
Workshop Report

Engagement and Involvement Practices in
Abortion Care: Collectively Envisioning
Futures

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About this document

This report summarises key activities and outputs from the 'Engagement and Involvement Practices in Abortion Care: Collectively Envisioning Futures' workshop, hosted in July 2024 by Nicola Boydell from the University of Edinburgh's Centre for Biomedicine, Self and Society, and facilitated by Andthen.

The workshop aimed to explore current practices in abortion care involvement and engagement, and collectively envision futures for meaningful involvement across this field of research, practice, and policy. The workshop hosted a diverse group of participants, including clinicians, researchers, activists and advocacy organisations, and policymakers.

Some notes on terminology...

In this report, the term **'patient(s)'** is used to refer to people accessing healthcare services, including abortion, in Scotland and beyond. While the term has been widely critiqued by activists and within health-related social sciences and humanities scholarship, it remains relevant to this report for several reasons. Recent research suggests that some people seeking an abortion prefer the term 'patient' over alternatives, such as 'service user.' Additionally, 'patient' is a gender-neutral term that encompasses anyone seeking abortion in clinical settings. While most people seeking an abortion are cisgender women, the term 'patient(s)' acknowledges that people of other marginalised genders, as well as adolescents/young people, also access abortion services. Thus, it serves as a concise, inclusive term for those accessing abortion services in clinical settings. Other models of abortion care may reimagine 'patients' in new and different ways.

The term **'abortion landscape'** is used to describe the dynamic and ever-changing abortion system. This fluidity stems from its complexity and the wide range of stakeholders involved. Though contested due to its imprecision and colonial roots¹, **'stakeholder(s)'** is used here for clarity in the absence of universally recognised alternatives.

Stakeholders include people seeking abortion, friends and families, healthcare providers, policymakers, legal systems, educational institutions, and broader social and cultural institutions like the media, charities, and religious organisations. These stakeholders interact in various ways, shaping and influencing the abortion landscape.

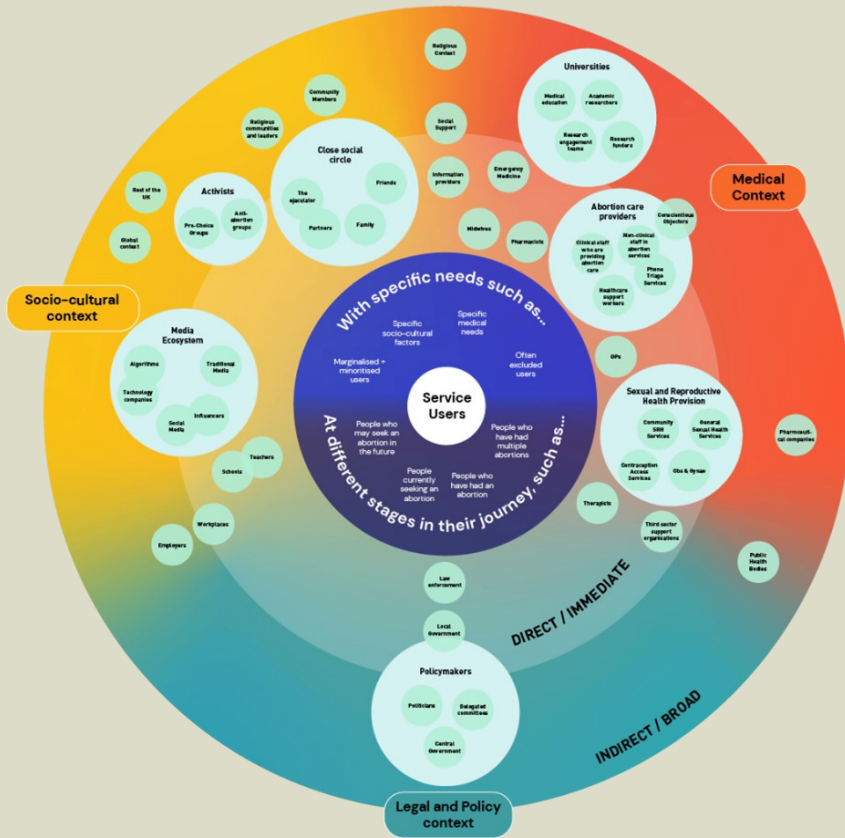
For clarity, we use **'involvement and engagement'** to refer to the active participation of stakeholders across the abortion landscape. This includes people seeking abortion, healthcare providers, policymakers, educators, charities, and activist and advocacy groups.

