

Creating Synergy

HEALTH COALITION OF ALBERTA

GUIDE FOR SUCCESSFUL STAKEHOLDER ENGAGEMENT IN DECISION-MAKING PROCESSES

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INTRODUCTION

Creating Synergy Health Coalition of Alberta (CS) is an alliance of informed, knowledgeable and experienced individuals, voluntary health charities and not-for-profit or non-government organizations. The members of CS are stakeholders representing present and future users of health care in Alberta. The **Vision of CS is *the best people-centred health care for all Albertans.***

This Guide for Stakeholder Engagement in Decision-making Processes¹ is created to encourage government and other decision makers to engage Alberta stakeholders including Creating Synergy Health Coalition of Alberta and other citizens or public in discussions and decisions concerning health care, health outcomes and policies.²

The model of engagement that will be utilized by CS has been adapted from Health Canada and other models. It is depicted in **Appendix 1**.

The preference of CS for participation with government or other health decision-makers is **engagement**, but CS also values being able to participate and listen at all other levels of involvement.

The definition of engagement is contained in **Appendix 2** along with the definitions for other relevant terms such as public, citizen, and stakeholders. Appendix 2 also contains the background to support this stakeholder engagement guide.

¹ Acknowledgement for use or adaptation of this guide should be given to Creating Synergy Health Coalition of Alberta, 2010.

² The Framework and concept mapping is adapted from Kovacs Burns (2006), *Public Engagement Framework: The Voluntary Health Sector*. Study funded by Public Health Agency of Canada and Health Canada. Contact Katharina Kovacs Burns at the University of Alberta at 780-492-7766 or kathy.kovacsburns@ualberta.ca

THE GUIDE FOR SUCCESSFUL ENGAGEMENT OF STAKEHOLDERS

The Guide includes the following main sections:

- I. VISION
- II. GUIDING PRINCIPLES
- III. ANTICIPATED OUTCOMES
- IV. GOALS AND OBJECTIVES
- IV. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS
- VI. METHODS OF INVOLVEMENT
- VI. CAPACITY BUILDING
- VII. STRATEGY FOR IMPLEMENTATION OF GUIDE
- VIII. EVALUATION OF THE GUIDE

I. THE VISION

Vision for Engagement

Creating Synergy has mutually beneficial relationships with decision makers at all levels of government and health care, and is a respected stakeholder, meaningfully engaged in key decisions that will impact Albertans and their health.

II. GUIDING PRINCIPLES

The following principles guide the successful engagement of stakeholders such as CS:

- Commitment to the public good and public benefit – health is a public good and benefit for all concerned
- Dedication to the pursuit of quality health care
- Mutual respect amongst all stakeholders including government
- Honest and open two-way communication – transparency
- Fair, transparent & meaningful engagement and decision-making processes
- Clear rationale for decisions (based on evidence, accepted facts, patient-driven information)
- Education that informs and engages
- Improved knowledge and understanding of health issues
- Making a difference; commitment to make a difference
- Relevant contributions by those engaged
- Innovative thinking about health
- Inclusiveness of stakeholders
- Clarity
- Collaboration
- Trust
- Timeliness of engagement
- Striving for excellence in health care and health outcomes

III. ANTICIPATED OUTCOMES

As there are no definitively studied outcomes as of yet, the following are some anticipated outcomes:

- Stakeholder engagement framework is designed and applied by government
- Government and other decision makers collaborate with stakeholders including CS to assist with the development and implementation of their stakeholder engagement framework
- Stakeholders are engaged at the outset of initiatives, beginning with the identification of health care issues
- Resources to support stakeholder engagement are put in place by decision makers
- Policy supporting stakeholder engagement and the framework is in legislation
- Making a difference for Albertans through their engagement in decisions becomes a reality

Related to Outcomes are the REASONS FOR & BENEFITS OF ENGAGING THE ALBERTA PUBLIC AND STAKEHOLDERS INCLUDING CREATING SYNERGY HEALTH COALITION OF ALBERTA IN DECISION-MAKING PROCESSES:

CS members see the following as some of the reasons for being engaged:

