

ECGE7008Q

Critical Evaluation of Bevan *et al.* (2024): “‘The Listening Series’: increasing equity, diversity and inclusion in patient and public involvement and engagement for policy research by listening to and learning from under-represented groups”

Student number: 2518176

Word count: 3834

I confirm that I have not presented any AI generated text as my own work.

Introduction:

This assignment provides a critical evaluation of the journal article “‘The Listening Series’: increasing equity, diversity and inclusion in patient and public involvement and engagement for policy research by listening to and learning from under-represented groups” by Bevan *et al.* (2024), which examines how to improve Patient and Public Involvement and Engagement (PPIE) for under-represented groups within policy research. The article is connected to the wider issues of equality, diversity, and inclusion (EDI), and acts as a response to concerns about poorer outcomes for under-represented groups and their under-representation in policy research (Bevan *et al.*, 2024; Swift, 2023; Hatch *et al.*, 2023). This article is important for health research, but is also relevant to the broader issues of representation, inclusivity and exclusion, and whose voices are given value in institutional policy creation (Frith, 2025).

This submission begins with a literature review to give context to the article, the knowledge gap it explores, and a possible research question supporting the study. It will then focus on the key areas of methodology, data collection methods, and ethical considerations, to critically assess the value and rigour of the article. While the article does not explicitly identify a methodological position, it appears to use a broadly qualitative and interpretivist approach, and uses online discussion groups to gain knowledge from participants about barriers to inclusive involvement, and analyse that information to identify themes (Giles, 2017; Lavee and Itzchakov, 2023).

This critique argues that the article has strong ethical aims, and practical intentions; however, the article is weakened by a lack of methodological clarity, lack of analytic transparency, and ethical issues with the research study process itself regarding power dynamics, gatekeeping, representation, and participant protections (Levitt *et al.*, 2018; O’Sullivan, Desmond and Buckley, 2023). In this context, the article is valuable as a practice-centred contribution to arguments about inclusivity and PPIE, but is weaker as a fully theorised, methodological research study.

Literature Review:

Patient and Public Involvement and Engagement (PPIE), also known as public involvement (PI), public and patient involvement (PPI), or consumer and community involvement and engagement (CCIE) (National Institute for Health and Care Research, 2024), is increasingly important for policy research in the United Kingdom (Lignou, Sheehan and Singh, 2024). PPIE aims to create a more inclusive research environment, improving the relevancy of results and researcher accountability, while also recognising lived experiences as forms of expertise (Kellezi *et al.*, 2026). In policy research this is significant because decisions may directly impact marginalised groups whose opinions have been overlooked. However, “people who are most likely to experience poor outcomes are also those least likely to be involved in research” (Bevan *et al.*, 2024, p.1). Bevan *et al.* (2024) examines this contradiction, arguing that while equality, diversity, and inclusion (EDI) is a priority for research funders within PPIE, disadvantaged groups still experience under-representation. This highlights a disconnect between the stated aims of inclusive research and the reality of who can participate, showing that a commitment to EDI does not automatically guarantee equitable involvement in practice (Hatch *et al.*, 2023).

The authors are mainly based in the Policy Research Unit (PRU) in Maternal and Neonatal Health and Care (PRU-MNHC), a National Institute for Health and Care Research (NIHR) funded research unit. (Bevan *et al.*, p.2). The PRU-MNHC focuses on research to improve maternal, neonatal, and family health and care. This article highlights the unequal delivery of care in the United Kingdom (Swift, 2023), with minority groups, disabled people, socially disadvantaged people, and young people, experiencing poorer outcomes. If these groups are under-represented in research, then the research risks not addressing the inequalities it seeks to reduce. The authors found that “engaging and involving the public and patients in this work is widely recognised as essential” (Bevan *et al.*, 2024, p.1).

The article identifies a gap in knowledge by focusing on the disparity between commitments to EDI, and the reality of its delivery in practice (Bevan *et al.*, 2024). The authors aim to decrease this gap by learning from under-represented groups and applying learned information into how their PRU works. A research question for this

article could be: “How can listening to under-represented groups help address barriers to equity, diversity and inclusion in PPIE for policy research?”

