

# user power

**the participation of users in public services**

a report prepared for the National Consumer Council  
by Johnston Birchall and Richard Simmons

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The National Consumer Council (NCC) is the independent consumer policy expert, championing the consumer interest to bring about change for the benefit of all consumers.

We do this by working with those who can make change happen - governments, regulators, businesses and people and organisations who speak for the needs of consumers.

We conduct rigorous research and policy analysis and work in an open and collaborative way. We publish our findings, and where needed, campaign for change. We provide independent advice to government.

In all our work we aim to help people come together to advance the consumer cause. The issues of poverty and disadvantage are at the heart of the NCC's work, as often the most vulnerable people find it hardest to be heard.

We have linked organisations in Scotland and Wales, and a close relationship with colleagues in Northern Ireland. And we work with consumer organisations in Europe and worldwide to win a fair deal for consumers. We are a non-departmental body, limited by guarantee, and funded mostly by the Department of Trade and Industry.

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#### **About this discussion paper**

The National Consumer Council (NCC) is a longstanding proponent of involving users in public services. We are keen to see a strategic and systematic approach to involvement among public service providers. In 1997 we conducted a two-year project (Involving Users) with the Service First Unit in the Cabinet Office initiating a number of local pilots to see how, in practice, users could be most effectively involved in drawing up standards and new priorities, and how that impacted on providers. The pilots looked beyond the one-off consultation exercise to the building of a longer-term partnership between providers and users.

More recently under a remit from the Department of Trade and Industry in 2001, we conducted extensive research into understanding people's views, motivations and experiences of involvement. In 2002 we launched a series of reports examining the state of play in the food, health and communications sector, as well as an overall report looking at the benefits of involvement, the barriers and solutions.

This discussion paper builds on this previous work, exploring how to increase user participation and make it effective by applying a more systematic and strategic approach.

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We thank Ed Mayo, Chief Executive of the NCC for giving us this opportunity to publish our work for a wide audience. We thank around 500 service users, along with 60 managers, front-line staff and local councillors who agreed to be interviewed for our study of what motivates public service users to participate. They, and many other people who have taken part in training courses and seminars at which we have presented our work, have helped us refine our theories and understand our findings. Our colleague, Professor Alan Prout, has helped us to think more clearly about the subject. We acknowledge the support of the Economic and Social Research Council (Awards no. L215252002 and 143250040).

### Contents

#### Summary **2**

1. Introduction **4**
2. What is participation and how much of it is there? **7**
3. The context for participation **13**
4. Strategic thinking about participation **21**
5. Participation and the individual **26**

#### Conclusions **40**

#### Appendix 1: Methodology **45**

#### Appendix 2: Differences in the characteristics of service sectors **46**

#### References **47**

# Summary

This report explores how to increase user participation and make it effective by applying a more systematic and strategic approach.

While evidence on the current level of active participation is far from complete, we estimate that a significant, but small minority of up to seven per cent of users are involved on a regular or occasional basis.

An important factor in user participation is the model of relationship on offer, which tends to come in three types: a bureau-professional model, a market-based service or a mutual approach. A long legacy of paternalism of the first approach in fields such as housing has led to efforts to turn service users into customers, and in some cases, more recent efforts to enlist users as partners in service provision.

Findings from the research with 500 public service users in housing and community care, suggest that:

- It is confidence that is the single most important resource public service users need in order to participate. It is not just those on higher incomes who participate; most of the people in our sample (housing and social care) were on low incomes. In contrast to more general civic participation, which correlates with income and social status, public service participation engages the less well off in society.
- Time constraints can effect people's initial decision to participate. But once they start to do so, time is of much less concern. People find the time to participate.
- Users are often motivated to participate through concern about certain issues, such as poor quality of service, or 'putting something back in' for the service they have received.
- Participation is seen as being not just good for the service, but good for those that participate, in terms of skills, experience and fulfilment.
- People say they participate for others, not primarily for themselves. While 'individualistic' incentives are helpful at the start of participation, 'collectivistic' incentives are most significant at all points of participation.

- The longer that people participate, the more they align what they do with collective rather than individualistic factors. That suggests that, through participation, they develop more of an allegiance to shared goals, a sense of community and shared values.
- The dynamics of participation are important; in particular a key issue for participants was a sense that authorities were ‘not listening to them’.
- Contrary to fears of participants being ‘single issue’ advocates or ‘politically motivated’, there are several different types of participants such as ‘habitual participants’, ‘scrutineers’, ‘campaigners’ and ‘marginal participants’.

The level of participation by users is often characterised as a ‘ladder’, from low to high. Looking across public services, however, these findings suggest that different ‘ladders’ will need to apply – to distinguish participation that ultimately aims for self-management from strategies that focus on rights of negotiation with providers, or on rights of representation.

For managers of public services, the report concludes with a ‘participation chain’ and a ‘participation checklist’ for practical use in improving the effectiveness and extent of public service user participation.

# 1. Introduction

Do we need another report on participation in public services? Over the last quarter of a century there has been a steady stream of reports, articles, books, and ‘how-to-do-it’ manuals on the subject, and there should not be much left to be said. The genesis of participation schemes can be dated to around the beginning of the 1970s in Britain, in community development and urban renewal, followed by council housing and then other sectors such as education, social services and health. Academics were interested from the start (in both senses, both as activists and as researchers), and it could be argued that by the mid 1980s there was a body of knowledge on both the concept of participation and its application in each service sector (1). The subject has grown in importance, so that now it is almost impossible for government to make any kind of social policy statement without including within it arguments for, and arrangements to ensure, participation. In fact, in many policy areas stakeholder participation has now become a condition for service providers to gain access to new resources (neighbourhood renewal) or independence from government (foundation hospitals).

With so much consensus over the value of participation, it could be claimed that the debate about whether user views should be built into policy-making and service delivery is now over – at least officially. When we recently interviewed around 60 service managers and local councillors responsible for housing and social care services we asked why they were involving service users. The short answer was ‘because central government requires us to’. They also gave a longer answer, about how important they have found it for measuring the quality of service, achieving best value and demonstrating accountability. So the argument seems to be won. There are continuing needs for training of managers and front-line staff, dissemination of best practice, and evaluation of new forms of participation in governance such as foundation hospitals, new leisure trusts and housing stock transfers. But there should – after thirty years of experiment, research, guidance and knowledge transfer between sectors – be a general air of mutual confidence about the subject, based on a consensus about what works.

Yet this is not so. Providers continue to be uneasy about whether service users are willing to participate at the levels, and in the ways, required by government policy. They are concerned that those who do participate are not always representative (particularly of younger people and ethnic minorities), and that those who shout the loudest may still get the most attention. They are concerned to weigh the demands of their participation processes on budgets against the

demands that come from delivering the services. These concerns often lead to participation being marginalised by many providers as an extra that can be added to (or taken away from) existing decision-making processes. For their part, service users are sometimes uneasy about the motives of the providers, complaining that they are not listened to or – more insidiously – that providers consult them but then do what they intended to do all along. Even in areas where there are long-standing relationships, where attempts have been made to ‘mainstream’ consultation and there is an air of goodwill on all sides, these tensions can still lead to a sense of unease about the whole process. This is particularly true when new, more radical methods of involving service users are tried. The need for neighbourhood renewal partnerships to demonstrate they have a ‘community partner’, the difficulty new agencies have in sustaining user representation on their boards, and now the need for the foundation hospitals to develop a membership base and hold elections, all show how fragile the participation process is.

Academic research ought to be able to confront these uncertainties, to unravel the complexity of everyday practice, to synthesise what is known and to show how to ‘do it better’. Yet there is still no ‘general theory’ of participation. In particular there is very little theorising about what motivates service users to participate or not to participate. Of course, the subject is complicated by the fact that it is contested, influenced by the different values, interests and expectations of several stakeholders: service providers, the professions, local politicians, central government, other citizen interests, as well as service users. The public character of the services automatically generates relationships of unequal power and influence. Service users are still reliant on ‘expert’ providers who define what the service is and who shall gain access to it. They find it difficult to exercise choice between products and providers, and often have no way of escape from the relationship of dependency that they are in. The fact that citizens in general are paying for services provided to service users in particular means that allocation decisions are irreducibly political.

