

# Public health consultation: A guide for developers



Delivering a Healthy WA

The protection of public health is arguably the most crucial consideration for most communities. This Guide has been developed to assist proponents of new developments to undertake meaningful consultation with communities and to reach agreement on public health issues.

The focus of this document is on the range of public health issues that may be influenced by proposals, how these issues can be addressed during the consultation process and approaches to determining the groups within communities who should be included in community discussions.

The Guide is intended to be a broad framework rather than a step by step process for community engagement and consultation. The framework has been developed to focus on a range of determinants of public health within the consultation process.

## **Acknowledgements**

We acknowledge the expertise of many individuals working in the interest of improving public health and improving community participation in decision-making who have contributed to this Guide. These are listed in Appendix 1.

The document was prepared by Gae Synnott and Dianne Katscherian.

## Message from the Environmental Health Director



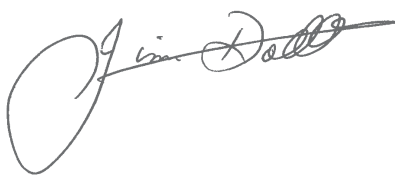
The Department of Health regards community consultation as an important component of activities undertaken during the planning stages for new development. It believes the community should be given opportunities to participate in decisions that have the potential to affect their lives and encourages proponents to demonstrate that they are working effectively with communities.

The Department of Health in conjunction with other stakeholders has developed this framework to provide guidance to proponents when engaging with communities. It is important that proponents and communities alike are aware of issues that may be perceived as risks and should be considered during the early planning stages of developments. This Guide provides advice on the range of public health issues that may be of relevance to communities to consider as well as information related to the engagement of stakeholder groups who could be included in these consultation processes.

A number of documents on how to involve communities in the development of proposals have been produced within Government and these are supported and endorsed by the Department of Health. Readers of this document are encouraged to use these as they provide guidance on how to undertake community consultation to achieve better outcomes for proponents and the community.

The framework in this document has been reproduced in a separate foldout form that can be used for display purposes. Similarly, a table has also been provided as a separate foldout, which can be used to capture responses during community discussion. Proponents are encouraged to reproduce these for community participants.

We hope you find this document is of assistance in addressing public health issues during these important processes.

A handwritten signature in black ink that reads "Jim Dodds". The signature is written in a cursive style with a large, looping initial "J".

Jim Dodds  
Director Environmental Health

## Glossary of Terms

### Community

A community is a group of individuals and/or organisations with common geography or common identity.

### Community engagement

Community engagement is the process through which stakeholders can contribute to discussions, and influence decisions and actions that affect them. There are a number of models of community engagement using a wide range of methods, and differing levels of opportunity to influence decisions and actions.

### Health

Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (World Health Organisation (WHO), 1946).

### Proponent

A proponent is a person who proposes or comes forward with an item or an idea (a proposal). In relation to development, a proponent is a person or organization that proposes carrying out an activity that may have an effect on the environment.

### Public Health

Public health is the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population sub-groups (NHPH, 1998).

### Screening

Screening is a preliminary systematic examination or assessment of people or objects using specified criteria in order to identify those with particular characteristics or attributes.

### Scoping

Scoping is a process used for identifying the range of actions, impacts, issues and alternatives associated with a proposal. Within consultation programmes, these include the level of community interest or concern, who should be involved in the consultation and how key issues are to be addressed.

### Stakeholder

Stakeholder is a generic term to identify those who have a stake in a proposal or who may be affected in some way by the proposal.

### Sustainability assessment

The process of assessment of projects as well as policies, plans, programmes, agreements and legislative proposals to determine if they conform to sustainability principles. The WA Government recommends that all new projects demonstrate sustainability assessment as part of the approvals process.

## Table of Contents

1. Introduction	1
2. Why Consult For Public Health?	3
3. Understanding Public Health	4
3.1 Public Health Factors	4
4. A Public Health Consultation Framework	7
4.1 Steps For Public Health Consultation	7
5. In Conclusion	17
6. References	18
Appendix 1 Participants	20
Appendix 2 Understanding Consultation	22
Consultation Frameworks	23
Principles For Community Consultation And Involvement	28
Appendix 3 Resources	29
Appendix 4 Community Engagement Methods	32



# 1. Introduction

Public health is a key element of all human activities. The Department of Health and many other public and private groups are committed to the protection and promotion of the public health of communities in Western Australia. New proposals and development provide opportunities to enhance the health of communities as well as ensuring that public health risks are minimised. Frequently the issues most often raised in consultation processes are those that revolve around public health.

Public participation and consultation with the community is strongly encouraged by the WA Government, which sees these as important means through which to build “trust, respect, and confidence both in democratic processes and in the future” (Citizens and Civic Unit, 2003, p.1). State Government policies and standards are being established to provide a whole of government consistency to consultative requirements. Endorsement of these policies is reflected in consultation requirements for urban and regional planning and environmental approvals. The Integrated Project Approvals System recommends community consultation throughout the development of complex projects.

This Guide has been developed as a practical Guide for proposal proponents - both inside and outside the public sector - to ensure that the potential range of public health issues is considered during consultation for proposal development. A broad range of proposals can be covered by this Guide such as industrial projects, changes to Town Planning Schemes or new government policy. This framework can assist proposal developers to achieve better health outcomes.

Each environmental, social and economic element of new proposals can influence the health of the community. However, the public health issues associated with these elements are not consistently dealt with and often their inclusion is left to the interpretation of proposal proponents or consultants. Application of the consultation framework presented here should ensure that public health issues are well understood and can lead to more certainty for proponents and communities. The consultation should be undertaken early in the process of developing a proposal, as well as throughout the process, to achieve the best possible outcome for the community and the proponent.

The purpose of this Guide is:

1. To provide guidance on how to undertake public health consultation so that issues can be fully considered as a component of environmental, social and economic issues in proposal development.
2. To assist with the process of communicating about public health issues so that the community and others understand the issues and have confidence that the issues are being addressed.
3. To demonstrate how proponents can bring this information into planning processes for decision-making.
4. Through the above, to ensure that potential negative impacts from proposals are mitigated and that positive health impacts can be enhanced.

This Guide is intended to provide a broad framework rather than a step by step process for community engagement and consultation. It should enable the proponent to determine the extent to which:

1. Public health issues are relevant to the proposal (screening);
2. Public interest/concern is involved, and who the key stakeholders and relevant communities are (scoping);  
and
3. The proposal has a real or perceived public health impact on the community, the nature of that impact, and what needs to be done in the proposal development to resolve relevant public health concerns.

Consideration of public health implications early in the process can present an opportunity for the health of the community to be enhanced and for improved collaboration with communities.

Consultation with stakeholders in public health has indicated that the benefits of the consultative approach to public health include:

- Providing alignment with the State Sustainability Strategy
- Gaining community trust by providing opportunity for input at the early stages of proposal development
- Better understanding of communities and stakeholders by proponents
- Proponents having the opportunity to identify and target specific community issues
- Increased proponent benefit from a better proposal, risks are reduced, savings in time and cost can be demonstrated, and an overall better indication of success can be obtained earlier
- Addressing good governance principles of transparency and accountability.

Enlarged versions of the framework and the proposed mechanism to record recommended approaches to capture issues have been provided in the cover envelope.



## 2. Why Consult for Public Health?

Protection and enhancement of human health are recognised as priorities in Australia. The National Environmental Health Strategy (enHealth, 1999) highlights the basic entitlements and responsibilities required to maintain and improve the quality of health for all Australians. Those responsibilities and entitlements operate at the individual, community, business, industry and government level.

In Western Australia, an increased emphasis on sustainability has seen more proposals being assessed through an integrated consideration of potential environmental, economic and social impacts to meet the needs of both current and future generations.

In WA, the framework for environmental assessment which has a regulatory basis is set by the Environmental Protection Authority (EPA). Currently, the EPA can only review or require action to protect public health through recommendation of environmental conditions to be met by proponents. These conditions include the control of emissions such as chemicals, noise, dust, odour, which could have health risks as well as environmental impacts. However, the EPA can direct a proponent to carry out a full health risk assessment if it perceives significant risks with a proposal.

