How can health bureaucracies consult effectively about their policies and practices?: some lessons from an Australian study

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SUMMARY
Debates about the theory and practice of participation and participatory strategies have become consistent features of policy development throughout the world. In Australia, as elsewhere, governments routinely employ strategies such as community consultation as a means of creating opportunities for participation. It has been argued that these measures are as much an attempt to contain or manage the demand for representation by a myriad of interest and pressure groups as they are an expression of democratic principles or highly valued public opinion. Nevertheless, governments and interest groups alike have been advocating expanded consultation programs and seeking to refine the process of consultation in order to achieve optimum benefits for all parties.

Much of this attention is focused on the mechanics of how to undertake consultation exercises which are efficient and effective. By contrast, this paper discusses the structural factors in a government bureaucracy which will facilitate or impede consultation with communities. It draws on the findings of a research consultancy conducted by the authors for one large commonwealth government department in Australia. The research suggests that while the skills and performance of individual officers are important, there are several key organisational indicators in the government bureaucracy itself which will determine its ability to consult effectively.

Key words: community consultation; government decision-making; health policy and participation

INTRODUCTION
In recent decades the growing demand for public accountability in decision-making has been accompanied by ‘community consultation’ becoming an essential ingredient in the formulation of policy and advice to governments (Macklin, 1993, p. 15). [The term ‘community’ is notoriously problematic, but for the purposes of this paper it refers to the various constituencies of the department, interested parties or ‘stakeholders’ with an interest in public policy in the human services and health arena. These include other spheres of government, professional organisations, consumer groups, non-government organisations, population groups and individuals. ‘Community participation’ refers to the range of formal and informal activities whereby individuals and community organisations contribute to the planning and/or management of community resources and services. Consultation is one form of community participation whereby governments and public bodies formally seek out the views and opinions of individuals and community groups on specific issues, as defined in National Health and Medical Research Council (NH&MR)C (1993), Consultation: An Appraisal of Community Perspectives, draft paper for Health Ethics Committee, Canberra.] In the light of current debates about the theory and
practice of community participation, this paper builds on an examination of the consulting practices of a large Australian federal government department to define characteristics that enable organisations to consult more effectively in relation to medium- and long-term decision-making.

The idea that greater public participation in the activities of governments is desirable has achieved currency because of features of bureaucracies themselves. The complexity of administering to relatively large, highly urbanised societies has created bureaucracies which are centralised, remote from, and therefore less able to respond to, the detailed needs and priorities of local communities. The business of government and political involvement is said to have become more about rules and regulations and less about active citizenship (Sandel, 1984, p. 93; Phillips, 1991, p. 17). As the welfare state’s sphere of influence over the lives of citizens expanded, so too did the demands for a more participatory, democratic and equitable administration. This trend reflected the development of a pluralist perspective with the emergence of interest groups and social movements insisting on consumer rights and new means of representation in public decision-making (Yeatman, 1990, p. 4). The result has been an increased concern with the development of methods for public scrutiny and administrative reforms to satisfy the pressure to be accountable.

At an international level, the new public health movement has focused attention on the scope for participation to improve individual and community health outcomes. This is achieved through an emphasis on people’s control and ownership of services and decision-making processes (Macklin, 1993, p. 14). In Australia, community consultation by governments in health and other human services has become commonplace, at least in rhetoric. It has been supported on the multiple grounds of its contribution to more informed decision-making regarding policies and service improvement; legitimation of policies and programs in the health system; and its extension of the basic democratic principles of social justice through redistribution of power and resources (Dwyer, 1989, p. 59). At a practical level, governments have embraced consultation for a number of reasons. Consultation is judged to widen the available pool of knowledge and experience, providing an opportunity for testing out new policy proposals and airing sensitive issues so that decisions can be made with confidence. It is said to assist governments to identify the needs and expectations of consumers and interest groups more accurately by gathering information to incorporate in planning and policy development for more appropriate services and greater efficiency.

