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This resource was originally published in September 2021 and reviewed in June 2022 after it was trialled by several health services.

Introduction

Safer Care Victoria (SCV) commissioned Health Issues Centre (HIC) to develop guidance for more inclusive community consultation strategies. This *Guide for inclusive community consultations* (the Guide) is designed for health services staff and it outlines the main considerations when undertaking consumer consultations.

When should this Guide be used?

If you are seeking support to undertake community consultations, this step-by-step Guide includes descriptions of various methods and tips for undertaking successful consultations inclusive of diverse communities. It covers risks to avoid, and instructions for how to plan community consultations. The Guide includes general or generic consultation methods that can be used with diverse communities and specific consultation methods to consult with specific communities.

How should this Guide be used?

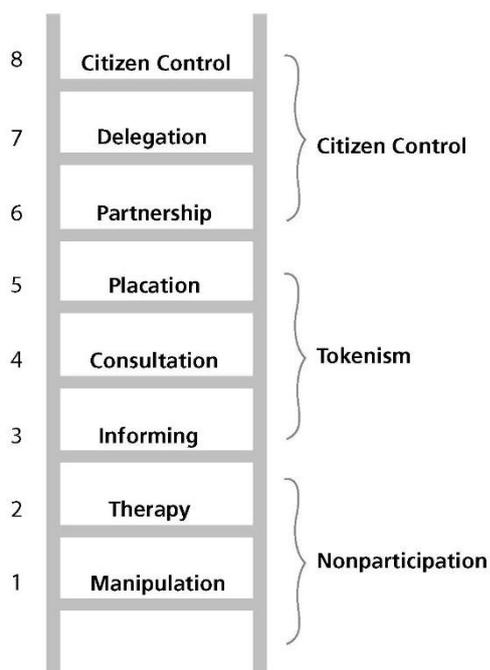
You can read the Guide from the beginning, or you can click on the hyperlinks to go to the specific sections of the Guide that may interest you. You are encouraged to use this Guide through all stages of community consultations, and to continue to revisit it when embarking on new projects.

This guide has a companion **Guide to engaging diverse consumers in organisational and governance structures**. This Guide includes information on how to engage diverse consumers in formal methods such as advisory committees operating at the service and system level.



Background

Health services are encouraged to consult broadly with the community they serve when conducting health service design, service development, implementation and evaluation. This level of engagement corresponds to the middle rung of the classic **Arnstein's Ladder of Participation**¹ - "consultation". For those organisations that use the IAP2 Public Participation Spectrum², this aligns with the "consult" and "involve" mid-point of the spectrum. IAP2 states the promise to the public at



Arnstein's Ladder (1969)

Degrees of Citizen Participation

(Image source: [The Citizen's Handbook](#))

the "involve" level of participation is: "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"². Although the Ladder of Participation indicates engagement at this level can be tokenistic, if done well, it absolutely has a place in a health service's consumer engagement framework and strategy.

Generally, consultations are undertaken using traditional consultation methods such as satisfaction or consumer experience surveys, focus groups, interviews and workshops. Although these methods gather valuable information about health service use and consumer's experience of care, they tend to exclude some consumers and communities due to the "inward facing" nature of the methodologies. That is, these methods are service-centred, are designed by health services, and usually conducted at the health service by health service staff. Traditionally, consumers have been left out of consultation processes associated with the design, planning and development of consultations.

Consultation using a variety of alternative consultation methods that are "outward facing" are best suited to undertake consultations with the broader community and particularly with diverse and seldom heard communities and groups in the community. These consultations methods are usually – but not always - designed in collaboration with communities and conducted by community members; but most importantly, they are undertaken in the community (when practicable).

Aims

This Guide aims to

- Support health services to undertake successful inclusive consultations with their communities.
- Describe some of these "outward facing" types of consultation methods that complement the consultation methods currently used by health services across Victoria.
- Provide links to other resources that may help health services to broaden their menu of options to undertake inclusive consultations.

Definitions

Diversity

HIC has adopted a definition of diversity and a classification of diverse communities from the Diversity Council of Australia³. This definition and classification provide context to the Guide's content and helps to identify the main diverse communities that health services could consult with more effectively. Diversity refers to:

All the differences between people in how they identify in relation to their age, caring responsibilities, cultural background, disability, gender, Indigenous background, sexual orientation, and socio-economic background (Social Identity), and their profession, education, work experiences, and organisational role (Professional Identity).

Diverse communities

Aboriginal and/or Torres Strait Islander communities

Consultations with *Aboriginal and/or Torres Strait Islander communities* should be based on respecting communities' history, culture and social determinants of health. Effective consultations with these communities must be mediated by and in collaboration with local indigenous organisations.

Age

Undertaking community consultations with diverse aged cohorts is challenging, especially with children, young people and the elderly. Effective consultation strategies exist to collect information from people affected by specific aged-related conditions such as dementia, and effective consultation methods are available to consult with children and young people.

Gender

Method of engagement should take into consideration people's gender identity, their social roles and status for example in relation to parenting, working life an experiences and responsibilities. This moves beyond a gender binary – that people identify with either male or female and is inclusive of someone's own internal sense of self and their gender.

Carer status

Many people provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. Strategies for consultations with this community of people require careful consideration of their situation and time availability. They provide information about the needs of those they care for as well as about their own needs and preferences as carers.

Culturally and linguistically diverse background communities

Consultations with culturally and linguistically background communities requires consideration of cultural identity, ancestry, ethnicity, migration or refugee history, sub-cultures, language, and English literacy. Effective consultations with these communities must be mediated by and in collaboration with local ethnic communities' councils, associations and grass roots organisations.

Disability

When undertaking consultations with community members with disabilities, it is important to make the necessary adjustments to respond to sight or hearing impairment, communications and speech impairments, and any other considerations that may exclude individuals from participating in the consultation.

Gender identity, sexual orientation and intersex variations

Consultations with LGBTIQ+ communities should take into consideration gender identity, sexual orientation and intersex variations and particular care in the use of language.

Geographical isolation – Rural areas

Consultations with communities that are distant from metropolitan or small and regional urban centres is complex but can be achieved by establishing contacts with local communities and services.

Intersectionality

'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation⁴. There is diversity within groups that must always be considered.

Seldom heard groups or communities

The Institute for Research and Innovation in Social Services in the UK⁵ defines seldom heard groups as: “under-represented people who use or might potentially use social services and who are less likely to be heard by social service professionals and decision-makers. They are often referred to as 'hard to reach' groups, though this term has been criticised for implying that there is something about these people that makes their engagement with services difficult. 'Seldom- heard' places more of the emphasis on agencies to engage these service users, carers and potential service users”.

Key considerations for undertaking inclusive consultations

When considering undertaking a consultation process with the community and choosing a consultation method or methods in general - but specifically when undertaking inclusive consultations with diverse or seldom heard communities - the choice of consultation methods must be made within an overall design that will ensure effective participation. The choice of consultation method or methods will depend on an understanding of the purpose, the context, and the process that would ensure that participation in the consultation is clear and realistic.⁶

Purpose

When undertaking inclusive consultations, it is essential to be clear what the consultation aims to achieve. The purpose of the consultation should be explicit and clear to the community. Ideally, the purpose should be agreed upon by those that will participate in the consultation or at least those key individuals in the organisations that will enable, or support, the process of consultation. Establishing relationships with key organisations and stakeholders in the community early in the consultation process will facilitate buy-in and full participation. Having a clear purpose and relationships with the community contributes to the choice of consultation method or methods.

Context

Each community consultation will take place within an internal organisational context and will be situated in an external context. Both the internal and the external contexts will present challenges and constraints but also opportunities for the consultation to be successful. It is important to identify the potential internal or external issues that may affect the consultation. For example, the human and financial resources available and the internal stakeholders taking part in the wider decision-making related to the consultation processes; as well as the history, location, key stakeholders and structures of the community where the consultation will take place. These internal and external factors will determine what can and cannot be done – and which methods will or will not work.

