Is anyone listening?

Health Impact Assessment of the Western Sydney Airport Community Engagement Process

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Suggested Citation

Hirono K, Haigh F, Jaques K, Fletcher-Lartey S, Millen E, and Calalang C. Is anyone listening? Health impact assessment of the Western Sydney Airport community engagement process, Liverpool, NSW: Centre for Health Equity Training, Research and Evaluation, part of the Centre for Primary Health Care and Equity, Faculty of Medicine, UNSW Sydney, 2017.

Publisher

Centre for Health Equity Training, Research and Evaluation, part of the Centre for Primary Health Care and Equity, Faculty of Medicine, UNSW Sydney
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April 2017

Acknowledgements

We would like to thank the various individuals and organisations that have contributed time, expertise and support to this health impact assessment. In particular, we wish to thank the various community members who participated in the workshops or the online survey, without whose valuable insights and contribution this assessment would not have been possible. We'd also like to give special recognition to Western Sydney Community Forum who has provided vital expertise and support to our own community engagement efforts. Lastly, none of this would have been possible without the support of Population Health, South Western Sydney Local Health District (SWSLHD) and the Centre for Health Equity Training, Research and Evaluation (CHETRE).

Is anyone listening? Health impact assessment of the Western Sydney Airport community engagement process is a collaborative project between

Centre for Health Equity Training
Research & Evaluation

and

Western Sydney Community Forum

The conclusions and recommendations represent the views of the authors and should not be taken to represent the views of any of the authors’ institutions.
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EXECUTIVE SUMMARY
### Figure 1 Community views of WSA community engagement process

<table>
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<th>Information</th>
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<tbody>
<tr>
<td><strong>Issues with information provided</strong></td>
</tr>
<tr>
<td>• accessibility and appropriateness</td>
</tr>
<tr>
<td>• uncertainty</td>
</tr>
<tr>
<td>• trustworthiness</td>
</tr>
<tr>
<td>• quality</td>
</tr>
<tr>
<td>• accessing sources</td>
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</table>

| **Issues with response to community** |
| • inadequate opportunities to respond to questions |
| • lack of feedback on submissions |

| **Issues with process** |
| • accessibility of community events (time, location) |
| • limited timeframe for EIS information and submissions |
| • limited opportunities to provide community input |
| • timing—neither early enough nor continuous |

<table>
<thead>
<tr>
<th>Engagement</th>
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<tbody>
<tr>
<td>• Perception that community has little or no influence</td>
</tr>
<tr>
<td>• Provision of information rather than engagement (tokenistic)</td>
</tr>
<tr>
<td>• Community not part of decision making process</td>
</tr>
<tr>
<td>• No apparent ongoing process of engagement</td>
</tr>
</tbody>
</table>
The Western Sydney Airport

The Western Sydney Airport (WSA) is a proposed second airport to be located near Badgery’s Creek, about 50km west of the Sydney central business district. Planning and investigation of a second airport location have been ongoing for the past 50 years and in April 2014, the federal government announced that Badgery’s Creek would be the site of the airport. After release for public exhibition of the draft environmental impact statement and airport plan in 2015, the EIS was finalised in October, 2016, and the final airport plan was approved by the Minister for Urban Infrastructure in December, 2016. It is expected that the airport will be operational by 2025.

Community Engagement

As part of the environmental impact assessment and airport development there has been on-going engagement with various communities and relevant stakeholders, such as local councils. These efforts have been spearheaded by the Department of Infrastructure and Regional Development (DIRD) who oversees the approval process of development plans for the airport. Community engagement is an ongoing component of airport operations and it is expected that the airport developer will need to employ stakeholder engagement related to future planning and operations.

Health Impact Assessment

Stakeholder engagement, when well done, has the potential to lead to many positive outcomes for communities. There is also evidence that a lack of participation in decision-making is damaging to health and wellbeing. It was therefore decided that a health impact assessment (HIA) would be useful for understanding the potential positive, negative and unintended impacts of stakeholder engagement practices related to the airport.

The Centre for Health Equity Training, Research and Evaluation (CHETRE), part of the Centre for Primary Health Care and Equity at UNSW Australia and a unit of Population Health, South Western Sydney Local Health District, led this assessment.

HIA is a systematic process that considers the potential health impacts of a project and offers recommendations to mitigate harms and improve benefits. HIA also considers the differential impacts of decisions on community members. The HIA Team followed the standard step-wise process for completing an HIA. Work on the HIA began in July 2015 and was completed in February 2017.

Between May and June of 2016, the HIA Team, with assistance from Western Sydney Community Forum, conducted five community workshops in communities that were likely to be affected by the airport development: Blacktown, Bringelly, Cabramatta, Lawson, and Oran Park. Over the same months there was also an online survey publicly available to enable contributions from the people who were unable to attend the workshops.

Key Findings

Overall, participants were dissatisfied with community engagement for the proposed airport. There were two main areas of concern: the information that was provided, and the level of community engagement in the planning process (see Figure 1). Community members identified a range of impacts resulting from the engagement process (see Figure 2).
Good stakeholder engagement can create opportunities to resolve conflict, and instil trust in the process and the decision-makers. However, overwhelmingly, participants stated that they felt worried about the airport development. As a result of current engagement processes, stakeholders had grown distrustful of the development process, including the EIS approval process, politicians, and decision-makers.

Community engagement can also be an opportunity for participants to learn about a new process, develop skills to debate and reach consensus, and overall to enhance their capacity to engage in similar processes in the future. This was clearly a missed opportunity in the current process. When done well, stakeholder engagement also has the potential to provide the public with appropriate information that helps them to stay informed of the project, understand any issues, and assess alternatives and solutions.
Involving community members and other stakeholders also helps to ensure that their concerns are understood and considered by decision-makers, leading to better decision-making. Community engagement can provide an opportunity for communities to come together, develop additional skills and knowledge, create further links between community members, and create further organisational capacity. When compared to good practice principles for engaging communities in decision-making, the evidence from communities suggests that current engagement practices fall short of these principles.

These missed opportunities to achieve the benefits of well executed community engagement not only lead to feelings of disempowerment and frustration among stakeholders, but also have potential health impacts. Involvement in decision-making can lead to increased feelings of community pride and a greater willingness to participate in other forms of engagement. This sense of pride and engagement in one’s community is often referred to as social capital. Mental wellbeing is improved when people are involved in decisions that affect them, and when their opinions and perspectives are taken into account by decision-makers. There is much evidence to support the links between social capital and improved mental health. Negative experiences of community engagement can deter community members and subsequent generations from engaging in the future and can damage people’s mental wellbeing.

The development process for the proposed Western Sydney Airport, including the EIS and its associated community engagement activities, has had a range of impacts on both individuals and communities. Based on this assessment, it is likely that failing to alter community engagement strategies will have negative health and wellbeing impacts on individuals and communities. The specific predicted impacts on various mental wellbeing core protective factors are listed below (Table 1).
Control and empowerment
People who feel in control of their lives feel more able to control their health

<table>
<thead>
<tr>
<th>Mental wellbeing core protective factor</th>
<th>Impact statement</th>
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<tbody>
<tr>
<td>A sense of control</td>
<td>If community engagement continues to be carried out in a similar way to the current approach then it is likely that this will negatively impact on individual feelings of control leading to increased levels of stress and anxiety. This can lead to negative impacts on both mental and physical health.</td>
</tr>
<tr>
<td>Self determination</td>
<td>If community engagement continues to be carried out in a similar way to the current approach it is possible that some community members will form their own processes for engagement and activism. This may lead to positive impacts in individuals able to be involved in these external practices. Relying on activities that occur outside the formal community engagement process is a missed opportunity to mitigate any potentially negative impacts on individuals not involved in these activities.</td>
</tr>
<tr>
<td>Opportunities to influence decisions</td>
<td>The lack of opportunities for communities to influence a decision not only decreases their sense of control, but also is a missed opportunity for communities to build cohesion and social capital through the engagement process. If community engagement continues to be carried out in a similar way to the current approach it is likely that this lack of opportunity to influence decisions will negatively impact on community feelings of control leading to increased levels of stress and anxiety. Providing communities with opportunities to inform decisions related to the WSA is possible to lead to improved decision making. Decisions that are informed by communities are likely to better consider impacts to health and therefore positively affect the health and wellbeing of communities.</td>
</tr>
</tbody>
</table>
### Access resources to make healthy choices

Without adequate information it is difficult for people to make choices about how they respond to the consultation and planning process and how they make personal choices in response to the potential impacts of the airport. If the risks related to the airport are uncertain then **individuals** are **likely** to have a heightened risk perception causing **negative** health impacts such as stress and anxiety.

It is **possible** that improved communication about environmental risks such as noise and air quality would reduce impacts (e.g. noise annoyance). This is a **missed opportunity** to improve health impacts for **individuals**.

It is **speculative** that adequate information would enable community buy-in for the airport development, leading to **positive** health impacts such as reduced stress and anxiety over development for **individuals**.

### Opportunities for expressing views and being heard

Without an opportunity to express views and be heard, community members are **likely** to feel disempowered, devalued and frustrated with the process. Such feelings **negatively** affect **community** mental wellbeing.

### Collective organisation and action

If community engagement continues to be carried out in the current manner it is **possible** that community members will continue to form protest groups and engage in collective activities. This could lead to **positive** impacts, such as an increase in community pride, cohesion and social capital, which increase **community** mental wellbeing.

The lack of collective organisation within formal community engagement practices is **likely** to be a **missed opportunity** to improve social capital and cohesion for the **community**.
# Participation

Social participation is associated with a reduced risk of mental health problems and better self-reported health. Community participation builds civic agency including social cohesion, networks and relationships.

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<thead>
<tr>
<th>Mental wellbeing core protective factor</th>
<th>Impact statement</th>
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<tr>
<td>Having a valued role</td>
<td>If community engagement continues to be carried out in a way that doesn’t engage communities so that they feel like they have a valued role, then it is likely that this will lead to negative individual impacts such as psychological distress.</td>
</tr>
<tr>
<td>Feeling involved</td>
<td>If stakeholder engagement practices continue which don’t clearly articulate opportunities for communities to be involved (early and throughout), and don’t explain how involvement will lead to changes in decision, then it is likely that this will lead to negative individual impacts such as psychological distress.</td>
</tr>
<tr>
<td>Activities that bring people together</td>
<td>If stakeholder engagement practices continue which don’t provide an opportunity to bring decision-makers and community members together in a meaningful way, it is possible that this will lead to a missed opportunity to provide benefits to communities.</td>
</tr>
</tbody>
</table>
| Ways to get involved                   | If community engagement continues to be carried out in a similar way to the current approach then it is likely that individuals will not feel involved, leading to negative health impacts.  

It is speculative that a lack of involvement will also lead to increased adversity and/or resistance to decisions, resulting in potential delays and economic costs. This can be a missed opportunity for mitigating potential harms for communities.

It is speculative that a lack of involvement from stakeholders will be a missed opportunity for obtaining the benefits of collective decision-making for communities.
<table>
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<tr>
<th>Accessible and acceptable services or goods, cost of participation</th>
<th>If community engagement activities and information is not acceptable, accessible, appropriate and of high quality for intended communities, then it is likely they will not receive information needed to make informed decisions leading to negative feelings in the community such as disempowerment, stress, and anxiety.</th>
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<tr>
<td>Conflict resolution</td>
<td>Community engagement can provide an opportunity to resolve conflicts, develop shared understanding of issues, and potentially develop mitigation strategies and preferred solutions and create or enhance community buy-in. If community engagement continues to be carried out in a similar way to the current approach then it is likely that it will be a missed opportunity to resolve conflict and mitigate any negative feelings in the community.</td>
</tr>
<tr>
<td>Cohesive communities</td>
<td>In some cases participants felt that current practice had created community division. A lack of social connectedness can lead to poorer health. If community engagement continues to be carried out in a similar way to the current approach then it is possible that the failure to foster community cohesiveness through the engagement process will be missed opportunity to improve community health.</td>
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Emotional wellbeing

If there is no improvement in community engagement strategies it is likely that individuals will continue to experience negative impacts on mental wellbeing.

Having beliefs and values

The WSA is likely to impact on people’s sense of place. Continuing to carry out community engagement with the current approach is likely to incur a missed opportunity to support individuals in managing potential changes to their sense of place, and fail to provide opportunities to mitigate and identify acceptable trade-offs.

Trust and safety

The current community engagement strategy is likely to negatively impact on people’s feelings of trust and safety in regard to the airport and the consultation process. The absence of trust and safety leads to negative impacts on community wellbeing.

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<td>Emotional wellbeing</td>
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<tr>
<td>Having beliefs and values</td>
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**Equity**

Involvement in decision-making can change power dynamics, and may decrease levels of exclusion in marginalised populations.

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<td>Equity</td>
<td>It is likely that the current engagement approach will not engage all relevant population groups. Lack of engagement with potentially affected communities can reinforce and even aggravate health inequities. In addition, lack of involvement of potentially affected communities can lead to poorer decision-making outcomes (i.e. less well accepted, less appropriate). These impacts are likely to lead to exacerbation of health inequities and negatively affect both individual and community wellbeing.</td>
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Recommendations

The recommendations below provide both an overview of best practices for community engagement, based on the literature, and specific actions decision-makers can take to improve community engagement. As DIRD is overseeing community engagement in the initial planning stages of the airport, and is responsible for the approval of the community and stakeholder engagement plan, the recommendations below can be acted upon immediately by DIRD, and may also be adopted by the airport developer, once selected.

**Good practice principles**

In order to achieve the best outcomes for communities, we recommend that the decision-makers implement best practice principles when conducting community engagement activities.

Community engagement is:

A process of engagement in which people are enlisted to contribute to the decision process. Participation methods provide for an exchange of information, predictions, opinions, interests and values. Participation requires that those initiating the process are open to the potential for change and are prepared to work with different interests to develop plans or amend or even drop existing proposals (1).

Community engagement should be conducted in accordance with the following principles:

- **Fairness** – provide opportunities for participants to act in all aspects of the process (2);
- **Competence** – ensure that knowledge of the issue is achieved by providing information that is appropriate and accessible for the audience (2);
- **Equity** – enable participation of different community members and take into consideration the diverse opinions, values and needs of various sub-groups of a population.

Community engagement should be conducted according to the following best practices (2):

1. Information is essential for participation. Information should be practical, relevant to residents, and provided on an ongoing basis. Sometimes communities require support to understand the complexities of a decision;

2. Community engagement must be ongoing, use appropriate approaches for different groups of people and be adaptable over time, and should be integrated with other local initiatives. People must also feel that there is a sense of progress over time;

3. Community engagement should be representative, i.e., not presenting data as authoritative when it is improperly sampled, and not listening to only the most vocal members of a group

4. Community-led approaches should be used to allow communities to identify issues that are important to them and to develop their ability to inform decisions; and

5. Decision-makers should value community knowledge, opinions and values and be willing to make changes in response to community input.

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1 This definition of public participation is based on Petts, 1999, p. 147. Emphasis added.
2 Based on evidence from Dodds (2016)
"Community engagement... should be integrated with other local initiatives. People must also feel that there is a sense of progress over time."
Actions to improve community engagement

1. Establish a community engagement plan, which
   a. Is transparent and detailed;
   b. Is continuously evaluated throughout the process and incorporates findings into an ongoing engagement plan (plan, act, evaluate, improve);
   c. Provides various levels and opportunities for engagement; and
   d. Allows a community to lead the development of a Terms of Reference that identifies the objectives of participation in which all members are agreed, and is transparent about the level of influence and role of participants.

2. Establish and maintain the Forum on Western Sydney Airport, which
   a. Is an independent body;
   b. Allows the community to lead the development of a Terms of Reference that identifies the objectives of participation in which all members are agreed, and is transparent about
      i. The level of influence and role of participants, and
      ii. How the forum input influences airport planning processes;
   c. Allows the community to establish the agenda;
   d. Is composed of various members and enables
      i. Balance between community members and other stakeholders;
      ii. Representation of community voice;
      iii. Balanced representation of views; and
      iv. Mix of stakeholders (may include council, departments, schools, health, and conservation).

3. Partner with communities to
   a. Identify and discuss issues;
   b. Identify potential solutions and acceptable tradeoffs;
   c. Plan airport and associated developments;
   d. Determine the scope of assessments, studies, risk and risk management strategies and monitoring; and
   e. Plan community engagement.
4. **Respond to the community by**
   a. Answering questions (appropriate level of authority, expertise, trustworthiness);
   b. Acknowledging submissions and input;
   c. Providing information about the content of community input;
   d. Being transparent about how community input is incorporated into the decision-making process; and
   e. Providing feedback on how the decision has changed in response to community input.

5. **Provide information that**
   a. Incorporates community input into identifying what information is needed;
   b. Uses a transparent process for information provision. I.e.,
      i. Include when information will be provided, what types of information will be provided and the format for information provision, and
      ii. Be clear about drivers of decisions and the criteria for decision-making;
   c. Information should be
      i. Easy to find and located in one main site;
      ii. Regularly updated; and
      iii. Accurate, detailed, independent;
   d. Information should be appropriate for
      i. Lay audiences;
      ii. Different needs (e.g., language, level of education, disability); and
      iii. The stage of development and purpose in order to enable participation.

6. **Ensure that community engagement activities are accessible according to**
   a. Timing (times of day, adequate notice, adequate time to engage);
   b. Location (geographic, go to where communities are, appropriate for different population groups); and
   c. Formats (focus groups, workshops, online, informal) appropriate to enable participation for different population groups (e.g., CALD, differing age groups).

7. **Conduct community engagement activities**
   a. As early as possible in each stage of the development;
   b. During planning (not just reactive);
   c. Throughout planning, implementation and operations;
   d. At multiple times – tailored to what is happening;
   e. With enough time to respond and engage; and
   f. With transparency of timing and process.
Background

The Western Sydney Airport (WSA) is a proposed second airport to be located near Badgery’s Creek, about 50km west of the Sydney central business district. Planning and investigation of a second airport location have been ongoing for the past 50 years and in April 2014 the federal government announced that Badgery’s Creek would be the site of the airport. The site, which is 1700 hectares located wholly within Liverpool City Council area but proximate to parts of Penrith, Fairfield, Camden, Blacktown, Wollondilly Shire and Blue Mountains government areas, is bounded by Elizabeth Drive to the north, Willowdene Avenue, The Northern Road (A9) and private land to the south, and by private land along Adams Road to the north-west (See Figure 3) (3). Badgerys Creek flows in a north-easterly direction and forms the south-eastern boundary of the airport site (4). It was purchased by the Commonwealth for this purpose between 1986 and 1991. In 1997, the first environmental impact assessment (EIA) was conducted on the Badgery’s Creek location, however, due to concerns raised in the EIS, the plan was not approved and plans for the airport development were halted.

After the government announcement in 2014 to initiate the development of the airport again, in October 2015, the Federal Government released the environmental impact statement (EIS) and draft Airport Plan (5) of the project. Consultations were conducted and the EIS was finalised and released on 15 September 2016 (6). The final airport plan was approved by the Minister for Urban Infrastructure in December 2016. It is expected that the airport will be operational by 2025.

As part of the EIA and airport development there has been on-going engagement with various communities and relevant stakeholders, such as local councils. These efforts have been spearheaded by the Department of Infrastructure and Regional Development (DIRD) which oversees the approval process of development plans for the airport, including the transport links, worth $3.6 billion under the Western Sydney Infrastructure Plan (7).