The Australian government’s program of reform through the late 1980s and into the 1990s [Management Advisory Board and its Management Improvement Advisory Committee (MIAC), 1993] based on restructuring and improving management practices, expressed a commitment to consultation on the basis of managerial goals. The program has aimed to further these goals by developing closer links with community interests to enhance service quality, evaluating achievements and being accountable in the context of continuous performance improvement (MIAC, 1993). Consultation was considered helpful to the building of community confidence in the Australian Public Service through open and genuine communication with communities, within the bureaucracy and between government sectors.

With greater experience of consultation, however, governments’ and communities’ expectations of its outcomes have steadily increased, and participants have become more discerning about the process. Debates rage at the level of theory, policy and practice about the benefits associated with such participatory strategies and the barriers to their achievement. Some critics are concerned with the tendency for the primary economic goal of efficiency to subvert the democratic agendas: the elite bureaucrat has ‘learnt a repertoire of symbolic gestures in the direction of consumer consultation, social justice and client rights’, but is prevented from bringing about lasting change by the managerialist–economic rationalist foundations of the administration (Yeatman, 1990, p. 5). Others distinguish between public action initiated by members of the public, and public involvement wherein governments seek community compliance with preordained decisions (Bates and Lindner-Pelz, 1987, p. 160). Linked to these concerns are studies which suggest that community involvement is often sponsored by government agencies whose main aim is to alleviate their resource constraints, or that marginal and local interests are inevitably subordinated to the dominant values of the government (De Kadt, 1982, p. 749; Painter, 1991, p. 33). Such broad-ranging debates touch on fundamental questions about the nature and
extent of existing democracy, as well as power relationships. They form the background rather than the subject matter of this paper which focuses on existing practices of consultation. For, notwithstanding these questions, many commentators, social change advocates, pressure groups, citizens and bureaucrats alike persistently advocate the use of consultation, along with other forms of participation, in government decision-making. While this may partly result from a lack of alternative opportunities for voicing concerns, it can also be attributed to a widespread belief that, despite its limitations and difficulties of implementation, the underlying principles of consultation are valid (Dwyer, 1989, p. 59). Provided it is kept in perspective as a step along the continuum of participation and undertaken skillfully with sound motivation, it is argued that it can have significant benefits for citizens (Brownlea, 1987).

Specifically, on the basis of our research we argue that for consultation to fulfil the expectations with which it is frequently imbued, it must be valued for its developmental as well as instrumental capacities. That is, effective consultation will be that which is embraced for the effect it can have upon ‘persistent capacities within a system or community’ as well as being a means to improve a particular decision or plan (Considine, 1994, p. 131). Viewed thus, it may allow people to influence the processes that deeply affect them, to become aware of the formal rights and responsibilities which attend citizens in a liberal-democratic system, and contribute to the creation of the necessary political, economic and social preconditions for a healthy population. Considine’s list of characteristic ‘developmental’ values includes increased knowledge, greater understanding, increased solidarity, trust and sympathy (Considine, 1994, p. 131). Our research findings point to a reflexive view of consultation in which respect for such values is necessary to enable an organisation to consult effectively, while effective consultation in turn furthers the development of such values in communities. Accordingly, the effective consulting organisation is required to look beyond expediency and the immediate products, to the quality of the relationships, structures and systems which promote these enduring values. They are the keys to unlocking the developmental potential of the consultation process in the medium to long term. In this paper we apply our research findings about perceived barriers and supports to successful consultation to the question of how a large government department can set the conditions within which this developmental approach to consultation is possible.

**METHODOLOGY**

The research program for the study of the Commonwealth department was divided into four stages. The first was a detailed review of available literature on community participation, in particular in health. Stage two consisted of four case studies of recent consultation by the department. Officers in the department were invited to put forward examples of consultations in which they had been involved and which constituted, in their view, ‘best practice’. Following considerable debate about the criteria for this labelling, four were chosen because they represented a variety of approaches, issue areas and populations, as well as being conducted by different divisions in the department. The assistance of participants in the original consultations was engaged to analyse each case. These participants included consumers, service providers, health professionals, interest groups, residents’ groups, local and state governments, non-government organisations, remote communities, people from non-English speaking backgrounds and Aboriginal and Torres Strait Islander communities, in addition to senior staff and project officers from various divisions in the department itself. To gather information we conducted focus groups in which participants reflected on the process of consultation and the aspects that tended to facilitate or impede effective participation. The focus groups were supplemented by individual and small group interviews, as appropriate, in order to ensure a balance in the range of views canvassed.