- On issues of provincial and local health importance
- Opportunity to influence outcomes of health care decisions
- A new direction in health care services or policies proposed by decision makers
- Throughout the health policy, service or program decision making cycle, specifically with
 - Identifying issues or concerns
 - Addressing issues raised amongst patients and other stakeholder groups
 - Providing personal experiences as a component of evaluating the impact of the health care system, services provided, and policies

CS sees the following as some of the many benefits for being engaged:

- Being engaged is a meaningful process for those with an invested interest in the healthcare of Albertans - Meaningful engagement of stakeholders is a sign of respect
- Government and other decision makers could identify with CS and see it as a respectable source of user-centred knowledge and information.
- CS continually strives to build its capacity in knowledge/understanding of the health care system
- Providing stakeholders with opportunities to be 'meaningfully' engaged will also make them better informed about the issues they have not considered
- CS and government have an opportunity to collaborate
- There is shared accountability for action
- Engagement of stakeholders becomes the norm for government and other decision makers.
- The membership of CS represents a wide range of disease-specific groups, experiences and expertise
- Through our diverse membership, CS reflects the views and experiences of the majority of Albertans who use the health care system

- Users of health care are 'experts' of their own health and well-being, and have 'real world' experiences which more accurately depicts the impact of health care decisions and policies.
- Public confidence is strengthened when decisions made about health care in Alberta include stakeholders
- Enhanced collaboration with stakeholders will improve policy and program results and strengthen support for regulatory and policy decisions.

Some reasons why decision makers should engage CS in decision-making processes:

- Health issues are of concern to CS and other users of the health care system, and need to be managed through stakeholder engagement
- Opportunities exist for decision makers to seek stakeholder input including from CS
- Information that could or will have an impact on CS and other stakeholders can be provided by decision makers

IV. GOALS & OBJECTIVES

Over the next three to five years the following Goals and objectives will be achieved:

Goal 1: Engagement of stakeholders including CS is an acceptable part of health care discussions and decision making in Alberta.

Objectives:

- (1) Strive for policy to mandate stakeholder engagement
- (2) Facilitate change in decision makers' attitudes towards stakeholder engagement through public awareness and educational sessions
- (3) Ensure that resources (primarily financial) from government and other decision makers are adequate for stakeholder engagement initiatives

Goal 2: Decision Makers work collaboratively with stakeholders to clearly define and describe an engagement framework and its purpose

Objectives:

- (1) Ensure that the decision makers' framework identifies with stakeholders in a positive and meaningful way
- (2) Define and communicate the purpose of the stakeholder engagement framework to prevent confusion and conflict
- (3) Differentiate between the CS's Guide for Stakeholder engagement and the framework developed by decision makers
- (4) Enhance the stakeholders' abilities to participate effectively in proposed involvement activities.

Goal 3: Stakeholders like CSC are active participants in the development of the decision makers' Stakeholder Engagement Framework including the processes that will support what stakeholders are involved, how, why and to what extent.

Objectives:

- (1) Ensure a broad invitation is sent out in a timely manner to all Albertans and that interested stakeholders become involved in the development of decision makers' Stakeholder Engagement Framework
- (2) Define access points for stakeholders and contacts within decision making areas of government and health care.
- (3) Establish Creating Synergy to be one of the contact points for decision makers to access users of health care
- (4) Foster inclusiveness of all types of stakeholders and ensure opportunities are open, transparent and accessible.

Goal 4: Appropriate venues and processes provide equal barrier-free access and opportunities for stakeholders including CS to become engaged in decision-making processes regarding health care issues.

Objectives:

- (1) Provide opportunities publicly so that stakeholders can become engaged in whatever initiatives they feel they have expertise to offer
- (2) Identify criteria and expectations for opportunities so that stakeholders clearly understand what their roles and responsibilities will be.

Goal 5: Inclusive processes for fair representation of all stakeholders including CS, are identified and employed by decision makers as part of their engagement framework

Objectives:

- (1) Design an inclusive representativeness approach with stakeholders
- (2) Communicate the representativeness approach publicly as part of the engagement framework

Goal 6: The appropriate tools, information, orientation/preparation and resources are provided to Creating Synergy and other stakeholders so they can be appropriately and meaningfully engaged at all levels of decision making

Objectives:

- (1) Ensure that stakeholders are comfortable with their involvement at the engagement level
- (2) Provide appropriate capacity building and supports for stakeholder engagement

