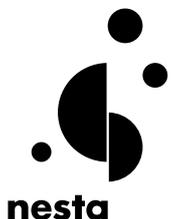


# Participatory public engagement in digital health and care

## Moving beyond conventional engagement methods

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# Foreword

**This report shares findings from a Nesta-funded rapid knowledge synthesis conducted by researchers at the University of Edinburgh's Centre for Biomedicine, Self & Society. We were asked to review innovative participatory approaches to public engagement that can be used by the Scottish Government to move beyond conventional engagement methods in the area of digital health and care. We conducted scoping conversations with key people inside the Scottish Government, in stakeholder organisations, and experts with experience of advising on or implementing engagement approaches. We also reviewed academic and 'grey' literature on a) participatory approaches to public engagement and b) approaches to public engagement that have been applied in the field of digital health and care.**

This rapid review identified a wealth of expertise and experience around the topic of participatory public engagement (PPEn), including within the Scottish Government. There are high level policy commitments to public engagement in Scotland, and many examples of projects already undertaken. Internationally, digital health and care has nonetheless proved a challenging topic for public engagement with several high-profile examples of controversy around data privacy issues and private sector involvement in care delivery. Public engagement is therefore vital in this area, but also needs to be effective and, crucially, inclusive.

**Effective engagement is not a matter of 'picking' the right tool from a toolbox: no method is useful outwith an enabling context. We suggest that, when engagement is planned, those initiating projects ask themselves 5 questions:**

1. Why do we want to engage?
2. Who do we need to engage?
3. What resources are available for engagement?
4. What impact and learning do we want to achieve?
5. How will we evaluate the engagement?

We identify three different approaches to identifying participants: (1) an open, self-selecting approach, or targeted approaches which (2) seek either particular identified groups (e.g. users of particular services, people with particular characteristics or experiences) or which (3) sample across demographic characteristics in search of descriptive representation. We also collate some recommendations for planning more inclusive engagements. These recommendations generally have resource implications, but without them, engagements will exclude marginalised voices.

We grouped identified approaches to PPEn into five 'families', and this report offers case studies of notable examples to inform practice. These families are:

- **Mini publics methods**, with a case study of the Our Voice Citizen's Jury on shared decision-making
- **Public oversight and monitoring methods**, with a case study of the Black Sash Making All Voices Count community-based monitoring project
- **E-democracy and crowdsourcing methods**, with a case study of the Better Reykjavik platform
- **Workshop and dialogue methods**, with a case study of the Young Scot technology enabled care workshops
- **Arts-based and game play methods**, with a case study of the Liminal Space Night Club installation and engagement programme.

In addition, we signpost further resources: existing "how to" guidance tools for running PPEn activities; and a list of organisations that the Scottish Government could work with to diversify and widen participation.

# 1.0

## Introduction

Public engagement is a well-established dimension of the activities of governments and public sector organisations across the world, and the Scottish Government has significant existing commitments to developing and supporting these practices. These include:

- its membership in the Open Government Partnership<sup>1</sup>, which promotes and seeks to make governance transparent, participatory, inclusive and accountable to citizens, including through direct citizen engagement;
- the forthcoming Participation Framework<sup>2</sup>, a toolkit of resources “to improve the way people take part in open policymaking and delivering services”, which forms part of the commitment made in Scotland’s Open Government Action Plan;<sup>3</sup> and
- the Scottish National Standards for Community Engagement, which set out a framework for good practice to “improve and guide the process of citizen engagement”.<sup>4</sup>

The above initiatives can be viewed through a longer historical lens, which recognises that (modest) opportunities for public involvement and consultation in health policy have been created across the UK since at least the 1970s.<sup>5</sup> Conventional public engagement methods involve soliciting views, perspectives or opinions from people through, for example, formal written consultations, surveys and polls and embedding these into policy processes. These conventional approaches tend, however, to be relatively passive modes of gathering responses to predefined proposals. Increasingly, and informed by the initiatives above, the Scottish Government has expanded its engagement toolkit to include citizen juries and assemblies, citizen advisory boards or panels, and approaches such as participatory budgeting.

Scotland's 2018 Digital Health and Care Strategy<sup>6</sup> is grounded in a vision for every Scottish resident that:

"I have access to the digital information, tools and services I need to help maintain and improve my health and wellbeing. I expect my health and social care information to be captured electronically, integrated and shared securely to assist service staff and carers that need to see it...

...and that digital technology and data will be used appropriately and innovatively:

- to help plan and improve health and care services
- enable research and economic development
- and ultimately improve outcomes for everyone."

The COVID-19 pandemic has highlighted the importance of data and digital health technologies as part of the pandemic response. It has also radically reshaped the landscape of digital health and care delivery in Scotland, with a sharp increase in video consultations across health and care services via the Near Me platform<sup>7</sup> and other changes to service delivery. Public engagement has been part of these developments: before the emergence of COVID-19, the 2018 strategy was informed by a survey of the Our Voice Citizen's Panel and NHS Near Me ran a large-scale online survey throughout 2020<sup>8</sup>.

However, the wider context of digital health and care has often been one marked by conflict and controversy between system leaders and wider publics. For example, the care.data initiative in England sought to extract GP data into a centralised database to be used by health care researchers, academic institutions and commercial organisations. The initiative attracted considerable backlash due to the failure to engage with patients other than through a leaflet campaign asking patients who objected to their data being used to opt-out. Care.data demonstrated that

legal mandate alone is insufficient and does not guarantee social licence for such initiatives<sup>9</sup>.

Babylon Health, an app for GP appointments, suffered a data breach whereby patients were able to access confidential information about other patients, including appointment times and even recordings of other patients' video consultations<sup>10</sup>. Another UK controversy arose when the Royal Free London NHS Foundation Trust shared personal data about 1.6 million patients with DeepMind<sup>11</sup>. The data sharing arrangements were found to breach the Data Protection Act and were criticised for lacking transparency. Questions were raised as to whether such arrangements would be in line with patient expectations around how their data might be used.

While research indicates that both service users and staff do have an appetite for effective digital technology in the NHS and social care<sup>12</sup>, controversies about data privacy and private sector innovations have often dominated public debates on technology. Often interpreted by digital health experts as technical issues of implementation and readiness<sup>13</sup>, from a public engagement perspective these are also complex socio-political issues. Health and social care include intimate, often life-altering or life-saving services. Equitable, safe and appropriate digital health and care provision has higher stakes than similar innovations in other sectors. Data about individuals' health is recognised in law as constituting a 'special category' of personal data<sup>14</sup> because it is particularly sensitive in nature, may be more private than other data, and uses of these data can carry risks to individual rights and freedoms. Developments in policy and practice around digital health and care should therefore be informed both by service user perspectives, and also by the wider perspectives of people living in Scotland. This coheres both with recent developments around Open Government, and with the legacy of the Christie Commission's commitment to designing services with people and communities.

This report is based on a Nesta-funded rapid knowledge synthesis. We reviewed, assessed and evaluated existing resources on PPEn in a short timeframe of 45 days. The study explored and sought to inform innovative participatory approaches to public engagement that can be used by the Scottish Government to move beyond conventional engagement methods in the policy area of digital health and care. From this study, it is clear that there is an abundance of knowledge, experience and expertise in PPEn within and beyond Scotland. We list and link to examples of initiatives, and the organisations involved in their delivery, throughout the report and at the end in the further resources section.

Our scoping conversation participants' identified examples of good practice and innovation in PPEn, while acknowledging the challenges and risks of work taking place in 'silos'. The current landscape of PPEn was characterised in some of our scoping conversations as 'cluttered', and in others as richly diverse. It was widely acknowledged that gathering evidence and examples of good practice with a view to consolidating learning is frequently hampered by lack of cross-sector working, and notions of 'exceptionalism'. By this we refer to perceptions that issues relating to health (including digital health and care) are different to other sectors, and therefore lessons from other sectors are not considered to be directly transferable. While there is a wealth of knowledge to be harnessed, a key challenge lies in understanding how to bring this knowledge together in a usable way.

This report aims to fill this gap, and to discuss how this knowledge can be harnessed effectively to address governance issues and challenges around digital health and care. While the report's core focus is on PPEn in the context of digital health and care, we draw on examples of participatory methods in other areas where those methods may be relevant for digital health and care contexts. The report is designed to make sense of the range of methods that can be applied to plan and design PPEn activities, reach the most appropriate publics,

and address barriers to participation. It has been designed to assist decision-makers in making informed decisions, including determining which methods are best suited to achieving their aims, and helping to justify their chosen method(s).

However, the report is not a prescriptive "tick box" tool, nor is it a comprehensive survey of the entire complex landscape of PPEn. Rather, it sets out to capture and synthesise key overarching dimensions of this dynamic and shifting landscape that are useful and usable by the Scottish Government especially for developing PPEn around digital health and care. Notably, while there is a broad consensus that public engagement, especially participatory forms, should be fostered and undertaken, and that there are good reasons for doing so, what exactly those reasons are is often less clearly articulated. A key theme running across this report is the importance of identifying and clarifying the rationales and justifications for engaging with publics; having a set of PPEn methods and guides on how to use them is necessary, but not sufficient, unless there is clarity on what the methods will be used for and why.

## 2.0 Understanding participatory public engagement

### 2.1. The nature of participation

The phrase 'Participatory Public Engagement' (also referred to throughout as PPEn) is widely used but can mean a broad variety of different things. The concept of 'participation,' in particular, is a malleable one, and the range of practices that are labelled 'participatory' can include almost any kind of activity that involves people, making it hard to understand what, exactly counts as 'participatory' public engagement<sup>15</sup>.

As a way to differentiate types of participation, several scholars have proposed typologies that map different degrees of participation. Perhaps the best known and most widely used is Arnstein's ladder of participation<sup>16</sup>. According to the ladder, the highest degrees of participation involve either delegating power or giving direct control to publics in the decision-making process, or a form of partnership with publics that enables them to share planning and decision-making responsibilities. Other widely used typologies include White's typology of interests<sup>17</sup>, which focuses on the different interests that can be involved in participation. According to this typology, the purpose behind participation can range from being nominal or a form of legitimation that is mostly intended to display that something is being done to involve publics, to being transformative, to being a form of empowerment that enables publics to make decisions and take action directly. We used both typologies to assess the nature and degree of participation of different engagement methods. We generally included methods and initiatives that rank high across Arnstein's ladder and White's typology and organised them into a framework adopted from Fung's categories of participation<sup>18</sup> that especially assessed 1) who participated, 2) how they participated, and 3) what influence participation had.

