Study Protocol

Full Title:	Working with citizen scientists to improve GUideline Implementation in DEntistry
Study Acronym:	GUIDE
Sponsor:	**University of Aberdeen**
Funder:	Wellcome Trust – Institutional Strategic Support Fund at the University of Aberdeen
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Contents

Introduction

Citizen Science aims to enable citizens to develop research alongside researchers and healthcare professionals (1). Citizens, in the context of this project, are members of the public interested in the topic. Citizen Science has been used in numerous health fields to generate solutions in an inclusive, democratic way (2), but to our knowledge it is new to dentistry. Gum disease and caries are two of the most common chronic diseases worldwide. Preventing oral health disease is a key element of dental services, but the best way to achieve effective prevention is unknown. Oral health assessment reviews aim to assess patient's risk for gum disease, caries and oral cancer and to give advice on preventing these diseases. Clinical guidelines to help dentists conduct the oral health assessments are due to be updated by the Scottish Dental Clinical Effectiveness Programme (SDCEP) in 2021. These guidelines are generated in Scotland, but applicable to the whole UK. However, citizen input on the dissemination and implementation of oral health risk assessment guidelines has never been sought in a systematic and inclusive way. The COVID-19 pandemic has had an immense impact on dental services significantly increasing the pressure for change and making the need for the citizen's voice in the process more relevant than ever. This proposal addresses one of the top 10 priorities identified by multiple stakeholders in a James Lind Alliance priority setting exercise for dental and oral health research: understanding how to improve communication between dental teams and patients (3).

GUIDE (Working with citizen scientists to improve GUideline Implementation in DEntistry) involves a Citizen Science platform where citizens are invited to generate, discuss and prioritise new ideas to improve oral health care delivery and the implementation of clinical guidelines in dentistry. These ideas will then be assessed for feasibility by an expert advisory group. The prioritised ideas will either be incorporated in clinical guidelines to help improve their implementation or will be taken forward as new research projects. Citizens will be invited to continue their involvement with the clinical guidelines and research project.

Research aim and objectives

Our research aims are:

- To improve patients' experiences of oral health care delivery and assessment through Citizen Science by promoting patient-centred guideline implementation and better communication between dental professionals and citizens (patients and the public);

- To establish a group of citizens interested in being involved in dental research and dental guideline development and implementation.

Our **research objectives** are:

Research Objective (RO) 1: To select, from the current SDCEP guidance topics relevant to oral health assessments, what guideline recommendations are the most relevant for citizens to contribute to;

RO2: To collect and prioritise ideas from citizens to improve oral health care assessment

and guideline implementation in the areas selected in RO1;

RO3: To share evidence-based recommendations with citizens to improve self-care and oral health;

RO4: To evaluate citizens' experience of taking part in the project.

Methods

Study design

GUIDE is a Citizen Science project to generate and prioritise ideas related to oral health care delivery and using mixed methods to analyse and feed back the platform's results to citizens taking part. In the next sections, we describe methods to address each research objective.

RO1: To select, from the current SDCEP guidance topics, what guideline recommendations are the most relevant for citizens to contribute to.

GUIDE's expert advisory group will include key stakeholders such as dental professionals and researchers (TL, JC, DR), implementation scientists (CR, BG), SDCEP representatives (DS), citizen science experts (MS) and patients (IS, LL). The advisory group will identify relevant recommendations from the SDCEP guidance topics where citizens can contribute to. The clinical recommendations of interest will come from the oral health assessment and review guidance (4), but additional recommendations from other guidance topics that are relevant to oral health review's dissemination and implementation will be considered. The advisory group along with other expert stakeholders (for example, other dental care professionals and patients), identified through the project team's network, will meet in an online brainstorming session with the aim of generating:

   a) **Idea Challenges**: these are the broad areas that citizens will be invited to contribute to; we aim to generate up to ten idea challenges.

   b) **Discussion prompts**: these are the questions, within each challenge, that can help citizens understand the remit of the challenge and prompt discussion about it; we aim to generate at least five prompt questions per idea challenge.

Table 1 shows an example of how recommendations can be transformed into idea challenges and how discussion prompts can then contribute to a better understanding of the remit of the challenge and to a more productive discussion between citizens.