Goal 7: Evaluate the effectiveness of the Stakeholder Engagement Guide and in setting out the parameters and measures for its acceptance and approval by decision makers

Objectives:

- (1) Define an evaluation plan and incorporate it from the outset
- (2) Make appropriate adjustments to the Guide for Successful Stakeholder Engagement - the guide remains a dynamic living document

IV. ROLES & RESPONSIBILITIES OF PATIENTS/PUBLIC/STAKEHOLDERS

For STAKEHOLDERS INCLUDING CREATING SYNERGY:

- Communicate directly and in a timely and professional manner with decision makers and other stakeholders
- Educate or inform decision makers and others about patients' real life experiences with health care and issues
- Understand and respect the views of other stakeholders and decision makers
- Continually strive to be informed and educated about issues to be better able to represent the position taken for the 'greater good' argument
- Need to clearly understand and talk about the key messages related to an issue
- Need to express expectations including an explanation for what happens in engagement of stakeholders
- Need to be organized, well-prepared & present information fairly & in balanced manner
- Need to share information with own groups & other organizations
- Need to be comfortable to be involved
- May need support and mentoring
- Need to make personal stories known
- Public interest perspective & listening to other points of view
- Respect roles and responsibilities
- Time and energy is needed
- Deliberate on tough trade offs and choices (there is no wish list)
- Support policies that impact favorably on the public and patient-centred care
- Act on commitments
- Be proactive with government and ensure expert patients or stakeholders are involved in discussions

For DECISION MAKERS (e.g. Alberta Health and Wellness)

- Request CS and other stakeholders to become involved in specific initiatives
- Provide equal opportunities for stakeholders to get involved
- Provide stakeholders with information and tools for self education
- Communicate the importance of stakeholders & value their opinions
- Be proactive with stakeholders and ensure their expert patients/consumers, and other stakeholders are involved in discussions
- Consider negative consequences with engaging stakeholders when:
 - a decision has already effectively been made, and there is no room or time for change or input
 - engagement is a token exercise and there is no intention of including anything that comes out of engagement process in any documentation or decisions
 - a delay is needed until a decision can be timely and appropriately made, but the engagement process is not considered to be a part of the actual decision-making process.
 - it is only to publicly say 'people have been consulted and have provided their perspectives', even though none of the stakeholders' input will be considered.

VI. METHODS OF/FOR INVOLVEMENT OF CS & OTHER STAKEHOLDERS

As previously stated, CS has a preference for engagement but value other types of participation. The approaches used for engagement are different from those used for involvement/consultation. Appendix III lists all the methods/approaches for participation of stakeholders. The following table compares different methods for public involvement and engagement:

Approaches/Methods for Comparing Stakeholder Involvement/Consultation with Stakeholder Engagement

Methods of/For Involvement/Consultation	Methods of/For Engagement
Advisory Committee, board/council	Citizens' Juries
Computer-assisted participation	Citizens' Panels
Interactive www/e-conferencing	Consensus conference
Online discussion groups/list serves	Deliberative polling
Public hearings	Search conference
Issue conference	Study circles
Nominal group process	Study groups
Workshops	Sustainable community development
Bilateral meetings	Think tanks
Community or public meetings	Charrettes
Parliamentary committees	Constituent assembly
Focus groups	Retreats
surveys	Round tables

* Health Canada (2000). Health Canada Policy Toolkit for Public Involvement in Decision Making

VII. CAPACITY BUILDING

Various capacity building approaches are employed with stakeholders such as CS. The list and definitions of these approaches are part of Appendix II.

Generally, capacity building incorporates the following, depending upon the level of knowledge, skills and attitudes of stakeholders:

- Orientation: introduce person to the immediate context or situations
- Education: knowledge and skill acquisition
- Training: practical application of knowledge and skills
- Learning: active (listening) and active (doing/participating) levels of knowledge/information, skills and attitudes (KSAs) applied in specific settings

The following table indicates some of the voluntary health sector's preference for capacity building approaches³:

³ Taken from Voluntary Health Sector Study completed by K. Kovacs Burns and Best Medicines Coalition, 2006.

