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### 'I didn't have a clue what we were doing'

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Article title: "I didn't have a clue what we were doing": (not) engaging 16 and 17 year old voters in Scotland.

Authors:

# “I didn’t have a clue what we were doing”: (not) engaging 16 and 17 year old voters in Scotland.

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*Calls to extend the franchise to 16 & 17 year olds are gaining ground, with the 2014 Referendum on Scottish Independence potentially acting as a test ground for wider reforms. Debates on the relative merits of this decision aside, there is little practical experience of registering and engaging young people with major elections in the Scottish context. This article reports research on pilot Health Board Elections held in two areas of Scotland in 2010. 16 & 17 year olds were entitled to vote in these elections, and yet many were excluded by problems with registration, and turnout among those who did register was strikingly low. Drawing on focus groups in local schools, we draw out some key lessons for future efforts to engage young voters in Scotland.*

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## Introduction

The longstanding debate over the appropriate voting age in the UK has become increasingly heated, with the recent decision to enfranchise 16 & 17 year olds in the 2014 Scottish Independence Referendum and the Westminster Opposition’s 2013 declaration of support for a lower voting age. Patrick Dunleavy (2013) suggests that the referendum has set a precedent and that “calls to extend the franchise to the 1.5 million 16 and 17 year olds across the UK are likely to become irresistible after the Scottish independence referendum”.

Much of the debate about lowering the voting age is conducted in normative terms, with reference to voting as a human right and the perceived maturity of young people (Chan & Clayton 2006, Lau 2012). International experience in actually enfranchising sixteen and seventeen year olds is limited, and therefore where empirical evidence is employed in this debate it draws on the experiences of other jurisdictions which have extended the franchise to

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under-18s, such as Austria and Norway (Nandy 2012, Democratic Audit 2013, Wagner, Johann & Kritzinger 2012, Bergh 2013). But enfranchising 16 and 17 year olds has been tried before in Scotland. We present findings from our research on pilot elections held in 2010 to choose non-executive directors of Scottish Health Boards, in which 16 & 17 year olds were eligible both to vote and to stand for election. While these elections had their own quirks, they represent an experiment in lowering the voting age in Scotland, in the same cultural and political context within which the referendum and perhaps future elections involving young voters will take place. The peculiarities of British voting procedures, which are likely to shape such future elections, were significant in this case.

Scotland's fourteen regional health boards are substantial bodies, responsible for almost all health services in their areas (Bruce and Forbes 2001, Forbes and Evans 2008: 87-8, Greer 2004). In 2011/12 the territorial Boards received £9.6 billion - out of a total NHS budget of £11.7 billion GBP (Audit Scotland 2012: 7). The boards of directors overseeing them are largely invisible to the public: most of the local residents we spoke with could not name a single board member even after the election. But they can attract significant, often negative attention around contentious decisions such as hospital closures. The SNP (then in opposition) proposed partially-elected Health Boards in its 2007 manifesto, and once in power passed the Health Boards (Membership and Elections) (Scotland) Act 2009. This ordered changes in the composition of the boards of directors in two of the regional Health Boards, as part of a pilot designed to find out whether the benefits of elections outweighed the costs before the government decided whether to implement the policy across Scotland. Traditionally, members of the public were appointed to non-executive director positions by the relevant minister after independent vetting by the Office of the Commissioner for Public Appointments Scotland. Now, most would be directly elected by the local population.

In a press release announcing the passage of the Bill, Cabinet Secretary for Health & Wellbeing Nicola Sturgeon emphasised the historically troubled relationships between some Boards and their publics, but also highlighted the decision to enfranchise 16 and 17 year olds in the planned elections: "[Elections] are the best way of ensuring that boards will no longer be able to ride roughshod over community opinion, as has happened in the past... These elections will have the added bonus of giving 16 and 17 year-olds their first taste of the democratic process which I hope will show them that their opinions do matter and can help shape public services" (Sturgeon, quoted in the Scottish Government 2009).

