9. Stakeholder engagement

Effective stakeholder engagement is crucial to meet the evolving needs and expectations of health service consumers, regulators, employees, the Minister and the broader community.

Questions that directors of health services should ask

- Is the board fully aware of its key stakeholders (who it is accountable to) and the reporting requirements?
- Does the board have enough visibility of stakeholder views by using engagement tools such as the patient experience survey and complaints mechanisms?
- How does the board communicate with and hear from its stakeholders?
- Does the board have a good understanding of the objectives and interests of key stakeholders?
- Are stakeholder requirements and stakeholder engagement part of the annual strategy development program?
- Has the board determined stakeholder value and how to measure it?
- Have the risks of not engaging stakeholders (e.g. financial and reputational) been considered, and if applicable, quantified?
- Is stakeholder engagement embedded into the health service's vision, values and strategic directions?
- Is effective stakeholder management used as a strategic and preventative mechanism, rather than a response tool?
- Is there an anonymous feedback mechanism beyond protected disclosures for stakeholders who frequently interact with the health service?
- Do my stakeholders know why their views are important? Does the board understand why that stakeholder group's views are important?

Red flags

- The health service maintains no stakeholder mapping, tiering or profiling information.
- Stakeholders are defined narrowly as only the patients and consumers of the health service.
- In most decisions, stakeholders are not considered or consulted or directors think that they represent the community (and thus asking them is community consultation)
- The tone of the Annual General Meetings (AGMs) is tense, confrontational or lacks engagement.
- The risk of not engaging stakeholders is often dismissed by some directors.
- Dialogue with stakeholders mostly occurs in the event of disputes and negative media coverage.
- The health service is unaware or unprepared for the impact of negative feedback on social media.
- All directors are local, narrowing the objectivity and pool of stakeholders engaged.
- The health service does not hold consumer forums, fundraising events or other events that promote the health service within the community.

Introduction to the chapter

Stakeholders form a critical part of any organisation. This is even more so for a health service, where the provision of safe, effective person-centred care relies on the effective interaction of multiple stakeholders.

This chapter looks at:

- what constitutes stakeholder engagement
- how to identify the relevant stakeholders
- why stakeholder engagement, and its timing, is so important
- how to engage stakeholders.

What is stakeholder engagement?

Stakeholder engagement is the process of identifying and involving the key groups of people and organisations who are affected by, or have the capacity to influence, the health service's activities and operations.

Stakeholder engagement is a critical part of the delivery of safe, effective person-centred care. Listening and responding to the patient voice, ensuring there is an engaged, skilled workforce (including clinical staff), and effective working relationships with regulatory bodies, is all part of the board's stakeholder engagement activities.

Ordinarily, a board's direct involvement with its key stakeholder groups may be limited to the board chair or the chairs of committees. In extraordinary circumstances (e.g. crisis mode) the wider board may become involved in the engagement activities and communication.

However, management may often turn to directors to tap into expertise and relationships to facilitate engagement, advocacy and lobbying with key stakeholders. Directors who possess 'change agent' competencies can be influential in championing particular courses of action. Although there is no legal standard or equipment for formal stakeholder engagement, most directors now consider their boards could, and should, be much more effective in understanding and overseeing key stakeholder engagement strategies.

Stakeholder engagement is a process of maturity and nuance. This process often starts with identifying who the key stakeholders are. The timing and depth of this engagement can, and should, develop to a point where stakeholders are a critical part of strategy development and continuous improvement within the health service.