Process for selecting the HIA

In mid-2015, Population Health, a unit of South Western Sydney Local Health District (SWSLHD) convened a working group to consider the impacts of the airport development on local populations. The Centre for Health Equity Training, Research and Evaluation (CHETRE), part of the Centre for Primary Health Care and Equity at UNSW Australia and a unit of Population Health, suggested that a health impact assessment (HIA) would be useful for understanding the potential positive, negative and unintended impacts of the airport. Typically, HIAs of airport developments consider a broad range of impacts such as air quality, noise, jobs, transportation, and visual amenity. However, given that many of these environmental and social determinants were going to be considered within the EIS, and given time and resource limitations, it was recommended that an HIA be conducted only on the community engagement plans for the airport.8
The DIRD does not have a publicly available community engagement plan. However, there are guidelines that are included in the EIS, and information on its website which explains their community engagement activities thus far. During the public exhibition period for the draft Airport Plan and draft Environmental Impact Statement (EIS), from 19 October to 18 December 2015, a number of drop-in community information sessions were held across Western Sydney and the Blue Mountains in Blacktown, Blaxland, Bringelly, Campbelltown, Emu Plains, Glenbrook, Liverpool, Luddenham, Minchinbury, Narellan, Parramatta, Prairiewood, St Marys, Warragamba and Wentworthville (8).

Community engagement is an ongoing component of airport operations. Kingsford Smith Sydney Airport conducts various community engagement activities through its involvement in the Sydney Airport Community Forum. This Forum was established by the Federal Government and its role is to act in providing advice to the Minister for Infrastructure and Regional Development, Sydney Airport and aviation authorities on the abatement of aircraft noise and related environmental issues at Sydney Airport. In particular, it is the main body for consultation on the Long Term Operating Plan for the airport.

- Providing advice to aviation authorities to facilitate improved consultation and information flows to the community about the airport’s operations (9).

In 2017, DIRD put out a call to establish a Forum on Western Sydney Airport (FOWSA). It is expected that FOWSA will conduct similar engagement activities to those of the Sydney Airport Community Forum.

The final airport plan, released in December 2016, sets out specific criteria for implementing a community and stakeholder engagement plan (10). The framework includes management objectives, such as “maintain[ing] positive relationships with the local community,” performance criteria, and relevant guidelines, which include International Association of Public Participation (IAP2) core values and code of ethics. The plan also states that approval of the community and stakeholder engagement plan will be the province of the Infrastructure Minister or DIRD.

The findings of the HIA may be used to inform the functioning of the FOWSA, and the development of the community and stakeholder engagement plan. The HIA may be submitted to the airport developer (once they are selected) and various governing bodies such as DIRD, WSROC and other local councils.

Definitions

We use “community engagement” rather than “stakeholder engagement” or “public participation” throughout the report due to the following:

- It takes into account everyone – community members and decision proponents; and
- We see the community as being both lay people and the organisations and businesses that are a part of those communities.

Assumptions

- Given that there are currently no community engagement plans available for the WSA, the researchers assume that any community engagement that has taken place thus far may be representative of practices that will take place in the future.
- It is assumed that stakeholder engagement is not a static or one-off event. The development of the airport will occur over the next 30 years, with Stage 2 coming to fruition around 2063. It is assumed that community engagement will need to take place over ongoing development and long term operations of the airport.

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3 It should be noted that CHETRE also contributed to the independent peer review of the health section of the EIS, commissioned by the Western Sydney Regional Organisation of Councils (WSROC). The full report can be found here: http://noacabm.info/wsroc-peer-review/.
5 See Table 28-20 “Community and Stakeholder Engagement Plan” p.48
HIA is a systematic process that considers the potential health impacts of plans, projects and programs and offers recommendations to mitigate harms and improve benefits. HIA also considers the differential impacts of decisions on community members. The HIA Team followed the standard step-wise process for completing an HIA (see Figure 4) which involved:

- Screening;
- Scoping;
- Identification;
- Assessment;
- Decision-making and recommendations
- Monitoring and evaluation.

Work on the HIA began in July 2015 and was completed in February 2017.

**HIA Governance**

The HIA was conducted by an HIA Team composed of members of CHETRE and Population Health with oversight from a Steering Committee and guidance from an Advisory Group.

**Steering Committee**

The Steering Committee is comprised of the Population Health working group for the Western Sydney Airport. This group provides strategic oversight and guidance on the HIA, including reviews of draft documents. Final decision-making for the HIA, however, belongs to the HIA Team.

**Advisory Group**

The HIA Team, with support from the Steering Committee, contacted various stakeholders including local councils in the three local health districts (LHDs) that would be impacted most directly by the airport development: South Western Sydney LHD (SWSLHD); Western Sydney LHD (WSLHD); and Nepean Blue Mountains LHD (NBMLHD). Staff representatives from the LHDs were invited to participate in the Advisory Group. The current Advisory Group consists of members of Western Sydney Community Forum, SWSLHD, NBMLHD, WSLHD, and South Western Sydney Primary Health Network.

The HIA Team was unable to identify a person from the Department of Infrastructure and Regional Development to participate.

The members of the Advisory Group reviewed draft documents, participated in community workshops, contributed to development of recommendations, and reviewed the final report.

**Figure 4 Steps of HIA**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Screening</td>
</tr>
<tr>
<td>02</td>
<td>Scoping</td>
</tr>
<tr>
<td>03</td>
<td>Identification</td>
</tr>
<tr>
<td>04</td>
<td>Assessment</td>
</tr>
<tr>
<td>05</td>
<td>Decision-making and recommendations</td>
</tr>
<tr>
<td>06</td>
<td>Evaluation &amp; monitoring</td>
</tr>
</tbody>
</table>

**Screening**

The goal of screening is to determine if an HIA is appropriate and useful for informing a decision. The HIA Team convened an initial workshop to develop an overview of the proposal, process, timeline and the potential for the proposal to influence health. CHETRE had been commissioned by Western Sydney Regional Organisation of Councils (WSROC) and Macarthur Regional Organisation of Councils (MACROC) to conduct a peer review of the health chapter of the draft environmental impact statement. The health pathways related to the airport development, such as noise, air quality, and jobs, were going to be considered within that review. Therefore the HIA Team decided that it would be valuable to conduct an HIA to consider the potential health impacts of community engagement practices that were, and will be, conducted for the airport development. A screening report, summarising the justification for the HIA, was presented to and approved by the Steering Committee (See Appendix B).
Scoping

Scoping sets out the parameters of the HIA and includes development of a workplan, health pathway diagrams and research questions. The HIA Team developed initial health pathway diagrams that demonstrated the link between community engagement and health outcomes (See Figures 5 and 6 for final Pathway Diagrams). At this stage the HIA Team also identified a list of potential stakeholders and developed a stakeholder engagement plan which included convening an advisory group.

Key stakeholders for the Western Sydney Airport include:

- Department of Infrastructure and Regional Development
- Airport developer/proprietor
- Regional Organisations of Councils – WSROC/MACROC
- South Western Sydney LHD
- Western Sydney LHD
- Nepean Blue Mountains LHD
- Local councils, i.e., Liverpool, Penrith, Fairfield, Blue Mountains, Blacktown, Wollondilly
- Western Sydney Community Forum
- Various members of the community likely to be impacted by the airport development and stakeholder engagement practices.

As part of this process, CHETRE also established an MOU with Western Sydney Community Forum (WSCF), which has considerable connections to the Western Sydney communities and could assist with community engagement for the HIA.

Identification

The purpose of identification is to collect relevant data to identify potential impacts. Identification should lead to the development of a community profile, literature review, and when possible, primary data summary. HIAs can rely on a wide range of methods and for this HIA we used considered within that review.

- Peer reviewed and grey literature;
- NSW, regional and city-level data;
- An online survey; and
- Community workshops.

Between May and June of 2016, the HIA Team, with assistance from WSCF, conducted five community workshops within various communities that were likely to be impacted by the airport development: Blacktown; Bringelly; Cabramatta; Lawson; and Oran Park. Eighty-five people took part in the workshops and included participants from affected communities, local councils, primary health networks and local health districts (see Appendix C for workshop agenda).

Over the same months an online survey was publicly available. This was to enable people who were unable to attend the workshops to contribute. We received 70 responses to the survey (see Appendix D for survey questions).

Assessment

This step synthesises and critically assesses the data to characterise potential health impacts. The HIA Team developed an initial impact table which was shared with and validated by the steering committee and advisory group.

"Work on the HIA began in July 2015 and was completed in February 2017."
"... a final report is produced for public dissemination to decision-makers and other stakeholders."

**Decision-making and recommendations**

During this step a set of recommendations is created and a final report is produced for public dissemination to decision-makers and other stakeholders. During the community workshops participants were asked to develop an initial set of recommendations.

These recommendations were distributed via an online survey to all participants, in addition to the advisory group and steering committee, for further input and to allow for ranking of importance. Using this feedback, the HIA Team developed a final set of recommendations. A draft report was distributed to workshop participants, the steering committee, and the advisory group and was available to the public for comment. A dissemination plan was also developed through collaboration with WSCF.

**Monitoring and Evaluation**

The HIA Team will work with WSCF and SWSLHD to disseminate the findings of the HIA to DIRD, relevant government stakeholders and the airport developer, once one has been selected. They will also work to develop a plan to monitor the impacts of the HIA and evaluate the process in the future.
Provides opportunity for community involvement

Provides information

Increased knowledge

Harm avoidance

Reassurance

Mental & Physical wellbeing

Sense of control

Empowerment

Community cohesion and social capital

Incorporate local knowledge, values and context

Informed public

Improved decision making

Social licence

Reduced conflicts

Better management of social and political risks

Better management of health impacts

Trust in institutions

Community engagement in the Western Sydney Airport Planning Process

Understanding of community concerns

Community engagement in the Western Sydney Airport Planning Process

Figure 5 Positive health and wellbeing impacts of best practice community engagement

Figure 6 Positive decision support impacts of best practice community engagement
The purpose of the health profile is to provide a picture of the health and socio-demographic context of the communities potentially affected by the proposed WSA. This information is used to better understand the potential health impacts of WSA and the particular population groups that may be affected.

Developing a community profile involves collecting and analysing secondary (existing) data on a range of indicators that relate to the content and context of the proposal, and their possible impacts on health or health determinants. The HIA focused on Bankstown, Camden, Fairfield, Liverpool, Wollondilly, Blue Mountains and Penrith local government areas. These areas include three local health districts: SWSLHD, NBMLHD, and WSLHD. The Airport will be located in the SWSLHD area and the profile information particularly focuses on the local government areas within SWSLHD.

Sources of data

Information for this socio-demographic and population health profile was obtained mainly from the HealthStats NSW website (Centre for Epidemiology and Evidence), accessed over the period March 14-21, 2016. Definitions for the indicators are available on the website (11). Data for self-reported health indicators are based on the NSW Adult Population Health Survey (SaPHaRI). Population characteristics including disability, the labour force, education and family composition for the various LGAs was obtained from the Australian Bureau of Statistics (12) and Community Health Profiles for local communities in South Western Sydney Local Health District (13-17).

Demographic profile of South Western Sydney Local Health District

SWSLHD is one of the fastest growing regions in NSW. In 2015, the population was estimated to be 922,000. A projected increase of more than 18,800 people each year over the 2011 to 2021 period will take it to 1.06 million. Life expectancy at birth is 83.9 years for females and 79.2 years for males and is similar to the state average.

SWSLHD includes seven Local Government Areas (LGAs): Bankstown; Campbelltown; Camden; Fairfield; Liverpool; Wollondilly; and Wingecarribee. These LGAs spread out over a land area of 6,243 square kilometres. It is one of the most vibrant and culturally diverse regions in NSW, with more than one in every three (36%) residents born overseas and nearly one in two (48%) speaking a language other than English at home. This is most evident in Fairfield LGA, where more than 74 per cent of the population speaks a language other than English at home. SWSLHD is also home to nearly half (41%) of refugees in NSW.

People of Aboriginal and Torres Strait Islander heritage make up less than 2% of the SWSLHD population, with the largest proportion residing in the Campbelltown LGA (3.2%), compared with the NSW State average of 2.5%. Traditional custodians of the land included in SWSLHD are the Tharawal, Dharug and Gundangara (also spelt Gundungara and Gundungurra) nations (3).

Across southwestern Sydney, there are approximately 188,000 children aged 0 to 14 years accounting for 22% of the SWSLHD population in 2011. There are approximately 69,000 people over the age of 70 years (8% of the population) living in the District. In the decade to 2021, the number of people aged over 70 years is expected to increase by 55% (3).
Health Indicators

There is high natural population growth in SWSLHD, with approximately 15 births per 1,000 (13,000 births) each year, representing more than 13% of all births in NSW. SWSLHD contains areas with some of the highest fertility rates in the state, with most LGAs well above the state average of 1.95 births per woman, including Wingecarribee (2.13), Bankstown (2.21), Wollondilly (2.06), Liverpool (2.14), Campbelltown (2.1) and Camden (2.02) (3). In addition South Western Sydney has designated growth areas where the population is expected to increase significantly in the coming years.

Childhood immunisation at 12 months and 5 years is 90% and 93% respectively, which are in keeping with state averages (3).

Domestic assaults against women and children is estimated to be 7 and 3 cases per 1,000 population respectively, and are slightly above the state average (18).

In SWSLHD, all-cause mortality, circulatory disease and respiratory disease rates are similar to the state average, however, cancer and potentially avoidable death rates are slightly above the state average (19).

Summaries of key population characteristics, socio-economic and selected health status indicators for Local Government Areas surrounding the location of the proposed Western Sydney Airport are presented in Table 2. Additional health indicators and social determinants of well-being indicators are presented in Table 3.

“... cancer and potentially avoidable death rates are slightly above the state average.”
Table 2 Population characteristics, socio-economic and selected health status indicators, for Local Government Areas surrounding the location of the proposed Western Sydney Airport LGA.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Bankstown</th>
<th>Camden</th>
<th>Fairfield</th>
<th>Liverpool</th>
<th>Wollondilly</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total persons (2013)</td>
<td>190637</td>
<td>58376</td>
<td>196,622</td>
<td>188,083</td>
<td>44,403</td>
<td>7,211,468</td>
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<tr>
<td>Disability - Core activity need for assistance</td>
<td>11,279</td>
<td>2218</td>
<td>13,180</td>
<td>9,643</td>
<td>1,624</td>
<td>338,362</td>
</tr>
<tr>
<td></td>
<td>(5.9%)</td>
<td>(3.9%)</td>
<td>(7%)</td>
<td>(5.4%)</td>
<td>(3.8%)</td>
<td>(4.7%)</td>
</tr>
<tr>
<td>Carers - Unpaid assistance to a person with disability</td>
<td>17,268</td>
<td>4627</td>
<td>17,519</td>
<td>15,484</td>
<td>4,002</td>
<td>638,614</td>
</tr>
<tr>
<td></td>
<td>(9.5%)</td>
<td>(8.2%)</td>
<td>(9.3%)</td>
<td>(8.6%)</td>
<td>(9.3%)</td>
<td>(8.9%)</td>
</tr>
<tr>
<td>Highest Year of School Completed - Year 12 or equivalent</td>
<td>65,318</td>
<td>17,484</td>
<td>64,237</td>
<td>63,884</td>
<td>11,497</td>
<td>2,631,287</td>
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<tr>
<td></td>
<td>(48.1%)</td>
<td>(43%)</td>
<td>(45.5%)</td>
<td>(48.9%)</td>
<td>(36.3%)</td>
<td>(49.2%)</td>
</tr>
<tr>
<td>Highest Year of School Completed - Year 10 or equivalent</td>
<td>28,859</td>
<td>13,403</td>
<td>25,070</td>
<td>28,009</td>
<td>11,869</td>
<td>1,278,047</td>
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<tr>
<td></td>
<td>(21.1%)</td>
<td>(33%)</td>
<td>(17.7%)</td>
<td>(21.5%)</td>
<td>(37.5%)</td>
<td>(23.9%)</td>
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<tr>
<td>Highest Year of School Completed - Year 10 or below</td>
<td>51,696</td>
<td>18,403</td>
<td>58,922</td>
<td>47,990</td>
<td>16,177</td>
<td>1,983,205</td>
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<tr>
<td></td>
<td>(38.1%)</td>
<td>(45.2%)</td>
<td>(41.7%)</td>
<td>(36.8%)</td>
<td>(51.1%)</td>
<td>(37.1%)</td>
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<tr>
<td><strong>Socioeconomic Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total labour force</td>
<td>75,608</td>
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<td>75950</td>
<td>80,188</td>
<td>22,224</td>
<td>3,334,857</td>
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<tr>
<td>Employed full time</td>
<td>44,906</td>
<td>19,295</td>
<td>44,627</td>
<td>50,804</td>
<td>13,886</td>
<td>2,007,925</td>
</tr>
<tr>
<td></td>
<td>(59.4%)</td>
<td>(64.4%)</td>
<td>(58.8%)</td>
<td>(63.4%)</td>
<td>(62.5%)</td>
<td>(60.2%)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>5,739</td>
<td>1,209</td>
<td>7,341</td>
<td>5,620</td>
<td>936</td>
<td>196,526</td>
</tr>
<tr>
<td></td>
<td>(7.6%)</td>
<td>(4.0%)</td>
<td>(9.7%)</td>
<td>(7%)</td>
<td>(4.2%)</td>
<td>(5.9%)</td>
</tr>
<tr>
<td>Median individual income ($/weekly)</td>
<td>428</td>
<td>690</td>
<td>369</td>
<td>510</td>
<td>617</td>
<td>561</td>
</tr>
<tr>
<td>Median household income ($/weekly)</td>
<td>1,091</td>
<td>1,727</td>
<td>1,022</td>
<td>2,199</td>
<td>1,478</td>
<td>1,237</td>
</tr>
<tr>
<td>Total private dwellings (includes unoccupied private dwellings)</td>
<td>60,236 2</td>
<td>18,806</td>
<td>58,369</td>
<td>55,958</td>
<td>15,038</td>
<td>2,736,637</td>
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<tr>
<td>Indicators</td>
<td>Bankstown</td>
<td>Camden</td>
<td>Fairfield</td>
<td>Liverpool</td>
<td>Wollondilly</td>
<td>NSW</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<td>-----------</td>
<td>-----------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Number of social housing dwellings</td>
<td>7,018</td>
<td>420</td>
<td>5,577</td>
<td>5,669</td>
<td>191</td>
<td>144,390</td>
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<tr>
<td>Homeless persons</td>
<td>642</td>
<td>55</td>
<td>1,303</td>
<td>512</td>
<td>77</td>
<td>28,209</td>
</tr>
<tr>
<td>Persons living in other crowded dwellings</td>
<td>1,277</td>
<td>35</td>
<td>1,852</td>
<td>507</td>
<td>98</td>
<td>21,976</td>
</tr>
<tr>
<td>Proportion travelled by car only</td>
<td>66.40%</td>
<td>73.60%</td>
<td>70.40%</td>
<td>69.80%</td>
<td>72.70%</td>
<td>62.1%</td>
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<tr>
<td>Proportion travelled by car only</td>
<td>13.50%</td>
<td>3.30%</td>
<td>10.50%</td>
<td>8.90%</td>
<td>2.10%</td>
<td>11.70%</td>
</tr>
<tr>
<td>Humanitarian Stream, number of settlers (Refugees) arriving 2008 to 2012</td>
<td>647</td>
<td>10</td>
<td>4,249</td>
<td>2,834</td>
<td>0</td>
<td>21,326</td>
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<table>
<thead>
<tr>
<th>Health Status</th>
<th>Bankstown</th>
<th>Camden</th>
<th>Fairfield</th>
<th>Liverpool</th>
<th>Wollondilly</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potentially preventable hospitalisations 2012-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>2,376</td>
<td>2,308.3</td>
<td>2,039.9</td>
<td>2,392</td>
<td>2,118.5</td>
<td>2,238.2</td>
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<tr>
<td>Potentially avoidable deaths, 2012-13 (Smoothed Rate per 100,000 pop)</td>
<td>52</td>
<td>52.4</td>
<td>49.9</td>
<td>59.1</td>
<td>55.2</td>
<td>102.7</td>
</tr>
<tr>
<td>Alcohol attributable hospitalisations, 2012-14 (Smoothed Rate per 100,000 pop)</td>
<td>633.9</td>
<td>573.1</td>
<td>516.9</td>
<td>556.3</td>
<td>595.4</td>
<td>687.9</td>
</tr>
<tr>
<td>Alcohol attributable deaths, 2012-13 (Smoothed Rate per 100,000 pop)</td>
<td>15.5</td>
<td>16.9</td>
<td>15.9</td>
<td>16.8</td>
<td>17.8</td>
<td>15.4</td>
</tr>
<tr>
<td>Smoking attributable hospitalisations, 2012-14 (Smoothed Rate per 100,000 pop)</td>
<td>603.1</td>
<td>632.8</td>
<td>558.4</td>
<td>607.3</td>
<td>603.7</td>
<td>543.9</td>
</tr>
<tr>
<td>Indicators</td>
<td>Bankstown</td>
<td>Camden</td>
<td>Fairfield</td>
<td>Liverpool</td>
<td>Wollondilly</td>
<td>NSW</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<td>-----------</td>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td>High Body mass hospitalisations, 2012-14 (Smoothed Rate per 100,000 pop)</td>
<td>513.1</td>
<td>548.4</td>
<td>473.3</td>
<td>545</td>
<td>527.9</td>
<td>456.8</td>
</tr>
<tr>
<td>Coronary heart disease hospitalisations, 2012-14 (Smoothed Rate per 100,000 pop)</td>
<td>538.9</td>
<td>680.7</td>
<td>507.3</td>
<td>647.3</td>
<td>608</td>
<td>567.1</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary diseases hospitalisations, 2012-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>250.4</td>
<td>178</td>
<td>209.6</td>
<td>256.2</td>
<td>216.9</td>
<td>248.3</td>
</tr>
<tr>
<td>Diabetes Type 1, 2013-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>47.5</td>
<td>29.3</td>
<td>26.2</td>
<td>36</td>
<td>55.8</td>
<td>52.9</td>
</tr>
<tr>
<td>Diabetes Type 2: 2013-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>128.1</td>
<td>71.1</td>
<td>131.5</td>
<td>138.8</td>
<td>75.3</td>
<td>88.8</td>
</tr>
<tr>
<td>Asthma hospitalisations, 2012-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>198.1</td>
<td>119.1</td>
<td>173.7</td>
<td>204.2</td>
<td>123.6</td>
<td>176.9</td>
</tr>
<tr>
<td>Stroke 2012-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>128.5</td>
<td>140.5</td>
<td>139.6</td>
<td>134.9</td>
<td>139.8</td>
<td>143.1</td>
</tr>
<tr>
<td>Motor vehicle crash hospitalisations, 2012-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>206.5</td>
<td>263.8</td>
<td>208.5</td>
<td>266.7</td>
<td>445.7</td>
<td>232.8</td>
</tr>
<tr>
<td>Interpersonal-violence–related hospitalisations, 2012-14 (Spatially adjusted rate per 100,000 pop)</td>
<td>72.6</td>
<td>49.3</td>
<td>85.2</td>
<td>92.6</td>
<td>61.7</td>
<td>80</td>
</tr>
</tbody>
</table>
Table 3 Key health indicators and social determinants of well-being for SWSLHD, NBMLHD and NSW.