This paper reports findings from a major research project evaluating the pilot elections, with a focus on the practical challenges of incorporating new voting rights into the bureaucratic system of voter registration, and into the political worlds of our focus group participants. After describing the research methods used, we discuss levels of 16 and 17 year old registration and voter turnout;

describe some of the organisational difficulties which emerged around engaging this age group; and discuss our findings on 16 and 17 year old potential voters' perspectives on voting and elections. Finally, we consider the extent to which these findings have relevance outwith the rather unusual context of the Health Board elections, and draw some preliminary conclusions on the challenges in forthcoming elections.

## Methods

This paper draws on interviews with officials responsible for organising and communicating the elections, and eight focus groups with 16 and 17 year old potential voters, in which we explored their perspectives on voting, the problems they encountered and solutions they suggested. This was part of a larger project for which we also interviewed well over a hundred individuals who had an interest in, or knowledge of, the elections, including the civil servants responsible for the Health Board elections policy, 85 of 130 candidates, officials administering the elections in both board areas, and the Health Board officers who put together publicity campaigns. In this paper we draw particularly on interviews with senior NHS staff responsible for communications around the elections and election administration staff. Ethical approval for the research was granted by the University of St Andrews Teaching and Research Ethics Committee.

Our eight focus groups involved four schools. In total, 59 students aged between 16 and 18 took part. We approached schools which had very different catchment areas: in Fife this was an affluent catchment area, and a catchment area with significant levels of deprivation; in Dumfries & Galloway, groups were conducted in a town centre school and a rural school. Focus groups took place between November 2010 and February 2011, which was about 6 months after the elections. While this was longer after the election than preferable (delayed by the slower than anticipated recruitment of schools for the project) we would certainly expect that students would still remember their first-ever voting experience – especially given how alien they seemed to find the process. We passed around sample voting packs to prompt their memories.

Prior data collection (via a large postal survey of voters) had suggested that awareness of the election was not high in the population at large (Greer, Wilson, Stewart and Donnelly forthcoming), and given very low turnout in the age group in question focus groups were designed to first introduce and explain the elections, using scripts to ensure consistent explanation of the purpose and nature of the elections. As well as ballot papers and candidate statements, used as prompts and aids to discussion, we brought a selection of youth-oriented advertising materials which had been produced for the elections by the NHS Boards. Throughout the focus groups participants were

encouraged to respond to each others' answers, and to ask questions both of the facilitator and other participants. Given the proximity of the Health Board elections to the 2010 UK General Election, some questions were designed to prompt discussion on the relative attractiveness of voting in the two elections. Focus groups were audio recorded and transcribed, and then analysed using NVivo software.

### ***Registering 16 and 17 year old voters***

The Health Board elections were all-postal. Voting packs were delivered to all registered electors in the two Health Board areas chosen for the pilots, Fife and Dumfries & Galloway, in the month following the 2010 Westminster election. Overall turnout was 22.6% in Dumfries & Galloway, just under 14% in Fife. Turnout among the 16 and 17 year old age group was more disappointing. 12.9% of the 16-17-year-olds who were on the register in Dumfries and Galloway (312 individuals) voted, as did 7% of registered 16-17-year-olds in Fife (311 individuals). Those 16-17 year olds who were registered to vote were significantly less likely to actually vote than registered electors aged over 18 - in fact, they were about half as likely to actually return a ballot paper as their elders. But this is a percentage of those registered to vote. The participation rate among 16 and 17 year olds actually living in each area was most likely even lower because they were systematically less likely to appear on the electoral roll and hence to receive a ballot paper in the first place.

Including 16 and 17 year old voters in the elections was a challenge for both returning officers and Health Board administrators. The legislation which enabled the pilots simply declared that over-16s would be allowed to vote, but in practice this was constrained by administrative necessity. Under-18s could only vote if their 16th birthday fell on or before the 30th of November 2009, and only if their names appeared on the electoral roll.