Methodology:

The authors do not explicitly state a methodological approach, which limits and weakens methodological clarity, but the methodological position used by Bevan *et al.* (2024) appears to be broadly qualitative and interpretivist, using online discussion groups, to identify themes (Giles, 2017). It is not quantitative in nature, as it is not using numerical data or statistics. Instead, the article focuses on understanding under-represented groups’ personal experiences and views to improve PPIE in practice. The study uses listening and reflective learning, which implies an interpretivist approach (Lavee and Itzchakov, 2023), even though this approach is not definitively stated. Interpretivists seek to understand how people apply subjective meaning to their experiences, emotions, and values, and how they construct meaning from the social world they inhabit, instead of seeking one objective or fixed reality (Pervin and Mokhtar, 2022). This makes interpretivism appropriate for studying issues of exclusion and participation, because barriers to involvement may be experienced differently by individuals because of factors such as race, culture, class, age, disability, or mistrust of institutions.

A qualitative, discussion-centred, methodological position appears appropriate if the aim of the study is to gain knowledge about why some demographics are excluded from research participation and what can be done differently to address this. Qualitative research can be viewed as a “critical tool” (Shea *et al.*, 2022, p. 1986) for collecting patient voices. Discussions allow for researchers to acquire detailed responses, and identify nuances in accounts, that they would be less likely to gain from research surveys. This is suitable for the issue being explored because EDI is not simply a statistically measurable concern but is shaped by the lived experiences of those affected, cultural factors, and institutional constraints. This approach allows participants to have more scope to express their views and relay their experiences on their own terms, which is imperative in research about exclusion and inequality.

The Listening Series was created to explore barriers to equal care and find practical solutions. A qualitative method is logical, as researchers were not attempting to verify that one single intervention would work in all cases; instead, aiming to identify what under-represented groups and advocates perceived as missing from current PPIE practices. However, there are “inherent limitations” (Shea *et al.*, 2022, p. 1986), such as group bias, and groupthink which is conforming one’s beliefs and views with others to avoid conflict (Janis, 1982), which can affect the accuracy of qualitative results. Also, as sign-posted earlier, the authors do not explicitly state their methodological approach, and it can only be inferred. This reduces the methodological clarity of the article. The lack of this specificity weakens understanding of the authors' reasons for choosing this methodological position, and how it influenced the design and interpretation of the study. The article would have been stronger if the authors had clarified their methodological approach by name, and why it was selected over other potential approaches (Levitt *et al.*, 2018).

Another weakness is that the article reads as a mix between a research article and a discussion of practice development. This does not mean that the article has no value, but it does create some ambiguity about its intent. The article sometimes presents qualitative data, but at other times, it focuses on PRU-MHNC's reflections on improving their own practice (Bevan *et al.* 2024). Research articles are expected to detail methodological choices clearly, provide analytical transparency, and give explicit reasons for study design decisions (Lim, 2024). The article is useful as a practical submission to PPIE inclusivity discussions and debates, but is less rigorous as a comprehensively theorised methodological research study.

In summary, the inferred methodological approach is appropriate, but not fully theorised. It is suitable for the article’s purpose; however, if the interpretive position had been more clearly stated, the article would have been stronger.

Data Collection Methods:

This article states that the researchers selected twenty individuals to participate in five online sessions which were video recorded (Bevan *et al.*, 2024). The individuals chosen

were not random but were advocates for under-represented groups in the unit's PPIE work. The advocates worked with those who are socially disadvantaged; young parents; Black and Asian women and families; and families and women with learning and physical disabilities, with the goal of collecting data on how to improve inclusivity in policy research. This approach seems broadly appropriate for the research question, as group discussions are helpful in producing introspective and practical accounts, especially when trying to identify barriers, develop corrective measures for them, and strengthen research results across a greater spectrum of people (Health Research Authority, 2025). Group discussions allow for participants to interact, and hear one another's experiences and perspectives, which helps to produce fuller and more contemplative information than a structured format, and are especially useful in studying social issues (Acocella and Cataldi, 2021). Online delivery of these group sessions helped to alleviate accessibility issues, such as the need to travel to a session or child-care arrangements, and improving attendance rates (Bevan *et al.*, 2024).