Patient and Public Involvement and Engagement (PPIE) is a widely used term in healthcare, describing collaborative practices where patients and publics help shape research, decision-making, and service improvements. Although common in the UK and internationally, PPIE lacks a standard definition and consistent practices. Terms such as participation, engagement, co-design, and co-production are often associated with PPIE but are interpreted differently across health research and related fields.

Mapping the Landscape

In groups, participants were asked to create maps of the abortion landscape, describing key stakeholders and their relationships to one another. Each group produced a different map, and the following is a synthesis of all the maps.

An interactive [commentable version is available here](#).



Long term Utopias

Groups were challenged to build visions of the future, set roughly in 10 years time, which described their 'radical utopias' around involvement and engagement in the abortion care landscape. These did not need to be realistic or feasible — just preferable.

They used toys, objects and stickers to figuratively represent these visions, before sharing them with other participants. The following pages document the five visions that were created.

Scenario #1

A little more conversation, a lot less stigma

In this future, abortion care receives significantly more funding, and we see much more public involvement and engagement with the system. Barriers to access have been largely removed, allowing anyone in Scotland to receive abortion care up to the legal limit without the need to travel.

The stigma around abortion has disappeared, making discussions and communication more open and straightforward. There's increased transparency in the system, with clear information on contraception and available types of abortion care. Conversations between people with differing views are now more common, and are respectful, open, and less politicised.

Workplaces are also more supportive. Individuals can choose to disclose their abortion, are entitled to paid leave, and can share preferences for any post-abortion support they need.



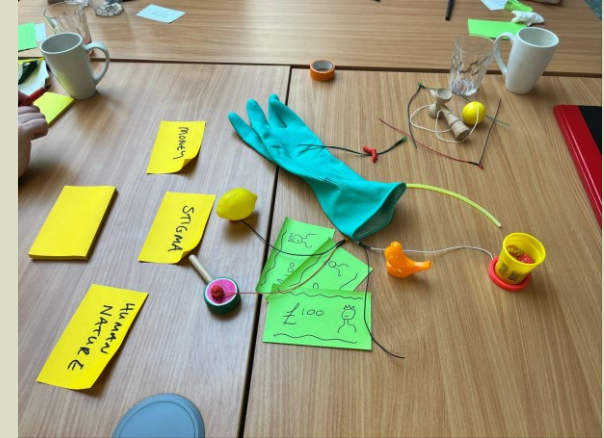
Long term Utopias

Scenario #2

A more connected and inclusive abortion care system

In this future, with increased funding, the abortion care system has become more dynamic and responsive to society's evolving needs. Stakeholders across the system are well-connected and actively engage with one another in a sustained way, ensuring meaningful involvement at every level to continuously improve this responsive system.

With the stigma around abortion gone, conversations are more open, both professionally and personally. It's common to engage in discussions about abortion with friends and family, and overall education on the topic has improved. People feel more involved in conversations about abortion, and are less anxious about saying the wrong thing, making these discussions more straightforward and informed.



Long term Utopias

Scenario #3

A diversity of involvement and engagement ensuring accountable abortion care

In this future, abortion care is less politicised, legally constrained, and regulated, resulting in a simpler, more transparent system. Within organisations such as the NHS and universities, governance and R&D structures are streamlined, enabling individuals and organisations to operate more efficiently.

Involvement and engagement practices are at the heart of the system, characterised by their diversity—both in terms of the people involved and the flexible forms they take. The system values and effectively utilises various types of involvement and engagement practices, drawing on their outcomes to drive continuous improvement.

This high level of engagement has resulted in an abundance of abortion care services that are more accountable to past, present, and future users.



Long term Utopias

Scenario #4

A diverse and supportive abortion care landscape

In this future, abortion care is a diverse and supportive landscape where everyone is treated equally and fully supported. Strong research, engagement, and media efforts have built a system with better overall education around abortion, giving people more choice. An approach to involvement and engagement that genuinely celebrates diversity has led to a system where everyone's unique needs and preferences are reflected.

There is a broad range of abortion care services—some may choose a local provider for convenience, while others may travel to find specific support or environments that suit them better. The option to have an abortion in a place that feels right for each person is easily available. With so many options, high-quality information helps people feel confident in their decisions. Everyone is supported, with care and kindness as the guiding principles across the system.



Long term Utopias

Across the five 'radical utopias' created, we noticed three common themes.

Commonalities



The abortion care landscape is well resourced.



Engagement is ongoing, and isn't separate from service delivery.