Scotland has no central population database. The electoral registers are updated largely by recording information from paper forms, because the law requires any changes to be attested by a physical signature. These forms take time to process, and electors can vote only if their details have been submitted some time in advance. Although there are plans to move to a system of individual registration, updating of Scotland's registers is still organised on a household basis, with the head of the household responsible for registering everyone living at that address on one form (BBC 2010). The household needs to add young voters to the electoral roll well in advance of an election if they are to be able to vote from the start of their legal eligibility. Obviously, this means that if the voting age for an election is set at 18, some 16- and 17-year-olds who will be turning 18 in the near future need to be pre-registered. Electoral Registration Officers hold them on the roll as "attainers" with

the dates on which they will become eligible to vote marked against their names. Attainers are in effect registered electors who are temporarily unable to vote because of their age.

Lowering the voting age to 16 while retaining this registration system generated two problems, the combined effect of which was to prevent many 16 year olds from voting at all and to make registering some others more difficult than normal. One was specific to Scotland's current constitutional position, while the other will apply elsewhere.

One barrier came from the detail of the electoral registration rules. Eligibility to vote in the Health Board elections was based on appearing on the local government register, which was effectively reused to run these pilots. The rules on who can register to vote in these elections is a reserved power: Westminster, not the Scottish Parliament, decides. And not all 16-year-olds are legally allowed to appear on the register as attainers. In fact, the Representation of the People Act 1983 (article 4(5)) (which is UK legislation) sets specific criteria for appearing as an attainer:

“A person otherwise qualified is [...] entitled to be registered in a register of parliamentary electors or local government electors if he will attain voting age before the end of the period of 12 months beginning with the 1st December next following the relevant date...” (UK Parliament 2009)

When the Scottish legislation specified appearing on the local government register as a condition of voting, this effectively excluded large numbers of people who would have been 16 on election day but whose birthdays fell on the wrong side of the 1<sup>st</sup> of December<sup>5</sup>. Given the time constraints involved, officials felt that seeking an amendment to the Westminster legislation was not feasible. Even though 16-year-olds were expected to be able to vote, and Parliament had approved the principle of an extended franchise, nearly half of them would have been excluded by this rule.

If the franchise were to be extended permanently to 16-year-olds then presumably the specifics of the 30<sup>th</sup> of November rule could be changed by statute. But there is another registration problem which raises a genuine dilemma. Just as a voting age of 18 involves Registration Officers holding details of some 16- and 17-year-olds, in order for all 16-year-olds to be able to vote many 15-year-olds would need to appear on the electoral register. Currently, registers must be made available for

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<sup>5</sup> A less significant complication was that the annual canvass, in which paper forms are sent out to every household seeking electors' details, does not actually take place in early December, so some 16-year-olds needed to be registered at other times – which would have required extra effort from their households and could have been overlooked.

public consultation<sup>6</sup>. This raised concerns about protecting children's privacy when, in the early stages of the legislative process leading to the elections, the Scottish Government explored the possibility of registering 14- and 15-year-olds who would turn 16 before election day (McGrath 2013: 13-4). In the event that proposal was opposed and eventually abandoned (Scottish Parliament 2009: 14004-14047). Even if the 30<sup>th</sup> of November rule had not been an issue, it would have been very difficult to allow all 16-year-olds to vote without access to the contact details of legal children.

Inclusion on electoral rolls may become a perennial issue if the franchise is extended and the registration system remains as it is. For the independence referendum, a unique system has been devised which theoretically will allow all 16-year-olds to vote: heads of households are to register 15-year-olds who will be 16 by polling day on a separate form, and this will be used to compile a separate list of young voters which will be kept secret. Only the official campaigns and staff at polling stations will be able to see those electors' names and addresses, and their ages should be concealed by merging the register of young electors with the register of adults (Electoral Commission 2013, Scottish Parliament 2013: paras 17-138). However, this will still require households to think far enough ahead to register 15-year-olds, and considerable efforts by electoral registration teams to remind them that this is necessary. In the Health Board elections, this seems to have been a problem. The Health Board elections were all-postal, so there was no issue with young residents being turned away from polling stations (as might happen if they are not pre-registered for the referendum, for example) – young people who were not registered never received voting packs in the first place. But low awareness of the elections, and particularly of the extended franchise, was particularly problematic under these circumstances. Heads of households might be forgiven for neglecting to register adolescents who would not normally be allowed to vote unless expressly reminded to do so. It seemed that more members of our focus groups were totally unaware of the elections than made a conscious decision to abstain.