Economic assessment is generally established by the proponent.

Some social issues can be addressed through Local Government activities and State Government planning. However, most social criteria or social benefits associated with proposals tend to be explored through community consultation processes to determine the implications for relevant communities.

Public health has environmental, economic and social components and has a place in all three areas of assessment. Good sustainability practice indicates that public health issues should be considered in proposal development. This Guide presents a framework for bringing public health issues into the consultation process and thus into proposal development. Public health issues can be explored with communities within the same process that explores the environmental, social and economic issues raised by a proposal.

### 3. Understanding Public Health

Ensuring that public health issues are sufficiently covered in proposal development starts with an understanding of public health factors which could be influenced by proposals.

Improved public health outcomes rest on a number of key principles, which are:

#### **Sustainable Development (SD)**

SD is about meeting the needs of current and future generations through integration of environmental protection, social advancement, and economic prosperity. These elements are critical to ensuring healthy individuals and healthy communities. To achieve the goals of SD, it is essential to provide consultation mechanisms that identify factors that contribute to or detract from a healthy population. In addition, processes to protect public health and provide for economic development, social cohesion and management of the environment must be integrated.

#### **Promotion of Health**

Consultation should not only identify risks to the health of individual and communities, it should also contribute to attaining health gains through the proposal.

#### **Democracy**

Strong, democratic societies can be achieved through active public participation in transparent decision making processes. It is important that people have opportunities to participate in the consultation for proposals that may impact on their lives, and reach agreement with proponents about possible outcomes.

#### **Equity**

Individual physiological variation or behaviour can account for some health differences - but for many the opportunity for a healthy life is linked to social disadvantage. Consultation should examine how the proposal will affect the health of vulnerable people in terms of age, gender, ethnic background, socio-economic status or other positions of susceptibility. These vulnerable groups, where there is the potential for them to be affected, should be encouraged to participate in consultative processes.

#### **Ethical use of evidence**

The best available quantitative and qualitative evidence must be identified and incorporated into the consultation.

#### **3.1 Public health factors**

The factors that determine a health outcome in an individual, group or whole community (the determinants of health) can be related to those that arise from natural, social, built and political environments. The following table (Table 3.1) describes the health determinants that might be covered in a discussion about public health issues. It provides the categories where positive or negative health outcomes may arise depending on the decisions made by the proponent in conjunction with the community.

Health considerations used in proposal development traditionally fall into only a few of these categories. Proponents are encouraged to consider the impact of their proposal on each sub-category. Some of these sub-categories may have no relevance for some types of proposals. For example, in the category of the individual/family, characteristics such as age and sex would not be influenced by proposals however housing conditions could be. Similarly, the introduction of some proposals may have by-products which influence other categories such as access to child care or availability of training in the institutional category.

**Table 3.1: Description of what might be included in each health category**

Categories	Sub-categories	Examples of determinants of health
Individual/family	Biological	Genetics, age, sex, immune status, nutritional status.
	Behavioural/lifestyle	Exercise, recreation, diet, sexual behaviour, smoking and passive smoking, alcohol use, prescription drugs, substance misuse, risk acceptance and behaviour.
	Circumstantial	Poverty, empowerment, family structure and relationships, housing tenure, housing conditions, employment status, working conditions, income, skills level, education, means of transport.
Environmental	Physical	Air, water and soil media, infrastructure, natural resources and green space, waste disposal, public safety measures, hazards, civic design, vectors, housing, energy, land use, pollution, crops and foods, traffic, climate, odour, vibration, noise.
	Social	Community structure, culture, crime and antisocial behaviour, fear of crime and antisocial behaviour, discrimination and fear of discrimination, social contact, social support, gender, community participation.
	Economic/financial	Unemployment rate, investment rate, interest rate, inflation rate.
Institutional	Health services	Primary care, specialist services; respite, social, childcare, access.
	Other services	Police, transport, public works, banking, municipal authorities, Local Government, project sector ministry, local community facilities and organisations, Non Government organisations (NGOs), emergency services, advice, workplaces, employment opportunities and services, leisure facilities.
	Economic conditions	Job creation, distribution of incomes, availability of training, quality of employment, availability of employment, business activity, technological development.
	Public policy	Regulations, jurisdictions, laws, goals, thresholds, priorities, standards, targets.

Table 3.2 outlines the protective factors that could be enhanced through proposals, and the risk factors that could be reduced. The factors raised in both tables demonstrate the breadth of issues that could be considered through a consultative approach for a proposal.

**Table 3.2 Factors that influence health - protective and risk factors**

<b>Protective factors</b>	<b>Healthy conditions and environments</b> <ul style="list-style-type: none"> <li>- Safe physical environments</li> <li>- Supportive economic and social conditions</li> <li>- Regular supply of nutritious food and water.</li> </ul>	<b>Psychosocial factors</b> <ul style="list-style-type: none"> <li>- Participation in civic activities and social engagement</li> <li>- Strong social networks</li> <li>- Feeling of trust</li> <li>- Feeling of power and control over life decisions.</li> </ul>	<b>Effective health services</b> <ul style="list-style-type: none"> <li>- Provision of preventative services</li> <li>- Access to culturally appropriate health services</li> <li>- Community participation in the planning and delivery of health services.</li> </ul>	<b>Healthy lifestyles</b> <ul style="list-style-type: none"> <li>- Decreased use of tobacco and drugs</li> <li>- Regular physical activity</li> <li>- Balanced nutritional intake</li> <li>- Positive mental health</li> <li>- Safe sexual activity.</li> </ul>	<b>Healthy public policy and organisational practice</b> <ul style="list-style-type: none"> <li>- Provision for meaningful, paid employment</li> <li>- Provision of affordable housing</li> <li>- Restricted access to tobacco and drugs.</li> </ul>
<b>Health Aspirations and Outcomes</b>	Quality of life, functional independence, well-being mortality, morbidity, disability				
<b>Risk factors</b>	<b>Risk conditions</b> <ul style="list-style-type: none"> <li>- Poverty</li> <li>- Low social status</li> <li>- Dangerous work</li> <li>- Polluted environment</li> <li>- Natural resource depletion</li> <li>- Discrimination (age, sex, race, disability)</li> <li>- Steep power hierarchy (wealth, status, authority) within a community and workplace.</li> </ul>	<b>Psychosocial risk factors</b> <ul style="list-style-type: none"> <li>- Isolation</li> <li>- Lack of social support</li> <li>- Poor social networks</li> <li>- Low self-esteem</li> <li>- High self-blame</li> <li>- Low perceived power</li> <li>- Loss of meaning or purpose</li> <li>- Abuse.</li> </ul>	<b>Behavioural risk factors</b> <ul style="list-style-type: none"> <li>- Smoking</li> <li>- Poor nutritional intake</li> <li>- Physical inactivity</li> <li>- Substance abuse</li> <li>- Poor hygiene</li> <li>- Being overweight</li> <li>- Unsafe sexual activity.</li> </ul>	<b>Physiological risk factors</b> <ul style="list-style-type: none"> <li>- High blood pressure</li> <li>- High cholesterol</li> <li>- Release of stress hormone</li> <li>- Altered levels of biochemical markers</li> <li>- Genetic factors.</li> </ul>	

Source: Adapted from Labonte 1998

The framework for use in public consultation has been developed around the factors and determinants in Tables 3.1 and 3.2.

## 4. A Public Health Consultation Framework

In proposal development, consultation is undertaken for a range of reasons - for research, communication, discussion and development of ideas and options, joint planning and decision making. Regardless of the level of consultation and extent of community involvement in decision-making, consultation is fundamentally undertaken to lead to better outcomes.

A good consultative approach ensures, at minimum, that:

- The proponent clearly articulates the level of consultation being offered, and the opportunities available to stakeholders within proposal development,
- The proponent has a good understanding of the potentially-affected community so that the effects of the proposal on the community can be determined, and
- All stakeholders are given the opportunity to engage with the proposal, including being informed, having ways to seek clarification, and providing input.

For further information about how to undertake the consultation basics listed above, refer to the guides prepared by the Citizens and Civics Unit (2002, 2004, 2005) and the Department of Environment (2003).

