Mini Guide

Scenario planning: A method for exploring health care futures with young people

Developed by Dr Teresa Swist

PREPARE

What is scenario planning?

The aim of scenario planning is to critically and creatively explore possible futures. It is a methodology drawn from the field of speculative design research (Dunne and Raby, 2017), which "uses the inherent human capacity for imagining futures to better understand the present situation and to identify possibility for new strategies" (Ramirez and Wilkinson, 2016, p.1).

What is the goal of scenario planning?

To identify future challenges and opportunities about complex issues with a systems-thinking approach. For example, exploring the *interrelationship* between healthcare, technology, and society (in contrast to examining issues such as 'digital health' or 'health services' in isolation).

What are 'scenarios'?

- Scenarios are created by a group of stakeholders to identify future possibilities.
- Scenarios are not predictions and are not experted to successfully identify the 'one future' which will actually come to pass.
- Scenarios can be wild and unlikely as long as they help you to notice something you had previously ignored about what lies ahead.
- Scenarios must be plausible – meaning that they challenge assumptions and are useful to inform decision-making.

How is scenario planning done?

It is a participatory, collaborative method which explores the perspectives of diverse participants to generate a range of future scenarios (or possibilities) using a variety of brainstorming and mapping activities. For example, this method can be done with young people who are traditionally not included in long-term, or strategic, planning.

Scenario planning typically involves exploring different things that contribute to a goal or outcome, such as 'digitisation of education' or 'spatial justice' (see: https://mechanicaldolphin.com/case-studies/).

To understand how such goals or outcomes might manifest in different ways, scenario planning often examiners key dynamics that shape society including:

- Who are all the stakeholders and which ones have more or less influence on the issue? Who should have more or less influence? What would happen if roles and power were reconfigured?
- What are the features of the system that shape the outcome? These could be things that are known, or not yet known, and could be any kind of thing eg. symbolic or material
- What are the driving forces that shape the prospects and likely ways in which the outcomes would be achieved?

How does scenario planning contribute to new knowledge?

It can inform shared learning and decision-making about rapid social, technological, and ecological change. For example, re-framing adolescent health research, policy, and practice in systemic and inclusive ways with young people.

Why should I utilise this method?

The key decision you need to make is whether scenario planning is a method which suits your purpose. Specifically, can it inform decision-making for a particular context. Scenario planning can also help introduce radical new ideas and perspectives from people with lived experience, or other forms of expertise that are not usually valued in technical, strategic or systems-level planning.

Scenario planning can also be a fun, hands on and creative method that engages people in sharing ideas, exploring problems and opportunities to deal with complex problems or systems. Imagining future scenarios invites people to think about how things could be from a range of perspectives, rather than how things should be – which is what we often ask. Being expansive in our think can help identify blind spots, new ideas and a clearer understanding of how what should be can be achieved.

Method in practice

While there is increasing interest in how digital technologies can improve young people's access to health care, there is limited engagement with young people in research and design of digital health systems. For this reason, the WH&Y CRE sub-project Co-creating digital health futures with young people (Swist and WH&Y Commission, 2022), sought a method that could engage safely with young people's experiences and ideas regarding the broad forms and possibilities of digital technologies for health. Future scenarios were identified as a novel method to explore in a creative and speculative way, what digital health could look like from the perspective of young people. Because this is not a common method used in research with young people, the workshop objectives, were to:

- Trial and test 'scenarios' as a method with the WH&Y Commission;
- Generate scenarios about healthcare futures to share with researchers and policymakers; and,
- Inform the development of future research projects and grant applications. (Identify what young people think healthcare research, policy, and practice should focus on!)

CONNECT

Conducting your own scenario planning workshops with young people

This is a mini-guide which you can tailor to your own context, which will vary according to the topic, time, funding and participants of your research. It is also important to emphasise that there is no scenario planning 'recipe' (Ramirez and Wilkinson, 2016). The activities outlined below should be adapted to your specific research objectives and context.

In this mini guide, you will find:

- Example outlines of two scenario planning workshops
- Sample tools and templates you can adapt for your own workshops

Considerations for adapting these workshops

- What background knowledge do participants need: will they draw mainly on lived experience or do they need more technical or domain-specific knowledge? How should this be packaged, shared and discussed?
- Time between workshops: how regularly do participants need to be involved to stay
- engaged? How much time and resource is available to analyse workshop outputs and sythesise insights for subsequent workshops?
- Size of workshops: how many people should be involved? What size groups work best for different ages or contexts?
- Which young people are involved: what are the experiences or demographics you should include? Who is missing?
- Accessibility: are there any barriers to participation? How can they be overcome? Are participants being paid or require reimbursement for their time?