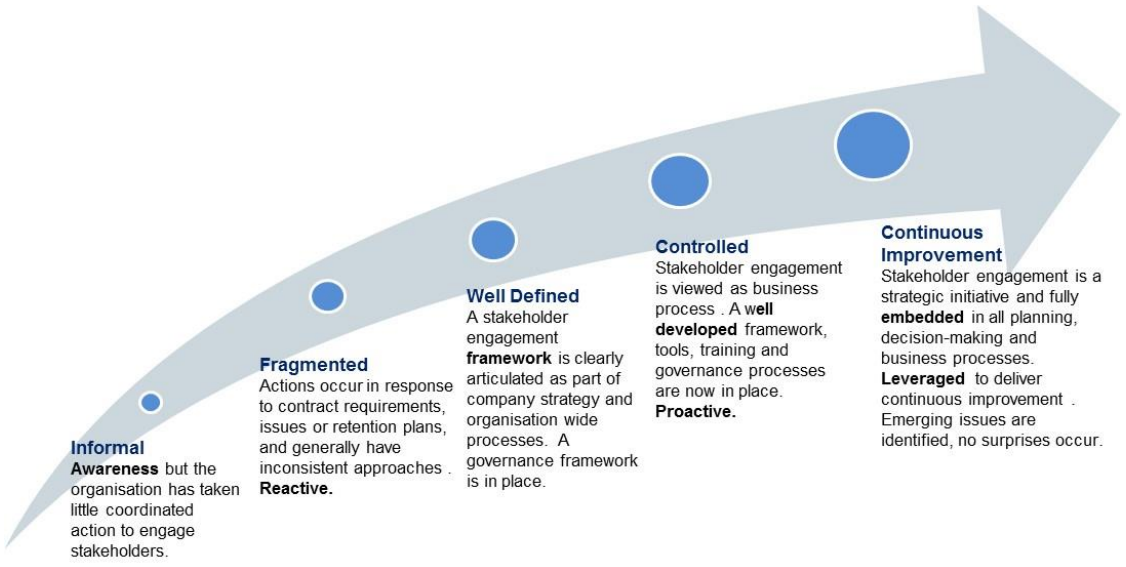


Figure 9-1 Stakeholder engagement maturity model

Key stakeholders for health services

Stakeholder engagement for health services goes beyond the patient and beyond the immediate community. Public health services operate in a complex and diverse environment comprising a wide variety of stakeholder groups, including:

- regulators such as AHPRA and the Government (Minister, Secretary)
- monitoring and support entities such as SCV, VAHI and VCC
- medical, nursing, allied health, administrative and support staff
- consumers and suppliers
- other Victorian healthcare providers (community, metropolitan, regional, rural health services)
- consumer advocacy groups
- the media
- business partners such as teaching and research bodies
- professional and industry associations, such as:
    - Victorian Healthcare Association (VHA)
    - Australian Medical Association (AMA)
    - colleges (for example, the Royal Australasian College of Surgeons)
    - unions.

The concerns of these stakeholders are not just financial; they span all aspects of health service provision including operational and quality and safety.

Why focus on engaging stakeholders?

Due to the range of stakeholders that impact health services, effective stakeholder engagement is critical to enable health services to meet their strategic and performance objectives, improve patient safety, and deliver better health outcomes across the public health sector.

Broad and meaningful engagement with consumers, the health service workforce and clinical staff also underpins three of the five elements of the clinical governance framework (as outlined in *Chapter 2*). Leadership and culture is highly reliant on the outcomes of the stakeholder engagement process to support the high-quality health care outcomes. Embedding these values and behaviours within an organisation requires constant communication and feedback – a key part of stakeholder engagement.

Active and inclusive stakeholder engagement is a key component of planning, development and delivery of services, which impact not only the health service directly, but also the broader community in which health services operate.

Health services that collaborate with and mobilise their stakeholder base are able to present a positive public image and reap the rewards of the reputational and financial benefits that follow.

Managing expectations

Clinical governance has risen to prominence following several incidents that occurred in a context of increasing demand, costs, indemnity pressures and an unprecedented "rise in patients' willingness and ability to stipulate what they required from the health system".[109]

[109] Braithwaite, Jeffrey and Travaglia, Joanne F, *An overview of clinical governance policies, practices and initiatives*, (2008), Australian Health Review, 32(1), p11.

As such, while community needs, expectations and even wishes should be considered by the health service, they must be considered with a clinical governance lens. Put simply, universal access to services has the caveat 'if safe'. For example, birthing services are often seen as a right for community members. Indeed, an expecting family may believe they have the right to give birth to their new babe wherever they would like. Clinical governance responds to this with: yes, but only if it is safe to do so. If it is not safe given the particular risk profile of that expecting mother, then the health service must refer the patient on to a service that can safely accept the patient. What does this mean for health services? It means that universal access to healthcare has a necessary limitation of reasonable risk and safety. As such, health services are required to manage the community's expectations as to what the health service can or cannot reasonably and safely do.

