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A Guide to Mini-Publics

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# Citizen engagement in evidence-informed policy-making

## A guide to mini-publics



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**A guide to mini-publics**



**World Health  
Organization**

Citizen engagement in evidence-informed policy-making: a guide to mini-publics

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## Main contributors

The principal authors were Professor Oliver Escobar (University of Edinburgh, United Kingdom) and Dr James Henderson (University of Edinburgh, United Kingdom), alongside co-editors Dr Femke Brandt (Beneficial Technologies, South Africa) and Dr Carina Van Rooyen (University of Johannesburg, South Africa).

## External editorial board

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# List of abbreviations

<b>COVID-19</b>	coronavirus disease
<b>CSDH</b>	Commission on the Social Determinants of Health
<b>CSEM</b>	civil society engagement mechanism
<b>EVIPNet</b>	Evidence-Informed Policy-making Network
<b>INASP</b>	International Network for Advancing Science and Policy
<b>IT</b>	information and technology
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NGO</b>	nongovernmental organization
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>Q&amp;A</b>	question and answer
<b>SWOT</b>	strengths, weaknesses, opportunities, threats
<b>UNDEF</b>	United Nations Democracy Fund
<b>UN DESA</b>	United Nations Department of Economic and Social Affairs

# Executive summary

This guide focuses on a specific form of citizen engagement, namely mini-publics, and their potential to be adapted to a variety of contexts. Mini-publics are forums that include a cross-section of the population selected through civic lottery to participate in evidence-informed deliberation to inform policy and action. The term refers to a diverse set of democratic innovations to engage citizens in policy-making.

**This guide provides an overview of how to organize mini-publics in the health sector.** It is a practical companion to the 2022 Overview report, *Implementing citizen engagement within evidence-informed policy-making*. Both documents examine and encourage contributions that citizens can make to advance WHO's mission to achieve universal health coverage.

Anyone interested in, or planning to organize citizen engagement in evidence-informed policy-making can use this guide to find relevant information on how to conduct a mini-public. The guide also offers a structured learning process for organizers, commissioners and facilitators who use the guide to develop an actual citizen engagement project. The structure of the guide allows for flexibility and context-specific circumstances that affect the organizing of a mini-public.

**The first chapter** of the guide introduces the concept of a mini-public as a form of citizen engagement in evidence-informed policy-making. Mini-publics can be organized for a range of purposes and at different stages of the policy process. In the early stages they can be used to generate policy ideas and develop a shared understanding of the contested evidence or most important issues. During the development stage they can be useful to assess options, address dilemmas, design interventions or co-design services. At the implementation stage they can be used to evaluate policy action and/or to address emerging challenges.

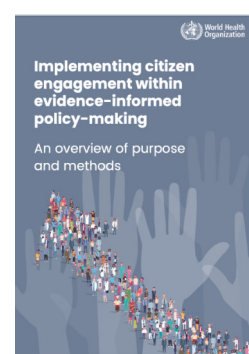
**Two common types of mini-publics** illustrate the possible variety according to size, duration, format, purpose and outputs. Citizens' Juries or Citizens' Panels are organized for shorter durations (usually up to six days) and relatively small groups (10–25 participants). Citizens' Assemblies are organized for longer processes (usually several months) with larger groups (50–150 participants or larger). These types of mini-public share four common features.

1. The selection of participants happens through some form of civic lottery to sample members from the society, or group(s) in society that represent a range of demographics and perspectives.
2. Participants are supported to enable meaningful participation.
3. The process is designed to enable evidence-informed deliberation through participatory methods for learning, deliberating and decision-making.
4. Skilled facilitators play a key role in ensuring the process is inclusive and equitable.

In chapters 2 to 5 the **steps of organizing a mini-public** are described in four stages:

**Mini-publics are forums that include a cross-section of the population selected through civic lottery to participate in evidence-informed deliberation in order to inform policy and action**

**The term refers to a diverse set of democratic innovations to engage citizens in policy-making**



Inception, Preparation, Deliberation and Influence. The steps in each stage work towards specific outputs that together make a complete mini-public plan. Throughout the steps and stages the guide also offers project activities, learning reflections, facilitation notes and additional tools and resources to structure and support learning and using the guide.

**Chapter 2** describes and explains the **Inception stage** through nine steps. This stage contains the most steps as it concentrates on building the foundations for the mini-public, which includes engaging with relevant institutions, stakeholder networks and civil society organizations. The steps support assessing if and how a mini-public will be viable in specific public health contexts and circumstances. Important initial steps are to form a Project Team and Network. The key outputs of the Inception stage are a short Stakeholder Workshop report and a Project Brief.

**Chapter 3** focuses on the **Preparation stage** through seven steps. This stage is about getting ready for the mini-public. Important initial steps are the formation of a Stewarding Board and deciding the concrete task of the mini-public. After that, the steps focus on the recruitment of participants and preparation of different types of evidence. Key outputs of this stage are an Action Plan, a Communication Plan and Impact Strategy, and possibly a Memorandum of Understanding with relevant authorities.

**Chapter 4** presents four steps in the **Deliberation stage** to design and plan the running of the mini-public through induction, learning, deliberation and decision-making sessions. All groups involved need to be prepared and supported to participate meaningfully up to the drafting of the report with the mini-public results and policy considerations. Key outputs of the Deliberation stage are a Facilitation Plan, a Participant Handbook, Speaker Briefing and an outline for the Mini-public Report with considerations for policy and action.

Instead of steps, **Chapter 5** explains the **Influence stage** through two key processes. This closing stage is about wrapping up the mini-public and seeking influence by mobilizing and evaluating its results. The two processes considered are the promotion of the Mini-public Report to inform policy and action, as well as evaluating the influence of the mini-public. The output of this stage is an evaluation of the mini-public. Finally, this stage

### Key stages of organizing a mini-public

- Inception stage
- Preparation stage
- Deliberation stage
- Influence stage

### Stages of organizing a mini-public



invites reflection on the embedding and institutionalization of citizen engagement through mini-publics.

Ultimately, mini-publics are not merely technical or managerial citizen engagement projects. Rather, the mini-public can be understood as an enabler of adaptable social practices based on building relationships and trust within which inclusive and potentially difficult deliberations can take place safely. This challenge requires the combined efforts of citizens, community groups, civil society organizations and public institutions. Placing citizen engagement, in an equitable way, at the heart of evidence-informed policy-making can make a crucial contribution to addressing public health challenges in different social, economic and political contexts.





# About this guide

This guide is a practical companion to WHO's 2022 report, *Implementing citizen engagement within evidence-informed policy-making: an overview of purpose and methods* – referred to here as the [Overview report](#) (WHO, 2022). It examines the crucial contribution that citizens can make to advancing WHO's mission to achieve universal health coverage. It is recommended to read it alongside this guide, which itself focuses on a specific form of citizen engagement – namely mini-publics – and their potential to be adapted to a variety of contexts.

Mini-publics are a type of forum that include a cross-section of the population, selected through the civic lottery method, to participate in evidence-informed deliberation to inform policy and action. The term refers to a diverse family of democratic innovations, including citizens' juries, planning cells, citizens' assemblies, citizens' panels, consensus conferences, citizens' councils, and citizens' committees.

This guide provides an overview of how to organize mini-publics in the health sector. By sharing advice on how to develop impactful mini-publics, the guide aims to support the practice of people who commission, organize and facilitate citizen engagement in evidence-informed policy-making. Drawing on a review of existing guides (see [Methodology](#) in Annex 1), as well as experience of working with public officials and civil society partners, the guide conveys both the challenges and advantages of organizing mini-publics.

If you are **commissioning** a mini-public, the hope is that this guide provides useful advice on how to build a team, allocate resources, and create an enabling (authorizing) environment for the project. If you are **organizing** a mini-public, the guide can support you with practical steps to plan and deliver an inclusive, effective and impactful process.

## Who this guide is for

This practical guide is for anyone planning to organize citizen engagement in an evidence-informed policy environment using the mini-publics approach. It may therefore be useful for:

- [WHO's Evidence-Informed Policy-making Network](#) (EVIPNet) (EVIPNet, 2023a) and stakeholders related to their policy action cycles;
- other networks and communities of practice, such as [Universal Health Care 2030](#) (UHC2030, 2023) and specifically its [Civil Society Engagement Mechanism](#) (CSEM, 2023);
- people working within governments, wider public institutions, civil society organizations and nongovernmental organizations (NGOs) involved in policy-making, commissioning services and/or funding initiatives;
- researchers and research organizations;
- citizens, communities and their organizations and groups across civil society; and

This guide provides an overview of how to organize mini-publics in the health sector

By sharing advice on how to develop impactful mini-publics, the guide aims to support the practice of people who commission, organize and facilitate citizen engagement in evidence-informed policy-making

- people in industry or business sectors – whether private, public or social enterprise – working for equity and a healthy life for everyone.

## How to use this guide

The guide offers a flexible route map instead of a rigid template. It starts by recognizing that commissioning and organizing a mini-public are applied crafts that require flexibility and adaptation to social, political, economic and institutional circumstances. As with any craft, the best way of developing skilled practice is learning by doing. Organizers in this field are constantly learning. Even very experienced organizers start afresh with every mini-public because the topic, the stakeholders and the context change every time. Crucially, organizing a mini-public is a team sport: it takes a community of practice willing to collaborate towards a common purpose.

Organizing a mini-public for the first time is an opportunity to start building such a community of practice for future projects. A wealth of knowledge and skills are developed while working with a mini-public. It is important that this know-how is not lost, but nurtured to support further citizen engagement. The words of a civil servant who recently organized a large mini-public for the very first time are particularly potent, here: Susie Townend was the senior public official who led the project team for Scotland's Climate Assembly – the most ambitious mini-public conducted to date in Scotland. At an event after the process concluded, she said:

“It was one of the most challenging jobs I have ever had as a civil servant, but also the most rewarding and satisfying experience of my professional career.”

This is a common experience for people who work with mini-publics. There is something very powerful about seeing what citizens can achieve by working collectively, when they are given the right opportunity and support.

This guide contributes to the fulfilment of WHO's founding mission – the highest possible standard of health for all – by acknowledging that citizens are not there just to be led, but to participate in the leadership effort. Placing citizen engagement, in an equitable way, at the heart of evidence-informed policy-making will be crucial to addressing the challenges of our time.

## When to use this guide

Mini-publics can be used for a range of purposes and at different stages of a policy process. For example, early on they can be used to generate ideas for policy action, assess policy options and trade-offs, establish a shared understanding of contested evidence, prioritize issues, and address dilemmas. They can also be deployed at the policy development stage – for instance, to develop interventions or co-design services – and indeed, at the implementation stage, to audit or evaluate policy action, or to address emerging challenges.

**“It was one of the most challenging jobs I have ever had as a civil servant, but also the most rewarding and satisfying experience of my professional career.”**

Susie Townend, senior public official in Scotland's Climate Assembly

The guide aims to be relevant across different socio-political contexts, placing emphasis on empowering citizens<sup>1</sup> to participate; particularly people who are economically or socially marginalized. It also considers how mini-publics may be adapted to work in challenging contexts or resource-constrained circumstances (see [Chapter 2](#)). Throughout the guide, other resources are signposted to support thinking and practice.

## The structure of this guide

The guide begins by introducing the main concepts and contexts related to citizen engagement in evidence-informed policy-making in the health field, including mini-publics. Chapters 2–5 explain the organization of a mini-public, divided into four stages. These four stages are further split into steps and processes; this division helps navigate the guide to find the relevant information. [Annex 2](#) includes a Glossary of key terms used throughout the guide.

In addition to the descriptions and examples throughout the guide, project activities and learning reflections systematically guide readers through the stages and steps of organizing a mini-public. The stages are colour coded. Recurring activities are signposted to invite reflection on and application of the knowledge shared in this guide.

- **Project activities** assist in applying information in context and work towards specific outputs or a complete plan for a mini-public. Table 0.1 indicates what the project activities or outputs for each stage involve. [Annex 3](#) provides templates and examples of these outputs.
- **Learning reflections** encourage thinking, to make sense of the information shared in the guide and to understand what it means in context.
- **Facilitation notes** address aspects relating to facilitation, which is key to organizing a mini-public in which all participants can engage meaningfully.
- **Tools and additional resources** are provided or referenced in the text. [Annex 4](#) provides a list of relevant resources.



**Table 0.1. Overview of key project outputs**

Chapter and stage	Key outputs or resources
2: <b>Inception</b> : building foundations	Short report from Stakeholder Workshop, Project Brief
3: <b>Preparation</b> : getting ready	Action Plan, Communication Plan and Impact Strategy Memorandum of Understanding with relevant authorities
4: <b>Deliberation</b> : running the mini-public	Facilitation Plan, Participant Handbook, Speaker Briefing Mini-public Report (including outcomes)
5: <b>Influence</b> : wrapping up, mobilizing the mini-public results, evaluating the mini-public	Evaluation

<sup>1</sup> The term citizen is used here to refer to anyone who may be affected by the issues, services, policies and decisions at stake; it is used in an expansive sense, rather than following restrictive legal definitions. This includes people who may be typically excluded in narrow definitions of political citizenship (e.g., migrants, refugees, children, prisoners).

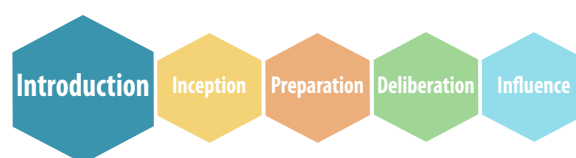


# Chapter 1

## Introduction to mini-publics

### *Objective of this chapter*

The objective of this chapter is to introduce the key concepts and contexts related to citizen engagement in evidence-informed policy-making in the health field, with a specific focus on mini-publics. Many principles and practices from mini-publics are transferable to other forms of citizen engagement, and thus the guide can also be useful to anyone seeking to organize inclusive, deliberative and empowering processes beyond mini-publics.



### *Introduction*

Citizen engagement is a fundamental component of evidence-informed policy in the health field<sup>2</sup>. Societies face complex health challenges and public institutions are seeking new forms of creative and effective policy-making that address people's values, needs and aspirations. This guide covers an approach to citizen engagement that is particularly relevant for evidence-informed policy – namely, mini-publics.

Mini-publics are citizen engagement processes that include a cross-section of the population – selected through civic lottery (see the Glossary in [Annex 2](#) for definitions) – to participate in evidence-informed deliberation in order to inform policy and action. The group is selected to reflect the diversity of the people affected by the policy process, and is supported to work together, examine evidence, define well-informed outcomes and reach conclusions.

Mini-publics have been developed since the 1970s, across policy contexts and levels of governance (Curato et al., 2021; Grönlund, Bächtiger & Setälä, 2014; OECD, 2020). They are becoming widespread in recent years, partly because this approach prioritizes the inclusion of diverse perspectives, as well as evidence-informed deliberation – two important features of robust policy-making.

However, mini-publics can be resource intensive and difficult to organize without the right conditions. They are not necessarily the best approach for every context, issue, or timing (see [Chapter 2](#) for more on how to assess the viability of a mini-public). In the context of public health, mini-publics can work in combination with other forms of citizen engagement, such as those covered in the [WHO Handbook on social participation](#) (entitled *Voice, agency, empowerment – handbook on social participation for universal health coverage* (WHO, 2021c)), which offers a comprehensive overview of participatory approaches, including

### **In this chapter**

- What is evidence-informed policy-making?
- What is citizen engagement in evidence-informed policy-making?
- What are mini-publics?
- Types of mini-publics
- When to use mini-publics?
- The stages of a mini-public

<sup>2</sup> However, its inputs are to be distinguished from (and considered complementary to) those provided by the ethical reflection carried out by relevant bodies as part of policy- and decision-making processes (Gruskin & Daniels, 2008; Grill & Dawson, 2017).

policy considerations for engaging populations, communities and civil society. For a focus on citizen engagement in general, rather than the mini-publics approach, the Handbook is a great starting point.

A common challenge is that citizen engagement is not yet part of the culture of many public institutions and services. But institutions can only be as resilient as the communities they serve. This realization is creating conditions for increasing and opening new spaces for citizen engagement. The aim with this guide is to provide a practice-oriented resource that supports the organization of an effective mini-public: one that generates inclusive citizen deliberation and policy considerations that lead to meaningful outcomes.

### *Key points made in this chapter*

- WHO emphasizes the importance of evidence-informed policy-making in developing health services and policies – including citizen perspectives.
- The governance of health can be greatly improved by involving citizens in policy-making.
- There are many approaches to citizen engagement in evidence-informed policy-making.
- Mini-publics are an approach to citizen engagement that is well suited to support evidence-informed public deliberation.
- Mini-publics are defined by four features.
  1. **Selection.** Participants are selected through civic lottery methods to ensure the inclusion of a cross-section of the relevant population.
  2. **Support.** Organizers put in place measures to reduce barriers to participation, so that everyone invited is supported to take part, regardless of their circumstances.
  3. **Design.** The process is carefully designed to enable evidence-informed deliberation, so that participants can learn together about the issues at stake, discuss ideas and trade-offs, and define befitting outcomes.
  4. **Facilitation.** All activities within the mini-public are facilitated to be inclusive – this means participants are supported by skilled facilitators to work together productively.
- Mini-publics can be used for a range of purposes and at different stages of a policy process.
- This guide considers challenges related to power and inequities in different social and political contexts.
- The guide covers the four stages of organizing a mini-public: **Inception, Preparation, Deliberation and Influence.**

### **What is evidence-informed policy-making?**

Evidence-informed policy-making is a systematic and transparent approach that draws on

the best available data, research and other forms of evidence and knowledge. This approach recognizes that the types of evidence used – and how they support policy-making – also involves social, political and economic considerations. Box 1.1 indicates some of the benefits of using research in policy- and decision-making.

### Box 1.1. Benefits of using research in decision-making

The [WHO guide for evidence-informed decision-making](#) (entitled *Evidence, policy, impact. WHO guide for evidence-informed decision-making* (WHO, 2021a)) notes that research evidence can:

- support and inform policy decisions (**instrumental** uses);
- support stakeholders to think differently and reframe public health issues (**conceptual** uses); and
- support and legitimize new approaches or difficult judgements (**symbolic** and **tactical** uses).

It highlights six potential areas of benefit:

- improving design and implementation of effective projects, programmes and policies;
- increasing accountability to Member States and other stakeholders;
- better prioritizing research topics and products;
- supporting more efficient commissioning of research and synthesis work;
- engaging target audiences with evidence-informed communication and advocacy campaigns; and
- supporting well-researched funding proposals and rallying sustainable donor support.

A key challenge in evidence-informed policy-making is the research-to-policy gap; that is, the difficulties involved in research evidence being used in policy-making by institutions and public bodies. WHO highlights factors that can help to reduce this gap, including:

- developing institutional resources and infrastructure;
- advancing culture change and the receptivity of practitioners, policy-makers and researchers to public dialogue and deliberation;
- improving policy-making infrastructure and related legal arrangements; and
- promoting engagement more widely with service-users, citizens, civil society and other key stakeholders.

Efforts to improve knowledge translation – which is the exchange, bringing together, and effective communication of research knowledge – can include a range of strategies. These include **push** strategies, whereby researchers promote and share knowledge; **user-pull** strategies, wherein institutions build systems to gather knowledge; and strategies whereby knowledge is **exchanged** through collaborative working between stakeholders. The [WHO guide for evidence-informed decision-making](#) (WHO, 2021a:13) points to such exchange as including and integrating projects in which:

*[...] relevant questions are jointly asked and answered, such as [through] deliberative policy dialogues, which are structured face-to-face discussions between decision-makers, stakeholders and researchers to contextualize and interpret research and other evidence based on tacit knowledge and real-world experiences of the parties involved.*

The Global Commission on Evidence to Address Societal Challenges highlights the importance of public deliberation in evidence-informed policy-making (see Box 1.2) in its 2022 [Evidence Commission report](#), entitled *The Evidence Commission report: a wake-up call and path forward for decision-makers, evidence intermediaries, and impact-oriented evidence producers* (Global Commission on Evidence to Address Societal Challenges, 2022).

Interpreting and acting on evidence is a challenge that requires a range of perspectives from a diverse range of stakeholders, including the citizens affected by the decisions at stake. In this guide, emphasis is placed on three dimensions of that challenge.

1. Poverty and inequity. The guide pays attention to intersectional dimensions of poverty and inequity, including the perspectives of marginalized groups, to effectively work for universal public health coverage and address health inequities. These concerns and priorities must be reflected in the evidence examined by the mini-public.
2. A pluriverse of knowledge. The so-called Western worldview – with its emphasis on codified knowledge, rational individualism, and economic growth (Kothari et al., 2019) – is often influential in prioritizing some forms of evidence in the policy process. But what other worldviews and related knowledge and evidence need to be represented in the mini-public? For example, perspectives from first peoples and tribal cultures can be crucial along with experiential knowledge from informal carers, people with disabilities, or climate-changed communities, and so on.

**Box 1.2. The need for public deliberation in evidence-informed policy**

The Global Evidence Commission’s 2022 [Evidence Commission report](#) seeks to support four types of stakeholders – policy-makers, organizational leaders, professionals, and citizens – in using research evidence to address societal challenges (Global Commission on Evidence to Address Societal Challenges, 2022). It recognizes that such challenges are generated at various levels (local-to-global factors) and that they may show varying degrees of complexity as these factors combine and interact, thus making them ongoing, dynamic, and perhaps unpredictable (defined as extra complex, or “wicked” issues). Public deliberation on policy challenges can be framed or expressed as a problem, or more positively as a goal or strength – as done, for example, by the Sustainable Development Goals (UN DESA, 2023) or in the strengths-based approaches often advocated by indigenous people. Strengths-based approaches start from the premise that communities have agency and are not defined just by their challenges but also by their potential.

The Commission emphasizes the need to develop suitable evidence infrastructure and culture, including through support for researchers, transparency, critical thinking, and co-production by key stakeholders. Evidence intermediaries, organizations and practitioners working between research institutions, stakeholders and decision-makers are thus crucial and can support the development of such infrastructure and culture through various processes, including (Global Commission on Evidence to Address Societal Challenges, 2022:82):

*convening deliberative dialogues to work through – based on both best evidence and all of the other factors that may influence decision-making – a problem and its causes, options to address it, key implementation considerations, and next steps for different constituencies (e.g., stakeholder dialogues and citizen panels that are informed by [...] evidence).*

3. Living with the ambiguities and contradictions of pluralism. Mini-publics must be carefully organized to enable participants to engage with these powerful tensions, spanning knowledge, evidence, inequities and worldviews, and their implications for public health policy. Effective facilitation and support for citizens, staff and stakeholders is central to working creatively towards shared understandings, recognizing differences and contradictions, and generating compelling outcomes.

### What is citizen engagement in evidence-informed policy-making?

The [Overview report](#) (WHO, 2022) explains that citizen engagement – based on a definition by the United Nations Department of Economic and Social Affairs (UN DESA) – entails:

- forming active partnerships between citizens and decision-makers, promoted by government;
- involving citizens in steering society on major public policy issues, to benefit the population;
- giving citizens tools to consider information on policy options and to engage with decision-making processes, as well as monitoring and evaluating policy-making and its impacts; and
- deepening citizen understanding of policy issues and potential solutions.

Public institutions and policy networks increasingly recognize the limitations of top-down policy, governance and decision-making. It is difficult to address complex issues without involving a diverse range of stakeholders, including citizens. Box 1.3 provides some insight into the reasons citizen engagement is important in public governance.

#### Box 1.3. Why does public governance need citizen engagement?

Incorporating citizen engagement in public governance was found across key literature in the field<sup>a</sup> as being beneficial in its capacity to:

- improve the democratic quality of public governance and policy-making;
- address complex problems, drawing on untapped knowledge, experience, values and perspectives;
- determine the extent and nature of disagreement on policy issues and approaches;
- make better policies and improved legislation; improve the quality of decision-making – e.g., better informed, more ambitious, and more socially inclusive decisions;
- increase capacity and improve conditions for the implementation of policy;
- improve public service design and delivery;
- increase legitimacy of policy- and decision-making;
- improve social cohesion and generate new forms of solidarity;
- increase trust and collaboration within communities and between citizens and institutions;
- develop citizens' skills, confidence and capacity for influence; and
- enable active citizens and communities.