In Stage Three, preliminary drafts of an organisational analysis and guidelines for consultation were prepared for discussion with senior staff in the department. Then drafts of the analysis and guidelines for use by departmental officers were tested with two pilot groups in Stage Four. These groups, respectively, comprised senior officers in the department, and representatives of ‘peak’, or non-government and community organisations and local government. [A more detailed outline of the study and analysis of findings can be found in the final report *The Effective Consultation*](#)
FINDINGS

The research findings suggest that a focus on the performance of individual officers without consideration of the structural constraints to which they are subject is inadequate. In recent years many human services, health and social policy agencies of governments in Australia have produced guides, manuals and resource kits on how individual bureaucrats should go about consultation with communities. By and large they focus on the improvement of consultation techniques, but while important, such approaches alone may result in limited change. This study showed that certain pre-conditions within the department’s environment and relationships with communities directly affect the quality of each consultation exercise. In the following discussion we concentrate on these conditions, fully recognising that the issues which arise are not peculiar to the department featured in our research. Apart from the fact that it operates within the constraints of the broader context of the Australian government’s programs of reform and restructuring, the literature surveyed suggests that this analysis could as readily apply to many other government bureaucracies and non-government organisations. This department was prepared to open itself up to rigorous scrutiny, and others could learn from its example.

ENABLING EFFECTIVE CONSULTATION

In a bureaucracy, the prevailing attitudes and cultures associated with particular structures and systems are crucial determinants of the benefits derived from citizen participation (Kweit and Kweit, 1981, p. 74). Our research highlights key conditions that enable an organisation to consult effectively:

- official endorsement of consultation at senior levels of the department;
- staff with expertise, experience and skills in consultative practices;
- decentralised and devolved decision-making for greater accessibility, responsiveness and flexibility;
- simple, clear and consistent structures and procedures;
- stability in functional responsibilities and continuity of staff with local knowledge in program areas;
- balanced requirements for economic efficiency and social justice;
- constructive and ongoing relationships with communities;
- valuing the knowledge and experience of community members;
- representative mechanisms in a diverse community which recognise and respect difference.

These conditions are expanded on below with examples and comments provided by participants in the case studies to illustrate the issues raised. The source of the comments is indicated in parentheses as being either ‘Department’, meaning staff of the department, or ‘Community’ meaning a participant from outside the department.

Official endorsement of consultation at senior levels of the organisation

It is well established that for an organisation to embark on a program of change or reform the active support of senior staff is essential, and the same commitment is necessary for effective consultation (Bracht and Tsouros, 1990). Consultation will be taken more seriously by communities outside of the bureaucracy if there are clear indications that it is valued highly within the consulting organisation, and when staff undertaking the consultation are confident that the information they gain will be used. The case studies indicated that consultation is sometimes perceived by participants to be undertaken half-heartedly or as an afterthought:

The consultation was rushed and there was no time allowed for the community to think about and talk through the issues. (Community member)

To work better we need to change the minds of those in authority. We are limited by being in the bureaucracy but we must still listen and empathise. We have to keep a balance. If we make promises to the community and the department steps back, then we would look . . . bad and it effects our credibility. (Departmental officer)

Participants in the case studies suggested that organisations can convey their commitment to effective consultation in many ways. Making necessary resources available can be a powerful expression of an ‘official’ endorsement of the
department’s intention to facilitate consultation. A range of strategies can be adopted, such as the funding of ‘peak’ community organisations to represent the views of communities and assist in the process of consultation; the production of resource materials; the development of protocols for consulting with particular groups of people. Two important indicators were identified which raise the profile of consultation and therefore significantly enhance the integrity of the organisation in the eyes of participants. The first is the inclusion of a specific budget allocation for consultation to ensure that it is regarded as an integral part of decision-making and not simply discretionary. The second is the more radical step of including ‘demonstrated commitment to consultation’ as a prerequisite for appointment to all senior positions in the organisation.