The discussion groups which were held highlighted five main themes; building trust, involving under-represented people from the start, showing impact, clear and inclusive communication, and imagining participants' lived realities (Bevan *et al.*, 2024, p. 1). The five identified themes are understandable within the broader scope of inclusivity and involvement, and suggest that EDI barriers are not easily mitigated by bringing greater numbers of diverse people into existing institutional structures alone, but require changes to the way those structures operate at a strategic level (Bevan *et al.*, 2024, p. 3). This observation is a strong point within this article.

However, the data collection methods must still be critiqued for several reasons. The first issue is that the sample size was relatively small. A small sample size is not an automatic weakness, especially in qualitative research; but it does mean the findings should be treated with caution and not overstated, and that data adequacy should be considered in relation to the study (Vasileiou *et al.*, 2018). Researchers must strive to ensure the sample size chosen is appropriate to the study's aims and design, in order to produce sufficiently adequate and meaningful data. Bevan *et al.* (2024) do acknowledge this limitation to an extent by representing their findings as general recommendations

and not definitive conclusions, stating that improving EDI is an ongoing process, in which practitioners might make mistakes (Bevan *et al.*, 2024, p. 6).

The second issue is regarding representation. The twenty participants were purposively chosen (Ahmad and Wilkins, 2024) advocates for under-represented and marginalised groups, instead of choosing participants from the under-represented groups directly. Purposive sampling is often used in research to select participants with the most direct and specific knowledge that is relevant to a research aim. The wider literature about PPIE supports the point of view that inclusivity can “improve the quality, relevance and impact of research” (Ahmed *et al.*, 2025, p. 2). However, literature also highlights that PPIE can be uneven in practice, and can remain dominated by participants, or “usual suspects” (MacFarlane and LeMaster, 2022, p. 2031) such as the white middle class, people already familiar with research processes, or those who have network connections. These participants who are familiar with how research works, may feel more comfortable being involved and more likely to agree to take part in research activities, which can reproduce inequality in research because hearing the same voices and opinions might exclude other “hard to reach” people (MacFarlane and LeMaster, 2022, p. 2031) who are less confident or network connected. This is related to Bevan *et al.* (2024) because the authors have based their article in a position where inclusivity is championed but not always achievable in transformative or representative ways in practice. The result is that their focus on under-represented groups in their policy unit is relevant, but raises the question of whether organisational and institutional responses to exclusion are adequate, or if they are still limited to the most accessible participants.

It is reasonable to choose advocates as they may have a larger body of knowledge and experience of barriers to inclusivity in practice; however, advocates are still acting as representatives or “community gatekeepers” (Bashir, 2023, p. 1502) for the groups they represent and may inadvertently or intentionally misrepresent their groups’ opinions and perspectives. Listening to advocates does not equate to engaging directly with the primary source because community gatekeepers may hinder the “flow of information” (Bashir, 2023, p. 1508) from their communities to the researchers, which is antithetical to the purported purpose of the study in this article. Methodologically, this is a limitation

because data is filtered through advocates, which restricts to what extent this data can be treated as primary source accounts.

A third issue is that the online digital format used to conduct group discussions to increase accessibility, might have unintentionally excluded people. Online discussion groups, while potentially more practically convenient, can also negatively impact people through the digital divide (Ragnedda, Ruiiu and Addeo, 2022). The digital divide can be caused by factors such as lack of computer equipment or devices, technical knowledge or confidence, internet access, and privacy concerns. Although the authors note that the digital format was selected after seeking advice from a mentor with thirty years of workshop facilitation experience, the advice did not mention consideration of digital barriers to inclusivity (The British Academy, 2022). Considering this study's aim was inclusivity-centred, the reasoning behind digital discussion groups should have been more fully explored, as the researchers chose to focus on the positive aspects of digital discussion groups for participants to join from their homes or offices, but do not acknowledge if this approach would prevent others from taking part.