<sup>a</sup> including Abelson & Gauvin (2006), Curato et al. (2021), Elstub & Escobar (2019), Involve (2005), Smith (2010), Whittington (2022).

The [Overview report](#) (WHO, 2022) summarizes the benefits of citizen engagement in three thematic areas:

1. **democratic governance** – enhancing transparency, accountability and societal trust;
2. **decision-making processes** – improving the quality of decision-making; and
3. **capacity** – enhancing the knowledge and capacity of citizens and policy-makers.

These can be broken down into a range of benefits that are particularly relevant for evidence-informed policy (see Box 1.4).

#### Box 1.4. Benefits of citizen engagement for evidence-informed policy-making

Citizen engagement feeds beneficially into evidence-informed policy-making by:

- **sharing and deepening knowledge** – building collaborative and collective intelligence can be very effective in addressing cognitive complexity;
- **widening the evidence base**, by using overlooked and under-used forms of evidence (including the experiential knowledge of citizens and knowledge developed in practice settings);
- **generating collective critical reflection** – this involves avoiding and/or making visible the role of vested interests, while expanding public knowledge on social issues and the use of critical thinking;
- **developing skills for collaboration** through targeted activities to improve the capacities of citizens and policy-makers to work effectively together;
- **clarifying diverse public perceptions and priorities** on complex policy issues across society – which can support the sustainability of health programmes and people’s engagement in implementation;
- **encouraging creativity in challenging contexts**, by generating new ideas, loosening policy deadlocks and overcoming socio-political polarization; and
- **(re-)building societal trust** and understanding in the mechanisms of governance and government – and across society more generally. This can help with risk management, in terms of avoiding poor-quality policy-making by incorporating the perspectives of citizens.

*Source:* adapted from the [Overview report](#) (WHO, 2022).

Forms of citizen engagement focused on deliberation, such as mini-publics, can be seen as a component of robust evidence-informed policy-making because they can enhance knowledge translation and policy co-creation (Curato et al., 2021; Escobar, 2011; Escobar & Elstub, 2017). Evidence doesn’t necessarily speak for itself – it must be interpreted and placed in context (translated) to inform action. This interpretive work cannot be the exclusive prerogative of experts and policy-makers because it must account for the social values, priorities, needs and aspirations of the affected populations (Fischer, 2009). Relevant stakeholders, including citizens, must be part of that process by bringing values, experiences and perspectives to help make sense of evidence and its implications for policy action.

Over time, citizen engagement may become a permanent feature of policy-making processes. This is referred to as institutionalization, which means the establishment of a citizen engagement process as a permanent feature of a governance system (see [Chapter](#)

5). An example of such efforts is the case of the Islamic Republic of Iran's National Health Assembly, launched in 2017 in the context of universal health coverage reforms. The case illustrates the challenges and potential of institutionalizing citizen engagement for improved health policy-making in changing socioeconomic and socio-political contexts (Rajan et al., 2022).

## What are mini-publics?

The term mini-public<sup>3</sup> comes from the concept **minipopulus**, developed by Dahl (1989) to refer to a small version of a larger public. The term refers to a diverse family of democratic innovations, including: citizens' juries, planning cells, citizens' assemblies, citizens' panels, consensus conferences, citizens' councils, citizens' committees, and so on. The Organisation for Economic Co-operation and Development (OECD) calls them representative deliberative processes (OECD, 2020), but in this guide the more general term mini-public is used because it is concise.

Mini-publics are groups of citizens selected through civic lottery and supported to engage in evidence-informed deliberation. This style of democratic innovation is attracting the interest of citizen engagement organizers because it can help to address a fundamental question; namely, "How would citizens deal with an issue, if they had the time and resources to learn and deliberate about it, to generate well-informed policy considerations?"

Mini-publics can avoid some of the challenges typically found in other forms of citizen engagement, including those listed here.

- **Self-selection and lack of diversity.** Citizen engagement processes tend to attract self-selected participants of certain socio-demographic characteristics and struggle to reach a cross-section of the population. Without corrective measures in place, citizen engagement tends to favour the inclusion of some groups over others – for example, people with higher socioeconomic status or formal education (Dalton, 2017; Ryfe & Stalsburg, 2012:43). Lack of inclusion and diversity provides a poor foundation for fair and effective public deliberation, undermining its capacity to truly inform policy-making.
- **Poor quality of interaction and communication.** In mini-publics, careful process design and facilitation are instrumental to avoiding the problems typical of many public meetings and fora: dominant voices, silenced views, confrontational dynamics, lack of thinking time (reflex responses), shallow exchanges, rehearsed monologues, pre-packaged arguments, lack of opportunities to learn about diverse views, and so on (Escobar, 2011:12–13). Mini-publics are designed to create a space for high-quality deliberation – that is, "mutual communication that involves weighing and reflecting on

**A fundamental question:**  
"How would citizens deal with an issue, if they had the time and resources to learn and deliberate about it, to generate well-informed policy considerations?"

<sup>3</sup> For a briefing on mini-publics, see [Forms of mini-publics: an introduction to deliberative innovations in democratic practice](#) (Escobar & Elstub, 2017). Parts of this section are adapted from that briefing. For a more comprehensive review, see [Deliberative mini-publics: core design features](#) (Curato et al., 2021).

preferences, values, and interests regarding matters of common concern” (Bächtiger et al., 2018:1).

- **Need for division of policy labour.** Not everyone can participate in everything all the time. Mini-publics can function as proxies for the broader public or as “honest brokers” between communities, experts and policy-makers (Roberts & Escobar, 2015:237). They can also contribute to developing the capacity of communities to learn, deliberate and contribute to decisions on complex policy issues.

The evidence base on the hundreds of mini-publics conducted around the world is clear on a fundamental point: when citizens are given the time, resources and support to learn and deliberate about public issues, they can engage with complexity and collectively make considered judgements (see the [Overview report](#) (WHO, 2022), as well as Curato et al. (2021); Landemore (2020); and OECD (2020)).

The [Overview report](#) (WHO, 2022) highlights the unique qualities of mini-publics and their potential to be adapted to a variety of contexts. This does not by any means imply that mini-publics are the only citizen engagement process relevant to evidence-informed policy-making, nor that they are the only way of organizing public deliberation. Citizen engagement should be fostered in all aspects of public health, in a variety of policy and community spaces, and through diverse approaches – as outlined in the [WHO Handbook on social participation](#) (WHO, 2021c) (e.g., community workshops, open forums, stakeholder meetings). However, sometimes it may be desirable to organize a mini-public as a way of involving a cross-section of the relevant population in evidence-informed policy deliberation.

The evidence base on the hundreds of mini-publics conducted around the world is clear on a fundamental point: when citizens are given the time, resources and support to learn and deliberate about public issues, they can engage with complexity and collectively make considered judgements

## Types of mini-public

The range of mini-publics varies widely in terms of their size, duration, format, purpose and outputs (see Curato et al., 2021; Escobar & Elstub 2017; and, from among the useful resources in [Annex 4, Participedia](#) (2023b)). This guide follows the [Overview report’s](#) focus on two types of mini-public that are particularly common and at both ends of the spectrum in terms of scale (WHO, 2022).

- **Citizens’ juries or citizens’ panels** are the smallest type of mini-public, including between 10 and 25 participants and usually lasting from one to six days, depending on the task they are addressing.
- **Citizens’ assemblies** are the largest type of mini-public; they usually include between 50 and 150 participants (although the number can be as high as 1000) and can last anywhere between one and 14 days – over several months – again, depending on the task.

Despite flexibility in their adaptation, most mini-publics share **four defining characteristics** (see Fig. 1.1).

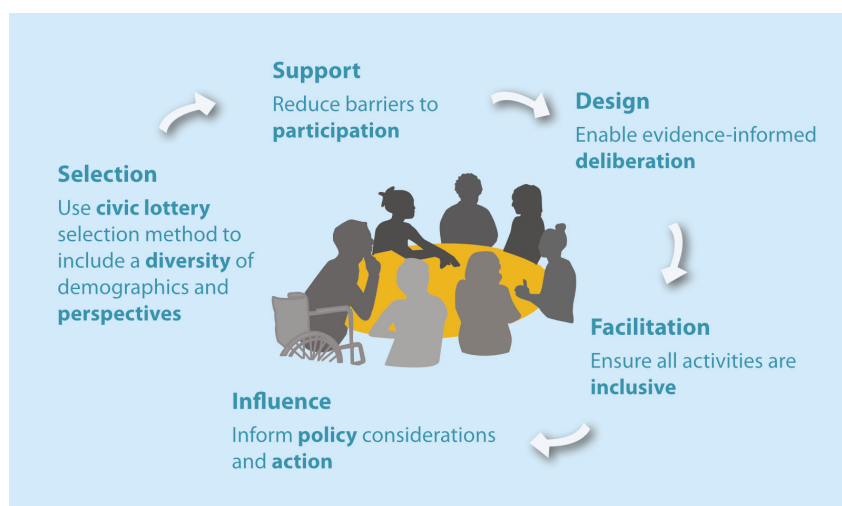
1. **Participants are recruited through some form of civic lottery** (more information in [Chapter 3](#)). Individuals are typically selected through quota sampling, so that a range



of demographic characteristics from the relevant population are reflected; e.g., age, gender, ethnicity, disability, income, geography, education, religion, and so on. Besides demographics, it is important that the mini-public includes a range of perspectives, experiences and viewpoints that are relevant to the issue at stake. Organizers therefore deploy social science methods to assemble a microcosm of the relevant public – hence the name mini-public. Most mini-publics do not aim for statistical representation, but for diversity (that is, a cross-section of the relevant population). The point of using civic lottery is to reduce the self-selection bias that often makes public forums unreflective of demographics and views among the relevant population.

2. **Organizers put in place measures to reduce barriers to participation.** This varies by context, but it may entail (for example) providing support for transport, accommodation, childcare and some form of compensation for people’s time or to reduce other barriers to participation. Support measures are crucial to ensure that people who lack resources, confidence or time can participate (Lightbody & Escobar, 2021). In many contexts, providing a stipend can attract citizens who may not usually engage in policy processes (e.g., full-time carers, single parents, unemployed people or low-income individuals, or young people).
3. **The process is carefully designed to enable evidence-informed deliberation.** Mini-publics provide spaces for: (a) shared learning to build collective and individual understanding of the evidence; (b) deliberation of the issues and trade-offs through a variety of participatory methods; and (c) arrival via an agreed decision-making process at some form of conclusion(s), often in the form of policy consideration(s) and potential options for action (e.g., proposals, assessments, definitions).
4. **All activities within the mini-public are facilitated to be inclusive.** This entails skilled group facilitation and carefully tailored support of participants so that everyone can take part on an equal footing throughout the process.

Fig. 1.1. Key features of mini-publics



## When to use mini-publics

As explained, mini-publics can be used for a range of purposes and at different stages of a policy process.

For example, they can be useful:

- **early on in the process**, to generate ideas for policy action, establish a shared understanding of contested evidence, or prioritize issues;
- **at the policy development stage** – for instance, to assess policy options and trade-offs, address dilemmas, develop interventions or co-design services; and
- **at the policy implementation stage**, whether to audit or evaluate policy action, or to address emerging challenges.

## Context and power inequalities

Before organizing a mini-public, it is essential to carefully consider the socio-political context and related power inequalities in the public health issue under consideration (see Box 1.5 and [Chapter 2](#)). The [Overview report](#) that accompanies this guide stresses that different socio-political contexts will require a nuanced approach, informed by local and regional knowledge (WHO, 2022). In some contexts, organizers first need to invest time in making the case for the value of citizen engagement and community empowerment. The [WHO Handbook on social participation](#) offers resources to help with making that case (WHO, 2021c:2).

*One crucial but challenging aspect of strengthening governance is systematically bringing in people's voice into policy- and decision-making [...] Trust can be fostered by more robust, regular, and institutionalized dialogue between governments and their population, when people feel that their governments listen to their interests and consider their perspectives. For people's views to be aired and heard requires an environment where people feel **empowered** to speak their **voice**; doing so gives populations **agency** over their own health and lives, a key step in fulfilling the human right to health.*

The Handbook raises key challenges about working with power inequalities, while highlighting a set of aspirations to guide organizers. These include:

- enabling participatory spaces, where all, including the least powerful, feel empowered and safe;
- creating representative spaces, which involves recognizing the full diversity of relevant citizens and groups;
- building the capacities of all, including participants, decision-makers, and wider stakeholders;
- increasing policy uptake and generating impact that overcomes the participation-to-policy gap; and
- building and sustaining long-term commitment to citizen engagement and deliberation.

### Box 1.5. Focusing on poverty, inequities and the social determinants of health

This guide emphasizes deepening engagement with people who are excluded or disadvantaged, wherever they live, and addressing the social determinants of health. The WHO global [Commission on Social Determinants of Health \(CSDH\) 2005–2008](#) highlighted this concern, too (CSDH, 2008):

*Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others. A girl born today can expect to live for more than 80 years if she is born in some countries – but less than 45 years if she is born in others. Within countries there are dramatic differences in health that are closely linked with degrees of social disadvantage.*

The guide therefore encourages consideration of:

- **multiple dimensions of poverty and inequity** (see [Chapter 2](#)) – to be understood by analysing the interrelating dimensions of economic and ecological, social and cultural, and institutional and political factors (that is, the social determinants of health and well-being);
- **lived experiences of economically and socially marginalized and minoritized<sup>b</sup> groups** – people whose lives and well-being are disadvantaged through poverty, inequity and context – and working with them to understand their day-to-day realities and the levers of change; and
- **the complexity of public health issues and related interventions** – encompassing the fuller context of an issue and the potential for diverse interventions, including those outside of public health institutions (e.g., through wider economic, political and social systems).

Throughout the guide advice is offered on how to take these aspects into account when developing a mini-public. Fuller treatment is given to these issues in the Simon Fraser University’s Morris J Wosk Centre for Dialogue guide for practitioners, entitled [Beyond inclusion: equity in public engagement](#) (Armos, 2020).

More information is available from WHO on the [social determinants of health](#) (WHO, 2023b) and discussed in detail in Chapter 2 ([Step 5](#)).

<sup>b</sup> Focusing on economically and socially marginalized groups includes consideration of minoritized groups who are larger in number than more powerful groups and classes but are nevertheless disempowered in terms of control of economic and social resources (e.g., women in a workplace or society in general; minority ethnic groups; and indigenous peoples, in some contexts).

To address these challenges, three dimensions are emphasized throughout the guide.

1. **Context.** It is important to consider current socio-political factors and historical contexts, including colonial legacies, and the workings of current governance systems (from local to global structures).
2. **Inclusive learning.** This involves drawing on diverse sources of evidence and knowledge, and recognizing how the public health issues at stake are being framed and by whom.
3. **Empowered participation.** Practical support for participants is an important focus (particularly for the most disadvantaged), so that they can exercise influence through their participation.

### The stages of a mini-public

The guide is organized around four key stages in the development of a mini-public. These stages are Inception, Preparation, Deliberation and Influence. Fig. 1.2 provides an overview of these stages and what each involves.

In the chapters that follow, individuals and groups that will play various roles in the project are introduced. But first it is important to outline three key roles that make substantial contributions from the start to the end of a mini-public (see Table 1.1).

- **Commissioners** are people who authorize the project and provide resources for the process; for example, senior officials working for a public health institution, government department or parliamentary office.
- **Organizers** are people who coordinate and manage the full process; for example, citizen engagement organizers within the relevant policy network or institution. They may be officials, participation specialists from civil society, or a mixed team.
- **Facilitators** are people who design and facilitate the sessions of the mini-public; for example, trained facilitation practitioners from the public or civic sectors.

This chapter introduced mini-publics as a citizen engagement process to improve evidence-informed policy-making. Mini-publics have been positioned in the context of WHO’s ongoing work to advance citizen engagement in the governance of public health. In the next chapter – the Inception phase –the foundations are laid for organizing a mini-public.

Fig. 1.2. Overview of the stages of a mini-public



Table 1.1. Stages, timelines and key roles

Stage	Timeline (estimates)	Key roles
<p><b>Inception</b> (Chapter 2)</p> <p>This stage lays the foundations by scoping the desirability and viability of the mini-public and by engaging with relevant institutions, stakeholder networks and civil society organizations.</p>	<p>1 month to 6 months, depending on context</p>	<p><b>Commissioners</b> take a leading role throughout this stage, but potential <b>organizers</b> may already be involved in the scoping activities.</p>
<p><b>Preparation</b> (Chapter 3)</p> <p>This stage includes the groundwork necessary to deliver the process; for example, recruiting participants, preparing evidence, inviting speakers, co-designing the mini-public and planning for its implementation.</p>	<p>2 months minimum, depending on context</p>	<p><b>Organizers</b> take a leading role throughout this stage, but <b>commissioners</b> may also be involved in governance arrangements (e.g., Stewarding Board tasked with oversight and advice). <b>Facilitators</b> will also come on board here as the design of the mini-public gets under way.</p>
<p><b>Deliberation</b> (Chapter 4)</p> <p>The mini-public gets under way and this stage is about supporting and facilitating all the sessions where citizens are brought together to work on the task – e.g., induction meetings to support participants, sessions to explore evidence and deliberate on the issues at stake, and sessions to develop and agree policy considerations.</p>	<p>Between 1 and 14 days, spread over 1–12 months, depending on the task and scale of the mini-public</p>	<p><b>Organizers</b> and facilitators co-lead this stage, as they take care of coordination, logistics and facilitation. <b>Commissioners</b> may be involved in governance (including oversight and advice) of the practical delivery of the mini-public.</p>
<p><b>Influence</b> (Chapter 5)</p> <p>This stage is about ensuring that the work of the mini-public has an impact in the relevant policy and governance contexts. Policy considerations should reach key stakeholders to inform policy-making and potential action, as well as broader publics affected by the issues at stake. This stage also includes the overall evaluation of the process.</p>	<p>6 months minimum, depending on context</p>	<p><b>Commissioners</b> and <b>organizers</b> co-lead this stage, in collaboration with a range of stakeholders across relevant policy networks.</p>

**Learning reflection**

*Think about previous relevant experiences with citizen engagement projects and reflect on how a mini-public would be a different approach to citizen engagement.*

*Consider making some notes about what is most important in this chapter.*

# Chapter 2

## Inception: building foundations

### Objective of this chapter

The objective is to support the start of the process of organizing a mini-public, working through the key steps required to generate a Project Brief and get the project under way by the end of this stage.



### Introduction

The Inception stage is the first step in organizing a mini-public. It is the stage during which to work out whether organizing this type of citizen engagement is desirable and viable, taking the context and circumstances into account. Therefore, it requires strategic work to lay robust foundations for the rest of the project. This means engaging with relevant institutions, stakeholder networks and civil society organizations who have the power to support a legitimate, inclusive and influential process.

The Inception stage lays the groundwork for the Preparation stage that follows ([Chapter 3](#)). It starts by establishing a Project Team and Project Network and assessing whether a mini-public is a viable option for the public health policy decision under consideration. Initial stakeholder engagements should focus on creating a shared understanding of the public health issue at stake, its policy and governance challenges, and the wider socio-political context for the project. This initial work will help in deciding whether the mini-public is viable, assessing the resources required, and informing the preparation of a Project Brief.

### Key points made in this chapter

- The Project Team may comprise staff from the public health institution that is hosting the mini-public, but it can also include external expertise; for example, people working on citizen engagement in civil society organizations.
- The distribution of roles within the Project Team depends on the expertise and resources available in the organization. The key is to focus on the core tasks required and distribute them in a manageable way to people with the relevant skills (e.g., coordination, communication, facilitation, logistics).
- The viability of a mini-public depends on a range of factors (e.g., purpose, timing, institutional support, resources, civil society, safety and security, and so on). It is important to assess these factors before deciding whether a mini-public is the right approach for the context.
- Securing a good level of institutional support is crucial to ensuring that the mini-public is adequately resourced and set up to influence policy-making.

### Steps Inception stage

- Step 1.** Assess the viability of a mini-public
- Step 2.** Form a Project Team
- Step 3.** Mobilize institutional support
- Step 4.** Develop a wider Project Network
- Step 5.** Hold a stakeholder workshop for developing a shared understandings of the public health issues
- Step 6.** Map the institutional landscape and wider socio-political context
- Step 7.** Decide on the type of mini-public
- Step 8.** Decide on key principles to guide your practice
- Step 9.** Generate a Project Brief

- Developing a Project Network is an essential task for a successful mini-public. This is about engaging key stakeholders across relevant sectors to collaborate in organizing and supporting various aspects of the project (e.g., evidence gathering, governance, public communications).
- Involving key stakeholders through interactive workshops will help to develop a shared understanding of the purpose of citizen engagement, the health issues at stake, and the socio-political context for the mini-public.
- Agreeing key principles to guide the project will establish shared standards of good practice for the mini-public.
- Developing a Project Brief is the key output from this phase and lays the foundations for the next steps.



#### Project activity

Assess the viability of the mini-public. Use Table 2.1 (on the next pages) to think about the project.

Consider the conditions and risks that make a mini-public viable, or not, in the specific context.

What challenges can be anticipated? How could these challenges be mitigated? What are possible alternatives to a mini-public?

### Step 1. Assess the viability of a mini-public

Assessing the viability of a mini-public relies on knowledge and know-how about the public health context concerned. Therefore, adapting this type of citizen engagement process requires a good understanding of the relevant institutional, political, policy, community and health factors.

Some projects never manage to go beyond the Inception stage. For example, if the activities outlined in this chapter reveal that the process is not viable or lacks legitimacy or potential for influence, then the project may stop at this point (see Table 2.1). For more detail, see the [UN Handbook on democracy beyond elections](#) (UNDEF & nDF, 2019: Chapter 2), which explains when not to organize a mini-public.

### Step 2. Form a Project Team

The Project Team coordinates and manages the entire engagement process of the mini-public: it includes the commissioners, organizers, facilitators and other staff concerned with resourcing, coordinating and implementing the project, involving people with a range of skills and knowledge (see Box 2.1). These individuals will vary according to the context, but should typically include people with the ability to coordinate complex projects that involve a range of stakeholders; therefore, management, communication, negotiation and facilitation skills will be important. They should also be knowledgeable about citizen engagement and policy-making related to the health issue at stake, with a good understanding of the social, political and economic context for the project.

For small projects, a small team may be able to cover various roles simultaneously (e.g., coordination, logistics and communication). For large projects, a division of labour is important, and roles may be fulfilled by pulling together a team of staff from different organizations and institutions, forming a partnership to carry out the project. For example, an institution or organization may already exist that is already in charge of hosting and resourcing citizen engagement, and the Project Team may be drawn from that context. See [Step 8](#) (later in this chapter) for more on how to ensure inclusivity in the Project Team.



#### Project activity

Imagine a potential Project Team for the mini-public.

Identify relevant roles and candidates (including for management, communication, logistics, process design and facilitation).

Plan how to invite them to join the project.