In summary, while a critical part of stakeholder engagement is understanding the need of consumers, carers, staff and regulators, managing stakeholder expectations of what the health service can (or should) deliver is also vital. The health service will often have to tell the community and stakeholders what it *cannot* do, even if that is what the community wants from it.

Establishing an effective stakeholder engagement framework

Clearly defined stakeholder engagement arrangements and processes are key to effective stakeholder management. This is achieved through a formally documented stakeholder engagement framework which includes clear stakeholder engagement plans. Common themes of sound stakeholder engagement frameworks include:

- stakeholder maps and tiering
- responsibilities for developing relationships with agreed accountabilities (board and management)
- defined methods for gathering information on/from stakeholders (i.e. surveys, research, etc.)
- methods and accountabilities for monitoring stakeholder concerns, influences and sensitivities
- established positions on relevant public or industry-specific policies
- a variety of methods of communication, including forums, meetings, site visits, etc.

The *Victorian Clinical Governance Framework* (outlined in **Chapter 2**), provides guidance with respect to effective engagement. Examples of this include listening to the consumer voice as part of the 'consumer partnerships' domain, provides critical insight into continuous improvement opportunities for the health service.

Consumer partnerships – patient specific engagement

Consumer partnerships are an important area of focus for boards and are also one of the five domains of the clinical governance framework.

When consumer engagement is done well, it builds trust which is critical for enabling the health service to achieve more challenging innovations, such as behavioural change.

One of the board's main monitoring tools when it comes to patient/consumer feedback is the Patient Experience Survey. The survey is designed to use consumer feedback to support the monitoring function of the board. The Patient Experience Survey is also an important tool for managing risks associated with clinical care services, staff conduct, administrative operations and overall satisfaction levels.

The consumer advisory committee (or equivalent) can be a strong source of intelligence for the board. It can also act as a key group of critical friends to test ideas with. It should not, however, be relied upon on its own (in lieu of actual consultation with the community or patient groups where required).

Behavioural change is one of the most difficult and yet often the most valuable forms of change. Behaviour change emphasises why innovation should not just be a tack on, but it is as important as maintenance. Behaviour change can lead to better outcomes and cost savings simultaneously.

For the board, a key question is how mature the health service is at fully engaging consumers in their processes and decision making. Table 2 below illustrates the evolving maturity of consumer engagement.

Consumer participation continuum	Listening and understanding	Understanding what is important about water in the lives of different consumer / stakeholder groups.
	Listening and acting	Listening to different consumer/stakeholder groups and acting on what is heard in order to achieve business objectives.
	Engaging and involving	Involvement of consumers or their representatives. Making it easy for them to propose specific ideas or solutions to achieve change.
	Consumer participation	**Increasing active consumer participation to bring these ideas to life.**

Table 2 Consumer engagement maturity. Source: Adapted from: Corporate Culture Group, TAPPED IN: From passive customer to active participant. (March 2017), Ofwat, UK.

Behaviour change example: Water use in Spain

Problem: Water shortage in Spain, which affects millions of people, is only partly related to rainfall. It is in fact, more the result of a culture of wasting water. In recent years, despite a 10% decrease in rainfall, water consumption has increased by 20%. All of the factors that form this culture reinforce this model of excess water consumption through their reciprocal dependency. This culture of wasting water is seen in industry, agriculture, public mains infrastructure and household usage patterns.

Objective: to reduce household water consumption in Zaragoza by 1,000,000m^3 in one year. This was to be achieved by changing consumption patterns and through the effective use of water saving technology.

Actions: Awareness campaign; school outreach program; individuals pledging to reduce; volunteer 'accomplices' or champions; free audits of target groups/places that showed both the water reduction and cost savings (of using less water) – this lead to word-of-mouth spread and particular examples going 'viral'; guidance on 'how' the target group reduced water given out so that others could copy and adapt (e.g. a single 'pledged' hairdressing salon's reduced water use and cost savings led to 90% of other salons in the area copying the pledge method to reap the same savings); making water saving devices available for investment.

