommended, as are the use of effective marketing strategies.

The dimensions that need to be taken into consideration when deciding on rapid vs standard consultations (how rapid the consultation), and the level of representativeness and equity are:

- The issues, or research topic/s to be investigated (i.e., the quality and quantity of the problem identified as the core of the consultation process)
- The population/s one wants to reach (a small homogeneous, easily identifiable group on the one end of a spectrum, a large, diverse, complex and dynamic population on the other)
- The level of information desired/required (deep knowledge of sophisticated parameters on the one end of the spectrum, opinions and beliefs on the other)
- The timeframes (days vs months)

These parameters were explored at a workshop held to discuss the findings and recommendations.

Workshop outcomes

The consultation workshop was attended by representatives from the: Population Health Directorate; Healthy People and Places Unit; Healthy Places Unit, HIV and Related Programs and Targeted Programs Unit; and CHETRE. The views of the representative from the Consumer and Community Participation Unit were communicated to CHETRE prior to the workshop.

Discussion of the findings and recommendations resulted in the following decisions:

- Implementation of a web-based rapid and enhanced consultation approach to obtain representative health behaviour and health status information, and community views would facilitate the effective planning and delivery of services that meet the needs of the community in SWSLHD;
- A further meeting is to be planned at which a representative from 'Bang the Table', an external on-line community engagement platform development company, would present more detailed information about setting up and managing a community engagement platform;
- The information provided at this meeting would inform the preparation of a business case for the development and implementation of a web-based consultation approach;
- The aim, in the first instance, is to obtain support for development and implementation at the LHD scale. If this is not feasible, then for the Population Health Service.

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Appendices

Appendix 1: Website Investigation Template

Website Investigation
International or national
Type of approach
Organisation or group
What online consultation methods are used on the website? E.g. Surveys, formal submissions, email links, polls.
Does the website group also provide non-website methods such as focus groups, workshops, panels?
Costs involved
Incentives/rewards for joining? for survey participation?
Time/staff cost
Maintenance of site
Governance factors
Considerations for engaging- Is the site accessible to all (equity consideration)
Strengths of approach
Weaknesses of approach
Does the site manage surveys/consultations for a range of organisations or just one?
if so, can participants choose to do only issues that matter to them the most
What topics are surveyed/consulted
Is it a stand-alone site or part of an organization website?
How appealing is the site?
How easy is the site to use?
How is the site marketed/advertised?
Who are the participants? General population or specific target groups?
How do members join/register – on-line, phone, text, email?
What information do participants have to give when registering?
[For websites] Do organisations send surveys to the website and the website then makes them available to members, or do organisations let the sites know they have surveys and the websites then let members know and put them in touch with organisations?

How are participants/members made aware of upcoming surveys/consultations– email, phone, text
How are the surveys/consultations completed – email, on-line, phone, text, focus groups, working groups?
Do sites offer all surveys to all members or is there a selection process
Does the organisation/group also have a representative panel? If so, how do they recruit the members?
What is the volume of surveys/consultations per year?
What timeframes are given for survey completion
If the website uploads surveys etc for partnered organisations: How are results sent to organisations? on ongoing basis as surveys come in or when all surveys (for that particular topic) are completed?
How do sites/panels inform participants of findings - blog, newsletter?
What privacy/confidentiality regulations are in place?
Is there any evidence for effectiveness?

Appendix 2: Service Consultation Question Template: Web-based and Representative Panel

Question:
Does your service have a main website and then separate websites for each stream/program/initiative? Or just one website for everything? <ul style="list-style-type: none">- Part of NSW health main website? Hospital main website? SWSLHD main website?- Does your particular organisation have its own website? E.g. mental health services, health promotion?- Does the particular program/initiative e.g. childhood obesity, have an additional separate website?
Web-based Consultation
Does your service provide web-based consultation? If yes, Do you use an external company to create/assist with setting up your online consultations? <ul style="list-style-type: none">- E.g. Social pin point
General: What are you trying to find out by using web-based consultation methods? List some examples. <ul style="list-style-type: none">- Reaching out for health information and health status, views/opinions on future/current programs etc.? What methods of web-based consultation are being used? <ul style="list-style-type: none">- E.g. Surveys, polls, questionnaires, submissions, mapping
Registration: Do you have to join/become a member to participate in the consultations? Do people register for specific consultations or do they register to be involved in any consults? If the latter - <ul style="list-style-type: none">- Can they participate in whichever consult they wish or do you select specific people to complete a consult? What is the registration process and what questions are asked while registering? <ul style="list-style-type: none">- On-line /text/email?- Forms to fill out?- Age, gender, income, locality, employment, education level etc.? Are there privacy/confidentiality regulations in place?