A fourth issue is the lack of detail in the analytic process. The researchers identified five main themes for improving EDI and engagement for under-represented groups in policy creation and development, but were not sufficiently detailed in their explanation of how they transformed the data collected from group discussions into the five themes categories. The article states that the PPIE co-leads created transcripts from the recordings of the discussions, and "identified key themes" (Bevan *et al.*, 2024, p. 3), using recurring words, phrases and topics, from participants. The authors state that they then used those key themes to create groups and categories but fail to provide a rigorous explanation of this process. The article does not clarify if a coding framework was used, if possible alternative interpretations were investigated, or how consistency was maintained during analysis. This matters since qualitative analysis means that researchers decide what they view as important, how data is collated, and what meanings are most significant. Without clarity on how the themes were designated, it is difficult for the research audience to assess the credibility of the results. Due to this, the data collection process is not as transparent as it should be within qualitative research (Shaw *et al.*, 2019).

In summary, the data collection methods were generally appropriate for the research aims, but they also highlight the limitations in the article's inclusivity goals and methodological transparency. The article is stronger as a practical guide than as a detailed methodological explanation.

Ethical Considerations:

The authors' intention to increase inclusivity and engagement in policy research and development is grounded in a strong ethical foundation (Bevan *et al.*, 2024); because of this, its starting point is strong. They have identified a problem with EDI involvement in their PRUs and have acknowledged that this weakness needs to be corrected. The research conducted focuses on practical issues such as building trust, improving communication, and ensuring that people know that their contributions are important. These are important ethical concerns in research because while formal aspects of research, such as consent forms and ethical approval are mandatory, good ethical practice also requires that participants feel safe, respected, and valued in their interactions with researchers to encourage more open communication and sharing of knowledge (O'Sullivan, Desmond and Buckley, 2023). In the context of the study in this article, it is of particular importance due to the aim of increasing inclusivity and engagement for those who believe they are not heard. This is important because exclusion from research participation is not just a weakness in methodology, but is also a social justice concern, with the risk of reproducing inequalities by valuing some types of knowledge over other forms (Schroeder *et al.*, 2024).

The strongest ethical aspect of the article is the fact that the researchers did not only collect data for research and stop there; they also adapted their original plan of creating audio podcasts, after listening to information from participants (Bevan, 2024). Due to engagement the authors received from group advocates, the authors decided to produce a short film with a written guide, feeling that it would better represent what participants shared, have a wider audience, and a more significant impact on researchers. Additionally, the authors later invited people who had previously taken part in The Listening Series to an in-person meeting to discuss "what next" (Bevan *et al.*, 2024, p. 5),

and how to embed the five themes in PRU-MNHC work. The result was that four attendees joined the ongoing Task Group for PPIE, with the specific job of championing engagement of under-represented groups in PRU-MNHC research. These task group members are supported in their work through regular meetings, and PPIE co-lead mentoring and training. Task group members are also paid for their work. This demonstrates that the authors were taking on board the feelings of advocates, attempting to reduce tokenism (Ahmed *et al.*, 2025), and increase accountability. This follow-through demonstrates a legitimate strength of the article and research.

However, there are still ethical concerns. The article demonstrated a power imbalance, as the researchers and their unit retained control over who was invited, how groups were conducted, which questions would be asked, and the method used to later interpret the discussions and write the article (O'Shea, Boaz and Chambers, 2019). This article is relevant to health research, as well as broader sociological issues, such as power structures; and to whose voices and opinions are heard, valued and recognised as legitimate participants in knowledge development (Frith, 2025); however; using the title "The Listening Series: increasing equity, diversity and inclusion in patient and public involvement and engagement for policy research by listening to and learning from under-represented groups" implies that the project involved direct engagement with the under-represented groups, so using this title could be seen as misleading as the researchers actually listened to advocate representatives for those under-represented groups. This causes ethical tension between appearing to be inclusively listening and the reality of the researcher-controlled project. This is ethically significant because even in a project to improve EDI, the researchers still controlled participation, structure, interpretation, and presentation of findings. This is important because the opinions and perspectives of under-represented groups were filtered through their advocates (Bashir, 2023).