Table 1 – Example of recommendations in the oral health review guidance topic

Oral health review guidance's recommendation (2)	Idea generation challenge	Prompt questions
"Predict the risk of future disease and assign an individual risk level (high, medium, low) for caries, periodontal disease, oral mucosal disease for each patient, bearing in mind: • possible inaccurate self-reporting by patients;" [p8 of reference (2)] ***Rationale:*** ***Working on improving self-report might help inform this point*** "When developing the personal care plan, consider (…) whether any treatments need to be carried out in stages in order to: aid and assess the compliance of the patient with preventive care; optimise the successful completion of complex treatments" [p12] "At the Focussed Oral Health Review appointment: ensure patient histories are up to date; check patient compliance with preventive advice given" [p14] ***Rationale:***	Self-care and self-assessment	Have you ever had conversations with your dentist about your oral health risk? Do you know what your oral health risk is? Have you ever been given an oral health self-care plan? What did it look like? Did you use it? How important do you think a self-care plan is to stop people from developing oral diseases? Do you think self-monitor of oral health could play an important role in preventing oral diseases? How do you self-monitor oral health? How can we improve self-care plans and self-monitor oral health? What conversations should dental professionals be having with patients to clarify risk, self-care and self-monitor?

How can compliance be better defined and understood by dental professionals? How can conversations about compliance improve? Could self-monitoring play a role?		Could technologies play a role in preventing disease, e.g. reminder systems for brushing, flossing, apps that allow you to track progress?
"Discuss and agree the personal care plan with the patient, explaining: • the concept and advantages of a personal care plan (e.g. it is specific to the individual needs of the patient); • the concept of a more preventive, long-term care plan (e.g. it is less invasive and leaves options for the future); • the review interval that is specific to the oral health needs of the patient; • the role of the patient and the role of the dental team in maintaining and improving the patient's oral health." [p13] *Rationale:* *Personal care plans exist, at least partially, to replace the need for frequent check-ups in low and medium risk patients. Are there other behaviours or strategies that can help replace frequent check-ups from the patient's perspective?*	What can dental professionals do to replace routine treatment?	Why do you go for dental check-ups and routine appointments? How often would you like to attend the dentist for routine appointments and check-ups? If low-risk patients no longer see their dentists frequently, what can dental practices provide instead? Would regular contact with your dentist, dental nurse or hygienist be helpful even if you don't see them? What would be the ideal format for this contact (i.e. email, video, call)?

RO2: To collect and prioritise ideas from citizens to improve oral health care and guideline implementation in the areas selected in RO1

Participant selection and recruitment

Inclusion criteria

Eligible citizens will be aged 18 or older, English speakers and live in the United Kingdom. We will focus on adults because risk assessment guidelines are targeted at them and communication tends to happen between dental teams and adults (patients or carers). Because the SDCEP guidelines are used in the UK, we will target UK residents.

Exclusion criteria

Participants with no access to a computer or internet will not be able to participate.

Idea generation Citizen Science projects vary largely in the number of people involved (2). We aim to engage around 100 citizens using an online platform called Crowdicity (https://crowdicity.com/). The number of citizens was determined based on the capacity of the platform. Crowdicity has a strong track record of working with the NHS using citizen science to engage with thousands of end-users to generate and prioritise ideas (3). The project team has tested the platform to ensure it has all the tools needed to deliver this project. We will adhere to good practice for implementing online innovation communities ensuring goals and outcomes are articulated clearly.

We will use several strategies to recruit citizens to our platform:

- Social media: existing projects at Crowdicity have successfully used social media and other online platforms as the main strategy to recruit citizens. We will use the same strategy by advertising the project online including in social media and recruitment platforms, such as People in Research, SHARE (Scottish Health Research Register, Public and Patient Involvement Groups, NHS patient groups). An example of how we intend to share the project's information is available in **Appendix 1** and will be adapted depending on the platform used.

- Through the advisory group members different Universities (Aberdeen, Dundee, West of England Bristol) involved, we will target young adults attending university courses.

We will use a purposive maximum variation sampling strategy to recruit citizens to the project considering the following characteristics: age, ethnicity, gender, socioeconomic status (assessed via postcode).