In this report we aim to examine the fragility of participation, and to suggest ways of making it more robust. First, we define participation and justify our interest in continuing group-based participation rather than one-off encounters between service providers and users. We try to find out – from the limited statistics available – whether there is a problem with participation levels, and we conclude that while only a small minority participate, there is an important opportunity to increase participation and make it more effective by applying a more systematic and strategic approach. We provide a framework for understanding the relationship between service provider and user, based on a triad of bureau-professional, market-

based and mutual relationships, and use this to tell the story of participation in Britain over the last few decades. Then we propose an ‘umbrella strategy’ that service providers can work through in order better to promote participation. Finally, we introduce our theoretical model of what motivates people to participate (‘Mutual Incentives Theory’ and the ‘Participation Chain’). It is important to note that this model applies particularly to people who participate in user groups or forums at the ‘interface’ between user and provider. It is not really meant to apply to ‘one-off’ types of provider-user contact such as complaints, contacting a councillor, or filling in a questionnaire - we are exploring these in our current project, which will report in December 2005 (2). It is also important to note that, while we define participation as taking place in groups and forums, our focus is on what makes individual people participate.

## 2. What is participation and how much of it is there?

### **What is participation?**

According to the social psychologist, Michael Argyle, participation is:

*acting together in a co-ordinated way at work, leisure, or in social relationships, in the pursuit of shared goals, the enjoyment of the joint activity, or simply furthering the relationship (3).*

Participation is not something a person can do alone. It is acting together. It has to be done in a co-ordinated way, as part of a wider set of relationships that is recognised by all who take part, and that endures over time. In other words, it is organised. This does not mean it always has to be part of the work of an organisation. Participation varies from informal to formal, depending on how formally constituted is the group to which people may belong, and depending on how formal is the task; running play activities is less formal than taking minutes of a meeting. When Argyle says it takes place ‘at work, leisure or in social relationships’, he is identifying different settings for participation.

In relation to public services, the two main settings are the groups that people set up themselves (such as tenants’ associations and mental health user groups) and the organisations that are set up at the interface between user and provider (forums, sub-committees, user panels). Argyle says participation may be about pursuing shared goals or ‘simply furthering the relationship’. We can distinguish between participation that is a means to an end, such as general meetings or consultation forums, and participation that is an end in itself, such as the social life associated with a group, and the mutual support people give to each other.

This is a strong definition of participation. A weaker one would stipulate that almost any information exchange between provider and individual user is a kind of participation, and it would include one-off activities such as being interviewed, being invited to a focus group, making a complaint, signing a petition and so on. As the next section illustrates, the wider the definition the larger the numbers who participate. The reason we chose the stronger, group-based form to study in the project we are reporting on here is because this is where the problem of non-participation lies. It is not all that difficult to persuade people to engage in a one-off activity, particularly if it is low-cost (e.g. filling in a questionnaire) or the provider is prepared to pay a fee (e.g. for a focus group). However, this raises the

question of why group-based participation is important. Can public service users not do without it? From the perspective of the recent report from the Policy Commission on Public Services that argues for more individual consumer choice in public services, it is labelled ‘stakeholder dialogue’, and is just one way in which the consumer voice can be heard (4). Here are just some of the arguments for collective forms of participation:

- There are serious limits to consumer choice. Even assuming that people can choose where to send their children to school, which local health centre to register with as a patient, and so on, they are soon locked into a relationship with a particular service provider, because the costs of moving to a new provider may outweigh the benefits of more choice.
- As the Policy Commission notes, there has to be some way of balancing the interests of different stakeholders, and this can only be done by engaging in collective dialogue.
- Consumer representation provides an essential counter-weight to the interests of service providers. For these reasons, the Commission recommends that stakeholder dialogue be extended, and complains that current levels are not adequate and that it is not carried out effectively enough.
- While, as a recent Cabinet Office report argues, there is a need to sharpen personal responsibility and alter the behaviour of individual service users so that they engage in ‘co-production’ of services with providers, there is also a need for group-based support. The report recognises that one of the most effective ways of supporting changes in personal behaviour is through self-help groups, particularly in the health sector (5).
- The devolution of public services to independent agencies is making it more difficult for local authorities to ensure ‘system coherence’ and avoid fragmentation of public services (6). User groups can help in service planning and provide feedback on service quality.

From a broader perspective, public service user groups are part of a community sector that is uniquely placed to reach marginalised groups and enable individuals to participate actively in their communities (7). From an even broader, citizenship perspective, some commentators argue that the decline of traditional working class organisations leaves fewer ways for the less privileged and less well resourced to articulate their demands (8). Public services may be the only point of contact with those whose voice is most in danger of becoming silent.

There are different types of participation. Here are just a few of them:

- taking part in decision-making in an organisation;
- carrying out tasks that further a group's aims (such as advertising a meeting, or caring for children while others attend, or collecting membership dues);
- direct action, such as picking up litter, or clearing some land for a play area;
- participation in the social life associated with an organisation, both in informal encounters and in organised social events;
- fund-raising and other forms of 'organisation maintenance';
- participation as a representative of a group at the interface with service providers.

One reason for listing participation activities is that it shows that there are many ways to be involved, some of them more hidden from view than others, each requiring different skills and experience, all of them valuable.

### **How much participation is there?**

There is no doubt that the level of political participation among citizens is declining. Turnout at elections has been in decline since the 1960s, particularly at the extremes – local government and the European Parliament – but also in relation to UK government; the turnout at the 2001 general election was the lowest since 1918. Membership of political parties is also declining. More generally, it has been claimed (by Robert Putnam for the USA) that nearly all kinds of participation – political, civic, religious – have been in decline for several decades (9). There are counter-trends such as the growth in volunteering, in membership of social movements and in internet networking, and Putnam's findings have been disputed for the UK (10). However, the general perception among politicians and the general public is undoubtedly that, while there may not be a crisis in participation, there is cause for concern.

What is the evidence for the UK? Regarding civic participation, in the early 1990s a study of participation in the policy process found that most people had, in the last year, acted in one or more of 23 different ways, ranging from voting through contacting a councillor to joining a pressure group. Only 8.7 per cent of these

were ‘collective activists’, defined as those who had been to a public meeting or a demonstration in the last year, though this compares favourably to the 2.2 per cent who were active in political parties (11). A more recent Home Office study reports that 38 per cent have engaged in civic participation (again broadly defined as including contacting a councillor or MP, attending a public meeting or a protest). However, only three per cent are active at least once a month. More generally, though, people do seem to be joiners – 65 per cent were involved at least once in the last year in a group, club or organisation, and a large minority are regular volunteers (12). The recent Citizen Audit shows again that ‘low-cost’ actions such as donating money, voting and signing a petition are widely reported, but that collective action is low: five per cent had attended a political meeting in the last year, and four per cent had participated in a demonstration or formed a group of like-minded citizens. Again, group membership is high, at just over 40 per cent.

In summary, most people engage in an occasional low-cost action such as voting. A large minority are involved in some kind of group activity, but a very small minority are publicly active. These figures do not relate directly to public services but they prepare us for low numbers of active participants. A recent study of Best Value pilot areas has asked residents about their willingness to get involved. 78 per cent believed their council needed to make more effort to find out what people want, but only 21 per cent wanted to have more of a say. They expressed a strong preference for relatively passive forms of one-off consultation such as postal surveys and interviews, and only 13 per cent were willing to attend a public meeting and six per cent to be on a citizen’s panel (13). In our study, between one and two per cent of service users were regularly active, while we estimate that around another five per cent were occasional supporters. The problem is that in some sectors neither service providers nor user groups keep accurate records of who attends general meetings or who is a ‘member’ (14).

Research for a Home Office Review in 1999 – 2000 on volunteering illustrated the breadth of public service user participation (15):

- there are 16,484 members of the public recruited by the police as ‘Special Constables’;
- ten million people are involved in 155,000 Neighbourhood Watch Schemes;
- 30,000 people act as lay magistrates;

- 170,000 people operate as volunteers in the NHS – ranging from Hospital Friends Schemes to Red Cross volunteers;
- three quarters of a million people are engaged in voluntary participation in relation to public services run by the Department for Education and Employment, predominantly in schools;
- 100,000 people participate in supporting heritage activity, such as museums.

These statistics raise the question of whether participation is easier to promote in some service sectors than others (see Appendix 2). For instance, in the above mentioned study of Best Value pilots, views on another programme, Better Government for Older People, were much more positive. In education, there are around 350,000 people serving on school boards of governors. They are a small fraction of parents of school children, but a large majority of all parents are also involved in regular activities based on their children's school, from fund-raising events to parents' evenings. In social rented housing, the numbers of tenants participating in user groups is probably around five per cent.

