

Inquiry into Community Consultation Practices

Submission to the Environment and Planning Committee

About Women's Health Goulburn North East

Women's Health Goulburn North East (WHGNE) is a proudly feminist Health Promotion organisation, leading change towards women's empowerment, women's health, the prevention of gender-based violence and ultimately, gender equality, in rural and regional Victoria.

We work to support the creation of equal, just and resilient communities. We believe in the potential of communities and individuals to drive change, which is why our work is grounded in the experiences of women, gender diverse and non-binary folk living in the 12 local government areas that comprise our north-east Victoria and Goulburn Valley region. WHGNE's approach to community engagement is driven by our values of care, agency and empowering others - for WHGNE the process of community engagement is as important as the outcome.



Figure 1: A map of the 12 LGAs making up the Women's Health Goulburn North East's service area.

Introduction

As a women's health organisation dedicated to incorporating the lived and living experience of women in rural and regional Victoria into health planning, policy, service delivery and legislation, the organisational expertise we offer relates to the application of a feminist framework, incorporating an intersectional gender lens to community consultation practices, and a reflection on conducting consultation effectively in a place-based, rural and regional context. We can also offer an experience-based perspective, as frequent contributors to public inquiries through the Engage Victoria platform.

The Public Engagement Framework

It is clear that evidence-based theory and best practice principals are embedded throughout the Victorian Government's approach to community engagement, as outlined in the Public Engagement Framework, 2021-25. While a strong theoretical foundation is imperative to guide community consultation, the breadth of interpretations by state and local governments, statutory bodies and essential service providers on how to embed the defined approach in practice, is likely to vary and depend on factors like resourcing, time constraints and community engagement expertise, particularly around implicit bias and intersectionality.

Implementing these principles practically and consistently requires a regular re-examination of assumptions, policies and 'business as usual' practices that can unintentionally serve to exclude or alienate community members from different demographic cohorts. Given the Inquiry is looking into consultation practices across a number of agency/organisational settings, our first recommendation is to ensure that community engagement is being consistently conducted 'on the ground', across the public sector with an eye for identifying barriers to community participation. This must be accompanied by a culture of fostering solutions that are tailored to support the equitable inclusion of underserved cohorts. Strengthening support for public sector staff with capacity building and access to appropriate resources when designing, collating and incorporating qualitative data guided by the Framework, can ensure that consultations do not become a 'tick-box' activity.

We recommend the following actions to ensure that consultations across the state empowers people with equitable opportunities to contribute to decision making in Victoria:

Centring Care

First and foremost, we suggest centring care in consultation processes. Central to community consultation, is peoples lived experience. With this, comes the responsibility to engage with care, recognising the inherent values and expertise of individuals and groups. Obtaining diverse perspectives from the community (and especially underserved cohorts) is dependent on fostering environments where everyone feels safe and valued.

In particular, it is important to conduct consultations through a trauma-informed approach, so as not to re-traumatise people. While the term ‘trauma informed’ is present within the Framework, it is crucial to ensure that community engagement staff understand the approach while applying it. This may look like upskilling community engagement officers across public sector settings to apply a trauma informed lens over consultations of all types.

A resource that we have developed to introduce the concept of trauma in professional practice, is an e-learning course, titled [An introduction to recognising trauma](#). Utilising online learning platforms to upskill engagement officers across public sector settings is an efficient starting point to enrich their practice.

The following sections present suggestions to further embed care throughout consultation.

Applying an intersectional gender lens

The framework emphasises inclusive engagement but could more explicitly integrate an intersectional gender lens. The Gender Equality Act 2020 requires Victorian public sector organisations to progress gender equality in the workplace and community. Section 6(8) of the Act outlines that “gender inequality may be compounded by other forms of disadvantage or discrimination that a person may experience based on Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation and other attributes.” (Victorian Government, 2022).

This could be done by:

- Applying a gender lens to consultation resources, schedules and expected outcomes – for example, by considering childcare responsibilities, the timing of consultations, power imbalances and the language used.
- Explicitly asking for gendered perspectives during consultations – to elaborate, people of different genders may experience unique barriers when navigating services, infrastructure, public spaces and policies.