The development of policy statements which give direction and substance to the pursuit of best consultative practice is also important. These can include social justice statements, best practice programs, development of standards/benchmarking activities in the context of continuous performance improvement and performance appraisal, as well as discussion papers for staff on the subject of consultation in particular and participation in general.

**Staff with expertise, experience and skills in consultative practices**

Successful consultation requires specific skills as well as a broad understanding of the social and political complexities of citizen participation, a combination which is often observed to be lacking in consulting organisations (Bracht and Tsouro, 1990, p. 201). Coordinated training for all staff who have a role in the planning and implementation of consultation is a pivotal responsibility of the organisation. Such training will inevitably aim to develop a high level of skills in group work, communication, mediation and negotiation, conflict resolution, presentations, meeting facilitation and preparation of written materials. Most importantly, however, training should aim to explore the dimensions of the consultation process in broad debates about participation. It is this appreciation of the political context which will enable staff to make wise decisions about which issues demand consultation and how those issues might be seen from a community perspective (Fauri, 1973).

Examples of implementation problems in the case studies such as poor and insufficient timing, overlooking details like the physical arrangement of venues, inadequate information about the process for participants, and so on, appeared to be partly due to a lack of appropriate training.

In addition to formal training opportunities, acknowledgement of the important role of staff responsible for consultation, together with the establishment of systems and supervisory structures to support their work, is necessary to gain maximum benefit from the process. Some departmental officers in the case studies expressed a sense of isolation in their consulting role and the lack of official support. Staff need to have the opportunity to debrief during and after consultation exercises to determine what aspects worked well and what could be improved. Consultation works best when it becomes part of the routine of decision-making, and for this to occur staff at different levels of the organisation need to be confident in their practical abilities.

Australian government departments, both state and federal, continue to produce comprehensive guides to undertaking effective consultation. The case studies showed, however, that available resources are not always well publicised and are therefore not well used. Staff are forced to reinvent approaches that have already been well documented, when ready access to existing resources would save time and reduce the costs involved in planning and implementing individual consultations. This concern was reiterated strongly during the final stage of pilot testing our findings with officers in the department. The need for a coordinated training approach which is integrated with a system for preserving the information and experience about consultation gained by officers was considered a priority. One of the most effective means of ensuring continuous improvement in consultation is through proper evaluation of consultation exercises by the department. Keeping comprehensive records of the evaluation process and outcomes in relation to consultation is an efficient means of ensuring the knowledge and skills of officers are passed on to other staff. This calls for the organisation to develop and maintain a suitable storage system, such as the establishment of a consultation library or electronic data base.

**Decentralised and devolved decision-making**

Experience in Australia and elsewhere indicates that highly centralising government administrations are less able to respond with flexible policies.
and programs to the diverse characteristics and requirements of local communities. Internationally, health policies support the public policy literature in identifying the need for policy to be linked to community initiatives and local health needs. For example, the National Health Strategy in Australia confirms the broad principles of primary health care outlined by the World Health Organization (WHO) (1978), observing that where public policy is formed in isolation from communities, the benefits of participation in terms of improvements in both delivery of services and the health of participants are diminished or negated (Bracht and Tsouros, 1990, p. 200; Macklin, 1993, p. 15).

Community representatives in the case studies stated repeatedly that they experienced the most supportive relationships with the regional, state and local points of contact within agencies. These ongoing relations paved the way for effective consultation, as participants believed the consulting officers had sound knowledge of local circumstances. By contrast, participants had the impression that the central offices of commonwealth government departments were ‘remote and disengaged’, and their specific concerns did not reach the decision-making levels in government bureaucracies:

> It’s like I’m sitting here with a broken leg and I want some attention to that, and in the meantime you’re just talking about fractures in general. (Community member)

The emphasis being given to a regional focus in the department [Strategic Development Branch, Commonwealth Department of Human Services and Health (DHS&H), 1994] is a positive move from the point of view of consultation. Even on broad national issues it is possible to make use of the extensive networks and channels of communication with local communities which exist at regional and local levels. It must be recognised, however, that in order to work effectively this will require greater resources and autonomy at local levels, together with streamlined channels of communication throughout the department (Midgeley et al., 1986, p. 33).