It is also important to consider historic relationships or previous interactions community members have had with the service or similar services. For example, if a community feels that they have historically been excluded from a service or received inadequate care, the consultation needs to be approached sensitively with much focus on repairing relationships and building trust.

Process

The design of the consultation process should follow closely the purpose of the consultation and the understanding of the internal and external contexts. The process of consultation is based on the purpose - this is, deciding what is to be achieved - and which methods should be used. The process of consultation will be strengthened if the organisation consults on interesting subjects that are easy to understand, have concrete impacts and content relevant to the community.

Organisations should assess if:

- The consultation asks interesting and engaging questions
- It is clear if the consultation findings will affect the outcomes and/or
- Explanations are provided about how the issue under discussion directly affects the community
- Efforts are made to engage personally with the community

- Community members who may have participated in the past on other consultations have been invite
- The commitment made to the community is honoured by closing the loop and getting back to the community after the consultation has concluded.⁷

Examples to support in choosing consultation methods that are appropriate for the community can be found in the Appendix 1: How to navigate the consultation methods.

Risks to be avoided

Poor planning

Counterproductive practices include:

- Poor consultations practices
- Unclear purposes
- Lack of thought-through planning
- Focusing on a single engagement method
- Not involving the community in plans or decisions that may affect them.

Poor consultation practices create mistrust, waste organisation's funding and participants' time and can affect the potential for future consultations. When a consultation process is positive and collaborative, communities will be willing to get involved again. It is better not to undertake a consultation if the purpose is not clear and there are no resources to support it. Undertaking a poorly conceived, planned and supported consultation may have long lasting negative effects that are hard to rectify.

Over-consultation

Timing of a consultation is very important. Before undertaking a consultation, be aware of potential 'consultation fatigue'. That is, the community may have recently been under a lengthier process of consultation by external stakeholders, or the community may have been the subject of multiple consultations and had not received thanks and/or any feedback about what happened with the results of the consultation.

Wrong purpose

Consultation process should not be undertaken in the following circumstances:

- To legitimise a decision that has already been made behind closed doors and which participants are misled into thinking they can affect.
- To avoid responsibility for difficult decisions
- To justify necessary changes in the organisation.
- As a substitute for effective consumer and community engagement at higher levels of the Ladder of Participation which includes sharing power and shared decision-making.

Lack of respect to participants

The main resource of an organisation undertaking inclusive consultations is people's time and every respect should be shown to those who participate in consultation processes. Participant's time should not be taken for granted and efforts should be made to ensure that participants' time is well spent. This means having a clear purpose for the consultation; choosing the appropriate method or methods; and making sure that participants' needs and preferences are fully considered, and that their level of influence and the impact of their contribution is clear from the start. Recognising contribution through payment or vouchers should also be factored into budgets.

Lack of uptake of findings of the consultation

One possibility facing those who undertake a community consultation is the failure to deliver on promised outcomes. Even where the desired outcomes seem clearly defined from the start, decision-makers may refuse to accept the outcomes. The reasons for this decision must be sought and explanations must be provided to the key stakeholders/contacts and if possible, to those who participated in the consultation.

Inclusive consultation methods

The key to successful inclusive consultations is having a clear purpose and objective, an understanding of the internal and external context and a clear process of consultation in place. This will determine the consultation method best suited to the purpose, content and process.

An effective inclusive consultation with diverse or seldom heard communities is “outward looking”. It gives priority to the relationships established with the community to be consulted and they are undertaken in the community. Ideally, these consultations are designed in collaboration with communities and conducted – even if just in part - by community members.

An effective inclusive consultation process takes into consideration a variety of consultation methods and should not be limited to one method. The reason to choose some of the consultation methods over others is informed by the particular context and for the particular purpose of the consultation. To be successful in undertaking an inclusive consultation and choosing a consultation method, it is useful to:

- Have a good understanding of the community the organisation wants to consult (age, culture, environmental factors)
- Make efforts to convey to the community the organisation’s purpose, aims and objectives and the consultation purpose
- Establish and maintain partnerships in a way that is mutually beneficial to both parties
- Use plain English and culturally appropriate language and connect with people in person
- Enlist trusted community spokespeople and ambassadors to explain why participating in the consultation is important for the community (e.g., bilingual workers, Aboriginal health workers, peak bodies representing specific communities)
- Explain what will happen with the information collected
- Engage the community in the design of the consultation process
- Engage the community in the design of the consultation tools and/or in undertaking the consultation and in the dissemination of the findings.⁸

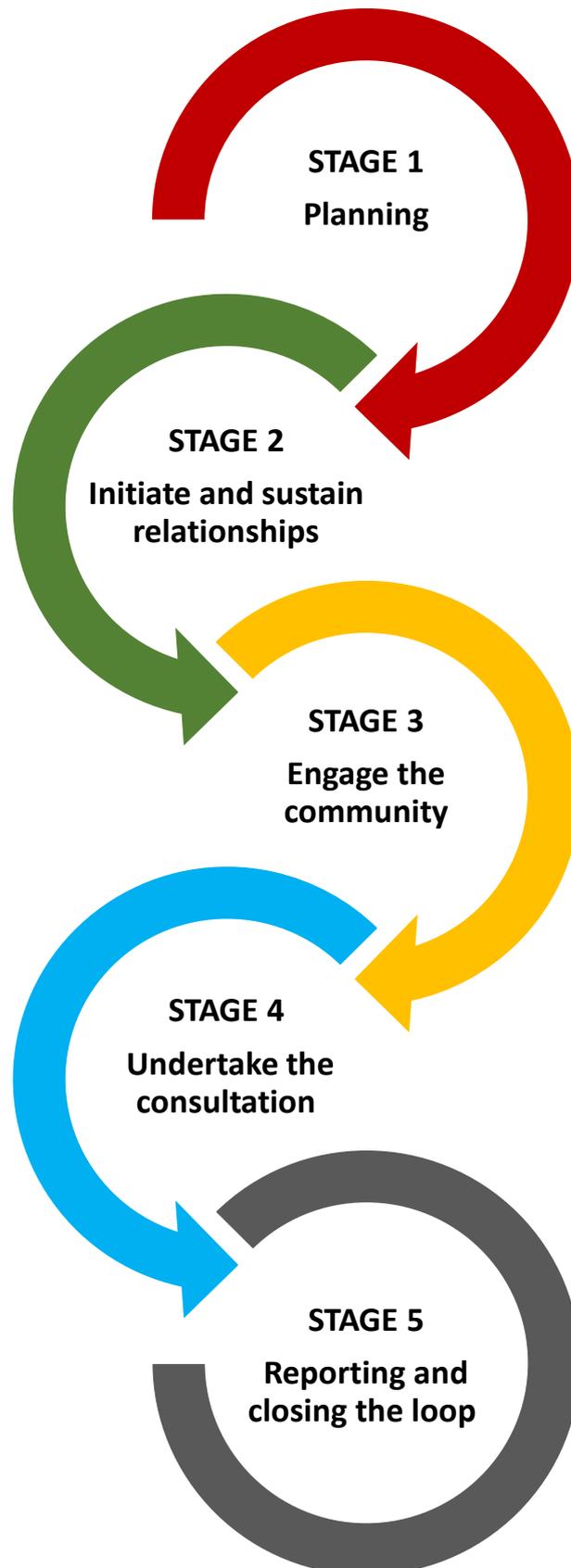
An extensive list of consultation methods appropriate to diverse groups is available in Appendix 3: Specific consultation methods

This guide has a companion **Guide to engaging diverse consumers in organisational and governance structures**. This Guide includes information on how to engage diverse consumers in formal methods such as advisory committees operating at the service and system level.