Data collection and analysis

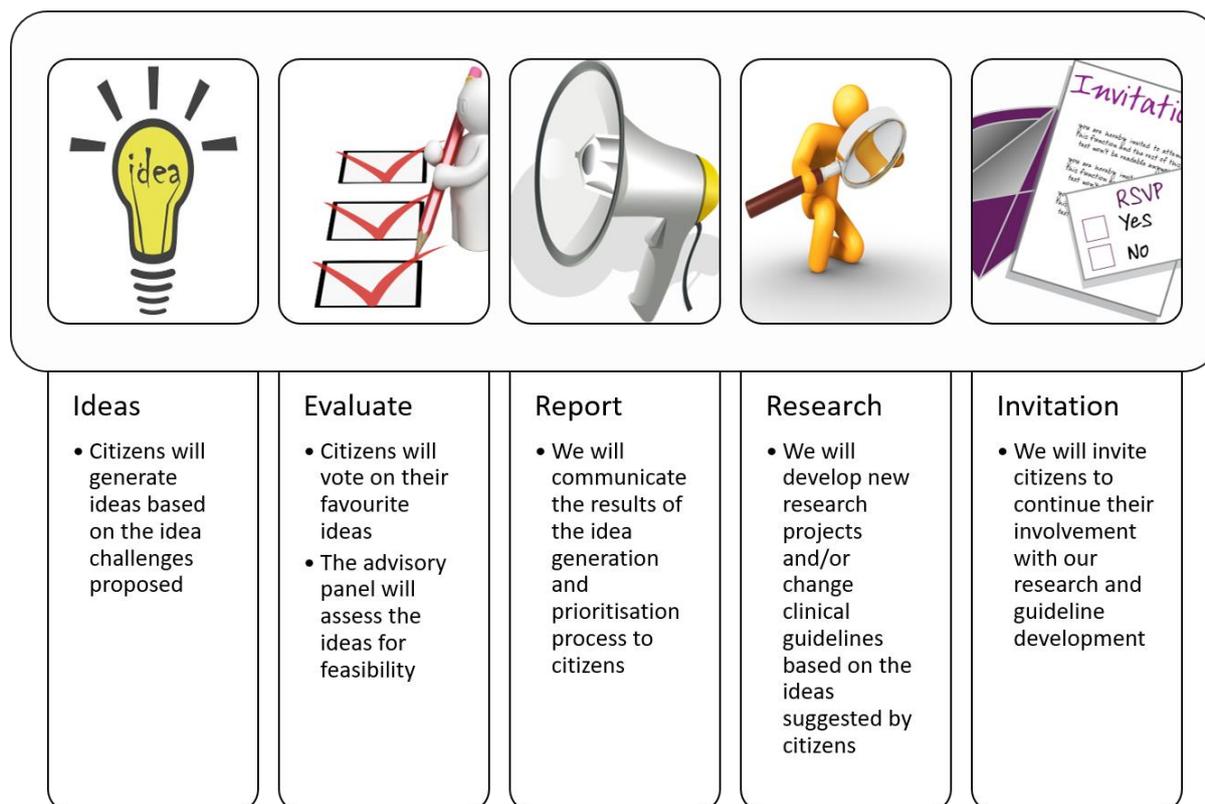**Invite citizens to generate and prioritise ideas**

The platform will have information about the project and the Health Services Research Unit

[an example is available in **Appendix 2**], and how to join and share ideas. An example of what the platform might look like is available in **Appendix 3**. Citizens can join the platform easily, via links on social media or by filling out a short form that asks for their email and username. Citizens will have to agree to the platform's terms and conditions [**Appendix 5**] and privacy policy before joining. Citizens will be asked to complete demographic information when they join the platform including their country, age group, gender, ethnicity, postcode (as a proxy for socioeconomic status), attendance to the dentist (regular attenders or not) and whether they are NHS dental patients (yes/no).

The idea generation challenges defined in **RO1** will be available in the platform, and citizens will be invited to share their ideas, vote on their favourites and discuss. Citizens will be able to follow the full process (from idea generation, to prioritisation and summary of ideas taken forward) through a live timeline. Citizens' engagement is maintained through emails notifying them of how their ideas and discussions are moving through the process, as well as through other interactions, such as blogs and social media. Each challenge thread will be monitored by a Crowdicity professional and a researcher in the project (BG) to ensure appropriate and lively discussion. Prioritisation of ideas will happen through the online platform by a democratic voting process.

A summary of the ideas and discussions will be generated, and it will include quantitative data, such as number of 'likes' and comments, as well as qualitative data. Qualitative data generated by comments posted in the platform will be analysed using thematic analysis via the platform to identify themes from the data. The advisory panel will discuss the ideas and assess them in terms of feasibility. The final summary will be shared with citizens taking part in the platform.