Outcome: Between 1997 and 2012, per capita use of water in Zaragoza dropped from 150 litres/day to 99 litres/day. The drop even sustained an increase in population; between 1997 and 2008, the city's population grew by 12% but daily water use dropped by 27%.[1]

The consumer stakeholder

Consumers generally come to health services due to some sort of issue or distress that needs to be resolved. That means that health services are likely to encounter many vulnerable consumers that have a lower tolerance for system usability issues. For example, a many step, convoluted process may cause a vulnerable consumer to simply abandon their effort to seek help. Alternatively, a process that feels seamless with staff that efficiently and empathetically meet the consumer's needs is likely to be followed through.[110]

Every single member of staff should know how to respond to a patient or guest complaint/concern.

This might be as simple as responding,

"I'm finding you someone now who can help you"

rather than

"Sorry that's not me, I can't help you."

Some key questions for the board regarding their consumer/patient stakeholders include:

- How do we identify vulnerable consumers to minimise their distress?
- How to we ensure they are supported when they leave us?
- How many times does the consumer have to have the same, potentially stressful, conversation regarding their vulnerable circumstance?

Real case example: Gippsland Regional partnerships

The Gippsland Regional partnership has led to the development of the following:

- Clinical pathways for care across the region for orthopaedics, obstetric, regional BMI and commencement of cardiac pathway.
- Development of a Regional Specialist Workforce plan, with ongoing implementation and joint recruitment of specialists.
- Development of telehealth services for Latrobe Regional Hospital (LRH) and across the region, with LRH supporting small health services with, in particular, after hour emergency presentations.
- Access to specialist clinic appointments via telehealth into LRH and from LRH to Melbourne.

Stakeholder engagement at a board level

Organisations with effective stakeholder engagement possess a common theme of a strong 'tone at the top'. Boards are responsible for setting the general policies of the organisation. They shape the organisation's framework for accountability and should lead by example in fostering an outward-looking approach by collaborating with stakeholders, ensuring mutual benefit from business dealings and acting with integrity.

[110] The UK Regulators Network (UKRN), Making better use of data: identifying customers in vulnerable situations (A report for water and energy companies), (October 2017), Ofgem and Ofwat, UK.

At board level, stakeholder engagement should be defined as a core organisational value. Directors should identify the key risks associated with evolving societal expectations and set expectations with their executive management group around effectively engaging the stakeholder base. Further, the board should also consider their own interface with stakeholders and integrate stakeholder issues into the board agenda.

Advantages of effective stakeholder engagement

Effective stakeholder engagement is a prized asset that requires more than ad hoc consultation with a small group of individuals. Done well, it can be a source of productive and effective working relationships, influencing the level of engagement with the health service by employees, consumers, DHHS and other stakeholders.

By way of contrast, failure to effectively engage with stakeholders can have a negative and prolonged effect on a health service. A disengaged board affects both the health service and directors' personal reputations, employee morale and overall performance.

Reputational risk has been identified as one of the most important risks an organisation faces. Loss of reputation, however, is usually the result of poor risk management processes across all risk areas, including compliance, finance, clinical considerations and operations. A robust and systematic enterprise-wide risk management strategy is essential to maintain a health service's reputation.

In turn, a health service's reputation is directly linked to the board's role in both strategy and risk. The board's starting point in developing a positive reputation is the right 'tone at the top', fostering appropriate organisational values that drive organisational culture. A reputation management system, underpinned by straightforward and open communications, protects this intangible but vital asset.

Despite the best risk-mitigation program, when things go wrong, a period of personal or organisational reputational volatility can ensue. Reputation is affected by the way an accident/incident is managed or the health service's ability to react to and handle such a crisis. The health service needs to prepare itself for potential crises. The media is a critical influencer of public opinion, especially in a crisis.

Directors need to know who their stakeholders are, who to engage with and when to engage with them. Investing in getting this right, will result in more tailored and effective outcomes for the health service.

How to obtain stakeholder feedback

Being able to readily hear from stakeholders, whether you are directly consulting with that group on a specific initiative or not, is critical for high performance and delivery of safe, high quality care.