<table>
<thead>
<tr>
<th>Other Indicators</th>
<th>SWS LHD</th>
<th>NBM LHD</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selected hospitalisations and deaths</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory disease deaths 2010-2011 rate per 100,000 pop (95%CI)</td>
<td>51.7 (48.2-55.3)</td>
<td>59.4 (53.5-65.8)</td>
<td>50.2 (48.7-51.7)</td>
</tr>
<tr>
<td>Respiratory disease, 2013-14, % of hospitalisation; rate per 100,000 pop (95%CI)</td>
<td>5.0%; 1732.2 (1705.5-1759.3)</td>
<td>5.4%; 2002.9 (1956.5-2050.0)</td>
<td>4.5%; 1667.1 (1658.0-1676.2)</td>
</tr>
<tr>
<td>Malignant neoplasms, 2013-14, % of hospitalisation; rate per 100,000 pop (95%CI)</td>
<td>3.0%; 1069.9 (1048.7-1091.5)</td>
<td>3.5%; 1256.4 (1220.1-1293.4)</td>
<td>3.7%; 1279.1 (1271.5-1286.8)</td>
</tr>
<tr>
<td>Mental disorders, 2013-14, % of hospitalisation; rate per 100,000 pop (95%CI)</td>
<td>3.3; 1201.3 (1178.6-1224.3)</td>
<td>5.6%; 2207.0 (2158.2-2256.7)</td>
<td>4.6%; 1790.4 (1780.8-1800.1)</td>
</tr>
<tr>
<td><strong>Social Determinants (rate per 100,000 population)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling safe walking after dark, 2013; persons aged 16 years and over</td>
<td>65.1 (61.8-68.7)</td>
<td>76.7 (72.4-81.0)</td>
<td>75.2 (74.1-76.3)</td>
</tr>
<tr>
<td>Most people can be trusted, 2013; persons aged 16 years and over</td>
<td>66.9 (63.2-70.5)</td>
<td>75.4 (70.3-80.6)</td>
<td>77.0 (75.9-78.2)</td>
</tr>
<tr>
<td>Running into friends while shopping in local area, 2013; persons aged 16 years and over</td>
<td>76.2 (73.1-79.3)</td>
<td>79.2 (74.3-84.1)</td>
<td>77.9 (76.8-79.0)</td>
</tr>
<tr>
<td><strong>Other Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sad to leave neighbourhood, 2013; persons aged 16 years and over</td>
<td>61.1 (57.4-64.8)</td>
<td>72.2 (67.2-77.3)</td>
<td>68.2 (66.9-69.4)</td>
</tr>
<tr>
<td>Visiting neighbours, 2013; persons aged 16 years and over</td>
<td>52.3 (48.6-56.0)</td>
<td>65.3 (60.2-70.5)</td>
<td>59.5 (58.3-60.8)</td>
</tr>
<tr>
<td>Self-rated health status - excellent, very good, or good, 2014; persons aged 16 years and over</td>
<td>77.9 (74.5-81.2)</td>
<td>81.0 (76.9-85.1)</td>
<td>80.6 (79.6-81.7)</td>
</tr>
</tbody>
</table>
Compared to NBMLHD and the state average, fewer SWSLHD residents felt safe walking after dark, felt they could trust people and would feel sad to leave their neighbourhood. Slightly fewer people in the SWSLHD than in NBMLHD, aged 16 years and over said they visited neighbours and rated their health as being ‘excellent, very good, or good’.

Community networks and voluntary work are measured by the Australian Bureau of Statistics (ABS) General Social Survey (GSS) (20). According to the ABS the wellbeing of individuals, families and communities are determined by the strength and quality of their engagements with wider social networks. On the other hand, the level of participation in social and civic activities can be influenced by the extent to which people judge that they have a say about or control over particular outcomes. Those people who feel they have no say or influence over outcomes may participate less in groups and the communities to which they belong (21). In Australia, there was a slight decrease in 2014 compared with 2010 national results, in the proportion of people who felt that they were able to have a say within their community all or most of the time (25% compared with 29%) (20). The 2006 GSS results indicated that one in three persons aged 18 years and over in NSW provided support to the wider community through voluntary work, or provided unpaid informal assistance (45%), and the majority (73%) donated money to charity.

However, while equal numbers of men and women felt they could get support in a time of crisis, more women than men were likely to be participating in other community support and social network activities (20, 21). According to the report, persons on low incomes and those born overseas with no proficiency in English had a lower level of engagement with the wider community. These people had lower levels of participation in community groups, voluntary work, and other forms of unpaid informal assistance to persons living outside the house. This is important to take into consideration given that a large proportion of the communities surrounding the airport development were born overseas (36%).

According to the Socio-Economic Indexes for Areas (SEIFA), a measure of relative social disadvantage, there are several communities in the airport development area that have a lower socio-economic status (SES) than the Australian average or Sydney as a whole. South Western Sydney consists of nearly four times more suburbs with high levels of socio-economic disadvantage than the national average, with one or more suburbs in the region scoring in the 1 to 5 percentile (22, 23). Suburbs in the local health district with low SEIFA scores and potentially some of the groups most vulnerable to adverse health effects from air pollution and noise include Badgerys Creek, St Marys, Mount Druitt, Rooty Hill, Colyton and Warragamba.

Socio-economic indicators
Those people who feel they have no say or influence over outcomes may participate less in groups and the communities to which they belong.”
EVIDENCE FROM THE LITERATURE

05
Community engagement, also referred to as public participation, stakeholder engagement, citizen participation, and community involvement is defined by the International Association of Public Participation (IAP2) as:

"Any process that involves the public in problem-solving or decision-making and uses the public input to make more informed decisions" (24).

Community engagement can encompass a wide range of activities and levels of engagement. The community can include organised groups, agencies, institutions, or individuals. In addition to community stakeholders there are organisational stakeholders who have a responsibility for the health of communities. These include local councils, local government authorities, and local health districts. These organisational stakeholders often hold specialist knowledge about their communities that could inform the planning process.

The International Association for Public Participation describes engagement as a continuum with increasing levels of engagement leading to increasing levels of trust and benefits (see Figure 7) (25).
Why engage communities in decision-making?

There are three main rationales used for engaging communities in decision-making processes: normative, instrumental and substantive (26).

**Normative** - engaging communities in decision-making is the right thing to do.

High levels of community engagement can be seen as a local, direct, deliberative extension of the democratic process (27). Community participation in decisions is also an important human rights principle.

**Instrumental** - to enhance legitimacy, increase trust, and/or fulfil regulatory requirements.

Involving citizens in the planning process helps ensure that a plan will be more widely accepted by its future users (28-30). Providing the public with balanced and objective information can assist them to understand any issues and problems, creates opportunities for incorporating their advice, and can help to develop alternatives and identify preferred solutions. This helps to foster goodwill and lay the groundwork for subsequent engagement or collaborations (31).

**Substantive** - to improve outcomes, authenticity, robustness, and quality of decisions.

Community engagement can improve public participation processes that inform decisions that better reflect the interests and concerns of potentially affected people and entities. Community engagement can contribute to the creation of new knowledge and perspectives.

The public is likely to be more receptive to the project and reap greater benefits from it. This makes it easier for them to participate in other projects in the future (31). By providing knowledge that is legitimised through public narratives, community stories, street theatre, and other public forums (32), engagement creates opportunities to improve the consent process, identify ethical pitfalls, and create processes for resolving ethical problems when they arise (31).
Research has identified a number of benefits to the development and/or decision-making process, including

1. **Agenda:** Community engagement can set the agenda and focus of the decision-making process, and potentially influence the outcome. Public participation can result in better plans, which are more likely to be well-accepted by most, and therefore easier to carry out (31-33).

2. **Design and delivery:** Community knowledge of local circumstances and history can contribute to the improvements of the project design, tools, interventions, participation, information, and communication (31, 32). Valuable non-expert or non-mainstream knowledge can inform creative problem solving processes (32). Community engagement can provide cultural understanding of the meaning of specific characteristics, circumstances, events, and relationships in local contexts or settings (32). It is recognised that public policy cannot be created in a vacuum that ignores competing interests, but creating forums to air these can generate superior policy outcomes, and consultation can reveal a community’s preferences for environmental improvements and the tradeoffs they may be prepared to accept to achieve them (34).

3. **Implementation and appropriateness:** Knowledge gained can be used to bring about change (for example, through new and improved services, policy or funding changes, mitigation of risks or harmful practices); and to contribute to improving the use of project outputs and maintaining long term relationships and partnerships between stakeholders and the community (31). Designers who value the input of citizens tend to produce more appropriate designs for the users concerned (32, 35). For example, community responses to the proposed expansion of Canberra Airport encompassed discussion about potential alternatives to the proposed infrastructure. Community discussions challenged assumptions about growth and the necessity of the airport, and considered the environmental consequences of increased air travel. Residents proposed alternative strategies such as high speed rail, and investigated other models for economic prosperity in the region (36).

4. **Ethical conduct:** Engagement creates opportunities to improve the consent process, identify ethical pitfalls, and create processes for resolving ethical problems when they arise (31).

5. **Partnership:** Engagement of the community provides the opportunity to enhance its understanding of the issues associated with the project, incorporating its advice and working with the community to develop alternatives and identify preferred solutions. It can also create opportunities for community based organisations and community groups to work closely to develop solutions for their communities (31).

**The relationship between community engagement and health**

Community engagement can inform decision-making processes. It can also have benefits and risks for communities (37). As George (2015) describes, community engagement can be **transformative, helping to empower and emancipate marginalized communities. At the same time, community mobilization without attention to power relations can distort participation from its developmental aims, exacerbate existing patterns of exclusion and further entrench inequities.** (38)

Community perceptions about the type of engagement proposed can have an important impact on health. Mental wellbeing is improved when people are involved in decisions that affect them, and their opinions and perspective are taken into account by decision-makers (39). Wellbeing, especially mental wellbeing, is critical for maintaining healthy families, communities, and individuals (40). Mental wellbeing moderates how we learn, work and play and underpins how we think, feel, act and behave. The social determinants of health – such as housing, employment, education, and socioeconomic status – are affected by and affect mental wellbeing. There are core protective factors – enhancing control, increasing resilience and community assets, facilitating participation, and promoting inclusion – that play a dynamic role in improving mental wellbeing (40). For example, attributes of resilience such as self-esteem, confidence and self-efficacy, can lead to high levels of
mental wellbeing, enabling individuals to access resources and make choices that promote their health. Activities that increase core protective factors in both individuals and communities can lead to increased mental and physical wellbeing. Conversely, activities that impact negatively on core protective factors can decrease wellbeing.

There is strong evidence that community engagement interventions have a positive impact on a range of health and psychosocial outcomes (36, 41). For example, research has shown that community participation in urban planning can empower whole communities, as well as improving competence and a sense of ownership in individuals (39, 42, 43). It has been suggested that increased confidence and coping behaviours may lead to an ability to influence factors in the physical environment that in turn can benefit physical health (39).

Evidence suggests that community engagement can influence the determinants of mental wellbeing through a variety of ways:

1. **Involvement and ownership:** Providing the public with balanced and objective information can assist them to understand any issues, problems, alternatives, and solutions. Directly involving the public throughout the process can ensure their concerns are consistently understood and considered, and allows them to take advantage of any opportunities arising from the project. This helps to foster goodwill and lay the groundwork for subsequent engagement or collaborations (31).

2. **Partnership:** Engagement of the community provides the opportunity to enhance understanding of the issues associated with the project, incorporating its advice and working together to develop alternatives and identify preferred solutions (31). It can also create opportunities for community based organisations and community groups to work closely together on developing solutions for their communities (31).

3. **Representativeness:** Participation provides the opportunity for the needs, views and wellbeing of different groups, sectors and parties to be considered in the planning stages (31). Involvement in the decision-making process also has the potential to change power dynamics between communities and traditional power-holders, which may decrease the level of exclusion of marginalised groups (44).

4. **Capacity building and empowerment:** Participation in the engagement process provides the community with the opportunity to understand different processes, to debate and reach consensus, makes it easier for them to participate in engagement processes in the future, and can bring benefits to participants (31).

5. **Community organisation and solidarity:** Individuals and organisations may experience a greater sense of community, enhanced knowledge, a higher profile in the community, more links with other community members and entities, and new organisational capacity. Community engagement builds civic agency in the community, including social cohesion, developing networks and relationships, and strengthening relationships between community members and decision-making authorities (45-48). Social cohesion can be beneficial for health. Social participation and social support are associated with reduced risk of common mental health problems and better self-reported health. Poor measures of social integration are highly correlated with risk of coronary heart disease (40).

6. **Participation:** Participation in decision-making can have protective health effects on communities (49-51), particularly when community members are involved in a manner that gives them agency, power, and control over a decision.

7. **Access to information:** Access to information can provide people with the knowledge and resources to increase control over their lives. The extent to which individuals and communities have control over their lives has a significant influence on mental health and overall health (40). Lack of access to information about a significant development such as an airport can be a cause of stress and anxiety.
HIAs of other airports have shown that impacts on mental and community wellbeing are significant (52). These HIAs have also highlighted the importance of the planning and engagement process in potentially creating but also mitigating these impacts (53).

There is some evidence that community engagement that is poorly conducted, or not meaningful, may cause harm. Conflict can damage the quality of life of communities surrounding developments (53). For example, a study of a tunnel development in Sweden characterised government proponents as the ‘agents’, with community members cast into a passive, reactive role. This study found that depriving stakeholders of agency and decision capacity in relation to their own land and their own local and everyday environment, resulted in frustration and increasing hostility towards the whole project: residents reported ‘suffering and despair’ if they perceived themselves as victims of decisions made by authorities (54). Another study of 23 public meetings about cleanup of hazardous waste found the process imposed by government led to participants feeling patronised and frustrated (55).

Evidence of health impacts, as laid out in the EIA, may not be the same as the community’s perception of health risks. The perception of changes to noise, air quality, and home prices can influence the behaviour of local community members and in turn affect their health. This has been evidenced by other HIAs on airport developments (56). Interpretations of risk by the public and by scientists can diverge, and what is classified as a ‘risk’ to an agency can represent a ‘hazard’ to the community (54). Communities can be anxious about a wide range of nonspecific and ‘milder’ health complaints that may not be considered in consultations, and some health effects may occur at exposures below government standards or exposure limits. Concern about possible health effects can affect mental and social wellbeing (57).

Lack of control in the participatory process has been found to affect perceptions of risk and lead to adverse effects. In a study of reactions to a new runway in Barcelona Airport, researchers found that while noise annoyance is a form of psychological stress, perceived control can influence the level of annoyance and the capacity to cope with it. Noise complaints do not necessarily match simple noise contours, as non-acoustic factors also play a role. High disturbance and high control may be less annoying than moderate disturbance and no control. Perceived control is identified with predictability, accessibility of information and transparency, and trust in and recognition of the community’s concerns. Research suggests that it is important to understand community tolerance because a determining part of environmental impact is socially related, not just physically (53). Perception of health risks may be a determinant of psychosomatic disease (57).

Uncertainty can also impact on health. Anticipated change has immediate impacts on people’s wellbeing, with health impacts occurring before any change in the physical environment (48).

**Barriers and facilitators for effective community engagement**

The extent to which community engagement can realise potential health and social benefits, as well as planning outcomes, depends on the nature of that engagement. The key determinants of effective engagement are the history of the issue, the context in which participation takes place, the expertise of facilitators and the agency’s commitment to participation.

Factors that motivate people to participate include the desire to play an active role in bettering their own lives, fulfilling social or religious obligations, feeling the need for a sense of community, and expectation of rewards or benefits (25). Regardless of the source of the motivation, in order to achieve meaningful community participation and a successful, sustained initiative, engagement leaders must learn to respect, listen to, and learn from community members. An absence of mutual respect and colearning can result in lost time, trust, resources, and, most importantly, effectiveness (58-60).
Meaningful participation strategies require organisations to address barriers to participation, building the capacity of stakeholders, particularly disenfranchised ones, to get involved (61). It has been reported that people in lower SES feel less able to influence decisions than those in higher SES, and suggested that in order to reduce health inequalities, those at greatest risk of poor health outcomes need to be able to contribute to decision-making (39).

Adequate engagement of community groups requires research to identify key groups, current social opinions and drivers of opinion, and appropriate communication tactics to reach these groups (62). A literature review of studies on public participation in North America found that insufficient or inappropriate outreach was often cited as a problem, and suggested that development of community hearings with more informal formats may encourage those unaccustomed to providing public testimony (55).