The unavoidable focus on large-scale administrative tasks, broad policy definition and public accountability in large bureaucracies can lead to rigidity of rules and guidelines (Kamenka, 1989, p. 157) and effectively to a form of social control (Yeatman, 1990, p. 6). Participants in the case studies noted that inflexibility by the department acted as a disincentive to participation. They gave examples which they felt betrayed greater concern with administrative detail than with the effectiveness of service outcomes, such as the correction of spelling mistakes on community submissions to the department. Similarly, staff at the local level who were keen to adapt the rules to meet the actual needs of communities felt that they were not rewarded for their efforts. Given the inevitable tensions between bureaucratic and community goals, a lack of genuine openness to change by the department was perceived to be a barrier to consultation (Kweit and Kweit, 1981, p. 74):

> When your concerns are passed on [by junior officers] very often the senior officers and ministers have already made up their minds and the consultation was only a formality. (Community member)

For issues of importance to the [community] people to get on to the agenda there have to be political benefits. Programs are introduced for the wrong reasons so they are often not what the people need . . . but the community is not listened to. (Community member)

**Simple, clear and consistent structures and procedures**

The very bureaucratisation which has spawned the move towards increased accountability and community participation is itself a barrier to effective consultation (Midgeley et al., 1986, p. 4). Individual bureaucracies tend to respond to a complex internal logic which means their operation is neither transparent to the outsider nor consistent with other bureaucracies. The structural maze of departments which encompass an extremely wide range of programs can appear intimidating, confusing and distant from the community. If the objectives and procedures are unclear, it is difficult for the community to participate constructively in consultations (Kweit and Kweit, 1981, p. 74). Participants in some cases painted a picture of the organisational structures of government departments as mysterious and impenetrable, and as a result they were unclear about basic information regarding the consultation:

> Can I just ask . . . who called the consultation—whose initiative was it? (Community member)

I never understood what relation [agency x] had to the whole business? (Community member)

In government departments the making of policy is often surrounded by secrecy and neglect
A lack of clarity about the bureaucratic process can sometimes result from the constraints of the parliamentary system and budgetary cycle, wherein staff are not able to consult on issues which are to be the subject of budget announcements, for example. In such instances, the community is ignorant about the political realities, while the department is deprived of wider experience in developing policy proposals. In this way, one democratic process may inhibit opportunities for other forms of participatory democracy to occur.

Very often, communities find it hard to differentiate between the roles of different spheres of government, all of whom are involved in delivering services at the local level. Similarly, from the perspective of communities the divisions between government portfolios and within each department are hard to reconcile with community initiatives that cut across several streams. Their experiences suggest that compartmentalised functions in bureaucracies hinder communication and coordination:

"The lack of cooperation between departments... and poor communication between levels of government makes it worse—it's always someone else's problem." (Community member)

This inaccessibility is, of course, exacerbated by frequent restructuring which results in ever-changing administrative arrangements and procedures. Lack of consistency in systems across programs and agencies and instability of functional responsibilities (Task Force on Management Improvement, 1992, p. 400) adds to the confusion by restricting access to information. While officers can assist by ensuring that the information they convey is simply presented, many of these barriers to effective consultation are beyond the scope of individual officers to remedy. At an organisational level, attention should be paid to policy statements, consistent procedures and clear communication and coordination with other departments and agencies.

**Stability in functional areas and continuity of staff with local knowledge of programs**

Following on from the previous point, frequent restructuring and reorganising of functions and responsibilities in the department also disturbs the development of relationships between officers and communities which facilitate consultation. Since the 1980s, management reforms involving the restructuring of the Australian Public Service have generated changes in the ‘structures, tasks, cultures and staffing composition of agencies’ (Evaluation and Staffing Analysis Branch, Department of Finance, 1994, p. 1). One effect of such large-scale administrative change is that already complicated arrangements are made even less comprehensible to communities by frequent shifts in all aspects of an agency’s operation.

Reports from participants in the case studies affirmed their reliance on individual staff in local, state and regional offices for support and information. A stable relationship of this kind which is based on mutual respect and trust is a prerequisite for effective consultation. In such cases staff are better able to monitor the effect of policies on service delivery and this information is central to the development of an understanding of the service requirements of particular communities.