**Table 2.1. Key considerations when assessing the viability of mini-publics**

Conditions	Risks
<p><b>Purpose</b></p> <p>Is there a clear task that can be delegated to the mini-public? Can the task be formulated in a way that is understandable by non-specialists? Is the task designed to feed into policy-making?</p>	<p>Lack of clarity about the purpose of the overall process, and the task given to the mini-public, can have a negative effect on the quality and credibility of the initiative.</p> <p>For example, if the task given to the mini-public is unclear, this may lead to policy considerations that are underdeveloped and therefore unsuitable to feed into policy-making. This may waste precious resources, and perhaps lead external observers to question the motives behind organizing the mini-public.</p>
<p><b>Timing</b></p> <p>Given the task, is the mini-public convened at the right stage of the policy cycle to meet its purpose?</p> <p>Is the task achievable within the time frame of the mini-public?</p>	<p>The wrong time frame can result in a lack of relevance or influence. This happens, for example, when a mini-public that is supposed to help with early policy development is organized during the late implementation stage of a policy cycle.</p> <p>Likewise, a time frame that is not realistic can undermine the results of the mini-public; for example, if participants are only given two days to work on a health issue that may require six days to be explored properly.</p>
<p><b>Inclusion</b></p> <p>Is civic lottery the right approach to recruit participants, given the issue and context?</p> <p>Can measures to reduce barriers to participation be put in place?</p>	<p>If the issue under consideration affects a particular stakeholder group, then civic lottery across the entire population may not be the right approach. In such cases, it may be more appropriate to organize citizen engagement via other forms of participation.</p> <p>If a mini-public is the right approach, then civic lottery (see <a href="#">Chapter 3</a>) is necessary. Without some form of random selection method, alongside measures to support participation, there is a risk of excluding a range of demographics and perspectives – which undermines the quality and legitimacy of the process. For example, if organizers cannot provide resources, such as accommodation, travel and subsistence, then it is unlikely that people with a diverse range of backgrounds will be able to participate.</p>
<p><b>Balanced evidence</b></p> <p>Can balanced evidence be provided to ensure that participants are not steered in a particular direction?</p> <p>Can the evidence be provided in an accessible way?</p> <p>Is the evidence diverse enough to inform a nuanced understanding of the issues? (For example, including different forms of knowledge, expertise and experience, as is the case in WHO’s <a href="#">EVIPNet Europe Evidence Briefs for Policy guiding manual</a> (EVIPNet Europe, 2020)).</p>	<p>A lack of balanced and diverse evidence can lead to a biased process and outcomes, thus affecting the credibility of the process and its conclusions. However, there may be issues for which the evidence is not well developed, and this should be made clear to participants. Citizen engagement and the use of evidence needs to be systematic and transparent.</p> <p>Mini-publics can still contribute in such contexts; for example, helping to make sense of the values that should be prioritized when dealing with uncertainties and ethical dilemmas, or helping to develop a new research agenda to fill the evidence gap.</p>
<p><b>Resources</b></p> <p>Is the level of resources adequate to allow the process to be delivered (completed)?</p> <p>Can resources be mobilized across the relevant stakeholder networks to support the mini-public?</p> <p>Are the resources proportionate to the size and length of the process?</p>	<p>Insufficient resources may lead to compromises that affect the quality of the process and its outcomes. When resources are scarce, the priority must be to use them to support the two core aspects of the process: (1) inclusion of diverse participants, and (2) evidence-informed deliberation.</p> <p>In situations where the task requires more resources than are available, the task may need to be adjusted so that it is realistic given the circumstances.</p>
<p><b>Governance</b></p> <p>Can adequate governance arrangements be made to provide oversight of the process?</p> <p>Are relevant stakeholders willing to be involved?</p>	<p>A lack of multi-stakeholder governance (that is, advice, oversight) can undermine the quality and legitimacy of a mini-public. It is crucial to generate support from key advocacy organizations working on the public health issue in question, as they often play important roles. For instance, advocates may represent key voices that the mini-public needs to hear to understand the issues and trade-offs at stake. Likewise, support from those advocacy organizations may be crucial for the mini-public to influence policy-making.</p>



Conditions	Risks
<p><b>Institutional context</b></p> <p>Is the institutional context hospitable to this kind of citizen engagement?</p> <p>Are power-holders willing to provide an authorizing environment for the mini-public?</p> <p>Is the process clearly connected to the relevant policy- and decision-making spaces?</p>	<p>An unclear connection to policy-making can undermine the influence of the work carried out by the mini-public. An inhospitable institutional context can also make it difficult to mobilize resources and expertise to support the process. Institutions that convene mini-publics for tokenistic or manipulative purposes can lose credibility and undermine the public view of citizen engagement.</p> <p>At the most basic level this means that the institutions involved must be open to citizen engagement and committed to use the work of the mini-public to inform policy-making. Sometimes this commitment is only present in certain parts of the relevant institutional context, and ongoing work will be needed to gain wider support.</p>
<p><b>Civil society context</b></p> <p>Is the civil society context amenable to this kind of citizen engagement?</p> <p>Can trust be built between public institutions and civil society organizations to support and engage with the process?</p>	<p>It is difficult to ensure the quality and influence of a mini-public without some level of support from relevant stakeholders in civil society (e.g., NGOs, advocacy organizations, community networks, research organizations, etc.).</p> <p>As shown throughout the guide, these stakeholders play important roles in the organization, governance and impact of a mini-public. In situations where there is not a good relationship between institutions and civil society organizations, the mini-public may play a mediation role that can help to build trust.</p>
<p><b>Safety and security</b></p> <p>What measures must be put in place to ensure the safety and security of participants?</p> <p>Does the context allow for the free participation of citizens?</p> <p>Is the location of the mini-public safely accessible?</p> <p>Can parts of the process be safely organized online?</p>	<p>Organizing a mini-public can be particularly challenging in vulnerable or unsafe contexts (e.g., humanitarian crises, protracted emergencies, armed conflicts). In certain contexts, some of these risks may be attenuated by partnering with human rights organizations. Organizing mini-publics online can also help, but this brings another set of challenges (see <a href="#">Chapter 4</a>). Safety and security considerations must be at the forefront of the organizers' assessment of the viability of the mini-public. If organizers, participants and stakeholders cannot work in safe conditions, the process should not go ahead until the context changes.</p>

**Box 2.1. Project Team: key activities and roles**

The scale, resourcing and institutional context will shape the types of staffing, posts and roles that are possible. Suggestions are outlined here, according to the key activities and roles typical in organizing a mini-public, but this should be adapted to local circumstances. Not all these roles and activities are needed in all contexts, nor do they necessarily require a large team.

For example, sometimes a small team within the institution commissioning the mini-public can cover multiple roles. In other situations, these roles may be distributed across staff from partner organizations, brought together in a consortium of public sector and civil society workers. The latter (hybrid) model is sometimes better to support the integrity of the project, as well as to incorporate citizen engagement expertise that may not be available within the commissioner's institution.

**Project Team – aspects and roles to consider**

- The **leadership and management structure** will comprise, for example, a Project Coordinator(s) with overall project responsibility, as well as an Operational Lead(s) with responsibility for specific tasks.
- The **process design and facilitation** team will include a Lead Facilitator(s) focused on designing the format for the mini-public and facilitating the sessions.
- The **evidence and information team** will comprise an Evidence Lead, along with support staff in charge of coordinating the preparation and sharing of evidence with the mini-public.

- **Participant and stakeholder support** will include people to support the participants through the process, from recruitment to project completion, as well as supporting key stakeholder groups.
- **Back-office and logistics staff** will be needed to take care of project management and administrative tasks.
- **Information and technology (IT) development and support personnel** will support the project's IT needs, including participants, staff and the Project Network, as well as handling any live-streaming or other online activities, as required.
- **Communications and impact staff** will deal with media/social media, public relations, public engagement and impact.
- **Evaluation** may be carried out within the Project Team or undertaken by an external research organization.

### Step 3. Mobilize institutional support

Part of the strategic work involved in the Inception stage is to mobilize institutional support for the project – including both the authority and the resources required to make it a reality. This entails engaging institutional stakeholders within health services, along with policy-makers and decision-makers from beyond the health field. In contexts where citizen engagement is seen as an important part of policy-making (whereby an existing institution already commits to hosting and resourcing citizen engagement), this may be straightforward, with an obvious context from which to bring together the Project Team. If so, the Inception stage will still require considerable work, but it will be simpler than starting from a lack of institutional support.

In many countries, institutional capacities for meaningful citizen engagement are low. There is a clear need to invest in building these capacities, and this starts by recognizing the added value for health policy-making (for more on this, see the [WHO Handbook on social participation](#) (WHO, 2021c)). Experience has shown how difficult it can be to organize mini-publics in contexts where the dominant institutional culture is elitist, rather than participative. In such contexts, the Project Team must take care of the project while also working to change this element of the cultural landscape, which can be very time-consuming and challenging (as discussed, for example, by Escobar (2022)).

Although citizen engagement is increasingly embedded within health governance (and public governance, more generally), more groundwork will be required if the initiators are pioneering the process in a new context. For example, the 2021 Global Assembly on the Climate and Ecological Crisis was organized by a consortium of civil society organizations (rather than state actors) that secured resources from five funders internationally, as well as through open crowdfunding. Once the project was under way, the organizers were able to gather support for the project from national and international institutions (Global Assembly, 2023a).

This example illustrates how in some situations it may be possible to initiate a mini-public without institutional support upfront, and then seek that support as the project develops. Although mini-publics can have positive impacts beyond state action, in the context of this guide it is emphasized that some level of institutional support is crucial (see [Chapter 5](#)). Otherwise it is difficult to see how the work of the mini-public can feed directly into policy-making.

However, there are situations in which a mini-public may be organized to influence policy indirectly. For example, a group of civil society organizations may organize a mini-public to inform their campaigns or policy advocacy work. In such cases, participants in the mini-public must be clearly informed that their work will feed into policy advocacy, rather than institutional policy-making.

#### Step 4. Develop a wider Project Network

The Project Network refers to the range of stakeholders that must be included to support the legitimacy, effectiveness and influence of the project. During this step, the Project Team works to consolidate existing relationships, whilst also developing a wider Project Network that may include, for example:

- institutional stakeholders within health services, and wider policy-makers and decision-makers within relevant governance structures;
- representatives from civil society, research networks, and business communities (across social, private and public enterprises); and
- representatives from among health service users, carers, residents and community groups – particularly those from marginalized communities and other affected groups.

The composition and roles of the Project Network will evolve throughout the four stages of the project.

#### Key roles drawn from members of the Project Network

- **Stewarding Board.** This is a body formed by delegates from key stakeholder groups, including policy stakeholders and relevant authorities, as well as community stakeholders and relevant civil society organizations – in particular those representing economically and socially marginalized groups. Its size depends on the range of perspectives required for governance of the process, balanced by the need to be a space for effective deliberation and decision-making – which can be harder in a large body. The rule of thumb is somewhere between eight and 20 members, depending on whether it's a small mini-public being organized (e.g., a citizens' jury or citizens' panel) or a large mini-public (e.g., a citizens' assembly). [Chapter 3](#) returns to the functions of the Stewarding Board in more detail.
- **Evidence Board.** In some contexts, the Stewarding Board may be able to oversee the preparation of balanced evidence for the mini-public. However, for complex public health issues, a dedicated group with relevant expertise may be needed to work alongside the Stewarding Board and the Evidence Lead. The Evidence Lead may be part of the Project Team or working independently (for example, seconded from a research institution).
- **Impact brokers.** These are additional representatives from key stakeholder groups, who are not involved the Stewarding Board or Evidence Board, but can support external communications and impact (e.g., influence policy-making).

No project starts in a relational vacuum. Some working relationships with relevant



#### Project activity

To begin the task of mobilizing institutional support, think about the institutional environment and available resources for citizen engagement in the context.

- Which key stakeholders could support the process? Who would not be interested or may resist it? How to gain their support?
- Identify possible sources of funding for the project.
- Reflect on the ways different sources of funding might impact the direction and expectations of the mini-public.

stakeholders and potential funders may already exist and potentially give momentum to the idea of organizing a mini-public to address an issue of shared concern.

At this stage it is important to articulate clear information for these groups, enabling the Project Team to share its initial thinking about:

- the public health issue(s) of concern and the related policy and social context;
- the potential benefits and challenges of citizen engagement in this context; and
- the overall purpose of the project and how it may help in relation to health policy-making and action.

The Project Team must consider what it can realistically offer to different stakeholders to support their engagement with the Project Network (e.g., ongoing updates or newsletters; consultation on process design; involvement in project governance; or resources to enable their contribution, for instance if they are from a small non-profit-making organization or community group).

Building understanding, trust and shared commitment across stakeholder groups requires skilled work and the Project Team needs sufficient time for these early conversations.

For example, the two lead organizers for Scotland's Climate Assembly spent at least four months carrying out groundwork at the Inception stage. This entailed various formal and informal meetings with the purpose of: learning from organizers and researchers previously involved in similar projects; building trust and relationships with stakeholder groups that may be sceptical about the project; and approaching people who may represent diverse perspectives when forming the Stewarding Board and Evidence Board at the Preparation stage (see [Chapter 3](#)). For more detail, refer to [Scotland's Climate Assembly report](#) (Andrews et al., 2022).

### **Step 5. Hold a stakeholder workshop to develop a shared understanding of the public health issues**

As a next step, it can be useful to organize one or more workshops to develop a shared understanding of the issues, stakeholders, contexts and potential role of the mini-public. The activities outlined in the remainder of this chapter will require flexibility; whilst they are presented as a linear process, there will be an inevitable shuttling back and forth. Managing a project of this kind is a bit like a Rubik's Cube; every time one piece moves, the others must be revisited.

The purpose of the workshop(s) is to bring together stakeholders and Project Team members to map key issues and develop a Project Brief. It is important to see informal conversations and formal workshops as pulling together to give the project wings. This requires ongoing communication within the Project Team.

One suggestion is to host two sessions that may be held in just one workshop or across two, including:



#### **Project activity**

Develop a Project Network.

Read the example in Step 4 of Scotland's Climate Assembly. What take-aways are there for the project?

Develop a strategy for creating a Project Network. First identify potential stakeholders and then draft a plan to engage with them (e.g., timeline, how to approach them, etc.).

- one session to develop a shared understanding of the public health issue(s) at stake, including existing approaches and new ways of thinking; and
- a second session to develop a shared understanding of the socio-political context, including opportunities, challenges and risks.



#### Project activity

Plan a stakeholder workshop to develop a shared understanding of the health issue.

Look at the WHO definitions of equity, inequity and the social determinants of health. What do these concepts mean in the context of the project? How is the health issue at stake affected by inequity?

Read the questions to critically discuss the framing of the public health issue being considered.

Reflect on what would be required in the relevant context to create a safe and open space for everyone in the workshop to engage effectively and meaningfully.

These discussions are important to generate shared commitment from stakeholders, whose support will be needed for the project to be credible and influential. The format of the workshops (e.g., length, methods, whether online/in-person) can be adapted depending on the time and resources available, as well as the levels of existing knowledge on citizen engagement and the health issues under consideration.

The workshop(s) should include Project Team members and a core group of stakeholders working in the relevant area of public health. It should be a small but diverse group with credible representatives from across sectors (e.g., public, civic/non-profit-making, research, community, etc.). The workshop is an opportunity for inclusive dialogue with existing and new stakeholders to build trust and common ground for the project (Escobar, 2011). This starts by developing a shared understanding (or framing) of the public health issue in question.

Discussions in the workshop can help the Project Team to highlight further information and clarification needed to advance the project; for example, in relation to:

- what the commissioners and funders are looking to achieve through the mini-public;
- the varieties of existing evidence about the issue in question;
- the socio-political context on that issue (more on this in [Step 6](#) of this chapter);
- the varieties of policy approaches (for example, existing and interlinked policies, current alternatives, emerging trends, and forward-looking and/or open-minded (“blue sky”) thinking); and
- the range of stakeholders affected by this issue and policy area (such as citizens/communities; policy-making and governance; and practitioners, services and businesses).

#### Facilitation note

Existing guides are available to provide practical advice on **facilitating collaborative workshops** and how to identify key issues. Advice on how to facilitate stakeholder meetings is available in Escobar’s report on [public dialogue and deliberation](#) (Escobar, 2011: Chapter 7) and in the [WHO Handbook on social participation](#) (WHO, 2021c:50–51). The [WHO guide for evidence-informed decision-making](#) also offers practical advice on how to identify and prioritize key issues (WHO, 2021a:26–27), which may help to structure parts of the workshop, aiming to:

- seek a clear and concise statement of the public health issue, with particular attention to context and equity (see Box 2.2); and
- identify and frame the issue through a priority-setting exercise that considers existing knowledge, paying particular attention to local evidence.

### Box 2.2. Definitions: health equity and inequities, and the social determinants of health

In some languages, there is no difference between the concepts of health inequity and health inequalities. In others, however, health **inequalities** refers to all differences, while health **inequities** refers to those differences that are “unnecessary, avoidable, unfair and unjust” (see [EuroHealthNet’s Health Inequalities Portal Glossary](#) (EuroHealthNet, 2023)). In this guide, following WHO’s use of language (see examples below), the terms **health inequities**, and **wider inequities** (e.g., social, economic, political, ecological) are used.

[Health equity](#) is the absence of unfair, avoidable or remediable differences in health among population groups, defined by social, economic, demographic or geographic characteristics (WHO, 2023a). Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions. Action not only requires equitable access to health care but also means working outside the health-care system to address broader social well-being and development.

[Health inequities](#) are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018). Such systematic differences within and between countries (including low-, middle- and high-income countries) are unfair, unjust and avoidable. Many of these health differences are caused by decision-making processes, policies, social norms and structures, which exist at all levels in society and are preventing poorer populations from moving up in society and making the most of their potential.

The [social determinants of health](#) are the non-medical factors that influence health outcomes (WHO, 2023b). They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

The [WHO CSDH](#) recommended the following three critical areas of action on the social determinants of health (CSDH, 2008):

- improve daily living conditions – the circumstances in which people are born, grow, live, work and age (particularly for girls, women and their families);
- tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions of daily life (e.g., macroeconomic and urbanization policies and governance); and
- measure and understand the problem and assess the impact of action – expand the knowledge base, train workforces and raise public awareness regarding the social determinants of health.

The Commission calls for systematic action that is universal but proportionate to disadvantage across different groups. This is necessary for effective delivery in addressing inequities in health and promoting healthier populations.

**Optional resource** on collective sensemaking: [Storytelling for systems change: from listening to collective sensemaking](#) (Snow, 2021).

**Facilitation note****Discuss and question existing framings**

Depending on the context, the workshop may be an opportunity to question dominant understandings of the issue and to open space for critical thinking. This is relevant for contested issues, where some stakeholder perspectives may have been excluded in previous policy processes (e.g., marginalized groups, indigenous communities, displaced populations, or children and young people<sup>c</sup>). Such exclusions prevent a nuanced understanding of the complexity that must be considered for effective policy action.

One way to approach this during the workshop is to dedicate time to discuss and question existing framings of the issue and, if necessary, develop new ones; framing means a certain way of thinking about an issue, which includes and excludes certain aspects, thus offering a picture that may be incomplete or that prioritizes some aspects over others.

Below are some **examples of questions** that could guide critical exploration of this during the workshop (adapted from Bacchi & Goodwin (2016)).

- How is this public health issue currently defined and framed?
- What assumptions underlie this framing of the issue?
- How/where has this framing come about?
- What is left unproblematic, or needs to be revised, in this framing of the issue? Where are the silences? Can the issue be thought about differently?
- What effects are produced by this framing of the issue? For example, who benefits from that framing? Are certain populations stigmatized by it? Who may benefit from a new framing of the issue?
- How/where has this framing been disseminated and defended? How could it be questioned or replaced? How could new ways of thinking about the issue help to tackle it?

<sup>c</sup> The importance of including children and young people in mini-publics is increasingly recognized (see Nishiyama, 2023). For a recent example from Ireland see the final report of the [Children and Young People's Assembly on Biodiversity Loss](#) (Torney, Reid & Monday, 2023).

## Step 6. Map the institutional landscape and wider socio-political context

The second workshop with the Project Network focuses on the wider context. The first task is to map the relevant stakeholders that should be included in the project to ensure a diverse range of perspectives on the issue. The [EVIPNet Europe Evidence Briefs for Policy guiding manual](#) (EVIPNet Europe, 2020: subsection 2.1.5 on stakeholder mapping) offers practical advice on how to identify relevant stakeholders. The discussion should help to address any gaps in who has been contacted about the project so far, along with anyone else that might need to be approached. The second task is to explore the socio-political context and its implications for the project. The manual also provides useful guidance to map the policy and political context (EVIPNet Europe, 2020: subsection 2.1.4). Key areas for consideration and questions for this session include those listed here.

### 1. Mapping institutional stakeholders

- What public institutions have competency over the issue? Which formal power-holders

- must be involved to create an enabling (authorizing) environment for the mini-public?
- What other public services, agencies or institutions work on this health issue, can provide relevant expertise, and/or have a stake in the outcomes of the mini-public?
- What other potential funders need to be engaged? For example, sometimes the resources for the mini-public have not been secured in full at the Inception stage. The workshop may provide the opportunity to form a funding partnership with various institutions.
- In what capacity may those different stakeholders be involved? For example, keeping them informed; consulting them throughout the project; involving them in presenting evidence to the mini-public; or including them in the governance of the process (e.g., Stewarding Board).

## 2. Mapping civil society stakeholders

- What civil society organizations work on this health issue, may provide expertise, and/or have a stake in the outcomes of the project?
  - What citizens and community groups are currently unrepresented by existing civil society organizations? How may they be involved in shaping the project? This is particularly important with regards to marginalized citizens, groups and classes (see Box 2.3 and Box 2.4).
  - Are there any stake-seekers in this area of work? For example, people who usually would not usually get a seat at the table (i.e., are not currently considered official stakeholders) but have a legitimate claim to be involved.
  - What potential funders could be brought on board? The workshop can provide an opportunity to explore forming a funding partnership including organizations across sectors.
  - In what capacity may those different stakeholders be involved? For example, keeping them informed; consulting them throughout the process; involving them in the learning phase of the mini-public; or including them in the governance of the process.
- Depending on the context and issue, it may be also relevant to include some business sector stakeholders; for example, representatives from social or public enterprises, private companies, or trade associations.

## 3. Exploring the socio-political context for this public health issue

The discussion should allow participants to share information that is relevant to the locality, region, nation, state or supranational region where the mini-public will take place. For instance, it should take into consideration:

- levels and quality of existing health and well-being provision;
- social, cultural and historical factors;
- economic, digital and ecological conditions;
- governance, legal, political and policy-making opportunities, challenges and dilemmas;
- current levels of public trust in institutions; and
- power dynamics and inequities (Chapter 2 of the [WHO Handbook on social participation](#) covers this topic) (WHO, 2021c).



### Project activity

Map the socio-political context.

Read Box 2.3 and Box 2.4 (next pages) and reflect on how those considerations may apply in the context of the project.

Reflect on socioeconomic dynamics in the given context. Who are the excluded/disadvantaged/marginalized communities?

What is the history of marginalization and/or oppression of this group or community? How may this relate to the public health issue in question?



#### 4. Reflection points

There must be time during the workshop to reflect on:

- how citizen engagement may support policy-making on this public health issue;
- whether the mini-public approach is adequate in this context; and
- the potential resources (material, social, institutional) available to support the project.

The learning from both workshop sessions should be summarized and shared with stakeholders in a **short report** prepared by the Project Team to determine the viability of the mini-public, and to inform the Project Brief for the Preparation stage ([Chapter 3](#)).

#### Box 2.3. Understanding economic and social factors underpinning dimensions of poverty and inequity

Societies encompass complex and interrelating diversity (intersectionality). The relative power and wealth of different groups (power inequalities) generate and sustain long-term health inequities (McCartney et al., 2021). In mapping a public health issue, it is crucial to understand how dynamics across social groups are affecting public health challenges and poverty and inequity – and how these are interacting over time.<sup>d</sup> It is useful, therefore, to consider how dimensions of poverty and inequity relate to:

- age and ageing – across generations
- disability, long-term health conditions, and mental health/well-being
- race, ethnicity, nationality, culture and language (including sign language)
- faith and belief systems
- geographical/spatial identity – e.g., urban, rural, remote, and dynamics between centres and peripheries
- gender and sexuality
- socioeconomic class and/or caste.

Their impacts and interactions are complex in relation to public health issues and inequities, so it is important to acknowledge this complexity and the need to learn more as the project develops. Two potential angles for the discussion may be:

- intersectionality – how these different aspects of identity interact for groups and individuals, the consequences of this (socially, economically, politically), and how this changes over time or in different contexts; and
- history – how these different aspects have developed and interacted over time (for instance, through the impacts of colonialism).