However, while typologies such as these imply that higher degrees of participation progressively entail more 'genuine' or 'better' kinds of participation, in practice, the situation is often more complex. For

are given direct control to make decisions and take action to select the colour of paint for a hospital may rank very high on the degree of participation when compared with an activity where patients' opinions about the quality of the infirmary's healthcare service delivery are passively collected through a feedback form. Yet, the latter gives patients the opportunity to express their views on the more substantive issue of how the infirmary actually operates, whereas the former is restricted to a question of visual appearance<sup>19</sup>. In assessing what does or should count as 'participatory,' then, context matters.

### 2.2. Widening and diversifying participation

Another challenge in understanding and assessing the nature and degree of participation is the question of who participates (and who does not).<sup>20</sup> In the public engagement field, there has been a shift away from singular uses of 'the public,' towards a recognition of 'publics' as plural. This is important because it directs attention to the fact that publics are not a singular, undifferentiated mass that share a unified perspective but, rather, a collection of diverse individuals and groups that have different backgrounds, experiences and views.<sup>21</sup> Full participation by all publics is usually, in practice, impossible due to the high investment and cumbersome organisation that this would entail. For this reason, Cornwall among others has proposed that the more feasible and realistic approach is to focus on optimum participation,<sup>22</sup> entailing focusing on the balance between the degree of participation and the inclusion of the most appropriate participants in relation to the aims of each engagement activity.

This has implications for what widening and diversifying participation entails in practice, and there are usually compromises that need to be made. For example, involving very large numbers of participants may enable 'wide' participation, but the larger the participant number, the more challenging it is to enable a high degree of in-depth participation for all involved. Conversely, when an engagement initiative is designed to

enable a high degree of in-depth participation, the pool of participants generally needs to be smaller and narrower to avoid compromising the depth and degree of participation. How the balance between participation and inclusion of participants should be struck depends on the purpose and aims of the engagement activity.

Similarly, how diverse the pool of participants should be depends on the purpose and aims of an initiative or activity. For example, if the aim is to understand, promote, or improve ethnic minority groups' use of digital health services, engaging with people who are not members of ethnic minority groups may not be required. If the aim is to have publics reach an informed consensus on how all healthcare service users' health data should be stored, it may be necessary to assemble a group of people who are representative of the wider population at least on the key characteristics that may influence how people perceive and view the issue.

## 3.0 Things to consider before choosing and using participatory engagement methods

### 3.1 Initial questions to answer

PPEn is fundamentally contextual; it depends on why engagement is being undertaken, who it is undertaken by and with, what resources are available, and what the outcomes are envisaged to be.<sup>23</sup> We suggest a series of guiding questions to consider when planning and developing engagement activities.

#### Why do we want to engage?

The first consideration is around the purpose for engagement. The rationale and justifications for this are central, because they direct the purpose and aims of the engagement activities. The purpose and aims, in turn, should direct all other questions about the design of the activities, including the choice of method(s). Having a clear purpose and rationale are central components of successful engagement activities.

#### Who do we need to engage?

When publics are recognised as plural, challenges arise around identifying and deciding which public(s) to engage with. The answer to this, in turn, depends on the purpose of the engagement and the aims it seeks to achieve. The answer should include consideration of what kind of approach to participant selection is most appropriate, and how to address barriers to participation.

#### What resources are available for engagement?

The resources and support available for engagement activities are important practical constraints, especially when planning to involve large numbers of people in complex areas of governance. Resources and support provided should be commensurate to making the aims feasible and realisable.

#### What impact and learning do we want to achieve?

Engagement activities without a clear impact plan and commitment to follow through with it rarely make a difference, and can, instead, be counterproductive and damaging for public trust. Our study showed that an impact plan

and follow through commitment are among the strongest predictors of successful engagement. A plan for desired learning can ensure that knowledge gained from engagement is captured, consolidated and shared, and not wasted. These plans should include, as an integral component, offering feedback to participants, and communicating to them what actions have been taken in response to the engagement activity.

### How will we evaluate engagement?

An evaluation plan is required to assess whether the aims of engagement are achieved, an appropriate group of participants involved, resources used effectively, and the desired impact and knowledge gained. This should be set out from the beginning to ensure it is conducted properly, and the evaluation plan should be appropriate for the method used.

In summary, choices around which engagement method to use should be based on whether a method is: 1) appropriate and suitable for achieving the purpose and meeting the aims that have been set; 2) capable of reaching and involving those publics that have been identified as relevant for this engagement activity; 3) achievable and realistic within the confines of the resources that are available; and 4) capable of realising the impact and learning that is desired. Additionally, there should be 5) an evaluation plan that is suitable for the method and enables assessment of the engagement activity.

### 3.3. Addressing barriers to participation

Once the most relevant groups have been identified, barriers that may constrain or prevent participation must also be addressed. Most barriers are connected to social and structural inequalities within wider society. People with characteristics that are marginalised or discriminated against face barriers to access and attainment across different areas of social life. This includes, but is not limited to, people living in rural areas, ethnic minority groups, women and gender minorities, low income or working-class people, sexual minorities, disabled

people, immigrants, young and elderly people, and people who do not speak the majority language fluently. Wider social barriers extend to public engagement activities, constraining the extent to which people are able to participate, or preventing participation altogether.<sup>24</sup>

A key challenge is that these barriers are specific to context, and highly variable. For example, people in rural areas may be prevented from participating by physical distance, insufficient transport networks or digital connectivity, while people with low incomes and significant caring responsibilities (the latter of which disproportionately affects women) may have neither the time nor other resources required to participate. Disabled people may be prevented from participation by physical or communication access barriers, and people not fluent in English may be prevented by language barriers. Importantly, many people face intersectional disadvantage and experience several of these and other kinds of barriers concurrently.

There is no singular way to overcome all of these barriers. Rather, in practice, inclusive engagement is generally a complex, multifaceted and multi-stage process. For example, to facilitate the participation of people living in rural areas, rather than asking people to come to urban centres, one could go to the people instead, organise free door-to-door transportation, or provide options other than digital participation, such as via the telephone. To facilitate disabled people's participation, one could organise activities in physically accessible locations and provide multiple communication formats and support. To facilitate access for people who are not fluent in English, one should provide translators and written materials in multiple languages. To facilitate access for people with high workloads and/or significant caring responsibilities, one could be flexible about timing, allow participants to choose when and how to participate, make activities shorter, or offer support such as childcare. Generally, several measures like these need to be taken at the same time.

However, barriers also include issues such as lack of confidence, feeling that participation is futile, or previous experiences that may cause people to self-exclude. For example, if people have previously taken part in engagement activities but not seen any real change happen as a consequence, or if they have taken part but more vocal and assertive individuals dominated the conversation, they may be less inclined to take part again. These kinds of challenges also intersect with wider social and structural inequalities – for example, men tend to be more assertive and vocal in group conversations than women and non-binary people.

A common phrase used in this context is that of 'hard to reach groups,' which are groups that are seen to be difficult to involve in public engagement activities. People who are 'hard to reach' are often, but not always, the same people who face social exclusion and discrimination due to social and structural inequalities within the wider society. For example, people may be hard to reach because they are 'hidden' from record or fall between gaps, such as homeless people or undocumented immigrants, or they may be hard to reach because of their physical or social location, including not only groups like people in remote areas but also groups like elite members of society.<sup>25</sup>

These issues are not remediable by any singular solutions, but rather require multiple intersectional strategies. They cannot be comprehensively addressed in the context of any individual engagement initiative. Steps that can be taken include making a clear commitment to act on the insight and recommendations that arise from engagement and providing clear pathways to enable this commitment to materialise to address feelings of futility. To counter imbalances in whose voice is heard, one can institute turn-taking or provide alternative means of expressing views such as through arts-based methods. Reaching 'hard to reach' groups requires careful assessment to identify who these groups are, and how one might reach and enable each of them to participate, such as collaborating with third

or private sector organisations who work with or for these groups, and providing appropriate incentives.

### **3.4. Evaluating participatory public engagement activities**

Written accounts and reports on the evaluation of PPEn initiatives are often absent. While some of the projects identified through this study describe evaluation processes (internal and external) involving evidence-gathering, many did not. Our scoping conversation participants noted that organisations undertaking PPEn often lack the time, resources and expertise to formally evaluate projects and initiatives.

Evaluation is, however, a central component of engagement activities and should be planned from the outset. Yet, which particular frameworks can or should be used to evaluate individual engagement activities depends on what methods are used and the purpose and aims of the activities. Similarly, there is no singular example of 'best practice' in PPEn; what successful activities look like varies across different contexts and depends on numerous factors including if and how the aims were achieved, how participants were selected and why, what the desired impact was and whether it was realised. In the further resources section of this report, we provide links to a range of resources that highlight key considerations, and provide practical guidance frameworks, guidelines and approaches that can be used to design and support the evaluation of different kinds of PPEn activity.

## 4.0

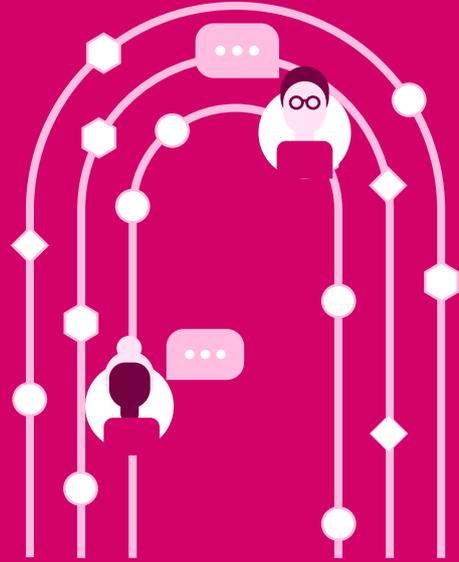
# Participatory public engagement methods: Five families

To make sense of and organise the diverse landscape of PPEn methods, we grouped individual methods under five different ‘families’ according to different features. The ‘families’ approach has also been applied by others because it usefully captures the idea of ‘family resemblance’; that is, it identifies conceptual clusters (characteristics) that belong in each family, even where individual methods are unique.<sup>26</sup>

It is important to note, however, that the different families of methods are not mutually exclusive nor are they always easily distinguished from each other. Rather, while it is useful to identify overarching differences and distinguishing features, the methods families are overlapping, and individual methods and initiatives can and often do use mixed approaches that combine features across them. It should also be highlighted that while one of the below families – namely e-democracy and crowdsourcing methods – principally consist of digital participation methods, all of the families include digital methods within their scope.