The prioritised ideas will be taken forward by a) their incorporation in the dissemination of SDCEP clinical guidelines; or b) their development in future research projects. Citizens will be invited to continue their involvement with the ideas generated and our research and guideline development in general. **Figure 1** summarises the platform process.

Ideas
- Citizens will generate ideas based on the idea challenges proposed

Evaluate
- Citizens will vote on their favourite ideas
- The advisory panel will assess the ideas for feasibility

Report
- We will communicate the results of the idea generation and prioritisation process to citizens

Research
- We will develop new research projects and/or change clinical guidelines based on the ideas suggested by citizens

Invitation
- We will invite citizens to continue their involvement with our research and guideline development

Figure 1 – Citizen science platform process

RO3: To share evidence-based recommendations to improve self-care and oral health

As part of the platform, participants will have access to blog posts about evidence-based recommendations to improve self-care and oral health. The posts will focus on the issues debated in the forums and on the idea challenges set up. The posts will be written by invited guests such as dental professionals and students. The aim of embedding this feature into the platform is ensuring citizens benefit from taking part and learn about oral health and self-care throughout the process.

RO4: To evaluate citizens experience of taking part in the platform

The evaluation aims to look at the impact of participating in a citizen science project, both on citizens and researchers within the project. Evaluation methods will include surveys and online feedback boards. The evaluation will include:

- *Step 1: Initial data collection* **–** besides collection of citizen's demographic data, questions related to motivations to take part and expectations will be collected.

- *Step 2: Final data collection* – at the end of the project, we will send a survey to all participants through Crowdicity the experience of taking part in the platform.

The surveys, at the start and end of the project, will be concise and we expect participants to take up to 10 minutes to complete them. An example of questions to

be included in the surveys is presented in **Appendix 4.**

- *Step 3: Analysis -* Quantitative data from surveys will be summarised using descriptive statistics. Qualitative data from online feedback and open questions will be analysed using thematic analysis.

Withdrawal Procedures

Participants will have the freedom to withdraw from the research at anytime with or without giving reasons. Non-identifiable data already collected with consent will be retained and used in the study. No further data will be collected, or any other research procedures carried out on or in relation to the participant.

Data management

We have carried out an Information Sharing Risk Assessment (ISRA) (https://365abdn.sharepoint.com/sites/instres/infosecurity/ISRA/SitePages/Home.aspx?e=1%3A6a0fdfb93e9b419998771e15393c1885&CT=1599640062343&OR=OWA-NT&CID=fe9ecc76-3165-92fa-9d2c-b372e976a58f). We will obtain non-sensitive quantitative data through the platform (for example, age, gender, previous attendance to the dentist) and qualitative data through posts done in idea discussion sections of the platform or feedback surveys. Data from Crowdicity (quantitative and qualitative) will be available to the University of Aberdeen (UoA) only via document download in an Excel format.

Data collected by Crowdicity uses a robust, multiple servers back-up system. Crowdicity does not have any rights over the data and complies with the principles of General Data Protection Regulation (GDPR) with servers based in Europe. The team have engaged with UoA Data Management and Protection Office to ensure we comply with UoA's best practice. Further information about Crowdicity's data management approach is available here: https://www.medallia.com/wp-content/uploads/pdf/Medallia_SaaS_Subscription_Agreement-EU-January_2020.pdfhttps://www.medallia.com/wp-content/uploads/pdf/Medallia_SaaS_Subscription_Agreement-EU-January_2020.pdf. Data will only be available during the time the platform is open and Crowdicity will then delete it. Data will be retrieved from the online platform regularly by the research team. The data will be stored on the central data storage facilities operated by the UoA Digital & Information Services (DDIS). DDIS provides a resilient, centrally managed, unstructured data storage service with live data replicated in two physically separated data centres. Where data is stored in research-specific shared-drives, it is subject to a robust backup regime: backups for staff projects are accessible for 6 months. Data will be stored on a shared drive, set up for the team. The PI will be the shared drive owner with the following responsibilities: i) approving access and access levels to the shared drives; ii) approving remote access; iii) curation of data held in the drive, in compliance with University policies and other project obligations (this includes data management, retention, and deletion), and iv) delegation of any of above to a deputy. File names/locations will have an appropriately descriptive title, including the date the data was received/generated. Primarily, research data is the responsibility of the PI who will take responsibility for managing access and potentially deletion. The maintenance and security of

our campus networks, corporate systems, and storage infrastructure are the responsibility of the UoA Digital & Information Services.