This was in spite of conscious efforts to build turnout in this age group, first by ensuring voter registration and then at the (figurative) ballot box. These efforts were devolved from central government to the Health Boards, Councils and Returning Officers. In both cases they depended mostly on existing mechanisms of engaging with young people, heavily dependent on formal youth groups with some dissemination of information through schools and colleges (McGrath 2013: 14). Methods of communication included posters, school intranet adverts, a promotional DVD distributed to schools, bus ticket advertising and personal appearances in schools by one Returning

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<sup>6</sup> Individual electors can request exceptions in situations where being listed on the register could put them in danger, for example if they have recently escaped domestic abuse. However, the elector needs to have this fear of harm corroborated (ADSW 2012)



Officer. While operating through existing mechanisms of youth participation meant that a small minority of young people had been involved in, or at least consulted on, the communication materials which were distributed, the message had not reached most participants in our focus groups.

### ***The youth response: focus group findings***

Our first finding, and a predictable but challenging stumbling block to conducting the focus groups, was that most of our participants had very little awareness or understanding of the elections having taken place. No one in any of the groups said they had voted, and most had no recollection of hearing about the election. It is difficult for us to know whether participants had actually been registered to vote or not. The only exceptions to this were some young people who were members of political parties, or whose parents worked in the NHS. As one participant, who remembered his mother reading her voting pack with him, put it: “I didn’t know what we were voting for, cause I mean my mum like went through all the campaigners and how they all had really good points but I didn’t have a clue what we were doing” (male, DG). Notably, this lack of awareness also extended to the existence and purpose of board of directors of the Health Board. Several young people stated that they felt young people in particular had little stake in the NHS: “I don’t need that much. I don’t go to the doctor for healthcare, I don’t take prescriptions out or anything... It’s like the elderly who need it”.

Most young people expressed much more enthusiasm for the possibility of having voted in the General Election, and attributed this to knowing the purpose of the election, and the perceived greater importance of the issues at stake. However this was not universally the case within our groups, as the following discussion between two participants suggests:

F1: I think it kind of is just because of what I said earlier with the ... if you’ve been in like hospital and that kind of thing, this could be like your chance to just say like yeah I want that to happen, just to contribute a bit.

F2: But you’ve never met any of these people [the candidates] ...you don’t know who they are.

F1: They could be like ... if we were going to vote in the general election, we’ve never met the Prime Minister.

F2: I think that’s why I don’t want to vote in that either.” (DG focus group)

This quote also points to the particular importance attached to familiarity and ‘knowing’ candidates within our participants’ descriptions of their decisions about voting.

This was expressed repeatedly when discussing the inadequacy of the lengthy booklet of 250-word candidate statements which was distributed to every voter. This was clearly intended to be a major source of information about the candidates, and comparable formats have been used in the past for elections to bodies like National Park boards and community councils. These bodies serve relatively small numbers of residents. The Health Boards in Fife and Dumfries & Galloway attracted 60 and 70 candidates respectively, and each booklet was in the region of 10,000 words of small print. Difficulty in digesting this was understandable and also deterred many older voters (Greer, Wilson, Stewart and Donnelly forthcoming) so it is a particular feature of the Health Board elections which might not affect young electors' attitudes to other polls. But in this case participants, including those who had received voting packs, overwhelmingly indicated that the candidate booklet in itself would not encourage them to vote. There were three main reasons given for this. Firstly, and by far the most common response, was that the booklet was simply too long, due to the high numbers of candidates in each election. This was strongly expressed, and came up in every focus group. This was exacerbated by participants feeling they would be unlikely to know any of the candidates, and the underlying fact that the election was not seen as particularly relevant to them.