Consultation:

If members register to be involved in a range of consultations how are they approached to participate in any given one?

How are consultations completed?

- **Are surveys etc. on line or emailed out to participants?**

Are participants given the option (e.g. online, or through email, phone, text)?

What is the volume of consultations per year?

Is there a specific time frame for these consultations?

Who reviews the information/data received from the participants?

- **What is the process behind reviewing the submitted data (submissions, survey answers etc.)?**

Is the data easily exported to external software packages?

Outcomes communication:

Once consultations are completed, how are the results/outcomes distributed to the members and the community?

- **Posted on the service website?**
- **Emails send to members?**

Governance factors:

Are your consultations run in isolation or in partnerships?

- **List examples**

Do partner organisation initiate consultations or is it usually your organisation?

Who has the main responsibility for developing and managing the consultations?

- **Who organises the surveys/polls?**
- **Who receive the results and analyses the data?**

Website maintenance:

Who maintains/manages the overall website?

Who manages the consultation section of the website (updates it etc.)?

Marketing and advertising:

How are web-based consultation approaches advertised/marketed or made aware to the community?

- **Any specific strategies? Such as advertising through social media.**

Considerations for engaging with different groups:

What are the considerations for engaging and meeting the needs of different groups?

- ***Any particular strategies in place to target specific groups?***
- ***CALD, Aboriginal and Torres Strait Islander people, locational disadvantaged, disabilities, the elderly, young people.***

Accessibility and Equity consideration:

What measures are in place to promote an equitable and accessible website?

- ***Several language options, easy navigation of the website, clear colours, voice box for hearing or visually impaired, or low literacy individuals***

Costs:

What costs are involved?

- ***Development of website***
- ***Ongoing running and maintenance of the website cost including time/staff costs, marketing costs, repairs, IT issues.***
- ***If there are incentives for joining- what are the costs behind that?***

Available data:

Does your service have data available indicating the demographics of the people involved in the consultation/s?

Does it indicate a representation of different groups?

- ***Ages, gender, locality, income, employment***
- ***Is the demographic generally the same age/gender group or does it vary depending on the topic of the consultation?***
- ***Amount/volume of people registering/participating roughly***

Assessment of approach:

Overall, what has been your experience of using this approach?

Strengths:

- ***E.g. Easy to gather information that is immediate? Efficient method in reaching groups? Easy to set up approach?***

Weaknesses:

- ***E.g. Costly? Difficult to target all groups?***

Effectiveness?

Have you assessed or evaluated the effectiveness?

- ***If so, any written reports from these studies regarding the effectiveness?***

Representative panels (or other identified method)

Does your service provide other rapid consultation methods (e.g. representative panel methods)?

If yes, what methods are used?

Do you use an external company to create/assist with setting up your (eg) panel consultations?

- ***E.g. New Democracy***

What are your consultations for and what are you trying to find out?

Is it topic/area specific or general?

Recruitment and registration:

Is the recruitment of members through an organisational database or web-based selected?

Explain the process in detail:

- ***Database- how was this data base originally created?***
- ***Web-based selection: how are they found, what is the process of this?***

Can participants register to be involved in a range of consultations or do they register for specific consults?

What particular personal details are required?

- ***Age, gender, income, employment, locality***

How many members are generally selected per consultation?

Consultation:

For specific consultations: (after you advertise the consultation) Do you select participants for specific consultations or let them all know about the upcoming consult and then they volunteer? If select,

How are people approached (criteria)?

How are these consultations completed?