RANKING	METHOD FOR CAPACITY BUILDING
1	Mentoring
2	Workshops
3	Toolkits
4	Shadowing Cases/examples of situations
5	Guidelines/Workbooks; On-the-job Training; Participating with an 'Expert'; Website
6	Study circles
7	Self-paced learning packages
8	Knowledge-evidence as in experiences and studies
9	Media campaign
10	Direct mail, including email

VIII. STRATEGY FOR IMPLEMENTATION

The implementation of the Guide to Successful Stakeholder Engagement must undergo a process involving the decision makers and the stakeholders. There are key steps for implementation and key success factors needed for evaluation. These will need to be developed but generally consist of:

1. Preparation of framework and its launch
2. Design including business case and costs
3. Implementation of all processes, roles & responsibilities, timing
4. Syntheses of inputs, results related to objectives and activities, and outcomes/outputs
5. Feedback and Follow up - Formative Evaluation
6. Dynamic changes along the way – improvements and quality assurances

The following recommendations to decision makers are provided, as part of the implementation of the Guide to Successful Stakeholder Engagement:

- An engagement framework is developed and established by decision makers with collaboration and engagement of stakeholders including CS.
- The framework becomes mandated by decision makers with the intent to meaningfully engage stakeholders and the public such as CS. Meaningful engagement must be collaboratively defined, and processes clearly outlined.
- Barrier-free access to information about issues for which stakeholders will be engaged in discussion and decision-making processes is an important part of engagement.

- Representativeness must be clearly defined with criteria so that inclusive processes can be employed by decision makers to ensure fair representation from Creating Synergy and other stakeholders.
- Decision makers must be prepared to invest in providing the appropriate tools, information/preparation and resources to ensure that stakeholders such as CS are adequately ready to be meaningfully engaged at all levels of decision making
- An engagement framework should provide the means and opportunities for transparency, accountability and responsibility by all engaged in decision making processes
- Essentially, how can it hurt to engage Albertan stakeholders who have as much of an invested interest in maintaining an effective, efficient, sustainable health care system as does the government?
- Alberta has an opportunity to make a difference in creating the best health care system in Canada through the engagement of Albertans in making decisions about health care issues.
- The framework supports Albertans' ownership of the public health care system.

Timelines

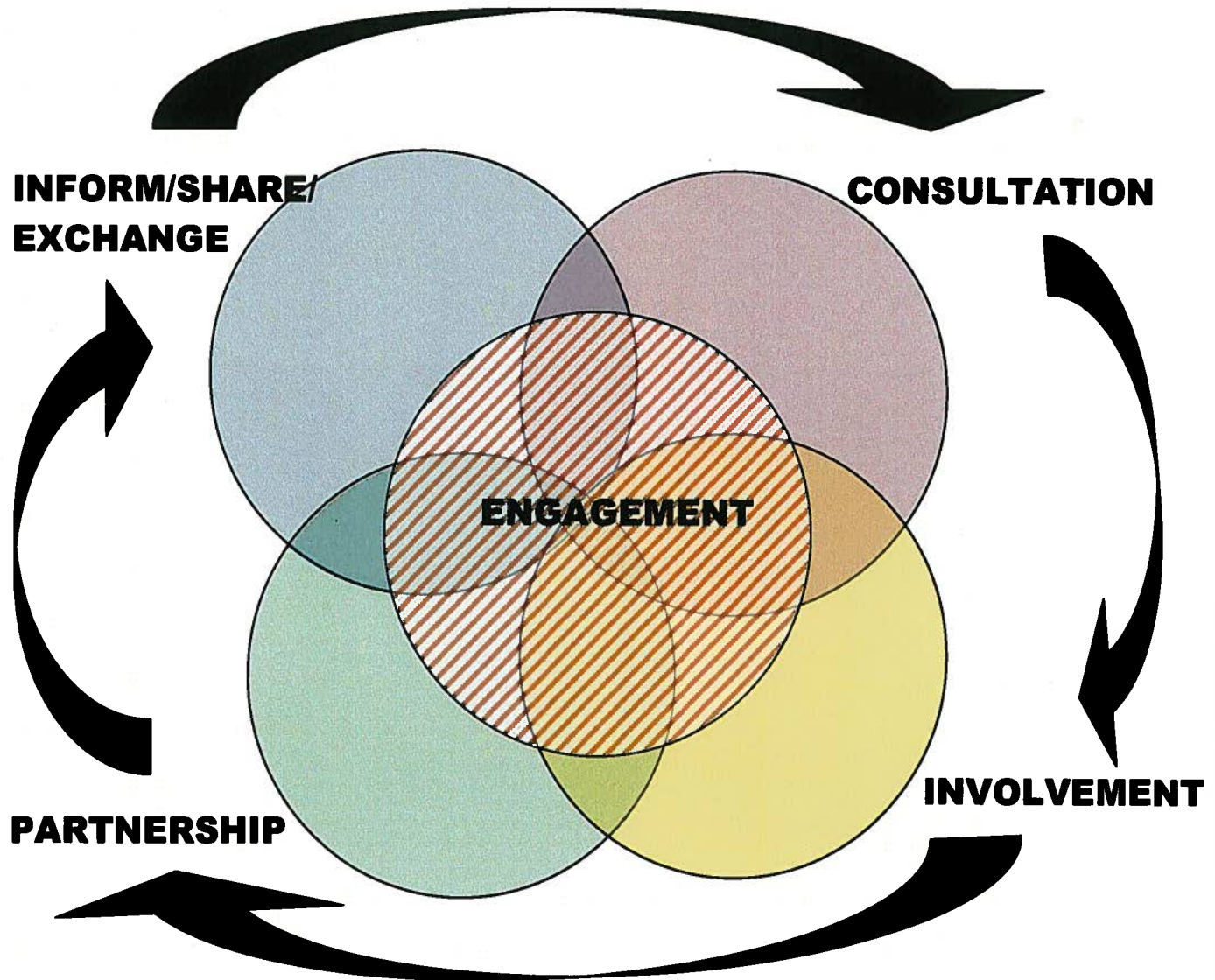
This guide should be reviewed by CS, other stakeholders and decision makers periodically to determine the lessons learned and changes which must be made to the guide to accommodate stakeholder engagement more appropriately for each situation.