Participants were strongly attracted to the idea of having photographs next to the candidate's name in the booklet. This suggestion was made spontaneously in four of the focus groups, and was positively received when suggested in the others. "You feel like you're actually voting for someone that is a real person rather than someone at random." (M, DG) "Because if it had photos you'd probably have either seen them like in that area in the town ... you'd have probably seen them somewhere and you'd like know of them or something like that so ... like if there was photos that would like be much better for me at least." (F, DG). Some participants expressed misgivings about this ("From looking at a picture you kind of think you can guess what that person is like but you don't really but you just use ... you assume that like you can tell if they're a nice person or a bad person." F, Fife; "It would still be harsh judging them on how they look", M, Fife). Other participants felt that a mere picture would not be enough, and that face-to-face contact or a video would be necessary: "Aye you couldn't really just look at a picture you've got to see how they reacted and that" (M, Fife).

Young voters are a diverse group – even within the focus groups several young people spoke up against the idea for well-thought out reasons – but a desire to personalise and familiarise the distant world of politics did appeal to many. Putting photographs on ballot papers is standard practice in some other jurisdictions but it is not accepted in the UK. One important concern, as hinted at in the critical quotes above, is that voters will tend to favour candidates who have more desirable physical features (stereotypically leader-like demographic traits, or attractiveness) or better photographs, which are unlikely to be good guides to future performance. These possibilities have been examined

before. Johns and Shephard (2011) have shown that the effect on vote choice is not dramatic overall, but that candidates' physical appearance is more likely to influence poorly-informed voters. The underlying issue here, of course, is that they lack another basis for making a decision and so are grasping for helpful heuristics. There may be situations in which being able to quickly identify a familiar and trusted face among a crowd would be helpful, but of course the converse of this could be to disadvantage unknown candidates, exacerbating a localism which was actually seen as quite problematic in some situations and particularly when selecting members of a Health Board<sup>7</sup>. The benefits of photographs might be outweighed by such considerations, but we do think the strong appeal of this idea reflected the difficulties this age group had in relating to the candidates.

Connected to these preferences around the candidate booklet were participants' views on how election awareness and campaigning should be improved. Perhaps as a result of low levels of awareness and engagement with the election, these two distinct types of publicity were conflated in much of the discussion. We asked our participants what would have been the most effective way of communicating information about the election to them. Participants were shown posters and adverts used by NHS Dumfries & Galloway to encourage 16 and 17 year olds to register and vote. Participants in one focus group were well-informed, and critical, about the processes by which the council and NHS locally produce youth-specific advertising (suggesting that simply using a particular font was seen as the quick route to youth appeal). Opinions on the posters and adverts were mixed, but generally participants felt there was a need for more face-to-face contact: "It [the poster] does its job but it just never got any attention paid to it, no-one told us it was happening so a poster isn't going to help" (M, DG).

The idea of talks in school assemblies was particularly popular across all groups: "Just someone like coming in and telling us it was actually happening." (M, DG). Radio adverts were suggested, but very few participants said they ever listen to local radio, preferring national stations. Views on online awareness raising through Facebook and other social media sites were mixed. Many participants said they used these sites frequently ("constantly" F, DG) and there was some enthusiasm for candidates campaigning via social media. However for others "that's not what you go on Facebook for is it?" (M, Fife). Concerns were also expressed that just setting up a page would be ineffective

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<sup>7</sup> Board Members are intended to act as trustees for the whole Board area, rather than representing one part of its territory. Board decisions can involve managing conflicts between different communities, particularly when a hospital is to be built or closed in one town in the expectation that some patients will travel to receive treatment while others will not. Historically such decisions had caused serious tensions in both Fife and Dumfries & Galloway, and there was a concern that elected members not be seen as representatives of particular towns within the territory.