"Services [providers] rely heavily on the commitment of sympathetic individuals. With change of personnel this delicate arrangement is vulnerable." (Community member)

Studies and evaluations of these reforms have also questioned whether the ‘liberating and regenerating’ of staff movements has occurred at a cost [Joint Committee of Public Accounts (JPCA), 1992, p. 399]. Increasing mobility to enhance career opportunities can result in lack of continuity in staff responsible for particular policy and program areas. The process of our research consultancy revealed a high turnover of staff in some areas, apparently in association with the restructuring process. The upshot is that even if transfer procedures between staff are in place, the community is frequently having to establish contacts with new staff or adjust to new arrangements within programs. Apart from the inconsistency in expectations between old and new staff, participants reported finding themselves dealing with officers who were unfamiliar with the program area and had no detailed knowledge of the issues. This may satisfy a managerialist framework which views ‘universal’ context-free and value-free administrative or management skills as desirable (Pusey, 1991, p. 122), but it is not conducive to effective community consultation:

"the problem is that project officers in the department stay there for three months, we try to work with them while they learn the process and then they have to move on." (Community member)
We are afraid of praising a project officer—as soon as you praise someone they get transferred. They must think: ‘He’s getting too close to the community’, and send him to Siberia. It happens all the time. (Community member)

In the case studies it was also found that staff relating to the community on a regular basis commonly have no direct management responsibilities and are not in a position to make decisions on behalf of the department. This inevitably limits their capacity to translate information gained during consultation into policy and leads to frustration arising from an inability to affect change. Coupled with an inability to utilise extensive experience relevant to another area, a lack of confidence in their knowledge of the new area of work may also lead to low staff morale in relation to consultation (JCPA, 1992, p. 78).

**Balanced requirements for economic efficiency and social justice**

Community participation literature places considerable emphasis on the twin goals of economy and efficiency as barriers to effective consultation by government departments (Kweit and Kweit, 1981, p. 75). Australian Public Service reforms of the past two decades have been prompted by demands that administrations become more efficient, effective and equitable: ‘doing more with less’ (Evaluation and Staffing Analysis Branch, Department of Finance, 1994). There is considerable debate, however, about whether these goals simply exist in a healthy state of tension, or whether they necessarily lead in opposite and conflicting political and policy directions [Yeatman, 1990, p. 6; JCPA, 1992, p. xvi; Task Force on Management Improvement (TFMI), 1992, p. 385).

A practical manifestation of this conflict is the proclaiming of the advantages of consultation on the basis of equity and effective decision-making on the one hand, while on the other, in the interests of economic constraint, reducing the financial and human resources on which it relies. To a government preoccupied with efficiency defined in narrow economic terms, participation is easily regarded as too unpredictable, subjective, confusing, delaying and unwieldy—seemingly an anathema to orderly and cost-saving administration: ‘Simple rules of cost–benefit might suggest that no citizen ought to participate in anything’ (Considine, 1994, p. 133).

I got the impression that within the consultation . . . we couldn’t talk about the issue properly . . . I think it was done in too short a period of time and too large a group. (Community member)

Lean annual budgets and tight timetables are rightly seen to be incompatible with sound consultative practices. Some departmental staff in charge of budgets admitted during the case studies that they were reluctant to encourage participation due to an obligation to contain costs:

I would like to talk to anyone who wants to talk to me but I have limited resources. (Departmental officer)

Restricting participation is arguably short-sighted, however, even in purely economic terms. Strategic involvement of the community from an early stage can save time and resources at later points in the development and implementation of programs. The case studies showed an instance where earlier action could have avoided political outcry, delays in implementing policy and eventually a more sensitive, protracted consultation process. Thus while the application of ‘rational models of economic action’ is useful in assisting with an understanding of the ‘consequences of different budgetary decisions’, the case studies demonstrated some of the risks inherent in an exclusive preoccupation with economic goals (Davis, 1993, p. 121). The more sinister side of this preoccupation is, of course, the implicit view of health care as governed by an economic logic. Far from being seen as a source of helpful advice, the primacy afforded economic agendas leaves no room for participatory decision-making in health policy (Davis, 1993, p. 121).

