KEY LEARNINGS

Public Debate and Participation

How have the public been informed and engaged in Scotland's Covid-19 experience? How do we build on this experience to improve the quality of public debate and increase the impact of public participation in decision making?

RSE *Post-Covid-19 Futures Commission*
THE ROYAL SOCIETY OF EDINBURGH

Public Debate and Participation

Executive Summary – Key Learnings

Participation needs to be hard-wired into policy and decision making from inception to implementation. This means putting people at the heart of engagement with a stronger emphasis on co-creation, a clear focus on 'what matters to you' and, better valuing the expertise gained through lived experience.

We need to better enable everyone to engage and participate effectively. That requires building the capacity and capability of citizens, community organisations, policy makers and practitioners and developing and investing in the necessary infrastructure.

The way in which public health messages are communicated is key to effective understanding and engagement. This requires thinking about the accessibility and complexity of messaging; using a diverse range of platforms for the dissemination of information and; recognising, and fully harnessing, the power of communities and community groups to support effective transmission and dialogue. It also requires taking steps to tackle misinformation.

How we talk about people matters. We need to place greater value on each person as an individual, working to remove stereotypes that are still prevalent in society, tackling the blame culture that has existed during the pandemic and taking care with the language that is used in the communication of messages.

This report represents the views of the Royal Society of Edinburgh's Post-Covid-19 Futures Commission, which was set up by the RSE to contribute to Scotland's recovery and renewal. The views are not necessarily those of the RSE but are the learnings and recommendations emerging from an 18 month programme of activities and research which were designed to take into account expert opinion and lived experience. Along with a number of bodies mentioned in the report, the RSE will explore these findings over the coming months.

Public Debate

We heard from discussions with members of the public and community focused organisations, that the pandemic has demonstrated that dialogue happening within academic and policy circles continues to be largely disconnected from "peoples' lives".

While Covid-19 has led to an increased awareness of public health messaging, as well as more people following Government decision making, this messaging has continued to be delivered in ways that are often inaccessible or exclusionary.

The fast-paced nature of public health decisions and the unprecedented changes to peoples' lives created an environment of anxiety and fear which has created space for mistrust and disinformation. Misinformation has been spread through social media (including WhatsApp and equivalent platforms) which has been dangerous and has eroded elements of trust in a time where trust in decision making and in one another, within communities, is needed. However, despite knowing this before and during the global pandemic, little has been successfully done to counter it.

Positively, we have seen the use of more innovative methods of communicating information; from the role of comedians, musicians and actors in supporting public health messaging to expanding the range of known faces and giving a platform to scientists and public officials who would otherwise be in the background. Advertising on public health has been seen across numerous platforms in multiple languages including NHS messaging on language specific channels, for example, Punjabi or Hindi TV channels. We have also seen public health officials taking part in numerous online question and answer sessions with young people, with carers, with students and more; significantly increasing the reach of any Government messaging out with the pandemic.

Key Learnings

Trusted and different voices

There is a need for engagement with and investment in trusted community voices to support the effective communication of public health messages across diverse and grassroots communities. This includes: utilising different voices in sharing public health messaging including local trusted leaders (religious leaders, community leaders, local business leaders); investing in capacity building and; reimbursing community voices where appropriate for their time spent sharing public health and safety messages.

Accessible public health messaging

Providing public health messaging in multiple formats and using a diverse range of platforms (such as local radio and newspapers) is important. However, it cannot be assumed that websites, or other resources, are easily accessible and used by communities. Communities and local organisations can play an important intermediary role in using these resources to communicate with their local communities. Some successful examples of this during the pandemic included Glasgow Gurdwara and Perth and Kinross Association of Voluntary Service (PKAVS).

Complexity and consistency of messaging

The complexity of some of the public health messages, for example around restriction tiers/levels, and the different approaches being taken across the four nations, caused confusion and made it difficult to understand which guidance individuals needed to follow; especially given that UK wide media, at times, failed to clarify the differences between devolved administrations. Messaging became, at times, diluted or inconsistent when it was shared and communicated beyond government.

Scientific education and access to research

There is a need for greater investment in, and focus on, the translation of science and research to the public. This includes enhancing access to knowledge and science and thinking about more creative and innovative ways to share it. This might include a centralised, independent, free and easy to use research hub. Alongside this, there is a need for greater investment in science education for all ages to give people a better understanding of the greyscale and complexity of science and an understanding that there is not always one, definitive answer.

Accessible communication

There is a need for an inclusive communications strategy for all public bodies and others to adhere to which would ensure there is an easy to read, accessible and jargon free standard of information. To ensure that information from health messages, scientific research to local authority strategies are all delivered in a way that is for all and with all.

Tackling misinformation

There is a need for investment in digital literacy training across all ages and a service that is responsible for "tackling misinformation", ensuring accurate information is shared on an easily accessible platform and that there is a quick response to the spread of fake news – this could include independent fact-checkers on Government, opposition, media and trending information on social media and digital literacy training for all ages, beyond school age and delivered beyond traditional spaces such as classrooms.