<sup>d</sup> See Hankivsky et al. (2014) for an intersectionality-based policy framework for health equity.

#### Box 2.4. Working respectfully with indigenous people

The Simon Fraser University's Morris J Wosk Centre for Dialogue developed eight principles as part of its [Guide for practitioners](#) (entitled *Beyond inclusion: equity in public engagement* (Armos, 2020)) – one of which (principle 3) is about **establishing respectful relationships with indigenous people**. It advises organizers to approach such engagement in a spirit of reconciliation that recognizes colonial contexts and past and current injustices and inequities.

In practice, this may include:

- **deepening understanding** of the history, culture, context and governance of indigenous people – including those living on ancestral lands as well as in other settings (urban indigenous people);

- **investing time in building relationships** with indigenous communities;
- **following the lead of indigenous communities** – recognizing that they will have learning to share that is relevant to the issue(s), and that the project must engage with their concerns and priorities;
- **bringing their worldviews to centre-stage**, which means working with them (rather than appropriating this knowledge), and remaining aware that there is not one pan-indigenous worldview that applies to all indigenous people;
- **providing culturally relevant support** – for example, in relation to access, inclusion and communication (see [Chapter 3](#)); and
- **building organizational strategy** to work towards reconciliation and decolonization – and, more generally, to influence public awareness.

The [United Nations Declaration on the Rights of Indigenous Peoples](#) provides important foundations for this work (UN DESA, 2007). For an example of a mini-public including indigenous communities in Australia, see the case of the Dialogue with the Pilbara: Newman Tomorrow (Empowering Participation, 2004).

## Step 7. Decide on the type of mini-public

Although various types of mini-publics exist, they have some common features (civic lottery, evidence-based deliberation, and inclusive facilitation) and can be adapted to context. Each option will generate different possibilities and constraints. The two forms highlighted in this guide, following the [Overview report](#) (WHO, 2022), are exemplified here.

- **Citizens’ juries or citizens’ panels** comprise 10–25 participants. This is the smallest type of mini-public, which usually lasts 1–6 days. The cost<sup>4</sup> tends to be somewhere between US\$ 3800 and US\$ 25 500, but this depends on the resources and expertise already available within the commissioning institution and the network of stakeholders (e.g., venues, logistics, communication infrastructure, expertise on process design and facilitation).
- **Citizens’ assemblies** – with between 50 and 150 participants (although the number can reach as high as 1000), this is the largest type of mini-public, and can last anywhere between one and 14 days, over several months. The cost can be anywhere between US\$ 38 250 and US\$ 3.82 million. Again, this depends on their context, size, task and resources, as well as the expertise already available. Their affordability is often determined by how many aspects of the process can be done in-house, rather than being outsourced.

Two key trade-offs relate to size and length of the project. In terms of size, smaller mini-publics (e.g., juries and panels) tend to allow for deeper deliberation but may be able to cover fewer dimensions of the issue than larger ones (e.g., assemblies). In terms of length, longer mini-publics will be able to cover more dimensions and in greater depth, but will take longer to organize and thus may not offer a rapid response. In this sense they may be better suited to longer-term policy work. Both size and length depend on the scope of the



### Project activity

Decide on the type of mini-public.

Consider which type seems most appropriate for the project (e.g., jury, panel, assembly).

List all the considerations that justify this decision.

<sup>4</sup> For an example of the costs in a citizens’ jury, see Roberts & Escobar (2015: [Appendix 4](#)).

task attributed to the mini-public (more on this in [Chapter 3](#)) and should not be decided without this consideration. The size and length must be proportionate to the task; for example, a mini-public should not be given a task with a time frame that would be unrealistic for a traditional committee of experts and policy-makers.

These decisions are usually made by the Project Team in consultation with key stakeholders, including the funders, Stewarding Board and Project Network.

## Step 8. Decide on key principles to guide your practice

The potential benefits of organizing a mini-public depend on sustaining the credibility of the project. This means both internally, among the Project Team and Participants, and externally, across the range of stakeholders involved or affected. Consequently, citizen engagement organizers are often committed to shared principles for good practice. Frameworks and standards exist that may be helpful in guiding the work of the Project Team and Project Network. Three examples are highlighted below, elaborating approaches to establishing key principles in the context of mini-publics.

1. OECD's [Good practice principles for deliberative processes for public decision making](#) forms part of the OECD's 2020 publication *Innovative citizen participation and new democratic institutions* (OECD, 2020: Chapter 5). This resource focuses on the internal quality of the process, which is crucial for building external credibility. The 11 principles for supporting good practice in organizing mini-publics cover: purpose; accountability; transparency; representativeness; inclusiveness; information; group deliberation; time; integrity; privacy; and evaluation.
2. [Demo.Reset](#) is a network of organizations seeking to support the development of deliberative processes – including mini-publics – in the Global South (Demo.Reset, 2022). Through a series of masterclasses known as Demo.Talks, it is generating discussions of good practice that include the qualities listed here.
  - **Reasonableness:** working together to build considered arguments that combine thinking based on evidence and experiential knowledge, whilst recognizing the role of reasonable doubt.
  - **Publicity:** making deliberative processes both public and accountable – with the exception of situations where full transparency may be detrimental to the safety of participants and where anonymity may be required (e.g., conflict zones; or in the context of repression).
  - **Mutual respect:** ensuring the process supports respectful dialogue and deliberation – building empathy and emphasizing the need for sincere exchange of views (Escobar, 2011).
  - **Equality:** recognizing the competency of everyone to participate; the right of all to participate and express themselves; and the importance of resourcing people to participate on an equal footing.
  - **Inclusion:** ensuring diversity in the range of groups and perspectives – relevant to



### Project activity

Outline principles that will guide the team's approach to organizing the mini-public.

How will those key principles for the project be decided?

Who will be involved in developing and agreeing on the principles?

Write down any initial thoughts. These can then be refined and summarized in the Project Brief for ongoing implementation and monitoring.

Remember to keep using (and checking) they key principles – are they guiding the mini-public project?

an issue and geography – that are included in the process, whilst recognizing existing barriers to full inclusion. These barriers can be **functional and immediate**, requiring (for instance) specific support for participants; and they can be **structural and built into social systems** (e.g., access to education, legal rights, cultural norms, and income distribution).

3. The Deliberative Integrity Project is a research programme at the University of Canberra (Australia) (Deliberative Integrity Project, 2023) seeking to support practitioners in exploring the complexities of deliberative practice and sustaining the integrity of mini-publics. Their work relates in particular to:
  - ensuring a range of organizational and facilitative activities;
  - key principles, such as transparency, oversight, impartiality, accountability, and respect;
  - inclusive and flexible support of everyone involved; and
  - committing to understanding the socio-political context and wider inequities.

By the end of the Inception stage, the Project Team and Project Network should have agreed principles to guide the project in their context. Box 2.5 proposes a synthesis of the key points.

#### Box 2.5. Framework for developing shared principles for good practice

##### **Paving the way for a credible process – internally and externally – by:**

- offering clarity about the project’s purpose and process;
- selecting participants by civic lottery – to engage people with a diverse range of demographics and perspectives;
- establishing project governance via an oversight body (Stewarding Board);
- ensuring an open, transparent and publicly accountable process (depending on context); and
- determining expectations about policy influence and wider impact, with the potential to make a difference.

##### **Supporting inclusiveness, through a range of approaches, including:**

- ensuring suitable resourcing and support to empower all participants – starting with ensuring the most disadvantaged have what they need to be genuinely involved;
- facilitating inclusion by using a variety of evidence, supporting a range of learning styles, and recognizing the breadth of relevant perspectives on the public health issue in question;
- understanding the socio-political context, including in relation to poverty and inequity (taking into account lived experiences);
- applying inclusive thinking to all involved (staff team, stakeholders, speakers, etc.); and
- keeping all involved safe – recognizing areas of risk (privacy, legal, personal, political) and planning to work through these concerns.

##### **Establishing team integrity and ethos – including through commitments to:**

- the quality of facilitation, information and evidence;
- the quality of inclusive support for participants and others involved;
- ongoing learning and evaluation, and related accountability; and
- building a shared culture of respectful dialogue and deliberation.

### Tool for deciding on key principles

This exercise aims to support thinking, or it can be used as part of a group activity. To determine the key principles for the project, consider the following points.

- Key principles stem from a person's or organization's core values. They guide decision-making and practices throughout the project.
- Having read through the examples of principles for good practice in this section, which ones immediately resonated as important (individually or for the organization)? Make a list of at least 10 important principles.
- Check if any of the principles are similar or related; could they be clustered? Also check again for principles that are missing. Write down anything that comes to mind.
- Think about the mini-public and how these principles will shape the project. For each principle, complete the following sentence: "To ensure [principle], we will [practise] in our project."
  - For example, "To ensure inclusivity, we will allocate sufficient resources to participant support in each stage of the mini-public".
- Prioritize the top five principles (individually or as a group) and make a new, shorter list.

## Step 9. Generate a Project Brief

The learning established across the steps completed in this chapter of the guide can now support the development of a Project Brief. A situational or SWOT analysis (strengths, weaknesses, opportunities, threats) may be a good starting point for this discussion within the Project Team to summarize what has been learned so far.

Even where there has been initial commitment to a particular type and scale of mini-public (e.g., jury, panel or assembly), it is important to check whether this approach still makes sense. Key issues in making this decision include:

- **resources available** and implications for the length and scale of the mini-public;
- **proportionality to the public health issue at stake** – the scale and urgency of the issue(s), potential options for policy action, and the consequences of inaction;
- **complexity of issues and evidence to be considered** – how much time, induction and learning will be needed by participants to build sufficient shared understanding to deliberate and identify policy considerations;
- **geography** – taking into account the scale and context (local, regional, state-wide, transnational, or global) and whether the process should be in person, online or hybrid;
- **socio-political context and conflict**, including whether there are conflicts or emergencies affecting the relevant population, any related safety issues, and the existence/state of any effective governance (by local or national government) to conduct the project safely; and
- **health policy and the wider policy context** – what opportunities and constraints exist within the relevant policy-making contexts? For example, is the timeline of the mini-public adequate to feed into the relevant policy cycle?

At this stage, the Project Brief should be shared for review, so that the Project Network can offer a second opinion on the elements outlined in Box 2.6. It is also advisable to consult relevant actors external to the project for constructive criticism; e.g., parties (working in the field) with experience organizing mini-publics. Global NGOs like People Powered provide [mentoring opportunities](#) that may be helpful in this regard (People Powered, 2023a). The point is to gain feedback that allows the Project Brief to remain aspirational, and therefore energizing, whilst also being realistic. A summary can be presented, in order to address queries from commissioners, as well as existing and potential funders, and to help finalize discussions with them as to the focus and resourcing for the project. The Project Brief also supports the consolidation of the Project Team and Project Network to take the process forward.

The main achievements and milestones expected from the Inception stage are that:

- a decision is made on whether the mini-public is viable;
- a Project Team is in place to lead and manage the project;
- a Project Network begins to form, including key stakeholders; and
- a Project Brief is created to guide the next steps in the project.

### Box 2.6. Overview of the fundamentals to prepare the Project Brief

What may be included in the Project Brief? Below are some suggestions to be adapted to local context.

- A draft statement of the public health issue(s) in focus, and how it may be translated into a manageable task for the mini-public
- Relevant information about the social, political and policy context
- Confirmation of the finalized Project Team, including secondments, recruitment, and key roles (see [Box 2.1](#))
- Confirmation of the range of stakeholders (institutional, civil society, business, community) already supporting the process – and what other stakeholders need to be included
- Potential members for the Stewarding Board and the Evidence Group
- A project timeline
- An initial sketch of the process design for the mini-public; e.g., potential size and length, and the likely number of sessions required (in person, online or hybrid) from learning through deliberation to policy considerations
- An outline of the process checking that the financial resources match the ambitions for the project (including any potential need to downsize expectations or develop a Plan B)
- A list mapping out other resources required (e.g., venues, technology, translators, and sign language interpreters)

### Learning reflection

*Based on the learning from this chapter, make notes about the most important considerations and priorities for the project at hand.*

# Chapter 3

## Preparation: getting ready

### *Objective of this chapter*

The objective of this chapter is to help lay the groundwork to assemble and deliver the process of a mini-public. It involves forming the Stewarding Board and the Evidence Board, finalizing the task of the mini-public, recruiting participants, preparing to support them to engage in the mini-public, preparing the research evidence to be used in the mini-public, and finalizing the Action Plan. An outcome at the end of this stage will be an Action Plan for conducting a mini-public for the public health issue being tackled.



### *Introduction*

The work carried out during the Inception stage focused on exploring the viability of a mini-public in the context under consideration, while developing a Project Brief and establishing the Project Team and Project Network. The Preparation stage now focuses on the steps needed to turn these ideas into practice, culminating in an Action Plan for the mini-public. This includes thinking through who does what, by when.

### *Key points made in this chapter*

- Forming a Stewarding Board is a key step in establishing robust governance (that is, advice and oversight) for the project and thus supporting the credibility and influence of the mini-public.
- The Stewarding Board should include delegates from a diverse range of relevant stakeholders, including policy stakeholders and research institutions, as well as community stakeholders and civil society organizations.
- Another key step is to decide the specific task or question given to citizens to guide their work in the mini-public. This must be finalized by the Project Team in consultation with the Stewarding Board and other key stakeholders. The task can be decided through a bottom-up, top-down or hybrid approach.
- The task must be realistic within the time and resource constraints. If it is too general, it may not be feasible or relevant to inform policy-making. If it is too narrow, it may prevent meaningful deliberation of the issues at stake.
- There is a great deal of power wielded through setting the task. Therefore, commissioners and organizers must reflect carefully on how that power might be shared to support the legitimacy and influence of the mini-public.

### **Steps**

#### **Preparation stage**

- Step 1.** Form the Stewarding Board
- Step 2.** Define the task of the mini-public
- Step 3.** Prepare a Communication Plan and Impact Strategy
- Step 4.** Recruit participants for the mini-public
- Step 5.** Provide support for participants
- Step 6.** Prepare the research evidence
- Step 7.** Consolidate the Action Plan

- Preparing a Communication Plan and Impact Strategy is important to maximize awareness of, and support for, the mini-public, as well as to increase its potential for influence.
- Organizers and commissioners should develop a document that clarifies expectations about the level of influence for the mini-public. This may take the form of a Memorandum of Understanding signed by the authorities responsible for the policy-making area to which the mini-public is contributing.
- Participants in the mini-public are selected by civic lottery because it helps to ensure diversity, which is crucial for its credibility and potential influence. The purpose is to involve a cross-section of the relevant population.
- Transparency about the selection criteria is essential and the Stewarding Board can help to decide the range of demographics and perspectives that must be reflected in the mini-public.
- A civic lottery can be conducted in different ways, depending on context and resources. There are “full on” (intense) and lighter approaches to civic lottery in terms of the resources required. Both are illustrated here. The key is to be guided by core principles, while recognizing that practices must be flexible, adapting to context.
- The value of civic lottery is that it invites a diverse range of citizens who might not normally put themselves forward to participate in a policy forum. However, there is always some degree of self-selection involved and thus it is important to combine it with measures to reduce barriers to participation, such as providing support and resources for participants.
- The Project Team must provide logistical support to participants; for example, planning for physical access to the venue, safety and security measures, language and literacy support, covering participant expenses and potential compensation.
- Conducting the mini-public online presents a range of challenges and opportunities that should also be carefully considered.
- Different types of evidence will be needed to support understanding of the complex issues and contexts considered by the mini-public. WHO’s [EVIPNet Europe Evidence Briefs for Policy guiding manual](#) (EVIPNet Europe, 2020) provide a useful approach that can be adapted to summarize existing knowledge for this type of process.
- The quality and variety of the evidence presented for the mini-public is also a fundamental factor for its credibility, legitimacy, effectiveness and potential influence.
- The evidence must be presented in a range of accessible and engaging formats. This entails introducing complex health issues, avoiding technical jargon, while being mindful that different participants will have different learning needs and preferences.
- The final Action Plan is the key output of the Preparation stage. It covers all the aspects to consider in planning to deliver the mini-public: timeline, logistics, administration, finance, technology, facilitation expertise and training, public engagement, and evaluation.

**Participants in the mini-public are selected by civic lottery because it helps to ensure diversity, which is crucial for its credibility and potential influence**

**The purpose is to involve a cross-section of the relevant population**



## Step 1. Form the Stewarding Board

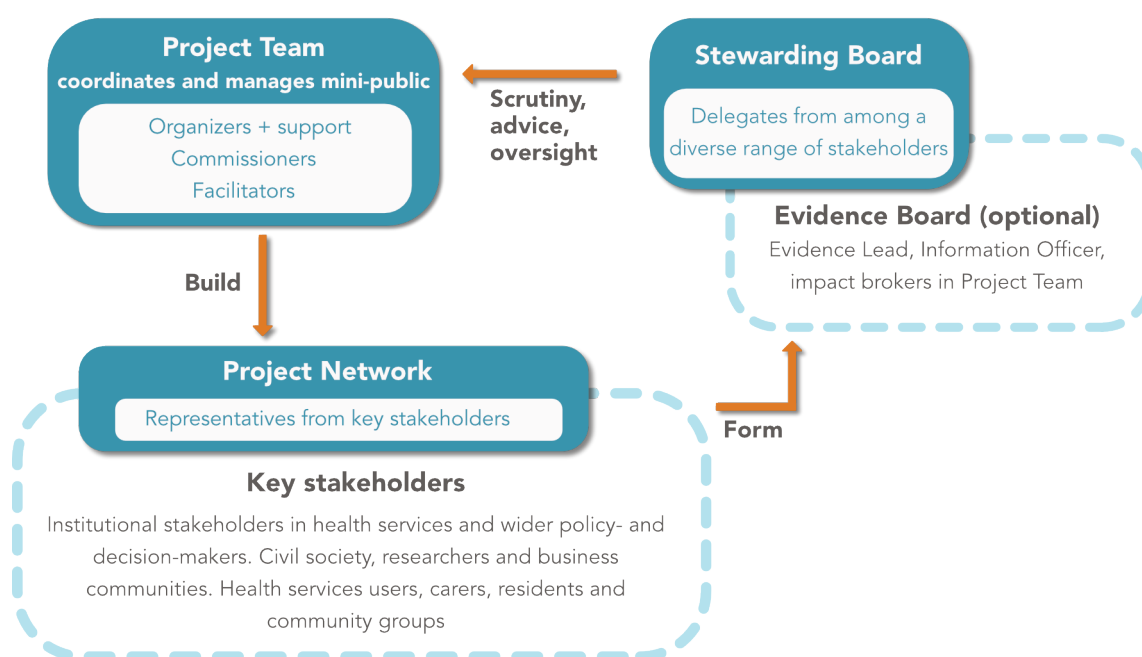
Forming the Stewarding Board is a key task for the Project Team, in consultation with the Project Network. In Chapter 2 the overarching role of the Stewarding Board was outlined as it relates to governance. Its role is to provide advice, scrutiny and oversight throughout all stages, and ultimately to function as the public-facing guarantor of the quality of the process.

Some of the issues that the Stewarding Board may need to advise on include:

- health policy, wider policy and political contexts;
- research, evidence and knowledge relevant to the task;
- ethical considerations about the health issue in question;
- quality standards for inclusive citizen engagement and deliberation in mini-publics;
- strategies for public communication and policy impact; and
- challenges and risks.

The working relationship between the Project Team and the Stewarding Board is crucial for the success of the project (see Fig. 3.1). That relationship must accommodate both collaboration and contestation; the Stewarding Board must be able to scrutinize and, if necessary, challenge the work of the Project Team (including on matters such as the approach to recruitment, the design of the process, and evidence to be presented). In some contexts, it may be necessary to agree on formal governance arrangements that stipulate roles, responsibilities and mechanisms for conflict resolution (for example, external mediation may be required).

**Fig. 3.1. Formation of mini-public governance structure during the Inception and Preparation stages**



The Stewarding Board should include delegates from a diverse range of relevant stakeholders, including policy stakeholders and research institutions, as well as community stakeholders and civil society organizations – in particular those representing economically and socially marginalized groups. Depending on the policy context and the public health issue, members may be drawn from different institutions, organizations and groups. For example, from across health services and authorities, wider public institutions, research bodies, relevant business organizations, civil society associations, advocacy groups and, in particular, organizations or groups that represent marginalized, minoritized or excluded citizens.

The size of the Stewarding Board usually varies from around eight members for small projects to around 20 members for larger ones. Whatever the size, the Stewarding Board must include a range of perspectives, while also being able to work effectively together. To ensure the integrity and legitimacy of the Stewarding Board, potential conflicts of interest must be monitored and mitigated so that narrow interests do not undermine public health interests. A mini-public project is, in this sense, like any other policy process and adequate safeguards must be put in place.

## Step 2. Define the task of the mini-public

Often the Stewarding Board contributes to defining the task of the mini-public. Here, it is important to distinguish between the purpose of the project and the task of the mini-public.

- The **purpose of the project** is the overall agenda that has emerged from the work carried out at the Inception stage; for example, to involve a cross-section of the relevant population in informing health policy-making with regards to X, or to involve citizens in co-designing a programme for institution Z to address health inequities in region Y. The purpose of the project would have been defined in the Inception stage, and should be already explained in the Project Brief.
- The **task of the mini-public** is the specific task or question given to citizens to guide their work in the mini-public; for example, “What policy options should be prioritized to address health issue X?”, or “How can health inequities be tackled in region Y?”.

The task can take different forms (for practical guidance, see the Knowledge Network on Climate Assemblies (KNOCA)'s [guiding principles](#) for setting the task (KNOCA, 2023)) but it must be clearly articulated. If the language is too general, participants and facilitators may struggle to find sufficient focus for learning and deliberation that generate actionable policy considerations. However, if the language is too specific, it may prevent opening up deliberation to the complexities of the issues at stake. The question or task must therefore engage with the core issue, while allowing for different ways of framing it to consider alternative options, policy considerations and trade-offs.



### Project activity

The Inception stage included a stakeholder mapping activity which will now assist in selecting and inviting people for the Stewarding Board.

- List important criteria that will ensure that the Stewarding Board represents a range of perspectives relevant to the context.
- Identify who could be on the Stewarding Board.

There are three ways in which the task is usually developed.

- **Top-down** – the commissioning institution(s) proposes the task for the mini-public.
- **Bottom-up** – the task is proposed by citizens, either:
  - internally – by participants from within the mini-public
  - externally – by citizens and communities from outside the mini-public, which in turn can be either
    - directly, via a campaign, petition, online crowdsourcing, community forum, etc., or
    - indirectly, via civil society organizations.
- **Hybrid** – the task is developed collaboratively between the commissioning institution(s), individual citizens and/or organized stakeholders.

The Stewarding Board's role is to finalize the task as part of its governance functions in the project. For example, Scotland's Climate Assembly hired an external facilitator to help the Stewarding Board to deliberate and agree on the task during a half-day workshop (Andrews et al., 2022). Another option is to take a two-stage approach (see Elstub et al., 2021), whereby the Board proposes a broad task and then participants in the mini-public – once they have started to examine the topic – decide on a more focused task, based on their priorities. Because a great deal of power is wielded through setting the task, commissioners and organizers must reflect carefully on how that power might be shared, in order to support the legitimacy and potential influence of the mini-public.

### Step 3. Prepare a Communication Plan and Impact Strategy

This section helps with developing an (internal and external) Communication Plan, as well as an Impact Strategy. Both must include a timeline, detailing the key activities for the short, medium, and long terms. This can be developed by the Project Team in consultation with the Stewarding Board.

#### Internal and external communications

**Internal communication** is crucial for collaborative work across the Project Team, Stewarding Board and Project Network. Sharing information and ongoing learning is important to the smooth running, integrity and potential influence of the project. Different mechanisms may be useful; for example, bulletin updates, in-person or online meetings, or the digital facilities of open participatory platforms, such as [Decidim](#) (Decidim, 2023).