Abortion is discussed openly because it is no longer stigmatised.

Barriers

The group reflected on these 'radical utopias' and outlined what they felt were the main barriers preventing progress towards these visions.

The main barriers described by the group are summarised here.

Stigma and anti-abortion sentiment

Current legal practices reinforcing a cautious environment

Perception that engagement is hard, expensive and a 'nice to have'

Rigid, siloed, and hierarchical organisations

Low political will and tunnel vision

Right wing political environment

Challenging power relationships

'Big Pharma' e.g., research and development gaps

Limited funding and resource (in the NHS and beyond)

High levels of distrust

Practical short term visions

Reflecting on their long term utopias, and the barriers preventing them from getting there, each group was challenged to build a more practical short-term vision, which sat in a 2–5 year time and which was optimistic, but achievable.

Each group was given a different area of the abortion care landscape to focus on, which are summarised across the following pages.

Scenario #1

A vision for Research and Knowledge

In this future, stakeholders across the system form a "circle of accountability," which includes diverse groups such as clinicians, academics, and patients.

The focus is on breaking down barriers—such as those between academia and clinical practice, patients and clinicians, and engagement and research—creating flexible and permeable boundaries.

Flowing from this circle of accountability is a 'pipeline of information and ideas,' from which a variety of outputs emerge. These outputs also generate and create value by flowing back into the system, contributing to its ongoing improvement.



Practical short term visions

Scenario #2

A vision for Law and Policy

This scenario highlights the need for sustainable and continuous input of research into policy-making. It emphasises collaboration between government, researchers, and clinicians at an early and impactful stage, which targets the generation of clear actionable knowledge, which at this early stage is actually able to influence action. The scenario also discusses the depoliticisation of abortion, and advocates for the inclusion of diverse opinions in decision-making processes through lived experience groups.



Practical short term visions

Scenario #3

A vision for Activism and Advocacy

This scenario explores barriers to advocacy and activism in the context of abortion, particularly the barrier around the episodic nature of an individual's interaction with the abortion care system. It suggests creating a unified community discussion about abortion, which helps increase the public's base-level understanding of the abortion landscape and system, ultimately supporting individuals through an abortion journey that they are more in control of and no longer an isolating experience.

There are some clear goals and targets that those in the abortion landscape are working towards (as there are, for instance, in climate work), which create a unified sense of direction for change, help bring about legal and regulatory reform, and create unity around how practical principles are applied. In this scenario, we see greater public involvement and engagement in abortion due to this more coherent, unified direction of change.



Practical short term visions

Scenario #4 A vision for Clinicians

This scenario imagines an abortion system where patients and people seeking an abortion have more power, agency, and choice, while clinicians are also able to communicate more effectively 'up the ladder' to those who commission and fund services, as well as to policy decision-makers. The scenario explores the impacts of centring patients and clinicians more within the system, including increased capacity to involve clinicians in research, the ability to encourage more feedback on clinical services, and the integration of this feedback into policy and abortion care system improvements.



Practical short term visions

Scenario #5 A vision for Patients

This scenario focuses on moving towards universal access to flexible abortion services, and the enablers required to make this happen. For instance it explores different mediums for communicating information about abortion, recognising that patients' intersectional positions—such as age, geography, and stage in their abortion journeys—may shape the ways they want to receive information.

In this scenario, it imagines a situation where information resources are routinely co-designed and co-produced with patients. It also highlights the importance of building a good public understanding of the abortion system and providing people who have had an abortion with the ability to share their stories in a safe way.



Practical short term visions

Across these short term visions, participants reflected on the elements that were common and different.

Notably, the 'commonalities' listed here might be understood as a shared set of goals or objectives articulated by this group.

Commonalities

Across the 5 visions, the group described:

1. An abortion care system that is transparent and open
2. An abortion care system that is well resourced
3. Better communication and collaboration between abortion care stakeholders
4. Reciprocal relationships between abortion care stakeholders
5. A system that embraces and knows how to work with complexity
6. A system of stakeholders who hold each other to account
7. Mechanisms to support feedback loops
8. Boundaries between stakeholder groups being broken down
9. A need to rethink legal and governance systems
10. Increased engagement between those using the system, working in the system, and overseeing the system

Differences

The main points of difference are:

1. Some visions focus on different types of change — for instance some are focussed on change to the abortion landscape, others are focussed explicitly on involvement and engagement, although where one is not the focus, the other is implied.
2. Some visions imagine improvements to the current system, while others imagine building one that is entirely new.