### 4.1 Steps for public health consultation

The responsibility for consultation about public health issues rests with the proponent. To provide for good consultation outcomes the proponent should be prepared to invest time and financial resources into the planning requirements. Risk may be introduced if the process is not well planned and implemented. For example, the results may be biased if special interest groups dominate, or there is lack of equity in who is involved in the process. Other sectors such as the environment may be adversely impacted. A lack of trust or disrespect from the community may result and further consultation may be required which will extend timelines and increase cost.

To provide for appropriate consideration of public health, the following Steps should be addressed during consultative processes:

## Steps for Public Health Consultation

Step	Process	Key actions
Step 1	Identifying	Preliminary identification of the key public health issues related to the proposal
Step 2	Profiling	Identification of specific community segments who may be particularly affected by public health issues from the proposal
Step 3	Contacting	Seeking out these community segments and finds ways of making it easy for them to become involved
Step 4	Discussing	Input from stakeholders about the extent, relevance and prioritisation of public health issues in relation to the proposal
Step 5	Planning	Stakeholders and proponent jointly determine desired outcomes in relation to relevant public health issues
Step 6	Incorporating	The proposal is developed including commitments to achieving the agreed public health outcomes
Step 7	Consolidating	Ongoing consultation and communication with stakeholders on the relevant public health aspects during the proposal development process

### Step 1 Identifying

The proponent should review the issues associated with the proposal against the range of public health categories and determinants provided. This will include consideration of possible benefits that may arise from implementation of the proposal as well as potential risks. At this stage it would be appropriate to determine if a Health Risk Assessment is required (see the DOH's Health Risk Assessment in Western Australia, 2006).

The proponent should prepare documentation for stakeholders on the proposal including potential public health issues that should be discussed during consultation.

### Step 2 Profiling

The proponent should try to identify and understand all stakeholder groups associated with the proposal. As part of this process, the proponent should specifically look at sub-groups such as those listed below, which are often not included in consultation programs.

- Children
- Youth (aged 13 - 18)
- Older people
- People with disabilities
- People with mental health problems
- People with long-term illnesses
- Indigenous people

- Other ethnic and cultural communities
- Unemployed
- Women's groups
- Men's groups
- Migrants
- Fly in/fly out workers.

The type of information that might be useful for proponents to collect and analyse includes statistical information available through existing sources in addition to information gathered about the community relevant to the proposal:

- Community population and demographic information - available from local councils, non-government agencies and other representative bodies, state government agencies and the Australian Bureau of Statistics;
- State-wide statistical information from the Analysis and Performance Reporting Directorate within the Department of Health or the Australian Institute of Health and Welfare;
- Identification of sub-groups or segments within the community:
  - Identification of sub-groups or segments within the community who may be particularly affected by the proposal, based on the issues and the demographics
  - Identification of organisations that represent these sub-groups or segments, and whatever information they might have.

Comprehensive information on profiling processes *Developing a Community Profile (2006)*, is available from the Department of Local Government and Regional Development.

The proponent may wish to gather baseline data against the health factors in Table 3.2, although this is usually outside the consultation process.

### **Step 3 Contacting**

It is possible that some of the groups within a community who may be affected by a proposal may not come forward and volunteer to be a part of the consultative process. A scan of the list of sub-groups above shows that barriers to involvement may exist.

Therefore it may be necessary to put more effort into seeking people out, and finding a way of including their views in the consultative process. This suggests that a targeted and direct consultation process may be required. Potential points to consider include:

- Consider using an independent expert, or an objective third party to mediate, interpret or facilitate.
- Be clear about the level of consultation (refer to the IAP2 spectrum) and find methods that are appropriate to the level of consultation being offered, and the resources available.

- Ensure that good information about the proposal is widely disseminated as a first step
- Consult with key agencies and peak bodies that provide services to relevant groups and sub-groups that may be particularly affected by the proposal.
- Tap into existing groups to assist with the consultation:
  - Youth Advisory Councils, Aboriginal Communities, Service Organisations.
  - Utilise specific interest sectors such as government agencies, non government organisations and universities (see Appendix 6)
- Undertake an initiated feedback process through established peak bodies, using their networks
- Find the resources to meet people on their terms - in places that suit them, at times that suit them and using methods that suit them. Be flexible with the consultation to fit with the circumstances of the people being consulted.
- If you are consulting with representatives of particular organisations or groups, allow time for them to canvass views from their constituencies.

Use a diversity of methods to increase exposure and optimise engagement with difficult-to-reach sub-groups. Don't rely on one method. Appendix 7 provides a list of some methods, and further information is available from the OCC publications (2002, 2003).

The question of whether or not stakeholder groups should be resourced to participate in consultation deserves discussion. It is not recommended that individuals are paid for participation. However, there are two different types of resourcing: resourcing to remove barriers to participation, and resourcing to provide incentives.

Resourcing to remove barriers to participation includes payment for travel, parking, child care costs, and refreshments and should be considered. This would be particularly relevant if the time commitment involved is likely to be frequent over an extended period of time. Resourcing as incentives includes gifts and sitting fees. While this is not recommended, it is left to the discretion of the proposal proponent.

If specific groups are hard to access, it may be useful to identify groups or associations who can represent those interests. Look at other examples of similar proposals to provide links to representative bodies or speak to others who have worked with a specific community to see how they identified representative groups or individuals.

Be aware that people may choose not to get involved for a range of reasons such as consultation fatigue or a sense of powerlessness. Consultation fatigue is where people feel over-consulted. Consider whether representative bodies exist who could be asked for input on their behalf.

In addition, be specific about the purpose of the consultation and the opportunity that is being offered to influence the proposal, so people can determine whether or not they wish to become involved.



### Lessons learned\*

- Make sure sufficient resources are made available - time and money
- Develop and implement a systematic process
- Don't consult if decisions have already been made
- Be aware of the importance of transparency and objectivity
- Provide an educative process to assist people with context so they can provide feedback - enables broader feedback than front of mind responses
- Don't assume that one process is appropriate for all circumstances
- Cater for special needs

*\*Workshop participant feedback (May 2006)*

### Step 4: Discussing

In this step, the proponent seeks input from stakeholders about the relevance of public health issues in relation to this proposal, a two-pronged approach is proposed:

- make the public health factors and consequences of decisions easy to understand and consider; and
- provide a non-threatening and accessible means of discussing these factors.