In terms of **external communication**, a useful first step is to map a range of media channels – e.g., television, press, radio, social and digital media, and other communication opportunities, such as sectoral newsletters, public and civil society networks, and public events. In some contexts, communications staff may be available from within the commissioning institution or a supporting organization or agency, but this will depend on the scale of resources and ambitions for the project, as well as the nature of the public



#### Project activity

Consider the following questions, which will later inform the Action Plan.

- What process will be used to decide on the task?
- What considerations should the Stewarding Board discuss?
- What opportunities and challenges are presented by the task in the context of the project?
- Is this task realistic given the time and resources available?

health issue in question. The importance of effective external communications should not be underestimated – this can be instrumental to:

- build public understanding, trust and support for the process;
- create momentum and incentives for policy influence;
- provide public scrutiny that can enhance the quality and integrity of the process; and
- engage with any criticisms raised about the process and its potential impacts.

### Impact Strategy

A policy impact strategy can be crucial to the success of the project. It should not be assumed that just because the mini-public was initiated in a policy-making context it will have clear pathways to policy influence. Policy processes are usually messy, and any inputs into policy processes do not simply travel on their own (Colebatch, 2009). This is why it is important to understand who may act as **impact brokers** – for example, making connections with policy gatekeepers, decision-makers and other power-holders across relevant sectors – and to keep them informed throughout the project. Impact brokering activities can help build the credibility of the project and thus its potential influence. Here are some questions that may help to put together an Impact Strategy that is coherent with the **external** Communications Plan.

- Who are the key target audiences for policy impact?
- Which organizations, services and groups can help to support the impact of this process? Consider this both in relation to health (and wider) policy-making, and across society more generally (media, civil society, research, business, citizens, communities).
- What types of activity may help to build impact? Where might they need to happen – locally, regionally, state-wide, across supranational regions, globally?
- What capacity to support impact activities is needed within the Project Team and the Project Network, and for how long?

Consider developing the following resources and activities at this stage:

- a media pack;
- an impact brokering pack;
- a media launch;
- a briefing event for policy-makers; and
- information for the websites of institutions and organizations in the Project Network.

For practical tips and suggestions of ways to generate influence, refer to the [Key drivers of impact](#) report by the KNOCA (Rovers & Dejaeghere, 2022).

Organizers and commissioners should work together to develop a document that clarifies expectations about the level of influence of the mini-public. For example, this may take the form of a **Memorandum of Understanding** signed by the authorities responsible for the policy-making area to which the mini-public is contributing. The Memorandum can be drafted during the Inception or Preparation stages, in consultation with relevant

stakeholders or the Stewarding Board. The document should explain:

- how the proposals for action made by the mini-public will feed into policy-making;
- the institutional stakeholders responsible for taking the policy considerations forward;
- the expected timeline for an official response; and
- who will provide monitoring and accountability (e.g., the Stewarding Board may become an Implementation Board that assumes new functions after the mini-public concludes).



#### Project activity

Develop a Communication Plan and Impact Strategy by following the guidance that is relevant for the project context.

### Step 4. Recruit participants for the mini-public

The Project Team is responsible for organizing the recruitment of participants, in consultation with the Stewarding Board.

As explained in [Chapter 1](#), the use of civic lottery to select participants is a defining feature of mini-publics because it helps to ensure diversity, which is crucial for its credibility and the potential influence of the outcomes (see the Glossary in [Annex 2](#) for more detail). Civic lotteries can be conducted in different ways, depending on the context and the resources available (see examples in Box 3.1).

#### Box 3.1. Examples: approaches to recruitment through civic lottery

[Mostar Citizens' Assembly in Bosnia and Herzegovina \(2021\)](#) (Gradimo Mostar, 2021)

Initially, 5000 invitations were sent at random to households across the city and people who responded formed a pool of applicants. Assembly members were then selected from the pool based on key criteria: gender, age, level of education, city districts, economic criteria, and ethnicity. A Stewarding Board that included representatives of all the local political parties – alongside other non-partisan bodies – oversaw the work of the Coordinating Team; and an Arbitration Team could be called upon to consider any potential violation of the Assembly's rules/standards.

[Citizens' jury on the role of genetically modified organisms in agriculture in Mali \(2006\)](#) (Pimbert & Barry, 2021)

A pool of 269 farmers were selected through stratified random sampling in all districts of the Sikasso region. Additional criteria were then used to identify a total of 45 farmer-jurors. After reviewing the selection process, the Stewarding Board validated the final composition of the citizens' jury.

[First Citizen Consensus Conference<sup>e</sup> on "The management of my medical record" in Chile \(2003\)](#) (Pellegrini Filho & Zurita, 2004)

Advertisements were distributed in primary health care facilities, hospitals and health services, as well as in other public spaces, across various regions. There were 478 volunteers, from which 16 participants were randomly chosen according to the selection criteria. However, a key shortcoming of the process is that it failed to include people from both high- and low-income sections of the population.

<sup>e</sup> A consensus conference is a type of mini-public, slightly larger than a citizens' jury and smaller than a citizens' assembly (Escobar & Elstub, 2017).

Organizations exist that provide civic lottery services (that is, polling and marketing companies; or ones like [Sortition Foundation](#), which offer selection and stratification for deliberative events (Sortition Foundation, 2023)). However, this can also be done in-house by the Project Team, or a research organization within the Project Network, with oversight from the Stewarding Board. This can be supported with recent guidance, such as MASS LBP's guide, [How to run a civic lottery](#) (MASS LBP, 2017), Gerwin's [Guide to democracy that works](#) (Gerwin, 2018), and the [UN Handbook on democracy beyond elections](#) (UNDEF & nDF, 2019: Chapter 4) (see also [Annex 4](#) for more resources).

The value of civic lottery is that it invites a diverse range of citizens who might not normally put themselves forward to participate in a policy forum. However, there is always some degree of self-selection involved, which is why it is important that civic lottery is combined with measures to reduce barriers to participation, such as providing support and resources for participants (see [What Works Scotland's evidence review](#) on promoting equality in community engagement (Lightbody, 2017)).

Transparency about the selection criteria is crucial. The Stewarding Board can play a role in deciding the demographics and perspectives that must be reflected in the selection criteria. The more dimensions included (e.g., age, gender, education, income, ethnicity, geography, spectrum of views and perspectives on public health issues), the more difficult it becomes to fulfil the quotas during recruitment. Therefore, the Stewarding Board should prioritize a set of dimensions (both demographic and attitudinal) depending on the nature of the topic under consideration and the data available for the relevant population.

There are both intensive and lighter approaches to civic lottery, in terms of the resources required. Both approaches are illustrated here. The key is to be guided by core principles, while recognizing that practices must be flexible, adapting to context.

- **Civic lottery as a principle and as a practice**

The principle behind civic lottery is that everyone should have an equal chance of being selected, and therefore some level of randomness is important. In intensive approaches, this is done through social science methodologies, but there are lighter ways of doing it that may be less resource intensive (see Box 3.2).

- **Compensation as a principle and as a practice**

Many things can hinder potential participants accepting the invitation to join the mini-public; e.g., caring responsibilities; lack of resources, time, trust or confidence; work pressures; or experiences of trauma or exclusion. This is why support measures must be put in place. In practice, this can take different forms, depending on the context. For example, it may entail pastoral care (e.g., personal contact from a Project Team member to provide support and reassurance throughout the process); material resources or services, such as transport, accommodation or childcare; and/or compensation for people's time, for instance by providing a stipend. Some form of compensation must be seriously considered, although it may not be appropriate in all contexts.

### Box 3.2. Approaches that may help when resources are limited

- Placing invitation posters in randomly selected public places (e.g., bus stops, health services, job centres, community spaces, churches, sports facilities, shops) and different social networks can help to reach more (of the right) people. Quota sampling can then be applied to the pool of applicants and perhaps complemented with targeted selection for missing groups.
- On-street recruitment can be used in smaller, more focused geographical areas, and as an alternative to accessing databases for quota sampling. An invitation to participate may be issued to (for example) every fifth house and/or by approaching every third person (or similar criteria) on randomly selected streets. This logic can be also applied across larger geographical areas by randomly selecting a small number of localities across relevant regions.
- Enlisting trusted intermediaries from civil society networks can be helpful in reaching deep into communities (e.g., by distributing invitations, as above), or perhaps through community-based participatory research (e.g., [participatory reflection and action](#) and [participatory rural appraisal](#) (Participedia, 2020a; 2020b)).
- Organizing public raffles and competitions may also be useful – for instance, in a [large rural Australian community](#), a citizen engagement process was supported through a prize draw, including art prizes in schools, and more focused consultation with indigenous peoples (Participedia, 2016).
- Applying the principle of three degrees of separation may be helpful, as a snowballing strategy. For example, civil society and community stakeholders in the Project Network can be asked to put forward the names of three people in their personal networks; those three people are then asked to suggest three people who don't know those members of the Project Network. Quota sampling then takes place from the pool of potential volunteers.
- Geolocation, using a physical or digital map to randomly flag local geographical points, can be a starting point from which to then approach local trusted organizations to invite people in those areas. This was the logic applied in the pioneering [Core Assembly process](#) adopted by the Global Assembly (albeit they used geotagging software) (Global Assembly, 2023b).

Compensating participants is a way of acknowledging the hard work that they are being invited to do, in the same way that policy-makers and other professionals get compensated for doing policy work. Even more importantly, suitable compensation may be the only way of securing participation from people who otherwise cannot join due to personal circumstances (e.g., lack of income, or caring responsibilities).

- **Diversity, rather than statistical representation, as the quality standard for inclusion**

Some academics consider statistical representation as an important standard for mini-publics (see, for example, Fishkin (2009)). In practice this is rarely feasible because it requires a large sample and substantial resources. Alternatively, the aim is to gather a group of people that reflect qualitative diversity with regard to the population relevant to the public health issue in question (see more on this the [WHO Handbook on social participation](#) (WHO, 2021c:68–69)). For issues that affect everyone in society, the aim is to involve a cross-section of the general population. For issues that affect a portion of the

population, then the aim is to involve a cross-section of demographics and perspectives within that group. The ultimate goal is to have a mini-public that is more diverse and reflective of the relevant population than would usually be possible through other forms of recruitment (e.g., open invitation). In some situations, it may also be desirable to over-sample certain groups to ensure their participation (e.g., young people, indigenous people).

A common form of civic lottery uses a social science methodology called stratified random sampling, or quota sampling, whereby a set of demographic and attitudinal quotas are established and then populated through random selection from a pool of potential participants. This often entails a two-stage process, described here.

1. An initial pool of people are contacted, selected randomly from an existing database (e.g., population census, electoral roll, telephone directory) or, in the absence of such data, by using alternative methods as suggested in Box 3.2. People may be contacted by letter, email, telephone, on the street or by going door to door. The invitation (whether written or oral) should explain the purpose; outline the support available for their participation; encourage them to apply by filling in a questionnaire with demographic and attitudinal questions; and present any other relevant information (for example, regarding the hosting institution, time commitment, and ethical issues). A free 'phone number may be made available for people who prefer to apply that way.
2. From among those who reply, a second random draw is made to select participants according to the predetermined quotas, until the selection criteria are approximated. The application should also include questions that can help to determine whether the applicant belongs to a category that has been selected for exclusion by the Stewarding Board (e.g., politicians, civil servants, professional lobbyists in the health sector).

There are variations on this two-step approach. For example:

- single-stage random selection – e.g., selecting individuals using an existing random sample of the population via a polling organization;
- mixing random selection and targeted selection – e.g., where a portion of the mini-public is selected through organizations or groups that work with marginalized or excluded citizens; or
- the [Outreach Random Selection Method](#) – a recent experimental approach whereby people who do not initially respond to the invitation are then invited personally (on their doorstep) and asked what they would need in order to participate (Baruck, 2022). This helps to learn about why people may be reluctant to respond and therefore inform future work. Time may be needed to convince people that they have important contributions to make – or even to convince them that the project is legitimate.

In deciding about selection criteria for stratification (quotas), the Stewarding Board and Project Team usually make use of existing demographic and attitudinal data for the



relevant population. This presents challenges in contexts where that kind of data are not available or accessible. Another challenge is that some people may decline to participate, regardless of incentives or support measures (e.g., Jacquet (2017)) and thus it is important to gather a larger pool of diverse participants, from which substitutes can be drawn until quotas are met.

Three key points should be emphasized before concluding this step.

- 1. It is important to establish a cross-section of the relevant population.** There is no perfect methodology to pull together a mini-public. The aim is to combine diversity in both demographics and perspectives (e.g., people who have views on the issue, people who don't, and people in between). In this way, the learning, deliberation and policy considerations will have depth and social complexity to inform policy-making.
- 2. Prioritizing people from disadvantaged social groups is essential.** If the agreed methodology is not succeeding in inviting people who are often excluded, additional measures should be put in place. Targeted selection – via groups that represent or advocate for disadvantaged/marginalized social groups – can be helpful in this context.
- 3. It's a learning process.** It is important to remain open and transparent in relation to recruitment and selection, including through engaging with the Stewarding Board, adapting and learning, and recognizing what may be done differently next time.



#### Project activity

To complete this step in the Action Plan, decide how to recruit participants for the mini-public.

Consider the following questions.

- Who is affected by the policy issue?
- What civic lottery approach is appropriate in the context?
- What data are available and accessible to decide on selection criteria?
- Which disadvantaged groups may need additional support to join the mini-public?

## Step 5. Provide support for participants

From the moment of first contact, all participants will need some level of support to initiate and sustain their participation. No participant should be prevented from taking part through a lack of resources or other impediments. While preparing the Action Plan, the Project Team should think about how to provide logistical support to participants. This includes planning for physical access to the venue where the mini-public will take place, safety and security measures, language and literacy support, and compensating participants. Preparing participants to engage with the content of the mini-public is discussed in [Chapter 4](#), as part of planning for how the mini-public will run.

### Physical access and mobility

The Project Team will need to arrange physical access to venues and accommodation, and suitable transport for travel. This may include wheelchair access to buildings and toilet facilities, as well as support for other types of disability, such as learning disabilities, long-term illnesses, mental health conditions, and disabilities that require support with communication (e.g., varieties of hearing support: induction loops, lip-synching and transcribing; sign language; audio materials). Since the coronavirus disease (COVID-19) pandemic lockdowns, working online is becoming more common and feasible; however, in the context of preparing for a mini-public, support for working online must be carefully planned (see Box 3.3).

### Box 3.3. Working online

The COVID-19 pandemic generated pressures to pursue policy-making online; for example through online policy labs, crowdsourcing platforms, and electronic voting. Similarly, online public deliberation has gained traction – with many examples now available (see [Annex 2](#) for definitions of public deliberation and [Annex 4](#) for several related resources). [Participo](#), the OECD’s online platform for “Research and practice of innovative citizen participation” (OECD, 2023) provides the [Digital for Deliberation](#) blog series. Key learning is highlighted here.

#### Key challenges to consider when designing online (or hybrid) citizen engagement

- **Social interaction.** Online is not the same as face-to-face deliberation, and different approaches must be considered to support the relationship-building and retention of participants needed for successful mini-publics.
- **Digital divide and inequality.** Access to digital infrastructure (including high-speed internet access) and digital literacy are unequal within communities, societies and globally.
- **Harmful impacts.** Digital technology is not neutral and can be used constructively and/or harmfully – be aware of the risks and ethical challenges (e.g., privacy, ownership of software and data, and challenges to democratic processes).
- **Culture and trust.** Different cultures and subcultures have differing perspectives on and familiarity with the virtual world, for example regarding social values, reliability of sources of evidence, or legitimacy in policy-making. Consider how to build trust to work online.

#### Some pointers for practice

- **Digital infrastructure.** With different levels and types of access (including none) to high-speed internet within societies and across the globe, it is important to be flexible and consider different equipment options, technology support assistants, and back-up options (e.g., batteries).
- **Digital platforms and software.** Carefully consider the options available – keeping them open, to avoid path-dependencies – for supporting online deliberation (including break-out rooms) and decision-making; exploring evidence and learning creatively (including visually); and writing up reports and policy considerations collectively (e.g., web documents). The [Guide to digital participation platforms](#) by the global NGO People Powered is a useful resource (People Powered, 2022).
- **Digital induction training.** For the participants (and others), training is likely to be needed, to ensure they know the basics and feel confident to participate fully.
- **Spaces to get to know each other online.** These need to be built into the programme and planned and facilitated carefully – some will find these spaces more difficult, while others find them easier than in-person group work.
- **Size and timings.** Groups may need to be smaller than for in-person working, and there may need to be plenty of breaks, given the levels of concentration needed for digital working.
- **Sessions.** There is scope to be creative: not all evidence needs to be presented “live”, and varieties of learning styles can be accommodated. Audiovisual and tactile options can be useful (e.g., videos, simulations, games), as well as online Q&A sessions, deliberation via break-out groups, and online sharing of draft policy considerations.

In addition, recording discussions can work well, and online decision-making tools can be helpful, such as the Civic Tech Field Guide's participatory democracy section, offering help on [group decision-making](#) (Civic Tech Field Guide, 2023).

Digital approaches also offer opportunities to support and monitor impact strategies, transparency (e.g., Observers' Programme), and evaluation. In addition, selective use of artificial intelligence (e.g., data analysis), natural language processing (e.g., translation and transcription), and virtual/augmented reality – to support the social dimensions of online deliberation – may provide further relevant opportunities.

The team shouldn't simply aim to replicate online what would otherwise be done in person. Online mini-publics can accommodate creative formats and methods that offer new ways of designing the process.

Further resources relevant to this developing area of online deliberation are listed in [Annex 4](#).

### **Safety and security**

Organizing a mini-public is particularly challenging in vulnerable or unsafe contexts (e.g., humanitarian crises, armed conflicts, and repressive political environments; see He, Breen & Fishkin (2022)). In some circumstances, risks may be attenuated by partnering with human rights organizations and, if possible, conducting parts of the process online. An assessment of potential safety risks and mitigating measures (for participants, the Project Team, speakers and the Project Network) is an obvious first step in such contexts. Nonetheless, this is an underdeveloped area in the field of citizen engagement via mini-publics. Some related work is beginning to emerge in the [Democracy R&D network](#) (Democracy R&D, 2023) and also as a consequence of the learning from the [Global Assembly on the Climate and Ecological Crisis](#) (Global Assembly, 2023a). That said, there remains much to learn by drawing on expertise and experiences from other fields (e.g., international aid and development, disaster relief, trauma-informed practice). A key issue that the Project Team and the Stewarding Board should discuss early on in the process is whether participants' identity should remain anonymous. This may be necessary when dealing with controversial issues that may put participants at risk. In such situations, the Project Team will have to be careful in terms of how the work and outputs of the mini-public are recorded, to ensure that anonymity is maintained and respected.

### **Language and literacy support during the mini-public**

Depending on the context, the mini-public may include multiple languages and varied levels of literacy among participants. Therefore, additional support may be required; for example:

- translators, both for verbal and sign languages;
- tools that support communication – e.g., induction loops for deaf/hard-of-hearing people; laptops that speak text for participants with visual impairments; translation devices; and
- assistants/companions for people who need additional support – e.g., people who struggle with literacy skills, such as reading or writing; people who have some degree

of learning disability, and so on. The example of the health research carried out through a [citizens' jury for people with learning disabilities in Scotland](#) (Participedia, 2023a) offers useful insights.

### **Compensation**

Compensation for participation – as noted earlier in this chapter, in [Step 4](#) – can support people who may not otherwise be able to join the mini-public. This should also be considered in relation to wages/income lost through participation. Providing some form of stipend sends a strong signal that every participant's contribution is valued and it recognizes that not everyone can afford to make such a commitment on a voluntary basis. However, it is important to understand whether this may impact detrimentally on other sources of income, such as welfare payments and benefits. Other people, who may play a supporting role for participants – for instance, family members who act as carers – may also need to be supported. There may be contexts in which providing compensation is not advisable (e.g., risk of corruption) and the Project Team may have to be creative in finding alternative incentives or ways of acknowledging the participants' contributions (e.g., gift cards, participation certificates).

It is useful to allocate a portion of the overall project budget as an inclusion fund that can be deployed to address emerging needs and contingencies, to reduce barriers to participation (not just for participants, but also for some Stewarding Board members and speakers, e.g., unpaid volunteers from small organizations).

### **Participant Handbook**

Participants will need access to various pieces of information, both in advance of the mini-public and throughout the process. This can be compiled in a Participant Handbook that can be provided in print or online. [Step 1](#) in Chapter 4 discusses this in more detail and examples are provided in [Annex 3](#).

## **Step 6. Prepare the research evidence**

This is a complex area of work in any citizen engagement process, but particularly in mini-publics. First, because evidence-informed policy generates questions as to what counts as evidence; whose interpretation of the evidence counts; the framing of the issues at stake and of the context in which the evidence is used; how to apply evidence to complex real-world situations; and the receptiveness of policy-makers and their institutions to taking evidence seriously, given other political, economic and cultural drivers. Second, the work involved depends on the complexity of the public health issue, which means it can take time and resources to bring everyone involved up to speed.

Different types of evidence will be needed to support understanding of the complex issues and contexts considered by the mini-public. Both the [WHO guide for evidence-informed decision-making](#) and the [Evidence Commission report](#) recognize a wide range of evidence, including national and subnational (e.g., data analytics, behavioural/

implementation studies, evaluations, qualitative insights and modelling) as well as global evidence (e.g., evidence reviews) (WHO, 2021a; Global Commission on Evidence to Address Societal Challenges, 2022). The Commission cautions against reliance on single research reports, expert opinions and panels, along with unevaluated practice. It argues instead for critical and transparent assessment and synthesis of global and local evidence and sources in order to generate understanding of the current best available evidence. WHO's [EVIPNet Europe Evidence Briefs for Policy guiding manual](#) (EVIPNet Europe, 2020) provide a useful approach that can be adapted for summarizing existing knowledge for this type of process.

Citizen engagement via mini-publics – as the [Overview report](#) explains (WHO, 2022) – emphasizes how the experiential knowledge of citizens can complement evidence-informed deliberation. In particular, and in relation to public health issues, this helps to engage with a variety of social values held by the relevant population. These social values can provide unique insights into the viability and practicalities of public health interventions in those contexts, and they can also reveal expectations about policy-making and governance, in terms of how they should influence the lives of people and their communities.

### Various roles in preparing the research evidence

The quality and variety of the evidence presented at the mini-public is a fundamental factor in determining its credibility, legitimacy, effectiveness and potential influence. Various people play key roles in preparing the research evidence.

- 1. Evidence Lead and Information Officer(s).** Projects involving a limited range of evidence may manage by having a knowledge-sharing specialist within the Project Team and a person with research expertise on the Stewarding Board. Projects dealing with more complex issues and evidence are likely to need one (or more) Evidence Lead(s) from a research institution, either in an advisory capacity or, for instance, seconded to work with the Project Team. In addition, one or more knowledge-sharing specialists may be needed, working in an Information Support Officer capacity alongside them. The Evidence Lead will plan, in collaboration with the Project Team and the Stewarding Board, the key ingredients of the learning phase of the mini-public; that is, what types of evidence should be presented and by whom. The key quality of an Evidence Lead is to have a good grasp of the fields of knowledge, policy and practice relevant to the mini-public, so that they can help to find a range of relevant speakers. The Information Officer(s), in turn, may work on specific areas of knowledge, under the coordination of the Evidence Lead. Information Officer(s) should be good at summarizing and communicating relevant evidence through a range of formats (e.g., briefings, presentations, short videos).
- 2. Evidence Board.** Large projects working with complex evidence may need an Evidence Board to bring together the Evidence Lead and Information Officer(s), those working on knowledge-sharing within the Project Team, and any content specialists



### Project activity

This section of the Action Plan is for outlining how logistical support will be provided for participants so that everyone can participate meaningfully.

- Think about what measures should be put in place to ensure no one is disadvantaged in the process.
- List resources available and allocated to support the preparation of participants for the mini-public.

in advisory roles. The purpose of the Board is to help curate the evidence for the mini-public and oversee the quality of the evidence base and its presentation. It should work in tandem with the Stewarding Board, but with a clear division of labour; for example, the Evidence Board proposes credible evidence, while the Stewarding Board checks that it is comprehensive and accessible, and approves it. Depending on the composition of the Stewarding Board, and the scale of the project, an Evidence Board may not be needed.