**Ongoing and constructive relationships with communities**

Effective community consultation does not occur in a vacuum, but forms part of a continuing, organic relationship between the players. Low expectations by many members of the community regarding their ability to influence government decisions produce negative reactions to consultations ranging from apathy and disillusionment to hostility (Caro, 1981, p. 78). There are many reasons for these low expectations; however, an important factor is the effect of ‘bad experiences’ of consultation on the willingness of community members to participate again. Often participants are prepared to excuse a genuine but inexpert attempt at consultation, while doubts about the motivation of the consulting organisation, by contrast, are of greater concern:
If you step back and refuse to play you are seen as having nothing to contribute... No one will do the work of getting our message across for us so we have to be in there at every turn, even though our expectations are very low. (Community member)

A central element of a good relationship is the willingness of both parties to share information. The case studies emphasised the need for openness about the goals and expectations of consultation and clarity about participants’ potential degree and sphere of influence. It was found that consideration of the many constraints of time and resources within communities and groups as well as the consulting organisation were required.

Increasingly, communities from professional groups and service providers to residents and consumer groups are demanding that in appropriate circumstances the practice of consultation be reconceptualised as negotiation between different players, each with stakes in the process, but with varying resources at their disposal and therefore different contributions to make. It was found that in such cases the term ‘consultation’ did no justice to the potential value of the relationship, as it implies acceptance of a one-way process and one-sided power base. Governments are increasingly talking of partnerships with the community. In our case studies participants felt that in a true partnership the protocols would simply fall into place. This is an advantage for the department, they believed, because ‘the field’ would then be committed to a fair partnership, have a clearer, more constructive role in decision-making, and implement policy more effectively as a result.

They wanted the government to come to them and say: ‘These are our broad goals and our constraints. What are your views on the best way to achieve them?’ Instead they were hearing: ‘This is what we intend to do in your sector—now we’d like your approval.’

That’s what you’re stressing in your... equity policies... that the government and the community work in partnership... So I really think that if you want us to work in partnership, the government has to acknowledge us as players in the field. (Community member)

Recognition of the knowledge and valuable experience of community members

Bureaucratic conceptions of citizens and the way in which communities are constructed by bureaucratic institutions are influential in the consultation process (Kweit and Kweit, 1981, p. 75). Formal recognition of the importance of obtaining non-bureaucratic perspectives is crucial for purely practical reasons, as a lack of appreciation of the community’s potential contribution to policy development can lead to poor judgement in decisions on resource allocation and timing of consultations. Not only will this influence the quality of the information obtained, but it may also result in a negative experience of consultation by participants (Bolman, 1974).

At a more profound level, community participation is often seen as a challenge to the role of the ‘professional’ or ‘expert’ in the consulting organisation. The bureaucracy reflects the broader society’s regard for the possession of a certain kind of knowledge, particularly technical expertise, as a passport to promotion through the hierarchy. The notion that the community possesses valuable knowledge, albeit of a different kind, through living in a particular region or experiencing a specific health condition, for example, may be considered a threat to the authority of the expert (Bates and Lapsley, 1985, p. 203). Generally, people participate in consultations precisely because they have a direct and personal interest in the issue and this, in a sense, constitutes their area of authority. Some participants in the case studies stated that they were treated with suspicion as though somehow their ‘vested interests’ meant that they were lacking in objectivity, or self-interested. One consumer group was described by a departmental officer as ‘hostile and confrontational’, for example, while from a community perspective it was noted that such groups might be disregarded as ‘lunatic fringe’ because they challenge bureaucratic authority:

The commonwealth should stop being defensive, fearing the voice of the community. It would inspire trust by listening to the message of the community and offering a more honest, direct response. (Community member)

Representative mechanisms in a diverse community

An acceptance of the value of community involvement in a democratic society, combined with the role of government in selecting policy proposals which are beneficial to the majority of the population, is tacit acknowledgement of a pluralist view of society (Bates and Lindner-Pelz, 1987, p. 161). The question of how the government goes about organising participation and making this selection is the subject of debate. ‘Who is the community?’ therefore causes considerable concern for consulting organisations.
Obviously, the composition of the community cannot simply be taken for granted, as it varies according to the focus of the consultation and requires definition relative to the particular set of issues.