Planning a community consultation

A successful inclusive community consultation should take into consideration the following stages ⁹:



Stage 1 - Planning stage

Questions to ask at this stage include:

- ✓ *What are the strategic reasons for consulting with stakeholders at this stage? Why consult?*
- ✓ *Who needs to be consulted? Why these people and not others?*
- ✓ *What are the priority issues (for them and for the organisation)?*
- ✓ *What will be the most effective methods of communicating with stakeholders about the consultation?*
- ✓ *Who within the organisation is responsible for what activities?*
- ✓ *Are there any cultural issues to be considered?*
- ✓ *Are there any other consultations with the same community that will occur in the proposed timeframe (perhaps undertaken by other sections of the organisation)?*
- ✓ *Are there opportunities to collaborate internally to avoid consultation fatigue?*
- ✓ *Are there other consultations with the same community and at the same time, conducted by other organisations?*
- ✓ *How will the results be captured, tracked, reported and disseminated internally and externally? How will information about the findings be provided to those participating in the consultation?*

To capture this planning stage a template is presented below:

Consultation Plan template

Purpose of the consultation – clear objectives and rationale to conduct the consultation

Context – internal or external issues that may affect the consultation; the human and financial resources available and the internal stakeholders taking part in the wider decision-making related to the consultation processes; history, location, key stakeholders and structures of the community where the consultation will take place; other consultations been undertaken by the organisation or by other organisations

Requirements – Are there any regulatory, corporate and internal requirements that need to be met? Are there any cultural context that need to be considered?

Identification of stakeholders – List key stakeholders who will be involved in the consultation planning and the community/es to be consulted

A summary of previous consultations – This is to avoid consultation fatigue issues and identify key stakeholder issues and opportunities to inform the focus and boundaries of the consultation

Consultation strategies and method/s– Outline the strategies, methods of consultation, what information will be sought (questions or topics for discussion), how the information will be collected, analysed and reported and to whom

Timeline – Provide a schedule for undertaking the consultation

Roles and responsibility – Outline the team structure and who will be responsible for what task

Monitoring and reporting – Describe how and when the results of the consultation will be reported back to stakeholders and any plans to involve stakeholders or third parties in monitoring and reporting of the consultation findings.

Stage 2 - Initiate and sustain relationships

Initiating early relationships with key stakeholders – and even specific individuals - in the community is essential to sustain relationships during the consultation and into the future. These early connections help establish a foundation for open, respectful and trusting relationships, and sets a positive tone for future collaboration. It also assists in identifying potential support and risks and inform strategic choices that can influence future relations and outcomes.

An increasing number of organisations engage with the local community and other key stakeholders very early on the consultation planning and have demonstrated the benefits of early engagement. This is especially important if the organisation is engaging in consultations associated with large-scale developments which can have significant impacts on the local communities' way of life or the services they receive. These organisations are proactive in sharing information about the consultation and are upfront about the uncertainties and expectations and how the findings of the consultation may affect those participating.

These early connections not only assist in relationship building but also help manage the community's expectations and avoids misinformation and speculations to circulate. In the absence of established relationships, trying to initiate contact with the community if something goes wrong is important. If not, it may result in a defensive and reactive or crisis management mode. This sets the organisation at an immediate disadvantage and can trigger strong negative perceptions that could be quite difficult to overcome.

Stage 3 - Engage the community

To undertake a successful inclusive consultation with diverse or seldom heard communities, organisations should identify the demographics of the community they serve.

Ways to do this include using

- the [Australian Bureau of Statistics \(ABS\)](#) data by region
- the [Australian Health and Welfare Institute \(AHWI\)](#) reports and data
- the [Household, Income and Labour Dynamics in Australia \(HILDA\) Survey](#)
- the Victorian State Government's [Discover Victoria's diverse population](#) data

This will support the process of identifying the main demographic characteristics of the community the organisation seeks to engage in the consultation.

It will be important also to identify the main stakeholders and community organisations that represent these communities. For example, peak bodies, advocacy organisations, or gender or LGBTQAI+ specific groups or associations, local community groups, condition specific organisations and peer-support groups, citizens and senior citizens clubs, sport and recreation organisations, churches and local places of worship, and charities.

Once the community has been identified and key stakeholders or contacts identified, the organisation should contact these key personnel or contacts and establish communication about the consultation purpose and objectives. At this early stage it is also valuable to discuss what is expected to be the impact and benefits of the consultation and how the consultation and its findings may affect the community.

At this point, it would be advisable to consult with key personnel or contacts about

- Any previous consultations
- Preferences or needs
- Preferred consultation methods
- Any potential risks or barriers to the consultation.
- Formal or informal collaboration agreements
- Financial arrangements
- How the findings of the consultation will be reported back to the community

The key stakeholders or contacts can also be invited to discuss the questions or lines of enquiry and to develop or modify any questions or topics that may not be suitable for the community.

Identifying "what's in it for them" is important. The organisation should consider and discuss with the key stakeholders what they want to get out of the process and what could prevent them from participating. If motivations and challenges can be clarified at the beginning of the consultation process, there will be less confusion and participants will be satisfied with the outcomes. This is especially important in communities that may be suffering from "consultation fatigue".

Stage 4 - Undertake the consultation

Participants

Deciding who will participate in the consultation and the selection of participants will depend on the purpose and context of the consultation, which will set the parameters for which method or methods can be used. Some consultation methods are best suited to open and inclusive (i.e., everyone who wants should be allowed to participate). Other consultation methods rely on individuals involved in the consultation knowing each other well and being holders of the specific information, which is sought.

The questions or topics for discussion

Developing the questions or topics of discussion will also be determined by the consultation purpose and objectives. The consultation methods will also inform the type of questions and topics of consultation most suited to the method. Ideally, representatives of the community to be involved in the consultation should be involved in the design and development of the questions or topics of enquiry. This will ensure that the consultation questions are phrased and written in a language suitable to the audience. Applying principles of "universal precautions"¹⁰ in terms of language used, culturally appropriate terms, concepts, diagrams or images, etc. will ensure that health literacy principles are upheld.

The consultation facilitator (if external to the organisation)

Whoever is selected to undertake the consultation should be involved as early as possible. Some considerations to have in mind when selecting a facilitator include their knowledge of the subject area and their reputation and experience. While facilitators do not need to be experts in the subject area, they need to know enough to facilitate the discussions and take the process forward. In some consultations, the facilitator may need support from others including staff from the health service, interpreters, or experts in use of communication assisted technologies for the sight or hearing impaired or for people with other disabilities. Occasionally, facilitators may also need police and working with children checks.

Consultation administration and logistics

The organisation should design any written or online materials the participants will need to participate effectively.

- If a written document is produced, health literacy universal precautions must be implemented.
- The venues should be suitable (e.g., access for people with disabilities; free of external noise; accessible by public transport; etc).
- The invitations to participate should be forwarded with plenty of notice and RSVPs recorded in a log to prepare the attendance list (when applicable).
- Sending materials such as slides, questions and session over to group members ahead of time can support people to feel more prepared or less hesitant about joining as it reduces the element of surprise.
- Use reminders and follow ups.

Assume that half of the people who intend to participate will not participate. Recording the consultation and deciding what tools will be used for analysis of the information is also required. For example, using technology assisted recording and transcribing of the discussions and using computerised software for analysis of qualitative and quantitative data.

Stage 5 - Report back – closing the loop

Identifying who should know about the findings of the consultation will help to determine the type of report to be prepared and submitted. Summaries of findings would be most suitable for Boards and executive teams, while more detailed reports may be required for external funders and for others in the organisation who would be interested in detailed data and analysis. Consumer-friendly summary reports in diverse formats may be useful to disseminate the results of the consultation amongst those who participated in the consultation. These may include report cards, one-page summary with diagrams and images, videoclips, etc.

It is vital to close the loop in community consultations as it is essential in building trust and respect with stakeholders, contacts, and the community participants. Letting interested parties know what has happened with the feedback provided during consultation, the importance of their contribution, and what the next step will be is a basic principle and good practice, and a common courtesy. In closing the loop, it may be useful to create a diagram (or flow chart) for participants to illustrate the consultation and decision-making process; clearly indicate how the consultation feedback will be used to influence the decision; provide “thank you” letters to key stakeholders; and create a user-friendly consultation report summarising the outcomes of the consultation.