- 3. Stewarding Board.** Apart from its other governance functions, the Stewarding Board may play a role in putting the evidence in context; framing the public health issue in relation to evidence; considering the different types of evidence required to support the mini-public in carrying out its task; and sustaining focus on marginalized groups and dimensions of poverty and inequity. So, in some projects, the Stewarding Board may play a double function; both insight and oversight.

### How to put the research evidence together

Public health issues are often complex, and relevant evidence comes in various forms, which must be sourced through transparent and systematic methods (see the [WHO guide for evidence-informed decision-making](#) (WHO, 2021a)). It will be important for the Project Team and the Evidence and/or Stewarding Board(s) to invest time considering certain factors.

- Given the **size, timescale and resourcing** of the mini-public, what is needed and what is possible in terms of preparing the research evidence? (See also [Box 1.2](#) in Chapter 1.) The [VakaYiko Evidence-informed Policy-making Toolkit](#) (see [Box 3.4](#)) provides an example based around such considerations (IANSP, 2016).
- Consider **how to balance the evidence** available, and according to what criteria. For example, consider “best evidence”; diversity of perspectives; and whether evidence is rigorously tested, practice-developed, context-relevant, and attentive to dimensions of poverty and inequity.
- Think about **how much time is needed** – or can be afforded – to support participants in understanding both evidence-informed policy-making, as part of an induction, and the selected evidence relevant to the project. For example, [Scotland’s Climate Assembly](#) ran learning sessions across six weekends, including over 100 speakers, as well as a pre-engagement phase of online public consultation (Andrews et al., 2022).

A smaller mini-public, such as a citizens’ jury, may typically involve 4–10 speakers.

- Consider **how best to support participant learning**. Unpacking complex health issues – while avoiding technical jargon – is a key part of this, taking into account that different participants will have different support needs, as well as different learning preferences (e.g., sequential, reflective, logical, interactive, experimental).



#### Project activity

Outline a process to prepare evidence for the mini-public.

Focus on both the quality and variety of the materials and perspectives.

### Box 3.4. Resource: the VakaYiko Consortium's Evidence-informed Policy-making Toolkit

The VakaYiko Consortium's [Toolkit](#) was developed by an NGO (the International Network for Advancing Science and Policy (INASP)) with partner bodies within public administration settings in Ghana and Zimbabwe (IANSP, 2016). It offers four modules that help readers understand and consider:

- the nature of evidence-informed policy-making;
- how to undertake effective searches for evidence;
- how to critically assess evidence for quality and reliability; and
- how to communicate the learning from the evidence.

It recognizes that evidence will include both colloquial (experience-based or narrative) and research-based (scientific) formats or types, and may fall within four broad categories.

- Data – both quantitative and qualitative – are information that is factual but not contextualized.
- Citizen (or participatory) evidence draws on people's experiences from everyday life.
- Practitioner evidence is gained from experiences of seeking to implement policy and practice.
- Research evidence is diverse in nature but analysed carefully (to particular, rigorous standards).

Crucially, the Toolkit highlights the need to gather a wide body of evidence and interpret it transparently, while recognizing how judgements are made about the value of each source – and what values are being used to make those judgements, with attention to potential for bias. It also emphasizes the need for communicating evidence through a variety of means, including key summaries that are accessible and have a strong, interesting narrative.

Some perspectives stress the importance of approaches such as randomized controlled trials and evidence synthesis methods. This type of evidence, if available, can be very helpful to mini-publics, but it is unlikely to be sufficient in terms of the range of evidence needed to grasp complex issues and develop policy considerations. Cornell University Library provides an overview guide to evidence synthesis in the form of a [decision tree](#) (Cornell University Library, 2023), while the [WHO guide for evidence-informed decision-making](#) (WHO, 2021a) offers broader guidance on types of evidence and how to synthesize and present evidence to inform policy processes, such as the aforementioned [WHO EVIPNet Europe Evidence Briefs for Policy guiding manual](#) (EVIPNet Europe, 2020).

It is important to **consider the social dimensions** of working with evidence and knowledge.

- **Evidence from experience** draws on community-based and practice-based research and experience that explores knowledge in particular contexts.
- **Evidence in context** means understanding public health issues in socio-political context and the cultural values, political dynamics, economic challenges and ecological necessities that must be considered in evidence-informed policy.
- **The role of framing** involves recognizing that people's perspectives – including researchers and experts – influence how evidence and knowledge is engaged with; it frames our expectations and interpretations.
- **The role of bias** explores how cognitive and social biases (see Box 3.5) can influence the perceived credibility of evidence and its presentation. Example considerations include:

the status of experts; the role of gender, ethnicity and class in our judgements about the value of other people's views and knowledge; and the rise of what is known as fake news, as well as disinformation and increasing scepticism regarding institutions and experts.

### Box 3.5. Cognitive and social biases and the value of public deliberation

The Alliance for Useful Evidence and Nesta's [practice guide](#) on using research evidence for success (Breckon, 2016) highlights the potential for biases to creep into our judgements – in our day-to-day lives; within research and evaluation work; and in the views of specialists and experts. Some examples are listed here.

- **Confirmation bias** is the tendency to seek and value evidence that supports our existing views, and to ignore evidence that conflicts with them.
- **Optimism bias** is the tendency when planning ahead to assume positive potential outcomes.
- **Framing effects** relate to the capacity to draw different interpretations from the same evidence, depending on the language and ideas used to frame the issue.
- **The need for coherence** is the urge to find patterns and causal explanations – which may in fact not be there.
- **Biased listening** happens when active listening is prevented, due to prejudice and stereotypes, for example about a specific group of people.

To combat these biases, the Alliance for Useful Evidence and Nesta's guide to successful deliberative practice, entitled [Evidence vs democracy](#) (Breckon, Hopkins & Rickey, 2019) has the following advice.

- Don't rely on a single research expert (or informant more generally) – select a range of sources and views via an oversight group.
- Use research evidence reviews that bring together a variety of sources and that recognize the limitations of each – and of the reviews themselves.
- Think carefully how to present a variety of evidence in diverse ways; e.g., well-written summaries, presentations, witness testimony, discussions.
- Support participants to understand the role of evidence and the actual evidence provided – design a process with enough time for learning and avoid cognitive overload.
- Be honest about the degree of uncertainty and levels of risk in relation to the evidence offered.
- Use skilled, impartial facilitation of discussions and questioning.

These challenges reiterate the point made in [Chapter 1](#): evidence does not speak for itself. It must be collectively interpreted through a diverse range of perspectives, which emphasizes the value of citizen engagement in public deliberation.

### Learning reflection

*Think about how to put the evidence together.*

- *What types and sources of evidence could be used to inform the mini-public?*
- *Consider how to ensure the evidence is both rigorous and relevant to the context.*
- *Think about bias and framing in the context of the mini-public.*
- *Consider how to ensure that participants understand how to interpret the evidence presented.*



## Step 7. Consolidate the Action Plan

A consolidated and finalized Action Plan is the key output of the Preparation stage. This step works through the final preparations that should be included in the Action Plan, including a timeline, logistics, administration, finance, IT, facilitation expertise and training, public engagement, research, and evaluation. Given the nature of this kind of project, it will be necessary to revise and adapt some elements during the Deliberation stage that follows. The Action Plan should be thought of as a live document, with guidance that can be adjusted to keep the project on track.

### Timeline

Once governance arrangements are in place, and the task has been decided, the timeline for the mini-public can be finalized. Establishing the timeline is a key step in process design, which usually includes planning for four phases (unpacked in [Chapter 4](#)):

- induction phase – activities to introduce participants to the process and support their participation;
- learning phase – activities to introduce participants to the issue being considered, and then to support ongoing learning and reflection about key dimensions relevant to addressing the task;
- deliberative phase – activities to foster deliberation among participants about options for and approaches to addressing the task; and
- outcomes phase – activities that support participants in defining policy considerations and potential outcomes or decisions.

More advice is provided on process design in [Chapter 4](#), but for a comprehensive guide, refer to the [What Works Scotland handbook](#), entitled *How to design and plan public engagement processes* (Faulkner & Bynner, 2020).

### Logistics, administration, finance and IT

For a successful mini-public, it is crucial to have staff tasked with these activities. In projects working across large and complex geographies, it may be necessary to spread this work and participant support activities across organizations; for example, where face-to-face support and local presence are required (e.g., collaborating with trusted local organizations or institutions). The basic elements of this work are required in most projects, including:

- arranging venues, transport and accommodation – finding and booking adequate facilities;
- budgeting, financial management and administration – including compensation or expenses, and their timely provision for participants and possibly some stakeholders (whose organizations may lack resources to otherwise enable participation in the Stewarding Board or to give evidence to the mini-public); and
- administrative support – recording the process (e.g., scribing or transcribing) and supporting participants in drafting and presenting their policy considerations and any

potential outcomes.

The process may also require some engagement with digital technology, in terms of communications, accessing information, and potentially online participation. This may include:

- access to digital technology (mobile 'phone, tablet, laptop, etc.) – perhaps with adaptations needed due to disability and/or mental health considerations, or due to particular linguistic needs (such as different alphabets, audio functions, and so on); and/or
- training and/or support to use the IT, particularly for those who aren't fluent in digital skills and/or those who lack the local infrastructure to use such technology (e.g., internet connection constraints, limited electricity supply).

### Facilitation expertise and training

Facilitation is the craft of enabling conversations that are inclusive, meaningful and productive (Escobar, 2011). The work done by facilitators is a key enabler of high-quality collaborative, participative and deliberative processes, and an effective mini-public depends on skilled facilitation (Escobar, 2019). Their expertise on process design, inclusive practices, participatory methods, deliberative principles, consensus-building approaches, decision-making formats and conflict-resolution techniques is essential to the success of a mini-public. This applies to the work required of the Stewarding Board, within the Project Team, across the Project Network and, most notably, throughout the sessions during the mini-public. Therefore, the skillset of facilitators should be versatile and include the ability to facilitate various types of communication (e.g., debate, dialogue and deliberation, as discussed by Escobar (2011)).

Ideally, facilitators should be brought into the Project Team as early as possible. They may come from within institutions or organizations already involved in the project, as long as they can play the independent and impartial role that is required for the integrity of the mini-public. Or they may be brought in from external organizations that provide facilitation services in the public, private or non-profit-making sectors. It is important to consider who, in the context of the project, is best placed to put together the facilitation team so that its members are:

- skilled in process design, facilitation approaches, participatory methods and deliberative practices;
- impartial about the public health issue at stake;
- guided by ethical practices in citizen engagement (see [Box 2.5](#), along with [Annex 4](#) for more citizen engagement resources); and
- knowledgeable about how to involve relevant stakeholders in co-designing the mini-public.

In some contexts, it may be necessary for facilitators to have expertise in trauma-informed facilitation, and training on this practice may be helpful to other members of the Project

**Facilitation is the craft of enabling conversations that are inclusive, meaningful, and productive**

Team that work directly with participants. A useful resource is the Nashville Metro Office of Family Safety's [Toolkit for trauma-informed training facilitation](#) (Family Safety Center, 2015). A further tool to support inclusive participation and deliberation is [graphic facilitation](#), as demonstrated by the NGO Občiansky Spolok, working with the Erasmus+ Programme to develop a practical skillset among youth workers across 10 countries (Občiansky Spolok, 2015).

### **Broader public engagement or consultation**

Wider citizen engagement can also feed usefully into the work of the mini-public. For example, the [British Columbia Citizens' Assembly on Electoral Reform](#) supported participants to host public meetings in their districts and listen to a range of views that could inform deliberations at the mini-public (Citizen's Assembly on Electoral Reform, 2004). More recently, the 2021 [Global Assembly on the Climate and Ecological Crisis](#) promoted a series of locally hosted Community Assemblies running in parallel to the mini-public (Global Assembly, 2023a; 2023b). Sometimes mini-publics use digital crowdsourcing platforms to allow the broader public to contribute.

This type of engagement requires additional resourcing, design and facilitation. The benefits are that: it can generate valuable input to inform the process; it may bring to light issues that hadn't (yet) been considered by the Project Team and the Stewarding Board; and it can connect the work of the mini-public to the broader public, thus raising awareness about the process – which, in turn, may boost public trust and policy influence. Providing such a channel can be welcomed by people who may have liked to be included the mini-public but weren't selected via civic lottery. On the downside, unless that parallel process also includes measures to support diverse participation, it may attract only certain sections of the population (such as those with time, resources, confidence and interest in the issue), thus skewing the process towards certain perspectives. Therefore, the Stewarding Board must think carefully about the weight attributed to this input and how it may be fed into the mini-public.

### **Research, evaluation and monitoring**

It is common to work with researchers to record, investigate and learn from the process: this may be particularly relevant if the process is being hosted in a new context and there is a need to build understanding and institutional commitment for the long term. It can be useful to collaborate with external research organizations that can offer expertise, capacity and independent assessment. It is also worth noting that there are two different ways of assessing a mini-public.

- 1. Evaluation** refers to the assessment of the process in the short term; for example, drawing learning from each session and feeding back to the Project Team to make adjustments in real time (see Elstub et al. (2021)). This may be followed by a final evaluation of the process as a whole (see [Chapter 5](#)).
- 2. Research** refers to broader and longer-term investigation, which may overlap with

**Evaluation and research are two different ways to assess a mini-public and learn from the process**

Evaluation, but would also include additional dimensions, such as longer-term impacts, or analysis of how the process relates to existing evidence on mini-publics or the policy area in question.<sup>5</sup>

Mini-publics require an open approach, accepting that mistakes will happen and that we must learn from them. Building feedback opportunities (e.g., debriefs, practice notes) can support the process at hand, as well as helping others in the future.

Recording the process is a key element of the workload and usually entails documenting the process in some way; for example, taking notes and transcribing outputs from the sessions (e.g., flipcharts, cards, forms, proposals, rankings, votes, etc.). In some contexts, this may involve live-streaming, or recording (audio or video) some sessions (subject to consent). This might be undertaken by either the Project Team, or a research and evaluation team.

An example of longer-term monitoring can be seen in the work of [Involve](#) in the aftermath of the UK Climate Assembly (Allan, 2023). Sometimes impact monitoring can be carried out by members of the mini-public; for instance, [Scotland's Climate Assembly](#) reconvened a year after its conclusion to review and respond to the Scottish Government's policy action on the mini-public's outcomes (SSN, 2022).

### Learning reflection

*Consider making some notes about what is most important in this chapter.*



### Project activity

Finalize the Action Plan, including the following elements: timeline, logistics, administration, finance, IT, facilitation expertise and training, public engagement, and evaluation.

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<sup>5</sup> As a point of interest, WHO defines evaluation as the “rigorous, science-based analysis of information about programme activities, characteristics, outcomes and impact that determines the merit or worth of a specific programme or intervention” (International Health Partnership & WHO, 2011:v), which in the context of this guide to mini-publics can be seen as sitting somewhere between evaluation and research.

# Chapter 4

## Deliberation: running the mini-public

### Objective of this chapter

The main objective of this chapter is to cover key aspects of running the mini-public, including preparing participants for deliberation, exploring the evidence, deliberating and generating policy considerations, and drafting the Mini-public Report. In this part of the guide, the project-related activities focus on drafting a Facilitation Plan for running the mini-public, as well as preparing the Participant Handbook and Speaker Briefing.



### Introduction

While the team begins to ready itself, there is often a sense of excitement and trepidation. Mini-publics are still rare encounters in our policy cultures, with complex moving parts, and for many people involved it might be the first time they see this type of civic institution in action. In the end, it all boils down to bringing together a group of people to work towards a shared goal, under the auspices of a team that is putting a lot of care into creating the right space for deliberation.

Crucially, this is not just a managerial endeavour. Rather, it is a social project based on building relationships and trust, within which culturally nuanced, inclusive and potentially difficult deliberations can take place safely. This can be powerful and refreshing for everyone involved, particularly at a time when political life largely lacks such spaces. Participants in a mini-public typically embrace and enjoy the challenge of working together through difficult issues in new ways.

The knowledge and planning accumulated in earlier stages of the process will now support the Project Team in designing and delivering the sessions – including **induction, learning, deliberation** and defining policy considerations for action – as well as **drafting the Mini-public Report** (for a more detailed step-by-step guide, see the 2020 [What Works Scotland handbook](#) (Faulkner & Bynner, 2020)).

### Key points made in this chapter

- Helping participants to prepare is key for their active participation in the mini-public – particularly those who may have additional support needs.
- Holding an orientation session or drafting a Speaker Briefing (see an example in [Annex 3](#)) can help to prepare the speakers to present and discuss evidence during the learning sessions.
- Having an Observers' Programme can be beneficial for the transparency, credibility and legitimacy of the mini-public, but it must be well managed to minimize

### Steps

#### Deliberation stage

- Step 1.** Prepare participants, speakers and observers
- Step 2.** Explore the evidence through learning sessions
- Step 3.** Deliberate and generate policy considerations
- Step 4.** Draft the Mini-public Report

disruption in the sessions.

- The learning and deliberation sessions should be outlined in a Facilitation Plan. This is a detailed plan indicating the timing, focus and purpose of each session, the formats and methods used, the role of each contributor (facilitators, speakers, Project Team), and the resources required (e.g., facilitation tools, presentation facilities, recording materials, other support).
- There are two typical options for writing up the Mini-public Report. Participants may write key parts (policy considerations, proposals) and then the Project Team may add other aspects of the report (e.g., introduction, context, information about the project). Alternatively, the Project Team may take the lead on collating the input from the sessions and drafting a document for review and feedback by participants.
- It is crucial to include not only the policy considerations, but also the evidence, justifications and arguments that support them. This is important to illustrate the quality of the deliberative work undertaken, which influences the credibility and potential influence of the mini-public.

### Step 1. Prepare participants, speakers and observers

The mini-public involves different groups with their own preparation requirements. The first group consists of members of the public – the participants – who will be prepared individually and as a group during the induction session. The second group are the speakers, who are presenting and discussing evidence. The last (optional) group is made up of observers. In this step guidance is provided on orienting these three groups for their roles in the mini-public.

#### Participants

Preparing participants forms part of supporting their active and deep engagement as individuals in the mini-public. This is particularly important for those marginalized by economic and social factors, and who are not usually asked to participate in policy-making.

The Project Team must spend time understanding participants' needs in order to take part effectively – this information may be gathered through a short survey, in-person meetings, by email or through 'phone calls. This is crucial to generate trust, understanding and confidence. Where this isn't possible for the Project Team, other stakeholder organizations with the necessary local presence may help.

A Participant Handbook (see example in [Annex 3](#)) should be provided to each Participant, indicating the following: (i) an overview of the process and some basic contextual information and evidence (e.g., task, key concepts/jargon-buster, and health policy context); (ii) practical elements, including about the venue, timetable, reimbursement, communications support; and (iii) how they will be supported throughout the sessions so



#### Project activity

Draft the Participant Handbook, providing an overview of the process and content, and indicating practical elements of the mini-public.

that they can learn and deliberate together.

The Project Team may also consider providing group induction sessions for public participants. The checklist in Box 4.1 indicates prompts that can guide planning for this.

#### Box 4.1. Focus points for the participants' group induction sessions

Plan to include the following elements as part of the group.

- Social space(s) will be needed, both formal and informal, for participants to meet each other and begin conversations.
- The session should be used for meeting the commissioners of the process, members of the Project Team and some members of the Stewarding Board and Evidence Board.
- It can include an overview of the mini-public – to build understanding of the purposes of different activities and their sequence.
- Guidelines should be provided, including on group culture and the roles of facilitators, Project Team, Evidence Lead(s), and the Stewarding Board.
- The session is a good time to re-affirm the range of support available, including during the sessions (for example, support staff, facilities, and quiet/prayer room).
- It is an ideal time to introduce learning about and exploring the idea of evidence-informed policy-making.
- An overview should be presented of the public health issue under consideration, including the context and stakeholders.
- An overview should also be given of the dimensions of poverty and inequity, as well as evidence from economically and socially marginalized groups relevant to the context.
- The group induction can be used to introduce any material that has been pre-circulated (e.g., evidence policy briefs). It is important to think carefully about the pre-circulation of material. There are potential drawbacks; for example, it may disadvantage participants who don't have time or the confidence to engage with it before the mini-public begins. There is also a risk that some participants may be put off the process before joining, as evidence on its own – without the human dimension of engaging with it as a group – can sometimes have such an effect. On the other hand, some participants may appreciate pre-circulation of resources because they may need extra time to prepare and be confident about their contribution. Therefore, giving participants any form of homework outside the supported sessions of the mini-public is an activity that requires careful calibration.
- The list of speakers should be introduced, which may be expanded if gaps in expertise or experience emerge through deliberation in the mini-public.
- The power dynamics among participants should be considered and strategies introduced to mitigate those, for example via facilitation techniques.
- The session is an ideal opportunity to develop and agree a collaborative approach to group work and decision-making, which welcomes difference and productive contestation; for example, asking the participants in the mini-public to develop a set of community guidelines or engagement rules.

Source: adapted from the from the [UN Handbook on democracy beyond elections](#) (UNDEF & nDF, 2019).

## Speakers

Diversity and inclusion are not only essential factors in the composition of the mini-public, but are also important in terms of the speakers providing and presenting evidence (Roberts et al., 2022). There are different types of evidence-providers to consider – for instance, people with:

- knowledge via experience of **living with the public health issue(s)** and navigating the policy context under consideration, including those from economically and socially marginalized groups;<sup>6</sup>
- knowledge and experience from **policy and practice**, including drawing on research evidence relevant to this public health issue and policy context;
- knowledge and experience of **campaigning and advocacy work**, including drawing on relevant research evidence through organizations based in or working with economically and socially marginalized groups.
- knowledge and experience of **working with and/or developing research** evidence relevant to the public health issue and policy context. This will include very different types of research, data, interpretation and analysis.

Holding an orientation session or drafting a Speaker Briefing can help to prepare the speakers (see [Annex 3](#) for an example). Box 4.2 and Box 4.3 indicate some of the content for this, along with some tips for helping them to prepare.

### Learning reflection

*In context, on what basis would speakers be selected for the mini-public?*

*Consider different types of knowledge, and how this relates to power and equity in the mini-public.*

### Box 4.2. Preparing the speakers

It will be important to discuss with the speakers, individually or collectively:

- an overview of the mini-public, its aspirations and how different types of evidence are used and explored within it;
- preferred options for presenting accessible evidence – for example, a presentation using slides, audiovisual materials, written briefings, and so on;
- ensuring their material is as accessible as possible to a diverse citizen audience;
- techniques that may be used during interaction with participants to monitor the accessibility of the Speaker's contribution – for example, using a traffic-light system to indicate whether participants are grasping the content (holding up a green card), beginning to struggle with it (amber card), or losing track (red card);
- the format of any Q&A sessions that follow their presentation; e.g., how this will be facilitated, the culture of deliberation, and handling potential disagreement or conflict;
- use of panels or roundtables, with several speakers discussing as a group – this can be helpful for participants to grasp diverse approaches to the issue, as well as key arguments and counter-arguments;
- reflecting on bias and transparency in their positionality and framing of the evidence they are providing;
- their previous experiences in presenting, how confident they feel, and what other types of support may help them. Presenting to a mini-public is very different to presenting to other types of policy or community fora, so speakers must be carefully briefed (see Roberts & Escobar (2015)).

<sup>6</sup> It should not be assumed that people with this type of lived experience will not also be drawing on research evidence, but central to the evidence they are offering is their testimony, giving depth of understanding as to their experiences and the consequences of current policy contexts.