Access to trustworthy, accessible and transparent information is critical for effective participation. When those exposed have little control of the source, or little trust in the source, perceived coping resources will be reduced and psychological stress will arise (63). A review of participation in development of a third runway in Barcelona found that lack of trust between parties, absence of opportunities for civil society to speak, and difficulty experienced in accessing information can all foster annoyance in the community (53). Such negative experiences of community engagement can have a damaging effect on people’s health and wellbeing and deter community members from engaging in the future (39). A study of community engagement processes undertaken during negotiations for water use in the Murray Darling Basin (MDB) found that, rather than a ‘virtuous’ cycle of communication between the authority and community, a ‘vicious cycle’ developed through lack of two-way information flow, leading to significant ill-will toward the MDB Commission. A key recommendation from this study was the need for a planning framework for consultation, promoting increased awareness of all aspects of concern to communities and not limited to topics mandated by legislation (34).

Technical complexity of planned infrastructure projects can be a barrier to community participation. A review of twenty infrastructure projects in Australia found that technical complexity can limit community involvement due to a lack of technical knowledge, and the researchers suggested the onus should be on organisations to create and facilitate opportunities for meaningful input, by providing technical information in a way that is accessible to community members, thereby ensuring knowledge of the issues is achieved (64). In another example, during public sessions for Orebro Airport in Sweden the technicality of information presented was seen by participants as an ‘excluding’ mechanism, since it was difficult for residents to counter the presented facts. In order to respond, resident groups had to hire experts, or try to gain expertise in the field (65). Community input into expansion of Canberra Airport was assisted by the presence of community members with scientific and aviation expertise (36).

On the other hand, a meta-analysis by Beirele & Cayford (2002) found that a good process can overcome some of the most challenging and contested contexts. They found that successful participation includes incorporation of public values into decisions, improvement of substantive quality of decisions, resolution of conflict among competing interests, building trust in institutions and education and informing the community. Good process has been described as one in which ‘agencies are responsive to participants, participants are motivated to participate, deliberation is of high quality, and participants have at least minimal control over the process’ (42).

There is empirical evidence that early engagement in the planning process, such as involvement in setting the terms of reference, provides more opportunity for stakeholders to influence decisions (55). For best results, researchers have suggested that all participants should formulate and agree on the objectives of participation in order for it to be effective. An example of good practice was community involvement in setting the Terms of References of the Health Impact Assessment for Schiphol Airport (65).
There is also a need for ongoing involvement, especially as infrastructure projects are likely to take many years to develop, and participation should be conducted over several stages in order to allow for more robust deliberation (66).

For participation to have positive rather than negative health and social effects, the input of community members needs to be valued. This requires a broader approach than seeking reactions to major issues such as noise and air pollution, and should include community knowledge, values, aspirations, issues, information needs and concerns. Processes that do not legitimise residents’ knowledge or lived experience, or which put a higher value on expert advice than on community input can lead to psychological distress (53, 65).

The IAP2 has identified core principles of public participation (67):

1. **Involvement in decision-making process**: Public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.

2. **Decisions influenced by the public’s contribution**: Public participation includes the promise that the public’s contribution will influence the decision.

3. **Recognising and communicating the needs and interests of all participants**: Public participation promotes sustainable decisions by recognising and communicating the needs and interests of all participants, including decision-makers.

4. **Involving those potentially affected by or interested in a decision**: Public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision.

5. **Involving participants in designing how they participate**: Public participation seeks input from participants in designing how they participate.

6. **Providing information to facilitate meaningful participation**: Public participation provides participants with the information they need to participate in a meaningful way.

7. **Communicating how participants’ input affected the decision**: Public participation communicates to participants how their input affected the decision.
Alternative strategies adopted by community groups

There are multiple examples of collective organisation conducted independently in response to airport developments when participation has proved unsatisfactory. Some examples are the Gava Mar Residents’ Association in Barcelona, described as ‘creating social capital and knowledge’. After lengthy delays to the new runway, local councils in Barcelona set up an office and website to provide information and channel complaints, compensating for a lack of action by airport management. They installed their own radar for noise monitoring after being denied results ‘for security reasons’. These actions eventually resulted in technical and political commissions set up by the Spanish Parliament (53).

Citizens in Los Angeles took legal action against the City of Santa Monica over health concerns about the increased use of the Santa Monica airport (68), and in Orebro, Sweden local airport protestors started a political party and gained a council seat (65). Through the council, they were able to gain access to previously unavailable documents.

After many years of meetings with government authorities over a new tunnel in Sweden, the community became frustrated by the ‘stalemate’, and the fact they could not get their concerns onto the agenda to be heard in a meaningful way. This resulted in community members abandoning the process (54).

Agency actions such as over-dominance of group dynamics, failure to appropriately publicise forums, placement of citizens in a reactive position, and condescension to participants have been associated with process and outcome limitations (54, 55).

“... participation should be conducted over several stages in order to allow for more robust deliberation.”
EVIDENCE FROM THE COMMUNITY
This section summarises the information that was gathered through consultation in the community workshops and through the online survey. Participants were asked to respond to a series of questions about how they were currently being engaged for the WSA, their perception of that level of engagement and what they wanted to see happening in the future.

Community engagement is not a uniform practice. It takes place across a spectrum ranging from outright manipulation all the way to partnership and citizen control (See Figure 8) (69). As part of the community workshops, we asked participants to plot what they perceived to be the current level of community engagement and what they would like it to be in the future. We used Arnstein’s Ladder of Citizen Participation to let participants select how they had been involved in the airport development process (69). Arnstein’s ladder provides a way of describing levels of participation and power in decision-making. The steps range from manipulation at the bottom to citizen control at the top.

The majority of participants felt that current levels of engagement were at the bottom end of the spectrum, with engagement being either tokenistic or non-participatory (see Figure 9). In contrast, stakeholders desired to be engaged in the future in ways that either enabled them to be partners on the development, or gave them some level of control over the development (see Figure 10). Lawson, Blacktown and Bringelly participants desired a high degree of participation with either citizen control or delegated power in the airport planning process. Participants of Cabramatta preferred partnership for airport planning. Generally, participants desired higher levels of participation than they had received.
Similarly, we asked participants to plot their current level of engagement in the airport planning process giving consideration to how important they thought involvement in the airport planning was (see Figure 11). Overall, most participants from all locations thought that being involved or consulted in the planning process was important. However, many participants felt that they were not being consulted enough. Participants from Lawson, Blacktown and Oran Park indicated that they had little involvement in the airport planning process, whereas the majority of participants from Bringelly and Cabramatta indicated that they were involved or consulted in the airport planning process.

We also asked participants to plot their level of worry about the airport against whether or not they thought the airport would be good for their community (See Figure 12). There was geographic variation in how participants perceived the airport, and in their level of worry about it. While most participants from Bringelly, Lawson and Blacktown thought that the airport would have a negative effect on their community and were very worried, most participants from Oran Park and Cabramatta thought it would have a positive effect on their community and were not particularly worried. Some participants from Bringelly were not worried even though they thought the airport would have a negative effect on their community. Overall, it appeared that the majority of participants felt that the airport will have a negative effect on their community and they were very worried.

Figure 10 Desired level of participation in future

Figure 11 Importance of and level of involvement in airport planning process

Question 1
How much have you been involved or consulted in the airport planning process?

Question 2
How important is it for you to be involved or consulted in the airport planning process?
Overall, workshop participants identified almost 8 times as many concerns as opportunities (see Figure 13). The main concerns expressed by participants were the decision-making and planning processes for WSA (See Table 4). In particular, participants were concerned with

- The amount, quality and type of information that was being provided, in particular the quality of the EIS.
- How community members and other stakeholders were able to engage in the planning process.

### Table 4 Participant concerns about the Western Sydney Airport

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<tr>
<th>Concerns and Opportunities for the Airport</th>
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As we identified in the previous section, many community participants felt that the airport would have a negative effect on their community, and felt also that they were not being adequately engaged in airport planning. In the community workshops we asked participants to identify their concerns and perceived opportunities for the airport development.

**Participant concerns:**

- **Lack of Information:**
  - ‘Misinformation and lack of information’ (Bringelly participant)
  - ‘A lot of information given, but no meaningful information. It is spin.’ (Cabramatta participant)

- **Ability to engage in the planning process:**
  - ‘No response to EIS comments/submissions’ (Lawson participant)
  - ‘Insufficient consultation with First Nations people. Breaches of Aboriginal cultural protocol on consultation’ (Lawson participant)

- **Uncertainty about planning:**
  - ‘Uncertainty with flight paths, traffic routes’ (Bringelly participant)
  - ‘The message is wait and see. This adds stress. Unsure whether to sell or not sell property. The word ‘proposed’ creates stress for residents who can’t add to their property because of the proposition of a potential airport’ (Bringelly participant)

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*Concerns were discussed within the workshop initially in small groups and then with all the participants. The notes taken during these discussions that form the basis of this analysis identify the range of concerns and opportunities identified but do not take account of the number of people who agreed with the impacts identified (with the exception of the survey data). The numbers and proportions given here provide information about the range and type of factors identified. In addition, notes taken by facilitators during the workshops and postworkshop team discussions also informed the analysis of the importance/level of concern (opportunity) of the impacts identified.*
The second most commonly expressed concern was the potential health impacts of the airport. These included environmental concerns such as noise and air quality. In addition, participants were also worried about stress-related impacts due to uncertainty about the planning process; changes in local identity/sense of place; reduced quality of life; and noise-related stress. Health impacts related to having a 24 hour airport were also identified as a significant concern, particularly over noise.

Some issues were identified as both concerns and opportunities. For example infrastructure, in particular transport-related infrastructure, was identified as concerning but also potentially providing opportunities, such as for improved public transport in Western Sydney. These opportunities were seen to be addressing current infrastructure problems. The concerns centred on potential lack of adequate public transport and risk to existing infrastructure (such as transport, sewage, hospitals). Potential employment and economic impacts were also viewed both as concerns and opportunities. In terms of employment, there were similar amounts of concerns and opportunities identified, whereas people expressed significantly more concerns (5 times more) than opportunities in terms of economic impacts (see Figure 13).

The equitable distribution of potential impacts was also identified in the contexts of existing and future equity issues, and the possible risk that local people would not benefit from potentially positive impacts (See Table 5).

Table 5 Concerns about the distribution of impacts

- ‘Concerned about Indigenous justice and disadvantage’ (Blacktown participant)
- ‘Social inequity for people living near airport’ (Lawson participant)
- ‘People in the area could bear all the negative impacts without any of the positives’ (Lawson participant)

While participants were able to identify some opportunities arising from the WSA development, participants overall had many concerns, particularly over the decision-making process, health and infrastructure.

Figure 13 Concerns and opportunities
Information about the Airport

In order to determine how participants were receiving information about the WSA, we asked them to identify what types of information they had received and from which source. The main ways participants reported receiving information was through accessing the draft EIS and attending information sessions. In addition, participants reported receiving information via social media, media, pamphlets, brochures, letterbox drops, and the internet. Figure 14 below describes the different types of information identified in the community workshops and survey. Figure 15 describes the different sources of information. The proportions indicate the frequency with which the types and sources of information were identified during the workshops and survey. Some participants stated that they had received no information about the WSA.

Figure 14 Types of information about WSA

Participants identified multiple sources from which they gathered information about the WSA (see Figure 15). The majority of participants received their information from advocacy or protest groups, local council or other government agencies. Some participants also described proactively looking for information, for example through internet searches and making contact with advocacy groups.

The sources of information for participants varied widely. Advocacy and protest groups were reported to be a common source of information. Local councils were at times a valuable source of information, and at others provided very little information. For example, in Blacktown many participants reported having received no information from the council, where as in the Blue Mountains, participants reported receiving not only information from their council but also attending EIS response writing workshops that were sponsored by Blue Mountains Council (BMC). As one Lawson participant stated:

*BMC council gave info that no one else was provided. Info in Sydney papers doesn’t make it to BM – Council was proactive.*

We also asked participants to identify their level of satisfaction with the types of information they received. Generally, participants were dissatisfied with the information they received. In particular, participants were dissatisfied with the information contained in the EIS and information sessions organised by the decision-makers. In contrast, information from advocacy and protest groups was viewed more positively. This was particularly evident in the Blue Mountains workshop where one local politician was described as providing balanced information and supporting residents to become involved in responding to the EIS. As one participant stated, "I felt concerned and went looking for more information myself and found it in leaflets put out by [local MP] Trish Doyle" (online survey participant).
However, another local politician was viewed negatively, with some participants expressing distrust:

I got the impression the motivation for the session by [local MP] Louise Markus was to placate rather than educate the locals (online survey participant).

...rubbish from Liberal local federal MP that says there will be no impact (online survey participant).

Figure 15 Sources of information

Opportunities for involvement in planning the Airport

In addition to understanding how participants were receiving information about the airport, we also wanted to know what opportunities there had been for participants to be involved in planning the WSA. It was apparent that opportunities for involvement varied widely across participants. We used Arnstein’s Ladder of Citizen Participation to guide the thematic analysis on how participants had been involved in the airport development process (69).
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<th>Description of the characteristics of the ‘Ladder of Citizen Participation’</th>
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<td>1.</td>
<td>Manipulation</td>
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<td>2.</td>
<td>Therapy</td>
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<td>3.</td>
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<td>4.</td>
<td>Consultation</td>
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<td>Partnership</td>
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<td>Delegated power</td>
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<td>8.</td>
<td>Citizen control</td>
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Key themes emerging from the data are outlined below.
Some of the participants identified a level of engagement that is consistent with ‘manipulation’; that is, citizens were invited to participate in order to be educated, advised, or persuaded.

Respondents reported being invited to various forums about the airport but unanimously indicated that there was little or no opportunity to provide input or feedback.

_There was a chamber of commerce event, it sounded like just presenting. Basically it’s already sold up- so I feel like why even go to the meeting, it’s probably just for the ‘big guys’ who get the benefit not the ‘little guy’. It’s a done deal so how can we have any influence? Is there still opportunity to make [a] difference? (Blacktown participant)._ 

Some respondents felt that the process of engagement was very selective (more an economic and political process) and wasn’t really focused on getting people involved. In Bringelly for example, it was claimed that the airport was a ‘political football’ with the Liberals promising ‘different [flight] pathways’ and Labor promising ‘no 24 hour airport [operations]’.

Similarly, in Blacktown, it was felt that there was more talk about the forthcoming election (September 2016), with the focus on jobs and internships and very little discussion held on the airport development itself and its impact on the community. Cabramatta respondents reported ‘Negligible engagement/consultation’ with very ‘limited community sessions’ and a lack of the detail that would provide sufficient information for the community to comment on. This view was widely echoed in Blacktown. Lawson participants mentioned attendance at several meetings/events that were also considered political tools and were for selected audiences only. The following comments from Lawson participants reflect their perspectives on this level of manipulation.

_The first I knew about it was at the Blaxland meeting. I don’t know who organised it but it was marketing and claptrap! (Lawson participant)_

_The meeting at Glenbrook organised by the Liberal Party was invitation-only and some of us responded and got invitations and then were turned away. They had an anti-airport hit list! (Lawson participant)_

For some participants the community consultation meetings were more of a ‘clinical exercise’, since the majority were held during the day, which was not convenient for daytime workers. As one participant commented ‘people couldn’t get to them which is irresponsible’ (Lawson participant).

Several participants across various workshop locations mentioned that ‘the representation at the forums was not adequate’ since, as one Lawson participant described it, when they attended information sessions ‘the information [was] inadequate and you don’t get your questions answered.’ Others felt that it was merely a process for the decision-makers to be ‘ticking a box but nothing comes of it’ (Bringelly participant).

The information provided at the information sessions lacked detail and participants from all workshops indicated that what they received was more like ‘promotional material rather than detailed info’. Some respondents attended these sessions expecting a comprehensive discussion ‘but what was present[ed] was a one sided presentation’, and those who requested more information were told it was unavailable. Similarly, when participants called the number provided by the planners the person who answered was unable to provide any feedback or answer questions.

Respondents in Lawson were particularly critical of the extent of perceived manipulation. There was widespread agreement among this group that the airport was not welcome, but from a decision-making perspective, appeared to be a foregone conclusion. Several respondents outlined that, in previous years when a second airport was discussed, there had been widespread community consultation and people rejected the proposal on diverse grounds. They believe that this was the reason that the decision-makers had deliberately taken a manipulative approach to consultation during the current process.
Overall, respondents generally felt that any attempts by the decision-makers to engage with the community was just a process of ticking a box, as information from the decision-maker indicated that the decision to develop the airport had already been made and there was no opportunity for input from the community. The following online survey responses summarise this:

[I was] not given any opportunity to be involved in the planning process at all- until I attended one of the info sessions where I was told of the planning process and informed of what had been already decided upon by Govt. and bureaucrats. [Then we were] given just 9 days to respond to the EIS!’ (online survey respondent)

[I] attended one government information session but the session provided very little information as to options for the community and what voice the community has in decisions and it appeared that decisions had already been made. (online survey respondent)

Seeing as [they] do not advertise to actual people when [they] have allegedly run ‘information sessions’ other than council meetings there is no way to get actual information from [them]. (online survey respondent)

Arnestein’s ladder describes ‘therapy’ as a process in which citizens are brought together to help them adjust their values and attitudes to better fit with those of the dominant group. This diverts them from dealing with other issues relevant to them. During the analysis process there were no responses identified as being in keeping with the theme of therapy.

‘Informing’ indicates a one-way flow of information, giving no opportunity for feedback or power to negotiate. ‘Informing’ merely provides the community with information. In many cases, respondents reported that the consultation process constituted no more than the decision-makers providing information to the community. Participants received information from various sources, as identified in the previous section.

A few respondents mentioned receiving a newsletter from DIRD which, according to one respondent, was only received by persons who attended a community event. Although DIRD’s website has a noise modelling tool, it was described by some respondents as being too technical and full of unclear codes, while to others it provided ‘a lot of links and no real information.’ In addition to the DIRD website, which was reportedly a common source of information, other organisations’ websites, including those of the local council and the conservation society, were mentioned as sources of information about the airport development. Some respondents indicated they had been able to access a Facebook page that ‘broke down technical information in the EIS,’ showed local impacts, and gave references to other websites where further information could be obtained.

There were several participants who were aware of community information sessions hosted by DIRD in various areas. Respondents across all workshops expressed disappointment in the sessions. Some described these sessions as being similar to an expo setting, where pamphlets and brochures were issued but where there was no opportunity to clarify matters or to answer people’s questions. To a great extent, respondents felt the sessions had been staffed by ‘marketers or sales persons’ who were not experts on the subject and had pre-set responses to people’s questions, in most cases, to call DIRD for the information they needed. Some of the participants who reported being invited to workshops or seminars by the decision-makers agreed there was a lot of information given at these sessions but were disheartened by the fact that the workshop organisers didn’t have answers to many of their questions. Some participants said they got the impression that there was an expectation (of those who were public servants) ‘to pass on the info to the coal face of the community’ (Blacktown participant). According to one participant the ‘people [were] directed to read [the EIS] submission; but no one could provide answers to the questions’ (Bringelly participant).
Fact sheets provided by decision-makers were thought to be difficult to understand, and those who understood some of the information thought the fact sheets about the EIS contained incorrect, false, or misleading information. For example, one respondent felt the one-page EIS summaries ‘highlighted only the least impact figures. For example – the altitudes were marked at 10,000 feet rather than 5,000 feet or lower over the proposed merge point’ (Lawson participant).

A few respondents expressed positive attitudes to any information they received. Respondents from Lawson mentioned they were grateful that the mayor and local political candidate had hosted information sessions at night and on weekends ‘when [they] knew people could access it and a lot of people turned up.’ Others were grateful for the Gazette (a local newspaper) and information distributed through websites from the local council and conservation society.