The evidence points in two directions. In some areas the numbers are growing, as more opportunities to participate come available through tenant compacts, stock transfers, the development of tenant management organisations and so on. More generally, there may be a decline from a peak in the late 1980s, when tenants felt threatened by Conservative legislation encouraging private landlords to take over council estates. Housing co-operatives are a rare example of a user group taking over the functions of the provider, and they tend to have a high level of participation. In health and social care, there are between 2,000 and 3,000 self-help groups with many, many more at a local level, and virtually all recognised medical conditions now have their own patient support groups.

In health care, two recent opportunities for involvement have demonstrated that there is a strong demand for the kind of high-commitment, group-based participation we are interested in. The new patient and public involvement forums that have replaced the old community health councils in England have recruited well. There are 572 forums, one for every primary care trust and hospital trust, and so far they have recruited 4,600 volunteer members, and have a waiting list. The Commission for Public and Patient Involvement, that oversees the recruitment process, is concerned to provide proper support, through its own nine regional offices and through forum support organisations that are contracted to work with each forum. With more financial resources, each forum could easily

expand to 20 members. Similarly, the first wave of foundation hospital trusts in England have recruited well, signing up thousands of public, patient and employee members in the few months before achieving foundation status. Of course, given the size of the populations served by these hospitals, they can never be more than a small fraction, but they are a real membership; turnout at the first election for boards of governors averaged over 50 per cent, and nearly all places were highly contested by long lists of candidates (at the time of writing, the figures are still being collated). They show that there is a healthy demand for such opportunities.

This discussion of participation levels leads inevitably to the question of how much participation in user groups there should be. The short answer is that there should be 'more', but we will be providing a longer answer later in the report, and also tackling the related question of whether passive service users will be willing to take up the growing number of opportunities that are currently being offered and begin to participate. These are difficult questions and, in order to answer them, first we have to set the scene by providing a framework for understanding the relationship between service provider and user. Then, using this framework, we construct a brief history of the relationship between service providers and users in Britain over the last few decades. It is only when we begin to understand where service user participation is 'coming from' that we can begin to understand the current situation and perhaps begin to shape the future.

### 3. The context for participation

#### **A framework for understanding the relationship between service provider and user**

We begin by distinguishing three ideal types of relationship between service provider and service user, labelled (16):

- bureau-professional
- market-based
- mutual.

These are not types of organisation, though different types of organisation tend to be associated with them (roughly speaking, public service agencies and large philanthropic providers have been associated with the bureau-professional type of relationship, for-profit private companies with the market-type, and small voluntary and community organisations, co-ops and self-help groups with the mutual type). They are a way of describing in a pure form three ways in which service producers and users relate to each other. They are ‘ideal types’ because the pure form is rarely reached in real life without elements of the other types also being present.

***Bureau-professionalism*** sums up a traditional, hierarchical relationship in which service users have no say in what services they receive or how they are delivered. They are dependent on experts who define their needs, and on administrators whose job is to make sure the service is delivered according to strict rules of eligibility. The service is overseen and regulated by politicians (either local councillors or government ministers). Service users may be consulted, but at the discretion of the provider.

A ***market-based*** relationship is one in which service users are seen as customers of a business organisation that has contracted with government to provide services. The contract is awarded within a competitive market in which there is a strict separation between the purchaser (usually government) and the provider of services (an independent organisation). Individual service users may be consulted through passive marketing techniques such as opinion surveys and customer panels. They may have rights to information about the provider’s performance, rights to complain and seek redress. However, their influence on the service depends mainly on their ability to affect the price and to choose between

suppliers; unless they purchase the service directly with a grant or voucher, their reliance on public funding makes them fairly powerless.

Finally, a *mutual* relationship is one in which the relationship between service provider and user is transcended, through the users collectively delivering the service themselves, effectively doing away with the concept of service provider. They relate to their own provider organisation through being members of it, and membership automatically confers the right to ownership and control. They may choose to produce the service themselves or to hire their own staff and buy in expertise as and when they need it.

Most relationships between provider and user are hybrids of these three pure forms. For example, bureau-professionals may use marketing methods for measuring user satisfaction. Market-based providers may sometimes offer users a quasi-membership in order to increase customer loyalty. Mutuals may have to submit to regulation by government agencies in order to secure public subsidy. Most public services now incorporate elements of all three types of relationship, which is one of the reasons why service users often become confused about what kind of relationship is on offer. This is important for participation, as the type of relationship between providers and service users promotes some forms of involvement and constrains others.

To understand this further, we introduce four levels of analysis (17):

- values
- systems
- organisational forms
- practices.

Service providers have values that provide direction to their work and help them to make sense of what they are doing. Service users do, too, but their values only count when they are able to put them into practice. Such values include the famous trilogy of liberty, equality and solidarity, but also less abstract values such as representation, freedom of choice and so on. They lead to deeply held, more or less articulate, beliefs about what is important and how we should measure success. Values tend to find their expression in different systems of organising such as hierarchy, competition, or co-production, or in organisational forms such as local authority social service departments, tenant management co-ops, private

nursing homes, self-help groups, primary care trusts and urban renewal partnerships. It is at the fourth level of practices that services are delivered, and the relationship between provider and user becomes more tangible. Practices include actions and behaviours. They often occur in interactions between providers and users at what is referred to as the ‘front line’ (which reveals a lot about how, in some organisations, users may be seen as the enemy in everyday interactions). Practices include the conduct of practical arrangements for participation.

It is important to note that these four levels are not a hierarchy – if values produce systems and organisations then organisations and systems also produce values, and practices feed back into all three. The type of system that is followed or organisation that people have to work in both constrains, and is constrained by, the values and the daily practices. The four levels are, however, different levels of abstraction; it is easier to talk concretely about practices than about the way the organisation turns behaviour into routines, or the way values underpin – or undermine – a common sense of purpose. Here is a matrix that combines the three types of relationship with our four levels of analysis, and provides some useful insights into what kinds of user participation are on offer in public services.

| <b>Ideal-type Relationship</b> | <b>Values</b>                       | <b>Systems</b>                          | <b>Organisational forms</b>                       | <b>Examples of participation practices</b>         | <b>Status of service user</b>         |
|--------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| <b>Bureau-professional</b>     | Equity, Need                        | Hierarchy/<br>Expertise/<br>Discretion  | Govt agency/<br>Arms-length agency                | Voting,<br>contacting<br>elected officials         | Political client                      |
| <b>Market</b>                  | Freedom to<br>choose,<br>Demand-led | Independence/<br>Competition            | Private contractor<br>purchaser/provider<br>split | Complaints<br>procedures, One-<br>off focus groups | Individual<br>customer                |
| <b>Mutual</b>                  | Solidarity,<br>Mutual aid           | Self-<br>provisioning/<br>Co-production | Co-operative/Self-<br>help group                  | User groups,<br>forums,<br>committees              | Member/<br>Collective<br>service user |

**Figure 1: Ideal types of relationship between service providers and users**

## **A short history of user participation**

How good is this theoretical framework for helping us to understand the nature of participation? One way to find out is to apply it to the history of user participation in Britain, and see how well it illuminates the subject.

Before the founding of the welfare state, the dominant types of relationship were market-based and mutual. For instance, in the health services middle-class people tended to have to buy care while working-class people were insured through their own friendly societies. This meant that members of societies were in charge of their own health care, hiring doctors on a panel system that approached the mutual ideal type, but with some government funding and regulation. (The founding of a national health service meant, among other things, that the relationship between doctor and patient became reversed.)

The post-war welfare state in Britain was founded on the very different premise of bureau-professionalism. The dominant values were equality and universalism, and this made it hard to distinguish between citizens and consumers (even when, as council tenants, the latter were paying directly for the service). Service users were meant to be – and generally were at first – grateful for what they were given. Redress could be sought by individuals through politicians. Anything more would have been regarded as undue influence, since the aim was to meet professionally-assessed needs through rule-bound allocation procedures that treated everyone the same.

What first broke down this set of relationships was not the rediscovery of poverty in the 1960s; that could be dealt with by extending the welfare state. Nor was it the discovery that the health service was unequally distributed; that called for more centralised planning and a cumbersome, three-tier system of ‘authorities’ to implement it. It was the forced, mass break-up of working-class communities through slum clearance that first led this ideal type to be questioned. In the period between 1955 and 1975 millions of households were displaced from poor quality housing in high quality communities (in which, of necessity, much mutual aid was practiced), to council estates on the edge of cities or in new satellite towns. A combination of social dislocation, poor estate design and shoddy construction meant that these new communities never became real communities.