Good clinical practice

Confidentiality

Data posted in the platform will be public and identifiable, but citizen scientists will be aware of this when they sign up to the terms and conditions and data will be non-sensitive (i.e. idea generation to improve dental services). Feedback data will be identified in a manner designed to maintain participant confidentiality. All records will be kept in a secure storage area with limited access to study staff only. The study staff involved with this study will not disclose or use for any purpose other than performance of the study, any data, record, or other unpublished, confidential information disclosed during the study.

Data protection

The study staff involved with this project will comply with the requirements of the General Data Protection Regulations and the Data Protection Act 2018. Computers used to store the data will have limited access measures via user names and passwords. Published results will not contain any personal data that could allow identification of individual participants.

Study conduct responsibility

Advisory group

GUIDE's advisory group will include key stakeholders such as dental professionals and researchers (TL, JC, DR), implementation scientists (CR, BG), SDCEP representatives (DS), citizen science experts (MS) and patients (IS, LL). The advisory group will meet monthly to discuss the project, steer its direction and ensure its appropriate and ethical delivery.

Protocol amendments, deviations and breaches

Amendments to the protocol and other documents of the study will be sent to the College of Life Sciences and Medicine Committee of Ethical Review Board (CERB) for approval. Implementation of amended protocol and other study documents will only take place after review by CERB.

Study record retention

We will archive data on the secure networked PCs at the University of Aberdeen with password protection. Only the study team will access to the folders containing the information and the information will be stored for a maximum of 10 years.

End of study

The study will end at the end of March 2022.

Patient and public involvement

The design of this study was discussed and advised by the members of the Patient and Public Involvement Group from the Health Services Research Unit at the University of Aberdeen. Two invited patient and public partners will be part of the advisory group of the study. The advisory group will be invited to comment on all information made available in the platform to ensure clarity. The study will focus on idea generation and prioritisation from the public (citizens).

Dissemination of results

Results will be disseminated via the traditional academic methods through peer-reviewed publications and relevant professional conferences. We will produce a video disseminating the results that will be available in HSRU's website, as well as partners platforms – SDCEP, TRiaDS – Translation Research in a Dental Setting and in social media channels. We will share the video with the citizens involved in the platform. We will work collaboratively with the University of Aberdeen's Public Engagement with Research Unit to seek appropriate dissemination opportunities.

Discussion

Citizen Science is an innovative way to involve citizens (patients and the public) in the implementation of clinical guidelines and in research. This is, to our knowledge, a novel approach in dentistry. We will recruit citizens aiming to maximise their diversity in terms of age, ethnicity, area of residency in the UK and socio-economic status. We will do this by monitoring the platform's recruitment and ensuring our recruitment strategies, via social media, are adapted appropriately. However, due to the nature of the project, we will exclude citizens that are unable to access internet or a computer. This is a common limitation of Citizen Science projects, and it will be considered in our discussion and conclusion, as well as in future projects.

Appendix 1: General recruitment to the platform text (to be adapted for different channels)

How can we improve dental services?

Dental services have changed massively since the COVID-19 pandemic started. With fewer opportunities to visit the dentist, most patients had to rethink self-care and self-assessment of their oral health and/or communicate with dental professionals remotely.

Prevention is an important part of dental services and routine appointments should help. After all, dental decay is the world's most prevalent non-transmissible disease; gum disease is a major cause of tooth loss; oral cancer screening is done at routine dental appointments. However, these services are changing and we need your help to improve and reshape dental services.

At the Health Services Research Unit (HSRU), University of Aberdeen, along with our partners at the University of Dundee and the Scottish Dental Clinical Effectiveness Programme, we are developing new ideas and research projects to help patients achieve better oral health and improve dental services. To make these ideas as useful as possible, we need your help!

Through HSRU's Oral Health Innovation Hub we would like to hear your ideas about how dental services can be improved and how we can help enable you to take better care of your oral health. We are interested in views from everyone across the United Kingdom from all backgrounds.

Please tell us what is helpful and what is not. Tell us about challenges you see and how dental services and dental professionals can help everyone achieve better oral health. The most popular ideas in this platform will be analysed by a team of experts, including dentists, guideline developers and patients to ensure they can be implemented in practice. We will invite you to stay involved with our projects and to help us take these ideas forward and improve dental care in the UK.