Services are also encouraged to capture a record of the process which can be shared externally to demonstrate best practice. Evidencing the work that has gone into service improvements through consumer consultation helps to enhance trust in the organisation.

Additional resources

Consultation methods and guidance (general)

Community Places - [Community Planning Toolkit - Community Engagement](#).

This toolkit provides guidance on planning and designing community engagement. It focuses on quality and effectiveness, process planning and designing engagement tailored to particular issues, level of participation to be achieved, timeframe and range of stakeholders affected.

Involve - [People & Participation. How to put citizens at the heart of decision-making](#)

This guide helps people understand more about the practical workings of participation and build their capacity through increased understanding of participatory processes. It also provides new frameworks for assessing different participation methods.

Involve - [Resources - Methods](#)

This includes descriptions of a vast array of engagement methods to help in planning your consultation. It details what is involved in running that engagement method and the strengths and weaknesses.

Queensland Government, Department of State Development, Manufacturing, Infrastructure and Planning Infrastructure [Community engagement toolkit for planning](#)

This toolkit supports the delivery of effective community engagement in plan-making, including engaging with specific diverse groups including Aboriginal and Torres Strait Islander communities and disadvantages and homeless people.

Consultation methods and guidance (specific groups)

Australian Government, Aged Care Quality and Safety Commission – [“Care that is right for me” a resource for working with agreed care consumers](#).

This resource has been designed to support providers of aged care to partner and engage with consumers to drive the delivery of consumer-centred care.

Gay and Lesbian Health Victoria & About the Centre for Excellence in Rural Sexual Health - [GLBTI inclusive practice: working with rural communities](#).

This document outlines the issues and opportunities for rural health and human services implementing the National Standards for gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive practice

Government of South Australia – [Better Together, A Practical Guide to Effective Engagement with Older People](#)

This provides guidance on how to genuinely engage with older people and to support them as active, connected and empowered citizens. It contains tips and information about why engagement is important and ways to undertake successful engagements and consultations.

Government of South Australia – [SA Health Guide for Engaging with Aboriginal people](#)

A practical tool to assist health services to engage Aboriginal people in a culturally respectful and effective way. The Guide provides information about possible ways to engage Aboriginal people in a range of contexts.

National Disability Authority - [Consult customers with disabilities](#)

A checklist to help you plan effective consultations with people with disabilities.

SA Youth Action Plan – [Better Together, Effective Engagement with Young People](#)

This website is filled with tools and resources to assist you in the preparing, planning, engaging and reporting processes of engaging with young people.

The Dementia Engagement and Empowerment Project (DEEP) - [Collecting the views of people with dementia](#)

This resource outlines instructions and the advantages and disadvantages of difference consultation methods used when inviting input from people with dementia.

Victoria Government, Department of Human Services Disability [Inclusive Consultation and Communication](#)

These guidelines have been developed to help government and non-government organisations make their communication practices more accessible to, and inclusive of, people with a disability.

Digital engagement

Bang the Table - [21st Century Practitioner's Guide to Community Engagement](#)

This guide is designed for community engagement professionals and teams to help kick start their journey in digital engagement. It contains a wide range of resources - from strategies for planning your engagement to choosing the right digital engagement tools to promote your consultation.

Centre for Health Communication and Participation, La Trobe University - [Using social media as a tool to facilitate consumer engagement in service design and quality improvement: A guide for hospitals, service providers and consumers](#)

A guide designed to help hospitals, providers and consumers include social media-based methods into their suite of consumer engagement activities.

Community engagement framework and protocol examples

Macedon Ranges Shire - [Community Consultation Framework 2022.](#)

Huon Valley Council - [Community Consultation Framework 2013](#)

Australian Government, Services Australia [Protocol for engaging people with disability](#)

References

- ¹ Sherry R. Arnstein. 1969. A Ladder of Citizen Participation. Journal of the American Planning Association.35: 4. pp. 216-224.
- ² IAP2 International Federation. 2018. [IAP2 Spectrum of Public Participation](#).
- ³ Diversity Council of Australia. 2020. D&I 101 - Conducting a Diversity Survey. [Conducting diversity survey](#)
- ⁴ The Victorian Government. 2021. [Understanding intersectionality](#).
- ⁵ Institute for Research and Innovation in Social Services. 2011. [Effectively engaging and involving seldom-heard groups](#).
- ⁶ Involve. 2005. [People & Participation: How to put citizens at the heart of decision-making](#).
- ⁷ Based on: Bang the Table.2020. [Issues in Online Engagement #6 - Managing consultation fatigue](#).
- ⁸ Adapted from: Goldman J and Peters J. 2010. Eight Principles of Public Outreach Recruiting Diverse Groups to Participate
- ⁶ Bang the Table. 2020. [21st Century Practitioner’s Guide to Community Engagement](#)
- ¹⁰ Agency for Healthcare Research and Quality. 2015. AHRQ Health Literacy Universal Precautions Toolkit, Second Edition.

Appendices

Appendix 1: How to navigate the consultation methods

There are innumerable consultations methods developed by multiple organisations, and different variations of them, to the point where it is sometimes hard to identify the original sources of the method. Where possible the owner or direct source of the method listed below is included.

The consultation methods are presented in two tables:

Appendix 2: General/generic consultation methods describes consultation methods that can be used to undertake consultations with any diverse or seldom heard communities

Appendix 3: Specific consultation methods lists consultations methods for specific diverse or seldom heard communities.

These tables could be used to determine which method or methods will best suit the purpose, internal and external context and process of the consultation.

Some of the descriptions of methods listed below have been adapted by HIC from the original sources to be applicable in the context of health services conducting health service design, service development, implementation and evaluation consultations

It is important to remember that consultation methods may be applicable across cohorts, for example consultation with older people or people affected by disabilities that are from Aboriginal and culturally diverse background communities; or consultations with young people or children who are affected by disabilities; or young LGBTIQ+ people living in rural areas; etc. Hence, in some specific circumstances, the methods listed in this Guide will need to be used in conjunction with others to address the specific needs of specific community groups.

This list of consultation methods in these tables is by no means exhaustive; other methods of consultation are found in the _____ section.

Appendix 2: General/generic consultation methods

Method	Page	Method	Page
Community event	23	Participatory video	29
Community workshop or public meeting	23	Photography	30
Conversation café	24	Planning for Real ®	30
Conversation toolkit	24	Pop up democracy	31
Focus groups	24	Role plays	31
Health service mapping	25	Roundtable/Consensus building	31
In-depth interviews	25	Serious game	32
Instagram campaign	25	Service users engage with others	32
Kitchen table conversations	26	Sharing personal and professional experiences	33
Language accessibility tools	26	Songs, poems, artwork	33
Main street 'Talk to a Community Member' sessions.	27	Street stalls	33
Mystery shopper	27	Telephone calls	34
Online consultations	28	Telephone trees	34
Open space technology	28	Vox Pops	35
Patient and family stories	29	World café	35
Patient journey mapping	29		

General/generic consultation methods



Community workshop or public meeting

Conduct workshops or meetings opened to the public with interested community members and invited stakeholders. Ideally invitations to these are targeted and personalised and organised with key stakeholders in the community to ensure attendance and usefulness.

SOURCE: The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning.2017. [Community engagement toolkit for planning](#). Brisbane. p. 27

Community event

Set up interactive displays at a booth. Could use methods such as stickers, comment cards and graffiti walls to obtain feedback and identify areas for improvement.

SOURCE: The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning.2017. [Community engagement toolkit for planning](#). Brisbane. p.35





Conversation café

Conversation cafe is an informal dialogue method which invites people to take part in discussions about topical issues in an informal setting. 'Conversation Cafes' are informal and can be hosted in cafes, bookshops and other public place.