Those respondents who reported receiving information felt that it was mainly about the proposed location, the draft EIS, and airport plan. Information about the airport development location included various maps, some of which outlined flight paths and other information related to airport and traffic-related noise. The great majority had obtained a copy of the Draft EIS and airport plan, and some reported sending in single to multiple responses to the draft EIS. Others had tried to get more information from DIRD and when this failed had appealed to political representatives.

Generally speaking, respondents felt that ‘there are still many opportunities for developers to communicate with communities’ (Blacktown participant). Concerns were expressed about the lack of tailored information for CALD and vulnerable populations. One respondent indicated that they had ‘seen information in Vietnamese for the CALD community ... from the government. The government has not provided this information in other languages, but local community services have done this’ (Cabramatta participant).

‘Consultation’ invites citizens’ opinions in an information exchange in which information is provided to the community and allowance made for feedback from it. The release of the draft EIS and request for comments was perceived to be the only opportunity for communities to receive information from the decision-makers and to provide their feedback into the airport development process; although for many the process was thought to be extremely flawed. The draft EIS released in November 2015 was described as ‘the only opportunity to comment and this was not the final EIS.’ Some respondents from various public organisations indicated they had opportunities to provide feedback; however, some complained of a lack of internal processes within their organisation to enable them to provide comments. One respondent stated ‘[we] won’t know whether our comments have been taken on [board] until the EIS is released and there are no other points to give comment’ (Cabramatta participant).

Respondents who made attempts to contact other government agencies and departments for clarification felt there was a lack of communication between state and local governments, since most state agencies couldn’t answer respondents’ questions. Some Bringelly participants felt that although they had been able to participate in the consultation process, there was still a lot of uncertainty about the airport development.

Some respondents identified local consultation opportunities, including the establishment of a local government steering group for the airport through Blacktown Council. However, participants were concerned about where the consultation information would go and whether it would actually contribute to the decision-making process.
While the respondents across all settings reported a general lack of consultation by decision-makers, this did not stop them from trying to engage. This was most evident among participants at the Lawson workshop, who demonstrated a high level of initiative. Respondents from Lawson indicted that they had been proactive and sought audience with political representatives on several occasions to get clear answers to their questions. Meetings were held with the Federal MP for the area, and with the Leader of the Opposition and Shadow Ministers of Environment and Education. One community-based organisation, Residents Against Western Sydney Airport (RAWSA), had conducted door-knocking and letter box drops to help people understand the issues. The majority of survey respondents reported attending some kind of information session hosted by either DIRD, local councils or federal politicians. Several survey respondents indicated that they had read the EIS and made submissions, written letters to local newspapers; some had even written to the United Nations about the threat to the Word Heritage listing of the Blue Mountains. Some participants had gone to the extent of appealing to local, State and Federal politicians.

According to some respondents, people may have been disillusioned by the EIS consultation process. Some respondents felt that the process ‘forced local residents to voice [their] concerns through submission [of comments]’ (Lawson participant).

"... there was not enough time to review technical reports and provide feedback on the EIS."
‘Placation’ implies that citizens participate in formal roles but without power to change the actions of the power-holders. Placation was not widely evident, as there were no examples in which citizens were given any formal roles. However, there were some examples of placation between various agencies or organisations. In a few cases, respondents from agencies such as LHDs and local councils had been invited by DIRD to provide feedback on the EIS, but reported feeling ‘not being listened to’ (Bringelly participant). According to one respondent, ‘Council advocated against the airport, then the decision was made that ‘it’s out of our hands’ so now we try to mitigate the issue as much as possible’ (Cabramatta participant).

‘Partnership’ occurs when citizens and power-holders share decision-making responsibilities. There are formal ground rules, unilateral change cannot occur, and communication is bi-directional. Participants described a lack of partnership in community engagement processes. However, various local community groups, local councils and advocacy groups had partnered in opposition to the airport development. Respondents commented that they wanted to see ‘communities involved in the ongoing governance and decision-making processes’ about the development and operation of the airport (Oran Park Community participant).

‘Delegated Power’ implies that citizens have dominant decision-making authority, such as a citizen veto, and entities have strong partnership structures and trust. This was not evident in any of the community discussions.

‘Citizen control’ implies that citizens govern a certain aspect of a program or institution, with full policy and managerial control. Any change to the program must be negotiated with citizens. In the current airport development consultation process, no evidence of citizen control was described by workshop participants.

In addition to the eight thematic areas aligned to the ladder of participation, other emerging themes were examined in keeping with the literature on community engagement. Four main themes emerged and are discussed below. These are: variations in involvement; citizen advocacy and action; and vulnerable groups’ involvement.

Variations in involvement. The level of engagement varied between and within different groups. For example, Lawson participants appeared to be well-organised, and had support from local politicians and local government. This resulted in a more informed and empowered community that took advantage of opportunities for engagement with decision-makers. In comparison, participants who attended the Blacktown workshop expressed a general lack of knowledge about the airport development plans; most had not attended any of DIRD’s community consultation meetings. This variability in involvement appeared to be driven by several factors:

1. **The local politics**, including the position of the local council and other influential community groups in favour or against the airport, seemed to have affected the level of involvement among different groups. In Blacktown for example, respondents felt that the council appeared to be split over the airport, and this had resulted in a less organised community, with the flow of information to community members less streamlined.

2. **The level of organisation and initiative among the community** seemed to be another driving force behind its level of involvement. In the Blue Mountains, there was evidence that communities had organised themselves to receive and act upon information about the airport development. One such example is the formation of RAWSA, which had become a primary source of information for local residents. Through organising into a community group they became a source of information, engagement, and advocacy for their community, and have helped to increase the level of engagement from the wider community.

3. **Existing stressors and distractions** in the community prevent the ‘cohesion required for community leadership’ (Oran Park participant). In some communities, reference was made to other issues that could distract from a cohesive response. In Bringelly, for example, respondents felt that ‘people have lived here with a lot of stress historically’ (Bringelly participant) and the airport development was just another issue for them to deal with. Blacktown respondents reported that, since there were ‘significant employment, transport and other social issues in Blacktown,’ many of
those affected were distracted by more immediate issues. Some respondents hoped that ‘the airport may improve these things but currently, limited info [was] available as to what will happen and this is the major concern for people’ (Blacktown participant). Other communities were distracted by changes in governance, and for some ‘local government amalgamation was a challenge’ (Oran Park participant). Due to a lack of avenues for expressing their views, for some communities the airport community engagement process had been reduced to ‘decision being made by people on our behalf who are not local and do not understand local issues/culture’ (Lawson participant).

**Citizen advocacy and action.** This was one way in which communities had organised themselves to be involved in the engagement process. Examples of citizen advocacy and actions have been described in previous sections, but the purpose of this section is to identify where citizens were willing and ready to be engaged in the decision-making process. Several participants reported attending events where attendees were protesting and there was a lot of media coverage. Participants in Blacktown referred to a local action group at Badgerys Creek, but because people residing in the area were being relocated, the group may have been dispersed. However, despite the need for the community to organise itself, as one respondent put it, ‘[the] lack of information has crippled them’ (Blacktown participant). Cabramatta participants alluded to a working group in Western Sydney that required an application for membership. Currently their community was represented on this committee.

**Vulnerable groups involvement.** The discussion about involvement would not be complete without consideration of the vulnerable groups in the community and their level of involvement in the engagement process.

There was a general feeling that one factor affecting the extent to which the community became engaged was the degree to which vulnerable groups, including Aboriginal and Torres Straits Islander people, culturally and linguistically diverse (CALD) people, migrants, and other vulnerable groups, were being reached, and their level of engagement in the process. Each community workshop was able to identify specific concerns about the involvement of vulnerable populations.

- **Blacktown** respondents indicated that there was an issue with engaging diverse communities, especially those who would experience a long-term impact. There was currently no evidence that anyone was engaging the vulnerable groups of concern, including youth, CALD populations (especially African migrants), people with a disability, senior citizens and Aboriginal peoples. These groups were described by several respondents as disaffected people who were not receiving any information, were not listened to, and didn’t necessarily want to engage. These vulnerable groups had competing priorities that were more immediate than the airport, such as spending long time commuting for work, and so had little time for anything else. One Blacktown respondent observed that they had ‘attended an information session run by the local council on a Saturday, but not by the Department of Infrastructure as their times were either too early in the workday or on workdays.’

Another respondent explained that ‘people may be time-poor so may not have time to attend meetings ... 43,000 people living in poverty- and [with] more complex social issues [that] take priority over airport.’

Another Blacktown respondent stated that there were ‘vulnerable, disempowered, muzzled people in Western Sydney who fall though the gap, and the people being impacted have the least voice.’

Respondents also claimed that special considerations should be given to Aboriginal people, since there were significant numbers of them residing in Mt Druitt, Badgerys Creek and Blacktown. However, as far as they knew, there had been ‘very limited involvement of Aboriginal people and the Aboriginal Land Councils.’
• **Bringelly** respondents were more concerned about current and prospective home owners, with major concerns for the depreciation of their residential properties and other assets. This community had been affected by the refusal of the local council to approve development proposals for residents because of potential flight paths, with drastic results. According to one respondent, ‘this has led to suicide by residents in the community.’ This sentiment was echoed by a survey respondent who described two close friends who were displaced from their food farm due to the government buying properties in the area: ‘They both passed away soon after their displacement.’

• **Cabramatta and Oran Park** respondents recognised the need for specific engagement with CALD groups. Similarly to Blacktown respondents, they believed CALD people were poorly engaged and were more likely not to get involved due to ignorance of the development and too many competing priorities. A significant population of CALD people resides in the Fairfield LGA, but there was very limited information available for them in their native languages and some respondents felt that some CALD groups were culturally less likely to challenge decisions made by the government. Local community services in Cabramatta had attempted to translate information from the government into Vietnamese, but not into other languages.

• **Lawson** respondents expressed similar concerns to those of other workshop participants. There was a reported lack of awareness/lack of interest from younger people who were likely to have had different concerns to those of adults. There was insufficient consultation with first nation’s people and reported ‘breaches of Aboriginal cultural protocol on consultation’. They agreed that more targeted information was needed for CALD groups.

In summary, participants identified few opportunities for engagement and expressed a desire for improved community participation that incorporates their views and opinions. Further consideration of the preferences of participants and the impacts of this perceived lack of involvement are examined in the following sections.

**Perceptions of engagement in the current community engagement process**

This section explores participant perceptions of current community engagement activities and information about the airport development.

Competent community engagement entails involvement of the public in problem-solving or decision-making (70). The International Association for Public Participation (IAP2) has identified internationally accepted good practice principles for citizen involvement in decision-making processes (67). These are described by the IAP2 as:

1. **Involvement in decision-making process:** public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
2. **Decisions influenced by the public’s contribution:** public participation includes the promise that the public’s contribution will influence the decision.
3. **Recognises and communicates the needs and interests of all participants:** public participation promotes sustainable decisions by recognising and communicating the needs and interests of all participants, including decision-makers.
4. **Involves those potentially affected by or interested in a decision:** public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision.
5. **Participants involved in designing how they participate:** public participation seeks input from participants in designing how they participate.
6. **Provides information to facilitate meaningful participation:** public participation provides participants with the information they need to participate in a meaningful way.
7. **Communicates how participants’ input affected the decision:** public participation communicates to participants how their input affected the decision.
Participants were asked to identify which aspects of the current community engagement practices they liked and disliked. Using IAP2 principles for community engagement described above, we then explored the participant’s level of involvement in the proposed airport planning processes.

Environmental Impact Statement (EIS)

Participants identified the EIS as a major component of the community engagement process. Participants acknowledged key flaws of this document and review process which resulted in poor community engagement. Key areas of concern are listed below.

- **Format:** participants stated that the draft EIS was an extremely technical document which was not appropriate for distribution to the community.

- **Process:** participants highlighted the limits on the time given to make comment on the draft EIS. Participants expressed their view that not only was the time given to make comment insufficient but the time of year, being just before Christmas, was also problematic. The limitations of the feedback process of the EIS signified a failure to meet the IAP2 standards on communication on influence (IAP2 core principle number 2), deficient information for meaningful participation (IAP2 core principles number 6), and deficient communication of how feedback on the EIS would be used in the planning process (IAP2 core principles number 7).

- **Content:** participants were concerned with the content of the EIS. Many concerns were based on the lack of detail in the report, and it was frequently suggested that many aspects of community concern were not adequately addressed. Participants also highlighted concerns about the data in the report. They identified that much of the data given in the report was inaccurate, outdated and irrelevant. They also expressed major concerns that the EIS was completed internally. They suggested that this should have been completed by an independent agency to ensure a rigorous and unbiased report. Some participants also suggested that by using an independent agency the decision-maker could have instilled some confidence in the project and the engagement process.

Engagement Strategy

Participants raised significant concerns over the approach to community engagement that has been employed by the decision-maker. Participants (in particular community members) pointed out that engagement had taken the form of information sessions, and that these sessions had not engaged the community in the planning process (informing rather than engagement). Participants consistently said that any communications from the decision-maker were not consultative and consisted of one-way communication or information-giving (IAP2 core principles number 1 & 5). Participants reported that none of the information sessions that any of the participants had attended were attended by a decision maker who might answer questions. This represents a shortcoming in participation design (IAP2 core principles number 5), so depriving participants of influence over decisions (IAP2 core principles number 2).

Participants also expressed concerns over the information provided by the decision-maker. Many participants felt that the information given was politically driven, designed to promote the airport, when it should have been factual information about the airport (IAP2 core principles number 6).

A number of participants pointed out that when they did make a submission of comment on the EIS, they received no feedback from the decision-maker, or acknowledgement that it had been received. This lack of feedback represents a lack of communication on influence and results in a feeling of lack of decision influence (IAP2 core principles number 7).

Participants also highlighted the limitations of the information sessions held by the decision-maker. They expressed their view that there was a lack of variety of these sessions in terms of allowing for various modes of delivery, or having the sessions at different times of day, day of week or locations. This was identified as a barrier to participation in information sessions for many participants, in particular, for community members (IAP2 core principles number 4 & 5).
Although participants were overwhelmingly dissatisfied with the level of community engagement by the decision-makers, they identified a small number of positive attempts by various organisations to engage the community. Participants acknowledged some positive aspects of the current community engagement process.

- Additional engagement was offered by DIRD, even though only to selected groups, e.g. Wollondilly council had an additional meeting, Public Health Unit was given opportunity to give input into EIS.
- DIRD has tried to provide some solutions to noise, e.g. double glazing.
- Participants indicated they had seen some local involvement such as local councils and media taking a role distributing information about the airport.
- Looking forward, the developers have many opportunities to communicate and engage with communities.
- Participants felt supported by other levels of government such as local councils. An example given at the Lawson workshop was that certain councils had been ‘proactive in the representation of the community over concerns of environmental impacts’, and that councils have often ‘been a source of information’ though there is frustration over this, in that information is not ‘coming from the source.’ Or, as one Lawson participant suggested, ‘the onus is on residents to find out’.
- Participants also pointed out that local councils have supported and encouraged community members to ‘have a say’: one example given at the Lawson workshop was ‘Trish Doyle’s “fill in your comments” mail out made it possible for everyone to participate [in providing comment on the EIS].’
- Some participants felt that the disempowerment they had experienced due to the inadequacies of the community engagement had inadvertently led to individuals being ‘forced’ into activism, which in some cases led to community empowerment.

Participant’s dissatisfaction with the community engagement strategy has led to a feeling of disempowerment and widespread distrust in the development of the airport. Participants clearly identified that if the process had adopted an effective community engagement strategy, the project would have been much better received by the community: as one participant stated, ‘an increase in transparency would enable community buy in’ (Cabramatta participant).

Effective community engagement was seen as an opportunity: ‘Lots of uncertainty for decades around the development of the airport- having more information allows people to manage it better’ (Cabramatta participant). Participants were eager to have more information about the proposed development, as they would be directly affected. Some participants thought this lack of information was intentional: ‘very little information to local people and little interest in their involvement. People suspect this is because the developer is afraid of backlash’ (Blacktown participant). The widespread lack of engagement identified by workshop participants was often attributed to the use by decision-makers of inappropriate methods of engagement. The impacts of this perceived lack of appropriate engagement are explored in the next section.

**Impacts of the current community engagement strategy on wellbeing**

Participants were asked to identify how they felt in response to current community engagement processes for WSA. While there were some positive impacts that eventuated from current engagement practices, participants overwhelmingly identified negative outcomes on wellbeing. Generally, participants described feeling shock, distrust, loss, anger, disappointment, disempowerment, uncertainty, and worry.

Overall, participants expressed a sense of frustration towards the current stakeholder engagement practices, as most people felt they were ‘in the dark’ about the process. Participants felt they had inadequate access to information and that what information was available was only ‘what the government wants to tell us.’ As one participant said ‘I’m feeling disappointed and frustrated with the lack of consultation’ (Lawson participant).
In addition to not having their concerns heard, some participants felt that they were being portrayed negatively by the decision-makers. Participants said they were being treated like ‘whingers,’ ‘NIMBYs,’ ‘second class citizens,’ ‘expendable voters’ or ‘idiots whose opinions is not worthwhile.’ Additionally, participants didn’t feel that they had anyone to turn to, to either gain information or share their concerns. Ideally, community engagement can be a mechanism for decision-makers and stakeholders to work together to find mutually beneficial outcomes. This lack of partnership led many participants to feel ‘cheated,’ ‘jeopardised,’ ‘manipulated,’ and angry. Participants reported feeling that they had neither a venue for expressing their concerns, nor any opportunity to enhance the benefits. According to one participant, ‘Partnership - there is an opportunity. For employment and opportunities- we want to work WITH them’ (Blacktown participant).

Participants expressed many negative impacts on wellbeing associated with the current process. In particular, many participants said they were angry or frustrated. Other participants said they were disappointed and many expressed a sense of loss. Particularly in the Blue Mountains community, many people felt sad about the potential impact to the natural environment. This was particularly relevant for one Aboriginal participant:

Heartbroken. The bush- used to be my solace- walking through, it was untouched. I have nowhere to go now. There is loneliness in the bush. Where are the birds? Where are the creatures? Where is my history and heritage? They have no respect for religious and sacred places- we are defenceless. The air is not the same, the interconnectedness of my people and land; it’s been taken from us. We have become ‘soulless people’. The scar trees, in my culture that is where your spirit goes when you die, to knock it down, that spirit is gone, my spirit, my ancestor’s spirit. They have disrespected the elders. It is deliberate and its genocide. We can’t perform our traditional ceremonies any more, the connection is lost. (Lawson participant)

Many participants also clearly expressed a feeling of disempowerment by the current engagement process. Many participants said that they felt ‘powerless.’ Other people said they felt like victims. One person stated:

There was a chamber of commerce event, it sounded like just presenting. Basically it’s already sold up - so I feel like why even go to the meeting, it’s probably just for the ‘big guys’ who get the benefit not the ‘little guy’. (Blacktown participant)

Participants felt that the current process was ‘undemocratic’ and that there were very limited opportunities for consultation. They repeatedly stated that ‘no one cares’ about their input. As one participant said ‘I feel like we are not important and that government wants it to go ahead and that is that’ (online survey respondent).

Similarly, participants were concerned that the decision-makers were taking a top-down approach to the airport development. ‘Communities [are] not excited but high-level agencies are trying to evoke excitement’ (Blacktown participant). One participant also questioned the appropriateness of the EIS review process, stating ‘A submission is an appropriate means for government to give an opinion, but it is not a good means for a general community member’ (Cabramatta participant). Overall many participants said that they felt the decision was being made ‘by people on our behalf who are not local and do not understand local issues/cultures’ (Lawson participant).