IX. EVALUATION OF GUIDE FOR SUCCESSFUL STAKEHOLDER ENGAGEMENT

The evaluation of this engagement framework should begin at the outset with the process for developing and implementing the framework. It is important to identify any issues or concerns early on so that the outcomes will be favorably met or achieved. There are several aspects of the framework implementation which will need to be evaluated:

- **Evaluation will be for process (formative) and outcomes (summative).**
- **Evaluation of process includes how stakeholders including patients and public were trained, prepared, supported and engaged.**
- **Evaluation of outcomes includes stakeholders' level of involvement at meetings, etc.**
- **Evaluation of the framework and how it provides guidance to decision makers, Creating Synergy and other Stakeholders in all work undertaken.**

**APPENDIX I
ADAPTED MODEL OF ENGAGEMENT
(adapted from Health Canada and IAP2)**



APPENDIX II

INTRODUCTION TO TERMINOLOGY & FOUNDATIONS FOR THE PUBLIC ENGAGEMENT FRAMEWORK

Stakeholders are the member groups, organizations and individuals of Creating Synergy as well as others which interact with CS and government but are not members of CS. These stakeholder members include patient organizations and individual patients, consumer and other voluntary sector groups, health care provider groups and health professionals. Affected directly by health care and policy issues and decisions, these stakeholders have expressed an interest in proactively collaborating as a coalition. Through a joint stakeholder voice, the Creating Synergy Coalition attempts to influence decision-making processes by being engaged meaningfully in issue discussions and program or policy development. Health Canada defines stakeholder as “an individual, group or organization having a ‘stake’ in an issue and its outcome or impact (i.e. specific matters relating to health, environment, consumers, volunteers, industry, science).”⁴

Creating Synergy reaches patients, consumers, citizens and the public through its member stakeholders. These terms are defined as follows:

Patients – individuals or patient groups who are receiving healthcare services including treatment, medications, and supports. Patients may have acute illnesses (in need of more urgent care) or chronic conditions/diseases (in need of long term medications and treatments in health care institutions or community care and home care).

Consumers – individuals or groups who are the users or purchasers of health care and health care products or aids in Alberta, but are not necessarily patients in need or in acute or chronic care.

