

Hearing what matters: a case study of meaningful community engagement as a model to inform wellbeing initiatives

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Key points

- Community engagement provides strong and direct qualitative data about people's needs and priorities
- The Voices of Victoria Listening Tour can be part of the evidence base about how to productively engage with communities in the co-design of an effective approach to wellbeing in public policy

Abstract

Objectives: This paper contributes to the literature about community engagement processes that effectively support wellbeing approaches in government.

Type of program or service: The Victorian Council of Social Service's Voices of Victoria Listening Tour ('the Tour') was a state-wide engagement with communities, and focused on people experiencing disadvantage. Delivered in partnership with Neighbourhood Houses Victoria and other community organisations, it sought to hear from lesser-heard voices about what people need for the foundational conditions of a good life.

Methods: The Tour involved facilitated face-to-face sessions in community centres and targeted online sessions with underrepresented cohorts. Essential Media omnibus polling was conducted to test key findings with a wider participant group.

Results: The Tour illuminated a variety of community needs and priorities, many of which overlap with the World Health Organization's social determinants of health. It revealed that people experiencing disadvantage often face problems that do not fall neatly into traditional government departments or portfolios. This shows the value of a whole-of-government wellbeing approach when addressing genuine community need.

Structurally, the most productive elements of the community engagement process involved deliberate consideration of the specific conditions that put community members at their ease and empowered them to engage and participate.

Lessons learnt: People experiencing disadvantage are rarely directly heard by policy makers. Designing and refining wellbeing approaches in partnership with diverse communities requires methods of engagement that are themselves contributors to community wellbeing. People are overwhelmingly appreciative of being listened to about what matters to them and of being active participants in decision making.

Introduction

Government policy making to minimise health inequity and improve community outcomes across a variety of indicators is increasingly recognising the significance of social determinants of health. The World Health Organization (WHO) identifies such factors – including income, education, housing, social inclusion and the environment – as being as or more important than direct healthcare or lifestyle choices in influencing health.¹

Alongside the growing awareness of the centrality of these factors in determining health outcomes is a recognition that government decision making that prioritises economic indicators such as gross domestic product (GDP) is not necessarily geared towards optimising social outcomes.

The social determinants of health are central to adopting a wellbeing approach to decision making, and many governments aim to use this approach. This frequently involves developing new measurement frameworks to counterbalance the dominance of GDP-related indicators. Some countries are going further and using wellbeing measures to inform policy decision making. A few jurisdictions have gone further still and adopted wellbeing legislation, made early steps towards the idea of a wellbeing economy, or have introduced wellbeing budgets. Several – including New Zealand, Iceland and Wales – have joined the international Wellbeing Economy Governments partnership.²

Premised on the idea that economic growth should not be treated as an end unto itself, a wellbeing economy instead takes the conditions necessary for human and environmental flourishing as its central goal. According to this model, economic decisions should be made with a view to the short- and long-term effects they will have on the wellbeing of individuals, communities and the environment.³

There is increasing consensus on the indicators against which community and environmental wellbeing should be measured.⁴ The most meaningful metrics chart outcomes including health, education and governance. They also recognise that wellbeing is contingent on a healthy natural environment, and therefore economic decisions that do not take account of environmental flow-on effects are inherently flawed.³

Human and environmental thriving is the broad, universal outcome that a wellbeing approach should be set up to measure and improve; however, our findings show that individual communities are unique and the specific needs of diverse communities must not be assumed or extrapolated. This is especially so in the wake of the compounding medical, social and economic crises of coronavirus disease 2019 (COVID-19), when people are experiencing many complex and changing pressures. Government decision makers must seek out, listen to and act on genuine community engagement in designing the tools and interventions to steer an effective

social recovery and to ensure that future policy making is informed by an understanding of the social determinants of health. This can be expanded to encompass the kind of additional broad-based community engagement that a fully-fledged wellbeing approach would require. Models of comprehensive participation processes are discussed in the Recommendations section.