Sources of stakeholder feedback

There are many formal sources of feedback for a health service, including:

- Formal patient surveys (e.g. Victorian Healthcare Experience Survey (VHES))
- Informal patient feedback (e.g. via staff, social media, etc)
- Staff satisfaction surveys (e.g. People matter survey)
- Complaints to the hospital directly or to a third party (e.g. the HCC)
- Community outreach
- Open access meetings where the board opens its meetings to others
- Events and forums inviting particular stakeholders (or open for the community)
- Touring your hospital or participating in a patient experience training (such as sitting in a waiting room)
- Having a patient experience story as a standing item on the board agenda.

The ability for a health service to listen to its staff, patients and guests is particularly important for patient safety and quality of care. This is a significant culture issue, in that staff, patients and guests need to feel not just safe but empowered to speak up when they see something that is of concern. Management and the board similarly need to embrace complaints and criticism as opportunities to learn and/or correct an honest mistake. Mistakes happen, but people need to feel safe to admit to them, speak up when they see them, and take action.

More examples and strategies for developing a just culture are in the Clinical Governance Framework (**Chapter 2**) and ***Chapter 11****: Organisational culture and leadership*.

Example: testing patient experience – the *mystery shopper* approach

Mystery shopper type testing of the health service to assess how the health service is responding to a particular issue. This can be used to assess many issues for health services including:

- Security – how long was it and how far into the building did the mystery shopper get before they were questioned / challenged adequately to manage a security breach
- Consumer experience – e.g. how long did the mystery shopper have to wait for their appointment? What was the experience like? Was the burden of treatment proposed by the health service proportionate to the burden of disease the test-patient is experiencing?
- Accessibility (disability) – a identify what barriers your service creates for consumers with a disability (for example a simple step could prevent access to a consultancy room)
- Accessibility (CALD) – identify what barriers your service creates for consumers whose first language is not English.

What should the board seek stakeholder feedback on?

Some questions for stakeholders, such as consumers, staff and the community are:

- What is your view on our priorities?
- What are the key features that made your experience good/bad?
- What would you want in a future health service you co-designed?
- What could we do to help you have more control over your own health and wellbeing?

- How could we create a new future together?
- How could we do [service] better?
- What step in the process do you skip (or wish you could skip)? Why?

Tips for understanding your stakeholders:

- Observe, listen, take feedback - appreciate the issues raised.
- Listen first rather than suggesting the solution you want to present.
- Ask your consumers what they think, felt, experienced. Avoid questions that suggest an answer.[111]
- Help consumers understand why their view is important – what's in it for them?
- Work with consumers to develop a shared understanding of the future with/without change
- Conversations and consultations will initially start with lots of views – shift this to a real debate based on evidence and informed views to gain deep learning
- Explore your health service. Use the lens of a consumer either by placing yourself in the consumers shoes or engage 'mystery shoppers' to test a particular aspect or focus area (e.g. accessibility).
- Test out your change solution on some consumers that are 'critical friends', such as your consumer advisory committee, a focus group or through public consultation.

A how example: User acceptance testing

In information technology fields, user acceptance testing (UAT) is a standard and mandatory part of introducing or even tweaking a computer system. User acceptance training acknowledges that there are goals beyond just the technical goals. Technical goals such as data integrity, security, speed and cost are of course important, but they are all for nothing if users refuse to interact with the system due to it being 'unusable'.

UAT acknowledges that there are different types of users of a system, ranging from:

Super or savvy users – users who have to use the system regardless of its usability. Their frequency of use means they learn to navigate it regardless of how poor the system is.

through to

Vulnerable or discretionary users – characterised by users that you want to use the system. These users may see your system as a barrier they don't want to engage with before even trying to

Regional hospital example: Change Management

Issue:

A single point of entry was identified as being important across the health service to process intake into the Community Services area but most departments were fearful of implementing single intake due to other services "disasters"

Present the case for change:

- HIP programs identified single point of entry as required
- Built a business case for consideration by the board
- Funding authorised and allocated to implement Single point of entry.