### Box 4.3. Tips on supporting speakers in developing accessible material

- Limit the use of jargon unless it is useful for participants to be exposed over time to repeated use of some keywords. However, when used, time must be given to explain the meaning.
- People speaking from a position of community-based, lived experience may already be aware of the need to translate words outside of local usage/dialects (the vernacular), but support to do so may be helpful.
- Pictures, infographics and simple graphs – alongside the use of storytelling techniques and concrete examples – will help to provide clear messages, which the participants can incorporate into their learning and deliberation.
- Sometimes it can be helpful to have what is known as a critical friend or evidence translator – for example, someone with expertise interpreting evidence in policy contexts – who can be there to support participants, perhaps as an Information Officer within the Project Team or, alternatively, as an independent advisor.

The Project Team, working with the Evidence Lead(s), will likely need to produce written summaries on the topics being discussed and the relevant evidence being drawn into the mini-public – although this can also include access and links to other types of trusted materials, such as podcasts, videos, and so on.

#### Observers

Sometimes mini-publics allow a group of observers to watch the process from the sidelines (a practice somewhat reminiscent of election monitors and citizen audits). This may be important for transparency reasons, or simply because there is genuine interest in the topic or the process. If the project includes such an Observers' Programme, this needs to be carefully organized so that:

- the number is not too large or disruptive, and this will depend on the type of space (physical or virtual); and
- observers understand their role and do not intervene in the process in any way.

There need to be clear rules in terms of who can apply to be an Observer (e.g., stakeholder, journalist, citizen, policy-maker), when to join, and which sessions they have access to (usually plenary sessions are open, while small group deliberations are closed). These parameters should be decided and overseen by the Stewarding Board in collaboration with the Project Team. In some cases, the Observers' Programme may include an induction workshop and a follow-up session with the Project Team. Crucially, although such a programme can be beneficial for the transparency, credibility and legitimacy of the mini-public, it must be well managed to minimize disruption during the sessions.

### Step 2. Explore the evidence through learning sessions

The next step is to explore the evidence and to ensure that participants have opportunities to meaningfully interrogate it. The Evidence Lead may act as the aforementioned critical friend or Information Officer (Roberts & Escobar, 2015:220), available to participants for consultation at any time to unpack jargon or concepts, to explain contested evidence, or to probe the quality, weight or credibility of evidence

presented. For example, citizens' panels hosted by the Scottish Parliament usually feature an induction session in which an external critical friend gives participants advice on how to interpret evidence and reflect on cognitive biases. The example in Box 4.4 is from Ireland, detailing various roles to support participants in exploring evidence.

#### Box 4.4. Example: supporting participants to work with relevant evidence in a citizens' jury

There are a variety of roles involved in supporting participants to engage with evidence. For instance, the 2022 [Citizen's Jury on the Future Use of Genomics in Ireland](#) – a mini-public of 24 people – comprised the following roles (IPPOSI, 2022).

An **independent Rapporteur** focused on:

- attending the deliberative sessions to produce summaries (and longer records) of each session to share with the juries and others;
- producing reports with the independent Facilitator to support the final deliberative session and then the development of a draft report and policy considerations (with two jury delegates); and
- impartial and balanced reporting of the jury's discussions.

An **independent Facilitator and small facilitation team** focused on:

- meeting with jurors (on a one-to-one basis, in advance) to prepare them to work with evidence;
- facilitating sessions to support balanced deliberation; and
- supporting the jurors in working towards identifying policy considerations within the time available.

An **independent Stewarding Board** – comprising 12 people, including health researchers, medical and legal specialists, patient-representative bodies and two jury members – supported:

- the development of the task for the jury and the design of the sessions;
- the selection of nine speakers (including two Stewarding Board members); and
- the review of evidence material to check for balance and bias.

One of the things that should be anticipated is the potential role of misinformation and disinformation. Disinformation and misinformation on public health issues – and policy-making more generally – have been immensely challenging across the globe during the COVID-19 pandemic, spreading false and harmful information and seeking to polarize societies. Both WHO and the OECD have provided guidance that highlights the need to challenge such falsity and to build trust in institutions, and this should be considered when designing the learning sessions (WHO, 2021b; OECD, 2021b). More broadly, mini-publics are now being convened to support citizens both to engage with evidence critically and in more complex ways, and to explore the role of social media in propagating disinformation. Box 4.5 indicates examples of how mini-publics have been used to handle disinformation.

#### Learning reflection

*Think about the mini-public participants in the context of the project.*

*Is it possible to anticipate what their responses to the evidence may be?*

*What formats and activities can be used to help them explore the evidence, acknowledging biases and possible misinformation or disinformation?*

**Box 4.5. Examples: handling challenging disinformation through mini-publics**

In the Republic of the Philippines, an online citizens' assembly held in 2021 – '[Thank-you for sharing: a deliberative forum on disinformation](#)' – explored disinformation (also called fake news) in relation to electoral processes (Curato, Corpus & Tapsell, 2021). Twenty-six participants were involved, randomly selected to reflect a cross-section of the country's population (age, gender, socioeconomic group, region). They examined who should be held accountable for production of disinformation and who should safeguard social media against such misuse of information. They undertook two days of shared online learning to understand the relevant issues – including institutional, policy, media and economic contexts, as well as mistreatment of individuals and the need for individual responsibility. A third and final day of deliberation was used to arrive at policy considerations to tackle disinformation through legal and educational means (Curato, Corpus & Tapsell, 2021).

The Canadian Citizen's Assembly on Democratic Expression was funded to address concerns about disinformation, social polarization and the need to develop digital democracy. It convened three [national citizens' assemblies](#) – involving 120 Canadians from across the country – to build understanding of the issues and generate a series of policy considerations concerned with regulation, educating and protecting citizens from harm and discrimination, and aiming to improve health and well-being (3rd Canadian Citizen's Assembly on Democratic Expression, 2022).

The learning and deliberation sessions should be outlined in a Facilitation Plan. This is a detailed, hour-by-hour plan, indicating the timing, focus and purpose of each session; the formats and methods to be used; the role of each contributor (facilitators, speakers, Project Team); and the resources required (e.g., facilitation tools, presentation facilities, recording materials, support resources). See [Annex 3](#) for an example of facilitation plans. The Facilitation note below provides some guidance on how to develop learning sessions.

**Facilitation note****Developing the learning sessions**

- The learning phase requires a dialogic style of facilitation, focused on exploration, and this must be reflected in the Facilitation Plan (for more detail, see Escobar (2011: Chapter 7)).
- Space must be allowed for early exploration of the task, with the potential to fine-tune or adjust it as the mini-public begins to learn more about the topic.
- Think about the sequence in which topics should be presented. For example, moving from contextual evidence to the overall issue for deliberation, and then on to more focused aspects of the issue.
- Think about the balance of evidence across issues (e.g., alternating different perspectives, different types of speaker). This means having a diverse range of speakers, across relevant research, policy, practice, and community expertise, as well as in terms of demographic diversity (see Roberts et al. (2022)).
- Formats and methods should be deployed that foster divergent flows of communication, allowing open exploration and non-judgemental exchange of perspectives (Escobar, 2011).
- Large mini-publics may need to be subdivided into groups to work on different thematic strands.
- It is important to cater for a variety of learning activities; for example, small group exercises, audiovisual material (films, podcasts, videographics, infographics), walkabouts, site or virtual visits, video calls, games, roundtables, adversarial debates, and interactive displays.
- Consider the format of Q&A sessions so that they are not dominated by the most confident and vocal individuals

- for example, developing questions in small groups, before putting them to the speakers (Roberts & Escobar, 2015).
- Consider the viability and fairness of homework. Time for reading and reflection outside of the formal processes can be very productive for participants, and some often take that opportunity. However, others may not have the time or resources to do so, and this can further disadvantage some participants.
- It can be useful to have experts available for participants to clarify content, seek advice, probe the quality of evidence, and so on. The Evidence Lead(s) or Information Officer may also play this role.
- Evidence summaries should be available in suitable formats.
- It is important to recognize positionality and bias, as well as to sustain the focus on dimensions of poverty and inequity.
- Consider time, process and resources to avoid cognitive overload for participants.
- There is also scope to involve participants in the development of the learning phase – e.g., on types of evidence and choice of speakers – but this presents additional challenges in terms of the timeline and sequencing of the sessions.

### Step 3. Deliberate and generate policy considerations

Once participants have explored the evidence, they must deliberate and define policy considerations in order to fulfil the task. In the deliberative sessions, they discuss the issues and work to develop their reflections and compile constructive outcomes. The facilitation note below provides some guidelines for how to plan this, and what to include in the Facilitation Plan.

#### Facilitation note

##### Developing the deliberative sessions and their outputs

- Deliberation sessions require a deliberative style of facilitation, focused on supporting reasoned argumentation, and this must be reflected in the Facilitation Plan (Escobar, 2011: Chapter 7).
- Time must be allowed for participants to build their arguments and proposals relating to the evidence and experiences explored during the learning sessions.
- Formats and methods should be deployed that foster convergent flows of communication, allowing open justification of perspectives and robust mutual scrutiny of arguments (Escobar, 2011).
- Time must also be allowed for defining policy considerations and then scrutinizing them and compiling outcomes in line with the participants' priorities, the task of the mini-public and the policy-making context. The Evidence Lead(s) can assist in this task by providing any new information needed (e.g., whether the policy considerations entail policy approaches that may already be in place – this allows discussion to be deepened and nuance added, rather than proposing things that may already exist).
- The types of decision-making that can be adopted to address the mini-public task should be carefully considered; for instance, supermajority or simple majority vote, consensus, a “good-enough-for-now” outcome (sociocracy) (Rau, 2023), or majority/minority report.
- It is important to ensure oversight by the Stewarding Board regarding the decision-making formats adopted (as above).
- A clear process should be established for reporting the outcomes of the deliberative feedback from the mini-public, with opportunities for participants to review and agree the final version.

Facilitators of the deliberation sessions must be ready to improvise (see Escobar, 2019). Somewhat counterintuitively, improvising requires preparation. In turn, good preparation can reduce the magnitude of improvisation. Facilitators should think about how the following challenges and considerations might manifest in the specific context of the mini-public.

- Difficult conversations can arise, for example around trauma and oppression, and it might become evident that issues that are being avoided.
- Groups can be deeply conflicted, due to societal/community polarization (e.g. those needing to assert/empowerment versus those fearing loss/disempowerment). It is therefore important to be aware of dominant participants and to ensure everyone is included in the conversations.
- Participants (and perhaps others in the Project Team or Project Network) might struggle with some aspect(s) of the process or its wider impact on their life. A pastoral care role within the Project Team can be harnessed as a means of support for participants.
- A fundamental principle for mini-publics is having experts “on tap”, rather than “on top”; that is, they are available on demand to help participants, but they don’t dominate the space.
- Feedback techniques need to be considered and used carefully – during and at the end of sessions.
- Effectively managing the process involves planning to move from learning to deliberation and then towards developing policy considerations. Facilitation approaches and techniques should be prepared in advance to deal with any difficulties arising from the decision-making process.<sup>7</sup>
- Sustaining ongoing communication between facilitators, the Evidence Lead(s), and the Project Team throughout the sessions can be challenging.
- One suggestion is to consider what flexibility there is for changing the timeline and reorganizing sessions, if necessary. For example, if speakers can’t turn up on the day, the critical friend, evidence translator or Information Officer may step in to cover the material (that the speaker would have submitted to the Project Team in advance). Alternatively the session may be rescheduled, if feasible, or the speaker might be able to join online.

For further practical advice on facilitation, see Escobar’s report on [public dialogue and deliberation](#) (Escobar, 2011: Chapter 7), the [UN Handbook on democracy beyond elections](#) (UNDEF & nDF, 2019: Chapter 5), or MosaicLab’s [Facilitating deliberation: a practical guide](#) (White, Hunter & Greaves, 2022).



**Project activity**

Draft the Facilitation Plan for the learning and deliberation sessions.

Be sure to indicate the focus and purpose of each session, along with timing, format and methods to be used, and the roles and resources required.

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<sup>7</sup> When conclusions or decisions are mentioned, this refers to the proposals and agreements developed by participants within the mini-public, not to the decision-making processes outside the mini-public – for example, the broader governance policy-making context of which the mini-public may be part. It is also important to recognize that the information feeding from deliberative feedback processes into policy-making draws on complex interactions and approaches, often requiring multiple iterations and re-examining outcomes among stakeholders. Lavis et al. (2009) further expand on this in their chapter on [policy dialogues](#), providing guidance for evidence-informed policy-making that aligns with the [EVIPNet approach to deliberative citizen engagement processes](#) (including mini-publics) (EVIPNet, 2023b).

## Step 4. Draft the Mini-public Report

Once the mini-public finishes its deliberations, the Mini-public Report should be drafted. There are typically two options for how the report can be written.

- In some cases, participants may write key parts (e.g., reflections, policy considerations, proposals) and then the Project Team may add other aspects (e.g., introduction, context, information about the project).
- In other cases, the Project Team may take the lead on collating all the input from the sessions and drafting a document, which is then reviewed and feedback from participants incorporated.

There may be a need for a review session – whether in person or online – to double-check that the Mini-public Report captures the participants' insights. If differences of view emerge, as people get some distance from the process (or events following the process change the issue/context and influence perspectives), then the Stewarding Board may help to address this, ensuring that it is reflected in the report. Whatever the approach, the guiding principle is that the final version must be endorsed by participants (and the level of agreement and dissent should be recorded; for example, including information about any votes taken, and adding a minority report reflecting dissenting views and the reasoning behind them).

It is crucial to include not only the feedback from the deliberations, but also the evidence, justifications and arguments that support the outcomes. This is important to illustrate the quality of the deliberative work undertaken, which in turn impacts on the credibility and potential influence of the mini-public.

### Learning reflection

*Consider making some notes about what is most important in this chapter.*



### Project activity

Draft an outline (i.e., headings and subheadings) for the Mini-public Report.

# Chapter 5

## Influence: wrapping up the mini-public

### Objective of this chapter

This chapter is about how to wrap up the mini-public project, including seeking influence by mobilizing its results and evaluating its impact. The focus of this chapter is to be aware of two key processes to consider in this closing phase – influence and evaluation – and to reflect on questions about the institutionalization of mini-publics.



### Introduction

This last phase is about ensuring that the deliberative feedback and outcomes of the mini-public are considered in the relevant contexts by key stakeholders to inform policy-making and action. It is also about evaluating whether the mini-public has achieved what it set out to achieve, and drafting a final Project Report, if required (for example, by the commissioner or the funder).

As summarized by the OECD's [Evaluation guidelines for representative deliberative processes](#) (OECD, 2021c), there are three important dimensions to consider in this final phase.

- **Influence of the policy considerations.** The results of the process should be considered when decisions are made by the relevant authorities and, potentially, any impact on broader public opinion.
- **Response and follow-up.** The authorities should officially respond to the outcomes of the mini-public and explain which considerations will be accepted or rejected, and why.
- **Aftercare of mini-public participants.** Once the process is over, participants should receive information about how their work is being taken forward and, where appropriate, support to further engage with the policy process or to share their experiences of the mini-public (e.g., media appearances).

The effort, time and resources invested in mini-publics can be substantial and everyone involved will expect that this work will have a clear impact on policy-making. The type of influence expected will depend on the task undertaken by the mini-public. It may entail contributing to different aspects of policy-making, such as developing policy, assessing policy options or proposals, designing or evaluating health services, addressing policy challenges or conflicts, planning or monitoring health interventions, and so on.

The risks of not taking the work of a mini-public seriously are multiple and go beyond the waste of limited resources and people's time. A mini-public that has no influence is likely to undermine trust in this type of citizen engagement for the future. It may also generate reputational damage and discourage participants, stakeholders and broader publics from engaging with the work of the commissioning authority.

### Processes

#### Influence stage

**Process 1.** Promoting the influence of the Mini-public Report

**Process 2.** Evaluating the mini-public

**Coda:** developing, embedding and institutionalizing citizen engagement via mini-publics

Transparency about the influence of the mini-public is necessary to hold decision-makers accountable over time. Ideally, there should be a clear mechanism agreed from the outset of the project for monitoring and reporting how the commissioning authority will take forward the results of the mini-public (e.g. a Memorandum of Understanding, described in [Step 3](#) of Chapter 3).

### Process 1. Promoting the influence of the Mini-public Report

The previous stage – running the mini-public – ended by drafting a report about the mini-public, including policy considerations and potential outcomes that emerged from the process. The first step in this final stage is to consider how the report will be used to maximize the potential for uptake and change. There are two broad pathways:

1. **communicate** the results of the deliberative process to the relevant stakeholders by continuing to implement the Communication Plan and Impact Strategy; and
2. feed the findings into the **official policy-making process** that led to creating the mini-public.

Even if the project has a direct connection to policy-making from the start, making sure that the outcomes of the mini-public are heard requires sustained effort. The stages of the project include different activities to support impact and ensure that the work of the mini-public is widely shared. The following questions may be helpful to inform the approach, building on the thinking already covered in [Step 3](#) of the Preparation stage (Chapter 3).

- What public health policy-making structures, systems and networks are relevant – and at what levels (e.g., local, regional, national, transnational, global)?
- What wider public policy-making structures, systems and networks are relevant – and at what levels?
- What traditional and social media channels can help share the Mini-public Report, and potentially stimulate broader public deliberation?
- What types of research institutions, policy-making bodies and professional and technical bodies can help disseminate it?
- What has been learned from considering the dimensions of poverty and inequity, as well as experiences of economically and socially marginalized groups, in relation to this public health issue? What does this mean in terms of reaching hard-to-reach/easy-to-ignore groups and sharing the learning from the mini-public?
- What networks in civil society (e.g., NGOs, faith-based organizations, trade unions), the business sector and various communities can support public engagement with the outcomes?
- What activities can be effective in communicating this learning (e.g., newsletters, blog posts, press releases, content packages, public events, policy forums)?
- What opportunities might emerge in the next 6–12 months for promoting



understanding of this work (e.g., publication of a Research Report or Evaluation Report about the mini-public; election processes for public institutions; health conferences; themed days, such as International Women’s Day)?

As already seen, earlier in this guide (e.g., [Step 3](#) and [Step 4](#) in Chapter 2; [Step 3](#) in Chapter 3), the work to create good conditions for influence starts from the Inception stage; for example, establishing trust and collaboration with key policy stakeholders and involving them throughout the project (i.e., via the Stewarding Board or the Project Network). In this final stage, additional steps are needed to maximize the potential for impact. These include:

- changing the focus of the Project Team to become the Influence Team, which may include a subset of the original team or also include new members;
- working with the Stewarding Board, Project Network and wider stakeholders to promote reach and uptake of the mini-public’s outcomes;
- recognizing that earlier thinking about communication and impact will likely have been reshaped, based on the experience of hosting the mini-public, learning collectively about the issues, and understanding the implications of the outcomes – which can result in needing to revise the initial Communication Plan and Impact Strategy; and
- revisiting the context and the budget to understand what is necessary to support impact-oriented activities.

Resource challenges remain important. The Project Network offers a wider body of stakeholders, who can also contribute. They may have knowledge of how to generate influence; and they may help, through activities and communications within their own networks. Some organizations and services may have the resources to contribute in kind; other organizations, services and individuals may need to be supported. For example, some mini-public projects provide media and policy engagement training for participants, so that they can become public ambassadors for the process and its proposals for policy and action. This should not be expected of all participants and must be done on a voluntary basis, but some participants may be keen to remain involved and ensure that the work of the mini-public has substantial impact going forward.

## Process 2. Evaluating the mini-public

As previously explained (see [Step 7](#) of Chapter 3), there is considerable scope for learning through evaluating the mini-public, and a great deal to be learned about the process from feedback from the participants, speakers, facilitators, Evidence Lead(s), and observers. Debrief sessions with Project Team members and key partners in the Project Network are also important, to inform future practice, understand capacity or skills gaps, and reflect on aspects of the process that may need further development or a more creative approach.

Researchers from a research institution, civil society organization – or perhaps a credible research unit within a public (health-related) body working outside of the Project Team –

may lead the evaluation of both the process and content created by the mini-public. This may include, for instance:

- interviews and/or surveys with participants, at various stages of the process (e.g., pre- and post-deliberation stages);
- interviews and/or surveys with the Project Team, Stewarding Board, commissioners and funders, and the wider Project Network at various stages of the project (e.g., before and after the mini-public);
- observational work and analysis of the outputs created by the mini-public; and/or
- a broader population survey to check how the mini-public is perceived and whether its outcomes resonate with the wider public.

For examples of two mixed-methods research designs, see Elstub et al.'s (2022) research report evaluating the [Citizens' Assembly of Scotland](#) and Smith et al.'s (2021) project combining [citizens' juries and a population survey](#).

Another aspect of evaluation is the longer-term analysis of the aftermath of the mini-public to assess its influence. Such tracking can provide further evidence of the value of citizen engagement more generally in relation to its impacts on policy-making; and, crucially, the impacts over the longer term – a key evidence-gap identified within the 2022 WHO [Overview report](#) (WHO, 2022).

As shown throughout this guide, mini-publics are carefully crafted processes of citizen engagement that can fulfil various roles in health policy-making and other governance contexts. Their impacts can go even further, beyond that, to have other positive effects; for example, changing organizational practices, improving the culture of citizen engagement, or developing new relationships between authorities and their publics.

It is therefore useful to map out the range of possible impacts that may result from a mini-public. The KNOCA has developed an [Impact Evaluation Framework](#) that outlines key areas and types of impact of mini-publics (KNOCA, 2022).

### Areas of impact

- 1. Policy impacts** are the effects that a mini-public can have on public policy and political decision-making; for example, helping to improve a public health programme or informing a difficult political decision in a complex context.
- 2. Social impacts** are the effects that a mini-public can have on broader public engagement with health issues and policies. Examples include generating a new way of understanding a public health challenge from a citizen's perspective, or setting priorities that civil society organizations can use to inform their advocacy work.
- 3. Systemic impacts** are the effects that mini-publics can have on systems and cultures of public health governance; for example, changing the culture of a public administration to include citizen engagement in health decision-making.

Mini-publics can have impacts in policy, social and systemic areas

## Types of impact

1. **Instrumental impacts** refer to the influence that mini-publics can have on how things work; for example, changes in the policies, behaviours or practices of health organizations, institutions and actors.
2. **Conceptual impacts** refer to the effects that mini-publics can have on how a health issue is understood and how different health actors think about it. Examples include changes in the knowledge about and attitudes towards a particular health challenge, or the types of policies that may be desirable.
3. **Capacity-building impacts** refer to the effects mini-publics can have in building the capacity of health actors to improve their work. For example, stakeholders involved in a mini-public may develop new skills/abilities and confidence that increase their capacity to implement effective policies, services and interventions.

Mini-publics can have instrumental, conceptual and capacity-building impacts

See Box 5.1 for an example of the long-term influence of a mini-public in Tunisia.

### Box 5.1. Case example: sustaining communications and networking over the longer term to create impact in Tunisia

Tunisia's Societal Dialogue for Health (Phase 1: 2012–2014) was a partnership between civil society and government, focusing on understanding people's views and expectations of their health system to support reform. Various citizen engagement processes were organized, including open-mic sessions, regional community meetings, focus groups, a national health conference and a mini-public.

To form the mini-public, about 100 people were selected by civic lottery from each administrative region in the country. The task was to deliberate on key themes emerging from the different engagement processes, engaging a cross-section of the Tunisian population in the mini-public. The Societal Dialogue helped to extend participation and knowledge beyond predominantly male participants, and to include vulnerable populations and citizens, whose voices were not being heard. This included patients living in remote areas and poor urban zones; single mothers; families living in impoverished regions and in polluted industrial areas; and isolated senior citizens.

These inclusion efforts helped to build trust between citizens, civil society organizations and institutions, despite political and economic upheaval in the aftermath of the Arab Spring Revolution. Inclusive and deliberative processes supported the Societal Dialogue's legitimacy, building the sense of citizen participation as a constitutional right. There were two key factors in its success: political and institutional support – although this fluctuated; and the role of grassroots civil society, volunteers and experts. Two key challenges were tensions between citizens and health professionals, and the timely provision of evidence briefings to the mini-public.