There is a self-perpetuating benefit to involving communities in the policy making processes around issues that are central to their lives. As the literature on wellbeing indicates, community engagement empowers people to be participants in the civic work of governance, enhances their sense of social wellbeing and leads to better processes and outcomes.⁵

To facilitate the deep community engagement necessary for these outcomes, the Victorian Council of Social Service undertook a Listening Tour ('the Tour') to hear and convey the voices of often unheard and underrepresented communities across Victoria.

Methods

The principles of genuine community co-design are central to policy making that addresses complex social problems. However, there is an ongoing challenge in designing and operationalising community feedback methods that are not framed in relation to a preconceived understanding of problems and the range of potential solutions.⁶

Further, the widely-recognised 'unprecedented' impacts of the COVID-19 pandemic – and the conditions of isolation, alienation and distrust of institutionalised power structures engendered in many communities⁷ – necessitate sensitivity to the power dynamics implicit in traditional feedback-gathering tools such as surveys and focus groups.⁸

The Tour was designed as an approach to qualitative social research that avoided the potential pitfalls of closed-off, structured and hierarchically ordered engagement between researcher and participant.

Sessions were held at Neighbourhood House venues where community members felt safe and comfortable. There were 12 sessions from February to May 2022 – four in metropolitan Melbourne and eight in regional Victoria – at which experienced external facilitators explained that the sessions were not run by the government, and that people's anonymised communications would be included in a report to decision makers.

From the demographic and identity information shared during sessions, some participation gaps were identified among specific cohorts. To address these gaps, 'deep dive' online sessions were scheduled for First Nations community members, parents and carers and people with disability.

The Tour engaged with 203 people.

Further, to test key findings from face-to-face sessions with a broader sample of participants, follow-up Essential

Media omnibus polling was conducted. There were 549 respondents to the poll.

The face-to-face sessions were structured around three open-ended questions:

1. How are you feeling right now?
2. What challenges are you facing?
3. What are your hopes for the future?

Contextual factors that required deliberate consideration in the design and facilitation of the sessions included:

- Partnership; e.g. which organisations are trusted in the local community?
- Engagement method; e.g. will people need an interpreter or support person?
- Timing; e.g. will holding events during work hours skew participation?
- Safety; e.g. how can we help survivors of family violence feel comfortable about sharing their experiences?
- Diversity, equity and inclusion; e.g. how do we ensure that culturally and linguistically diverse people are represented?
- Food; e.g. what food is culturally appropriate for this community?
- Compensation; e.g. how do we adequately reimburse participants for their time?
- Feedback and evaluation; e.g. will participants feel comfortable filling out a form?

Some of our specific practices in relation to these factors were refined over the course of the Tour, and lessons were learnt that we will carry forward into the follow-up tour being held in 2023.

Findings: community priorities for a good life

The priorities that the Tour revealed as being foundational to people's wellbeing are, in some senses, intuitively commonplace. Many of them encompass fundamental components of the social determinants of health identified by the WHO. A full report on the findings is available in the *Voices of Victoria* publication.⁹

People's most pressing problems were often longstanding but had been exacerbated by the pandemic. Community members consistently cited a need for investment and assistance to meet primary needs, including healthcare, access to safe and affordable housing, employment security and food security, as well as support to sustain social connections and help with loneliness and isolation.

Many of the problems and hopes for the future people spoke of could not easily be categorised according to levels of government, public service departments or ministerial portfolios. For instance, people expressed their need for assistance to tackle loneliness, improve resilience and help them access and use technology.

These issues do not traditionally fit within a single government department or ministerial portfolio.

Community members also spoke of how government services are often not set up to support people with intersecting, compounding and complex needs. There was a broad perception that social support policies are designed primarily by and for middle-class, English-speaking people living in capital cities.

For example, we heard that people are frustrated that often the only way to obtain information and access services is online, which does not work for many parts of the community. Common barriers to online services included affordability of a device and data, connectivity issues, lack of technical knowledge about using the internet, and concerns about privacy and scams.

We also heard a deep appreciation for the purpose of the Tour: more than 98% of participants were satisfied with the sessions, and more than 95% felt safe to share their stories.⁹ Community feedback indicated that being involved in the conversation about policy processes inspired greater trust in those processes, but for many people, it was the first time their ideas and perspectives had been sought by decision makers.