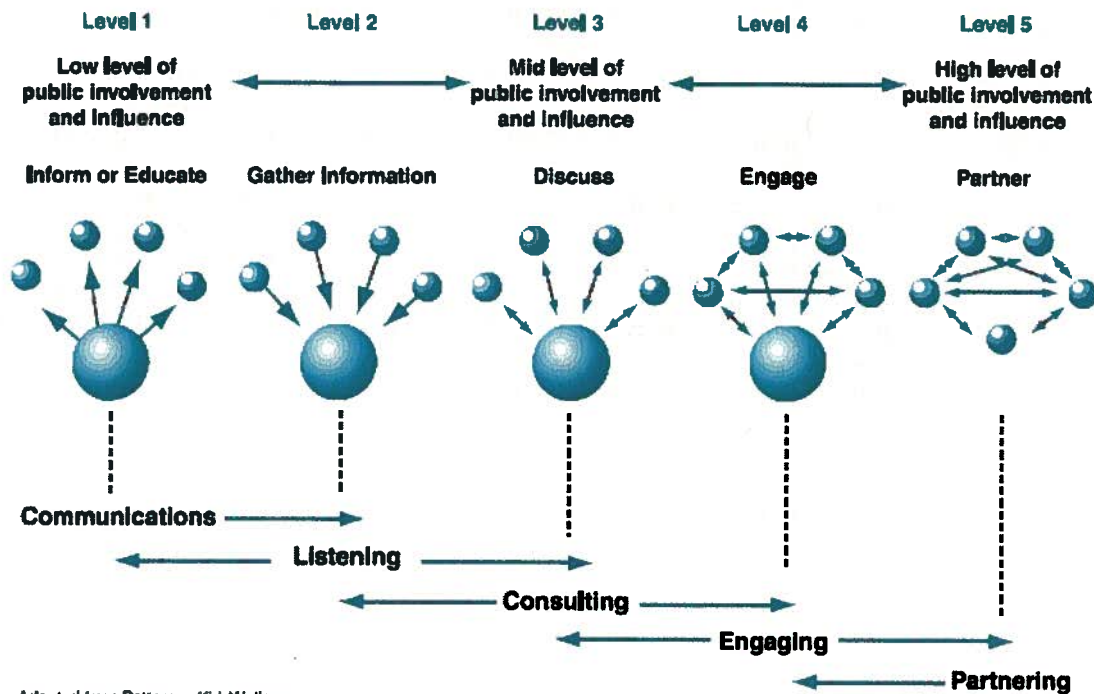
Public - “defined broadly and inclusively to cover all the individuals and groups who may be interested in or affected by the decision-making body. There is no requirement that public members must have an interest; just that they may have.” (Health Canada, 2005). This broad term includes individuals, consumers, patients, citizens, health professionals, special interest groups, and stakeholders.

Citizens – those individuals who are residents of Alberta by definition of citizen; also implies citizenship as in having social or societal conscience about healthcare services, spending or costs, and needs of Albertans. Citizens may or may not be representatives of government, organizations, or interest groups.

Based on the **different types and levels of involvement** (inform/educate, information sharing, consultation/discussion, involvement, engagement and partnerships) as described by Health Canada and the International Association for Public Participation (2005), Creating Synergy Coalition will utilize the different types and levels of involvement/participation with its Stakeholders depending upon the situation and circumstances. However, engagement and partnership with stakeholders is the most preferred and aimed for level.

⁴ Minister of Public Works and Government Services Canada (2000). *Health Canada Policy Toolkit for Public Involvement in Decision Making*. p26.

Health Canada's Public Involvement Continuum



Adapted from Patterson Kirk Wallace

Taken from Health Canada (2006). *Public Involvement Framework.* For Health Products and Food Branch, piii.

Inform/Educate is used when:

- Information, factual or otherwise, is needed and should be disseminated
- A decision about an issue or review has already been made
- People need to know what is going on or what the results are of any process/discussion
- There is no chance to influence the outcome or decisions made
- An emergency or crises requiring immediate or urgent attention or action
- Information is necessary to alleviate concerns
- Information is needed to prepare people to participate
- The issue is straight forward

Sharing Information is used when:

- The purpose is primarily to inform each other and share what information is available or researched
- Decisions are still shaping and discretion is required as to action
- There may not be a firm commitment to do anything based on group decisions or the views collected

Consultation is used when:

- There is need for a two-way exchange of information and discussion/debate
- Individuals and groups have a common interest in a topic or issue and will likely be impacted directly or indirectly by the decision made or outcomes

- There is an opportunity to influence the final outcome
- Discussion is encouraged among and with stakeholders
- Input may shape policy directions/program delivery.