By the late 1960s, resistance to this policy began to grow and for the first time the assumption of bureau-professional power was questioned. In the new general improvement and housing action areas bureau-professionals faced a large number of private owners and had to consult, negotiate and provide incentives in order to achieve their aims. Participation began in some neighbourhoods whose residents

resisted the ‘bulldozer’ (sometimes literally, by sitting in front of it) and set up independent, more mutual, forms of organisation to rehabilitate rather than demolish their homes. Enlisting the help of sympathetic experts who began to put the word ‘community’ in front of their specialism (community planners, architects, workers), they turned naturally to forms such as community housing associations and co-operatives that would guarantee them a stake in governance.

Many ‘built environment’ professionals deplored this turn of events. One of the advantages for them of slum clearance had been that they could replace many landlords with just one – the local council – and could start again with a ‘blank sheet of paper’ on which to draw their utopias. However, others jumped at the chance to work directly in partnership with residents and service users, despite the uncertainty of outcome. Their influence spread quickly, and it is not surprising that in the early 1970s experiments began to give council tenants a similar chance to be consulted; after all, if some tenants could become their own landlord, surely council tenants should have a say in how their landlord manages their homes.

Yet change was painfully slow, and the resistance to change was deeply entrenched. Most local authorities encouraged tenants’ associations, some set up consultative forums and the more progressive even gave places on sub-committees for tenant representatives. But during the 1970s the profession as a whole was arguing against giving tenants fundamental rights to a secure tenancy. By 1980 these rights had been granted, but even in the early 1990s surveys were showing that the incorporation of tenants’ groups into governance was far from complete (18).

The move from bureau-professionalism to mutual-type relationships is not an easy one. It goes against many bureau-professionals’ deeply-held belief in the value of ‘technical competence’, and threatens the interests of those who find a paternalistic relationship with ‘their’ service users psychologically rewarding. In housing management a paradigm shift away from the notion of the ‘good tenant’ to that of the co-op member was therefore resisted by local authority housing staff who argued that the latter were an untypical elite (19).

Elsewhere within the ‘people-working’ professions the arguments for involvement were easily extended during the 1970s to cover other types of users. However, once again the move towards more mutualistic relationships was painfully slow. In the health service, patient involvement began in 1974 with the establishment of community health councils. They were outside the body of the NHS, with no powers, and with members appointed from local authorities and

voluntary organisations. There was no challenge to bureau-professional values here; if the NHS were a mansion, this would have been the garden shed. However, patient participation groups also began to be formed at health centres, and these did enable direct patient participation.

In education, during the 1970s most schools began to encourage parent governors. By 1979 90 per cent had parents on the board, and it was due to parental pressure that in 1980 that they gained the statutory right to be represented. In other sectors participation was resisted. In social security, plans to involve claimants in local committees were prevented by civil servants. In social services, the *Seebohm Report* had recommended advisory committees but, apart from those areas where social workers were developing 'patch-based' approaches to their work, participation remained a vague aspiration. In planning, the high point of interest in citizen participation was 1968, when a Town and Country Planning Act made consultation over local plans mandatory, but during the 1970s interest among the profession actually declined (20).

The growth of the welfare state added social rights to other citizenship rights within the terms of the 'social contract'. However, the move towards equity and universalism under bureau-professionalism also served to undermine other key values, such as freedom of choice and solidarity. When the Conservative government came to power in 1979 with the rhetoric of the 'dismantling of the welfare state', defenders of the welfare state expected service users to rally to the opposition. However, given that the attitude of public sector workers and professionals to user involvement had been at best lukewarm, perhaps it is not surprising that they were disappointed.

The Conservatives brought a change in political values, which heralded a change to more competitive, market-based systems, organisational forms and practices within the public sector. This held some potential advantages for service users. Values such as responsiveness and good customer care were added to the public service repertoire (21). Charters set out explicit standards and practices that service users could expect, often tied to individualised forms of involvement such as formal procedures for complaint and redress. Moreover, as the welfare state was 'dismantled', some of the service agencies that were created provided new, localised opportunities for service users to participate directly in governance.

In education, parents replaced local councillors in the driving seat of school government, and were given a much larger share of the budget to spend. In housing, financial pressures put on council housing led to the transfer of housing stock to new agencies that opened up opportunities for tenants to become board

members. In England they were kept in a minority by Housing Corporation staff who were suspicious of tenant power, but in Scotland (with its tradition of community-based housing associations) the transfers were to tenant-controlled co-ops and associations that were closer to the pure mutual type of relationship. The attempt to create a market in social care also led to a more pluralist system in which providers became keen to demonstrate a 'partnership' with service users, while in some areas such as mental health and disability self-help groups began to be seen as co-producers. In health care, the results were more muted. The attempt to develop a market stopped at GP fundholders, who acted as purchasers of care. The setting up of health trusts gave freedoms but not to patients, who were left out of governance (22).

While there had been a change in values, the mutual emphasis on solidarity had been a small voice compared to the shrill political voices calling for marketisation. Thus, the situation fell short of claims that citizens were regaining control of government through their participation as users and governors (23). To some extent, bureau-professionalism had also successfully resisted attempts to reduce its influence, adapting itself to new organisational forms (24). The above changes were therefore rarely able to effect a radical shift in the distribution of power away from producer interests (25), the power of users being limited through the rules of the game and difficulties in marshalling appropriate resources to play the game (26). Nevertheless, by 1997 the bureau-professional voice had become much more uncertain, and was now using the rhetoric of user participation as a matter of routine. Experiments with new participation practices were being introduced, some of which were deliberately more participative and deliberative (27). In some areas significant shifts had also been made towards mutual organisational forms: tenant self-management, patient self-help groups, local development trusts.

With the public sector in flux, it was a patchy, unsatisfactory and ambiguous user participation scene that was inherited by the incoming New Labour government in 1997. This has since been compounded by the adoption of a pragmatic philosophy of 'what matters is what works'. Pragmatism tends to operate at the levels of organisational form and practices. It thereby tends to sideline its sister concept, 'principle', which is more bound up with values and systems (28). Big changes are now occurring, not just at the level of practices (where 'innovative' forms of consumer involvement continue to be rolled out), but finally at the level of organisational form. Government policies, and the local reactions to them, are creating opportunities for mutuality to be built into the fabric of the service delivery agency. Foundation hospitals will be governed by directors who are no longer appointed by a government minister but by their members, signalling a

fundamental change in relationships between not only service users and providers but also providers and their bosses (since employees can become members too). The transfer to mutual forms of organisation of local authority services such as housing, social care and leisure are opening up new opportunities for users to take part in governance, not just as a concession but as a right. However, what is not yet clear is the extent to which these organisations, and the opportunities for new participatory practices that go with them, signal a change in the values and systems that underpin service provision.

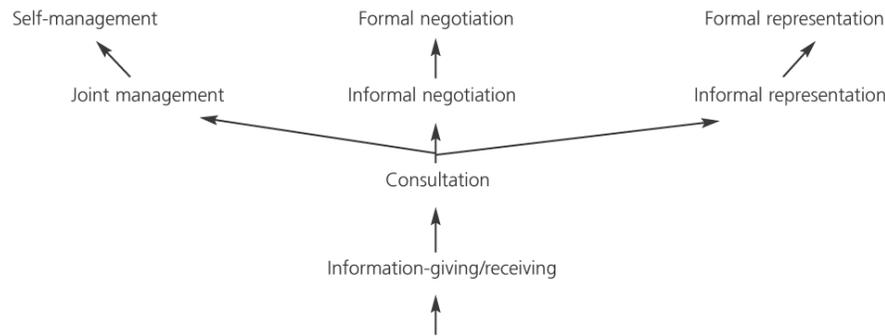
Whether or not current policy suggests a movement from bureau-professionalism and market-based to mutual-type relationships, user participation provides a challenge for today's public services. Thus far we have focused on the relationship between providers and users from a top-down perspective. Yet the flipside of this relationship also raises some fundamental questions. Given the legacy of bureau-professional paternalism followed by attempts to turn service users into customers, and the contested nature of the relationship between providers and users, perhaps the key question is this: will service users be willing to take up the emerging opportunities and begin to participate? We will attempt to answer this question, but first we have to consider the prior question of how much participation there should be. What is it we are aiming at?