Recommendations: listening exercises as a way of informing wellbeing government approaches

The science of wellbeing is not new, but at this stage of development, its application in informing public policy and economic decision making is a work in progress, with many promising examples emerging.¹⁰ There is an established and growing body of evidence about the merits, possible frameworks and optimal indicators that put people's needs at the centre of policy and decision making.¹¹

However, no two communities are exactly alike, and the diverse and changing needs of individual communities cannot be known without consultation. In designing frameworks for wellbeing approaches in Australian government, there would be great value in a government-backed, scaled-up program of listening tours to ensure that policy initiatives meet community needs.

The *Voices of Victoria* Listening Tour was not explicitly designed to support the implementation of a wellbeing economy, although the model of community engagement is broadly applicable to the kind of scaled-up engagement process that could be used across government to establish community priorities for wellbeing budgeting.

Implementing a process – including meaningful community engagement – to inform the restructuring of an economy upon wellbeing lines is clearly a large project, requiring deliberative consideration of the processes and structures of economic decision making. Australia can benefit here from models established in

other countries. Wales, for instance, coupled foundational legislation, including the *Well-being of Future Generations (Wales) Act 2015*, with a process to ensure community engagement was embedded into policy design.¹²

To help shape the wellbeing goals to be included in the legislation, Wales undertook a 12-month national conversation that included the establishment of a network of more than 200 organisations, which led engagement with nearly 7000 people across Wales (in addition to contributions via social media, postcards and online). The process also tested various approaches to engaging people, and obtained almost 1000 responses via reports, videos, postcards, drawings and surveys.¹³ After the legislation was passed, the national conversation was followed by a further widespread public consultation process titled "*How do you measure a nation's progress?*", which sought input on the indicators to be used for reporting under the Act.

From our experience with the Tour, our strongest recommendation is that policy makers should design engagement processes that embed the practice of listening to community members in their own spaces and on their own terms. This empowers people to engage in conversations about the foundations they need for a good life.

Some specific recommendations for how to model community engagement to increase buy-in, diversity, equity and inclusion include:

- Partnering with community organisations that have in-built, trusted networks in their local communities
- Being deliberative about engagement methods, because most traditional consultations occur online or through written surveys, which can create barriers
- Offering compensation to participants for their time and contributions – this reduces barriers to attending
- Offering additional support to participants such as information about employment services or post-session warm referrals (which involve helping people make contact with the services they need, rather than only supplying information)
- Ensuring that sessions are run by facilitators with significant expertise in community engagement, and that they use bicultural workers where possible
- Ensuring sessions are accessible for people with physical and/or intellectual disability
- Being explicitly welcoming and inclusive of LGBTIQ+ people in publicity, signage and the framing of communications
- Providing sessions at several times of the day and ensuring they are not overly long
- Providing culturally appropriate food, discussed and prepared in partnership with local community members
- Building in processes for evaluation and feedback, including an opportunity for participants to provide formal (anonymous) feedback after the sessions.

At the conclusion of the Tour, we looped back to participants by presenting our findings and providing

each community centre with information about the work to which they had contributed. Presentations included a poster of findings, a hard-copy report, an online debrief and a short animation communicating the findings in pictorial form. This affirmed participants' trust that their ideas and concerns had been heard and valued, and demonstrated that their participation had contributed to tangible policy recommendations.

Conclusions

With growing awareness about the social determinants of health, government investment in appropriate services and supports can help foster the conditions of a good life. But community members are best placed to know what is needed to support their own wellbeing.

While the methodological underpinnings of our approach are broadly applicable in other Australian contexts, our results cannot be extrapolated. Community engagement provides strong and direct qualitative data – and more depth of understanding than quantitative data – about people's local needs and priorities. Beyond the broadest indicators of social wellbeing (such as adequate healthcare and housing), specific needs will vary and should drive effective policy design. Only local engagement can ensure that decision makers are responsive to the interconnected and contextual needs of communities.

One thing that can be extrapolated from our findings is the psychological and social benefits that community members derive from listening exercises. These engagement opportunities encourage civic involvement and the self-perpetuating sense that government processes – which might otherwise appear as 'dry' or 'irrelevant' economic decisions – are directly linked to community outcomes. People must be included in the decision making processes about issues that affect them in the most direct and material ways.