- Ensuring cultural competency among consultation teams.
- While cultural safety is included in the Framework, it is important to ensure that the same groups of people are not overwhelmed with being asked to contribute on behalf of their demographic – this can lead to burnout, especially when they are providing the same perspectives and advice without seeing any legislative or policy change.
- Remuneration as standard practice for in person or face to face online consults – this acknowledges people's time and effort in sharing their perspectives.
- Collecting disaggregated data – including sex, gender, age, disability and cultural background - to understand and respond to the diverse experiences within the community.

Accessibility and reach

The Framework is a valuable tool that other organisations conducting community consultation – like our own – can draw from when seeking community input. While we acknowledge the strength of the Framework, we are also pleased to be offered the opportunity, through this consultation, to contribute some insights into how consultation practices can grow to reach more diverse cohorts within the community and continue to prioritise improved accessibility.

Rurality

Regional and rural perspectives are often left out of important conversations, so consulting with people from these areas is crucial in determining the equitable geographic distribution of services, infrastructure and other resources (Hayes et al., 2025).

Digital literacy and access to online spaces

Often a barrier in the rural population's ability to participate in community consultations is limited access to reliable internet and lower rates of digital literacy (National Rural Health Alliance, 2021). It's important to provide alternative engagement methods for individuals with limited digital skills or access. Partnering with public libraries, community and neighbourhood houses (facilitated through local government) will ensure that underserved cohorts – which alongside rural communities might include older people, people experiencing housing insecurity and migrant and refugee communities – are empowered to contribute.

Straightforward language

Practicing inclusive community consultation for English speakers requires an effort to simplify language within consultation instructions and communications. Ensure all materials (including the Terms of Reference) are written in clear, jargon-free language to be accessible to a broader, more diverse audience.

Communication beyond written language translation

Translating community consultation resources into languages other than English, including Auslan, is standard practice within government communications to the public – however there are still factors which can exclude people within both CALD and deaf/hard of hearing cohorts. When developing translation resources, it should be considered that ‘mother tongue’ literacy levels among diverse cohorts can vary. Developing a range of formats to convey information to linguistically diverse communities, like short videos, infographics and in person information sessions, will strengthen accessibility for a broader range of people from linguistically diverse backgrounds (see for example: Abood et al, 2023; Napier and Kidd, 2013).

Communications channels

Diversifying the channels through which community consultations are promoted and accessed is central to increasing the participation of under-consulted cohorts. The Engage Victoria platform is effective and useful to organisations like our own, when subscribed to receive notifications of open consultations. Our experience is positive in using this platform, however individuals within the community could be given greater opportunity to engage with community consultations by including a broader range of communications channels and strategies, for example, by leveraging social media platforms.

Partnering to increase reach and overcome barriers

To ensure that underserved cohorts with limited access to consultation tools and resources are empowered to contribute, we would like to see expanded collaboration between different levels of government and public sector agencies and place-based, specialist organisations, like our own Women’s Health Services Network. Increasing the breadth of partnerships will strengthen capacity to reach groups of people who experience higher levels of systemic marginalisation or social isolation, a process which has been found to require a commitment to higher resourcing, extended timelines and crucially, community partnerships (Bonevski *et al.*, 2014). Engaging with specialist organisations trusted within a given community to codesign and collaborate on future consultation, beginning with identifying and recruiting underserved cohorts can mitigate any existing mistrust of the research process and motivations (Ellard-Gray, Jeffrey, Choubak and Crann, 2015).

The Engage Victoria Platform

As an organisation, our experience accessing community consultations and submitting to Victorian Government Inquiries has been positive and efficient overall. The subscription option with the topic preference has been effective in making us aware of consultations that WHGNE might be interested in contributing to.

There have been some instances when a consultation has been open that WHGNE has pertinent information to contribute but has been unable due to the format of submissions – for example, the recent Community Health Experience Survey asked community members and community healthcare professionals to ‘Share your experience and priorities for healthcare in your community’ in two versions of the survey, tailored to either community members or the community health sector.

WHGNE has recently collected rich qualitative data from community members and health professionals in our region relevant to the consultation, which we would have been enthusiastic to share. However, because the format of the two surveys was quite prescriptive in who could contribute, there was no facility for us to share our data. Through this and some other similar instances, we recommend ensuring that there are avenues for organisations from adjacent sectors or with access to relevant information sources to input into future consultations open to specific sectors.

We further recommend liaising with place-based organisations like our own, to more broadly promote community consultations on sector-specific issues, that might be missed by community members on the Engage Victoria platform. This will provide greater opportunity for people to come into contact with calls to contribute to public consultations.

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