## 4. Strategic thinking about participation

### **How much participation should there be?**

During the American ‘War on Poverty’ during the 1960s, the slogan was ‘maximum feasible participation’. We now know that this is naïve; there is more to life than just taking part in public meetings. One approach is to consider the need for social capital; there is enough participation when people feel safe in their local community, are able to trust each other, have regular social contact and so on. This is a multi-dimensional concept, but there are now quite sophisticated ways of measuring it, and a social capital approach is a holistic way of evaluating community development work at the neighbourhood level (29).

Another approach is to consider the service users’ own goals and the strategies they employ in achieving them. The measure of how much participation is ‘enough’ depends here on how much is needed to help them to achieve their goals. Commentators often use the image of a ‘ladder of participation’ to summarise different levels of participation. The lowest rung on the ladder is information giving and receiving. The next is consultation. Above this comes a variety of processes – self-management, negotiation, representation and so on. Here, we find that the ladder metaphor breaks down because, above the level of consultation, user groups tend to choose one of three strategies. There is a self-management strategy, which involves taking some control over the provision of a service (e.g. tenant management organisations, self-help groups). There is a negotiation strategy, which involves deliberately not taking over responsibility for a service but acting more like a trade union, using the group’s collective might to force the opponent to come to terms (e.g. tenants’ federations, some disability groups). Then there is a representation strategy, which means sending some group members to sit on a committee where their voice can be heard and influence felt.



**Figure 2: Participation strategies**

So there are really three ladders. The metaphor we prefer is of some kind of fan-trained fruit tree, that grows up a wall with the trunk (informing and consulting) followed by three branches (self-management, negotiation and representation) all radiating upwards in different directions (30). Those taking a self-management strategy will wish to ensure good governance and a representative set of board members, with an interested and loyal following among their members. Those taking a negotiation strategy will want to have a small number of activists who can count on being able to mobilise large numbers of people to confront the service provider at critical moments in their negotiations. Those taking a representation strategy may be content with lower levels of participation, provided this results in leaders remaining accountable.

However, in practice the members of service user groups rarely have the luxury of deciding whether there is enough participation. Activists will almost always say there is not enough, and occasionally they will predict the imminent collapse of the group through lack of participation. On the other hand, when talking to service providers the same activists have an interest in ‘talking up’ the level of support they get from other service users (especially when grant-aid from the provider is conditional on their reaching a threshold of membership or attendance at meetings). Sometimes the lack of support is an excuse for the in-group to become a dominant elite. The same processes can lead to the well-known phenomenon of ‘burn out’, when active members simply become too tired to continue. Then there is the problem of free riding. Even in the most well-supported groups, active members can be resentful of those who gain the benefits without putting in any of the work, and this can lead to dissatisfaction with the performance of even the most successful groups (31). Clearly, the question of ‘how much participation is enough’ cannot just be answered on the intellectual level of aims and strategies. It has deeply emotional undertones (32).

The approach we take in our research is a fairly narrow one. We are concerned with the need for effective governance. We think that there should be a balance in the participation process between two extremes: on the one hand, the ‘noise’ created by the uncoordinated voices of disparate interests and on the other a ‘moribund consensus’ created by a dominant elite (33). Our approach suggests there is enough participation when the following conditions are met:

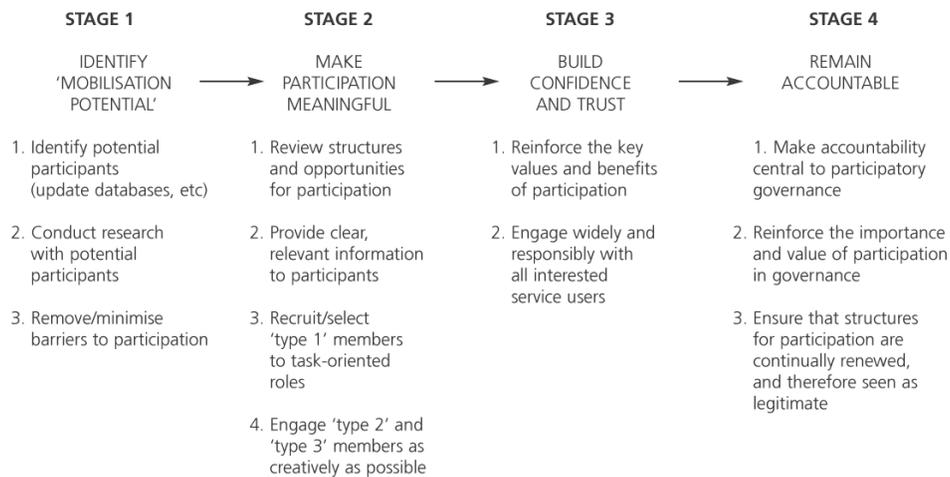
- the people who participate are representative of service users, in terms of their interests, gender, age, ethnicity, and so on;
- there is enough turnover in leadership positions, or sufficient scrutiny, to ensure that an oligarchy does not develop;
- there is enough help and support for the most active members to ensure that they do not become burnt out and disillusioned.

Many groups see the need to mobilise a wider cross-section of service users, particularly to ensure that currently under-represented groups are included, but they realise they do not need ‘mass’ participation. They need a small group of active members who emerge from the user community and are prepared to interest themselves in the organisation, to stand for positions on committees and to represent service users in general. They need a much larger group to be knowledgeable about the organisation, to develop some loyalty and pride in it, and to provide support for their representatives. They then need to keep in touch with the mass of service users through giving information, consulting, perhaps even asking them to vote on important decisions. From this perspective, we can define three broad types of member:

- those ‘true believers’ who can be persuaded to serve as active representatives on formal governance structures;
- those who can be formed into a kind of ‘supporters club’ who believe in the aims of the organisation and will participate in governance through voting, attending annual meetings or social events;
- those ‘concerned unmobilised’, who believe in the ethos of the organisation, will not participate in governance structures, but want to be kept informed and to have their views canvassed occasionally.

## An umbrella strategy for participation

Realising there are these three types of member, we suggest service providers and user groups adopt an ‘umbrella’ participation strategy (see Figure 3). This strategy can be applied equally in organisations that are set up at the interface between user and provider and in groups that people set up themselves.



**Figure 3: An umbrella strategy for promoting participatory governance**

Identifying the ‘mobilisation potential’ (Stage 1) is a good starting point, but it may not be a straightforward task for groups who do not keep records or have access to the provider’s databases. Wherever possible, setting up a database is often a useful first step. If one exists already, it is worth reviewing its accuracy, and ‘cleaning it up’ if necessary. If the database is linked to attendance lists at meetings and events, it can also help the group learn more about the nature of its relationship with individual members. Conducting initial research then allows the group to find out what are the barriers to potential participants’ involvement, the key issues that concern them and the values and benefits they identify as important in relation to group membership. Minimising or eliminating the main barriers to their participation then serves as a prelude to the remaining stages of the strategy.

In Stage 2, the task is to make participation meaningful. There is no point starting with the process if commitment to it is merely tokenistic. The structures for participation need to be examined, opportunities for participation need to be reviewed, and capacity needs to be built. Two key questions should be asked:

- are there sufficient opportunities for service users to become active participants?
- how do service users evaluate these opportunities?

Some success factors, such as ensuring that meetings are not held in dark, cold, inaccessible places, have long been known to and addressed by service user groups. Some other common problems that need openly to be discussed include:

- making opportunities available equally to all service users;
- engaging with members beyond the ‘core’ of true believers;
- ensuring that the flow of information to members is neither too limited nor overwhelming.

With the development of the organisation’s capacity, a new ‘accelerating’ approach to participation becomes possible (34). However, a number of further questions then arise at Stages 3 (building confidence and trust) and 4 (remaining accountable):

- how to ensure that the wider user community gets regular feedback from the participation structures;
- how to ensure that effective arrangements for succession are put in place;
- how to reinforce the values and benefits of group membership, and the importance of participation;
- how to remain accountable to the wider group membership.

If, at a strategic level, we are to create suitable conditions for the promotion of participation, every stage of the Umbrella Strategy has to be considered. However, as the old saying goes, ‘you can lead a horse to water, but you can’t make it drink’. While important, creating suitable conditions is only one part of the equation. Individual service users do not decide to participate directly on the basis of the above ‘strategic level’ factors. To understand their motivations we need to take a different perspective – that of service users themselves.