Implementing the change:

The project officer leading the change process:

- (Listened)Met with each service craft group to identify issues and specific requirements, ie data collection requirements, appointment scheduling requirements,
- (partnered each area) Worked with each area to ensure system would meet their requirements
- (feedback) Feedback obtained regularly throughout the process (regular process evaluation)

Outcome:

A robust intake system meeting the needs of staff, clients and referrers

[111] Dragt, Els, *Be an explorer to know your customers*, (May 2017), Design thinkers academy, London.

engage with it. These users do not have the repetition experience or necessity of use that the super-users have and as such will rely on the intuitiveness and usability of the system. This means that if your system is not usable or intuitive, these users take up a disproportionate amount of your time in support and become intolerant of usability issues quickly.

The board may only need to understand one subgroup or all depending on the circumstances. Regardless, the health service must consider there are always different types of users impacted by any change.

Values based health care case study: the "war room".

The "War Room" is all about transforming our service to move from volume to value – improving health outcomes that matter to the people we care for.

Transitioning to values based healthcare - How was this done?

At Dental Health Services Victoria, we realised that we could no longer do things the way they have always been done. We needed a new system that could meet 21st century needs and expectations.

While we were meeting our targets, our staff members were disillusioned by the lack of impact we were making and our patients wanted and expected more. Inspired by the global move towards value-based healthcare, we started our mission to transform oral healthcare in Victoria.

An essential component in our transformation was ensuring we co-designed the system with consumers and had employees with diverse expertise collaborating on the project. We created a physical space – our value-based healthcare 'war room' – where people could come together to research, debate, hypothesise, plan and evaluate.

What is our current state?

We started analysing our current system focusing on our general and emergency models of care. We mapped out the patient journey and invited staff members to challenge each step. We started by getting together a group of staff who are engaged in delivering consumer facing client contact, administration and clinical services at the various stages of the client journey. Using the largest wall in the room they mapped the current state underlying processes of the high level consumer journey.

As part of the mapping process they identified:

- opportunities (there were a lot) where process waste and other pain points interrupt the flow of value to the client and don't deliver the desired experience for both clients and staff;
- areas that required a 'deeper dive' exploration to help us understand what was happening.

More people (staff and consumers) have entered the 'war room' and contributed to the process. This helped us identify that there were multiple patient experiences and several flaws in the system. For example, a decommissioned form was being used in several different ways throughout the organisation.

Next step: consumer consultation

Our next step was to consult with consumers. So, concurrently with mapping our current state, we also facilitated (using an appreciative inquiry approach) a series of voice of the consumer focus groups with current and potential users of our services and staff.

Through these groups we were able to gain insight into:

- **what consumers valued** from oral health services; how services compare to the consumer's expectations about the things they valued; and what oral health services can do differently to improve oral health outcomes and experiences.
- the **current state experiences** of the clinical and non-clinical workforce; what they highly value and what would make things better for them.

With their new holistic understanding of the current state of the consumer journey, and informed by the voice of the consumer about the things that matter most to clients and staff, the mapping team designed the ideal state (which could be achieved in an environment without constraint). With this end in mind, the team then developed a future state which moved us from the current state in the direction of the ideal state, but which could be achieved (with a little 'stretch') within 18 months to 2 years.

We then asked our staff and consumers to dream up their ideal patient journey, completely unconstrained. Once their ideal scenario had been documented, we considered the barriers and designed a realistic future state.

Through this process, we:

- removed several steps from the patient journey
- identified limiting policies and procedures
- redesigned clinical pathways with a focus on safety and quality
- identified clinical variations
- identified services that don't improve health outcomes and committed to stop providing them
- began finalising health outcome indicators
- started relocating tasks to ensure all members of the dental team work to their full scope of practice
- analysed the location of services and where they should be moved to.

This change project has been underpinned by our strategic plan that focusses on improving health outcomes, improving the experience and being a great place to work and a great organisation to work with.

Key learnings from this process?

A strong focus and commitment to cultural change has been essential. We have supported our staff to feel comfortable about new ideas and changing practices while empowering them to challenge the status quo and stand up for safety.