In this article, advocates act as gatekeepers of information, by acting as intermediaries between the researchers and the under-represented groups they speak for, but the research unit in the PRU-MNHC also act as gatekeepers by using their existing list of around sixty PPIE stakeholders, to identify which organisations or individuals were already advocating for under-represented groups and invite those to the consultation. In doing this, the researchers controlled access to participation by using only their

established stakeholder network connections, which may have limited the inclusion of organisations and voices outside these networks (O'Shea, Boaz and Chambers, 2019). Ethically, gatekeeping in this study is not only about participant access, but about who is authorised to contribute to knowledge production.

Another ethical concern is the lack of details regarding how the researchers' managed consent, confidentiality, anonymity, or the right to withdraw from the project (Klykken, 2021). Data protection is significantly important in this case because the study uses online video-recorded group discussions. Group discussions create additional privacy concerns beyond a one-to-one discussion or interview, as group discussions enable the sharing of personal information with not just the researcher but with all participants involved in the discussion (Sim and Waterfield, 2019). The article does not explicitly outline protocols for GDPR, informed consent, confidentiality or other privacy controls. The only mention that slightly references data concerns comes not from the researchers in the article, but from the Chair of an unnamed bereavement support charity who says "there's a lot of mistrust on where the data's going and what's going on with it" (Bevan *et al.*, 2024, pp. 3-4). There may have been rigid privacy controls in place in the project; however, the article never mentions them at any point.

To summarise, the article has a strong ethical intent, however in practice, its lack of specificity on privacy controls and procedures, and reflection on power balances weakens the overall ethical rigour of the study.

Conclusion:

In summary, the research article from Bevan *et al.* (2024) delivers a useful insight into discussions around PPIE and inclusivity in policy research. A main strength of the article is that it not only identifies exclusion as a problem, but it also explores practical responses to it and implements those responses in their practice. The article, therefore, is less focused on the aspect of evidencing exclusion and more focused on the practical ways that organisations and institutions respond to it. This practice-based focus goes further than an abstract look at inclusivity, and evaluates the changes that might be needed in research and organisational structures (Jameson *et al.*, 2023). The article's

ethical strength is evident through its focus on trust, follow-through, and incorporation of findings into future PRU-MNHC practice.

However, the article's practice-based focus highlights the article's weakness as being viewed as a rigorous research study. The authors do not clarify their methodological research position, which creates ambiguity of the study's design and interpretation. The small sample size, the online groups format, and the minimal explanation of the analytic process, reduces the transparency and credibility of the research findings. Ethically, the study also raises concerns about the authors' decision to use advocates, who act as gatekeepers of information, as their primary source, instead of people from under-represented groups directly, which risks creating a filtering of those groups' experiences and views. Power imbalance is also a concern as researchers retained control over participant selection, the way groups were conducted, the interpretations of data, and presentation of findings. Another ethical issue is the lack of a clear explanation of participant protections, such as confidentiality, anonymity, consent, the right to withdraw, and GDPR compliance. This matters because inclusivity research affects not only academic understanding but also impacts the groups whose lived experiences are being shared, and the institutions and organisations using these findings for policy development.

In conclusion, the article can be viewed as socially relevant and useful in practice, but ultimately its strength is more as a guide for institutional reflection than as an extensively theorised, methodologically rigorous qualitative research study.