Further, while we include a case study for each methods family, the case studies should be considered as exemplars of how different PPEn methods have been implemented, and not as the only, or the ‘best’ example.

-  **4.1 Mini publics**
-  **4.2 Public oversight and monitoring**
-  **4.3 E-democracy and crowdsourcing methods**
-  **4.4 Workshop and dialogue**
-  **4.5 Arts-based and game play methods**



## 4.1 Mini Publics

### **What are mini publics?**

Mini publics are a family of methods involving a group of randomly selected and demographically representative people who are brought together to deliberate on a topic or policy in an informed manner, generally in order to arrive at a consensus.

### **What are examples of mini publics methods?**

Mini publics include citizen juries, citizen panels, citizen assemblies, citizen summits, and consensus conferences.

### **What aims are mini publics most suited to?**

Mini publics methods are most suited to engagement activities that require informed deliberation and aim to arrive at a consensus.

### **At what stage are mini publics most useful?**

Mini publics methods can be applied most usefully during the plan or policy formulation stage of the decision-making process.

### **Who generally participates in mini publics?**

Randomly selected members of publics who are chosen to be representative of a population as a whole in terms of key characteristics such as gender, ethnicity, age, geographical locations, socio-economic position, and opinion or attitude towards the issue in question.

### **What scale are mini publics most suited to?**

Mini publics are generally most suited to small to medium scale depending on the specific method, with smaller scale mini publics involving 10-30 people and medium scale ones involving 50-250 people. In some cases, however, 500 to over 1000 participants can be involved.

### **What are the limitations of mini publics methods?**

While mini publics are based on the idea of population representativeness based on a set of pre-selected key characteristics, in practice, representation is a complex issue: populations are more diverse than any set of characteristics can account for, and there is always a high likelihood that some important groups or individuals who would have a different perspective on the issues are excluded. Mini publics also require a high degree of support, commitment and buy-in from decision-makers, and reaching a consensus, especially if the issue of deliberation is divisive, can be challenging in reality.

Mini publics are a family of methods where a group of randomly selected members of publics who are demographically representative of a larger population in terms of key characteristics that occur in the population are gathered to deliberate about a topic or policy.<sup>27</sup> The overall idea behind these methods is to bring together a “mini version” of a wider public – thus the name “mini public” – to deliberate on an issue of public significance through discussion in an informed way, generally with the aim of arriving at a consensus.

People are usually invited to participate through a sortition process of drawing lots, such as using address databases or the electoral register to randomly select people in a way that, in principle, gives everyone a chance of receiving an invitation to take part. Participants are then selected to ensure they are representative of the wider population in terms of key demographic characteristics. These can include characteristics such as gender, ethnicity, age, geographical locations, socio-economic position (assessed, for example, through level of education, income or occupation) and, where relevant, opinion or attitude towards the topic in question, especially for divisive, polarised issues. The deliberation is facilitated, and the topic is framed by experts or advocates who usually provide different angles on the issue, giving a range of information and evidence for the participants that can be both scrutinised and used to inform the deliberation process. Mini publics also often include steering committees who steer the organising process. They are frequently used, among other things, for the purpose of participatory budgeting, including by the Scottish Government and regional authorities, where the aim is to involve publics and local communities to deliberate and collectively decide how public funds are allocated.<sup>28</sup>

Mini publics methods have been developed and applied by governments and public and third sector organisations across the world for a wide range of different topics, and have already been relatively expansively used in Scotland, including

by the Scottish Government.<sup>29</sup> They can be used at different stages of the decision-making process, but are especially useful for the plan or policy formulation stage because of their focus on deliberating an issue from multiple perspectives and their consensus building aim, which is apt for making collective decisions about the kind of plan or policy that should be adopted.

Citizen juries are perhaps the most widely used mini publics method, involving a smaller number of participants, ranging from around 10–30 people, and can be conducted within a relatively short period of a few days. They are often used for health and care related engagement, an example of which are three Citizen Juries on health inequalities, involving around 20 people each, convened by What Works Scotland work to deliberate the merits of different policy proposals to tackle health inequalities.<sup>30</sup> Closely related methods that follow a similar format and have a similar scale include Consensus Conferences, Citizen Forums, Planning Cells, and Citizen Panels. An example of the latter is the Scottish Parliament Health and Sports committee-sponsored Citizens’ Panels on Primary Care, which included three panels across different areas of Scotland, held over two days and including 35 participants in total, deliberating what primary care should look like for the next generation.<sup>31</sup>

Citizen assemblies, on the other hand, are a mini publics method involving a larger number of participants, ranging from around 50 to 250, and a longer deliberation process that can last from several weeks to several months and which proceeds in stages. Prominent examples of the Citizen Assembly method in Scotland have been the Citizens’ Assembly of Scotland<sup>32</sup> and Scotland’s Climate Assembly,<sup>33</sup> each of which brought together around 100 people for multiple weekend deliberations over the course of several months. The former was established by the Scottish Government but ran as an independent initiative with a broad remit to consider the future of Scotland, with deliberations held both face to face and digitally, while the latter was a completely digital assembly to consider how

Scotland should tackle the climate emergency. Outside Scotland, examples of citizen assemblies focused on health and social care include the Citizen' Assembly on Social Care in England that deliberated how adult social care should be funded.<sup>34</sup>

Mini publics methods also include larger initiatives, such as citizen summits, which are deliberative meetings that involve higher numbers of participants reaching to several hundred, and there are a few cases where even thousands of participants have been involved with the aid of digital communication technologies. Examples of include The Danish Citizen Summits on Healthcare Services, which brought together around 1000 participants to deliberate how the Danish healthcare system should be managed in the future.<sup>35</sup> These methods can differ from other kinds of mini publics in that they overlap with the kinds of e-democracy and crowdsourcing methods described below and may not always use sortition or representative participant samples, but rather can be made open for self-selection.

Mini public methods are generally designed to provide participants with the time and means to reflect on and discuss an issue in depth, and experts and advocates are involved in framing the issue by providing information and evidence usually from different angles. Because of this, mini publics can enable participants to form informed views and opinions and thus make informed decisions about issues of public significance. Since participant selection is usually designed around population representativeness, mini publics can incorporate a diversity of perspectives, and are especially apt for issues that affect and require the involvement of the population as a whole but are complex or controversial and require a consensus to be reached before decisions are made. In the absence of avenues through which everyone could actively participate, mini publics can function as proxy.

Common challenges and limitations around mini publics methods are connected with

representativeness and consensus aims. Firstly, achieving population representativeness is a complex issue.<sup>36</sup> Participants are usually selected to be representative in terms of a set of key demographic characteristics that are considered most relevant to the issue at hand, such as gender, ethnicity, age, geographical locations, socio-economic position, and opinion or attitude towards the topic of deliberation. However, as noted earlier, populations are, in practice, more diverse than any set of pre-selected demographic characteristics allows. The above list, for example, excludes disability, sexuality, immigration status, religion, and many other socially important attributes that may influence experiences and how people perceive issues. Further, such lists do not account for intersectional social positions that may further shape people's perspectives, such as the particular perspectives that may arise from the position of being a woman of colour, for example. Nor is it the case that one woman of colour can be presumed to represent the views of all women of colour within a population. There is, thus, always a high likelihood that some perspectives on the issues will be excluded from the deliberation. Representativeness is nearly always only partial. This is true for all mini publics, but especially those that include smaller numbers of participants. Additionally, there can be challenges with reaching a consensus among groups of people with very different backgrounds and views especially on a controversial issue, and while many mini publics aim for a consensus, they may fail to achieve it. It should also be noted that (especially) large-scale application of mini publics methods requires a high degree of support, commitment and buy-in from decision-makers to achieve legitimacy, including financial investment but also follow-through commitment to act on the consensus that is reached.

## Case study

# Our Voice Citizen's Jury on shared decision-making, Scotland

### What is the background?

The Our Voice Citizens' Jury on shared decision-making<sup>37</sup> was the first Citizen Jury on a healthcare topic commissioned by the Scottish Government, and part of the Our Voice programme of work to improve health and social care through engagement and participation in Scotland. The Citizen's Jury built on the Chief Medical Officer's report on Realistic Medicine, which articulated a vision to foster and promote shared decision-making in healthcare, where decisions about care are made jointly between health professionals and those receiving care (and, where relevant, those who support their care). Subsequently, the Scottish Government set out plans to hold a Citizen's Jury as one way to inform the implementation of this vision, realised through the Our Voice Citizens' Jury. The design of the Jury was informed by a literature review of citizen juries; an options appraisal; the Our Voice programme board; and stakeholder engagement. The format was designed and facilitated by the Shared Future community interest company. A key reason for the success of the jury was policymakers' commitment, from the beginning, to respond to the jury's recommendations.

### What are examples of mini publics methods?

Mini publics include citizen juries, citizen panels, citizen assemblies, citizen summits, and consensus conferences.

### What were the aims?

The aim was to deliberate and generate a set of collectively agreed recommendations on the following question: in health and social care, what should shared decision-making look like and what needs to be done for this to happen? An additional aim was to assess the role of Citizen Juries as an innovative approach to involving citizens in policy making.

### How did it work?

The Citizen's Jury was held in Perth, Scotland, supported by an implementation group, and an oversight panel made up of a range of stakeholders, including a neutral chair, that met four times. The questions for deliberation were developed through the initial appraisal process that included stakeholder engagement workshops, and the recruitment of participants for the jury itself was subcontracted to a research agency. Participants were offered a financial incentive and made aware of the government's commitment to consider their recommendations. The Jury met three times for full day facilitated sessions, which included a range of facilitation techniques including conversational and visual tools like small group and one-on-one discussions and flipcharts to spark reflection and aid the deliberation. The participants heard from a range of expert commentators in the form of short presentations and

speed dialogues where participants could ask questions in small groups. Themes across the sessions were identified and refined during the last session, and the participants then collectively translated the themes into recommendations and voted on the top recommendations in order of priority. The recommendations were presented by representatives of the Jury to the Chief Medical Officer and key stakeholders in health and social care for consideration. whole in terms of key characteristics such as gender, ethnicity, age, geographical locations, socio-economic position, and opinion or attitude towards the issue in question.