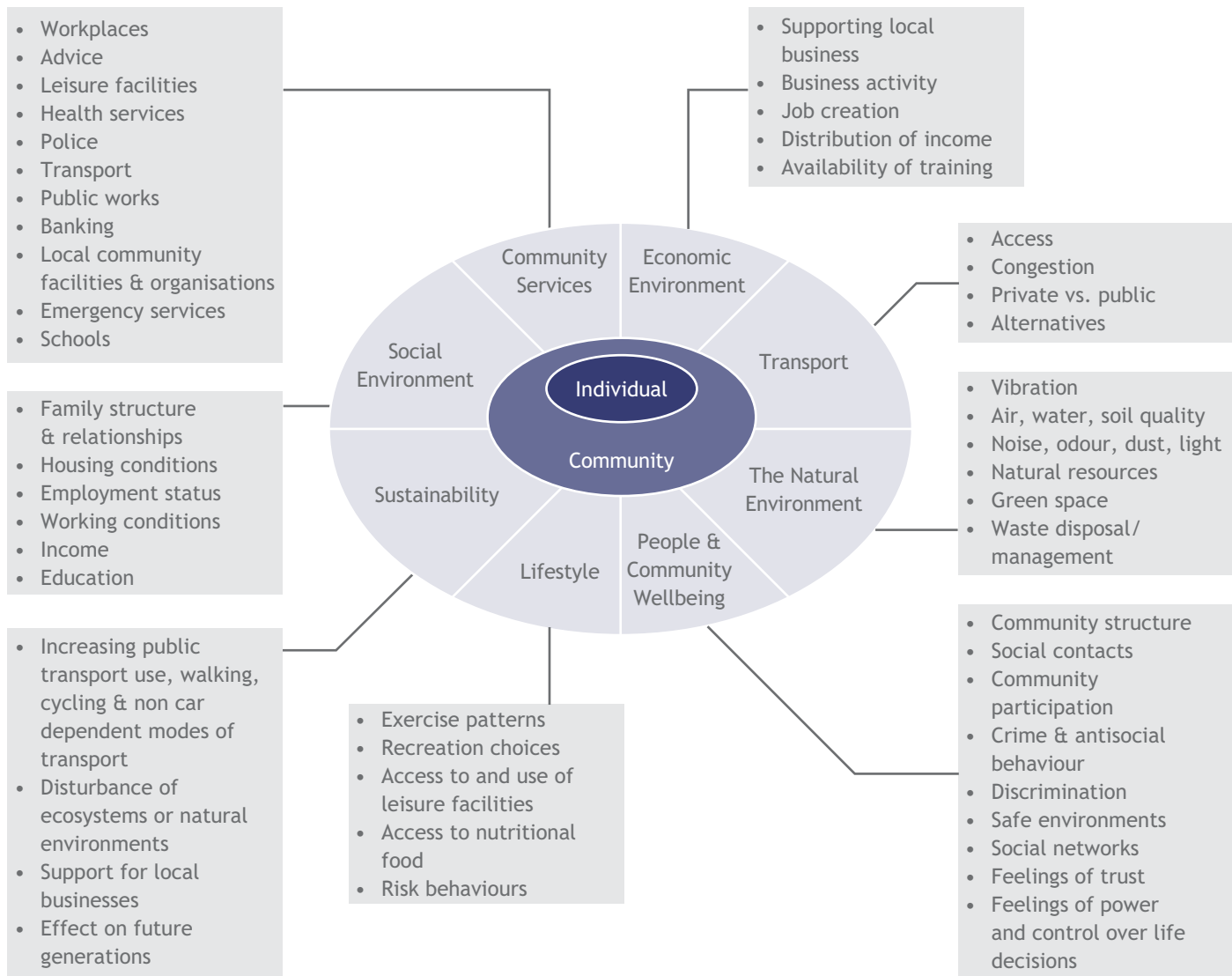
The framework has been developed as a tool to broach public health issues with community members and groups. It has been designed to leave it open to the people being consulted to consider the range of public health issues that may relate to that proposal.

Not all public health issues will be relevant for every proposal, and relevance will be determined through the consultation process. The issues discussed during this stage build on the initial identification of issues by the proponent.

It is important that individual and community fears about development are acknowledged and respected. People may be uncomfortable with change or be concerned that the new development may result in adverse outcomes for themselves or their families. A broad discussion which allows those concerns to be expressed and acknowledged may lead to a discussion about possible outcomes that would address those concerns.

A large sized copy of the framework has been included with this document that can be reproduced for use.

**Figure 4.1 The Consultation Framework**



The discussion that takes place around the framework allows people to identify the things that they want to address. It is envisaged that the framework could be used both in one-to-one and group discussions.

After consultation using the framework, the proponent will be able to determine the types of effects on public health the proposal may have on community sub-groups:

- Positive
- Negative
- Neutral
- Unknown.

The proponent will also be able to assess whether the proposal is likely to affect any of these subgroups more than others (i.e.: a disproportionate effect), or whether there will be broad effects across the community.

## Step 5: Planning

While proponents will do a preliminary identification of potentially relevant public health issues, the affected community should determine which factors or issues are important from its perspective. The framework provides a way of broaching the issues with community members, and allows input to come from the community. Using the framework as a basis for discussion, community members can be invited to talk about what sort of outcomes they would like the proposal to achieve, specific to each of the public health issues they have identified as relevant.

The discussions can be recorded in a table format similar to the one shown below (Table 4.1). A large size table has been provided with this document that can be reproduced for use.

**Table 4.1 Example table format**

Category	Specific issues	Significance	Community group	Desired outcome	Undesirable outcome	Potential resolution
Sustainability	<ul style="list-style-type: none"> <li>Increasing public transport use, walking, cycling &amp; non car dependent modes of transport</li> <li>Disturbance of ecosystems or natural environments</li> <li>Support for local businesses</li> <li>Effect on future generations</li> </ul>					

## Step 6: Incorporating

Through the consultation process, the proponent will build a good understanding of:

- The public health issues associated with the proposal
- What types of effects these issues would generate if the proposal proceeds
- What options exist to mitigate the effects.

Mitigation of effects can be shown to have outcomes that:

Mitigation		Outcome
Eliminate the potential effect	=	nil effect
Minimise the potential effect	=	minimal effect
Minimise the effect through offsets	=	minimal or nil effect
Improve the outcome	=	net gain

It will be important for mitigation to be considered in a manner that provides equitable consideration of the environmental, social and economic elements to ensure that minimum standards for each are met. Where there is the potential for trade-offs to occur, these should only occur above this minimum standard, and should be dealt with through agreement with stakeholders.

Mitigation should be considered in terms of whether the desired outcomes can be incorporated into the proposal, with the aim being to create a proposal that seeks to not disproportionately affect a particular group or widen health inequalities. Further, the aim is to try and reduce health inequalities through the process.

It may be that a proposal will produce public health impacts that cannot be mitigated or offset. The proponent should aim for the “best net” outcome.

The final check is to determine whether the proposal is consistent with:

- State Sustainability Strategy
- Environmental regulations
- State Planning frameworks
- Community engagement principles
- Public health objectives
- Public health principles (see Section 3).

## Demonstrating the results of consultation within the proposal

The proponent should outline the process undertaken to consult with the community, and the way in which the proposal has incorporated community information and comment. Stakeholders and those consulted should be able to see that their input has had an integral role in the final shape of the proposal and its contents through:

- Documentation of consultation outcomes specifically linked to evidence of project provisions responding to the issues raised during consultations. This could be in table format, listing the issues raised through consultation, and how those issues have been dealt with in the final proposal. This sets up a paper trail which allows community members to see how their concerns have been addressed.
- Documentation of the steps taken.
- Demonstration that the consultation outcomes have been communicated to parties involved and interested in the process. This feedback loop is important and adds to the transparency.
- Inclusion of standards or targets set and agreed with the community, including details of monitoring systems and periodic reviews.
- Evaluation of the consultation process itself and whether it has been effective.
- Demonstration that offsets, if any, are accepted by the community and stakeholders.
- Clear agreements/understanding outlined with supporting and dissenting views, and how much of each.
- Demonstration that the final proposal matches the consultation promises made.
- Justification of why some issues may not have been included.
- Illustration of how the public health agreements will be delivered by the proponent through construction and operational phases, so that the agreements are maintained and followed through on for the long-term.
- Inclusion of a public health statement as an attachment to the proposal to demonstrate alignment with sustainability considerations. The statement could follow these lines;
  - That consideration has been made of the potential public health effects of the proposal;
  - That these potential effects have been explored in consultation with the following community members and stakeholders, as documented fully in the proposal (list);
  - That the public health issues raised through consultation have been considered in the final proposal (and are documented as such in the proposal); and
  - That the final proposal will have a nil/positive/negative net impact on health, wellbeing and health inequity.

## **Demonstrating that the proposal will lead to positive public health outcomes**

Based on the agreements reached with the community, proponents will be able to demonstrate to stakeholders and regulators that public health is enhanced through the proposal, and adverse impacts minimised. It is important that the process to demonstrate the outcomes provides attention where appropriate to the:

- Use of quantitative data
- Use of easy to understand language
- Use of international research
- Use of case studies and examples to support the public health claims
- Use of evidence demonstrating effectiveness of proposed mitigations.

## **Step 7: Consolidating**

One concern of communities is likely to be how the agreements with communities on proposal outcomes can be carried forward beyond the approval of a specific proposal. This involves consideration of:

- Development of feedback processes so that communities have confidence that their issues are continuing to have influence in the process.
- A clear statement about how the agreed outcomes will be managed into the future. This may include a statement about timeframes for monitoring and review.
- A commitment to convening a meeting with the community if any of the agreed outcomes cannot be implemented for unforeseen reasons or because of new considerations.

Proponents should include in their proposal documentation how both of these aspects will be managed.