The Future of Involvement and Engagement in Abortion Care: Next Steps?

This report represents a starting point for (re)thinking involvement and engagement practices within the abortion care landscape. Next steps include **ongoing engagement and collaboration, stimulating further debate, dialogue, and advocacy**, and conducting **further research**. These efforts will build on the discussions from the workshop, the visions outlined in this report, and the materials produced, to continue conversations aimed at driving meaningful change in both research and practice.

1

Ongoing Engagement and Collaboration

Building on the workshop discussions and visions for the future of abortion care, we invite researchers, clinicians, activists, policymakers, and people with lived experience to continue engaging with these ideas. The diversity of visions created highlights the need for a collective, interdisciplinary approach to shaping the future of abortion. We encourage stakeholders to use this report as a 'springboard' for further conversations, debates, and collaborations that advance a more inclusive, accountable, and supportive abortion system.

Collaboration is central to all the visions outlined in this report. We invite researchers, service providers, activists, and people with lived experience to explore potential partnerships and collaborative projects. By working together, we can break down silos in the abortion care system and create a more dynamic, responsive, and accountable framework for involvement and engagement.

2

Stimulating Debate, Dialogue and Advocacy

The materials generated through this workshop are intended to underpin not only further research but also to contribute to ongoing public and political advocacy and activism. We see the outputs from the workshop as contributing to ongoing conversations about abortion stigma, the creation of supportive systems for people seeking abortion based on sexual and reproductive justice approaches, and the diversification of involvement and engagement practices. It is important that these discussions take place not only in academic, clinical and policy spaces, but in broader public forums, where they can lead to change, improved practice, and the disruption of barriers and norms that currently hinder progress.

3

Further Research

A key area for future work is to engage directly with people using abortion services to better understand their preferences in relation to involvement and engagement practices. We plan to conduct further research with people accessing abortion care in clinical settings to explore: what forms of Patient and Public Involvement and Engagement (PPIE) are most appealing and accessible; preferred terminology to describe people seeking abortion care; and the types of involvement and roles that people want in shaping future research, services and policies. This research can help support more effective involvement and engagement practices, ensuring that the perspectives of people who have abortions are centred in the development of future abortion-related PPIE in research and service improvement.

For more information or to share ideas for collaborative work, please contact Nicola Boydell at Nicola.Boydell@ed.ac.uk

Readers of this report may also wish to consider signing up to the Interdisciplinary Research in Sexual Health (IReSH) network in Scotland <https://www.iresh.org.uk/about/>

Additional reading and resources

Boydell, N. and Blaylock, R. (2024) 'Reflections and future directions for patient and public involvement and engagement (PPIE) in abortion research and service improvement', *BMJ Sexual & Reproductive Health*. Online First. <https://doi.org/10.1136/bmjsex-2024-202441>

Lewis, R., Boydell, N., Blake, C. et al. (2023) 'Involving young people in sexual health research and service improvement: conceptual analysis of patient and public involvement (PPI) in three projects', *BMJ Sexual & Reproductive Health*, 49, pp. 76–86. <https://doi.org/10.1136/bmjsex-2022-201611>

Purcell, C., Young, I., Boydell, N., Riddell, J., Lewis, R. and Basra, S. (2024) *Developing a Sexual & Reproductive Justice Agenda for Scotland*. The Open University. <https://doi.org/10.21954/ou.rd.25288402.v1>

Purcell, C., Young, I., Boydell, N., Riddell, J., Lewis, R., and Basra, S. (2024) *Developing a sexual and reproductive justice agenda for research and policy in Scotland: A report of the first phase of the SRJ Scotland project*. The Open University. <https://doi.org/10.21954/ou.ro.00101754>

¹ For a discussion of the term 'stakeholder' in the context of engagement, see Reed, M.S., Merkle, B.G., Cook, E.J., et al. (2024) 'Reimagining the language of engagement in a post-stakeholder world', *Sustainability Science*, 19, pp. 1481–1490. <https://doi.org/10.1007/s11625-024-01496-4>.