### **Who participated?**

The Citizen Jury included 24 participants, selected through the following process: a random sample of potential participants living near Perth were initially drawn from the electoral register and potential participants invited via a letter. Of those who responded, participants were selected through random stratified sampling aimed to ensure representativeness across the characteristics, recommended by the oversight panel, of age, gender, ethnicity, geography (understood as urban or rural), and the status of having a long-term health condition. The Scottish Index of Multiple Deprivation was additionally used as a proxy for health literacy. The final group of participants was representative of the Scottish population along the characteristics that were controlled for, but there was a small purposeful over-representation of participants from ethnic minorities and deprived areas.

### **What was the impact?**

The Our Voice Citizen Jury generated a total of 13 recommendations. Following the presentation of the recommendations to the Chief Medical Officer and stakeholders for consideration, the Scottish Government reviewed them. They produced a letter to the jurors and a written response to the recommendations<sup>38</sup> in which they committed to taking all but one of the recommendations forward, detailing the kinds of action they would take or were already taking. In the one case where they did not fully commit to the recommendation, the rationales for why they were not able to do so were explained. Additionally, the recommendations have been used to develop prompts and educational tools for healthcare professionals.

### **What were the key benefits?**

- Comprehensive planning, organisation, administration of and investment in the Citizen Jury enabled informed and active deliberation, and the collective and collaborative development of recommendations that were perceived as well reasoned and justified.
- Recommendations were generated directly from members of publics who were representative of the wider population across a range of key characterises, this enabled them to have their voices heard by the Government, and to shape decision-making.
- There was a strong retention of participants (all 24 participants of the jury stayed till the end of the process), which was attributed to good facilitation, appropriate location, length, support, and financial incentive, and strong interest in the topic.

### **What were the key limitations?**

- Final decisions about the recommendations' implementation, especially how they will be implemented in practice, remain in the hands of the Scottish Government. While the Government has committed to taking action in response to the recommendations, the Citizen Jury participants have no control over the next steps.
- While the demographics of participants aligned well with the Scottish population on the characteristics that were controlled for, wider limitations around representativeness connected with mini publics methods apply.



## 4.2 Public oversight and monitoring methods

### **What are public oversight and monitoring methods?**

Public oversight and monitoring methods enable members of publics to monitor or have oversight over the implementation or delivery of public services, including final assessment, feedback, and making improvements.

### **What are examples of public oversight and monitoring methods?**

Public oversight and monitoring methods include community, citizen-based or participatory monitoring, citizen advisory boards, citizen- or community- auditing, community score cards, and participatory evaluation.

### **What aims are public oversight and monitoring methods most suited to?**

Public oversight and monitoring methods can most usefully be applied to activities where the aim is to monitor the implementation of an activity or evaluate its success.

### **At what stage are public oversight and monitoring methods most useful?**

Public oversight and monitoring methods can be applied most usefully during the implementation or delivery and evaluation stages of the decision-making process.

### **Who generally participates in public oversight and monitoring methods?**

While various participant recruitment approaches can be used, generally participants are volunteers, often from community organisations or interest groups, who have self-selected to participate because they have an interest in the area.

### **What scale are public oversight and monitoring methods most suited to?**

The scale is variable, but public oversight and monitoring methods are generally most suited to small or medium scale depending on the specific method, involving 5-30 people for smaller scale activities like citizen advisory boards, and up to around 300 for medium scale activities like some community-based monitoring initiatives.

### **What are the limitations of public oversight and monitoring methods?**

Participation can be time intensive and may require training in and development of new skills required for the oversight or monitoring activities. More comprehensive initiatives that involve participatory oversight and monitoring across the lifecycle of an intervention tend to involve multiple stages and can be complex and challenging to administer, especially when larger numbers of participants are involved.





## Case study

# Black Sash Making All Voices Count Community-based monitoring project, South Africa

### What is the background?

The Black Sash Making all Voices Count community-based monitoring project<sup>43</sup> was an 18-month collaboration between Black Sash, Making All Voices Count, and OpenUp (formerly, Code of South Africa) non-profit organisations to conduct independent community-based monitoring of public service delivery across the nine provinces of South Africa. Building on learning from previous work and initiatives, they applied the Black Sash model of community-based monitoring that hopes to enable communities' meaningful and active participation, promote accountability and responsiveness of government officials and civil servants, and improve service delivery. The public services that were monitored were five primary healthcare facilities, two local government facilities, and 13 social security facilities. The project took place in the South African context where citizens have a right to services like healthcare and social security, but many (especially in rural areas) are unable to access good quality services. A key motivation of the project, and the Black Sash community-based monitoring model in general, was to enable community members to hold the government accountable for, and facilitate improvements to, poor quality service delivery.

### What were the aims?

The overarching aims were twofold: to empower community-based organisations to take ownership of and participate actively in citizen-based monitoring of government services, and to encourage citizens to appraise the quality of services they receive at government facility level, express their concerns, and engage in dialogues to promote greater community participation in planning, implementation and monitoring of service delivery.

### How did it work?

The project applied the Black Sash community-based monitoring model, which is based on members of local communities acting as monitors, principally by undertaking on-the-spot surveys of people who are queuing to access service delivery sites and some members of staff working at the facilities. While the monitoring itself is the main activity, the model involves seven phases, some of which run concurrently. The first two phases involved setting up partnerships with local government, including to gain commitment to the project and facilitate access to public facilities, and with community organisations, including providing them with funding for the project and ensuring their capacity to work on the monitoring. The third step involved building the capacity of community partners and engaging local facilities, including supporting community partners via providing training for community member monitors on the skills of how to administer a survey, record data properly, use digital tools such as tablets and computers, and the ethics of monitoring. The fourth step was the monitoring activity itself,





## 4.3 E-democracy and crowdsourcing methods

### **What are e-democracy and crowdsourcing methods?**

E-democracy and crowdsourcing methods are a family of methods that use participatory digital tools to facilitate publics' active participation in governance processes and decision-making, especially in identifying problems and sourcing and prioritising ideas and solutions directly from members of publics.

### **What are examples of e-democracy and crowdsourcing methods?**

E-democracy and crowdsourcing methods mostly include participatory digital democracy and crowdsourcing platforms, many of which incorporate participatory budgeting elements.

### **What aims are e-democracy and crowdsourcing methods most suited to?**

E-democracy and crowdsourcing methods are most suited to engagement activities that aim to identify problems or generate ideas and solutions, and activities that aim to prioritise ideas or proposed activities.

### **At what stage are e-democracy and crowdsourcing methods most useful?**

E-democracy and crowdsourcing methods can be applied most usefully during the early stages of problem identification, agenda setting, and idea and solution generation within the decision-making process, as well as during the prioritisation or priority setting stage.

### **Who generally participates in e-democracy and crowdsourcing methods?**

While e-democracy and crowdsourcing activities are often most useful when left open to general publics, in practice those who participate tend to be individuals who are already interested in governance issues and who self-select to be involved because they have ideas or priorities they want to share.

### **What scale are e-democracy and crowdsourcing methods most suited to?**

E-democracy and crowdsourcing are most suited to large-scale engagement, involving thousands or even tens of thousands of participants, but they can also be usefully applied at medium scale, involving hundreds of participants.

### **What are the limitations of e-democracy and crowdsourcing methods?**

E-democracy and crowdsourcing methods are prone to practical challenges around the functionality and useability of the digital platforms, and they are by their very nature not accessible to people without sufficient digital technology. They require a high degree of support, commitment and buy-in from decision-makers, both in terms of follow-through commitment and financial investment.

Participatory e-democracy or digital democracy methods entail the use of digital technologies and communication tools to facilitate publics' active participation in governance.<sup>44</sup> In recent years, several governments across the world have experimented with e-democracy tools and methods to enable publics to generate, frame and shape ideas to inform decision-making at local, regional, national and sometimes even international levels. While e-democracy, when broadly defined, can encompass anything that digitally facilitates democratic participation (including the transfer of well-established approaches like public consultations into digital environments), here we focus on methods that provide publics with active and direct participatory roles in decision-making processes.

E-democracy methods have been applied for a wide range of issues and can be used at different stages of the decision-making process. They have particular value for the early stages of identifying problems, agenda-setting, generating solutions, and prioritising them. This is because e-democracy methods lend themselves to large scale crowdsourcing, which refers to the sourcing of ideas, solutions and priorities from the general 'crowd' of publics. This is done by using digital platforms that enable people to pose ideas, suggest solutions, and vote on each other's proposals to collectively determine priority areas. Crowdsourcing in the PPEn context is not exclusively associated with e-democracy approaches, nor limited to digital methods. Indeed, PPEn methods such as social innovation labs and social issue hackathons are also a form of crowdsourcing, where groups of people are brought together to source innovative ideas and prototype interventions. Crowdsourcing through e-democracy methods, however, harnesses digital technology with the potential to significantly increase the scale and scope of participation, making idea generation open to wider publics, who can then propose and collectively prioritise ideas.

Some prominent examples include the e-Democracia platform,<sup>45</sup> instituted by the

Brazilian National Congress to increase transparency, improve public understanding of and engage publics in the legislative process and decision-making. The platform incorporates online forums and chats where publics can engage with their representatives, participate in live hearings, digital surveys and polls. It has a sub-platform called Wikilegis, which enables publics to directly contribute to the drafting of bills by making comments and proposing suggestions and edits. Another prominent example is the Idee Paris platform<sup>46</sup> (previously called Madam Mayor, I have an Idea) introduced by the City of Paris in France, a key purpose of which is to enable the residents of Paris to collectively and directly decide how public money is spent. Idee Paris is one of the largest participatory budgeting idea generation and prioritisation initiatives in the world, where anyone can make proposals for improvements to the city organised by district, and comment and upvote on proposals from others. The process of deciding and allocating funding is multi-stage, incorporating feasibility assessment, a public review and consultation process, and final public voting, accompanied with events such as public meetings and workshops.