REFLECT

Translating scenario planning insights

A key goal of scenario planning is to make sense of complexity and generate scenarios to re-frame and inform strategic decision-making. This process of translating scenario insights from workshops such as these can be achieved in the following ways:

a) Research and policy priority-setting

- Research development. Scenario findings can be shared with colleagues to inform future research proposals.
- Policy communications. Scenario insights can be shared with policy organisations to inform future dialogue, decision-making, and partnerships. e.g. responses to strategies, reviews, etc

b) Traditional research outputs

- Research conference presentations. Sharing insights with research colleagues across interdisciplinary conferences.
- Journal article writing. Scenario findings can be
- Written up for an academic journal article.

c) Non-traditional research outputs

- Artwork: translating the scenarios into a visual artwork, such as a mixed-media collage, painting, or comic-strip.
- Creative writing: insights can be communicated in the form of short stories, a radio play or short film script, poetry, or song lyrics.

This guide offers a brief overview of the scenario planning process. The purpose has been to share this methodological experience in the hope it might inspire you to co-create future healthcare scenarios with young people. It is important to emphasise that the design, time-frame, process, and outputs of your scenario planning process will vary according to multiple factors (such as your research context, time, funding, and participants).

Ultimately, scenario planning is a reflective practice which aims to open up a mutual learning space: there is no 'right method' (Ramirez & Wilkinson, 2016). While this method may be different from others you are more familiar with - it is definitely worth experimenting with this approach to engage, and learn with, young people in more collaborative and creative ways!

If you find this resource useful and adapt it to your own research context with young people, please let us know via emailing:

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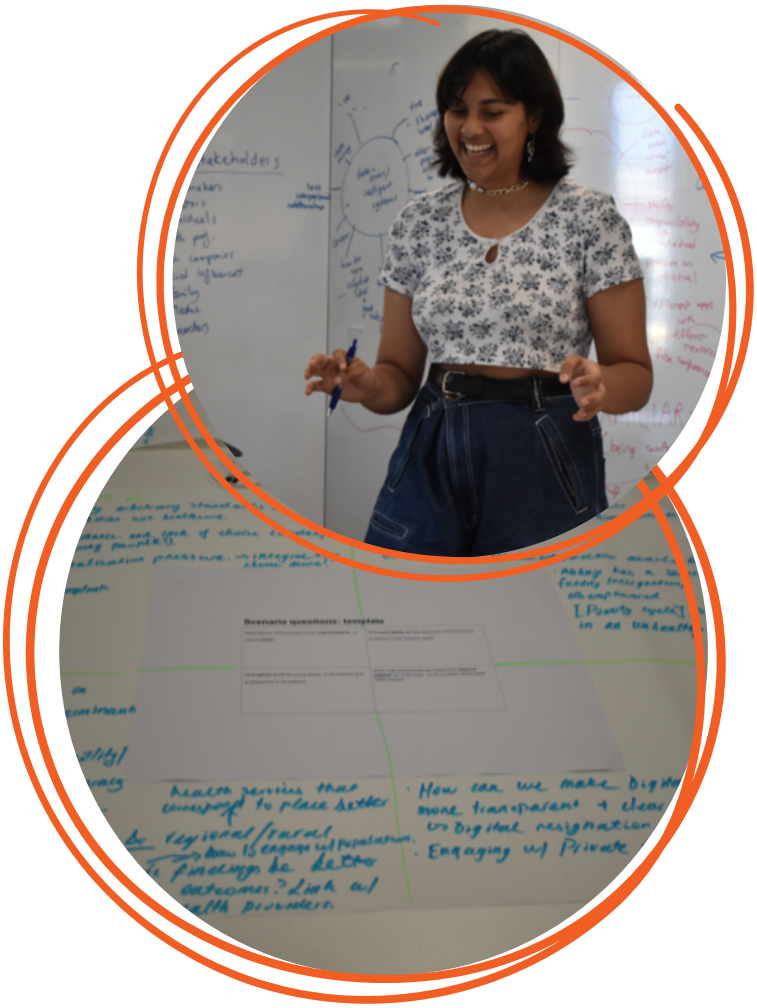

Further reading and resources

Matt Finch is a UK-based consultant with expertise in scenario planning in diverse contexts and at different scales. Read more about his work with Scenarios method here: https://mechanicaldolphin.com/case-studies/

The Oxford Scenarios Programme is a world-leading training course and there are many resources here https://www.sbs.ox.ac.uk/programmes/executive-education/campus-open-programmes/oxford-scenarios-programme to help you understand more about Scenarios Planning and Method.