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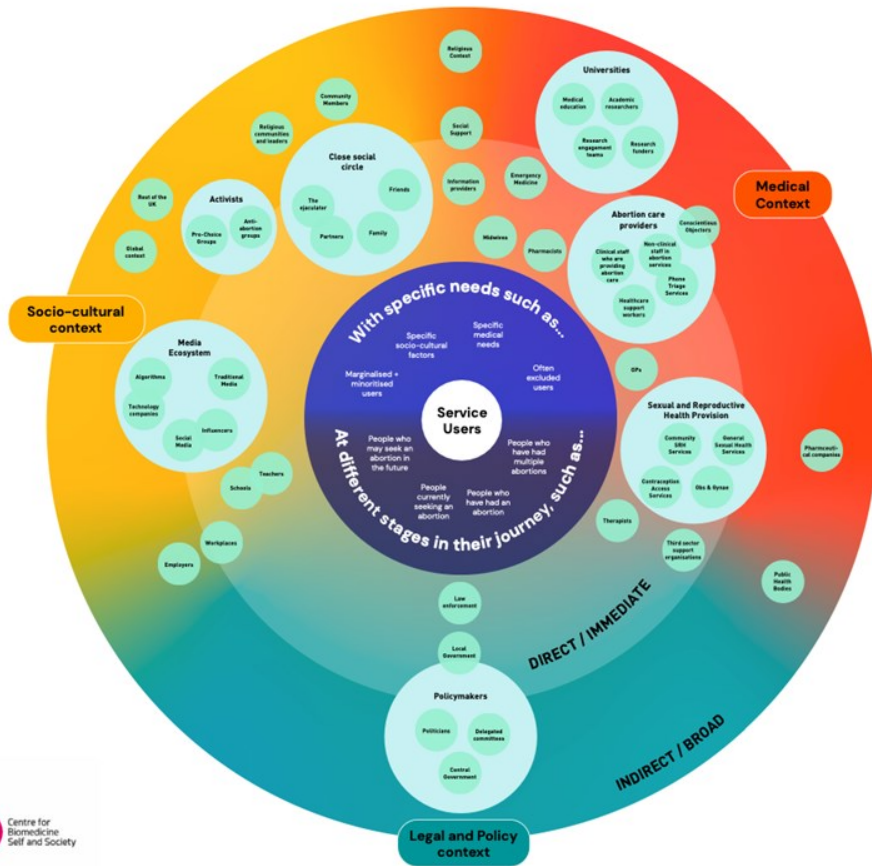
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Involvement and Engagement Practices in Abortion Care

While there is a lot of evidence on best practices for involvement and engagement, the abortion landscape is unique. It's important to recognise the complexities specific to this environment when considering how best to structure engagements with patients, publics and other stakeholders such as community advocacy groups, healthcare providers and policy makers.

This systems map and corresponding observations were generated as part of the workshop 'Engagement and Involvement Practices in Abortion Care: Collectively Envisioning Futures' hosted in July 2024 by Nicola Boydell from the University of Edinburgh's Centre for Biomedicine, Self, and Society, facilitated by AndThen and funded by The Healthcare Improvement Studies (THIS) Institute. These can be used as prompts, ideas and provocations for those thinking about how to structure involvement and engagement efforts within the abortion care landscape.



What makes engagement in the abortion landscape unique?

Diverse socio-political views

The abortion landscape is shaped by a diverse set of strong socio-political views, including religious beliefs, and is subject to high levels of media scrutiny. These factors contribute to its highly politicised nature, making it distinct from other areas of the healthcare system. Additionally, the unique legal and regulatory context, with laws and regulations often subject to intense debate, further complicates the landscape. This environment can make dialogue and collaboration across stakeholders within the abortion landscape particularly challenging.

High levels of stigma

There are high levels of stigma associated with abortion, which create significant barriers to involvement and engagement. Fears around being stigmatised often contribute to people's unwillingness to discuss personal experiences, and the broader stigmatised environment makes it challenging to engage with patients and those seeking abortions. This also contributes to an opaque system where stakeholders struggle to engage with one another, and where engagement can feel 'risky.'

Lack of a cohesive abortion identity

Engagement in the abortion landscape doesn't coalesce around one cohesive community or identity — any person with a uterus can engage with abortion care as a service user, and people's experiences with it and the wider abortion landscape are often episodic. These factors make it challenging to build a culture of ongoing involvement and engagement.

Hesitancy due to perceived political risk

Institutions, organisations, and individuals often feel there is [avoidable] political risk associated with conducting involvement and engagement work within the abortion landscape. This perceived risk can lead to hesitancy or reluctance to undertake involvement and engagement practices, even when such work is necessary for progress.

Lack of common definitions

The edges, or boundaries, of the abortion landscape can be hard to define, as there are a range of competing definitions around what abortion actually is, and where it starts and ends. Differing views and inconsistent definitions can create confusion in involvement and engagement practices, research, healthcare provision, and policy, making it difficult to establish cohesive practices and policies.

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Thanks!



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