E-democracy crowdsourcing methods are versatile in terms of the areas and topics they can be used for. While many larger initiatives like Idee Paris and Better Reykjavik, (discussed below in the case study) pertain to improving a city and incorporate a wide range of topics, these methods can be used for more narrowly defined areas. For example, a more widely used digital platform specifically designed for crowdsourcing is the customisable Your Priorities open-source software<sup>47</sup> created by the Icelandic Citizen Foundation non-profit organisation. The software has been used for myriad projects and initiatives including for health and social care by regional and local governments, and public and third sector organisations, among others, across the world. This includes the Scottish Parliament, which has used Your Priorities to gather ideas including on community wellbeing and climate change,<sup>48</sup> and the NHS used it as part of the NHS

that were then brought for further discussion with the NHS board.<sup>49</sup> Both the Scottish parliament and NHS Citizen Your Priorities initiatives are, however, relatively experimental and small-scale trials of the tool.

E-democracy and crowdsourcing methods provide new modes of citizens' active and direct participation in governance processes and decision-making on a large scale, especially because many of the digital tools used for this purpose have the potential to reach high numbers of people across demographic boundaries. They have interactive interfaces modelled on social media platforms that provide relatively easy and convenient ways for people who have access to the digital tools required to express their views and have their voices heard. The crowdsourcing component also appeals to the idea that within general publics, there exist different kinds of expertise, creativity and innovation that has remained largely untapped by governments. E-democracy and crowdsourcing methods can enable this potential to be productively harnessed.

Common challenges and limitations of e-democracy crowdsourcing methods are practical elements connected with the functionality of the digital platforms and the high degree of buy-in required from decision-makers to make these initiatives successful. The digital platforms often integrate several different functions, which can make them challenging to use (especially for those with fewer digital skills) and challenging to manage (given the high numbers of ideas and suggestions). Digital platforms are also, by their very nature, inaccessible to people without sufficient digital technology. Notably, a shared characteristic across the most successful e-democracy and crowdsourcing initiatives we reviewed was a high degree of continuous support from decision-makers, including both a demonstrable commitment to act on priorities generated through e-democracy crowdsourcing, and the financial support to enable this in practice. This includes funding for the ideas themselves but also

investment in practical elements like personnel to manage the processes, and advertising and promoting the use of the platforms, as getting people engaged at higher numbers tends to require a high-level public awareness of the initiatives and transparency around the impact that participation can make. Additionally, it should be noted that there is little information available in general about the characteristics of people who use these platforms to participate.<sup>50</sup> Ensuring the diversity of participants and effective evaluation would require information about how the platforms are used, by whom, and which groups are less likely to participate.

## Case study

# Better Reykjavik, Iceland

### What is the background?

Better Reykjavik<sup>51</sup> uses the Your Priorities digital platform for agenda setting, debate, crowdsourcing and prioritisation of ideas, policies, and solutions, and participatory budgeting for issues at the municipal level in the city of Reykjavik. It connects and fosters active collaboration between Reykjavik city administration and its residents to increase democratic participation and public awareness of municipal issues, breaching the gap between decision-makers and publics. Better Reykjavik was launched by the Citizen Foundation non-profit organisation, and is now a collaboration between the Citizen Foundation, the City of Reykjavik, and residents, used as an official decision-making tool. It incorporates the Your Voice participatory law-making platform and the My Neighbourhood participatory budgeting platform within the Your Priorities framework. The latter is a more formally structured process that enables publics to propose, argue for or against, and vote on ideas about how to spend approximately 6% of the city's annual investment budget in its ten main neighbourhoods. Better Reykjavik was initiated partly to address a growing disconnect between publics and decision-makers in the wake of the 2008 financial crisis, which resulted in public funding cuts and increased distrust in the government. It harnessed publics' will to have a direct say policymaking and public spending decisions and facilitates greater transparency and access to decision-making.

### What were the aims?

The overarching aim is to crowdsource, debate, and prioritise ideas for improving the city of Reykjavik directly from residents. This includes identifying urban challenges and generating and debating the best solutions to those challenges.

### How did it work?

Better Reykjavik is the most prominent and successful example of how the Your Priorities platform (and platforms like it) can be used in a comprehensive way for multiple democratic purposes to facilitate and enable publics' active and direct participation. Its core functions are to enable anyone to post an idea about how the city could be improved, or how its budget should be spent, and anyone can then post arguments or evidence in support for or against the ideas. The ideas and responses, which are grouped under sub-forums called 'communities,' are then voted up or down by other platform users, and ideas with the most popular support are processed by the city council of Reykjavik. While the council retains a final say on whether and how the ideas are implemented, publics are kept informed about the decision-making process, including rationales being provided when ideas are rejected at the council level. Better Reykjavik also incorporates additional functions designed to improve functionality and user experience, such as multimedia content submission, integrated language translation software, and integration of social media accounts, which enables users to register with the platform via verified Facebook and Twitter profiles.

### Who participated?

The idea generation phase is open to anyone, but ability to vote in the My Neighbourhood participatory budgeting platform requires verification through the Icelandic National Voter Registry,

and residents can only vote on ideas concerning the neighbourhoods they are resident in. In practice, however, participants self-select to be involved because they have ideas or priorities they want to share. While little information is available on the demographics of participants, an evaluation by the Institute of Public Administration and Politics found that those who self-select to participate are more likely to be aged 36 to 55, highly educated and fall within higher income bands, while youth participation is low.<sup>52</sup>

### **What was the impact?**

Better Reykjavik has enabled tens of thousands of people to participate in democratic processes and to have a tangible impact on their city, generating ideas and enabling the implementation of improvements to the city that arise out of their experiences and expertise. Out of a population of 120,000, over 70,000 people have participated in some way since the launch of the platform, and approximately 10,000 ideas and 12,000 responses to these ideas have been submitted by 30,000 registered users. Since the launch, approximately 800 resident-initiated projects have been implemented.

### **What were the key benefits?**

- Large-scale tool that has the ability to harness mass participation.
- Generated ideas and solutions directly from residents, and enables publics to make a direct and tangible impact.
- Anyone with access to sufficient digital technology can contribute, with the exception of the My Neighbourhood voting stage, where all verified residents of each neighbourhood can contribute.
- High degree of participation and public control over the process.

### **What were the key limitations?**

- Final decisions about implementation of ideas remain in the hands of the city council, making the process non-binding.
- While participants can make an impact, the scale of influence remains relatively low scale and local.
- A study exploring politicians and civil servants' views on Better Reykjavik found that there is dissatisfaction and concern over stagnation, including because there is no clear plan for the future development of the initiative; there are challenges with resource and process management, as managing and processing the high number of ideas posted on the platform is a large undertaking; and it is felt that publics have insufficient understanding of the platform and city governance processes.<sup>53</sup>

## 4.4 Workshop and dialogue methods



### **What are workshop and dialogue methods?**

Workshop and dialogue methods are a versatile and internally diverse family of methods based around intensive, often facilitated, discussion on a topic or area, or around spoken, generally balanced or equal dialogue between people.

### **What are examples of workshop and dialogue methods?**

Workshop and dialogue methods include world cafés, futures and scenario workshops, deliberative workshops, group dialogue methods such as talking circles, and focus groups and interviews.

### **What aims are workshop and dialogue methods most suited to?**

Because workshop and dialogue methods are versatile, they can be adapted and applied to suit a wide range of different aims.

### **At what stage are workshop and dialogue methods most useful?**

Because workshop and dialogue methods are versatile, they can be adapted and applied to suit any stage of the decision-making or policy process.

### **Who generally participates in workshop and dialogue methods?**

Because workshop and dialogue methods are versatile, who participates varies greatly, and many different participant recruitment and selection methods can be used.

### **What scale are workshop and dialogue methods most suited to?**

Workshop and dialogue methods are generally most suited to small-scale engagement, involving 5-30 participants.

### **What are the limitations of workshop and dialogue methods?**

The versatility and internal diversity of workshop and dialogue methods can create challenges around lack of clear direction or rules to follow when designing engagement activities. A high level of flexibility in the methods' design can also mean that rigour and effectiveness are more easily compromised without significant investment in careful planning.

The family of workshop and dialogue methods encompasses engagement formats based around intensive, often facilitated or otherwise organised discussion on a particular topic, and formats based around spoken dialogue between people where the exchange is generally geared to be balanced or equal. These methods are highly versatile, in that they can be designed, adapted and modified to suit a wide range of purposes and aims, applied at any stage of decision-making process, and used to engage almost any kind of participant group. They are also very diverse, in that there exists a large range of different kinds of workshop and dialogue methods. It is only possible to consider a limited range and set of examples here.

Workshops and dialogue methods include formats like focus groups and interviews. These generally involve a facilitated small group discussion or one-to-one conversation where the focus group facilitator or the interviewer asks and the participants respond to questions, usually with the aim of eliciting participants' views and perspectives on an issue. These methods are well developed and widely used, especially in research, but they generally do not allow for a high degree of participation, in that they often position participants as sources of information or insight rather than as active partners in the process.

Beyond focus groups and interviews are a variety of workshop and dialogue formats that can actively and directly involve participants in the decision-making process. Examples include the world café and similar methods like Socratic cafés and conversation cafés, the terms of which are sometimes used interchangeably. The world café format<sup>54</sup> entails several rounds of small group discussions that take place around a number of tables, each of which is dedicated to discussing one theme or question and has a table host who facilitates the discussion. The small groups move from one table to another until they have completed a full round of discussions, and all participants then come together to synthesise ideas or generate recommendations across the different table discussions.