At a point in the process, consultation on the proposal will finish and the proposal will be finalised and implemented following approval. The proponent should communicate the expected timeline at the start of the process to the community, how additional input from stakeholders will be dealt with and whether ongoing opportunities for community involvement in monitoring and review will be incorporated into the proposal once it proceeds.

Key principles of community engagement are to:

- be open and transparent with information, and
- allow people good opportunities to clarify and ask questions to ensure that they understand the proposal and its ramifications.

## 5. In Conclusion

With this information, obtained through good consultative processes, the proposal proponent will be able to answer the broader questions of:

**What effects (both real and perceived) will this proposal have on public health in this community?**

**What risks does it present and how can they be minimised?**

**What opportunities does it present to improve public health? (i.e. improving the health of the population and reducing inequality).**

Checklist of key things to get right\*

- Get in early - don't leave consultation to the end when you might have to "undo" previous decisions.
- Identify what the health issues are and who these may impact on.
- Identify the risks
- Set a framework for minimum consultation
- Ensure the processes used fit the purpose
- Make the process auditable (honest, transparent)
- Base your process on an evident framework for thinking about and reporting on public health
- Tailor the consultation style and process to the target groups
- Ensure the integrity of the process and involve independent consultants if appropriate.
- Listen carefully and solicit information
- Adjust the proposal as needed following feedback from those you're consulting
- Emphasise the social benefits of a proposal and develop a "partnership agreement" with community to achieve these.

*\*Workshop participant feedback (May 2006)*

## 6. References

Centre for Sustainable Innovation (2006) *The social footprint: Proof of concept*. Draft 2.2 <http://www.sustainableinnovation.org> (accessed June 2006)

Citizens & Civics Unit (2002) *Consulting citizens: A resource Guide*. Department of the Premier & Cabinet, Government of Western Australia

Citizens & Civics Unit (2006) *Consulting citizens: Planning for success*. Department of the Premier & Cabinet, Government of Western Australia

Citizens & Civics Unit (2004) *Consulting citizens: Engaging with Aboriginal Western Australians*. Department of the Premier & Cabinet, Government of Western Australia

Department for Planning and Infrastructure (2005) *Planning and Development Act, 2005*, Government of Western Australia

Department of Environment (2003) *Interim industry Guide to community involvement*. Government of Western Australia

Department of Health (2006) *Health risk assessment in Western Australia*. Government of Western Australia

Department of Local Government and Regional Development (2006) *developing a community profile* government of western australia

Department of the Premier & Cabinet (2003) *Better planning, better services: A strategic planning framework for the Western Australian Public Sector*. Government of Western Australia

Department of the Premier & Cabinet (2003) *Hope for the future: The Western Australian state sustainability strategy*. Government of Western Australia

Department of the Premier & Cabinet (2004) *Leading by example: The sustainability code of practice for government agencies and resource Guide for implementation*. Government of Western Australia

Department of the Premier & Cabinet (2006) *Integrated project approvals system stakeholder consultation*. Office of Development Approvals Coordination, Government of Western Australia

enHealth 1999. *The national environmental health strategy*. Department of Health and Ageing. Commonwealth of Australia

Government of Western Australia (2004) *A healthy future for Western Australians: Report of the Health Reform Committee*. <http://health.wa.gov.au/HRIT/publications>, (accessed June 2006).



International Association for Public Participation (2000) *Public participation spectrum*. <http://www.iap2.org> (accessed July 2006)

Labonte, R. (1998) *A community development approach to health promotion: a background paper on practice, tensions, strategic models and accountability requirements for health authority work on the broad determinants of health*. Health Education Board of Scotland, Research Unit on Health and Behaviour Change, University of Edinburgh, Edinburgh

National Public Health Partnership (NPHP) (1998) *Public Health in Australia: The Public Health Landscape: person, society, environment*. Melbourne: NPHP. <http://www.nphp.gov.au/publications/broch/contents.htm> (accessed July 2006)

Robinson, L. (2002) *Two decision tools for setting the appropriate level of public participation*. <http://media.socialchange.net.au/people/les/> (accessed July 2006)

Western Australian Planning Commission (2006) *Statement of planning policy no. 1: State planning framework policy (variation no.2)*. <http://wapc.wa.gov.au>, (accessed June 06).

World Health Organization (WHO) (1946) *World Health Organization Constitution*. International Health Conference New York. USA

## Appendix 1 Participants

The contributions of the following in the development of this guidance document are gratefully acknowledged.

Mary Askey	Chamber of Commerce & Industry
Cecelia Broderick	Dept of Premier & Cabinet
Sharleen Chilvers	Disability Services Commission
Michael Christensen	City of Mandurah
Krista Coward	Department of Health
Sarah Curnow	Department of Health
Simon Denniss	Department of Health
Rod Dixon	Department of Health
Maxine Drake	Health Consumer Council
Theresa Duncombe	Department of Health
Angela Elder	Office of Native Title
Pernilla Ellies	Department of Health
Laura Emery	Australian Health Promotion Association (WA Branch)
Susan Ford	Department of Health
Roslyn Frances	Department of Health
Geoff Harcombe	Department of Health
Sue Harrington	Department of Health
Bob Hay	Department of Indigenous Affairs
John Hardy	City of Cockburn
Andrea Hinwood	Edith Cowan University
Robyn Hudleston	Alcoa Research Centre for Stronger Communities, Curtin University
Dianne Katscherian	Department of Health

Kelly Kennington	Heart Foundation
Mike LeRoy	Chamber of Minerals and Energy
Joel Levin	Aha Consulting
Michelle MacKenzie	Western Australian Local Government Association
Farhat Mahmood	Department of Health
Michael Moltoni	Department of Health
Ilse O’Ferrall	Department of Health
Sandra Radich	Department of Health
Nicole Rooke	Chamber of Minerals and Energy
Trevor Shilton	National Heart Foundation Australia (WA Division)
Charles Slavich	City of Joondalup
Robyn Slee	Department of Health
Hayden Smith	Department of Health
Gae Synnott	Synnott Mulholland Management Services
Richard Theobald	Department of Health
Paul Tye	Healthway
Amanda van Loon	Department of Environment & Conservation
Melissa Vernon	Department of Health
Peter Walkington	Department of Environment & Conservation
Dishan Weerasooriya	Department of Health
James Wickens	City of Mandurah
Llew Withers	Environmental Health Association
Jodie Woonings	City of Mandurah

## Appendix 2 Understanding Consultation

The approach proposed in this document is consistent with State Government policies that require all agencies to consult and to involve people in decision making. The Government's "Better Planning: Better Services" Strategic Planning Framework (2003) expresses the Government's intention to improve the quality of life for all Western Australians, based on the principles of respect, equity, reconciliation, sustainability, inclusiveness, fiscal responsibility and accountability. Goal 5 of the document lists as a strategic outcome "*Better opportunities for the community to participate in and make creative and effective contributions to government processes*" (2003, p. 10).

The Department of Premier and Cabinet, through the Office of Citizens and Civics (OCC), reinforces the concept of citizenship and deliberative policy development. Through the OCC, the standards and policy approach for State Government are being established, ensuring a whole of government consistency to consultative requirements, which the Department of Health also endorses. The consultative and participative approach is part of how the Western Australian Government does business.

For example, the Western Australian Planning Commission (WAPC), through its State Planning Framework Policy 4 (WAPC, 2006), identifies five key principles for the sustainable use and development of land. The principle relating to Community states that:

*Planning should recognise the need for and, as far as practicable, contribute towards more sustainable communities by: providing effective systems of community consultation at appropriate stages in the planning and development process (clause vi).*

Further, the State's Planning and Development Act 2005 extends the consultation requirements for urban and regional planning, providing for more public feedback, and extending rights of appeal (DPI website).