- ***Are they done through surveys, email, online, meetings?***
- ***Explain the methods used and process (small groups of people who represent their wider group?)***

<p>What is the volume of consultations per year?</p> <p>Is there a specific time frame for these consultations?</p>
<p>Communication of Outcome:</p> <p>How are participants notified of the consultation outcome?</p> <p>Are members of the community also notified of the consultation outcomes?</p>
<p>Governance factors:</p> <p>Are consultations run in isolation or partnerships?</p> <ul style="list-style-type: none"> - List some examples <p>Do partner organisation initiate consultations or is it usually your organisation?</p> <p>Who has the main responsibility for developing and managing the consultations?</p> <ul style="list-style-type: none"> - Who organises the surveys/polls? - Who receive the results and analyses the data?
<p>Marketing and advertising:</p> <p>How is the community made aware of the consultations?</p> <ul style="list-style-type: none"> - Any specific strategies? Such as advertising through social media.
<p>Considerations for engaging with different groups:</p> <p>What are the considerations for engaging and meeting the needs of different groups?</p> <ul style="list-style-type: none"> - Any particular strategies in place to target specific groups? - CALD, Aboriginal and Torres Strait Islander people, locational disadvantaged, disabilities, elderly, young
<p>Accessibility and equity consideration:</p> <p>Any assistance with transport or financial assistance if participants need to attend meetings?</p>
<p>Costs:</p> <p>What costs are involved?</p> <ul style="list-style-type: none"> - Advertising, recruitment process, holding meetings etc?. - Any website costs? - <u>If applicable: Incentives for member costs? – what are the costs behind that?</u>

Data:

Does the service have any data indicating the demographics of the people involved in the consultation?

Does it indicate a representation of the community?

- ***Does it indicate a range of members involved, or the same groups of people normally being involved?***
- ***Ages, gender, locality, income, employment?***
- ***Amount/volume of people registering/participating?***

Assessment of approach:

Overall, what has been your experience of using these approaches?

Strengths:

- ***E.g. Easy to gather information that is immediate? Efficient method in reaching groups? Easy to set up approach?***

Weaknesses:

- ***E.g. Costly? Difficult to target all groups?***

Effectiveness of the consultation approaches used:

Have you assessed or evaluated the effectiveness?

- ***If so, any written reports from these studies/evaluations regarding this?***

Appendix 3: Council Consultation Question Template

Question:
Web-based Consultation
Does your council provide web-based consultation? Do you use an external company to create/assist with setting up your online consultations? <ul style="list-style-type: none">- <i>E.g. Social pinpoint</i>
General: What are you trying to find out by using web-based consultation methods? List some examples. <ul style="list-style-type: none">- <i>Reaching out for health information and health status, views/opinions on future/current programs etc.?</i> What methods of web-based consultation are being used? <ul style="list-style-type: none">- <i>E.g. Surveys, polls, questionnaires, submissions, mapping</i>
Registration: Do you have to join/become a member on the website to participate in consultations? Do people register for specific consults or do they register to be involved in any consults? If the latter - <ul style="list-style-type: none">- <i>Can they participate in whichever consult they wish or do you select specific people to complete a consult?</i> What is the registration process and what questions are asked while registering? <ul style="list-style-type: none">- <i>On-line /text/email?</i>- <i>Forms to fill out?</i>- <i>Age, gender, income, locality, employment, education level etc.</i> Are there privacy and confidentiality measures while registering?
Consultation: If members register to be involved in a range of consults how are they approached to participate in any given one? How are consults completed? <ul style="list-style-type: none">- <i>Are surveys etc. on line or emailed out to participants?</i>

<p>Are participants given the option (e.g. online, or through email, phone, text)?</p> <p>What is the volume of consults per year?</p> <p>Is there a specific time frame for these consultations?</p> <p>Who reviews the information/data received from the participants?</p> <ul style="list-style-type: none"> - <i>What is the process behind reviewing the submitted data (submissions, survey answers etc.)?</i> <p>Is the data easily exported to external software packages?</p>
<p>Outcomes communication:</p> <p>Once consultations are completed, how are the results/outcomes distributed to the members and the community?</p> <ul style="list-style-type: none"> - <i>Posted on the service website?</i> - <i>Emails send to members?</i>
<p>Governance factors:</p> <p>Are your consultations run in isolation or in partnerships?</p> <ul style="list-style-type: none"> - <i>List examples</i> <p>Do partner organisation initiate consults or is it usually your organisation?</p> <p>Who has the main responsibility for developing and managing the consults?</p> <ul style="list-style-type: none"> - <i>Who organises the surveys/polls?</i> - <i>Who receive the results and analyses the data?</i>
<p>Website maintenance:</p> <p>Who maintains/manages the overall website?</p> <p>Who manages the consultation section of the website (updates it etc.)?</p>
<p>Marketing and advertising:</p> <p>How are web-based consultation approaches advertised/marketed or made aware to the community?</p> <ul style="list-style-type: none"> - <i>Any specific strategies? Such as advertising through social media.</i>
<p>Considerations for engaging with different groups:</p> <p>What are the considerations for engaging and meeting the needs of different groups?</p>

- **Any particular strategies in place to target specific groups?**
- **CALD, Aboriginal and Torres Strait Islander people, locational disadvantaged, disabilities, the elderly, young people.**

Accessibility and Equity consideration:

What measures are in place to promote an equitable and accessible website?