Other methods include future and scenario workshops and deliberative workshops, which, while overlapping, have some distinctive features. The general aim of future workshops is to imagine and generate possible solutions to current and anticipated future problems. Scenario workshops are a variation of this based around the construction of scenarios, to which participants then consider possible responses.<sup>55</sup> The scenarios may be pre-designed for participants to consider or created by the participants themselves during the workshop. Examples of this include the ALLIANCE and Digital Health and Care Institute futures workshops, which is one of the Nesta Data Dialogue projects,<sup>56</sup> and incorporates six futures workshops across Scotland to explore trust and value in data use outside clinical care. Examples also include two workshops carried out by Nesta for their Democracy Pioneers work, where participants developed future scenarios about how local community spaces or sites could be transformed to create more vibrant forms of everyday democracy in local settings.<sup>57</sup>

Deliberative workshops,<sup>58</sup> on the other hand, overlap with and generally have similar aims to smaller scale mini publics like citizen juries, and are focused on in depth deliberation of an issue. The deliberative workshops method is not, however, constrained by the more rigorously defined format that mini publics require, such as demographic representativeness and balanced issue framing. Examples of this method include a series of virtual Dialogue and Deliberative Workshops on COVID-19 conducted on behalf of NHS England and NHS Improvement, which asked Londoners to explore and deliberate the pandemic response measures that could be implemented during the second wave of the pandemic and sought to inform the NHS decision-making process in this area.<sup>59</sup>

In addition to workshop formats, there are methods that use alternative kinds of conversational and dialogical models based on experience sharing, many of which build on existing culturally appropriate group dialogue arrangements. An example is talking circles, a

traditional information sharing and collective decision-making method developed and used by indigenous communities in several countries. A key part of talking circles is an emphasis on an egalitarian and non-confrontational dialogue where all participants are encouraged and given the power to express their perspective or experiences through a clearly understood and enacted format of turn-taking.<sup>60</sup> While this method is considered particularly apt for engagement with indigenous communities, it is transferable to other contexts and may be useful especially for activities where there are unequal power relationships between participants.

Workshop and dialogue methods' core strength is their versatility; they can be used across all stages of the decision-making process, modified to meet a wide range of different aims, and used to engage with a wide range of different participant groups. While they are most suited to small scale engagement activities involving a group small enough to be effective for participatory dialogue building, the participant number can also be raised by running several workshop or dialogue events on the same issue. The UK Public Dialogue on Synthetic Biology project, for example, ran 12 deliberative workshops to understand public aspirations and concerns around synthetic biology that, combined, involved 160 members of publics as participants.<sup>61</sup>

## Case study

# Young Scot Technology Enabled Care Workshops, Scotland

### What is the background?

The Scottish Government Technology Enabled Care Programme commissioned the youth-focused citizenship organisation Young Scot to run a pilot project to engage young people in Scotland about digital technologies and the potential of these technologies to improve young people's health and wellbeing. Building on previous work undertaken by the Young Scot youth investigation team on how to create a healthier Scotland, Young Scot delivered a series of four technology enabled care engagement workshops<sup>62</sup> in three cities in Scotland, using a co-design process. A key part of the motivation was that young people should have an active voice in the development of the services they use, and they should contribute to the design of technologies. They are particularly well placed to bring their experiences and knowledge to bear on aiding the Technology Enabled Care Programme to develop new digital solutions to improve health and wellbeing for young people.

### What were the aims?

The aim was to bring young people in Scotland together to consider how and why they use digital technologies, and how digital technologies could be used to improve their health and wellbeing.

### How did it work?

Workshops were facilitated by Young Scot and involved four stages, following the Young Scot co-design process, and including a range of activities and facilitation tools such as flipcharts and post it notes. The first two stages were undertaken during the first three workshops. The first stage involved idea development and exploration where participants undertook a series of activities to identify and define what the most relevant health and wellbeing issues are for young people. They explored the kinds of technologies they use, like and dislike, and the possible implications of the future of technology for young people's health and wellbeing. During the second creation stage, participants generated ideas for how digital technology can be used to support health and wellbeing for young people. Following the initial workshops, participants from across the workshops were brought together for a final idea development session involving the third and fourth stages of the co-design process. The third stage entailed reflection on the ideas generated across the previous workshops and evaluating them, and the final stage involved combining the ideas together to develop a set of key concepts and recommendations that could be passed on to the Technology Enabled Care Programme.

### Who participated?

The four workshops involved a total of 36 young people volunteers aged 11-23 from different backgrounds and with a variety of health experiences, but details on the demographics or how the participants were recruited and selected is not clear.

### **What was the impact?**

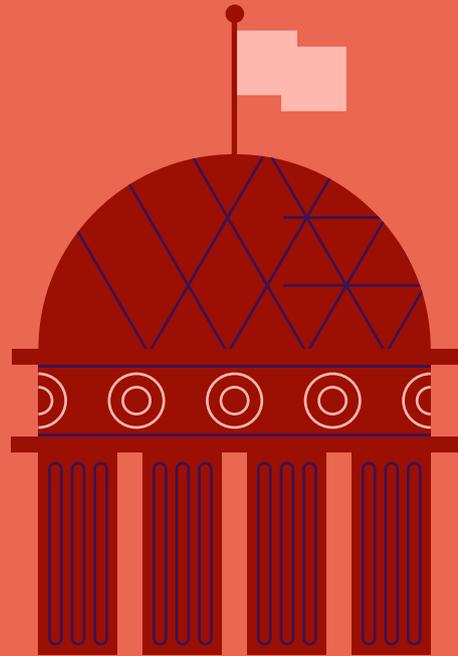
Following the series of workshops, the Scottish Government partnered with Young Scot to create a national Strategic Participation Panel of young people, named TECScot, to further explore how digital technology could improve young people's health and wellbeing. TECScot has now created additional insight into this area as well as recommendations.<sup>63</sup> The workshop-based pilot engagement project thus shaped, and was a part of, a wider programme of youth engagement work, but the impact that this work will have for the Technology Enabled Care Programme is not yet fully clear.

### **What were the key benefits?**

- Enabled the direct and active participation of young people not only in identifying issues and generating ideas to improve their health and wellbeing, but also the design of digital health and wellbeing interventions that could be developed and implemented.
- Enabled mutual shared creation, learning and building of relationships by the participants themselves.

### **What were the key limitations?**

- Final decisions about the implementation of the ideas and recommendations generated remain in the hands of the Scottish Government.
- While the project was commissioned through the Technology Enabled Care Programme and explicitly intended to feed into it, there is no clearly outlined commitment or pre-designed pathway to act on the ideas and recommendations.



## 4.5 Arts based and game play methods

### **What are arts based and game play methods?**

Arts-based and game play methods are a versatile and internally diverse family of methods based around the use of art or games as media for PPEn.

### **What are examples of arts based and game play methods?**

Arts-based and game play methods incorporate all arts media including fine arts, theatre and performance arts, visual diaries and other photographing methods like photovoice, short films and videos, music, and some narrative and storytelling methods. They also incorporate board games, role play, computer games, and virtual reality games, as well as exhibitions and art installations.

### **What aims are arts based and game play methods most suited to?**

When used on their own, arts-based and game methods are most suited to engagement activities that aim to educate, inform, influence or shape public views or behaviours. However, arts-based and game methods are well suited to being used in combination with other methods, and when used in this way, they can be adapted and applied to suit a wide range of different aims.

### **At what stage are arts based and game play methods most useful?**

When used on their own, arts-based and game methods are most useful for the public outreach or education stage of governance activities, but when used in combination with or as a part of other methods, they can be adapted and applied to suit any stage of the decision-making or policy process.

### **Who generally participates in arts based and game play methods?**

Who participates varies greatly depending on the specific activity or initiative, and many different participant recruitment and selection methods can be used.

### **What scale are arts based and game play methods most suited to?**

The scale of arts-based and game methods engagement activities varies greatly, and these methods can be applied at any scale depending on the specific method, activity or initiative.

### **What are the limitations of arts based and game play methods?**

The internal diversity and versatility of arts-based and game play methods is also a limitation, in that it can create challenges around lack of clear direction or rules to follow when designing engagement activities, and rigour and effectiveness can be more easily compromised without significant investment in careful planning. These methods tend also to be more difficult to translate into policy impact or action.

Arts-based and game play methods encompass the use of any arts medium or game design for PPEn activities. Like workshop and dialogue methods, arts-based and game play methods are internally diverse and versatile, and it is only possible to consider a limited range of examples here. Their diversity also means that these methods can be used at different scales, to engage with a wide range of different publics. A notable characteristic of arts-based and game play methods is that they lend themselves well to being combined with other methods, especially with workshop and dialogue methods, often as a way to foster creativity and idea generation. However, they can be used independently as well, in which case they are most suited for public outreach activities that aim to educate, inform, influence or shape views or behaviours.

Participatory arts-based and game play methods can be roughly divided into two overlapping kinds: (1) methods that engage people to make or create art or games themselves, and (2) methods that engage people to participate in arts or game play activities created by professionals, although often with input from publics, that give participants active and immersive roles through art or games. Both kinds can be used independently or as a part of other methods.

Examples of the first kind include a participatory short film production method used to engage young people from a low income black and minority ethnic community, who were taking part in a non-profit organisation summer camp in midwestern US, in smoking prevention and health promotion.<sup>64</sup> Participants were trained in short film production and worked in small groups to produce short films with anti-smoking messages that were then shown to their peers, with the aim of promoting healthy behaviours and reducing smoking among young people in the community. Similar methods involving participatory photography, music, theatre, drawing, and creative writing have been used especially in PPEn and outreach work targeted at marginalised and so-called hard to reach communities in the UK. The production of art is an alternative way for

participants to express experiences and concerns that may be difficult to put into words, such as isolation, trauma or violence. Examples include the Get Your Own Pen Out creative writing project with homeless people in Bradford by the Artworks Creative Communities non-profit organisation.<sup>65</sup> They also include a range of participatory arts projects with young refugees, such as the Safe and Sound music project in Kent and the Living Here performance art project by the Ovalhouse Theatre in South London, case studies of which have been compiled together by Ovalhouse.<sup>66</sup>

Examples of the second kind of arts-based and game play methods, where people actively participate in immersive pre-designed arts or game play activities, include pop-up art installations and interactive exhibitions such as the Night Club installation created by Liminal Space (outlined in more depth in the case study for this section). Liminal Space has also created the Pharmacy of the Future arts-based engagement project as part of the Nesta Data Dialogues programme,<sup>67</sup> which was initially designed to be a physical pop-up installation but was then re-designed as a series of online arts-based workshop events due to the COVID-19 pandemic. The re-designed version was based around a kit of fictional pharmaceutical products from the future that contained items that had the appearance of familiar products like a box of antibiotics or condoms, but the information leaflets at the back of the items raised provocative questions about data sharing. These kits were then sent to participants, and the workshop events used the kits to create discussion and dialogue about the future use and sharing of health and care data.