References:

- Acocella, I. and Cataldi, S. (2021) *Using Focus Groups: Theory, Methodology, Practice*. London: Sage Publications Ltd.
- Ahmad, M. and Wilkins, S. (2024) 'Purposive sampling in qualitative research: a framework for the entire journey', *Quality & Quantity*, 59, pp. 1461-1479. Available at: <https://doi.org/10.1007/s11135-024-02022-5>
- Ahmed, M., McLean, J., Donaldson, C., Roy, M. and Baker, R. (2025) 'Creating the conditions for meaningful and effective PPIE in community-based public health research: learning from a UK-wide lived experience panel', *Research involvement and engagement*, 11, article 85. Available at: <https://doi.org/10.1186/s40900-025-00727-x>
- Bashir, N. (2023) 'Community Gatekeepers: Power, Pitfalls and Possibilities When Recruiting and Researching Black, Asian, and Minority Ethnic (BAME) Participants', *The Qualitative Report*, 28(5), pp. 1501-1519. Available at: <https://doi.org/10.46743/2160-3715/2023.5549>
- Bevan, C., Alderdice, F., Darby, S., Gilzean-Hughes, S., McLeish, J., Mulla, S., Plachcinski, R., Wilkinson, S., Williams, H. and Rowe, R. (2024) 'The Listening Series': increasing equity, diversity and inclusion in patient and public involvement and engagement for policy research by listening to and learning from under-represented groups', *Research Involvement and Engagement*, 10(71). Available at: <https://doi.org/10.1186/s40900-024-00601-2>
- Frith, L. (2025) 'Democratic Justifications for Patient Public Involvement and Engagement in Health Research: An Exploration of the Theoretical Debates and Practical Challenges', *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 48(4). Available at: <https://doi.org/10.1093/jmp/jhad024>
- Giles, D. (2017) 'Online Discussion Forums: A Rich and Vibrant Source of Data', in V. Braun, V. Clarke, and D. Gray (eds.) *Collecting Qualitative Data: A Practical Guide to Textual, Media and Virtual Techniques*. Cambridge: Cambridge University Press, pp. 166–188.

Hatch, S., Fitzgibbon, J., Tonks, A. and Forty, L. (2023) 'Diversity in patient and public involvement in healthcare research and education—realising the potential', *Health Expectations*, 27(1), article e13896. Available at: <https://doi.org/10.1111/hex.13896>

Health Research Authority (2025) *Increasing the diversity of people taking part in research*. Available at: <https://www.hra.nhs.uk/planning-and-improving-research/best-practice/increasing-diversity-people-taking-part-research/> (Accessed: 23 April 2026).

Jameson, C., Haq, Z., Musse, S., Kosar, Z., Watson, G. and Wylde, V. (2023) 'Inclusive approaches to involvement of community groups in health research: the co-produced CHICO guidance', *Research Involvement and Engagement*, 9, article 76. Available at: <https://doi.org/10.1186/s40900-023-00492-9>

Janis, I. (1982) *Groupthink : psychological studies of policy decisions and fiascoes*. 2nd edn. Boston: Houghton Mifflin Company.

Kellezi, B., Peacock, H., Jones, T., Gibson, A., Andrews, I., Fallon, S., Lindley, R., Radford, K., Bridger, K., Mann, C., Roadevin, C., James, M. and Kendrick, D. (2026) 'Public and Patient Involvement and Engagement in Clinical Trials: A Multi-Perspective Mixed-Methods Evaluation of the ROWTATE Programme', *Health Expectations*, 29(2), article e70636. Available at: <https://doi.org/10.1111/hex.70636>

Klykken, F. (2021) 'Implementing continuous consent in qualitative research', *Qualitative Research*, 22(5), pp. 795-810. Available at: <https://doi.org/10.1177/14687941211014366>

Lavee, E. and Itzchakov, G. (2023) 'Good listening: A key element in establishing quality in qualitative research', *Qualitative Research*, 23(3), pp. 614-631. Available at: <https://doi.org/10.1177/14687941211039402>

Levitt, H., Bamberg, M., Creswell, J., Frost, D., Josselson, R. and Suárez-Orozco, C. (2018) 'Journal article reporting standards for qualitative research in psychology: The APA Publications and Communications Board task force report', *American Psychologist*, 73(1), pp. 26–46. Available at: <https://doi.org/10.1037/amp0000151>

Lignou, S., Sheehan, M. and Singh, I. (2024) "A commitment to Equality, Diversity and Inclusion": a conceptual framework for equality of opportunity in Patient and Public