This is your chance to shape the future of dental services!

Please Get involved and make a difference!

Appendix 2: General introduction to the unit and platform

Who are we?

We are the Health Services Research Unit, a research unit at the University of Aberdeen. We have been recognised nationally and internationally for our research, including being awarded the Queen's Anniversary Prize for our sustained excellence in health services research over the last 40 years.

With the effects of the pandemic changing the way we go to the dentist or communicate with dental professionals, we are interested in how to improve dental services and the conversations between patients and dental professionals to enhance self-care and self-assessment. We are working in close partnership with the University of Dundee and the Scottish Dental Clinical Effectiveness Programme (that develops dental clinical guidelines for the UK), as well as with the University of West England Bristol.

We need your help. From telling us about your own everyday annoyances with your dental services or professionals, to the ways we could make your lives easier and make you feel more in control of your own oral health – you are the experts who can tell us what you really need. You can help ensure that dental services and guidelines are as useful and helpful to patients as possible.

Together, we can make a real difference.

Still curious?

You can find out more about us on the Health Services Research unit website, by following our Twitter at @hsru_abdn or by watching a short video on this page which introduces you to who we are. We're always happy to talk more at oralhealthinnovation@abdn.ac.uk.

Appendix 3: Example of the citizen science platform
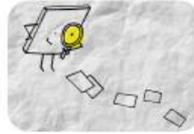Note: titles are added as examples and might not reflect the final platform

Get involved and make a difference!

Patients at the centre of research and guidelines	Communication of risk	Communication of evidence	Self-care and self-assessment

Behavioural replacement	Compliance with self-care

Appendix 4: Assessment survey example questions

Questions at the start of project will include:

- What are you looking forward to learn from this platform?
- What are the benefits you expect from taking part in this project?
- What made you sign up to the project?

Questions at the end of the project will include:

- Did you enjoy taking part in the project?
- Would you recommend the platform to your friends?
- What did you learn from the project?
- What would you change about the project or platform?

Appendix 5: Crowdicity general terms and conditions
Crowdicity User Terms

1. ***These Terms and Who We Are***
    1. These terms ("***Terms***") create an agreement between you and us which covers your use of the Crowdicity website at www.Crowdicity.com and the platform which powers the Crowdicity offering (together the "***Site***") as well as the 'Communities' you may visit or participate in through it. These Terms can be printed for future reference.
    2. We also have a Privacy Policy which contains information about how your personal information may be used and for what purposes. You can find that here.
    3. Sometimes, the owners of individual Communities ("***Community Owner***") will include their own terms or privacy policy that apply to your use of that specific Community and in addition to these Terms (we call these "***Community Specific User Terms***" and "***Community Specific Privacy Policy***"). This creates a separate agreement between you and the Community Owner. We are not a party to any such agreements and any questions should be raised with the Community Owner.
    4. References to "***us***"/"***we***"/"***our***" in these Terms means Crowdicity Limited which is registered in England and Wales under company number 7907506. Our registered office and main trading address is at 11 Oak Street, Carrington, Nottingham, NG5 2AT. Our VAT number is 128527015.
2. ***Accessing Communities***

    1. You will need to register for a 'Crowdicity Member Account' to participate in any Communities.

    2. Some of the Communities are "closed" or "private" Communities for access only by those who are invited by the Community Owner. To access these Communities you must click on the link in the invitation the Community Owner has sent to you. You will still need to register an account to use the Site generally if you have not already done so. You can, of course, request access to a "closed" or "private" Community, but access will only be granted at the complete discretion of the Community Owner.

    3. You must treat all log-ons, usernames and passwords as information as confidential and you must not disclose them to any third party.

    4. We may invite you to participate in other Communities which we think may be of interest. You can always choose whether or not you actually want to participate.

3. ***Using Crowdicity***

    1. In each Community, you can post a new idea (feedback, suggestion etc) or a comment to an existing idea. You can also vote in polls that are held. In some cases you can also add images and document files to support your contribution.

    2. Your username, photo (if you have uploaded one) and other personal information that you have provided for publication with your profile will appear as part of your contribution when published in a Community.