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Suggested reference:

Swist, T. (2024) Using Future Scenarios in Youth Health Research: Mini Guide, WH&Y Centre of Research Excellence.

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Mini Guide: Future Scenarios

Example workshop outlines for using this method

Workshop 1

Aims:

- To explore the range of stakeholders influencing healthcare futures
- To examine driving forces of future healthcare
- To develop ideas for different scenarios healthcare futures which could plausibly emerge

Length of time: 4 hours

Mode of delivery: Face to face

People: 4 facilitators, 6 young people

Pre-workshop preparation and materials:

- Butchers papers, markers, glue sticks,
- Powerpoint presentation explaining the background, purpose and process of the workshop
- Stakeholder island outline, stakeholder cards (Activity 1), driving forces (Activity 2), and question prompts (Activity 3)

Activity	Steps	Outputs	Materials/ Resources
Welcome & introduction	Welcome the group. Acknowledgement of Country. Introduction to the session, facilitators and young people.		
Icebreaker	Run a short icebreaker to get the group relaxed and getting to know each other.		

Activity	Steps	Outputs	Materials/ Resources
Briefing	Explain the aims of the workshop and the agenda for the workshop.		Presentation
Activity 1	**Focus:** To explore the range of stakeholders who are involved in influencing healthcare futures • Break out into small groups (3 young people and 1 facilitator) • Using the blank template (rough shape of an island) and cards provided, build your own stakeholder island • Identify as many stakeholders as possible and add any notes about: which you know most about; which you would like to learn more about; which you think are most relevant to youth healthcare futures - and why; and who is missing	Stakeholder island populated with stakeholders influencing healthcare futures	Stakeholder cards Butchers paper Pens Tables and chairs for small group breakouts
Activity 2	**Focus:** To examine the driving forces which are influencing healthcare futures • Break out into small groups • Review and refine one of the three scenarios provided and describe how you could improve it, and use it, to inform future digital health research • Communicate your insights using the template	Driving forces	Review and refine template
Activity 3	**Focus:** To develop ideas for different scenarios healthcare futures which could plausibly emerge • Large group discussion ◦ Discuss Activity 1 and 2 insights and what combination of forces could lead to different scenarios ◦ Document ideas on whiteboard to develop different possible scenarios • Small group discussion ◦ Each small group develops a different scenario based on the whiteboard ideas and group discussion ◦ Develop the scenario using the question prompts provided plus any other ideas and details	Scenario ideas	Question prompts

Example card templates

Example tool: Key stakeholders cards

Citizens	Health professionals	Policymakers /regulators	Technology companies
Celebrities/ influencers	Peers	Family	Advertisers/ marketers
Politicians	Educators	Researchers	Data brokers
Health insurance providers	Communities	Designers	Non-government organisations

Example tool: Driving forces cards (healthcare-specific)

Mobile network/ wireless devices	Digital platforms	Data records
Culture	Pandemics	Highly processed foods
Climate change	Economy	Urban planning
Experiences/ memories/ feelings	Everyday routines/habits	Growing gap between rich and poor