Participants felt that the current process in some cases had created division in communities. As one participant stated ‘It’s setting communities against each other... divide and conquer’(Lawson participant). Another participant expressed concern that ‘Over the years the proposal keeps coming up and it affects community decision-making’(Bringelly participant). One community member also felt that there was an opportunity for the community to organise around the issue but the ‘lack of information has crippled them’ (Blacktown participant).
However, despite the generally negative perception of the airport engagement process identified by participants, there were some unintended positive impacts. In some communities, due to the lack of formal engagement by the development proponents, community members had come together to create their own campaigns and activism. Residents Against Western Sydney Airport (RAWSA) is one such group that was formed in the Blue Mountains. One Lawson community member said they liked the ‘Opportunity to affirm shared community values’ that RAWSA had provided. Several community members said that they were impressed by their community volunteer groups and the level of support they had received. As one Lawson participant said ‘[it has] given me pride in our community for it being so informed, vocal and active.’

The community groups also provided opportunities for community members to gain information and share concerns. According to one Lawson participant, ‘we got more information from advocacy groups and community-based research than from any government department.’

Local community activism against the airport development had also led to further capacity building in those communities. The Blue Mountains Council provided workshops to assist community members with writing submissions on the EIS. Other community members said that their local council had provided them with guidance on where to access appropriate information. One local candidate for Parliament had sent out a survey to local residents to provide feedback for their submission on the EIS. In another case, an environmental defence organisation had provided legal advice to the community on submitting on the EIS. Community members expressed a sense of gratitude and pride in their community for providing these opportunities.

Above all else, though, participants said that they were worried or anxious about the airport development. This anxiety led many people to feeling stressed. This was a particular concern for communities near Badgery’s Creek, who have been responding to the decision as it has been progressed and delayed for decades. As one person said, ‘People have lived here with a lot of stress historically’ (Bringelly participant).

Some participants also said that they felt scared and intimidated by the process. These types of feelings can lead to further feelings of disempowerment and stress responses.

Perhaps because of the negative feelings associated with the current engagement process, many participants expressed a sense of assuming the worst about the development. As one person said ‘There is a history of deception and poor practice- so we were expecting the worst’ (Lawson participant). Others expressed a sense of resignation: ‘I don’t like it but I will get used to it’ (Cabramatta participant).

In many instances, participants expressed a sense of shock or incredulity about the process. Many people were surprised that the airport development was being considered after it had failed to move forward with the 1997 EIS. Other participants were incredulous of the way they were being treated in the process. As one participant explained, ‘I couldn’t believe a government had done this to us’ (Lawson participant).

There was also much concern among many of the participants about the unfairness and inequality of the process. There was a sense of social injustice about the locations and populations that would be affected by the airport. For example, one participant stated ‘If 24/7 airport is not good for Botany why is it good for us?’ (Bringelly participant). Or, as another stated, ‘The ‘consultation’ process being very flawed makes you feel – insignificant, socially unequal’ (Lawson participant). Participants expressed concern that certain groups such as the elderly, youth, and people with a disability were not being expressly consulted. There was also a significant concern about the appropriateness of the consultation with Aboriginal communities that had been carried out for the EIS.

In addition to the impacts on their wellbeing, community members were able to identify several other clear impacts. Many participants felt that the development had ‘consumed their life,’ either by the stress that was associated with it or in some cases by the level of engagement they had taken up to inform the process. As one participant stated ‘I gave up my employment for it- to become an activist’ (Lawson participant).
Another participant expressed frustration at the loss of time they had to do other things owing to the level of research that was required to comment on the EIS. ‘[The] EIS process had an impact on my health’ (Lawson participant). In some cases participants said the process had aggravated anxiety, PTSD or other existing mental health issues.

In some cases, participants felt that the airport development had led to disastrous outcomes in their community. According to one participant:

[I] have had an interest in the issue for decades. Two close and dear friends were displaced from their food farm by the government force-buying properties in the area. At the time they headed up the [local growers association]. They both passed away soon after their displacement. (online survey respondent).

Another participant explained that ‘Development proposals for residents don’t occur because [development applications...] are being refused because of potential flight paths. This has led to suicide by residents in the community’ (Bringelly participant). Regardless of whether or not there is a clear causal link between these deaths and the airport development, what is important to note is that residents attributed the cause of the deaths to the airport.

Many community members provided examples of ways in which they were reacting to the airport development, according to the potential risks they perceived to be associated with the airport. For example, several participants said they were, or knew of someone who was, putting their house up for sale because of the airport. Many people were concerned about the potential for flight paths to cross over their homes, therefore decreasing property values, or having direct impacts on them and their families due to noise.

Some people’s concerns were based on a sense of uncertainty about the airport. Many people felt that the lack of information they had received about the development had left them with many unknown variables. As one participant said ‘People... in Silverwater will be affected but they are uncertain around the extent they will be affected’ (Cabramatta participant). Without full knowledge of the development, people were then acting to try to avoid what they imagined could be the potential outcomes. According to one participant,

The message is wait and see. This adds stress. Unsure whether to sell or not sell property. The word ‘proposed’ creates stress for residents who can’t add to their property because of the proposition of a potential airport. (Bringelly participant)

Interestingly, some people felt that the lack of information was also preventing them from supporting the airport. As one person explained ‘I could be an advocate for this airport if I understood [it]’ (Lawson participant).

While there were some unexpected positive outcomes from the current engagement process, such as the community organising taking place in the Blue Mountains communities, overwhelmingly participants described negative impacts to both individual and community health and wellbeing.
“In some cases participants said the process had aggravated anxiety, PTSD or other existing mental health issues.”
IMPACT ANALYSIS 07
This section brings together the evidence from all the data collected and identifies and characterises the potential impacts of WSA community engagement on local communities. The analysis was formulated using an evidence-based set of assumptions on an evidence-based set of assumptions about the relationship between stakeholder engagement in planning processes and health (see Figure 5). Research has demonstrated that stakeholder engagement, when done well, can lead to many positive outcomes for communities (39, 47, 71).

There is also evidence that lack of participation in decision-making is damaging to health and wellbeing (37, 72, 73), potentially leading to feelings of powerlessness, chronic stress and corresponding adverse health outcomes. The impacts of community engagement can also be felt at a population level, affecting community cohesion and social capital. The evidence also demonstrates that well conducted community engagement is not only good for people’s health, but can also lead to better decision-making (see Figure 6). This can occur, for example, through access to community knowledge, improved management of social and political risks, and reduced conflicts.
The development process for the WSA, including the EIS and its associated community engagement activities, has had a range of impacts on both individuals and communities. Community engagement, when done well, has the potential to lead to many positive outcomes for the community (31). While there were some unanticipated positive community level impacts resulting from the WSA development (such as community members becoming involved in community activism), by and large community members identified mostly negative impacts. Overall, participants were dissatisfied with community engagement for the proposed airport.

Summary of evidence

"Community engagement, when done well, has the potential to lead to many positive outcomes..."
Figure 1 Community views of WSA community engagement process

### Information

**Issues with information provided**
- accessibility and appropriateness
- uncertainty
- trustworthiness
- quality
- accessing sources

**Issues with response to community**
- inadequate opportunities to respond to questions
- lack of feedback on submissions

**Issues with process**
- accessibility of community events (time, location)
- limited timeframe for EIS information and submissions
- limited opportunities to provide community input
- timing—neither early enough nor continuous

### Engagement

- Perception that community has little or no influence
- Provision of information rather than engagement (tokenistic)
- Community not part of decision making process
- No apparent ongoing process of engagement
There were two main areas of concern: the information that was provided, and the level of community engagement in the planning process (see Figure 1).

Good community engagement can create opportunities to resolve conflict, and instil trust in the process and the decision-makers. However, overwhelmingly, participants stated that they felt worried about the airport development. Despite the fact that the EIS stated that noise and air quality impacts would be minimal, many participants felt worried about these issues. Perception of risk, regardless of the actual risk, can also have serious impacts. People act according to the potential harms they perceive to exist, regardless of the reality of those risks (57). As a result of current engagement processes, stakeholders had grown distrustful of the development process, including the EIS approval process, politicians, and decision-makers.

When carefully constructed, community engagement should be representative not just of the different communities that may be affected, but also of the people in those communities (39). Different groups of people require different levels of engagement (39). In order to provide the right type of engagement it is important to consider local contexts, which can vary across different communities or SES levels. Participants reported concerns that the current engagement process was not designed or implemented in such a way that all potentially affected community members could participate.

These missed opportunities to achieve the benefits of well conducted community engagement not only lead to feelings of disempowerment and frustration among stakeholders, but they also have potential health impacts. Involvement in decision-making can lead to increased feelings of community pride and a greater willingness to participate in other forms of engagement. This sense of pride and engagement in one’s community is often referred to as social capital. Mental wellbeing is improved when people are involved in decisions that affect them, and when their opinions and perspectives are taken into account by decision-makers.

There is a multitude of evidence to support the links between social capital and improved mental health (39, 75-79). Negative experiences of community engagement can deter community members and subsequent generations from engaging in the future and can have a damaging impact on people’s mental wellbeing (39). Feeling disempowered is associated with feelings of dissatisfaction towards the community (39).

Impact Characterisation

In this HIA we have examined how future community engagement for the WSA may affect determinants of community and individual mental wellbeing. The development process for the proposed Western Sydney Airport, including the EIS and its associated community engagement activities, has had a range of impacts on both individuals and communities. When making predictions about the potential impacts of the WSA engagement strategy on communities we have assumed that future engagement strategies will continue the approach taken during the early planning stages.

We have summarised the potential impacts in Table 7 (page 78). Each row of the table makes the connection between one aspect of the core protective factors and evidence from the community, evidence from the literature, and the potential impact to wellbeing. There can be more than one impact from each pathway. Although equity is not considered a core protective factor, we have added this determinant to the table in order to examine how community engagement may have different impacts on certain members of the community. Figure 16 highlights the core protective factors that we have found to be relevant for community engagement.
Control
- Sense of control
- Self determination
- Access to resources to make choices
- Opportunities to influence decisions
- Opportunities for expressing views and being heard
- Collective organisation & action

Resilience & Community Assets
- Emotional wellbeing
- Having beliefs & values
- Trust & safety
- Social networks & relationships

Participation
- Having a valued role
- Sense of belonging
- Feeling involved
- Activities that bring people together
- Ways to get involved
- Accessible & acceptable services or goods
- Cost of participation
- Conflict resolution
- Cohesive communities

Environment
- Public space
- Green space
- Safe play space

Meaningful Activity
- Employment
- Volunteering
- Spirituality

Physical Security
- Housing
- Safety at home
- Safe in neighbourhood

Transport
- Affordable
- Accessible
- Sustainable

Financial Security
- Income
- Credit
- Wealth

Good Quality Food
- Affordable
- Healthy
- Accessible

Leisure
- Arts & Creativity
- Culture
- Sports

Education
- Life long
- Learning

Mental Health & well-being

Adapted from Mental Well-Being Impact Assessment: A toolkit for well-being (2011)
The impact statements use standardised characterisations that are commonly used in HIA. They are likelihood, direction, and level.

**Likelihood** – This describes whether or not the potential impact is likely to eventuate.
- Speculative – may or may not happen. Plausible but with limited evidence to support.
- Possible – more likely to happen than not. Direct evidence but from limited sources.
- Likely – very likely to happen. Direct strong evidence from a range of data sources.

**Direction** – This describes the nature of the effect.
- Positive – impacts that improve or maintain health or wellbeing.
- Negative – impacts that diminish health or wellbeing.
- Missed opportunity – impacts that have the potential to benefit wellbeing that are not realised.

**Level** – The core protective factors of mental wellbeing can have significant impacts on the wellbeing of both individuals and whole communities. This describes whether the impact will predominantly affect individuals or the community.
- Individual – impacts that affect the wellbeing of individuals.
- Community – impacts that affect the wellbeing of communities.
Table 7 Summary of impacts on individual and community wellbeing from community engagement practices for the Western Sydney Airport

<table>
<thead>
<tr>
<th>Mental wellbeing core protective factor</th>
<th>Community evidence</th>
<th>Evidence from the literature</th>
<th>Impact statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control and empowerment</strong></td>
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<tr>
<td>• People who feel in control of their lives feel more able to control their health (40).</td>
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<tr>
<td>• A lack of control is an independent risk factor for stress (40).</td>
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<thead>
<tr>
<th></th>
<th>People felt they had no control over the process or the outcome.</th>
<th>Maris et al (63) have shown that perceived coping resources were reduced and psychological stress arose if those exposed had little control over or trust in the source.</th>
<th>If community engagement continues to be carried out in a similar way to the current approach it is likely to negatively impact on individual feelings of control, leading to increased levels of stress and anxiety. This can lead to negative impacts on both mental and physical health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A sense of control</td>
<td>People felt a lack of control due to the lack of information they received about how they could be involved and how they could influence the outcome (how what they said would be used).</td>
<td>If stakeholders are deprived of agency and decision capacity regarding their local environment, this adds to frustration and increasing hostility towards the entire project (54).</td>
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<td></td>
<td>People were invited to information sessions but not invited to participate in the decision-making process.</td>
<td>Perceived control can allow for more tolerance of high levels of noise. Community tolerance is important because a determining part of environmental impact is socially related, not just physically (53).</td>
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</tbody>
</table>
### Control and empowerment

- People who feel in control of their lives feel more able to control their health (40).
- A lack of control is an independent risk factor for stress (40).

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<tbody>
<tr>
<td>Self determination</td>
<td>▪ The lack of formal channels of involvement in the decision-making process led some participants to become activists. This impact to self-determination was a response to (rather than a result of) current levels of engagement.</td>
<td>▪ When engagement processes are not satisfactory, people set up their own processes or systems (65). ▪ Lack of trust between parties, absence of opportunities for civil society to speak and the difficulty of accessing relevant information fosters annoyance and mobilisation in the communities that live around the airport (53). ▪ Castro et al (68) reported on legal action taken by community members against City of Santa Monica because of concerns regarding increased air pollution and noise burden caused by rapid increase in use of the airport.</td>
<td>If community engagement continues to be carried out in a similar way to the current approach it is <strong>possible</strong> that some community members will form their own processes for engagement and activism. This may lead to <strong>positive</strong> impacts in <strong>individuals</strong> involved in these external practices. Relying on activities that occur outside of the formal community engagement process is a <strong>missed opportunity</strong> to mitigate any potentially <strong>negative</strong> impacts on <strong>individuals</strong> not involved in these activities.</td>
</tr>
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</table>
### Mental wellbeing core protective factor

#### Community evidence

- People who feel in control of their lives feel more able to control their health (40).
- A lack of control is an independent risk factor for stress (40).

#### Evidence from the literature

- Mental wellbeing is improved when people are involved in decisions that affect them (39).
- Early engagement in the planning process, such as involvement in setting terms of reference, provides more opportunity for stakeholders to influence decisions. Chess & Purcell (55) provide empirical support for value of beginning participation early and investing in advanced planning.
- Soneryd (65) suggests all participants should formulate and agree on the objectives of participation in order for it to be effective.
- Grogan & Gusmao (66) concluded that deliberation should be conducted over several stages in order to allow for more robust deliberation.
- Franssen et al. (57) reported that expert meetings and consultations with local environmental action committees and the local population held during preparation of the terms of reference for the EIA resulted in a substantial list of matters of concern.

#### Impact statement

The lack of opportunities for communities to influence a decision not only decreases their sense of control, but is also a missed opportunity for communities to build cohesion and social capital through the engagement process. If community engagement continues to be carried out in a similar way to the current approach it is likely that this lack of opportunity to influence decisions will negatively affect community feelings of control, leading to increased levels of stress and anxiety.

Providing communities with opportunities to inform decisions related to the WSA is possible to lead to improved decision-making. Decisions that are informed by communities are likely to better consider impacts to health and therefore positively affect the health and wellbeing of communities.

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<table>
<thead>
<tr>
<th>Opportunities to influence decisions</th>
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<tbody>
<tr>
<td>Participants felt there was no opportunity for involvement at the early stages of the decision (i.e., during the EIS). Participants weren’t given the opportunity to influence the choice about whether the airport goes ahead (limited to how to respond to the decision that’s already been made).</td>
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<tr>
<td>The amount of time participants had to participate in the EIS process (commenting on the EIS) was insufficient for them to access the resources they needed to interpret the EIS and then respond.</td>
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<tr>
<td>There was a lack of clarity around what type of participation was intended (i.e. information provision, consultation, participation).</td>
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</table>
### Mental wellbeing core protective factor

<table>
<thead>
<tr>
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<tr>
<td><strong>Control and empowerment</strong>&lt;br&gt;• People who feel in control of their lives feel more able to control their health (40).&lt;br&gt;• A lack of control is an independent risk factor for stress (40).</td>
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<tr>
<th>Access resources to make healthy choices</th>
<th>Participants felt that the quality and accessibility of information was inappropriate to meet their needs.</th>
<th>Technical information needs to be accessible. Chess &amp; Purcell (55) found agencies can help with provision of technical information and fielding questions adequately.</th>
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<tbody>
<tr>
<td></td>
<td>Participants didn’t feel that the information they received was objective or trustworthy.</td>
<td>May &amp; Hill (36) found the presence of members with scientific and aviation expertise assisted their efforts.</td>
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<td></td>
<td>Without comprehensive information to make informed decisions about the airport, people were making decisions with limited information. For example, some people were selling their houses due to the risk of noise.</td>
<td>Noise annoyance is a form of psychological stress, but perceived control with other factors influences the level of annoyance and the capacity to cope with it. Perceived control is identified with predictability, accessibility of information and transparency, trust and recognition of community concern, and voice (53).</td>
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<td></td>
<td>Without appropriate resources for people to access information about the airport, some people felt they had to take the initiative to get their own information through community organisations and advocates.</td>
<td>Franssen et al. (57) reported that perception of health risk may be a determinant of psychosomatic disease and thus is important to consider.</td>
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<td></td>
<td>Participants reported that there was no one available to answer questions about the WSA (at information sessions, website, and phone line).</td>
<td>Prospective changes can impact people’s feelings leading to anxiety, frustration and anger about the proposed changes. These health effects may precede any actual change in the environment (48).</td>
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Without adequate information it is difficult for people to make choices about how they respond to the consultation and planning process and also how they make personal choices in relation to the potential impacts of the airport. If the risks related to the airport are uncertain then individuals are likely to have a heightened risk perception, causing negative health impacts such as stress and anxiety.

It is possible that improved communication about environmental risks such as noise and air quality would reduce impacts (e.g. noise annoyance). This is a missed opportunity to improve health impacts for individuals.

It is speculative that adequate information would enable community buy-in for the airport development, leading to positive health impacts such as reduced stress and anxiety related to the development for individuals.
### Control and empowerment

- People who feel in control of their lives feel more able to control their health (40).
- A lack of control is an independent risk factor for stress (40).

<table>
<thead>
<tr>
<th>Opportunities for expressing views and being heard</th>
<th>Community evidence</th>
<th>Evidence from the literature</th>
<th>Impact statement</th>
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<tr>
<td>● Participants felt their submissions had been inadequately acknowledged and their questions inadequately answered. Information sessions did not provide opportunities to express views and be heard; rather they were one-way channels of communication.</td>
<td>● May &amp; Hill (36) found a strong argument for bolstering and supporting community groups in order to promote quality of life for communities.</td>
<td>● Chess &amp; Purcell (55) study of 23 public meetings dealing with clean-up of hazardous waste found process imposed by the government led to participants feeling patronised and frustrated.</td>
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<td>● Some people reported not knowing how to provide submissions on the EIS.</td>
<td>● Dodds (39) found there is considerable evidence that mental wellbeing is improved when people’s opinions and perspectives are taken into account by decision-makers and suggests that increased confidence and coping behaviours may lead to an ability to influence factors in the physical environment that in turn benefit physical health.</td>
<td>Without an opportunity to express views and be heard, community members are likely to feel disempowered, devalued and frustrated with the process. These types of feelings negatively affect community mental wellbeing.</td>
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<td>● The timeframe for response to the EIS was too tight for some people to respond adequately.</td>
<td>● Successful participation includes incorporation of public values into decisions, improvement of substantive quality of decisions, resolution of conflict among competing interests, building trust in institutions and education and informing the public (42).</td>
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<tr>
<td>● The information sessions that were provided lacked accessibility for all community members such as language, timing, locations, etc.</td>
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<tr>
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<td>- People who feel in control of their lives feel more able to control their health (40).</td>
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<td>- A lack of control is an independent risk factor for stress (40).</td>
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**Collective organisation and action**

- Without adequate channels or formal involvement in the decision-making process, people reported becoming involved in advocacy and protest groups. (e.g., hiring lawyers, Blue Mountains local council running submission writing workshops).
- There are multiple examples of independent collective organisation in response to airport developments, e.g. Gava Mar Residents’ Association in Barcelona, creating social capital and knowledge (53).
- Local protestors in Orebro started a political party and gained a council seat and, through that, access to documents previously inaccessible to them (65).