Engagement is used when:

- There is need to have individuals talk with each other and debate issues that are complex and value-laden
- There is a capacity for individuals to provide good insights which could shape and influence decisions including policies that could or will impact them
- There is an opportunity for shared agenda setting and open time frames for deliberation on issues
- Options generated are respected and included in decision documents
- Individuals should be acknowledged for their contributions

Partnership is used when:

- Individuals and/or groups should be empowered to manage processes and outcomes
- Individuals and/or groups have accepted the challenge of identifying solutions themselves
- Decision makers can step back assume the role of enabler
- There is an agreement to implement solutions generated by citizens and groups.

Creating Synergy Coalition's preference for participation with government or other decision-making groups is **engagement**. **Engagement** includes not only the gathering and sharing of information through discussion, but also a purposeful, meaningful and sometimes deliberative dialogue (i.e. as in debate) about healthcare and health system or policy issues. Engagement should begin at the start of any discussion and carry on throughout the formative development of decisions and policies right through into implementation and evaluation. During engagement, individuals are freely able to voice their perspectives and attempt to influence decisions and actions, while at the same time valuing principles of inclusion, respect, openness and transparency with other participants. In some instances, engagement amongst stakeholders, and stakeholders with government and other decision makers, can lead to partnerships with agreements and understandings. Partnerships need to be specially nurtured.

With its stakeholder members, Creating Synergy also believes that engagement would be preferred. Creating Synergy believes in practicing engagement of its members in decision-making processes. However, there are times when the other types of participation might work better, or be more appropriate (i.e. education/awareness, information sharing, consultations, discussions/dialogue, involvement, partnership). For example, there may be times when documents for information will be given or sent out to members; or times when member stakeholders will be consulted or involved in selecting priority strategies for Creating Synergy's strategic plan.

**APPENDIX III:
DEFINITIONS OF APPROACHES OF INVOLVEMENT/ENGAGEMENT
AND CAPACITY BUILDING**

INVOLVEMENT METHOD	DEFINITION/DESCRIPTION
Advisory Committee	Group of representatives from a particular community or with differing interests, who are selected by decision makers/government bodies to advise, comment, review or make recommendations for action in any given issue. Terms of reference outline the responsibilities of Advisory Committees.
Advocacy Event/ Initiative Campaign	stakeholders are invited to participate in active discussions and joining with others/other external groups to express an united voice in support of or opposed to an issue
Bilateral meetings	Formal meetings usually between government and a stakeholder organization (public or private) mainly used to identify, define or clarify issues and increase knowledge base on the issues. This category is part of a public involvement plan or strategy and excludes intermittent (meaning periodic or everyday) business meetings with stakeholders.
Charrettes	A meeting of stakeholders to resolve a problem or issue or generate alternative solutions to problems; is a problem-oriented case or which engages the public in clarifying issues and alternative solutions, and produces visible results within a set period of time.
Citizens' Councils	Advisory body consisting of members of the public who are not health service providers or employees or experts in health care. The council discusses/deliberates on key social, ethical and moral questions and makes recommendations to designated government board or body.
Citizens' Panels	Used to guide health resource allocation; act as sounding boards for governing authority; people benefit from discussions
Citizens' Juries	Promotes consensus building; for the "common good"; exclusive with only a few participants.
Consensus Conference/ Consensus Building Technique	Techniques for building consensus on project decisions such as criteria and alternative selection. Often used with advisory committees. Techniques include Delphi, nominal group process and public value assessment and many others.
Constituent Assembly	Used to inform and involve discussion with all stakeholders with a common issue or interest; intent is to get general understanding of the common position of the group and their mandate to address issues.
Deliberative Dialogue or Poll	Large sample of participants; time and resource intensive; complement to representative democracy; attempts to model what the public thinks.
Design Charrettes	Intensive session where participants re-design the project framework and features; usually arises when there is overwhelming discontent with the structure and/or processes in place.
Dialogue	A structured, usually moderated, process to discuss and deliberate on issues allowing participants with differing values and priorities to build a common understanding of the problems