Example stakeholder island template

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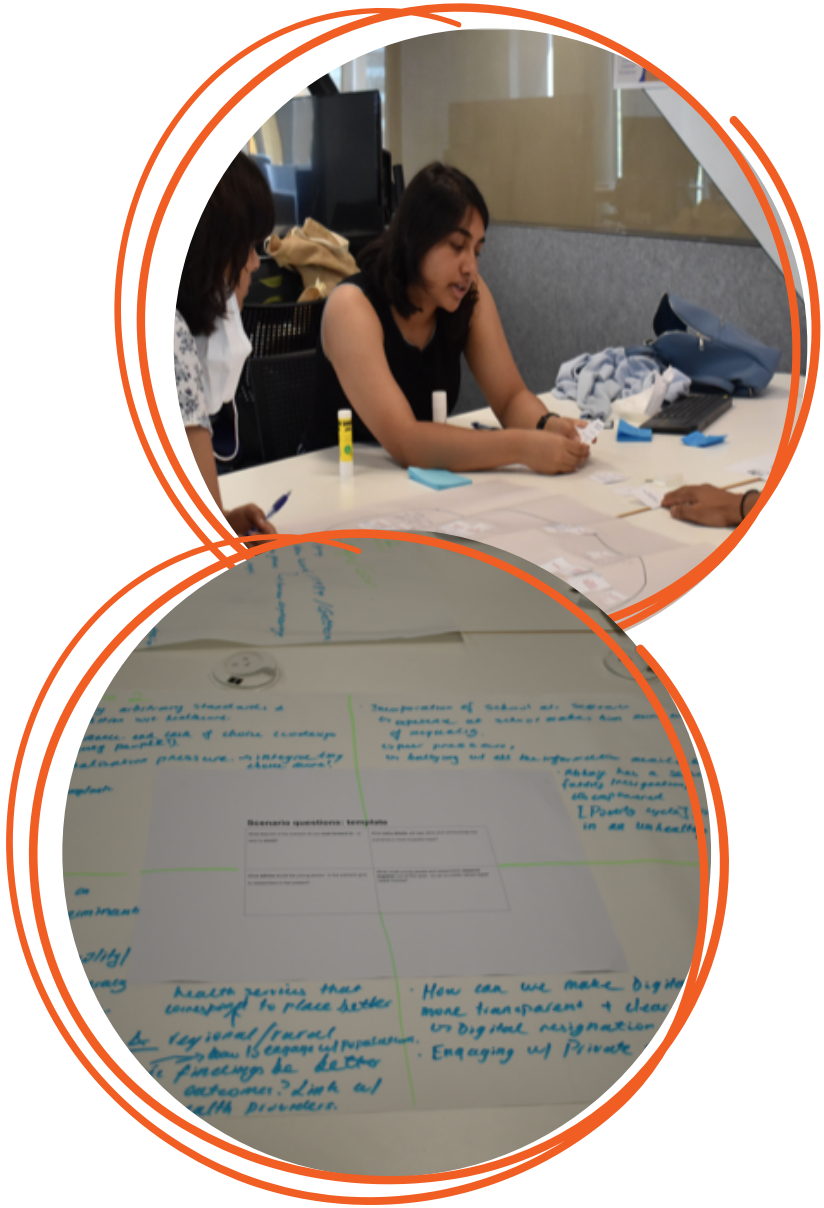
Example workshop outlines for using this method

Workshop 2

- Aims: This second workshop builds on the first, with the following aims:
  - To explore young people's feelings and sensemaking for each particular scenario
  - To identify young people's response and views of the different scenarios and ideas for future research
- **Length of time:** 4 hours
- **Mode of delivery:** Face to face
- **People:** 4 facilitators, 6 young people
- **Pre-workshop preparation and materials:**
  - Synthesise insights from Workshop 1 and produce a clear description of distinct scenarios (see examples below)
  - Butchers papers, markers, glue-sticks
  - Powerpoint presentation with scenario details and workshop process
  - Feelings and sensemaking template (Activity 1), Review and refine template (Activity 2)



Activity	Steps	Outputs	Materials/ Resources
Welcome & introduction	Welcome the group. Acknowledgement of Country. Introduction to the session, facilitators and young people.		
Icebreaker	Run a short icebreaker to get the group relaxed and getting to know each other.		
Briefing	Explain the aims of the workshop and the agenda for the workshop.		Presentation
Activity 1	**Focus:** To explore young people's feelings and sensemaking for each particular scenario. • Put print-outs of each scenario up on the wall. • One facilitator reads through through each of the scenarios • As a whole group, discuss and write/draw on butchers paper responses to the following questions: ◦ How does this scenario make you feel about the future of digital health? ◦ What images, pictures, colours do you associate with this scenario?	How young people feel about these different scenarios; as well as associated images, pictures, and colours	Print-outs of each scenario Butchers paper with prompts (feelings/mood, images/colours, and sounds) Pens/markers
Activity 2	**Focus:** To identify young people's response and views of the different scenarios and ideas for future research. • Break into small groups • Review and refine one of the three scenarios provided and describe how you could improve it, and use it, to inform future digital health research • Communicate your insights using the template	Ways to review and refine the scenarios	Review and refine template

Example scenarios

Scenario 1: New Flower (overview)

An inclusive and diverse web underpins a holistic approach to digital health across all sectors; this means that wellbeing is supported by all policies and underpinned by a sustainable economy to support human flourishing.