If community engagement continues to be carried out in a similar way to the current approach then it is **possible** that community members will continue to form protest groups and engage in collective activities. This could lead to **positive** impacts, such as an increase in community pride, cohesion and social capital, which increase community mental wellbeing.

The lack of collective organisation in formal community engagement practices is **likely** to be a **missed opportunity** to improve social capital and cohesion for the **community**.
<table>
<thead>
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<tbody>
<tr>
<td>Participation</td>
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<tr>
<td>- Social participation is associated with a reduced risk of mental health problems and better self-reported health. Poor social connection is highly correlated with risk of coronary heart disease (40).</td>
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<td>- Community participation builds civic agency including social cohesion, networks and relationships (47).</td>
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<tr>
<th>Having a valued role</th>
<th>Community evidence</th>
<th>Evidence from the literature</th>
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<tbody>
<tr>
<td>- Participants reported feeling that their perspectives weren’t seen to be valid (e.g., portrayed negatively as ‘NIMBYs’, ‘whingers.’).</td>
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<td>- Some people felt that they were excluded from events because they were identified as anti-airport. There was a perception that negative views were not valued.</td>
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<td>- There was a general view that DIRD was not seriously interested in hearing and acting on community perspectives.</td>
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<tr>
<td>- The higher value put on expert advice than on community lived experience can lead to psychological distress (53).</td>
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<tr>
<td>- Soneryd (65) critiques the EIA process as relying on facts and evidence which do not legitimise residents’ knowledge or lived experiences.</td>
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<tr>
<td>- Negative experiences of community engagement can deter community members from engaging in the future and can have a damaging impact on individual mental wellbeing (39).</td>
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<td>If community engagement continues to be carried out in a way that doesn’t engage communities so that they feel like they have a valued role, this is likely to lead to negative individual impacts such as psychological distress.</td>
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</tbody>
</table>
### Mental wellbeing core protective factor

#### Community evidence
- Participants reported not feeling involved in the planning process (e.g., decision already made to build airport, lack of clarity about role of their input in influencing decision-making).
- There was a lack of clarity about the purpose of their (the community’s) input.
- There was a lack of acknowledgement of the receipt of input and how it would be used.

#### Evidence from the literature
- Boholm (54) reported suffering and despair by those who felt they were victims of the decisions made by authorities.

#### Impact statement
If community engagement practices continue which don’t clearly articulate opportunities for communities to be involved (early and throughout), and don’t explain how involvement will lead to changes in decision, this is likely to lead to negative individual impacts such as psychological distress.

### Participation
- Social participation is associated with a reduced risk of mental health problems and better self-reported health. Poor social connection is highly correlated with risk of coronary heart disease (40).
- Community participation builds civic agency including social cohesion, networks and relationships (47).
Social participation is associated with a reduced risk of mental health problems and better self-reported health. Poor social connection is highly correlated with risk of coronary heart disease (40). Community participation builds civic agency including social cohesion, networks and relationships (47).

<table>
<thead>
<tr>
<th>Activities that bring people together</th>
<th>Community evidence</th>
<th>Evidence from the literature</th>
<th>Impact statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants reported that staff at information sessions were not the right people in terms of being able to respond to questions or develop a relationship between community and DIRD (e.g., no direct contact line).</td>
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<tr>
<td>People formed their own opportunities, in response to the perceived lack of opportunities, to work together in shared activity (i.e., protesting airport).</td>
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<tr>
<td>Community engagement can strengthen relationships between community members and decision authorities (47).</td>
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<tr>
<td>Meaningful participation can build social cohesion, which is important for the health of individual residents and of the community, and these community skills and capacity can be drawn upon in future policy making (45).</td>
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<tr>
<td>If community engagement practices continue which don’t provide an opportunity to bring decision-makers and community members together in a meaningful way, it is possible that this will lead to a missed opportunity to provide benefits to communities.</td>
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<tr>
<td>Mental wellbeing core protective factor</td>
<td>Community evidence</td>
<td>Evidence from the literature</td>
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<td>----------------------------------------</td>
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<tr>
<td>Participation</td>
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<td>Community participation builds civic agency including social cohesion, networks and relationships (47).</td>
<td></td>
</tr>
<tr>
<td><strong>Ways to get involved</strong></td>
<td>Participants reported having difficulty accessing events (due to timing, location) and reported hearing that other stakeholders had opportunities to attend invitation only sessions (e.g., local councils, LHDs).</td>
<td>Agency actions such as overdominance of group dynamics, failure to appropriately publicise forums, placing citizens in a reactive position, and condescension to participants were associated with process and outcome limitations (55).</td>
<td>If community engagement continues to be carried out in a similar way to the current approach it is likely that individuals will not feel involved, leading to negative health impacts.</td>
</tr>
<tr>
<td></td>
<td>Community members and professional stakeholders reported having no influence over how they could be involved.</td>
<td>Involvement in decision-making can lead to increased feelings of community pride and a greater willingness to participate in other forms of engagement (39).</td>
<td>It is speculative that a lack of involvement will also lead to increased adversity and/or resistance to decisions, resulting in potential delays and economic costs. This can be a missed opportunity for mitigating potential harms for communities.</td>
</tr>
<tr>
<td></td>
<td>People also felt that the EIS was the only opportunity to be involved but this was not the most appropriate mechanisms for their involvement (technical document with limited scope).</td>
<td>Feeling disempowered is associated with feelings of dissatisfaction towards the community (39).</td>
<td>It is speculative that a lack of involvement by stakeholders will be a missed opportunity for obtaining the benefits of collective decision-making for communities.</td>
</tr>
<tr>
<td></td>
<td>In response to the lack of formal opportunities participants developed advocacy channels for their involvement (e.g., submission writing workshops, groups).</td>
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<tr>
<td>Mental wellbeing core protective factor</td>
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<tr>
<td>● Community participation builds civic agency including social cohesion, networks and relationships (47).</td>
<td></td>
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</tr>
<tr>
<td>Accessible and acceptable services or goods, cost of participation</td>
<td>● The type of information, its format, and the types of participation offered were reported to be unacceptable and also inaccessible for some population groups, and inadequate to meet their needs.</td>
<td>● Services should be available, accessible, acceptable and of appropriate quality (80).</td>
<td>If community engagement activities and information are not acceptable, accessible, appropriate and of high quality for intended communities, it is <strong>likely</strong> the community will not receive information needed to make informed decisions, leading to <strong>negative</strong> feelings such as disempowerment, stress, and anxiety.</td>
</tr>
<tr>
<td></td>
<td>● Participants reported having a time cost (e.g., had to take time off work to attend events, a lot of time needed to read and respond to EIS, etc.)</td>
<td>● Meaningful participation strategies require organisations to address barriers to participation, and build capacity of stakeholders, particularly disenfranchised ones, to get involved (61).</td>
<td></td>
</tr>
</tbody>
</table>
### Mental wellbeing core protective factor

<table>
<thead>
<tr>
<th>Community evidence</th>
<th>Evidence from the literature</th>
<th>Impact statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conflict resolution</strong></td>
<td>People reported feeling negatively about the airport and engagement process.</td>
<td>Beirele &amp; Cayford’s (42) meta-analysis found that well designed engagement with a good process and information can overcome some of the most challenging and contested contexts.</td>
</tr>
<tr>
<td></td>
<td>People reported feelings of distrust towards the process and decision-makers.</td>
<td>Community engagement can provide an opportunity to resolve conflicts, develop shared understanding of issues, and potentially develop mitigation strategies and preferred solutions and create or enhance community buy-in. If community engagement continues to be carried out in a similar way to the current approach this is likely to be a missed opportunity to resolve conflict and mitigate any negative feelings in the community.</td>
</tr>
</tbody>
</table>

**Participation**

- Social participation is associated with a reduced risk of mental health problems and better self-reported health. Poor social connection is highly correlated with risk of coronary heart disease (40).
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<tbody>
<tr>
<td>Cohesive communities</td>
<td>Participants reported a lack of consistent and clear strategies for community participation.</td>
<td>Community attachment, a component of cohesive communities, can contribute to positive individual wellbeing (48).</td>
<td>In some cases participants felt that current engagement practices had created community division. A lack of social connectedness can lead to poorer health. If community engagement continues to be carried out in a similar way to the current approach it is possible that the failure to foster community cohesiveness through the engagement process will be a missed opportunity to improve community health.</td>
</tr>
<tr>
<td></td>
<td>Participants reported perceived differences in who was able to be involved in community engagement events, which led to community divisions.</td>
<td>Rowe and Frewer (81) found that public participation increased propensity for social bond formation.</td>
<td></td>
</tr>
</tbody>
</table>
### Resilience and community assets

- Communities with high levels of social capital have benefits for individual wellbeing but also for community level resilience (40).
- There is evidence that community assets and strong social cohesion can mitigate some of the mental health effects of childhood deprivation (40).

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</thead>
<tbody>
<tr>
<td>Emotional wellbeing</td>
<td>Participants felt that the current process had led many of them to have increased stress, anxiety and decreased mental wellbeing. In some cases participants felt that the process had also exaggerated existing mental health issues.</td>
<td>Annoyance and concern about potential health effects can affect mental and social wellbeing and normal functioning (57).</td>
<td>If there is no improvement in community engagement strategies it is likely that individuals will continue to experience negative impacts on mental wellbeing.</td>
</tr>
</tbody>
</table>
### Mental wellbeing core protective factor

<table>
<thead>
<tr>
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| Resilience and community assets | • Communities with high levels of social capital have benefits for individual wellbeing but also for community level resilience (40).  
• There is evidence that community assets and strong social cohesion can mitigate some of the mental health effects of childhood deprivation (40). | ![Table contents](https://via.placeholder.com/150) |

<p>| Having beliefs and values | Participants reported that their beliefs and values were not valued. For example, Blue Mountains residents expressed feeling that their sense of place and values were under threat and ignored. | Perceptions of place form a long lasting reference point for how people experience their surroundings. Changes to a place, even prospective changes, can have psychosocial and behavioural impacts that last longer than the project that created the change (48). | The WSA is likely to affect people’s sense of place. If community engagement continues to be carried out in a similar way to the current approach it is likely that this will be a missed opportunity to support individuals in managing potential changes to their sense of place, and provide opportunities to mitigate them and identify acceptable trade-offs. |</p>
<table>
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| Trust and safety |                             | Franssen et al. (57) reported that perception of health risk may be a determinant of psychosomatic disease and therefore important to consider. The public can also be anxious about a wider range of non-specific and milder health complaints that may not be considered in consultations. Franssen et al. (57) found that interpretations of risk by the public and scientists diverge and recommended the need to pay attention to the public's concerns in communication of EIA results and in projects to be evaluated by EIA. Trust is an indicator of social connectedness. It is well understood that quality social connections protect health across the life course and is associated with a variety of mechanisms that promote health, including Buffering stress, Health behaviour/help seeking, Access to information, Access to resources, Psychological benefits, Improving quality of life (40). | The current community engagement strategy is likely to negatively affect people's feelings of trust and safety in regard to the airport and the consultation process. A lack of feeling of trust and safety leads to negative impacts on community wellbeing. |
Involvement in decision-making can change power dynamics, and may decrease levels of exclusion in marginalised populations (44).

People in lower SES felt less able to influence decisions than those in higher SES. In order to reduce health inequalities, those at greatest risk of poor health outcomes should be able to contribute towards decision-making to find appropriate solutions and to build capacity for self-determination (39).

Participants wanted opportunities to engage and information that was available, accessible, acceptable and quality.

Participants reported concerns about different population groups that may not be engaged in the process. For example, young people, elderly, CALD, Aboriginal people.

People reported finding the EIS difficult to understand. Some expressed the view that it was an inappropriate document to be used in community engagement.

Participants reported difficulty in finding out how to get involved and suggested that ‘less engaged’ people would be even less likely to be engaged in process.

Participants worried that already disenfranchised groups were more likely to be affected.

Different people require different levels of engagement and should therefore have engagement strategies that take into consideration differences in local contexts (39).

Chess & Purcell’s (55) literature review of public participation found insufficient or inappropriate outreach was often cited as a problem.

Simply creating more opportunities for involvement does not lead to empowerment. Some communities with fewer resources and capacity will be excluded from processes that are taken for granted by others. Topdown strategies are particularly ineffective as they start with a set agenda, rather than relate to local priorities (39).

It is likely that the current engagement approach will not engage all relevant population groups. Lack of engagement with potentially affected communities can reinforce and even aggravate health inequities.

In addition, lack of involvement of potentially affected communities can lead to poorer decision-making outcomes (i.e. less well accepted, less appropriate). These impacts are likely to lead to aggravation of health inequities and negatively affect both individual and community wellbeing.
"People reported finding the EIS difficult to understand. Some expressed the view that it was an inappropriate document to be used in community engagement."
As DIRD is overseeing community engagement in the initial planning stages of the airport, and is responsible for the approval of the community and stakeholder engagement plan, the recommendations below can be acted upon immediately by DIRD. Once an airport developer is selected, this entity will be responsible for implementing the airport plan in the future, and the maintenance of a Forum on Western Sydney Airport. Therefore the recommendations below should also be acted upon by the airport developer for stage 1 and stage 2 development and all subsequent airport operations.

We have developed a set of recommendations to improve community engagement for the WSA in the future. The purpose of these recommendations is to mitigate potential harms identified in the assessment, and to ensure potential benefits. The recommendations were developed in partnership with participants in the community workshops, online respondents, and members of the steering committee and advisory group. The recommendations below provide both an overview of best practices for community engagement, based on the literature, and also specific actions decision-makers can take to improve community engagement. For the full list of recommendations developed by the community, please see Appendix A.

“The purpose of these recommendations is to mitigate potential harms identified in the assessment, and to ensure potential benefits.”
Good practice principles

In order to achieve the best outcomes for communities, we recommend that the decision-makers implement best practice principles when conducting community engagement activities.

Community engagement is:

A process of engagement in which people are enlisted to contribute to the decision process. Participation methods provide for an exchange of information, predictions, opinions, interests and values. Participation requires that those initiating the process are open to the potential for change and are prepared to work with different interests to develop plans or amend or even drop existing proposals (1). 9

Community engagement should be conducted in accordance with the following principles:

- Fairness – provide opportunities for participants to act in all aspects of the process (2);
- Competence – ensure that knowledge of the issue is achieved by providing information that is appropriate and accessible for the audience (2);
- Equity – enable participation of different community members and take into consideration the diverse opinions, values and needs of various sub-groups of a population.

Community engagement should be conducted according to the following best practices10:

1. Information is essential for participation. Information should be practical, relevant to residents, and provided on an ongoing basis. Sometimes communities require support to understand the complexities of a decision;

2. Community engagement must be ongoing, use appropriate approaches for different groups of people and be adaptable over time, and should be integrated with other local initiatives. People must also feel that there is a sense of progress over time;

3. Community engagement should be representative, i.e., not presenting data as authoritative when it is improperly sampled, and not listening to only the most vocal members of a group;

4. Community-led approaches should be used to allow communities to identify issues that are important to them and to develop their ability to inform decisions; and

5. Decision-makers should value community knowledge, opinions and values and be willing to make changes in response to community input.

9 This definition of public participation is based on Petts, 1999, p. 147. Emphasis added.

10 Based on evidence from Dodds (2016)
Actions to improve community engagement

1. Establish a community and stakeholder engagement plan, which
   a. Is transparent and detailed;
   b. Is continuously evaluated throughout the process and incorporates findings into an ongoing engagement plan (plan, act, evaluate, improve);
   c. Provides various levels and opportunities for engagement; and
   d. Allows the community to lead the development of a Terms of Reference that identifies the objectives of participation in which all members are agreed, and is transparent about the level of influence and role of participants.

2. Establish and maintain the Forum on Western Sydney Airport, which
   a. Is an independent body;
   b. Allows the community to lead the development of a Terms of Reference that identifies the objectives of participation in which all members are agreed, and is transparent about
      i. The level of influence and role of participants, and
      ii. How the forum input influences airport planning processes;
   c. Allows the community to establish the agenda;
   d. Is composed of various members and enables
      i. Balance between community members and other stakeholders;
      ii. Representation of community voice;
      iii. Balanced representation of views; and
      iv. Mix of stakeholders (may include council, departments, schools, health, and conservation).

3. Partner with communities to
   a. Identify and discuss issues;
   b. Identify potential solutions and acceptable tradeoffs;
   c. Plan airport and associated developments;
   d. Determine the scope of assessments, studies, risk and risk management strategies and monitoring; and
   e. Plan community engagement.

4. Respond to the community by
   a. Answering questions (appropriate level of authority, expertise, trustworthiness);
   b. Acknowledging submissions and input;
   c. Providing information about the content of community input;
   d. Being transparent about how community input is incorporated into the decision-making process; and
   e. Providing feedback on how the decision has changed in response to community input.
5. Provide information that
   a. Incorporates community input into identifying what information is needed;
   b. Uses a transparent process for information provision. i.e.,
      i. Include when information will be provided, what types of information will be provided and the format for information provision, and
      ii. Be clear about drivers of decisions and the criteria for decision-making;
   c. Information should be
      i. Easy to find and located in one main site;
      ii. Regularly updated; and
   iii. Accurate, detailed, independent;
   d. Information should be appropriate for
      i. Lay audiences;
      ii. Different needs (e.g., language, level of education, disability); and
   iii. The stage of development and purpose in order to enable participation.

6. Ensure that community engagement activities are accessible according to
   a. Timing (times of day, adequate notice, adequate time to engage);
   b. Location (geographic, go to where communities are, appropriate for different population groups); and
   c. Formats (focus groups, workshops, online, informal) appropriate to enable participation for different population groups (e.g., CALD, differing age groups).

7. Conduct community engagement activities
   a. As early as possible in each stage of the development;
   b. During planning (not just reactive);
   c. Throughout planning, implementation and operations;
   d. At multiple times – tailored to what is happening;
   e. With enough time to respond and engage; and
   f. With transparency of timing and process.

Provide information that
5. Incorporates community input into identifying what information is needed;
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   e. With enough time to respond and engage; and
   f. With transparency of timing and process.
CONCLUSION

09
This health impact assessment on community engagement for the Western Sydney Airport was conducted with the intention of identifying potential harms and benefits of continuing current practices, and offering recommendations to improve future engagement strategies. Based on extensive community consultation and a robust literature review, the HIA found that current engagement practices have had a negative impact on stakeholders, and if maintained, will continue to have detrimental impacts on the health and wellbeing of individuals and communities into the future. Development of the airport is expected to occur over the next 50 years, with indefinite operations. Therefore these potential harms are likely to affect not just current communities, but also future and growing populations.

To address the concerns identified in this report we have offered recommendations that can be implemented by the decision-makers to improve community engagement. These recommendations can be implemented immediately by the Department of Infrastructure and Regional Development, which is currently overseeing the airport planning process, and by the airport developer, once selected, who will oversee construction, further planning, and operations. Additionally, these recommendations may be used by DIRD in all their future planning processes, particularly with regard to projects that involve approval of an environmental impact statement.