SOURCE: Involve. 2018. [Resources. Methods. Conversation cafe world](#)

Conversation toolkit

Prepare a conversation toolkit to encourage the broader community to discuss a specific issue or topic. The toolkit includes a hard-copy survey and pre-paid, self-addressed envelope.

SOURCE: The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning. 2017. [Community engagement toolkit for planning](#). Brisbane. p. 27



Focus groups

Working meeting of about 8-12 community members to discuss a specific issue. Participants are selected because of a particular skills, knowledge or experience. Requires informed participants.

SOURCES - Involve. 2018. [Resources. Methods. Focus groups](#)

Department of Public Health, Flinders University, and the South Australian Community Health Research Unit. 2000. [Improving Health Services Through Consumer Participation – A Resource Guide for Organisations. A consumer focus collaboration publication](#). Canberra. pp.40-43



Health service mapping

Maps and photographs of a health service and diagrams of services available are used to illustrate how people view these: what they like or dislike or improvements they would like to see. Ideas are generated in small group discussions and recorded on 'post-it' notes or pre-prepared cards. Discussions should be facilitated to help people explore issues.

SOURCE - Community Places. 2014. [Community Planning Toolkit - Community Engagement](#). p.10.



In-depth interviews

Extended, semi-structured, usually face-to-face interviews. Involves one person that is tasked with posing a standard set of questions to individuals. Data gathered needs to be carefully analysed and reported to provide an accurate representation of public opinion.

SOURCES - Department of Public Health, Flinders University, and the South Australian Community Health Research Unit. 2000. *Improving Health Services Through Consumer Participation – A Resource Guide for Organisations. A consumer focus collaboration publication*. Canberra. pp.36-39

The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning. 2017. [Community engagement toolkit for planning](#). Brisbane. p.41

Instagram campaign

Launch Instagram campaign #xxxx to encourage people to share images of the things that are important to them.

SOURCE - The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning. 2017. [Community engagement toolkit for planning](#). Brisbane. p. 26





Language accessibility tools

These are a variety of specialist tools enabling improved access to information for those unable to access conventional sources for differing reasons relating to language. Making information accessible will enable participation in a consultation.

SOURCE - Involve. 2018. [Resources. Methods. Language accessibility tools](#)

Kitchen table conversations

Meeting of people who know each other at someone's kitchen for morning or afternoon tea. Can be 5 to 10 community members. These informal sessions allow individuals and small groups to participate in discussions at a time of day, and in a place, that suits them. The discussions enable participation by community members who do not ordinarily participate in public consultations. The host of the session guides the discussion with a set of questions provided to them and reports back to the organisation.

SOURCES - Health Consumers Queensland. 2019. [Host a Kitchen Table Discussion on the Future of Healthcare in Queensland](#)

Government of Tasmania. 2010. [Your Care, Your Say: consumer, carer and community engagement A guide to engagement techniques](#)





Main street 'Talk to a Community Member' sessions

Conduct regular drop-in sessions in the main street where community members can talk to other community members. Identify other opportunities for 'Talk to a Community Member' sessions, e.g., local show, farmers markets etc.

SOURCE - The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning.2017. [Community engagement toolkit for planning](#). Brisbane. p. 26

Mystery shopper

Mystery Shopping exercise is conducted using volunteers who are trained to pose as consumers in typical interactions with staff. The mystery shoppers then record their experience. By compiling the results from multiple mystery shopper sessions, a clearer idea of how consumers experience a particular service can be achieved and areas of improvement identified.

SOURCE - Involve. 2018. [Resources. Methods. Mystery shopper](#)





Online consultations

Online consultations utilise the internet to ask a group of people their opinion on an issue or topic. An unlimited number of participants can be sent information about the subject or download it online and respond a survey via email or comment on the website.

SOURCE - Involve. 2018. [Resources. Methods. Online consultations](#)

Open space technology

The event usually lasts 1-3 days and can accommodate a large number of people. It is comprised of the following stages:

1. 'Opening circle': everyone sits informally in a circle with a facilitator opening proceedings
2. 'Choosing the programme': people are asked to suggest and agree themes for workshop discussions
3. 'The marketplace': participants choose the workshop they wish to attend and can move between workshops
4. 'Having your say': members participate in discussions and comments are recorded
5. 'Closing circle': this is the plenary or feedback session where issues and points raised during the discussions are reported
6. 'Report of the proceedings': all feedback comments are collated into a report for distribution to participants.

SOURCE - Involve. 2005. [People & Participation. How to put citizens at the heart of decision-making. p. 85](#)

[People and Participation](#)





Patient journey mapping

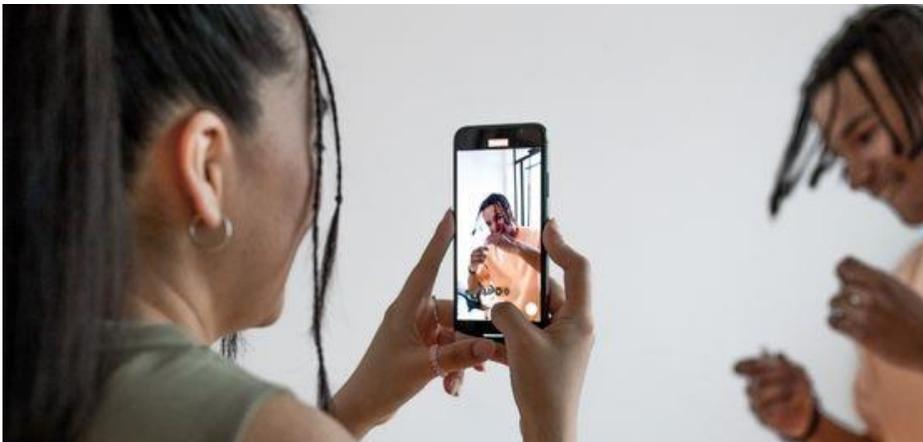
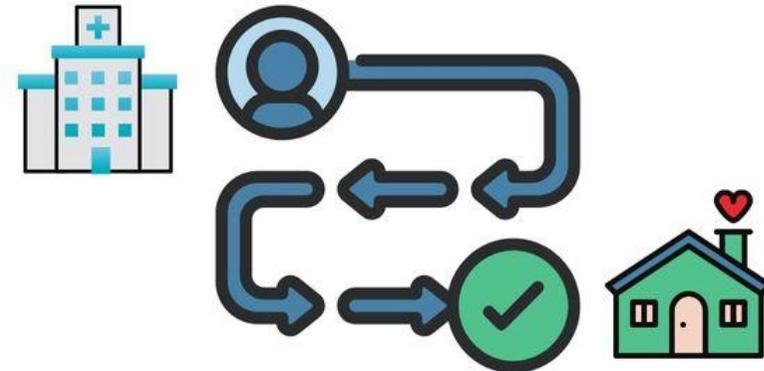
A patient journey map is a diagram summarising the service experiences patients have over time.

SOURCE - Boyd H, McKernon S, Old A. 2010. Health Service Co-design: working with patients to improve healthcare services. Auckland: Waitemata District Health Board. pp 49-5

Patient and family stories

Invite patient and family advisors to share their stories with clinicians and other hospital staff (e.g., during meetings, workshops, or training sessions). Work with advisors prior to the meeting or training to prepare them to tell their story.

SOURCE - Agency for Healthcare Research and Quality. 2017. [Working with Patient and Families as Advisors Implementation Handbook](#). p.32



Participatory video

Participatory video is a set of techniques to involve a group or community in shaping and creating their own films. Local members of a community and/or particular groups participate in the creation of videoclips. The videoclips can be used to capture ideas for service improvements.

SOURCE - Involve. 2018. [Resources. Methods. Participatory video](#)

Photography

Disposable cameras can be given to people of all ages to capture their likes and dislikes in an area or health service. The results can be exhibited to generate further discussion and determine areas for improvement.