16-year-old Mazaa cycles across an elevated greenway to take part in a learning lab where people of all ages exchange ideas and data to enhance culturally appropriate services which benefit everyone.

Technologies focused on social good/public interest support neighbourhood connections, are culturally-adjusted, and minimise mal-/mis-/dis information.

Young people's diverse cultures and needs are integrated across digital health systems and support inclusive decision-making.

Scenario 2: Nozama Towers (overview)

A commercial and profit-driven approach to digital health creates a technology trap which exacerbates the gap between rich and poor people.

14-year-old Abhay has a compulsory digital health monitoring implant and lives with his mother and young brother in a run-down tower block; his family cannot afford the high price of healthy food and there is no local green space to play outdoor sport.

Technologies focused on commercial interest promote online connections that boost profit, encourage mal-/mis-/dis-information, and design bots which drive fear and doubt about health and wellbeing (to simulate the uptake of recommended apps, prescriptions, and wellness lifestyles).

Young people see and feel digital information differently, as families which cannot afford privacy are subject to a more intense level of surveillance, exploitation and targeting via mixed reality (interactions with computer simulations in real time).

Scenario 3: Community Power (overview)

A place-based network empowers young people and their communities to shape digital health across remote, regional and urban contexts.

18-year-old Michelle lives in a small rural town that has regular extreme weather events; the town has its own micro-grid which means that individuals and services have an independent source of backup power if there is an electricity grid failure.

Technologies and data utilised for digital health services and products are adapted according to specific needs and purposes of community members and locations.

Young people are actively involved in community decision-making via online platforms which local, state/territory and national governments use to identify local needs, funding and resources.

Example review and refine template

What features of the scenario do you look forward to – or want to avoid?	What extra details will help refine and communicate the scenarios in more impactful ways?
What advice would the young person in the scenario give to researchers in the present?	What could young people and researchers research together out of this work – so as to co-create valued digital health futures?

Examples: Three scenario snapshots

Scenario 1: New Flower (an inclusive and diverse web)

An inclusive and diverse web underpins a holistic approach to healthcare across all sectors; this means that wellbeing is supported by all policies and underpinned by a circular economy to support human flourishing. 16 year old Mazaa cycles across an elevated greenway to take part in a learning lab where people of all ages exchange ideas and data to enhance culturally-appropriate services which benefit everyone. Technologies focused on social good/public interest support neighbourhood connections, are culturally-adjusted, and minimise mal-/mis-/dis information. Young people's diverse cultures and needs are integrated across the healthcare system and shape healthcare decision-making.

Health equity guides inclusive and diverse healthcare so that no-one is left behind. Technologies and data systems are designed and produced in ways that care for people's cultures and the planet - so do not exploit environmental resources, or people's labour and lives. A combination of social media and mixed reality is the main medium for young people accessing health advice and services; content is always trusted and continually verified by health experts and aligned with young people's cultural background and needs. The generation and use of young people's health and wellbeing data is clearly explained and used to benefit people of all cultures (rather than norms and preferences of corporations, marketing etc).

Young people's cultural connections and support networks (e.g. family and peers) are valued and integrated across healthcare systems. An equitable approach to healthcare means that where young people live (e.g. remote, regional, urban) is funded and resourced appropriately - and never a barrier to healthcare. Young people feel informed and included in decisions about their health and wellbeing; there is mainstream support for youth engagement and leadership across local, national and international contexts which drives an inclusive and diverse web.

Feelings word-cloud

The overall mood associated with this scenario isoptimistic, alongside a sense of belonging and happiness. There is a collective feeling that this possible healthcare future is inclusive and harmonious.