# 5. Participation and the individual

## Why do people participate, or not?

There is a controversy in social psychology between those who see people as innately competitive or co-operative (35). Twenty years ago it was thought that behaviour could be explained in terms of ‘selfish’ genes, which hindered co-operation (36). More recently, this viewpoint has been modified to suggest that, given time, self-seeking individuals can learn to co-operate (37). Social solidarity (and resulting high-trust relationships) are particularly important in modifying individuals’ ‘calculating’ nature (38). Similar controversies exist in political science. Political scientists have long suggested that people will not participate in collective action to achieve common goals – they will instead ‘free ride’ on the efforts of others, unless there are private benefits which they calculate to exceed the costs of participation (39). More recently however, some have argued that this perspective is too narrow, and that there is a need to ‘consider a wider array of incentives ... where the individual “thinks” collectively rather than individually’ (40).

These controversies have informed our work in developing a Mutual Incentives Theory (MIT) of motivations to participate. MIT examines two theories of motivation. The *individualistic approach* asks ‘what do I get out of it?’. It assumes that people are motivated by individual rewards and punishments, and make their decision to participate based on a calculation of the costs and benefits to them. The *collectivistic approach* interprets human behaviour very differently, assuming that participation can be motivated by three variables:

- shared goals: people express mutual needs that translate into common goals;
- shared values: people feel a duty to participate as an expression of common values;
- sense of community: people identify with and care about other people who either live in the same area or are like them in some respect.

This approach generalises that the more each of these three variables are present, the more likely people will be to participate. In our research the two approaches were kept separate and tested alongside one another to see which factors emerged as the strongest incentives for participation.

The insights of the MIT are important. However, on their own they are insufficient to explain what makes people participate. MIT can be seen as a ‘demand-side’ model, whereby incentives create a demand for activism. Other aspects such as personal resources and mobilisation factors provide ‘supply-side’ explanations, which act to supply higher levels of participation (41). We have extended our focus to look at two supply side variables.

First, we consider the influence of the prior resources and capacities of potential participants on their ability to participate. Important resources are usually thought to include time, money, skills and confidence (42). Second, we also include the mobilisation of participants. Research in this area has identified issues as important catalysts of participation. Participants may care more strongly about ‘catalysing issues’ than non-participants. The creation and promotion of opportunities to participate that are relevant, timely and attractive is another important factor. Beyond this, recruitment efforts are important in mobilising participation (43). While some people seek out participation opportunities for themselves, for most, ‘being asked’ is important, and if they know and trust the person doing the asking they are more likely to participate (44). People are more likely to be asked if they have wide social networks; networks are therefore another resource.

Finally, we consider the dynamics of participation, the way it works in practice in the relationships between people. Participants have their own styles and strategies that they employ in their relationships with service providers: they may be ‘defenders’ or ‘protesters’ (45), ‘insiders’ or ‘outsiders’ (46). Then there are feedback effects from people’s experience of participation (47). If the experience is positive, it strengthens participants’ motivations (48) and leads to the development of a commitment to participate (49). Of course, the reverse also applies; the attitudes of councillors, officers, managers and organisers are also part of the dynamics. They also participate, and their interaction with service users makes meaningful participation easier or more difficult (50). Both sides need to understand better their own motivations for getting involved in user participation initiatives, and to think about the styles and strategies they employ.

## Our research findings

The research focused on the participation of service users in housing and community care services, defined as ‘voluntary participation in groups which aim to have some influence over the way in which services are planned and delivered’ (51). These groups included both user-led organisations and structures set up at the ‘interface’ between service users and providers. A comparison group of ‘non-participants’ was also interviewed, defined as service users who were aware of the opportunity to participate but had never been known to do so. More information on our methodology is in Appendix 1. Here is a summary of our findings.

### *Resources*

People’s level of personal resources may be important in their being able to participate. For example, somebody with more spare time may be more likely to participate than somebody with less, or somebody with educational qualifications may be more likely to participate than somebody with none. In common with previous studies, our research found a correlation between participation and people’s level of certain personal resources.

|                      |                              |
|----------------------|------------------------------|
| <b>Important</b>     | Confidence<br>Time<br>Skills |
| <b>Not important</b> | Good health<br>Money         |

**Figure 4: What users need to participate (resources)**

Time constraints (particularly around work and child care) can affect people’s initial decision to participate. However, once people start to participate they appear to have little further effect – people find the time to participate. A key task is to help people overcome the perception that time constraints are an insurmountable barrier to participation. While action has sometimes been taken to try to counteract the effects of time constraints arising because of employment (e.g. holding meetings in the evening) and child care (e.g. providing a creche), this has not always had the desired effect on the number of people who turn up.

An equally important strategy may be to look at the extent to which service users think there is a 'high cost' of participation in terms of time, and to provide some 'low cost' alternatives (e.g. telephone voting) as a point of entry. Once users are involved at the 'entry level', they can then be provided with a further range of alternatives for getting more involved. Our evidence suggests that they may be more likely to do so.

Money appears to be less of an issue for participants; people on low incomes were as likely to participate as those on higher incomes (52). At least in part, this may be because of the commonplace arrangements to reimburse participants' expenses. Health also appeared to be unimportant; people who reported not being in good health were equally likely to participate. However, in the survey people were asked if there was anything that ever got in the way of their participation. Illness was one of the most common responses to this question. A key task here is to ensure that users whose participation is interrupted by temporary periods of ill health are kept 'in the loop'. If this does not happen, they may begin to question their value to the group. Unfortunately, our evidence suggests that many groups fail to keep people informed in this way. There is little that can be done to give people more time, money or good health. Action here must focus on limiting the negative effects of users' lack of these resources. The same is not true, however, for the other two resources we looked at: skills and confidence.

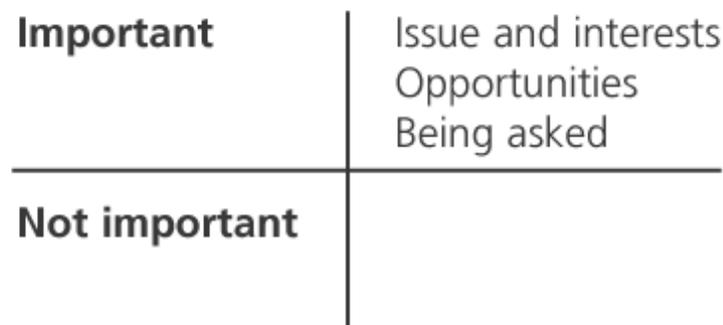
Skills are very important for participation. Our research shows that the necessary skills can be built through training. Many service providers have developed training support for tenant participation. However, perhaps surprisingly, those with educational qualifications were twice as likely to have received training (38 per cent) as those without qualifications (19 per cent). Furthermore, tenants appeared to have to wait some time for training, with very few people who had participated for less than two years having received any training at all. More work may need to be done to make training more accessible. This recommendation is even more applicable for community care services, where few providers have yet developed any co-ordinated form of training support for service users.

Confidence is a very important resource. In our study, participants were significantly more confident than non-participants that their group could get things done, and that they could personally make a difference. No doubt building service users' skills will also be important for helping to build confidence. Participation appears to be not just good for the service, but good for those that participate, in terms of skills, experience and fulfilment. However, there may also be value here in looking at advocacy schemes. Whether advocacy is provided by members' own peers (e.g. 'buddy' schemes for new members) or with

professional support, it can help potential new members who feel daunted by the prospect of breaking in to an established group where everybody seems to know what they are doing. Some previous research has suggested a link between skills and confidence. When we looked at this we found that participants with qualifications reported feeling very confident about their ability to participate effectively. Previous experience in similar organisations did not correlate significantly with either indicator of confidence. However, participants who had received training were significantly more likely to report feeling more confident on both levels. This again suggests that training is important, and should be more widely available.

### *Mobilisation*

A number of factors play a part in the mobilisation of participants. If some people are more engaged by a particular issue than others they will be more likely to participate. There have to be opportunities that people see as interesting and timely. If somebody is asked to participate they will be more likely to participate than someone who is not asked.



**Figure 5: What engages public service users (mobilisation)**

Users' engagement with key issues is as an important catalyst for participation. We found that participants are more strongly engaged by certain 'catalysing issues' than non-participants. These issues include negative relationships with authorities, a sense of relative deprivation, and a desire for change. Participants also had stronger interests than non-participants in joining together with like-minded people, and (particularly in the case of community care service users), 'putting something back in' for the service they had received. Contrary to the expectations of some people we spoke to in local government, however, few participants said they had a strong interest in politics, or that community 'leadership' had been influential in their starting to participate.

The task here is twofold:

- make sure that people are able to address the issues that are important to them in their participation – sometimes discussion of key issues is blocked;
- ensure that service users are able to follow up on their personal interests, such as a desire to help people like themselves, to give advice, and to provide mutual support.