SOURCE - Community Places. 2014. [Community planning toolkit](#)- Community Engagement. p.9



Planning for Real®

This is designed as a construction of a model of the area in question. Where possible the model should be made by local people to build a sense of ownership and to ensure engagement from the outset. The model can be displayed at one or more public venues to generate interest and participation. Cards with ideas or proposals, along with blank cards, are made available. People can select or write their own cards which reflect their interests and place them on the model where they think the idea should be implemented. The cards are counted and their locations on the model noted. These details are then fed back to people, discussed further and prioritised at public meetings or small group discussions.

SOURCES - Involve. 2018. [Resources. Methods. Planning for real.](#)
Planning for real. 2012-2018. [Supporting communities to bring about change and shape their neighbourhoods](#)

Pop up democracy

Pop up democracy refers to the use of temporary, site-specific installations that provide opportunities for increased local, political, and civic participation (e.g., pop-up libraries and museums; activist spaces; pop up food stalls etc.). The aim is to provide new spaces and opportunities for local activism and participation right in the community. Pop-up democracy is an attempt to respond to a community's specific needs; when those needs have been met, the installation or project ceases to exist.

SOURCE - Involve. 2018. [Resources. Methods. Pop-Up democracy](#)



Roundtable/Consensus building

Roundtable discussions can be used as a tool for consensus building. They have multi-stakeholder involvement, operate by consensus, and can generate co-operation to promote the environmental, economic, and social sustainability of a community. The basic premise is that all participants, from business interests to the local community, are equal. There is no leader but there may be a chair or facilitator.

SOURCE - Community Places. 2014. [Community Planning Toolkit - Community Engagement](#). p.10



Role plays

Participants take on designated roles and act out characters according to predetermined situations, followed by an evaluation of the activity. By getting people to take on a role that may be unfamiliar to them, this process enhances understanding of the issue from another perspective.

SOURCE - Government of Tasmania. 2010. *Your Care, Your Say: consumer, carer and community engagement* [A guide to engagement techniques](#)



Serious game

This is an engagement method to be used in a health service setting such as hospital ward or rehabilitation unit. A board game similar to monopoly is used in which conversations are promoted in response to questions asked. Instead of streets, as in monopoly, themes are grouped in accordance to questions and issues to be discussed; topics are given a colour. When a player lands on a colour, they are asked a question that relates to the theme that the colour denotes and collect a coloured card for that question. Once a player has been asked a question from all the themes in the board, the game is finished, and that player is deemed to be the winner. Feedback is provided to participants at consumer meetings and using 'You said' and 'We did' posters.

SOURCE - Fitzgerald M and Kirk G.D 2013. Serious games: an intervention in low-secure settings. Journal of Psychiatric and Mental Health Nursing. 18(4):316-22



Service users engage with others

Service users engage in outreach work to ascertain the views of other service users and report back. Service users may be better positioned to gather the views of other service users, particularly those identified as hard to reach or who may have had negative experiences of mental health services.

SOURCE - Kennedy, L.A., Rafferty, M. and Price, A. 2017. Service user, family member and carer engagement in mental health services in Ireland – A review of the literature. Mental Health Engagement Office. HSE. St Loman's Hospital. Palmerstown. Dublin. p.24

Sharing personal and professional experiences

This activity increases staff awareness of how care is experienced as a patient or family member. It can be conducted during a training and orientation session, committee meeting, or in-service program.

SOURCE - Agency for Healthcare Research and Quality. 2017. [Working with Patient and Families as Advisors Implementation Handbook](#). p.33-34.



Street stalls

Street stalls consist of outdoor displays such as idea or graffiti walls which can be used to capture the views and comments of large numbers of people. Maps and plans for an area or project can be displayed and passers-by are asked to comment on particular issues and themes, generate ideas or vote for particular activities or facilities.

SOURCE - Community Places. 2014. [Community Planning Toolkit - Community Engagement](#). p.21



Songs, poems, artwork

Invite people to submit (possibly for a prize) a song, poem or art piece which describes their health service and identify areas for improvement.

SOURCE - Community Places. 2014. [Community planning toolkit](#) - Community Engagement. p.9





Telephone trees

Telephone trees allow a message to be conveyed by several people simultaneously when it is necessary to speak to a large number of people quickly about an event, issue or proposal. Telephone trees rely on each person on a committee undertaking to telephone several specific people. Another way of organising a telephone tree is for each person to agree to telephone one person, and that person telephones one person, and so on, so that the message is spread sequentially, and no one person has to spend their time or money making a number of calls.

SOURCE - Government of Tasmania. 2010. Your Care, Your Say: consumer, carer and community engagement A guide to engagement techniques
[Government of Tasmania. A to Z of engagement techniques. Telephone trees](#)

Telephone calls

Technique used to obtain structured responses. Useful for brief conversations about an issue; maintain awareness; identify concerns and issues; develop objectives/issues; develop options; test ideas/priorities options; build relationships and involvement; and reach people who cannot participate in person. Respondents can be invited to a longer face-to-face interview or workshop or reference group if they are interested. Good way to recruit for future initiatives.

SOURCE - Huon Valley Council. 2013. [Community Consultation Framework](#).





Vox Pops

Short interviews with people in different locations and at different times (radio or television). These can be captured as videoclips and exhibited to generate further discussion and determine areas for improvement.

SOURCE: *Community Places*. 2014. [Community planning toolkit](#)- Community Engagement. p.9

World café

World café is a method which makes use of an informal café setting for participants to explore an issue by discussing it in small table groups. Discussion is held in multiple rounds of 20-30 minutes, with the cafe ambiance intended to allow for more relaxed and open conversations to take place.

SOURCES - *Involve*. 2018. [Resources. Methods. World café](#)
The State of Queensland, Department of State Development, Manufacturing, Infrastructure and Planning. 2017. [Community engagement toolkit for planning](#). Brisbane. p. 40



Appendix 3: Specific consultation methods

Below there are 33 consultation methods for diverse communities including: aged, young people and children, Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities, people in rural areas, people with disabilities and LGBTQA+ community members.

Aged/elderly

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Consultation in aged care facilities take place in the aged care service setting. Some consultation methods used in residential aged care, could also be used in community aged care, where the elderly are living at home.

- Communication cards in community languages
- Conversation starters
- Cue cards
- Engage with peak bodies
- Life highlights
- Life snapshot
- Peer conversations
- Talking about personal objects
- Trading places
- Tree of strengths
- Wall snippets

Young people and children

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- Arts programs
- Engage with peak bodies
- Facebook, Twitter, Instagram, Pinterest, Google+, LinkedIn etc
- Fishing for Answers / Hook-A-Duck
- Graffiti Wall
- Internet discussion/feedback page
- SMS/text consultation
- Peer-to-peer consultation using investigative journalism
- Picture Voting

People with disabilities

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- Engage with peak bodies and expert advice
- Drawings [for children with speech impairment]
- Specific disability groups

Aboriginal and Torres Strait Islander and Culturally and linguistically diverse (CALD) communities

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- Engage with Linguistically and Culturally Diverse communities
- Engage with local indigenous organisations
- Yarning circles
- Open discussion within existing community groups and networks

LGBTQA+ communities

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- Engage with advocacy and support organisations
- Engage with LGBTQA+ organisations

Rural areas

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- Engage with health services Community Advisory Committees (CACs)
- Engage with local Aboriginal Community Controlled Organisations
- Establish links with community organisations
- Use technology

SPECIFIC CONSULTATION METHODS

Aged/elderly



Communication cards in community languages

Communication cards depict a wide range of daily activities and situations and can be used to prompt discussion, assist with directions, clarify a client's needs, etc. These cards can be used by staff to engage residents in aged care facilities or clients in the community to consult about improvements to the service. Centre for Cultural Diversity in Ageing

SOURCE: Eastern Health. [Cue Cards in Community Languages](#)

Conversation starters

Use consumer meetings to discuss not just what is working well but also where there have been complaints and clinical risk areas. Useful to capture input and advice from participants for service improvements. Questions may include: 1. I like to... 2. I don't like talking about... 3. I once met... 4. I know a lot about... 5. I like talking about... 6. I am interested in... 7. I believe... 8. I love to... 9. I changed forever when... 10. I am afraid of...