Political instability delayed the start of Phase 2 (2016–2021) and its focus on developing national policy. Communications work – through partnerships with the media and civil society networks – was crucial in sustaining commitment and trust across society and continuing to apply political pressure for change. Participants in the mini-public, despite lacking resources, played important roles in promoting understanding of the Societal Dialogue and publicizing activities through their networks. The powerful longer-term impacts of that commitment included an emerging National Health Policy 2030, which will be implemented via Societal Dialogue Phase 3 (from 2021). There is also the aspiration to further institutionalize and resource these processes, for example by developing a legal framework to support citizen engagement.

Source: WHO (2021c).

In summary, to trace the contributions of a mini-public, various methods can be used – both quantitative and qualitative (see Ayano (2021) for more detail) – including surveys, document reviews, open-ended interviews, media coverage reviews and policy analysis. See the OECD's [Evaluation guidelines for representative deliberative processes](#) for more information (OECD, 2021c). An increasingly popular method is contribution analysis: see, for example, the steps offered by [BetterEvaluation](#) to trace contribution, which include developing a theory of change for the mini-public (BetterEvaluation, 2001).

### Coda: developing, embedding and institutionalizing citizen engagement via mini-publics

Organizers can support change in their organization or institution and therefore within the systems in which they work and the communities they serve. Examples of activities that can support learning, capacity-building, and change are outlined here, whether during the organization of a mini-public, or in the aftermath.

- **Building reflective practice** can be useful, specifically by:
  - reading, watching and listening to audiovisual resources from relevant networks – there is a growing body of open access material in this field (see [Annex 4](#));
  - journaling about practices – for example, keeping a diary with notes about learning points, challenges, successes and dilemmas;
  - organizing opportunities for
    - shadowing** – reaching out to organizers who are engaging in this kind of work in other contexts and seeing if opportunities exist to shadow them when they host their next mini-public;
    - mentoring** – finding potential mentors who can guide and advise; with experience, there will be the opportunity to pay this forward, by mentoring others; and
    - training** – participating in training courses about citizen engagement, mini-publics and facilitation skills; this can be helpful to get started or to consolidate learning, through practice; it is also a great way of connecting with fellow organizers.
- **Building understanding and commitment** is achievable by:
  - establishing a working group (or, less formally, a working lunch) with interested colleagues within the organization, to learn and build momentum for new ways of working;
  - organizing study visits (whether in person or virtual) to institutions that convene mini-publics, as a powerful way of introducing the process to senior management in the organization;
  - sharing accessible publications or audiovisual materials via staff newsletters or wikis, which can help to introduce colleagues to citizen engagement processes.

- **Connecting across institutions and systems**

Connecting to international networks and organizations working in this field can be an important part of developing and sharing practice. Here are some examples of open civil society initiatives.

[Demo.Reset](#) is a network of over 100 organizations in the Global South working to support citizen engagement in policy-making and governance (Demo.Reset, 2022).

[People Powered](#) is a hub that supports participation processes and organizers around the world (People Powered, 2023b).

[Participedia](#) is a global learning and crowdsourcing platform for people working on citizen engagement (Participedia, 2023c).

- Creating a network can be a first step towards building a community of practice that connects people organizing citizen engagement across different institutions and policy areas – for example, by hosting a workshop or creating an online group. This may lead to opportunities for pooling resources to support each other's projects, exchange knowledge or commission shared training.
- Working with interested policy-makers to establish connections to wider policy networks can introduce public officials to new ideas and practices, and help develop a culture of citizen engagement.
- Developing proposals for external funders and internal budget-holders may generate investment in institutional infrastructure and resources for citizen engagement.
- Developing a peer-learning, shadowing and support programme across relevant networks (e.g., EVIPNet) can create a channel through which experienced organizers can regularly mentor and advise new teams.

In some contexts, the commissioning authority may want to make mini-publics a permanent feature of citizen engagement in evidence-informed policy-making. For example, the United Kingdom National Institute for Health and Care Excellence (NICE) created a permanent mini-public called the [Citizens Council](#) (NICE, 2015). Its role was to provide a public perspective on moral and ethical issues that NICE should consider when generating health guidance, advice and quality standards.

The OECD's report, entitled [Eight ways to institutionalise deliberative democracy](#) (OECD, 2021a) introduces different ways in which mini-publics have been institutionalized so far, including:

- combining a permanent mini-public tasked with agenda-setting with several one-off mini-publics focused on specific topics;
- connecting mini-publics to parliamentary committees;
- combining mini-publics with public votes;
- creating a permanent mini-public in the form of a citizens' advisory panel;

**Creating a network can be a first step towards building a community of practice that connects people organizing citizen engagement across different institutions and policy areas**

- sequencing different mini-publics throughout the policy cycle;
- giving people the right to demand a mini-public through public petitions;
- requiring mini-publics to take place before certain types of public decisions are made; and
- embedding mini-publics in strategic planning processes.

If the process being organized is intended to pilot the mini-public approach before making it permanent, then its influence will go beyond the outcomes of this single mini-public guide. A key goal of such a pilot will be to build capacity for future practice and systemic change (i.e., embedding citizen engagement), meaning that some activities will require more attention. For example, the first mini-public will be an opportunity to train and mentor staff at the commissioning authority, so that a range of people can undertake similar work in the future.

In addition, the evaluation of the first mini-public will need to be comprehensive, so that the learning can inform the process of institutionalization, and not just the policy-making process for the health issue at hand. Moreover, the pilot should involve institutional stakeholders responsible for leading on the administrative and governance reforms needed to institutionalize this type of citizen engagement.

Institutionalization has risks, especially if there is a concern that it may undermine the integrity of mini-publics. Developing a good system of governance for these new civic institutions will be crucial. This may be built along similar principles to those introduced in the Preparation stage for the formation of the Stewarding Board. Institutionalizing mini-publics and other citizen engagement processes does not guarantee success in establishing a more democratic form of health governance; this requires the steady development of a culture of citizen engagement and open policy-making across society and institutions – or what some researchers call embedding a culture of public participation (Bussu et al., 2022; Youngs, 2022). That is a challenge that requires the combined efforts of citizens, community groups, civil society organizations and public institutions (see Box 5.2 for a case example from Brazil). This guide is designed to help develop practices, while organizations work with others to meet that challenge.

**Institutionalizing mini-publics and other citizen engagement processes requires the steady development of a culture of citizen engagement and open policy-making across society and institutions**

### Box 5.2. Case example: Delibera Brasil – the role of mini-publics in changing policy-making culture towards more citizen engagement

Apart from policy impacts, mini-publics can also help to change institutional cultures towards more citizen engagement. Recent mini-publics hosted in Brazil are illustrative of how this can take place in a time of crisis and polarization.

The civil society organization [Delibera Brasil](#) worked with a range of partners to host five mini-publics in 2021 as part of their Decidademia project (Delibera Brasil, 2021). The mini-publics were organized in different locations and on different topics: Belo Horizonte (cultural access and the right to education); Salvador (right to education during the pandemic); Porto Alegre (waiting times for medical treatment); and Amazonia (governance of and remuneration for environmental water services). They were held online as a series of workshops in the middle of the COVID-19 pandemic, with a focus on supporting decision-making processes.

Partners and participants spoke of the value of working with a diverse range of individuals, selected through civic lottery:

“What impressed me most was the ‘bursting of bubbles’. Having worked for some time in these processes of formation and discussion, it was the first time I saw people from such different backgrounds discussing a common issue. And that moves us. We who work in civil society organisations have this longing to break through these blockages so that we don’t get stuck in the same groups. It was gratifying to have accompanied this project and the lives it affected.”

[Quote from Mariana Evaristo dos Santos](#), Institute for Thought and Action in Defence of Democracy (Bürgerrat, 2021).

Building on this experience, Delibera Brasil has been funded by the United Nations Democracy Fund (UNDEF) to organize deliberative democracy and citizens’ assemblies to [fight inequality and poverty in Brazil](#) (Delibera Brasil, 2022). The project seeks to work in three cities to demonstrate to public managers, political leaders and citizens alike the feasibility and value of open, inclusive deliberation to build sustainable and widely supported policy responses to complex issues.

### Learning reflection

*Consider making some notes about what is most important in this chapter.*

# Chapter 6

## References<sup>1</sup>

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# Chapter 7

## Annexes

### Annex 1. Methodology

The methodology used to develop this guide entailed six stages.

1. **Preparation stage.** This involved developing a Project Protocol with WHO Evidence to Policy and Impact Unit. The WHO 2022 [Overview report](#) – *Implementing citizen engagement within evidence-informed policy-making: an overview of purpose and methods* (WHO, 2022) – provided the starting point and key parameters for this guide. The draft Project Protocol was shared with the Editorial Board for early feedback and it outlined the project objectives, research questions and strategies for developing the Scoping Review, a range of stakeholders to be involved in oversight and feedback, and the draft Action Plan for the project.
2. **Scoping Review.** This entailed a review of applied literature, including guides, toolkits and other practice-oriented resources and web-based material relating to citizen engagement in evidence-informed policy-making. Four broad research questions were established – two relating to content and two relating to style.
  - i. What guidance currently exists to support the development of this guide?
  - ii. What are the shortcomings/gaps in existing guidance, given latest developments in democratic innovation (including the WHO [Overview report](#) (WHO, 2022)), and how can these be addressed?
  - iii. What are the key dimensions that should be included in practice-oriented guidance?
  - iv. What approaches to presentation can help to make the guide accessible, useful and usable?

Three initial strategies for literature review were followed.

- a. **A literature search was carried out** across global academic databases, using the University of Edinburgh’s DiscoverEd search tool. The searches applied the following terminology and criteria:
  - key focus: “guidance for citizen engagement in evidence-informed policy-making”
  - complementary keywords: *deliberat\**, *participat\**, *engagement*, *guid\**, *manual*, *guidance*, *toolkit*, *handbook*, *how-to*, *toolbox*
  - time frame: 2000-2020
  - geography/language: any
  - types of sources: general (including peer reviewed)
  - relevant fields: interdisciplinary
  - relevance: connection between research questions 1 and 2 and the search terms.

Literature of potential relevance was reviewed, including articles, book chapters, conference reports, books and theses. For example, a search using the combined terms ‘Citizen engagement’, ‘Deliberat+’, and ‘Guid\*’ generated 154 items. On closer inspection, most of these publications did not provide practical how-to guidance on undertaking citizen engagement in evidence-informed policy, but instead reported on research into participatory and deliberative processes and evidence-use in relation to policy-making.

- b. **A snowballing search was carried out** via a global range of deliberative and participatory bodies and related websites and guidance (see [Annex 4](#)). This strategy was the most effective in locating applied literature,



including guides, toolkits and other practice-oriented resources relevant to the approach to citizen engagement in evidence-informed policy-making introduced in the WHO [Overview report](#) (WHO, 2022) – which focuses on processes of citizen deliberation in which participants are selected through civic lottery (hence the use of the generic term “mini-publics” used in this guide).

The following global institutions, national programmes, nongovernmental organizations (NGOs) and practitioner networks (along with their related websites and publications) were included in the search: WHO, Organisation for Economic Co-operation and Development (OECD), World Bank, International Association for Public Participation, People Powered, Participedia, Observatorio Internacional de la Democracia Participativa, Latinno, Involve, DemSoc, National Coalition for Dialogue and Deliberation, Democracy R&D, Demo.Reset and What Works Scotland. Repositories from these organizations featured relevant resources and also flagged further networks (e.g., Democracy R&D was a valuable source of resources from around the globe). The research team prepared a learning document, including relevant material, which then formed the basis for [Annex 4](#).

- c. **Complementary searches** were also explored via Google and Google Scholar. Some practical guidance was identified but the most relevant sources had already been located via the snowballing search and therefore this strategy was not pursued further.
3. **Developing the early draft.** This was informed by the material emerging from the Scoping Review. A structure for the guide was adopted to outline the key stages of developing citizen engagement processes according to the mini-publics approach: Introduction; Inception; Preparation; Deliberation; and Influence.
4. **Initial consultations.** The early draft was shared and discussed in workshops with:
  - the Editorial Board – 10 invited members from across the globe (see the [Acknowledgements](#))
  - Evidence-informed Policy Network (EVIPNet) users and WHO staff invited to the consultation – 12 users and six staff
  - the WHO Evidence into Policy and Impact Team.

Feedback was received from discussions at two workshops, with written comments and suggested amendments to the early draft. The following themes were consistently raised across the two consultation workshops and related feedback:

- the importance of perspectives from the Global South
  - emphasis on economically and socially marginalized groups – including health equity considerations
  - emphasis on the social dimensions and local contexts for developing effective practice
  - illustrating both resource-intensive approaches and low-intensity alternatives
  - providing clear rationales for the deliberative approach via mini-publics, including examples and tips
  - considering learning approaches and evaluation
  - a range of approaches to participant recruitment and support – to fit with varying contexts
  - guidance on good practice regarding evidence use and impact, and communications work
  - accessible language and layout
  - emphasis on the quality and credibility of deliberative processes and their impact strategies.
5. **Developing the advanced draft.** The redrafting of the guide incorporated the feedback from initial consultations and

included further research into cases and examples. When contradictory feedback was received, the research team explained the decisions made at subsequent meetings with the Editorial Board and other stakeholders.

- 6. Further consultations and final draft.** A final Editorial Board meeting was conducted, followed by a process of peer review of the final version of the guide.

## Annex 1 Reference

WHO (2022). Implementing citizen engagement within evidence-informed policy-making: an overview of purpose and methods. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/364361>, accessed 13 November 2023).

## Annex 2. Glossary

### Civic lottery

Civic lottery is a process for selecting citizens to participate in a mini-public. Sometimes it is also called sortition (Participedia, 2021). Participants are usually selected through quota sampling, so that a range of demographic characteristics from the relevant population are reflected; e.g., age, gender, ethnicity, disability, income, geography, education, religion, and so on. Besides demographics, it is important that the mini-public includes a range of perspectives, experiences and viewpoints that are relevant to the issue at stake. Organizers therefore deploy social science methods to assemble a microcosm of the relevant public – hence the name mini-public. Most mini-publics do not aim for statistical representation, but for diversity (that is, a cross-section of the relevant population). The point of using civic lottery is to reduce the self-selection bias that often makes public forums unreflective of demographics and views across the relevant population.

There are different approaches to conducting civic lottery: see [Step 4](#) in Chapter 3, as well as the [Civic lottery](#) section in Annex 4.

### Deliberation

Deliberation is a form of “mutual communication that involves weighing and reflecting on preferences, values, and interests regarding matters of common concern” (Bächtiger et al., 2018:1). A deliberative process entails discussing alternative perspectives respectfully and reaching decisions or defining well-informed options or outcomes. Public deliberation is thus a form of communication that is “un-coerced, other-regarding, reasoned, inclusive and equal” (Chappell, 2012:7–10; see also Curato et al. (2021)).

- **Un-coerced** means that no force other than that of argumentation should be at play. In deliberation it is crucial that participants are not pressured into adopting certain positions – as might happen in other forms of engagement (e.g., negotiating, campaigning).
- **Other-regarding** means that participants must show respect for other participants and take into account their perspectives and interests. This reciprocity aims to overcome the dominance of self-interest in favour of concern for the common good.
- **Reasoned** refers to the need to offer reasons that others can understand, although may not necessarily accept. In deliberation, it is crucial to offer justification for one’s views and perspectives. This aims to improve arguments and decisions by opening up to scrutiny the reasons that underpin them.

- **Inclusive and equal** means that, apart from ensuring formal inclusion of diverse backgrounds and perspectives, there must also be a level playing field for deliberation – that is, ensuring that the process does not privilege those with more rhetorical skills or more domineering communication styles.

### Evidence-informed policy-making

This is a systematic and transparent approach that draws on the best available data, research and other forms of evidence and knowledge to inform policy-making. The approach recognizes that the types of evidence used and how they support policy-making also involves social, political and economic considerations. For more information, see WHO's 2021 report entitled [Evidence, policy, impact. WHO guide for evidence-informed decision-making](#) (WHO, 2021).

### Facilitation

Facilitation is the craft of enabling conversations that are inclusive, meaningful and productive (Escobar, 2011). The work done by facilitators is a key enabler of high-quality collaborative, participative and deliberative processes (Escobar, 2019). Their expertise on process design, inclusive practices, participatory methods, deliberative standards, consensus-building approaches, decision-making formats and conflict-resolution techniques is essential to the success of a mini-public.

### Health equity

According to WHO (2023), [health equity](#) is the absence of unfair, avoidable or remediable differences in health among population groups, defined by social, economic, demographic or geographic characteristics.

### Institutionalization

This term refers to the establishment of a citizen engagement process as a permanent feature of a governance system. For more information, see the OECD's report, [Eight ways to institutionalise deliberative democracy](#) (OECD, 2021), which outlines eight models for institutionalizing mini-publics to improve collective decision-making beyond one-off initiatives. The report provides examples of how to create structures that allow mini-publics to become an integral part of how public decisions are made.

### Mini-public

This is a citizen engagement forum that includes a cross-section of the population, selected through civic lottery to participate in evidence-informed deliberation in order to inform policy and/or action. Individuals are carefully selected to reflect the diversity of the people affected by the policy issue. This group is supported to work together, examine evidence, and define well-informed options or outcomes. There are many types of mini-public; for example, citizens' juries, planning cells, citizens' assemblies, citizens' panels, consensus conferences, citizens' councils and citizens' committees. For more information, and discussion of frequently asked questions on the subject, see the brief entitled [Forms of mini-publics: an introduction to deliberative innovations in democratic practice](#) (Escobar & Elstub, 2017).

### Annex 2 References<sup>1</sup>

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### Annex 3. Examples of plans, handbooks and briefings

- [Example of a Facilitation Plan](#) from a mini-public on health inequities policy in a research context.
- [Example of a Participant Handbook](#) from a mini-public on environmental issues in a research context.
- [Example of a Speaker Briefing](#) from a mini-public on environmental issues in a research context.

### Annex 4. Resources

#### Resources on mini-publics

- [Evidence vs democracy. How ‘mini-publics’ can traverse the gap between citizens, experts, and evidence](#) (Breckon, Hopkins & Rickey; Alliance for Useful Evidence (Nesta); 2019)
- Podcast series: [Facilitating Public Deliberations](#) (nDF; 2021)
- [How to commission a citizens’ assembly or reference panel](#) (MASS LBP; 2019)
- [Citizens’ assemblies. Guide to democracy that works](#) (Gerwin; Open Plan Foundation; 2018)
- [Deliberative Café](#) (Gerwin; Center for Blue Democracy; 2023)
- [Guiding principles for setting the remit of an assembly](#) (KNOCA; 2023b)

- [Inclusion and diversity among expert witnesses in deliberative mini-publics](#) (Roberts et al.; University of Strathclyde; 2022)
- [Deliberative mini-publics: core design features](#) (Curato, et al.; Bristol University Press; 2021)
- [De Gruyter Handbook of citizens' assemblies](#) (Reuchamps, Vrydagh & Welp; De Gruyter; 2023)
- [Forms of mini-publics: deliberative innovations in democratic practice](#) (Escobar & Elstub; newDemocracy Foundation; 2017)
- [Innovative citizen participation and new democratic institutions: catching the deliberative wave](#) (OECD Publishing; 2020b)
- [Good practice principles for deliberative processes for public decision-making](#) (OECD Publishing; 2020b)
- [UN Handbook on democracy beyond elections](#) (UNDEF & nDF; newDemocracy Foundation; 2019)
- [Deliberative Integrity](#) (Deliberative Integrity Project; 2023)
- [Resources](#) from the Global Assembly on the Climate and Ecological Crisis (Global Assembly; 2023)
- [Center for New Democratic Processes](#) (CNDP; 2023)
- [Demo.Reset](#) – Deliberation in the Global South (Exstituto de Política Abierta Demo.Reset; 2022)
- [Democracy R&D](#) (Democracy R&D; 2023)
- [DemNext](#) (DemocracyNext; 2023)
- [Innovations in local climate assemblies and juries in the UK](#) (Involve; 2023)
- YouTube channel: [Knowledge Network on Climate Assemblies \(KNOCA\)](#) (KNOCA; 2023a)
- [Guide for the design, organization and facilitation of citizens' assemblies on climate change](#) – available in five languages (Piñeiro & González; Basque Centre for Climate Change (BC3); 2023)

### Civic lottery

- [How to run a civic lottery](#) (MASS LBP; 2017)
- MosaicLab resources on [streamlining recruitment](#) and [dilemmas of recruitment](#) (MosaicLab; 2022; 2023)
- [Democratic lottery selection and stratification](#) (Sortition Foundation; 2023)
- [Citizens' assemblies. Guide to democracy that works](#) (sections 6–13) (Gerwin; Open Plan Foundation; 2018)
- [Citizens' jury handbook](#) (Chapter 3) (Jefferson Center; 2004)
- [UN Handbook on democracy beyond elections](#) (Chapter 4) (UNDEF & nDF; newDemocracy Foundation; 2019)
- [FIDE guide to organising a democratic lottery](#) (Federation for Innovation in Democracy – Europe (FIDE); 2022)

### Facilitation

- Podcast series: [Facilitating Public Deliberations](#) (nDF; 2021)
- [Facilitating deliberation: a practical guide](#) (White, Hunter & Greaves; MosaicLab; 2022)
- [Policy dialogue briefing note](#)

(WHO; 2015)

- [Public dialogue and deliberation: a communication perspective for public engagement practitioners](#) (Escobar; University of Edinburgh; 2011)
- [How to design and plan public engagement processes: a handbook](#) (Faulkner & Bynner; What Works Scotland; 2020)

### Impact/Influence

- [Evidence, policy, impact. WHO guide for evidence-informed decision-making](#) (World Health Organization; 2021a)
- KNOCA resource on [strategies for creating impact](#) (Rovers & Dejaeghere; KNOCA; 2022)
- [Eight ways to institutionalise deliberative democracy](#) (OECD Publishing; 2021a)

### Evaluation

- [Evaluation guidelines for representative deliberative processes](#) (OECD Publishing; 2021b)
- [Research methods in deliberative democracy](#) (Ecran et al.; OUP; 2023)
- [A manager's guide to evaluating citizen participation](#) (Nabatchi; IBM Center for the Business of Government; 2012)

### Citizen engagement more generally

- [Beyond inclusion – Equity in public engagement: A guide for practitioners](#) (Armos; Simon Fraser University's Morris J Wosk Centre for Dialogue; 2020)
- [Participedia](#) (University of British Columbia Center for the Study of Democratic Institutions; 2023)
- [The Participation Playbook](#) (People Powered; Global Hub for Participatory Democracy; 2023a)
- [People Powered](#) (Global Hub for Participatory Democracy; 2023b)
- [International Observatory on Participatory Democracy](#) (IOPD; 2023)
- [OECD guidelines for citizen participation processes](#) (OECD Publishing; 2022)
- [Participo. Research and practice of innovative citizen participation](#) (OECD; 2023)
- [Voice, agency, empowerment – handbook on social participation for universal health coverage](#) (WHO; 2021b)
- [Guide to public debate on human rights and biomedicine](#) (Council of Europe; 2020)
- ['Hard to reach' or 'easy to ignore'? Promoting equality in community engagement – evidence review](#) (Lightbody; What Works Scotland; 2017)

### Evidence-informed policy-making

- [Evidence, policy, impact. WHO guide for evidence-informed decision-making](#) (WHO; 2021a)
- [Policy dialogue briefing note](#) (WHO; 2015)
- [The Evidence Commission report: a wake-up call and path forward for decisionmakers, evidence intermediaries, and impact-oriented evidence producers](#) (Global Commission on Evidence to Address Societal Challenges; McMaster Health Forum; 2022)

- [VakaYiko Consortium's Evidence-informed Policy-making \(EIPM\) Toolkit](#) (INASP; 2016)
- [Building capacity for evidence-informed policy-making: lessons from country experiences](#) (OECD Publishing; 2020a)

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**Evidence to Policy and Impact Unit**  
Research for Health Department  
Science Division

World Health Organization  
Avenue Appia 20  
1121 Geneva 27  
Switzerland

[EIDM@who.int](mailto:EIDM@who.int)