In addition to our strategic plan, the domains from the Clinical Governance Framework have channelled our focus:

- Leadership and culture
- Consumer partnerships
- Workforce
- Risk Management
- Clinical practice.

Guided by these focus areas, our touchstone question is:

Have we improved the health outcomes that matter to our patients and minimised the cost to achieve that health outcome?

All of us lead the change with that question in the forefront of our minds. Our consumers keep us accountable and honest. The Board listens to reports on the journey and supports the organisation to maintain focus, accepting that change will not happen overnight.

We recognise that we won't always get it right. When we don't, we will evaluate and redirect our focus. By trusting each other, trusting the process and understanding the 'big picture', we know we will be able to improve health outcomes for the benefit of the community.

Social media

Social media provides unique opportunities to engage with users and other stakeholders on a personal level. It can be a very powerful tool to get feedback on early ideas, concepts and prototypes for digital services and can support decision making and policy development. It's also a service delivery channel to provide assistance, inform people of services available and make announcements.

It takes a substantial amount of time and money to create quality social media content and generate and maintain a social media following. Often, it can be more effective to use existing channels, such as email or traditional communications mediums.

A 'how to' guide for social media, including guidance on accessibility, managing public records (all published material from a public sector organisation is a public record), privacy, consulting online, checklists and templates are available from www.vic.gov.au.[112]

Social media guidelines

Social media policies need to include the general responsibilities as a public sector employee under the Code of Conduct for Victorian Public Sector Employees (VPS Code of Conduct). This policy is based on sections:

- 2.2 Remaining apolitical
- 3.2 Using powers at work
- 3.4 Official Information
- 3.5 Public comment
- 3.9 Public trust
- 5.3 Work resources
- 5.4 Open to scrutiny
- 6.1 Fair and objective treatment
- 6.2 Privacy and confidentiality
- 6.3 Maintaining confidentiality
- 6.4 Equity and diversity

The Useful Resources section at the end of this chapter has a number of social media references and tools for health services to consider.

Types of social media

There are a broad range of social media platforms and services that can be utilised by the health service. A sample of some of the main services is below (collated by vic.gov.au):[113]

Twitter

Twitter is a free social networking and micro-blogging service that enables its users to send and read messages known as tweets.

[112] Visit https://www.vic.gov.au/digitalstandards/publish-manage-share-content/use-social-media.html

[113] Go to https://www.vic.gov.au/social-media.html for examples

Facebook

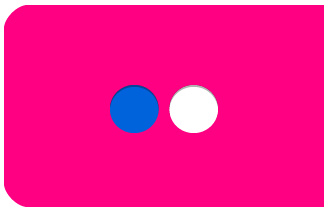
A social networking website where users can add friends and send messages, and update their personal profiles to notify friends about themselves.

Mobile Apps

These downloadable apps provide a wide range of specific functionality for Android, iPhone, Blackberry and many others. To see a selection of available apps from the Victorian government, go to https://www.vic.gov.au/social-media/mobile-apps.html

Widgets

Widgets is a free social networking and micro-blogging service that enables its users to send and read messages known as tweets.



Flickr

Flickr is an online photo management and sharing application.

RSS

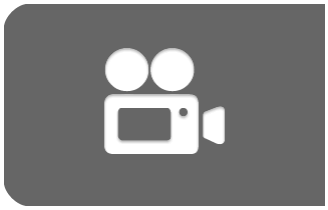
This is a family of web feed formats used to publish frequently updated works such as blog entries, news headlines, audio, and video in a standardized format.

Podcasts

A podcast is a programme (usually audio, sometimes video) which is made available as a downloadable digital file... - wikipedia.

YouTube

YouTube provides a forum for people to connect, inform, and inspire others across the globe and acts as a distribution platform for original content creators and advertisers large and small.



Video

Video is published over the Web in a variety of ways throughout many different sites. Some stream through your web-browser while others are downloadable.

Blogs

A blog is a personal journal published on the Web consisting of discrete entries ("posts") typically displayed in reverse chronological order so the most recent post appears first.

Google+

A multilingual social networking and identity service. Google calls it a "social layer" which is not just a destination site, but rather something that Google has added as a layer across many of its properties.