Opportunities are very important. In our research a large majority of participants (but only a minority of non-participants) were positive about the opportunities available to them to participate. The perception that there are ‘good opportunities’ to participate is fundamental to the success of participation initiatives. Different service users consider different types of opportunity to be relevant, timely and attractive. It is therefore important to provide a range of opportunities for users to be involved. Beyond this, however, opportunities must be presented to current non-participants in ways that minimise their uncertainty, ambivalence or scepticism. This is not always easy, and it may require a certain amount of development work to build up levels of trust and confidence. While this has potential resource implications, it can often be achievable through the redirection and retraining of current workers (especially those in the frontline) into more facilitative ways of working. It is important that a balance between ‘business’ activities and social activities is maintained. Some service users have a ‘task-focus’, and will not attend social activities. Some have a social focus, and do not enjoy business meetings. However, the majority of participants see both aspects as fundamental to their participation in user groups. Social activities help both the mobilisation of new participants and the retention of existing group members. They should thus be seen as an important part of the mix. If conditions on the way council grants and other funds are spent include restrictions on social activities, this is likely to prove counterproductive.

Mobilisation attempts (or ‘asking people’) also showed up to be very important in our data. If service users are not asked directly to participate they are less likely to get involved. Most participants found out about the opportunity through face to face communication or a direct, personal invitation. Non-participants were significantly less likely than participants to be subject to mobilisation by these methods. It is important to ask people directly and not leave it to chance by simply putting up posters, dropping leaflets through doors and expecting people

to respond. Our findings show that many service users are asked to participate face-to-face by trusted friends, colleagues or family members. Many also found elected members and officers of the council to be persuasive. However, our data cautions against mobilisation attempts being made only with those service users within activists' own networks, as this can have implications for diversity.

### *Motivations*

While resources may help to make participation easier, and mobilisation factors stimulate it, incentives and attitudes are the internal psychological mechanisms that explain why some potential participants choose to take part while others do not. For example, some people may base their decision to participate on a calculation of the costs against the benefits (individualistic incentives). Others may not calculate this at all, but be motivated as a result of feelings of solidarity with their community (collectivistic incentives).

|                                     |  |                 |
|-------------------------------------|--|-----------------|
| Collective incentives               | Sense of community<br>Shared goals<br>Shared values                  | ↑<br>Importance |
| Individual incentives<br>(internal) | Chance to have my say<br>Learning experience<br>Sense of achievement |                 |
| Individual incentives<br>(external) | Enjoyment<br>Getting my problem solved<br>Social life                |                 |

**Figure 6: What motivates public service users**

Organisers of participation often identify the need to reduce the costs of participation. While this is sensible – particularly as it relates to non-participants' perception of participation as time-consuming and 'boring' – our research shows that a more productive strategy might be to emphasise the benefits. Of these, the personal benefits of a 'valuable learning experience' and 'a chance to have my say' are particularly important. However, the importance of even these benefits is called into question when we consider the status of individualistic incentives in people's overall set of motivations. Over 80 per cent of participants say they would still participate without any of the individualistic benefits. This indicates that these incentives, while important in their own right, are nevertheless secondary to the other part of Mutual Incentives Theory: collectivistic incentives.

In our study, participants score highly positively on the collectivistic incentives of shared goals, sense of community and shared values. Non-participants score significantly lower on these incentives; though their score is still positive, it is simply not high enough for them to want to begin to participate.

In a straight fight between our individualistic and collectivistic explanations of service users' motivations to participate, the collectivistic explanation therefore seems to win conclusively. One striking finding is that the longer that people participate, the more they align what they do with collective rather than individualistic factors. While collectivistic thinking dominates, individualistic incentives are important for some participants at the outset of their participation. However, when people say they would still participate without individualistic benefits, can we take them at their word? Observations of people in meetings and interviews during the study suggest that we can. However, while collectivistic thinking dominates, individualistic incentives are important for some participants at the outset of their participation. Furthermore, if individuals later re-open the decision to participate, they may also start to calculate the costs and benefits afresh, trading the results of this calculation against their stocks of commitment. However, unless people are at an early stage in their participation, or the experience has become really costly to them (in terms of disappointment, disillusionment, frustration, anger and so on), the influence of individualistic incentives looks to be secondary. For the large majority of participants, who say they never calculate what they are getting out of it, collectivistic incentives remain the most powerful motivations for service user participation.

Any effective approach to increase participation will therefore go hand in hand with and contribute to building up the sense of community (identifying with the neighbourhood, trusting each other), shared goals (agreeing on the priorities, working together to address common problems) and shared values (sense of duty to participate, belief in representing people) felt by service users. The focus should be on user communities themselves identifying ways that the sense of community, shared values and shared goals can be enhanced (53).

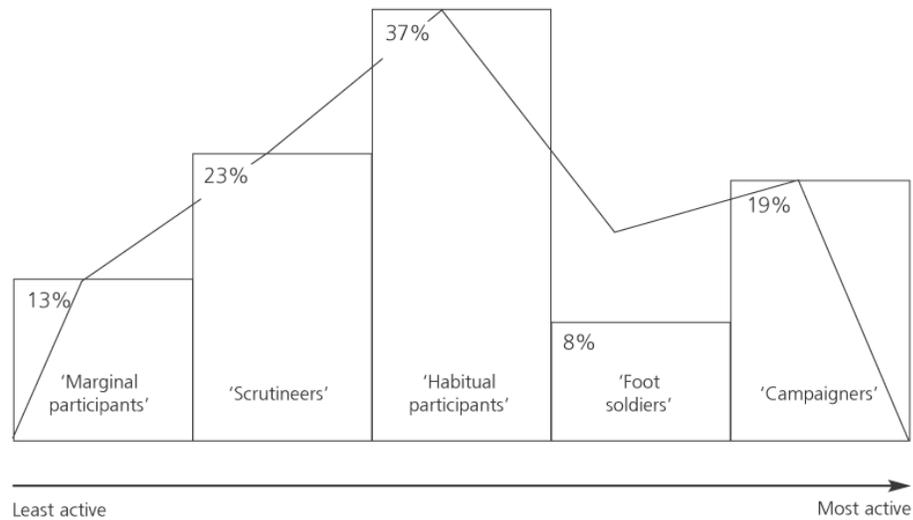
### *Types of participant*

One of the striking findings we have made about public service participation is that it clearly engages more people who are less-well-off in terms of socio-economic status than does volunteering in wider society. But beyond this, are there different types of participant and non-participant? It would be interesting to find out if there are clear patterns in the responses people give to questions about why they do or do not participate. We used cluster analysis on our collectivistic incentives data, and five clusters of participants and three of non-participants

emerged. Cluster membership was then cross-tabulated with participants' other responses to generate a more detailed picture of their characteristics.

Amongst participants, we found four different types of activist, and one less active participant type. First, there were 'campaigners' (19 per cent). These participants were very active and confident in their participation. They tended to be office bearers in their groups, regularly taking part in committees and taking responsibility for communicating on behalf of the group. As 'doers', they tended to seek change rather than defend the status quo. They also tended to be more interested in politics, and to have a negative view of the role of authorities. Campaigners exhibit very strong mutualistic motivations, being more likely to 'strongly agree' with all but four of the items on the 30-point scale. Second, there were 'footsoldiers' (eight per cent). They were also quite committed and active, but were happier to contribute in a different way. Footsoldiers are more likely to undertake some of the group's support functions, such as fundraising and delivering leaflets, and they are much more likely to have no educational qualifications. They score highly on sense of duty items and community identity, but low on social trust. Trust tends instead to be invested in the group, which is considered to know best how to improve services. In contrast with the first two types, the third type tend to be thinkers rather than doers. We have termed these participants 'scrutineers' (23 per cent). They are more likely to have educational qualifications, and to be interested in participation as a learning experience. However, they are not as active as either 'campaigners' or 'footsoldiers', attending meetings very regularly but avoiding taking on wider responsibilities in the group. Scrutineers score quite low on sense of duty items – they are clearly there on their own terms. As thinkers they may also tend to see the 'shades of grey'. They are therefore more likely to consider that the group is 'trying to take on too many problems' or 'problems that are too difficult to solve'. This may act to prevent them from becoming more active themselves, but they are generally supportive of the group and its more active members. Fourth, there were 'habitual participants' (37 per cent). These participants are guided particularly by internalised norms. Participation had become part of their regular programme of activities and was mature and stable, but they were not generally heavily involved in the core functions of the group. Finally, there was one cluster we call 'marginal participants' (13 per cent) who were less active and usually of short standing with the group. They were relatively uncommitted and inactive. They either saw themselves as more marginalized, or their participation was more of a peripheral interest to them. Participants in this cluster were much less motivated, seeing the costs to be higher and benefits lower. Their collectivistic motivations were almost at non-participant levels, which suggests that it would not take much for them to decide to stop.