Some communities and individuals have greater capacity and more opportunities to articulate their views by virtue of their status in the eyes of government bureaucracies. For example, the case studies showed that the more easily identified, well-resourced commercial interests sometimes take precedence over the more subjective health interests of consumers:

if the consumer or the client is actually left out, then it’s a very top-heavy consultation. . . . It has to be seen—even if it doesn’t change the outcome—to be fair and . . . must include all the parties who are going to be affected by whatever you’re proposing. (Community member)

They need to be aware that . . . people may not always be pushy or vocal but this does not mean that they have no views nor that they should be disregarded. (Community member)

A growing awareness of consumer rights and a demand for more democratic administration is reflected in the emergence of a plurality of social movements, pressure and interest groups (Yeatman, 1990, p. 4). Associated with this development are widespread networks and increasingly organised, skilled and well-informed community representatives. With the multiplicity of interest groups and ‘peak’ organisations claiming to speak on behalf of various communities (Hamilton, 1993) it is becoming increasingly important to develop reliable and fair mechanisms for ensuring that the ‘unorganised’ as well as the ‘organised’ community is represented. These groups and organisations play a variety of important roles, as participants as well as conduits for information, for example. But it cannot simply be assumed, however, that consumers and communities will feel their interests are adequately represented by them (Mercer, 1984, p. 67).

Reliable outcomes from consultation require a commitment by governments to seek the views of the less ‘organised’ citizens:

Some community organisations are quite closed . . . they haven’t got information disseminating down to the grass roots. (Community member)

This problem is not peculiar to consumer or community groups, of course. Questions of representation arise regarding professional and other associations, especially where there are several associations with different political orientations. Diversity within community groupings presents a challenge to consult fairly and consistently without attempting to normalise or homogenise, nor to resolve conflict for the sake of an appearance of harmony. ‘As a general rule . . . the deeper the conflict the more elaborate and extensive the participatory structure needed to harness it’ (Considine, 1994, p. 159).

CONCLUSION

As many informants in this research stressed, the developmental value of consultation rests on it being seen as part of an ongoing and open process of communication between governments and the communities to which they are accountable. The business of making decisions and policy on a specific issue is not an end in itself—the point of participation in the decision-making and policy-development process is to produce activity, dialogue and debate during which participants may shift attitudes and change sides repeatedly. As Considine (1994, p. 132) says, ‘decisions will not complete this learning process so much as punctuate it with a series of agreements which are open to further amendment’. Our study suggests that consultative partnerships can assist this learning process and result in improved policies and practices. It is, therefore, important for governments to continue striving for greater effectiveness in the ways in which they plan, conduct and use the information from consultations.

Discrete consultation exercises, which have a defined beginning and ending, will only be effective if they take place within the context of an organisation that has satisfactory relationships with the communities and interests it is consulting with. Such a relationship is built on an understanding by all parties of the respective roles and shared rules, and on appropriate structures and arrangements which formally acknowledge the value of citizen involvement. The growing number of ‘peak’ non-government organisations offers the possibility for productive partnerships with highly organised community representatives to be established. To make the most of this opportunity it is necessary to ensure that sufficient resources are made available to protect the interests of individual citizens while enabling such organisations to play their role effectively.
For governments, investing these resources in effective consultation processes should result in improved policies and practices.

Our research indicated that ‘best practice’ in consultation is a slippery notion, dependent somewhat, if not entirely, on one’s role in the exercise. Interestingly, in some cases a similarity between the views of the departmental staff in regular contact with community representatives, and the members of communities, was evident. Such staff felt as constrained by departmental structures and procedures as the community members with whom they needed to consult. Clearly there is not one single bureaucratic perspective, any more than there is a single community position. To some extent, perspectives on consultation are reliant on available information and the position of responsibility in the decision-making chain. If the purpose of consultation is developmental as well as merely instrumental, then a wider range of bureaucratic and community goals must be reflected in an assessment of best practice. As Eva Cox proclaimed in the 1995 Australian Broadcasting Commission’s Boyer Lectures, for a truly civil society, ‘we need the widest trawl of views to make the best decisions; the issue is not so much equity but effective public policy making’.

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