    3. Please be responsible and 'play nice' when you use the Site and Communities. In particular:

1. remember you are responsible for your participation in any Community including any content which you choose to post or share in a Community. Don't post content which is unlawful, may cause offence or where you don't have the rights to do so;

2. don't introduce viruses, trojans, worms, logic bombs or other material which is malicious or technologically harmful;

3. be aware that you don't have the right to take content or ideas posted by other people and to use them for your own purposes or to give them to other persons. Where you are using a private Community, the Community Owner expects that you will treat all content and information which you see in it as confidential. Please be aware that you may also be bound by confidentiality obligations owed to the Community Owner based on contracts you have in place with the Community Owner such as, for example, under a contract of employment or contract for services; and

4. note that many Communities are not moderated (although some Community Owners choose to do so) and rely on contributions from users. We are not responsible for inappropriate or unlawful content which may appear you should treat content with common sense caution.

4. We, or the relevant Community Owner, have the right to promptly remove, edit or to disable access to, any contribution which is deemed to be potentially unlawful, in breach of any third party rights or in breach of these Terms.

4. *Intellectual Property Rights*

   1. When you post ideas or content to a Community, unless you enter into Community Specific User Terms for a specific Community which state otherwise:

      1. you still own your contribution and have the right to use it for other purposes; ***but***
      2. you give us a free of charge right to use that contribution forever in order to provide our services; ***and***

      3. you also give the Community Owner a free of charge right to use that contribution forever for their own purposes.

   2. Sometimes, however (for example if the Community Owner is your employer), the Community Owner will require you to accept Community Specific User Terms for their Community which instead of the position described under 4.1.1 and 4.1.3, provide that all intellectual property rights in your contributions ***are assigned to the Community Owner*** and that you can't use them for any other purpose. Make sure you read any Community Specific User Terms carefully therefore to understand what rights you have and are giving.

   3. All intellectual property rights in the Site (as opposed to the content and ideas you contribute in Communities, which is explained above) are owned by us and you can't use the Site, our intellectual property and branding for any purpose other than to receive the services that we provide.

5. *Term and Termination*

1. Some Communities will only be available for a limited amount of time or may be removed or amended by the relevant Community Owner at any time. You can stop using the Site and Communities whenever you want.

2. If we, or a Community Owner, believe that you may have breached these Terms we may at our discretion take such action as we, or the Community Owner, deem appropriate including:

   1. immediate, temporary or permanent withdrawal of your right to use the Site or specific Communities;

   2. immediate, temporary or permanent removal of any contribution you have already make to the Communities;

   3. issue of a warning to you; or

   4. disclosure of such information to law enforcement authorities as we reasonably feel is necessary or as required by law.

6. *Responsibility and Liability*

   1. Nothing in these Terms shall exclude or limit our liability for death or personal injury caused by negligence or for fraudulent misrepresentation. You have certain legal rights. These include that we will provide the service with reasonable skill and care and within a reasonable time. You have certain legal remedies if we breach any of these rights. Nothing in these Terms is intended to affect these legal rights or other rights to which you may also be entitled.

   2. We are not responsible for losses not caused by our breach, indirect losses, or a failure to provide the Site and Communities due to any cause beyond its reasonable control which prevents us from fulfilling our obligations including but not limited to fire, storm, riot, civil disturbance, war, nuclear accident, terrorist activity and acts of God. We will use reasonable efforts to make the Site and Communities available at all times. However access and network availability may be affected by factors outside our reasonable control.

   3. If we do breach these terms we shall only be liable for losses which are a reasonably foreseeable consequence of such a breach. Losses are foreseeable where they could be contemplated by you and us at the time of entering this agreement.

   4. Our total liability to you shall in no circumstances exceed £100.

   5. We may also provide links on our Site or in Communities to the websites of other companies (such as the Community Owner), whether affiliated with us or not. We don't endorse them and are not responsible for their contents.

7. *Complaints and Law*

   1. You can complain about any contribution posted to a Community by following the relevant icons or prompts next to the ideas and comments in the relevant Community.

   2. You can write to us at [help@crowdicity.comhelp@crowdicity.com](mailto:help@crowdicity.com).
   3. If you are in the EU and we are unable to resolve any disputes, you may have certain rights to refer disputes to the EU's Online Dispute Resolution platform

at https://webgate.ec.europa.eu/odr/main/index.cfm?event=main.home.show&lng=ENhttps://webgate.ec.europa.eu/odr/main/index.cfm?event=main.home.show&lng=EN

4. The English courts will have non-exclusive jurisdiction over any claim arising from, or related to, these Terms. These Terms are governed by English law, and any agreement pursuant to them, shall be in the English language.