The Environmental Protection Authority (EPA) requires proponents to demonstrate that community consultation has been undertaken and that community concerns have been addressed in the proposal submitted. Further, it offers the incentive of a potentially smoother run through the approvals process, as stated in the DEC (Formerly the Department of Environment (DoE)) Interim Industry Consultation Guide to Community Involvement (2003):

*"Involving the community in project planning can aid your progress through the Department of Environment (DoE) and EPA approvals processes because:*

- The EPA considers the extent to which you have consulted with your stakeholders when they set a level of assessment for proposals.*
- An effective community involvement process can affect the types and number of appeals received on your proposal. If your process has been well documented, then the Minister can be better informed on the issues surrounding the appeal(s), which can lead to improved decision-making.*

- *You maintain control of the communications and negotiations with your stakeholders. A poorly run community involvement process may require the DoE or EPA to act as an intermediary or manage the process with your stakeholders themselves.” (p. 5)*

The Integrated Project Approvals System developed in Western Australia through whole of government collaboration recommends stakeholder consultation from the early stages and throughout the development of complex projects within the State Development Portfolio (Office of Development Approvals Coordination, 2006).

### **Consultation frameworks**

There is a wide range of information available to Guide consultation and community involvement processes and the WA Government has supported the development and use of a number presented here. It is recommended that consultation comes early in the process, so that information obtained through consultation can be used in the development of the proposal. Good consultation processes should continue through the life of the project.

There are multiple ways of consulting and the level of consultation undertaken depends on the proposal being considered. The proponent needs to decide on the most appropriate consultation process for the proposal.

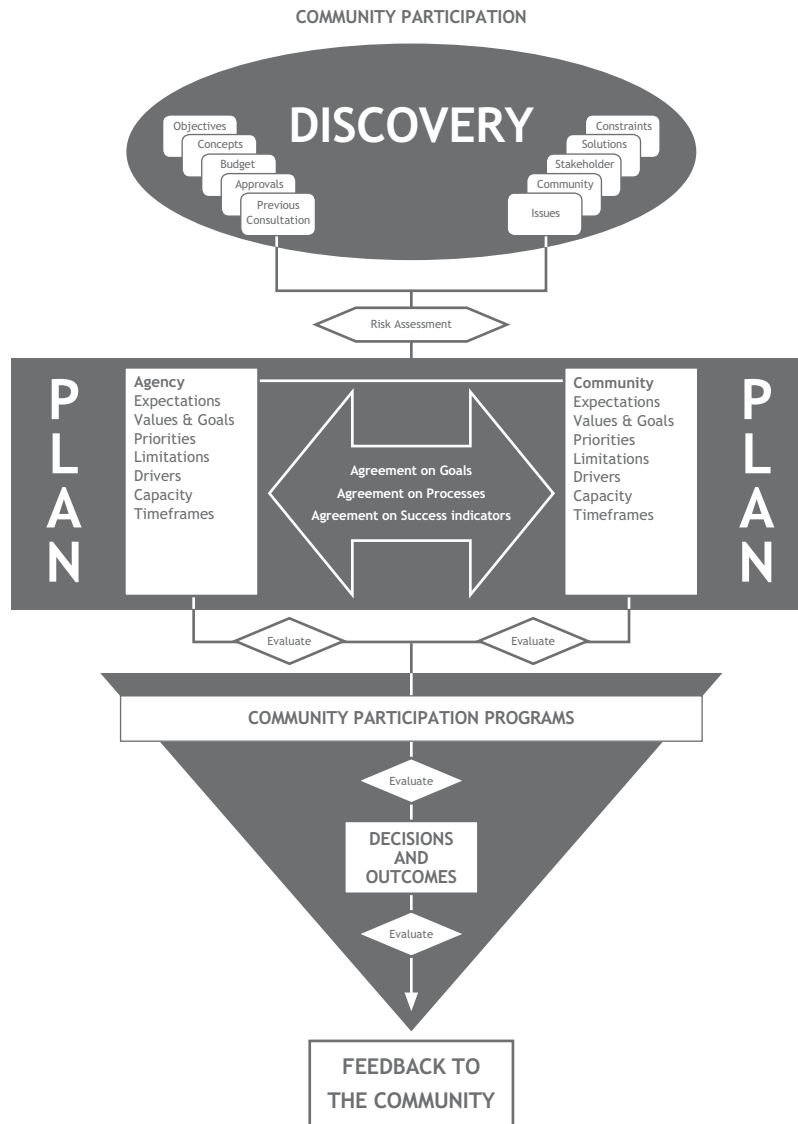
### **The Office of Citizens and Civics**

The Office of Citizens and Civics has produced a series of booklets to Guide consultative practice in WA:

- Consulting citizens: A resource Guide (2002),
- Consulting citizens: Planning for success (2003); and
- Consulting citizens: Engaging with Aboriginal Western Australians (2004).

The frameworks presented break the consultation process into three phases: planning, practice and results. Public health consultation fits into this process during phases one and two.

## Planning the Consultation



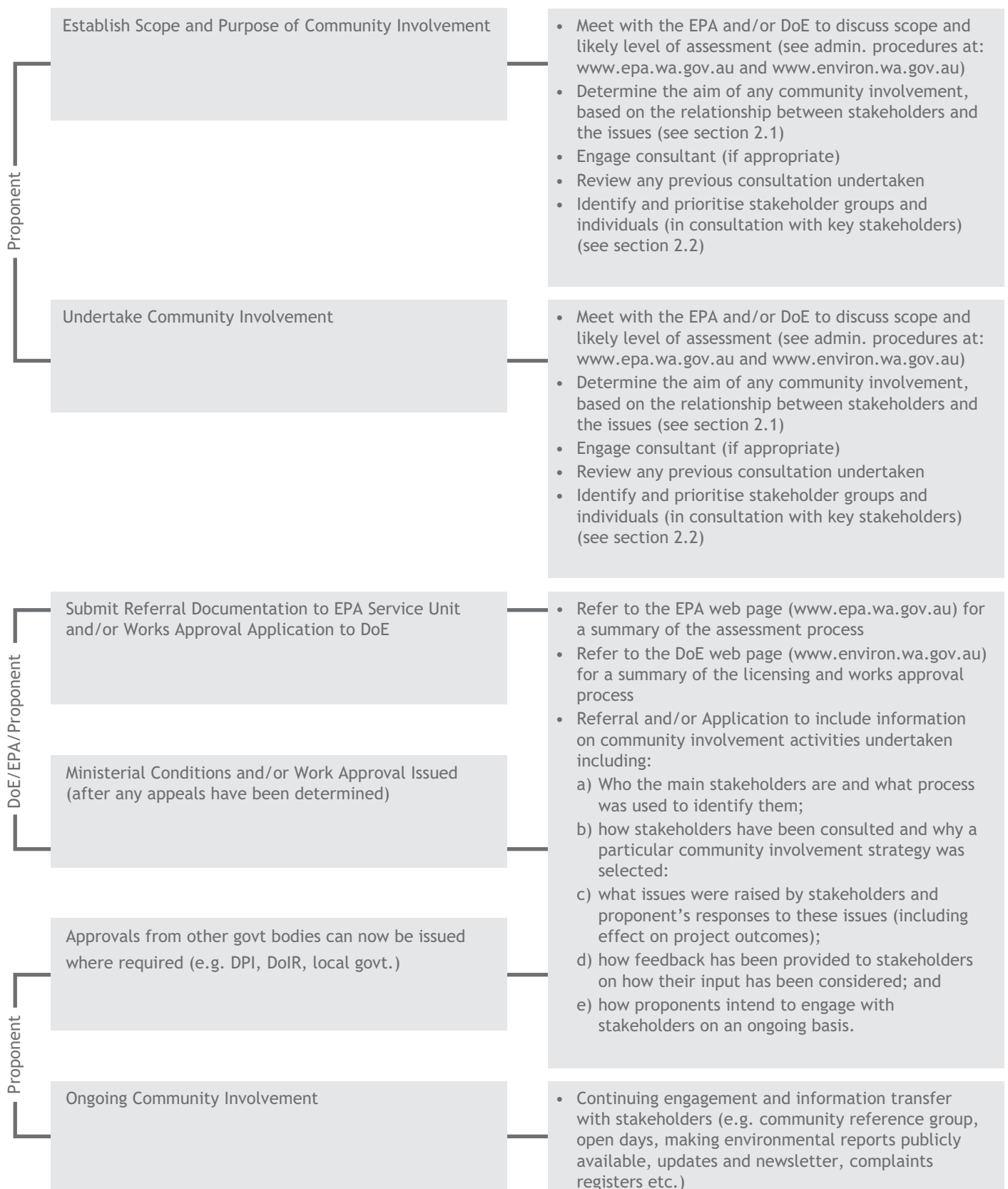
Source: OCC, 2006

### Department of Environment and Conservation

The Interim Industry Consultation Guide to Community Involvement (2003) produced by the Department of Environment and Conservation recommends the procedures for consultation within the broader Environmental Approval Application Process. It schedules community consultation before the regulatory approvals process commences.