Furthermore, the findings of this report may be particularly useful to communities. The development of the Western Sydney Airport is just one decision that is currently affecting these communities, and improved community engagement for the multitude of planning decisions affecting them could greatly benefit health and wellbeing. This report may provide the necessary evidence base to enable community members to advocate for better engagement strategies for the many decisions that affect them.

This report is limited in that we were only able to consult with a sample of stakeholders in the many communities that will be affected by the airport development. We have attempted to elicit perspectives from a wide range of stakeholders but recognise that some views and opinions will have been missed. We are also aware that this assessment does not have any regulatory stature, unlike the environmental impact assessment, which means that the decision-makers are not required to consider or implement our recommendations. It is our hope that the considerable evidence base included in this report, and potential engagement with decision-makers further to the release of this report, will support decision-makers to change engagement strategies.
“This report may provide the necessary evidence base to enable community members to advocate for better engagement strategies for the many decisions that affect them.”
Appendix A. Recommendations from the community

The following recommendations were developed through consultation in the community workshops and online survey. They have been ranked by order of importance by participants. They offer recommendations to improve community engagement, as well as the decision-making process for the WSA, including the EIS. Although the EIS has already concluded, there are several recommendations that were provided by workshop participants and survey respondents for improving the process in the future.

As DIRD is overseeing community engagement in the initial planning stages of the airport, it can act upon the recommendations below immediately. Once an airport developer is selected, this entity will be responsible for implementing the airport plan in the future, and running the Forum on Western Sydney Airport. Therefore the recommendations below should also be acted on by the airport developer for stage 1 and stage 2 development and all subsequent airport operations. Some of the recommendations below relate to governance of the airport development and should therefore be enacted by local, state and federal governments.

<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Recommendations on the EIS</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Projections need to be based on accurate and up-to-date data. For example, the EIS should include flight paths which accurately reflect projected future operations so that their impact can be fully assessed.</td>
<td>Very High</td>
</tr>
<tr>
<td>1.2</td>
<td>There is a need for independent and external peer review of the EIS in order to give credibility and transparency to the process. The peer review should be conducted by an agency that is independent of the government, with no financial or other conflicts of interest. This type of external review would help to improve the quality of the report and instil public confidence in the process.</td>
<td>Very High</td>
</tr>
<tr>
<td>1.3</td>
<td>The EIS should take into consideration the different contexts which will be affected by the airport. For example, it should have considered the effect of noise on geology in the Blue Mountains. It should also consider cumulative impacts from roads, water, flight paths, etc.</td>
<td>High</td>
</tr>
<tr>
<td>1.4</td>
<td>There needs to be better (more valid) scientific studies to inform the EIS.</td>
<td>High</td>
</tr>
<tr>
<td>1.5</td>
<td>There needs to be better (more valid) baseline assessment in the EIS.</td>
<td>High</td>
</tr>
<tr>
<td>1.6</td>
<td>The EIS should show that other alternative options for WSA have been considered, like a fast rail system linking Sydney to Melbourne and Brisbane via Canberra and Newcastle Airports, and provide detail (e.g., operation options).</td>
<td>High</td>
</tr>
<tr>
<td>1.7</td>
<td>The EIS needs to identify all positive and negative impacts. This could be achieved through a cost benefit analysis by a reputable, independent and unbiased agency. The cost benefit analysis should consider, and be transparent about, any governmental subsidies and opportunity costs of the airport.</td>
<td>Medium</td>
</tr>
</tbody>
</table>
1.8 Climate change should be considered in the EIS.  

1.9 Intergenerational impacts should be considered in the EIS (longer term/future impacts).  

1.10 Provide a version of the EIS that is readable for a lay audience.  
For example, a simple EIS report that is appropriate for community members.  

2. Stakeholder engagement process  

2.1 Opportunities for and to improve consultation  
High  

There need to be multiple opportunities for input throughout the process.  
It is recommended to use the following format: 1) information given, 2) opportunity for input, 3) EIS released, 4) opportunity for input, 5) decision, 6) opportunity for input on implementation.  

This stepwise process should allow for extended time to provide feedback on technical reports (such as the EIS) and there should be an adequate timeframe for community consultation.  

i. As part of each consultation step there needs to be acknowledgement that public submissions are received, and of how the information will be used and what are the next steps. The responsible party should practice an effective feedback cycle, including consideration of how the consultation has led to change, and feedback given on the information gained by consultation.  

ii. Utilise different levels of engagement for different stages of the project. Depending on the stage of development, some stages require just being informed and others where more participation is appropriate.  

iii. Provide more regular updates (even when nothing is happening) on website and other mechanisms.  

iv. Consultation should take place with the community before the EIS (or any other major report) is released in order to provide feedback and input into the processes and assumptions used in the report.  

v. Community consultation should be achieved through collaborative workshops with communities, allowing them to express their issues and concerns, and not be merely one-way channels for prescriptive information-giving about the development. Likewise, decision-makers should be willing to discuss both the potential benefits and adverse impacts of the development. Consultation comprise more than information sessions: it involve two-way communication.  

vi. The responsible party should provide an outline and timeline of the decision-making process, including the stages at which the community has opportunities for input. There is a need for transparency about where/if the community can have an influence.
vii. Provide clarity about decisions still to be made.

viii. There should be stages of engagement to build trust and confidence AFTER any decision is made.

ix. Allow for other forms of submissions (e.g., verbal) on technical documents.

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3. **Consultation**

3.1 **Best Practice Engagement**

Develop a good community engagement plan, based on best practices, which is publicly available. The developer should conduct periodic evaluation of its stakeholder participation practices in order to ensure that intended goals and outcomes are reached.

3.2 **Recommendation for local councils**

Local governments should be a resource to enable communities to engage in the airport development. For example councils should provide (and be able to provide) balanced information about the development.

3.3 **Transparency**

Decision-makers should provide transparency about the process, such as who are the winners and losers, and about the drivers of the project: what and who they are, including high level political and policy drivers.

There is a need for the delivery of balanced information: there should be discussion of both the advantages and disadvantages of the airport development.

The responsible party should provide transparency about the purpose of the airport (e.g., the function of the airport as predominately a freight or passenger airport).

3.4 **Social Licence**

Community engagement should allow for people and organisations to be included regardless of their position on the airport. Community engagement should allow for communities to express their concerns and/or disagreement about the airport development. The government should work to have a social licence, which takes into consideration the desires of local communities.

3.5 **Accessibility**

Future engagement with communities needs to be accessible:

a. Come to the community;

b. Time of day;

c. Locations;

d. Engagement with vulnerable/isolated groups, e.g., elderly, Culturally and Linguistically Diverse (CALD), young people, the disabled;

e. Methods, e.g., workshops, kiosks in shopping centres, flyers, summary documents;

f. Provide tailored information for CALD groups in a variety of formats;

g. Translate technical information to be appropriate for various audiences.
### 3.6 Expertise and Liaison

There needs to be a liaison from the decision-making organisation (DIRD or airport developer), who has the ability to answer questions and some level of authority. The liaison should be informed and be able to explain evidence to address community questions and concerns. Where possible, communication should be direct and avoid employing third party groups. Community sessions need to include an appropriate panel of experts.

### 3.7 Sustained Consultation

Community consultation should be ongoing and sustained over time.

### 3.8 Government Coordination

There needs to be a coordinating authority so that citizens are not getting different information from different levels of government.

### 4. Communication Content

#### 4.1 Information needs to be accurate, detailed and up-to-date.

#### 4.2 Communication should

- Discuss regional impacts, such as transport.
- Discuss long-term impacts.
- Involve local and state governments.
- Be tailored to the needs and interests of the community.
- Provide information about environmental considerations and impact.

### 5. Communication Format

#### 5.1 There should be access to information through multiple strategies and channels.

1. Utilise and link into existing communication channels.
2. Identify gaps in communication (i.e., for missing groups).

### 6. Governance

#### 6.1 The government should be responsible for the project, and therefore should be responsible for engaging with local stakeholders, although some engagement should also be independent.

Stakeholder engagement strategies should involve local and state governments; however this project should not be under the jurisdiction of local government. It should be balanced, so that voices from the local level are heard. Local governments should focus on local impacts.

#### 6.2 Formation of a Western Sydney Airport Community Forum is needed

1. Membership must not be limited to only those in favour of the development.
2. Membership must be balanced between community representatives, council officials, department officials, schools, health authorities, and conservation groups.
3. It should be fundamentally different to the current Sydney Airport Community Forum, in that it should not consist mainly of politicians.
4. Terms of Reference for membership should contain strict guidelines with quotas for diversity of membership.
Appendix B. Screening Report

Background

The Western Sydney Airport (WSA) is a proposed second airport located near Badgery’s Creek, about 50km west of the Sydney CBD. Planning and investigation of a second airport location have been ongoing for the past 50 years, and in late 2014 the federal government announced that Badgery’s Creek would be the site of the airport. In 1997 the first environmental impact assessment (EIA) was conducted on this location, and in October 2015 the Federal Government released the current environmental impact statement (EIS) of the project. The final EIS and Airport Plan are expected to be released by mid 2016. It is expected that construction of the airport will begin in 2016 with plans for it to be operational by 2025.

As part of the EIA and airport development there has been on-going engagement with various communities and relevant stakeholders, such as local councils. This engagement has been spearheaded by the Department of Infrastructure and Regional Development (DIRD), which oversees the approval process of development plans for the airport, including the Western Sydney Infrastructure Plan (7).

Process for selecting the HIA

In mid-2015 Population Health, South Western Sydney Local Health District (SWSLHD) convened a working group to consider the impacts of the airport development on local populations. The Centre for Health Equity Training, Research and Evaluation (CHETRE), part of the Centre for Primary Health Care and Equity at UNSW Australia and SWSLHD Population Health, suggested that a health impact assessment (HIA) would be useful for understanding the potential positive, negative and unintended impacts of the airport. Typically, HIAs of airport developments consider a broad range of impacts such as air quality, noise, jobs, transportation, and visual amenity. However, given that many of these environmental and social determinants were going to be considered within the EIA, and given time and resource limitations, it was recommended that an HIA be conducted only on the stakeholder engagement plans for the airport.12

Decision Informed by the HIA and Decision-making timeline

DIRD does not have a publicly available stakeholder engagement plan. However, there are guidelines that are included in the EIS, and information on its website, which explains its community engagement activities thus far.

Sydney Airport conducts various community engagement activities through its involvement in the Sydney Airport Community Forum. This forum was established by the federal government and its role is to act in

- Providing advice to the Minister for Infrastructure and Regional Development, Sydney Airport and aviation authorities on the abatement of aircraft noise and related environmental issues at Sydney Airport. In particular, it is the main body for consultation on the Long Term Operating Plan for the airport.

- Providing advice to aviation authorities to facilitate improved consultation and information flows to the community about the airport’s operations (9).

It is expected that the Western Sydney Airport will be required to establish a community forum and engage in similar engagement activities. Although it is unclear when a community forum will be established, the final Airport Plan being released mid-2016 may provide an opportunity for the findings of the HIA to inform future engagement practices and/or inform the development of the community forum.

The HIA may be submitted to the airport developer (once it is selected) and various governing bodies such as the DIRD, WSROC and other local councils.

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11 This report was written in April 2016.
12 It should be noted that CHETRE also contributed to the independent peer review of the EIS, commissioned by the Western Sydney Regional Organisation of Councils (WSROC). The full report can be found here: http://nobcabm.info/wsroc-peer-review/
Assumptions

- Given that there are no public stakeholder engagement plans available for the WSA, the researchers assume that any stakeholder engagement that has taken place thus far may be representative of practices that will take place in the future.

- It is also assumed that the WSA will be required to develop a community forum similar to the Sydney Airport Community Forum, and will engage in similar activities.

- It is assumed that stakeholder engagement is not a static, or one-off event. The development of the airport will occur over the next 30 years, with Stage 2 completed around 2063. It is assumed that there will need to be stakeholder engagement with ongoing development and long term operations of the airport.

Project Stakeholders

Key stakeholders for the Western Sydney Airport include:

- Department of Infrastructure and Regional Development
- Airport developer/proprietor
- Regional Organisation of Councils – WSROC and MACROC
- South Western Sydney LHD
- Western Sydney LHD
- Nepean Blue Mountains LHD
- Local councils – Liverpool, Penrith, Fairfield, Blue Mountains, Blacktown, Wollondilly.
- Western Sydney Community Forum
- Various members of the community likely to be affected by the airport development and stakeholder engagement practices.

HIA Governance

The HIA will be conducted by members of Population Health with oversight from a Steering Committee and guidance from an Advisory Group.

Work Team:

Katie Hirono - CHETRE
Fiona Haigh - CHETRE
Cesar Calalang - Healthy People and Places Unit, SWSLHD
Stephanie Fletcher-Lartey - Public Health Unit, SWSLHD
Elizabeth Millen - Health Promotion Service, SWSLHD

Steering Committee:

The Steering Committee is comprised of the Population Health working group for the Western Sydney Airport. This group provides strategic oversight and guidance on the HIA, including reviews of draft documents. Final decision-making for the HIA, however, belongs to the Work Team.

Advisory Group:

The HIA Work Team, with support from the Steering Committee, contacted various stakeholders including local councils, in the three local health districts that would be affected most directly by the airport development: South Western Sydney LHD, Western Sydney LHD, and Nepean Blue Mountains LHD. Staff representatives from the LHDs were invited to participate in the Advisory Group. The current Advisory Group consists of members of Western Sydney Community Forum, SWSLHD, NBMLHD, WSLHD, and South Western Sydney Primary Health Network. The Work Team was unable to identify a person from the Department of Infrastructure and Regional Development to participate. Individuals or organisations may be added later to the Advisory Group.

The members of the Advisory Group will review draft documents, participate in community workshops, oversee the development of recommendations, and review the final report.
## Screening Criteria and Rationale for the HIA

<table>
<thead>
<tr>
<th>Screening Criteria</th>
<th>Response and Supporting Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Has the project, plan, or policy been proposed, and is there sufficient time to conduct an analysis before the decision is made?</td>
<td>The development of the Airport Plan has not yet been concluded nor has a final developer been selected. The final Airport Plan is scheduled to be released in mid-2016. This will allow time to conduct the HIA and inform the development of future stakeholder engagement plans.</td>
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<tr>
<td><strong>2.</strong> Does the decision have the potential to positively or negatively affect environmental or social determinants of health that in turn affect health outcomes of a population? Are those health impacts likely to be considered without the HIA?</td>
<td>Health is not currently part of the decision-making framework for engagement with communities regarding the airport. Bringing a health lens to any stakeholder engagement strategies may help to improve such strategies and improve the health of communities. It is not likely that the health impacts of stakeholder engagement will be comprehensively considered without the HIA. HIAs of other airports have shown that impacts on mental and community wellbeing are significant (52). These HIAs have also highlighted the importance of the planning and engagement process as potentially creating but also mitigating these impacts (53). There is a clear need to identify the potential health impacts of the consultation process and offer recommendations to the project proponents to enhance their engagement strategies.</td>
</tr>
<tr>
<td><strong>3.</strong> Are there evidence, expertise, and/or research methods available to analyse health impacts associated with the decision being considered?</td>
<td>The Work Team consists of experts in HIA, health equity, environmental health, public health, health promotion and community health. Support from Western Sydney Community Forum will enable the Work Team to gather research from and coordinate with the potentially affected communities.</td>
</tr>
</tbody>
</table>
4. What are the primary health determinants likely to be affected by the decision? What are the potential health impacts, both intended and unintended? Are the impacts likely to be significant?

Potential unintended health impacts of (poor) stakeholder engagement include stress and poor mental well-being through impacts to perception of risk and access to information.

- Mental wellbeing: participation in decision-making can have protective health effects on communities (49-51). It is especially the case that when community members are involved in a manner that gives them agency, power, and control over a decision there may be positive health outcomes. Without proper engagement with communities, the airport development may miss this opportunity.

- Risk perception: evidence of health impacts, as laid out in the EIS, may not be the same as the community’s perception of health risks. The perception of changes to noise, air quality, and home prices can influence the behaviour of local community members and in turn affect their health. This has been evidenced by other HIAs on airport developments (56).

- Access to information: there is potential stress and anxiety associated with a lack of communication to the community about decisions being made on the airport.
5. Briefly describe the community (or communities) who will be affected by the decision to be made. Is there potential for different sub-groups in the community to be more adversely affected than others?

Liverpool is the main community being targeted by developers but the airport development is likely to affect other communities, such as Penrith, Blacktown and Blue Mountains. Those living in the rural community of Badgery’s Creek will be most affected, although this population is small.

Impacts are likely to vary depending on the population being affected. Low income and disadvantaged communities are most likely to be affected by this development, necessitating more robust engagement strategies in these communities.

6. Are decision-makers and/or those stakeholders who have the capacity to influence decision-makers likely to use HIA findings and recommendations to inform or influence the decision-making process?

It is unclear to what extent the decision-makers will be willing to consider the findings from the HIA. Support for the HIA may be improved by highlighting the benefits of the recommendations, such as providing good buy in from the community into the airport development and/or avoiding potential conflicts in the future (social licence to operate); and the communication that communities receive could provide valuable information to the decision-makers about long-term development and operations of the airport, mitigation strategies, and investment in a social benefit fund. Other stakeholders are likely to support the findings of the HIA.
<table>
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<tr>
<th>Screening Criteria</th>
<th>Response and Supporting Rationale</th>
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<tr>
<td>7. What are the potential impacts of the HIA process (e.g. building relationships and/or partnerships, empowering community members, demonstrating how health can be incorporated into decision-making)?</td>
<td>This will serve as a good opportunity to build partnerships between Population Health, airport developers, and local city councils. It will be beneficial to maintain these relationships throughout development and operations of the airport. This will also serve as a key opportunity for engagement with communities, and development of partnerships between local communities and Population Health.</td>
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<tr>
<td>Time</td>
<td>Activity</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>9:00 - 9:30</td>
<td>Arrival</td>
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<tr>
<td>9:45 - 10:00</td>
<td>Welcome</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Community Concerns &amp; Opportunities</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Communication and Participation Assessment:</td>
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<tr>
<td></td>
<td>‘What information are you receiving and how are you receiving it?’</td>
</tr>
<tr>
<td></td>
<td>‘How have you been involved in the airport planning process?’</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Engagement Mapping:</td>
</tr>
<tr>
<td></td>
<td>‘What aspects of the current community engagement process do you like and don’t like?’</td>
</tr>
<tr>
<td>11:30 - 11:50</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>11:50 - 12:15</td>
<td>Wellbeing Impacts Assessment:</td>
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<tr>
<td></td>
<td>‘How are you feeling about the community engagement process?’</td>
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<tr>
<td>12:15 - 12:50</td>
<td>Developing recommendations to improve community engagement</td>
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<tr>
<td>12:50 - 1:00</td>
<td>Wrap-Up &amp; Evaluations</td>
</tr>
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</table>
Appendix D. Online Survey Questions

1. In regard to the proposed Western Sydney Airport, what information have you received and how are you receiving this? E.g., flyers, information sessions, websites.

2. How have you been involved in the proposed Western Sydney Airport planning process? (E.g., attending information session, contacting Department of Infrastructure and Regional Development).

3. If you have had any questions or concerns about the proposed airport, who have you contacted?

4. Did that person/organisation respond and did you feel that the response was adequate?

5. How could the consultation process for the proposed Western Sydney Airport be improved?
References


| 56. | UCLA CHAT PGY-2 Pediatric Residents. Santa Monica Airport Health Impact Assessment. 2010. |


70. IAP2 Federation. IAP2’s Public Participation Spectrum IAP2 Federation, 2014.


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