Involvement in research', *Research Ethics*, 20(2), pp. 288-303. Available at: <https://doi.org/10.1177/17470161231224060>

Lim, W. (2024) 'What Is Qualitative Research? An Overview and Guidelines', *Australasian Marketing Journal*, 33(2), pp. 199-229. Available at: <https://doi.org/10.1177/14413582241264619>

MacFarlane, A. and LeMaster, J. (2022) 'Disrupting patterns of exclusion in participatory spaces: Involving people from vulnerable populations', *Health Expectations*, 25(5), pp. 2031-2033. Available at: <https://doi.org/10.1111/hex.13578>

National Institute for Health and Care Research (2024) *Guidance for applicants on working with people and communities*. Available at: <https://www.nihr.ac.uk/research-funding/application-support/working-with-people-and-communities> (Accessed: 17 April 2026).

O'Shea, A., Boaz, A. and Chambers, M. (2019) 'A Hierarchy of Power: The Place of Patient and Public Involvement in Healthcare Service Development', *Frontiers in Sociology*, 4(38), pp. 1-12. Available at: <https://doi.org/10.3389/fsoc.2019.00038>

O'Sullivan, S., Desmond, E. and Buckley, M. (2023) 'The Ethics of Engagement and Representation in Community-based Participatory Research', *Ethics and Social Welfare*, 17(2), pp. 159–174. Available at: <https://doi.org/10.1080/17496535.2023.2211756>

Pervin, N. and Mokhtar, M. (2022) 'The Interpretivist Research Paradigm: A Subjective Notion of a Social Context', *International Journal of Academic Research in Progressive Education and Development*, 11(2), pp. 419–428. Available at: <http://dx.doi.org/10.6007/IJARPED/v11-i2/12938>

Ragnedda, M., Ruiu, M. and Addeo, F. (2022) 'The self-reinforcing effect of digital and social exclusion: The inequality loop', *Telematics and Informatics*, 72, article 101852. Available at: <https://doi.org/10.1016/j.tele.2022.101852>

Schroeder, D., Chatfield, K., Chennells, R., Partington, H., Kimani, J., Thomson, G., Odhiambo, J., Snyders, L. and Louw, C. (2024) 'The exclusion of vulnerable populations from research', in Schroeder, D. and Chatfield, K. (eds.) *Vulnerability revisited*. Cham: Springer, pp. 25–47

Shaw, R., Bishop, F., Horwood, J., Chilcot, J. and Arden, M. (2019) 'Enhancing the quality and transparency of qualitative research methods in health psychology', *British Journal of Health Psychology*, 24(4), pp. 739-745. Available at: <https://doi.org/10.1111/bjhp.12393>

Shea, L., Pesa, J., Geonnotti, G., Powell, V., Kahn, C. and Peters, W. (2022) 'Improving diversity in study participation: Patient perspectives on barriers, racial differences and the role of communities', *Health Expectations*, 25(4), pp. 1979–1987. Available at: <https://doi.org/10.1111/hex.13554>

Sim, J. and Waterfield, J. (2019) 'Focus group methodology: some ethical challenges', *Quality & Quantity*, 53, pp. 3003-3022. Available at: <https://doi.org/10.1007/s11135-019-00914-5>

Swift, A. (2023) 'Health Inequalities and Public Health Practice', in K. Watson, J. Yates, and S. Gillam (eds.) *Essential Public Health: Theory and Practice*. Cambridge: Cambridge University Press, pp. 265–289.

The British Academy (2022) Understanding Digital Poverty and Inequality in the UK. Available at: https://www.thebritishacademy.ac.uk/documents/4427/Understanding_Digital_Poverty_and_Inequality_in_the_UK_full_report_2.pdf (Accessed: 23 April 2026).

Vasileiou, K., Barnett, J., Thorpe, S. and Young, T. (2018) 'Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period', *BMC Medical Research Methodology*, 18, article 148. Available at: <https://doi.org/10.1186/s12874-018-0594-7>