Another example from the Nesta Data Dialogues programme is the Scotland on Mars game created by Shift Design and Darington Service Design Lab.<sup>68</sup> The game is aimed at young people in Scotland and was created through a collaborative approach that included workshops and prototype testing with young people, who were invited to contribute ideas and give feedback during the design process. Scotland on



## Case study

# The Liminal Space Night Club Installation and Engagement Programme, UK

### What is the background?

The Night Club<sup>70</sup> was a Wellcome Trust funded collaboration between the Liminal Space creative consultancy and the Oxford University Sleep and Cardiac Neuroscience Institute to create an arts-based engagement programme around night shift working and sleep health. The core component was a walk-in participatory art installation called the Night Club, which was placed on site of three corporate partners – Co-op, John Lewis, and Thames Water – so that night shift workers could engage with the installation at their workplace. The background for the project was that research evidence on sleep health shows night shift workers to be at a higher risk of a wide range of negative mental and physical health effects due to poorer sleep health than other workers, as well as having lower levels of productivity and higher levels absenteeism and accidents at work. The idea behind the Night Club project was to engage both night shift workers themselves and their employers to learn, reflect on and take action to mitigate the impact of night shift work on sleep health.

### What were the aims?

The overarching aim was to improve night shift workers' sleep health and reduce the negative impacts of night shift work on health and wellbeing. More specifically, it aimed to increase night shift workers' knowledge of sleep health and induce behaviour changes to improve sleep health. It also aimed to increase corporate partners' knowledge of the negative impacts of night shift work in a way that would lead them to make systematic and infrastructural changes to improve night shift workers health and wellbeing.

### How did it work?

The key components of the programme were interactive walk-in installations, which were placed into shipping containers that housed exhibitions designed to engage and provide evidence-based sleep health information to night shift workers. These focused on sleep environment and sleep hygiene, chronotype and sleep patterns, mental health, and diet and exercise. The installations included a range of items, creative props, digital assets and tools like workbooks that participants could use, interact and experiment with that incorporated evidence-based information and tips to improve sleep health. In addition to the installations, the engagement programme also included facilitated group discussions, one-on-one discussions with sleep experts from the academic partner organisation (termed Dr Sleep), and the training of sleep champion workers, whose role includes sharing sleep health messages across the corporations' estates. It also included a wider follow-up knowledge dissemination programme for workers in different sites across the estates, which was interrupted by the COVID-19 pandemic, but all the corporate partners plan to re-initiate it once the immediate restrictions imposed by the pandemic



# Further resources

## Organisations that can be worked with to diversify participation

- **ALLIANCE** is the national third sector intermediary for health and social care organisations with a wealth of experience in health social care public engagement: <https://www.alliance-scotland.org.uk>
- **Healthcare Improvement Scotland** within Scottish Government already works to enable people in Scotland to experience the best quality of health and social care, including through an extensive community engagement stream: <https://www.hisengage.scot>
- **Inclusion Scotland** is a disabled people's organisation that works to ensure that decisions affecting disabled people are informed by their views and experiences: <https://inclusionscotland.org>
- **Involve** is a public participation charity with expertise on participatory public engagement: <https://www.involve.org.uk>
- **Ipsos MORI** is a market research company with experience in a range of public engagement methods and participant recruitment strategies: <https://www.ipsos.com/ipsos-mori/en-uk>
- **National Co-ordinating Centre for Public Engagement** develops and support public engagement especially in research: <https://www.publicengagement.ac.uk>
- **PB network** has expertise in, and develops learning and innovation in participatory budgeting: <https://pbnetwork.org.uk>
- **Operation Black Vote** works to ensure greater participation of black and minority ethnic communities in political participation and representation, including via participatory engagement: <https://www.obv.org.uk>
- **Sciencewise** is a UKRI funded public engagement programme that works to enable policy makers to develop socially informed policy with a particular emphasis on science and technology: <https://sciencewise.org.uk>
- **Scottish Community Development Centre** works to build community sector capacity, support public agencies to work effectively with communities and to widen participation in local democracy, and it has established a range of related networks and partnerships across Scotland: <https://www.scdc.org.uk>
- **Shared Future** is a community interest company experienced in community engagement and especially community-led design: <https://sharedfuturecic.org.uk>
- **Sortition Foundation** aims to improve democratic processes by developing and offering specialised sortition and stratification services for participant recruitment: <https://www.sortitionfoundation.org>
- **Young Scot** is a national citizenship organisation specialising in working with young people, and it has a wealth of expertise of participatory youth engagement: <https://young.scot>
- **What Works Government** network of centres across the UK collectively have wealth of expertise in different areas around public engagement: <https://www.gov.uk/guidance/what-works-network>

For recruiting targeted groups from specific communities (both geographic and of identity or interest) beyond those included above, one should collaborate with organisations working with and for the target communities. A huge range of organisations exist, and the appropriate organisation(s) should be identified separately for each engagement activity, depending on which groups need to be engaged. A good starting point is the Scottish Government's existing Third Sector Interfaces resource: <https://www.gov.scot/publications/third-sector-interfaces-contact-details/>

## “How to” guides for PPEn activities

### General PPEn

- **What Works Scotland's handbook** on how to design and plan public engagement processes: <https://policyscotland.gla.ac.uk/wp-content/uploads/2020/04/WWSPublicEngagementHandbook.pdf>
- **Slocum's participatory methods toolkit**: <https://cris.unu.edu/sites/cris.unu.edu/files/Toolkit.pdf>
- **The European Food Safety Authority's engagement toolkit** that includes a wide range of participatory as well as more conventional methods, tips and good practice guidance: <https://www.efsa.europa.eu/sites/default/files/documents/engagement-toolkit.pdf>
- **The United States Environmental Protection Agency's public participation guide**: <https://www.epa.gov/international-cooperation/public-participation-guide-introduction-guide>
- NHS bite sized guides and toolkits for participation and engagement: <https://www.england.nhs.uk/participation/resources/involvekits/>

### Widening and diversifying participation

- **What Works Scotland's a comprehensive guide on how to promote equality and inclusion and overcome barriers in community engagement**: <http://whatworksscotland.ac.uk/wp-content/uploads/2017/12/WWSHardToReachOrEasyToIgnoreEvidenceReview.pdf>

### Mini publics methods

- **Planning NSW handbook and guide to using citizen juries**: [http://www.activedemocracy.net/articles/cj\\_handbook.pdf](http://www.activedemocracy.net/articles/cj_handbook.pdf)
- **INVOLVE's guide on how to set up a citizen's assembly**: <https://www.involve.org.uk/resources/knowledge-base/how-do-i-setup-citizens-assembly>
- **The Innovation in Democracy Programme's guide on how to run a citizens' assembly**: <https://www.thersa.org/globalassets/reports/2020/IIDP-citizens-assembly.pdf>
- **Seeds for Change's in-depth guide for collaborative consensus decision making**: <https://www.seedsforchange.org.uk/consensus.pdf>

### Public oversight and monitoring methods

- **The Assessing Communication for Social Change project's equal access participatory monitoring and evaluation toolkit and guidance**: [EA\\_PM&E\\_toolkit\\_front\\_pages&introduction\\_for\\_publication.pdf](https://www.assessingcommunication.org.uk/wp-content/uploads/2020/04/EA_PM&E_toolkit_front_pages&introduction_for_publication.pdf)
- **The United Cities and Local Governments guide and basic principles of community-based monitoring**: <https://www.oidp.net/docs/monitoring/CommunityBasedMonitoring.pdf>
- **CARE's a generic guide for implementing the CARE community score card method**: [https://insights.careinternational.org.uk/media/k2/attachments/CARE\\_Community\\_Score\\_Card\\_Toolkit.pdf](https://insights.careinternational.org.uk/media/k2/attachments/CARE_Community_Score_Card_Toolkit.pdf)
- **UNICEF's guide on participatory impact evaluation**: [https://www.betterevaluation.org/sites/default/files/Participatory\\_Approaches\\_ENG.pdf](https://www.betterevaluation.org/sites/default/files/Participatory_Approaches_ENG.pdf)

### E-democracy and crowdsourcing methods

- **Nesta's report on digital democracy, which outlines a range of e-democracy and crowdsourcing initiatives, tools and case studies**: [https://media.nesta.org.uk/documents/digital\\_democracy.pdf](https://media.nesta.org.uk/documents/digital_democracy.pdf)
- **mySociety.org** provides resources and tools for e-democracy and crowdsourcing as well as digital participatory engagement more widely: <https://www.mysociety.org>
- **The Citizen Foundation's Your Priorities case studies and further resources**: <https://www.citizens.is/portfolio/>

### Workshop and dialogue methods

- **Gnaiger & Schroffenegger's tool-kit for scenario workshops:** [https://wilawien.ac.at/interacts/interacts\\_toolkit.pdf](https://wilawien.ac.at/interacts/interacts_toolkit.pdf)
- **Finland Futures Institute's practical guide for facilitating a futures workshop:** [https://www.utu.fi/sites/default/files/public:/media/file/Ville-Lauttamaki\\_futures-workshops.pdf](https://www.utu.fi/sites/default/files/public:/media/file/Ville-Lauttamaki_futures-workshops.pdf)
- **The World Café hosting tool kit:** <http://www.theworldcafe.com/tools-store/hosting-tool-kit/>
- **The Circle Way's brief basic guidelines for organising a talking circle:** <https://static1.squarespace.com/static/55597e72e4b0f7284bff49e0/t/56e340a1f8baf38bbe1d00f6/1457733793606/TCW+Guidelines+English.pdf>
- **NHS England's bite sized guide to running focus groups for patient and public engagement:** <https://www.england.nhs.uk/wp-content/uploads/2016/07/bitesize-guide-focus-groups.pdf>
- **Revez, Mullally, & Gallachóir's Imagining2050 deliberative futures toolkit** is a cross-methods resource, but it is especially useful for deliberative and future workshop tools and dialogue building techniques: <https://www.marei.ie/wp-content/uploads/2021/03/Imagining2050Toolkit.pdf>