Pinterest

Pinterest lets you organize and share all the beautiful things you find on the web. People use pinboards to plan their weddings, decorate their homes, and organize their favorite recipes.

Instagram

Instagram is a photo-sharing service that enables users to take pictures, apply filters to them, and share them on Facebook or Twitter. Instagram's distinctive feature confines photos to a square shape, similar to Polaroid images.

LinkedIn

LinkedIn is a social networking website for people in professional occupations. Users maintain a list of contact details of people with whom they have some level of relationship. Users can create a profile in order to showcase work and experiences, and help them discover new people.

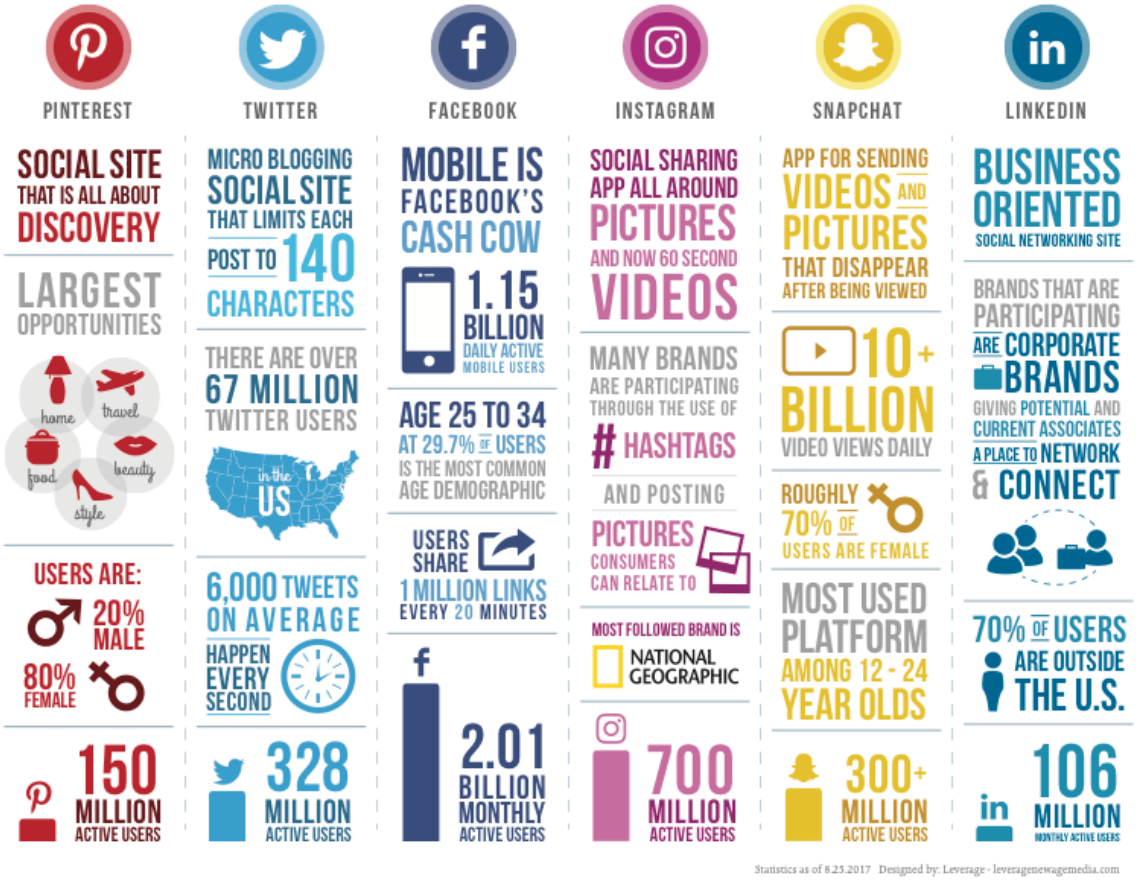


Figure 9-2 Social Media Comparison Infographic (August 2017). Source: Leverage New Age Media, https://leveragenewagemedia.com/blog/social-media-infographic/

Useful references

Stakeholder engagement tools and guides

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