SOURCES: Meaningful Ageing Australia. [See me. Know me.](#)

Aged Care Quality and Safety Commission. 2019. ["Care that is right for me" A resource for working with aged care consumers.](#) p.31

Cue cards

Cue Cards are visual tools that assist and support caregivers, staff, and volunteers to engage with the person in their care. Cue cards can be used by staff to engage residents in aged care facilities or clients in the community to consult about improvements to the services.

SOURCE: Golden Carers. [Cue Cards for Dementia Care](#)

Engage with peak bodies

Contact peak bodies representing people with dementia such as [Dementia Australia](#), [Council on the Aging](#), [Older Persons Advocacy Network](#), [Aged and Community Services Australia](#). There is a range of established groups of people with dementia and others are part of dementia services such as day care centres or dementia support groups. Many of these groups welcome visits from other organisations as a way of sharing their view.

SOURCE: The Dementia Engagement and Empowerment Project (DEEP). 2013. [Collecting the views of people with dementia](#)

Life highlights

Host an activity that enables both staff and consumers to share life experiences and better understand each other's passions and interests. In a small group, ask participants to close their eyes and think about life highlights, and then share their favourite moments with the group. Encourage participants to think about the similarities and differences between those experiences and the present and learn what can be improved in the service.

SOURCE: Aged Care Quality and Safety Commission. 2019. "Care that is right for me" [A resource for working with aged care consumers](#). p.30

Life snapshot

Provide consumers with a camera (e.g., even just an iPhone) and a list of possible pictures to take, inspiration cards and questionnaire cards. After a week, gather and analyse the information to identify common themes, preferences, routines, activities, practices, or values. Identify areas of improvement in the service.

SOURCE: Aged Care Quality and Safety Commission. 2019. "[Care that is right for me](#)" [A resource for working with aged care consumers](#).p.39

Peer conversations

Engage older people to help facilitate conversations with older people. This helps with trust and may contribute to more influence and participation in service improvements.

SOURCE: Government of South Australia. 2016. [Better Together. A Practical Guide to Effective Engagement with Older People](#). p.24-25

Talking about personal objects

Encourage each person to bring to a group gathering an object that means something to them, and then talk about the object. Give each person one or two minutes to introduce themselves, describe their object and explain why they bought it along. Encourage participants to ask questions about the object to get the discussion going and build relationships. Use these conversations as an entry point to the discuss the present and how can the service be improved.

SOURCE: Aged Care Quality and Safety Commission. 2019. "Care that is right for me" [A resource for working with aged care consumers](#).p.30

Trading places

Service staff and consumers trade places and respond to a range of different scenarios. The scenarios could be problems or issues that they are familiar with (to do with duty of care, policies, and procedures, rostering etc) but the key is in shifting the power dynamic so that individuals come up with solutions and ideas based on the other person's perspective. If this activity was done as a group, smaller groups of two to four people could work on a scenario then report discussions back to the group.

SOURCE: Aged Care Quality and Safety Commission. 2019. "[Care that is right for me](#)" [A resource for working with aged care consumers](#).p.31

Tree of strengths

A large drawing of a tree branch is hung on the wall and people are invited to work in pairs to identify their own skills and strengths and write them on Post-it Notes, which are then attached as 'leaves' on the tree. Based on the skills and strengths identified, participants can then think about how they could work together as a group on a project or if there are skills missing. Participants may be asked to write notes about the strengths of the service and identify area for improvement.

SOURCE: Aged Care Quality and Safety Commission. 2019. "Care that is right for me" A resource for working with aged care consumers.p.31

Wall snippets

Gather a series of short informative 'snippets' in the form of a sentence or poem. These can address aspects of communication including respect, volume, tone of voice, special needs, and body language. These snippets can be placed on the staff room and nurses' station walls and regularly rotated every couple of weeks to remind staff to continually consider how they are interacting with consumers. Ask consumers if any of the areas identified need to be improved in the service.

SOURCES: Aged Care Quality and Safety Commission. 2019. ["Care that is right for me" A resource for working with aged care consumers.p.32](#)

Petriwskyj, A, 2017, [Client Engagement Toolkit: A Resource for Aged Care Staff](#), The University of Queensland.

Young people and children with disabilities



Arts programs

Young people are given the opportunity to express themselves through art. This can include visual arts, writing, musical performances, and dramatic performances etc. This can be undertaken individually or as part of a group collaboration. Encourage participants to think of areas of the services that can be improved.

SOURCE: Government of South Australia. 2017. [Better Together. A practical guide to effective engagement with young people](#). p. 21

Engage with peak bodies

Contact peak bodies representing young people and children. There is a range of established advocacy groups for young people and children, many of these groups' welcome visits from other organisations as a way of sharing their view and will serve as bridges to consulting with young people and children.

[Youth Affairs Council of Victoria](#)

[Youth Disability Advocacy Service \(YDAS\)](#)

Social Media - Facebook, Twitter, Instagram, Pinterest, Google+, LinkedIn etc

To using digital and social media channels for consultation effectively it is important to decide which channels or social media platforms to use for which audience and what is the purpose of the consultation. Identifying which platforms the specific audience uses will ensure that the consultation targets those intended to be consulted.

SOURCE: East Midlands Academic Health Science Network. [no date]. [Using digital technology and increasing engagement online. 10 top tips](#). EMAHSN top tips for patient and public involvement

Fishing for answers/Hook-a-duck

Write questions or statements underneath the fish/ducks. Float the ducks in a paddling pool or make a paper pond for the fish. Tie a piece of string to a stick and attach a magnet on the end of the string. Let the children take it in turns to "hook a duck" or "catch a fish" and answer the question on the bottom. Recordings of the children's answers can be written down or if you are using statements, 'nets' can be labelled 'agree', 'don't agree', 'not sure' and children could put the ducks or fish in the appropriate net.

SOURCE: Sheffield City Council. Sheffkids. [Giving children of Sheffield a voice](#).

Graffiti wall

Hang a large piece of paper or material on to a wall and provide pens or paints for the children to use to write with. Ask a question and ask the children to draw a picture that will respond to the question. This is best left for the length of a session to allow the children time to think about their response and come and write on to the wall. The ideas can then be recorded and grouped for further discussion.

SOURCE: Sheffield City Council. Sheffkids. [Giving children of Sheffield a voice](#).

Internet discussion/feedback page

Use an internet site as a medium to post a survey or ask for feedback or input on a topic or issue related to service improvement.

SOURCE: Government of South Australia. 2017. Better Together. A practical guide to effective engagement with young people. p. 23 [Better together. Guide to engage with young people](#)

SMS/text consultation

Send out SMSs to an existing list of mobile phone numbers asking for comment or feedback about an issue or question. Ideally the recipients belong to a group of young people or children associated to an advocacy organisation.

SOURCE: Government of South Australia. 2017. Better Together. A practical guide to effective engagement with young people. p. 23 [Better together. Guide to engage with young people](#)

Peer-to-peer consultation using investigative journalism

Establish a young people's website in collaboration with schools to recruit young people to contribute to the website's design. A core group of young people between 14 and 17 years old, known as the 'Press Gang' would be recruited with the aim of taking greater ownership of the website, its content, and raising its profile amongst their peers. Issues related to health and community services available to young people can be discussed.

SOURCE: National Foundation for Educational Research. 2008. [Consultation practices used in planning children's services](#). Pp.41-44

Picture Voting

Children vote on a range of visual choices around a particular question or issue by attaching stickers to their chosen answer. Choose an issue that can be clearly expressed using pictures of different choices. Find as many suitable images as possible for the children to vote on. Find somewhere to display your pictures at the children's eye level where they will all be able to access them. The children can be given one sticker for one vote or you could give them 3 stickers - they could put all 3 on one choice or spread the stickers around if they have more than one 'favourite' answer. Remind the children that there isn't a 'right' or 'wrong' answer.