We hope that our experiences from the Voices of Victoria Listening Tour can be used as part of a growing evidence base about how to genuinely and productively engage with communities about what matters to them. These insights can then be used by governments to reshape public policy and economic decision making processes, and contribute to the co-design of an effective wellbeing policy framework.

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Peer review and provenance

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Competing interests

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Author contributions

LBa organised and conducted the Listening Tour with support from LBU and BL. BL wrote the first draft of the manuscript and MS wrote the first submitted version. All authors reviewed the editors' revisions and the final paper.

References

1. World Health Organization. Social determinants of health [Internet]. Geneva: WHO; 2023 [cited 2023 Apr 28]. Available from: www.who.int/health-topics/social-determinants-of-health
2. Wellbeing Economy Alliance. Wellbeing Economy Governments (WEGO). UK: WEAll; 2022 [cited 2023 Jun 6]. Available from: weall.org/wego
3. Coscieme L, Sutton P, Mortensen LF, Kubiszewski I, Costanza R, Trebeck K, et al. Overcoming the myths of mainstream economics to enable a new wellbeing economy. *Sustainability*. 2019;11:4374.
4. George Institute for Global Health; Victorian Health Promotion Foundation. A toolkit to progress wellbeing economy approaches in Australia. Melbourne: Victorian Health Promotion Foundation; 2022 [cited 2023 Apr 28]. Available from: cdn.georgeinstitute.org/sites/default/files/documents/Wellbeing%20economy%20toolkit%201.pdf
5. Attree P, French B, Milton B, Povall S, Whitehead M, Popay J. The experience of community engagement for individuals: a rapid review of evidence. *Health Soc Care Community*. 2011;19(3):250–60.
6. Victorian Council of Social Service. Walk alongside: co-designing social initiatives with people experiencing vulnerability. Melbourne: VCOSS; 2015 [cited 23 Apr 28]. Available from: www.vcoss.org.au/wp-content/uploads/2015/08/VCOSS-Walk-alongside-codesign-July-2015.pdf
7. Soveri A, Karlsson L, Antfolk J, Lindfelt M, Lewandowsky S. Unwillingness to engage in behaviors that protect against COVID-19: the role of conspiracy beliefs, trust, and endorsement of complementary and alternative medicine. *BMC Public Health*. 2021;21:684.
8. Camfield L, Crivello G, Woodhead M. Wellbeing research in developing countries: reviewing the role of qualitative methods. *Social Indicators Research*. 2009;90:5–31.
9. Victorian Council of Social Service. Voices of Victoria Listening Tour. Melbourne; VCOSS; 2022 [cited 2023 Apr 28]. Available from: www.vcoss.org.au/wp-content/uploads/2022/09/Voices-of-Victoria_web.pdf
10. Fioramonti L, Coscieme L, Costanza R, Kubiszewski I, Trebeck K, Wallis S, et al. Wellbeing economy: an effective paradigm to mainstream post-growth policies? *Ecological Economics*. 2022;192:107261.
11. George Institute for Global Health; Victorian Health Promotion Foundation. Integrating wellbeing into the business of government: the feasibility of innovative legal and policy measures to achieve sustainable development in Australia. Melbourne: Victorian Health Promotion Foundation; 2021 [cited 2023 Apr 28]. Available from: www.vichealth.vic.gov.au/sites/default/files/VHIntegratingwellbeingintobusofgovv52FINAL.pdf
12. Parker J. Chapter 14: Politics, systems thinking and building the wellbeing economy: the example of Wales. In: Künkel P, Ragnarsdottir KV, editors. *Transformation literacy: pathways to regenerative civilizations*. Cham: Springer; 2022. p. 203–218.
13. Commissioner for Sustainable Futures. The Wales We Want. Wales; Cynnal Cymru – Sustain Wales; 2021 [cited 2023 May 22]. Available from cynnalcymru.com/wp-content/uploads/2021/04/The-Wales-We-Want-Report-English-Final.pdf

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