unless people were informed and engaged enough to go and look for it: “but I mean you wouldn’t know it was in there if it wasn’t advertised” (M, Fife). The focus groups pointed to the complexity of using these tools effectively – even (or, in fact, particularly) with a group clearly very engaged with the technology, simply having an online presence would not be sufficient to attract attention. Lack of awareness was a serious problem, but not one for which the focus groups suggested a simple technological solution. This partly reflects the problems of arousing interest in the Health Board elections across all age groups, but there is a more general point. Providing adequate information is particularly important when dealing with new voters who have not yet formed patterns of voting. Birch and Lodge (2012), recognising the importance of someone turning out to vote the first time they have the opportunity for future turnout, have gone so far as to argue that first-time voters (only) should be forced to cast a ballot. Part of their rationale is that first-time voters are particularly likely to be deterred by the difficulty of becoming adequately informed. When someone does not vote at the first election after they reach voting age, that can set an enduring pattern (Franklin 2004).

## **The potential for drawing wider lessons**

The Health Board elections were in some ways very unusual. Lack of information about the elections was unusually widespread, with many voters considering themselves poorly informed especially in comparison to the General Election only a few weeks earlier (Greer, Wilson, Stewart and Donnelly forthcoming). This contrasts with the 2014 Independence Referendum in particular, for which research suggests awareness levels are high (Eichhorn, Paterson, MacInnes and Rosie 2013). Nonetheless, some of our findings do have broader significance for any future attempts to involve 16-17-year-olds in elections.

Recent research on attitudes to the forthcoming Scottish independence referendum has found that over  $\frac{2}{3}$  of 14-17 year olds surveyed simultaneously “i) are not indifferent to the issue and ii) do not feel they have enough information to make a final decision” (Eichhorn, Paterson, MacInnes and Rosie 2013, p2). The sophistication with which our focus group participants discussed, and in some cases dismissed, the ‘youth targeted messaging’ Health Boards had produced, may act as a warning against standardised, template approaches to communicating with this particular group. Likewise their reluctance to engage with public issues within their private social media worlds was interesting. Research suggests that young people’s online modes of civic communication are distinctive, and that traditional ‘offline’ organisations struggle to engage with them online (Bennett, Wells & Freelon 2011). On the other hand, feeling uninformed clearly had a catastrophic effect on participation.

The electoral registration issue risks becoming a recurring problem while the system requires so much foresight by heads of households. The all-postal ballot meant that under-18s who were not registered simply did not receive voting papers and vanished from the process, as opposed to turning up at a polling station and being disappointed. We were not able to test whether individual registration would ameliorate the problem, but it is possible to imagine alternatives. National Insurance details are automatically sent to 15-year-olds turning 16 using the database used to pay child benefit to their parents, apparently without controversy. But current rules require that signed paper forms be submitted in order for a name to be added to the electoral roll. Combining this system with concerns about protecting the personal details of people who are still legally children poses a dilemma. In this case many potential electors were unable to vote in spite of Parliamentary support for the principle of enfranchising them – although, given the poor turnout, we doubt this had any effect on the outcome or that many of them were even aware this had happened.

## Conclusion

Low voter turnout among 18-24 year olds is widely acknowledged to be a major challenge for many contemporary democracies (Franklin 2004, Siaroff and Merer 2002). Whether incorporating 16 & 17 year old voters is a viable solution or a “bafflingly illogical” (Fox 2013) response to fears about the under-representation of young people in democratic systems it is a proposal which is gaining ground across the UK, and particularly in Scotland.

The context of the 2010 Health Board Elections was in many ways different from both the 2014 Independence Referendum and any future General Elections where the voting age may be lowered. Authorities tasked with promoting the election had to contend with very low awareness of the occurrence of the election *and* very low recognition of the body to which representatives were being elected. The research underlines the importance of keeping young electors informed while, frustratingly, not providing us with a silver bullet for making information accessible to them. Participants tended to suggest difficult and expensive traditional means of disseminating information, often through schools. However, focus groups also revealed a diversity in attitudes to broader political issues. We should not assume 16 and 17 year olds will not engage with other elections based on their disappointing participation in these elections, and there may be predictable strategies which could increase engagement. Their concerns were in many ways familiar and could not have been addressed simply by more marketing of the elections. The experience shows that problems engaging older electors can be greatly magnified within the next generation if elections are not made accessible.

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