	and opportunities. This allows interactions and influence amongst participants, e.g. E-dialogues, appreciative inquiry, deliberative dialogue.
Emails/Virtual Communication	Process for everything by email or conference calling but not face-to-face engagement – keep stakeholders aware and involved as best as they can be.
Expert Panels	Public meetings designed in “Meet the Press” format. Media panel interviews experts from different perspectives.
Focus Groups	Usually structured process where specifically selected individuals or self-selected individuals are brought together to provide reactions to a specific topic, policy, project or issue. Could also be a message testing forum with randomly selected members of target audience. Can also be used to obtain input on planning decisions.
Forum	Educational sessions along with strategic planning; usually half day or full day event
Invited Meetings	stakeholders can be invited to specific meetings targeted at specific events or issues
Mailouts for Feedback	For feedback, letters or information kits mailed to stakeholders and interested parties to provide knowledge on a subject and seek input/comments (including e-mail notification).
Planning Cells	Small size; allow for innovative ideas and active participation; information provided by experts; exclusive.
Public Awareness	Information sessions, web or email postings regarding information about various health issues or news or events, some requiring immediate attention.
Public Hearings	Formal public meetings with scheduled presentations provided or offered.
Public Meetings/Town Hall	Meetings open to stakeholders and the public where the government makes a formal presentation on a policy, project or issue and the public is given the opportunity to react with questions and comments.
Publications (e.g. <i>Canada Gazette Part I</i>)	Posting of all public notices, official appointments and proposed regulations from the government, as well as miscellaneous public notices from the private sector that are required to be published by a federal statute or regulation.
Round Tables	Meetings at which a group of people gather to discuss specific issues which they have in common and for which they have a common interest or expertise. The concept of ‘round’ table comes simply from the fact that no one is the ‘head’ of the table.
Retreats	A meeting convened in a relaxing and supportive environment; participants stay together at the retreat with opportunities for recreational and social activities encouraged within the meeting schedule. The intent is to have a more enjoyable space, with fewer outside distractions, and time and space to complete the work.
Study Circles	Consists of a series of informal, face-to-face discussions that take place over a period of time. The process emphasizes cooperative and integrated learning, democratic participation and mutual respect. It is usually used to share ideas and opinions on social, political and community issues. The format is flexible enough to meet a variety of participant and

	organizational needs in many different settings.
Study Groups	Consists of a series of structured and non-structured discussions which take place over a period of time. These discussions can take place through any/or all of the following means: face-to-face meetings, teleconferences or the use of electronic links. Participants are selected for their knowledge in a particular area. The process is used to share ideas and opinions on issue areas and to provide advice on direction setting to decision makers. Issue areas include (but not limited to) the social, ethical, political, economic and scientific fields.
Surveys – online or other	Method of primary data collection based on communication with a representative sample of individuals using different information-gathering techniques such as mail-outs, questionnaires, in-person or telephone interviews and e-mail and internet based.
Technical Consultations	Selected participants with scientific/technical expertise are invited to provide input and feedback on the development of government guidelines, research programs, etc. (including expert working groups).
Think Tanks	Think Tanks bring together creative thinkers to develop innovative solutions to current issues and problems, whether for public policy and planning or when creative solutions and out-of-the-box thinking are needed.
Toolkits	A set of resources (information, templates, guides, brochures, etc) that can be used by stakeholders to talk with others about specific issues or to educate stakeholders about them and the proposed solutions. The toolkits can be posted on websites with instructions for people to take and use.
Web Postings	Posting of an invitation to provide input on a question, issue or document on the world-wide web (including a call for briefs or proposals).
Workbooks	Publications that provide contextual information and invites users to suggest solutions to a set of problems or challenges. Workbooks can also be used to impart skills related to public involvement. Depending on the issues to be addressed and the scope and depth of input required, a workbook can be distributed as a stand-alone public involvement tool, or as one part of a larger consultative or deliberative exercise.
Workshops	Interactive meetings at which stakeholders expect to be involved in group discussions and planning activities on one or more theme areas. The intent is usually to identify problems and expectations or to identify potential solutions.
Working Groups	Includes working committees; group of representatives from one particular community or diverse groups with differing interests, who are selected to work together on a specific activity or project, working towards a specific outcome; such groups work at strategic and/or operational levels.