SOURCE: Sheffield City Council. Sheffkids. [Giving children of Sheffield a voice](#).

People with disabilities



Engage with peak bodies and expert advice

Contact peak bodies representing people with disabilities. There is a range of established advocacy groups for people with disabilities (young people, women, culturally and linguistically diverse communities), many of these groups welcome visits from other organisations as a way of sharing their view and will serve as bridges to consulting with people with disabilities.

[Physical Disability Australia](#)

[National Ethnic Disability Alliance \(NEDA\)](#)

[Australian Federation of Disability Organisations](#)

[Victorian Advocacy League for Individuals with Disability \(VALID\)](#)

[VALID - List of Victorian advocacy organisations](#)

[Action on Disability within Ethnic Communities \(ADEC\)](#)

[SANE Australia](#)

SOURCE: Centre for Developmental Disability Health Victoria. 2014. [Working with people with intellectual disabilities in healthcare settings](#). p. 11

Drawings [for children with speech impairment]

Asked the children to draw an image of themselves talking to someone, themselves with their family, and themselves doing something that they enjoyed or ask them how they feel about the way they talk. Use 'happy, sad, angry' faces and a question mark to record their answers and annotate the picture with their comments.

SOURCE: McLeod S, Daniel G and Barr J. 2006. [Using children's drawings to listen to how children feel about their speech to how children feel about their speech](#) Charles Sturt University

Specific disability groups

Consideration should be given to the conduct of consultation with small groups of people who have disabilities which make information receiving and giving more difficult than usual. This includes people who have higher support needs, such as people with significant intellectual disability, people with psychiatric disability and people with acquired brain injury. For example, engaging with peak bodies, networks and state-wide organisations that can input in focus groups or in steering committees.

SOURCE: Robinson S and Dyke J. [no date]. [Walking the Talk, A framework for effective engagement with people with disability, families and people who support them](#). Disability Services Queensland. P. 18

Aboriginal and Torres Strait Islander and Culturally (ATSI) and Culturally and Linguistically Diverse communities (CALD)



Engage with Culturally and Linguistically Diverse communities

Ethno-specific and CALD organisations, networks, community leaders and bilingual workers can provide strong links to CALD communities; have an understanding of the issues affecting their communities; have links to key stakeholders; and are able to effectively communicate and disseminate information to their communities.

[CEH Connect with CALD communities](#)

[Victorian Multicultural Commission directory](#)

[Ethnic Communities' Council of Victoria \(ECCV\)](#)

[Australian Multicultural Community Services \(AMCS\)](#)

AMCS is a not-for-profit organisation providing help at home and other support services to seniors and their carers, in Melbourne and Greater Geelong.

[Action on Disability within Ethnic Communities \(ADEC\)](#)

Specialists in supporting people from ethnic backgrounds, especially people living with a disability or who are frail, their families, and carers

[Australian GLTBIQ Multicultural Council \(AGMC\)](#)

AGMC is a peak body for lesbian, gay, bisexual, trans, intersex, queer individuals, and community groups of multicultural and multifaith backgrounds.

[North West Region Migrant Resource Centre](#)

[Spectrum](#)

[Southern Migrant and Refugee Centre](#)

[Asylum Seeker Resource Centre](#)

[Migrant Workers Centre](#)

Ethnic and community radio

[3zzz](#)

[3cr](#)

Engage with local Aboriginal and Torres Strait Islander organisations

Contact peak bodies representing people from ATSI communities. There is a range of established advocacy groups for people from SATSI and CLAD communities and many of these groups' welcome visits from other organisations as a way of sharing their view and will serve as bridges to consulting with people from these communities.

[Victorian Aboriginal Community Controlled Health Organisation](#)

[Australians together](#)

[Aboriginal Community Elders Services Incorporated \(ACES\)](#)
[Victorian aboriginal community services association ltd \(VACSAL\)](#)
[Aboriginal and Torres Strait Islander Lived Experience Centre](#)

Yarning circles

The use of a yarning circle (or dialogue circle) is an important process within Aboriginal culture and Torres Strait Islander culture. The yarning circle has been used by Indigenous peoples from around the world for centuries to learn from a collective group, build respectful relationships, and to preserve and pass on cultural knowledge. A yarning circle is a harmonious, creative and collaborative way of communicating to:

- Encourage responsible, respectful and honest interactions between participants, building trusting relationships.
- Foster accountability and provide a safe place to be heard and to respond.
- Promote interactions and community connections.

SOURCE: Yarning. 2017. [What is Yarning?](#)

Open discussion within existing community groups and networks

This is an effective method for ensuring high participant levels. The consultation is in an environment already comfortable to community members.

SOURCES - Government of South Australia. Department for Health and Ageing. 2013. [SA Health Guide for Engaging with Aboriginal People](#). p.6

Quality Improvement and Change Management Unit. 2017. [You Matter: A Guideline to support engagement with consumers, carers, communities, and clinicians in health](#). Perth: Western Australian Department of Health. p. 17 – 18

LGBTQAI+ organisations



Engage with advocacy and support organisations

Advocacy organisations, networks, community leaders and workers can provide strong links to LGBTQAI+ communities; have an understanding of the issues affecting their communities; have links to key stakeholders; and are able to effectively communicate and disseminate information to these communities.

For young LGBTQAI+ communities, utilise state-wide services and supports such as [Safe Schools Coalition of Victoria](#) and [Student Wellbeing Hub](#) who provide information and connection with young LGBTQAI+ [Goulburn Valley Pride Shepparton Goulburn Valley Pride](#) (GV Pride) is Greater Shepparton's Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, Ally (GLBTIQA) social group located in the Shepparton/Goulburn Valley/North-East Victorian region

[Living Positive Victoria](#)

Peak advocacy, education, advice, support and social networking body for all People Living with HIV/AIDS in Victoria

[Transgender Victoria](#)

Community based organisation supporting the Victorian transgender community, their family, friends, partners and others

[Minus 18](#)

Minus18 is Australia's largest youth run network for same sex attracted and gender diverse teens

[Rainbow health Victoria](#)

SOURCE: Barrett C and Stephens K. 2012. GLBTI inclusive practice: working with rural communities. [Gay and Lesbian Health Victoria and the Centre for Excellence in Rural Sexual Health.](#)

Rural areas



Engage with health services Community Advisory Committees (CACs)

CACs are made up of consumers, carers and community members. They are usually supported by a Resource Officer or Consumer Engagement officer which can support your work with the community and provide access to their CAC for the consultation.

SOURCE: Quality Improvement and Change Management Unit. 2017. You Matter: [A Guideline to support engagement with consumers, carers, communities and clinicians in health](#). Perth: Western Australian Department of Health. p. 19

Engage with local Aboriginal Community Controlled Organisations

Engage with ATSI organisations that may facilitate communication with local ATSI communities.

SOURCE: Quality Improvement and Change Management Unit. 2017. You Matter: [A Guideline to support engagement with consumers, carers, communities and clinicians in health](#). Perth: Western Australian Department of Health. p. 19

Establish links with community organisations

Utilise established community organisations to facilitate engagement. For example, Men's Sheds, ethnic communities' groups, peer support groups, recreational and sports groups, school's committees, churches and places of worship, Probus, Lyons Clubs, Rotary Club, etc.

SOURCE: Quality Improvement and Change Management Unit. 2017. [You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health](#). Perth: Western Australian Department of Health. p. 19

Use technology

Consider phone, video-conference, and other methods of communication as alternatives to face-to-face attendance. Facilitate access to these when community members have no reliable access to internet and/or cannot download and/or print documents forwarded to them online. Be aware that not everyone has access to reliable mobile or internet connection and consider the computer literacy of participants.

SOURCE: Quality Improvement and Change Management Unit. 2017. [You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health](#). Perth: Western Australian Department of Health. p. 19