## Community involvement within the approvals process

Figure 1: Community Involvement and the Environmental Approval Application Process



## The International Association of Public Participation

The International Association of Public Participation (IAP2) spectrum starts from a low level of community/ stakeholder involvement where stakeholders are kept informed but are given little opportunity to comment or influence. At the other end of the spectrum the community empowerment model gives stakeholders the responsibility for decision-making. In between are three other levels which progressively offer more opportunities for stakeholders to influence proposal development. Movement along the spectrum also indicates an increasing commitment by proponents that they will use the information gained in the consultation process to shape the final proposal.

### IAP2 Public Participation Spectrum

Developed by the International Association for Public Participation

Increasing Level of Public Impact				
Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal:	Public Participation Goal:	Public Participation Goal:	Public Participation Goal:	Public Participation Goal:
To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision - making in the hands of the public.
Promise to the Public:	Promise to the Public:	Promise to the Public:	Promise to the Public:	Promise to the Public:
We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Techniques to Consider:	Example Techniques to Consider:	Example Techniques to Consider:	Example Techniques to Consider:	Example Techniques to Consider:
<ul style="list-style-type: none"> <li>• Fact sheets</li> <li>• Web sites</li> <li>• Open houses</li> </ul>	<ul style="list-style-type: none"> <li>• Public comments</li> <li>• Focus groups</li> <li>• Surveys</li> <li>• Public Meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Workshop</li> <li>• Deliberate polling</li> </ul>	<ul style="list-style-type: none"> <li>• Citizen Advisory Committees</li> <li>• Consensus-building</li> <li>• Participatory decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Citizen juries</li> <li>• Ballots</li> <li>• Delegated decisions</li> </ul>

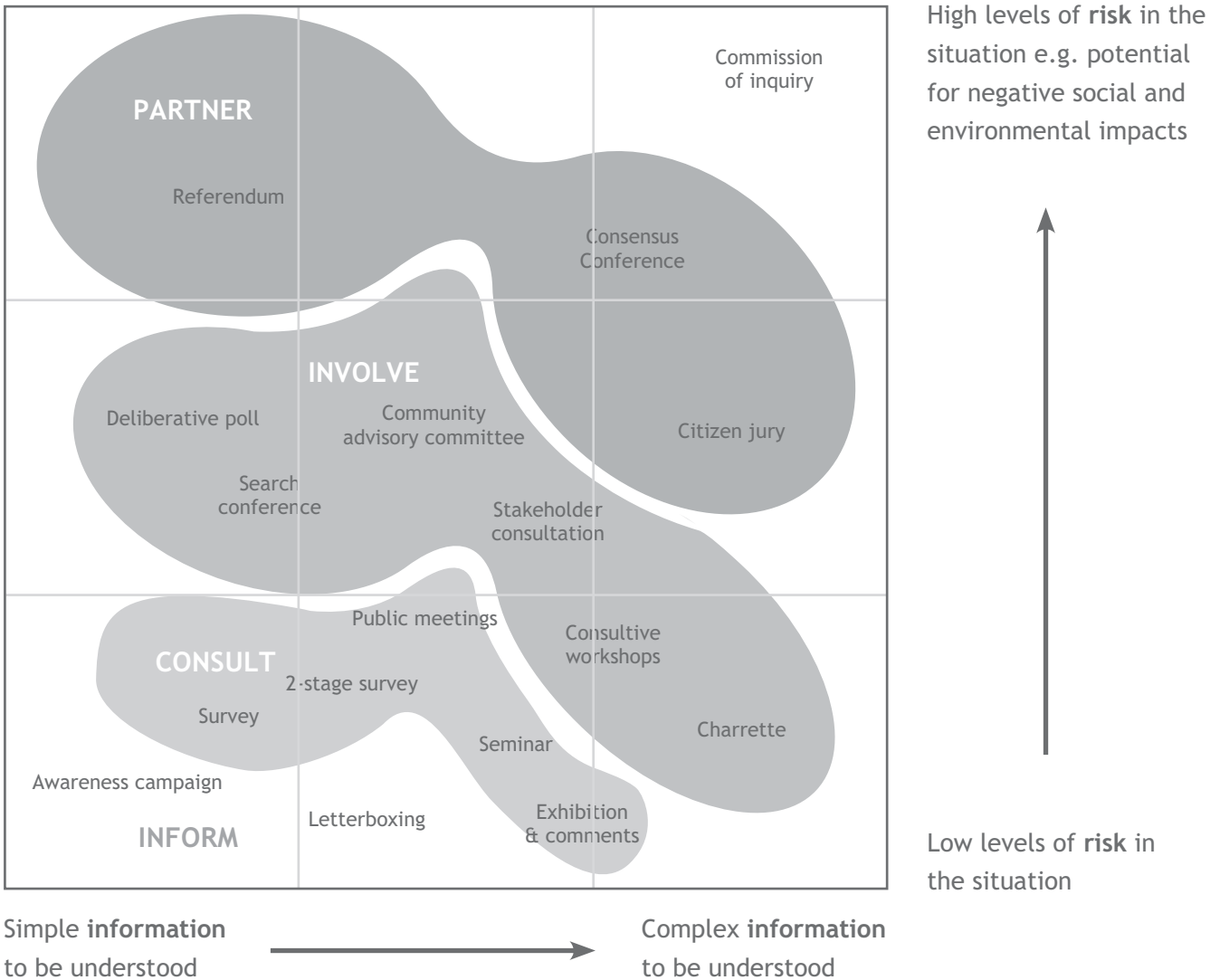
Source: IAP2, 2000



## Enabling Change

Les Robinson of Enabling Change has developed a matrix which determines the level of consultation according to the level of complexity, and perceived sensitivity of the topic (OCC, 2003, p. 43). Straightforward projects of minimal sensitivity or risk may need little more than good information being provided to all stakeholders. However, proposals which are complex and require time and discussion to fully understand, and which also carry significant levels of perceived risk or sensitivity, need processes which offer more involvement to stakeholders.

### Consultation Matrix



Source: Les Robinson, Enabling Change

The IAP2 and Enabling Change frameworks work well together to Guide proponents about the appropriate level of consultation to be used.

## Principles for community consultation and involvement

The key principles (OCC, 2002, p. 2, adapted from OECD, Caddy & Vergez, 2001): underlying good consultation and community involvement are:

**Commitment** - Leadership and strong commitment to information, consultation and active participation in policy-making is needed at all levels - from politicians, senior managers and public officials.

**Rights** - Citizens' rights to access information, provide feedback, be consulted and actively participate in policy-making must be firmly grounded in law or policy. Government obligations to respond to citizens when exercising their rights must also be clearly stated. Independent institutions for oversight, or their equivalent, are essential to enforcing these rights.

**Clarity** - Objectives for, and limits to, information, consultation and active participation during policy-making should be well defined from the outset. The respective roles and responsibilities of citizens (in providing input) and Government (in making decisions for which they are accountable) must be clear to all.

**Time** - Public consultation and active participation should be undertaken as early in the policy process as possible to allow a greater range of policy solutions to emerge and to raise the chances of successful implementation. Adequate time must be available for consultation and participation to be effective. Information is needed at all stages of the policy cycle.

**Objectivity** - Information provided by government during policy-making should be objective, complete and accessible. All citizens should have equal treatment when exercising their rights of access to information and participation.

**Resources** - Adequate financial, human and technical resources are needed if public information, consultation and active participation in policy-making are to be effective. Government officials must have access to appropriate skills, guidance and training. An organizational culture that supports their efforts is highly important.