### Arts based and game play methods

- **Art Works Scotland's "is it the best it can be" participatory arts guidance and toolkit:** [https://www.creativescotland.com/\\_\\_\\_data/assets/pdf\\_file/0011/35597/ArtWorks-Toolkit-Is-this-the-best-it-can-be1.pdf](https://www.creativescotland.com/___data/assets/pdf_file/0011/35597/ArtWorks-Toolkit-Is-this-the-best-it-can-be1.pdf)
- **Vella & Pulè's toolkit for conducting participatory arts projects:** <https://www.um.edu.mt/library/oar/bitstream/123456789/66417/1/COND%20PART%20ARTS%20PROJ%20TOOLKIT%202-20%20link%200.pdf>
- **Transit Tales' guide for creating participatory photography projects**, focused on migrants and refugees but also more widely applicable: [https://transittales.net/wordpress/wp-content/uploads/2018/02/trasittales\\_manual\\_english.pdf](https://transittales.net/wordpress/wp-content/uploads/2018/02/trasittales_manual_english.pdf)
- **Locowandt's organisational guideline to using participatory arts**, focused on young refugees and asylum seekers but is also more widely applicable: [https://www.artshealthresources.org.uk/wp-content/uploads/2020/12/2013-Inclusion\\_Through\\_Art\\_-1.pdf](https://www.artshealthresources.org.uk/wp-content/uploads/2020/12/2013-Inclusion_Through_Art_-1.pdf)

### Evaluation (other than participatory evaluation)

- **Art Works Scotland's "is it the best it can be" participatory arts guidance and toolkit:** [https://www.creativescotland.com/\\_\\_\\_data/assets/pdf\\_file/0011/35597/ArtWorks-Toolkit-Is-this-the-best-it-can-be1.pdf](https://www.creativescotland.com/___data/assets/pdf_file/0011/35597/ArtWorks-Toolkit-Is-this-the-best-it-can-be1.pdf)
- **Vella & Pulè's toolkit for conducting participatory arts projects:** <https://www.um.edu.mt/library/oar/bitstream/123456789/66417/1/COND%20PART%20ARTS%20PROJ%20TOOLKIT%202-20%20link%200.pdf>
- **Transit Tales' guide for creating participatory photography projects**, focused on migrants and refugees but also more widely applicable: [https://transittales.net/wordpress/wp-content/uploads/2018/02/trasittales\\_manual\\_english.pdf](https://transittales.net/wordpress/wp-content/uploads/2018/02/trasittales_manual_english.pdf)
- **Locowandt's organisational guideline to using participatory arts**, focused on young refugees and asylum seekers but is also more widely applicable: [https://www.artshealthresources.org.uk/wp-content/uploads/2020/12/2013-Inclusion\\_Through\\_Art\\_-1.pdf](https://www.artshealthresources.org.uk/wp-content/uploads/2020/12/2013-Inclusion_Through_Art_-1.pdf)

## 5.0

# Conclusion and recommendations

This report presented background information on the wider context of PPEn, including Scottish Government's pre-existing commitment to embedding PPEn activities within its practices. Previous controversies around digital health and care initiatives, the high stakes involved with such technologies and services, and the key roles that they play in shaping publics' health and wellbeing render PPEn particularly vital in this area. A wealth of expertise on PPEn already exists across Scotland, and we note that numerous Scottish Government initiatives have been undertaken.

We identify initial considerations and questions that should be answered before other decisions are made about the plan and design of a PPEn activity. Suitable methods depend on why engagement is being undertaken, who it is undertaken by and with, what resources are available, and what the outcomes are envisaged to be. It is crucial that these questions are carefully considered and discussed; neither PPEn, nor the identification of appropriate methods for engagement, should become box-ticking exercises. We have discussed the importance and challenges of widening and diversifying participation, outlining some common barriers to participation and examples of how these can be mitigated.

The report includes a detailed mapping of PPEn methods, seeking to highlight methods that move beyond 'traditional' approaches to engagement. Activities have been grouped under five families of methods (mini publics; public oversight and monitoring; e-democracy and crowdsourcing; workshop and dialogue; and arts-based and game play methods). Each method is accompanied by a case study to demonstrate how such approaches can be implemented in practice, although the applicability and suitability of methods will be highly context dependent. We have included discussion of strengths and limitations of each case study, reinforcing the point that no one method is 'perfect'.

References to further resources have been included throughout, and further resources can be found in Appendix 2, including links to "how to" guides for using different participatory engagement methods, approaches to undertaking evaluation, and a list of organisations the Scottish Government can work with on widening and diversifying participation.

The report as a whole, including the details on PPEn methods, has been informed by the rapid knowledge synthesis of existing resources and literature as well as insights revealed from scoping conversations. Based on these insights, we make the following recommendations to increase the chances of the Scottish Government successfully delivering on their commitments towards PPEn:

**Recommendation 1: improve how learning about PPEn methods is shared across Government**

This is a diverse landscape with numerous initiatives over several decades, including commissioned

reports, working groups and other activities dedicated to participatory engagement in Scotland. Our study identified overlaps within sectors and across organisations that use or wish to use PPE methods. These include duplication of efforts and missed opportunities for collaboration. There is a risk, in the field of digital health and care, of 'health exceptionalism'. While digital health and care is a tricky policy area, PPE methods can work effectively across sectors, and mutual learning is viable, and sensible. We hope this report can be useful across the Scottish Government as a resource for groups contemplating participatory approaches.

### **Recommendation 2: the Scottish Government should continue to diversify and innovate with participatory public engagement approaches**

Participatory Public Engagement is a complex and fast-changing field of practice. Inevitably, communities of practice form around particular methods, and these can become a 'default' within organisations. Citizens' juries, for example, have many strengths, but they also have weaknesses. Over-reliance on only one approach to engagement may magnify those weaknesses. A shift to a more open, engaged approach to governance likely includes multiple approaches to engaging different publics, drawing from across the method 'families' identified in this report, within carefully considered and properly resourced initiatives.

# Appendix: Methodology

## **The study aimed to answer the following overarching question:**

- What participatory methods can be used by the Scottish Government to engage with publics especially around digital health and to reach wider and more diverse publics?

To answer this overarching question, it examined the following sub-questions:

- What participatory engagement methods have been developed and applied in different sectors and contexts?
- How should we evaluate which methods work best, and what are the key examples of best practice in participatory engagement that could be adopted and applied by the Scottish Government especially around digital health?
- How can the Scottish Government reach wider and more diverse publics, including groups that are often missed or under-represented in public engagement initiatives?

The project was conducted between 10th of March and 8th of May 2021 and commissioned to involve a total of 45 days of work across a team of 4 researchers. It progressed in three parts:

### **Scoping conversations**

A total of 12 scoping conversations (with 14 people) were undertaken with experienced PPEn practitioners and specialists across different sectors and contexts. This included Scottish Government and public sector officials (n=4), academics (n=4) and representatives of third and private-sector organisations (n=4). Potential contacts were identified by the research team, in conjunction with Nesta and Scottish Government.

The purpose of conducting scoping conversations was to scope and synthesise knowledge on: (1) the kinds of PPEn methods that have been applied in different contexts; (2) the kinds of groups that were engaged with through these methods and their potential to reach diverse publics; (3) perceived benefits and challenges around different PPEn methods; and (4) perspectives on evaluation. Those who contributed were asked to share examples of PPEn initiatives that they had been involved in, or were aware of, with a view

to informing and directing the desk-based rapid review and evaluation.

Scoping conversations took the form of short (≈30 mins) informal discussions (via video conferencing) between practitioners/specialists and members of the research team. These were informal conversations rather than research interviews, and not formally recorded and transcribed due to time and institutional constraints prohibiting the formal ethical review processes required for research interviews. The research team wrote up and collated extended notes that included references and links to projects, reports and resources discussed.

### Rapid review

Building on the scoping conversations, we undertook a rapid review knowledge synthesis of PPEn methods and case studies published in academic literature and 'grey literature', namely third and public sector resources. We collated and reviewed resources, links and references from the scoping conversations, and identified a set of public and third sector resources and academic journal articles documenting PPEn methods. We used the Scopus academic journal article database to retrieve further journal articles using a key word chain for participatory public or citizen engagement or involvement in digital health. Finally, we used the Participedia public and third sector participatory engagement database<sup>71</sup> to retrieve further public and third sector resources by reviewing and evaluating all completed entries with health content stored on the database.

### Evaluation

Evaluation of the methods involved assessing aims, scalability, inclusivity, influence, and the degree of participation they can enable. The methods were organised into a framework adopted from Fung's varieties of participation in governance, to consider who participated, how, and what influence participation had.<sup>72</sup> This study assessed: 1) what aims can the methods be used for, and whether projects using the methods have achieved their aims; 2) what kind and level of participation do the methods enable, including

the degree of participation assessed against Arnstein's ladder of participation<sup>73</sup> and White's typology of interests,<sup>74</sup> number of participants, how they are selected, and whether the method allows for inclusive and diverse participation; 3) how can people participate through the methods, including what participation involves in practice; and 4) what influence the method can have, including on policy or practice, and on participants themselves.

The study focused on PPEn methods in digital health and care but included methods and case studies in other areas where they were relevant and transferable to the digital health and care context. It focused on PPEn methods that can be used by the Scottish Government to design and undertake engagement activities; the focus was on invited participation that can be initiated by the Government. While there are many citizen-initiated initiatives that fall roughly under the 'umbrella' of PPEn, these were not covered.

### Limitations

Like all studies, our approach had limitations. Most notably, the scope of the study was restricted to relevance and transferability to digital health and care and included only a limited number of sources due to its restricted timeframe. Consequently, the study and this report should be seen as a scoping exercise rather than as a comprehensive representation of the entire complex landscape of PPEn. If a more systematic study was conducted, the methods families outlined may be revised and/or expanded.

Many of the projects, initiatives, and activities identified through the study were still ongoing at the time of writing, with limited project specific information available in a format that could be formally reviewed. For example, many PPEn projects had produced no outputs, beyond short summaries that did not include sufficient information to fully understand and assess the methods used. Ongoing projects identified through scoping conversations typically had no outputs; information about them was limited.

# Endnotes

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discussion of this complexity, see Cornwall, A. (2008) op cit.

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