- **Several language options, easy navigation of the website, clear colours, voice box for hearing or visually impaired, or low literacy individuals - robot reading words written on the website etc.?**

Costs:

What costs are involved?

- **Development of website**
- **Ongoing running and maintenance of the website cost including time/staff costs, marketing costs, repairs, IT issues.**
- **If there are incentives for joining- what are the costs behind that?**

Available data:

Does your service have data available indicating the demographics of the people involved in the consultation/s?

Does it indicate a representation of different groups?

- **Ages, gender, locality, income, employment**
- **Is the demographic generally the same age/gender group or does it vary depending on the topic of the consultation?**
- **Amount/volume of people registering/participating roughly**

Assessment of approach:

Overall, what has been your experience of using this approach?

Strengths:

- **E.g. Easy to gather information that is immediate? Efficient method in reaching groups? Easy to set up approach?**

Weaknesses:

- **E.g. Costly? Difficult to target all groups?**

Effectiveness?

Have you assessed or evaluated the effectiveness?

- **If so, any written reports from these studies regarding the effectiveness?**

Representative Panels (or other identified method)

Does your service provide other rapid consultation methods (e.g. representative panel methods)?

If yes, what methods are used?

Do you use an external company to create/assist with setting up your (e.g.) panel consultations?

- ***E.g. New Democracy***

What are your consults for and what are you trying to find out?

Is it topic/area specific or general?

Recruitment and registration:

Is the recruitment of members through an organisational data base or web based selected?

Explain the process in detail:

- ***Data base- how was this data base originally created?***
- ***Web-based selection: how are they found, what is the process of this?***

Can participants register to be involved in a range of consults or do they register for specific consults?

What particular personal details are required?

- ***Age, gender, income, employment, locality***

How many members are generally selected per consult?

Consultation:

For specific consultations: (after you advertise the consultation) Do you select participants for specific consults or let them all know about the upcoming consult and then they volunteer?

If select,

How are people approached – what is the criteria?

How are these consultations completed?

- ***Are they done through surveys, email, online, meetings?***
- ***Explain the methods used and process (small groups of people who represent their wider group?)***

What is the volume of consults per year?

Is there a specific time frame for these consultations?

Communication of Outcome:

How are participants notified of the consultation outcome?

Are members of the community also notified of the consultation outcomes?

Governance factors:

Are consultations run in isolation or partnerships?

- **List some examples**

Do partner organisation initiate consults or is usually your organisation?

Who has the main responsibility for developing and managing the consults?

- **Who organises the surveys/polls?**
- **Who receive the results and analyses the data?**

Marketing and advertising:

How is the community made aware of the consultations?

- **Any specific strategies? Such as advertising through social media.**

Considerations for engaging with different groups:

What are the considerations for engaging and meeting the needs of different groups?

- **Any particular strategies in place to target specific groups?**
- **CALD, Aboriginal and Torres Strait Islander people, locational disadvantaged, disabilities, the elderly, young people.**

Accessibility and equity consideration:

Any assistance with transport or financial assistance if participants need to attend meeting?

Costs:

What costs are involved?

- **Advertising, recruitment process, holding meetings etc.**
- **Any website costs?**
- **If applicable: Incentives for member costs? – what are the costs behind that?**

Data:

Does the service have any data indicating the demographics of the people involved in the consultation?

Does it indicate a representation of the community?

- ***Does it indicate a range of members involved, or the same groups of people normally being involved?***
- ***Ages, gender, locality, income, employment***
- ***Amount/volume of people registering/participating?***

Assessment of approach:

Overall, what has been your experience of using this approach?

Strengths

- ***E.g. Easy to gather information that is immediate? Efficient method in reaching groups? Easy to set up approach?***

Weaknesses

- ***E.g. Costly? Difficult to target all groups?***

Effectiveness of the consultation approaches used:

Have you assessed or evaluated the effectiveness?

- ***If so, any written reports from these studies/evaluations regarding this?***