**Coordination** - Initiatives to inform, request feedback from and consult citizens should be coordinated across government to enhance knowledge management, ensure policy coherence, avoid duplication and reduce the risk of 'consultation fatigue' among citizens and civil society.

**Accountability** - Governments have an obligation to account for the use they make of citizens' inputs received through feedback, public consultation and active participation. Measures to ensure that the policy-making process is open, transparent and amenable to external scrutiny and review are crucial to increasing government accountability overall.

**Evaluation** - Governments need the tools, information and capacity to evaluate their performance in providing information, consultation and engaging citizens in order to adapt to new requirements and changing conditions for policy making.

**Active Citizenship** - Governments benefit from active citizens and a dynamic civil society and can take concrete actions to facilitate access to information and participation, raise awareness, strengthen citizens' civic education and skills as well as to support capacity building among civil society organizations.

## Appendix 3 Resources

State Government agencies, non government organisations and other specialist representative groups

### State Government Agencies

- Attorney General, Department of the
- Community Development, Department for
- Consumer and Employment Protection, Dept of
- Corrective Services, Department of
- Country Housing Authority
- Culture and the Arts, Department of
- Disability Services Commission, Western Australian
- Drug and Alcohol Office
- Education and Training Department of
- Education Services, Department of
- School of Isolated and Distance Education
- Energy, Western Australian Office of
- Environmental Protection Authority
- Environment & Conservation, Department of
- Equal Opportunity Commission
- Fire and Emergency Services Authority
- Health Department of Western Australia
- Healthway
- Housing and Works, Department of
- Indigenous Affairs, Department of
- Industrial Relations Commission of WA
- Information Commissioner, Office of the
- Law Reform Commission
- Legal Aid Western Australia
- Local Government and Regional Development, Department of
- Migration WA
- Office of Multicultural Interests.

- Office of Equal Employment Opportunity
- Office of Native Title
- Ombudsman Western Australia Online
- Planning and Infrastructure, Dept for
- Planning Commission
- Police Service, Western Australian
- Premier and Cabinet, Department of the
  - Citizens and Civics, Office of
  - Crime Prevention, Office of
  - Social Policy Unit
- Public Transport Authority of Western Australia, The
- Road Safety, Office of
- Small Business Development Corporation
- Sport and Recreation, Dept of
- Sustainable Energy Development Office
- TAFEWA
- Tourism Western Australia
- Water, Department of

### **Non Government Organisations**

- Chamber of Commerce and Industry
- Chamber of Minerals and Energy
- Health Consumer Council
- The Cancer Council
- The Heart Foundation
- Western Australian Local Government Association
- WA Council of Social Services
- WA Collaboration

### **Local Government Authorities**

A complete list of Local Governments in Western Australia can be accessed at: <http://www.dlgrd.wa.gov.au/localGovt/localGovtContacts/localGovtList.asp>

The Regional Councils across Western Australia can be accessed at: <http://www.dlgrd.wa.gov.au/localGovt/localGovtContacts/regionalCouncils.asp>

Associations and bodies associated with Local Government and Regional Council activities can be accessed at: <http://www.dlgrd.wa.gov.au/localGovt/localGovtContacts/associatedBodies.asp>

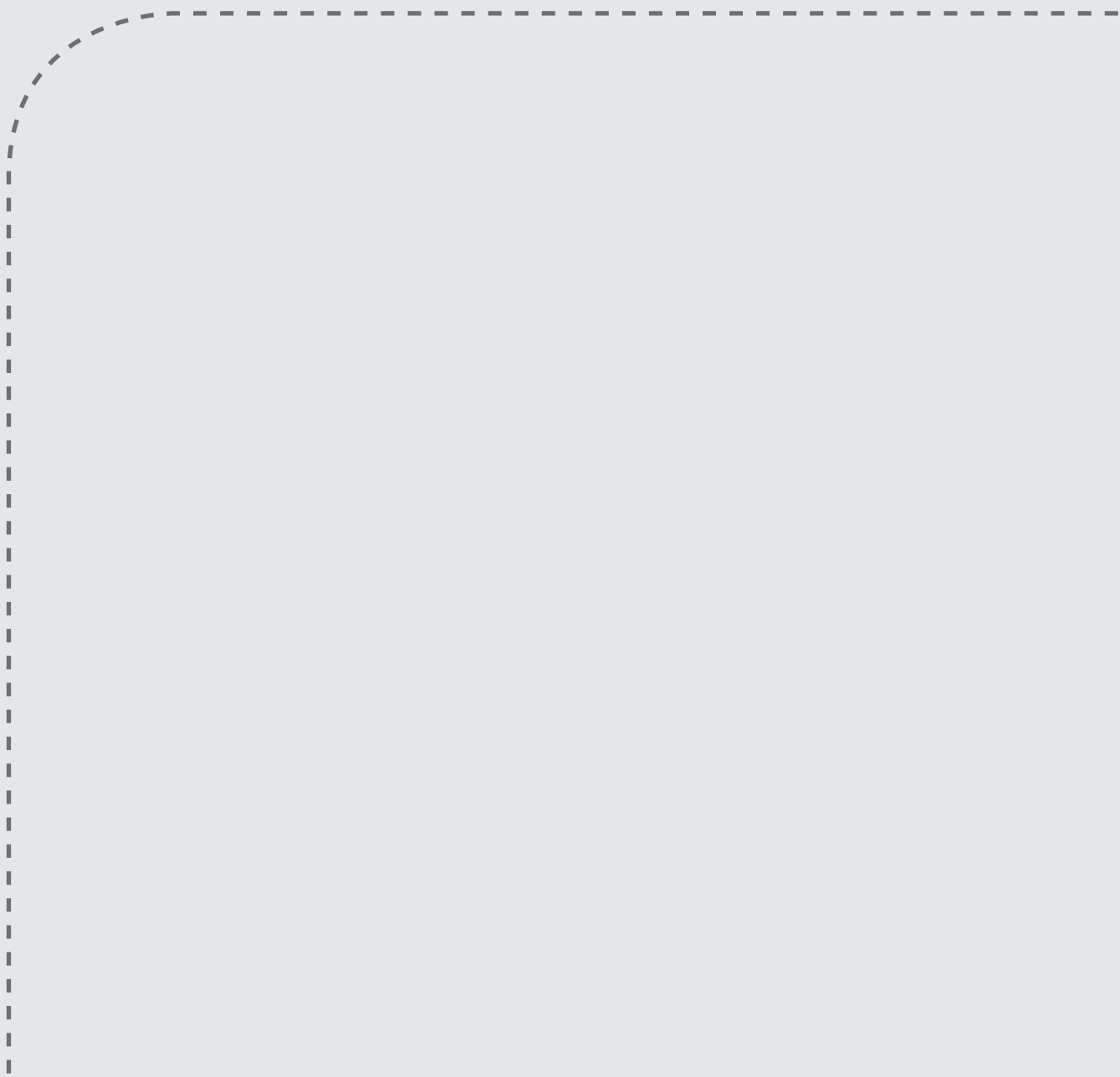
### **Tertiary Institutions**

- Curtin University of Technology
- Edith Cowan University
- Murdoch University
- Notre Dame University
- University of Western Australia
- TAFE WA

## Appendix 4 Community Engagement Methods

The following are potential methods that could be used for engaging with communities. There are many (refer to OCC publications for more techniques):

- Release a discussion paper
- Community and residents' groups
- Through local government community officers
- Local newspapers
- Statewide newspapers if an issue affecting a large community
- Ethnic and community radio
- Opportunities for face-to-face contact through public forums, door-knocking
- Information displays in public open spaces such as libraries and shopping centres
- Online votes via website
- SMS messages to reach youth
- Call centre or 1800 number for feedback
- Videoconferencing
- Signs around the proposed site. Exposes the message to people who live or work in the vicinity.
- Clubs and schools
- Opportunistic consultation at community events
- Use random sampling to invite people to a forum or meeting:
  - 25% from specific interest groups
  - 25% people who nominate themselves to attend
  - 50% from electoral roll



# Delivering a **Healthy WA**

Healthy Workforce • Healthy Hospitals • Healthy Partnerships  
Healthy Communities • Healthy Resources • Healthy Leadership