Recommendations

- Include a diverse range of people in digital health developments
- Ensure that voices/perspectives are heard and integrated
- Support young people throughout the research process
- Explore how digital health information can be valid, genuine, and verified
- Build a shared language around digital literacy

Examples: Three scenario snapshots

Scenario 2: Nozama Towers (the technology trap)

A commercial and profit-driven approach to healthcare creates a technology trap which exacerbates the gap between rich and poor people. 14 year old Abhay has a compulsory digital health monitoring implant and lives with his mother and young brother in a run-down tower block; his family cannot afford the high price of healthy food and there is no local green space to play outdoor sport. Technologies focused on commercial interest promote online connections that boost profit, encourage mal-/mis-/dis-information, and design bots which drive fear and doubt about health and wellbeing (to stimulate the uptake of recommended apps, prescriptions, and wellness lifestyles). Young people see and feel digital information differently, as families which cannot afford privacy are subject to a more intense level of surveillance, exploitation and targeting via mixed reality (interactions with computer simulations in real time).

Technology companies and governments are in a constant battle to control young people's health and wellbeing (which is viewed as an individual responsibility). Technology and data systems are designed to feed addiction and favors young people who can afford continually updated device models and data privacy. Brain and body implants are the main medium for young people accessing health advice and services, with content continually 'nudged' by companies and governments competing for control and product placement. The generation and use of young people's health and wellbeing data is weaponised i.e. used to control behavior and sell products and services.

Young people's cultural connections and support networks (e.g. family and peers) are not valued and young people are conditioned to compete with each other to score points for body image, exercise and diet, and social influencer targets. Suburbs (across remote, regional and urban areas) are segregated according to income and class divisions: those who can afford pollution/pandemic protection and data privacy versus suburbs which can't afford pollution/pandemic protection and data privacy. Young people's brain/body implants and physical environments 'nudge' them to feel what particular products and services want them to feel; alternatively - when the Internet is down - the technology trap makes them feel disenfranchised, and a loss of identity.

Feelings word-cloud

The overall mood associated with this scenario is pessimistic, alongside a sense of helplessness and entrapment. There is a collective feeling that this possible healthcare future is dehumanising and negative.

Recommendations

- Research social determinants of health e.g. role of poverty, inequality, por health literacy and education
- Explore urban, regional and rural differences i.e. health services that correspond to place better
- Examine how academic findings be better translated into tangible outcomes? Link with gov funding bodies, health providers
- Investigate how digital health terms and conditions can be more transparent and clear
- Engage more with private sector e.g. Apple, Microsoft, Samsung, social media, Google

Examples: Three scenario snapshots

Scenario 3: Community Power (place-based networks)

A place-based network empowers young people and their communities to shape healthcare across remote, regional, and urban contexts. 18 year old Michelle lives in a small rural town that has regular extreme weather events; the town has its own micro-grid which means that individuals and services have an independent source of backup power if there is an electricity grid failure. Technologies and data utilised for healthcare services and products are adapted according to specific needs and purposes of community members and locations. Young people are actively involved in community decision-making via online platforms which local, state/territory and national governments use to identify local needs, funding and resources.

Young people and their communities collaborate with government, technology companies, and healthcare professionals collaborate to drive decision-making about digital health funding, resources and services. Technologies and data systems are carefully designed so that young people can choose how their data is shared and contributes to their various communities of interest (location, health service/professional, culture, gender, wellbeing focus, illness etc). The main way young people access health advice and services is via a trusted Wikipedia-style platform which is continually updated and revised by distributed teams of experts, volunteers, and artificial-intelligence systems. The generation and use of health and wellbeing data is solidaristic (for both individual and collective needs) which encourages more widespread data-sharing based on the needs, interests, and priorities of young people and their communities.

Young people and their communities (e.g. cultural connections, affiliations, support networks, family and peers) co-create ideas and identify actions that have multiple benefits - for individuals, society, and the environment. Open data about communities across remote, regional and urban areas (such as extreme weather events, health services etc) is combined and curated with young people's individual and group data to shape solidaristic decisions about healthcare services (based on personal and collective needs). Young people feel connected to place-based networks (online, offline, humans, and artificial-intelligence systems) and feel empowered to shape healthcare innovation.

Feelings word-cloud

The overall mood associated with this scenario is pragmatic, alongside a sense of hopefulness and care. There is a collective feeling that this possible healthcare future is proactive and cooperative.

Recommendations

- Explore the possibility of a community controlled platform and attitudes to data-sharing
- Identify what has worked well that can be scaled that creates belonging, connection, positive community (plus how AI can be designed ethically)
- Investigate what legal, tech and social policies are needed to support this e.g. access and use of tech
- Prioritise projects which support young people to collaborate with researchers, policymakers, doctors, hospital specialists etc
- Integrate and translate existing research in relation to young people's lived experiences