Othering, language and exclusion

Dialogue around the pandemic has, in some spaces, fallen back to tropes and stereotypes with the overuse of terms such as "vulnerable" or "at-risk" to describe large numbers of the population and a tendency to talk about people as statistics rather than as real lives. The impact of this, and the invisibility it creates to the needs of individuals communities, is yet to be fully determined.

Blame

Many communities, in particular young people, migrants and minority ethnic communities have felt that they have been "blamed" for the spread of Covid-19 and variants without evidence. For some this was due to media narrative, for others it felt linked to long held stereotypes and inequalities across society which have been exacerbated by the pandemic (including minority ethnic communities being more likely to be working in frontline roles and more exposed to Covid-19). This has also been seen in an assumed reluctance or indifference by these groups in coming forward for the vaccine, rather than appreciating inequalities in society which may have prevented them from taking part.

Importance of the common good

Public health is something we share within a community as what we do as individuals can have consequences for others. Discussions of the pandemic are therefore inevitably a good context to foster public debate which is focussed on the common good rather than negotiation between private interests. For this we need to develop a culture of responsible public debate whose goal is not to "win" the argument but to reach sound collective decisions (see Young Academy of Scotland Charter for Responsible Debate).

Global solidarity and connection

Given the global nature of the crisis, more opportunity needs to be created for learning and sharing between countries to support an effective response. This includes learning and sharing between public health experts, academics, scrutiny bodies and those seeking to enable good public participation. This could be done through sharing case studies and learnings via online depositories or by setting up international groups. It was very clear from the international roundtable that these opportunities are rare.

Participation

Participation is a widely used but badly defined term. Within the context of this working group's discussion, the focus was on the extent to which the public participated in decision making around Covid-19 and public health delivery. For public participation to happen, there must be a re-distribution of power between communities and those who are traditionally in decision making positions or those who have expertise and access to knowledge of the issues being discussed (for example; politicians or civil servants).

Pre-pandemic there was already increasing attention being paid in Scotland to public participation around decision making and policy (e.g. the social security lived experience panels, participatory budgeting and citizen's assemblies) and considerable development work is underway at both Scottish Government and local authority level to deliver more participatory decision making. However, there is a need for participation to be more consistently and deeply embedded across communities and across all policy areas.

Participation supports good decision-making, the design of policy which is fit for purpose and public acceptability and buy-in for measures. This is critical in situations where Government is trying to influence behaviours. This needs to be considered for future crises.

Key Learnings

Widening the understanding of 'expertise'

Public health scientists were rightly spotlighted in the media during the pandemic. However, it is also essential to recognise the various spheres of expertise developed through lived experience and include these voices in public debate.

Avoiding over-reliance on digital access and literacy

Access to data, access to knowledge around digital skills and access to technology were all assumed or relied upon during the pandemic, alienating many people and communities. Greater investment in community conduit services, such as local community groups, is required to help counteract this through the sharing of data and knowledge in ways that don't require digital access or skills.

Expanding localised decision making and community power

The closer decisions are to people, the more fit for purpose they are likely to be. People have the right but need the support and resources to be involved in decision making and the confidence that they can influence decisions. Methods need to be put in place that allow this decision making to be localised beyond government and beyond councils.

Communities should be able to participate in the delivery of services, in how messages are delivered and how their local communities are invested in, to create meaningful co-production, empowerment and belonging. Alongside this there is a need for sustained funding at the local level and investment in these communities through third sector organisations, grassroots networks and structures to ensure participation and delivery can take place.

Closing the feedback loop

Often the people who are capturing information do not represent the groups or communities that are participating. Open dialogue and transparency are required so that people can understand how information is used following participation, how it is passed on to decision makers and how it has influenced (or not) the decisions that are made. The allows the feedback loop to be closed so that those involved in participation can see how their involvement has had an impact on decision making. This in turn helps build trust in decisions and in decision makers.

Systemic inequalities hinder participation

For many, Covid-19 was another crisis to be faced alongside the pre-existing systematic inequalities, poverty and major changes that took place during the pandemic, such as Brexit and changes to the welfare system, all of which also impacted on people's lives in significant ways. There must be consideration given to how best to involve people in participation when other areas of their lives are challenging or in chaos; this includes ensuring financial compensation and pay for participation, flexibility in times and locations, providing care and childcare support and more.

Investing in robust public participation structures to make them crisis ready

Participation methods should be accessible to all, supported through capacity building and, where appropriate, reasonable financial compensation for engagement should be provided beyond simply expenses. Participation across policy areas should be ongoing and embedded into everyday infrastructure (such as decisions on recycling collection days) for it to be useful in a crisis where fast-paced decisions need to be made. Crisis planning for a future pandemic should begin to be developed now alongside a full public engagement programme involving representatives from across society.

Reviewing the Covid-19 strategy

The Scottish Government has already committed to a public enquiry of the Covid-19 response. From our events and discussions, it is clear that people felt communications were, at times, unnecessarily complex and felt that things happened "to them" rather than "with them" throughout the pandemic. Whilst elements of this are inevitable, the participation of the public in decision making, design and delivery, should be a part of this enquiry to enable a more collective and community-informed response for future crises.

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