Figure 7 below shows that these five types fall into almost a ‘normal distribution’, showing (as might be expected) that the ‘campaigners’ and ‘footsoldiers’ (i.e. the most active) are a minority at one end of the distribution, that the bulk of participants fall into the ‘moderately active’ categories (‘habitual participants’ and ‘scrutineers’), and that another minority fall into the ‘least active’ category (‘marginal participants’). This demonstrates that the majority of regular participants are not, as service providers sometimes claim, ‘politically motivated’, or concerned only with ‘single issues’. Only 19 per cent of our sample are ‘campaigners’, and among them few are ‘political’ in the narrow sense of the word.



**Figure 7: Five types of regular participant**

Amongst non-participants, there were three groups. First, there were ‘marginal non-participants’, who were generally positive about participating but had not yet got round to doing it. While they did not see the costs of participation as particularly high, they lacked strong enough motivations (benefits and collectivistic motivations) to come forward and get more involved. However, with the right encouragement they might be persuaded. Second, there were those who felt ‘alienated’. They were likely to be more negative about participation, and to feel quite unconfident about coming forward to participate. Third, there was a minority who were ‘apathetic’. They did not have an opinion on participation one way or the other – they were simply not interested.

Our informal knowledge of participants from meetings and personal interviews leads us to believe that these characterisations are typically quite accurate. This suggests that it is possible to group participants according to their patterns of

collectivistic incentives. We believe that clustering participants and non-participants in this way can be extremely helpful in giving a clearer picture of differences in service users' attitudes to participation.

### *Dynamics*

Next we consider how participants' experience of the participation process compares to their expectations and feeds back on to their motivations to participate. We also look at the impact of service providers' attempts to foster and sustain (or sometimes block and frustrate) user participation (see Figure 8 below).

In our study, the majority of participants were positive about their experience, and over time built up a commitment to participate. However, where the experience was less positive, the decision to participate was reopened. Some people who have stopped participating explained how they had begun to calculate what they were getting out of it in terms of individual costs and benefits ('it wasn't as much fun as it used to be'; 'it wasn't worth all the effort').



**Figure 8: The dynamics of participation**

Individual participants rarely adopt a general participation 'style'. However, at meetings there were often discussions about the stance the group would take with service providers over particular issues ('we'll give them this one, because we've got something bigger coming up soon'; 'if we don't fight them on this, it'll be the thin end of the wedge'). For their part, providers commonly reported the approach of service users to be too 'oppositional'. They admitted that this can

sometimes feed back negatively on their own motivations to participate, which anyway tended to be more vague and instrumental. Moreover, one provider representative argued that users ‘choose the wrong battles to fight – things they can’t influence’. This observation emphasises both the power differential between providers and users and what is a commonplace failure to successfully manage users’ expectations.

One of the key issues for participants was a sense that authorities were not listening to them. On one level, this meant that they were physically not listening – decision-makers were not attending meetings and hearing for themselves what service users had to say. On another level, participants felt that while decision-makers might be attending meetings and hearing the views of service users, they showed no inclination to take what users said into account – as one respondent put it, they were ‘hearing but not listening’. Providers often contested these negative perceptions, quoting a number of examples where users’ views had had a direct effect on policies and services. This suggests that providers are poor at giving users adequate feedback and recognition for their input. All of the local authorities we worked with admitted being weak in this respect.

Was there any evidence that non-participants see these dynamics to be a barrier to their participation? To be fair, a majority of them did not have a clear conception of what participation involved. Others just saw it as too time-consuming, which made them reluctant to commit themselves to it. However, some users did mention the dynamics as a particular problem in response to the question ‘why have you chosen not to participate?’. This is particularly important. It can be quite intimidating for new members to get involved in a group, and if it feels uncomfortable they may choose not to pursue any interest they might have in it. Many groups are unaware of the dynamics they create. However, if meetings seem too jargonistic, ‘cliquey’, or adversarial to potential participants, this is likely to put up a significant barrier. Linking new members to experienced participants who can steer them through the early stages would help.

### *Linking things up – the ‘Participation chain’*

We need to incorporate all of the above factors in an explanation of why people do or do not participate, and so we propose a general model called ‘The Participation Chain’. The model has a number of levels (or links in the chain) which correspond to these different factors (see Figure 9 below).



**Figure 9: The participation chain**

These factors are all important. For successful promotion of participation what is needed is a strong participation chain. The ‘Participation Chain’ metaphor is used for two reasons. First, each individual ‘link’ in the chain needs to be made as strong as possible if participation itself is to be strengthened. Here is a summary of the key points:

- To strengthen the *resources* link, action must focus on building up skills and confidence through such tools as community development, training and advocacy schemes.
- For *mobilisation*, important tasks include facilitating (not suppressing) discussion of the issues that are important to service users; ensuring that they are able to follow their interests; keeping a balance between ‘task-oriented’ and more ‘social’ activities; and ensuring that people get asked directly to participate.
- Strengthening the *motivations* link involves appealing to people’s dominant motivations and ensuring that participation processes work with the grain of what matters to them, rather than against it. Important individualistic incentives include benefits such as learning and ‘having my say’. However, collectivistic incentives such as sense of community and shared goals tend to be even more important. Service user groups should undertake a ‘participatory stocktake’ that shows what they can do to strengthen these.
- If the *dynamics* link is to be strengthened, there is a need for providers to understand and communicate their own motivations, manage the expectations of others, and provide effective feedback. There is also a need to make sure that service users are not put off by ‘dysfunctional’ dynamics when they first come forward to participate, and that they feel ‘listened to’ if they subsequently do contribute.

Second, the 'Participation chain' metaphor is used to show that the individual links must all be connected up effectively if participation is not to fail. In this way, the future lies in getting the right combination of the above factors, and ensuring that the connections between them are maintained. There is no point in training people in the necessary skills unless appropriate opportunities are going to be provided to use those skills. It is no use appealing to people's 'collectivistic incentives' in participation initiatives, but then failing actively to recruit them. The links in the chain need to be joined together in a co-ordinated way, if participation is to be strengthened.

Participation can be fragile. There are many ways in which it can falter and lose its footing. Our analysis seeks to unravel some of the complexity this brings. Using the framework provided by the 'Participation Chain' we seek to demonstrate that, from the viewpoint of users, the question of participation requires a combination of answers. But it is a combination that can be predicted, planned for, and acted upon.

# Conclusions

It is important to say what we are not, as well as what we are, advocating. Recently there has been a growing interest in the idea of ‘mutualising’ public services (54). Not surprisingly, we agree with the idea. However, we are not just advocating wholesale adoption of the ‘mutual’ ideal-type that we presented in Section Three. In some cases it is possible for users to reach the ‘pure form’ of mutuality, and become their own providers. Housing co-ops are a good example that has consistently been shown to be more satisfying as well as being more efficient and effective than the traditional landlord-tenant relationship (55). However, only a minority of tenants of social rented housing want to take on the burden of being collectively their own landlord. Another good example is the enormous range of self-help groups in health care that have been shown to have clear, measurable health benefits (56). However, nobody is suggesting that they replace the traditional health services. A better location for the provider-user relationship may be at a point along the line between the bureau-professional and the mutual forms, at which they become partners and to some extent ‘co-produce’ the service.

If we were to move to a fully user-controlled service, problems would arise. A membership-based system does not guarantee coverage to all those in need, and does not take into account other stakeholders such as employees and the wider citizen interest. As the housing co-operative example shows, a mutual system needs regulating on behalf of those who are not yet members. Equity, the balancing of consumer and citizen interests, and the need for regulation: these are all strengths of the bureau-professional model.

The market-type relationship also has some advantages. It provides individual rights of complaint and redress, and its methods (surveys, focus groups) make the consumer voice better understood. Service users may just want to have individual choices and be consulted, in which case a more market-based relationship may be acceptable. The key point is that it should be up to the users as much as to the providers as to where, on the three-cornered map of possible relationships, they want to be. This implies, of course, that their decision is a considered one; they should be made aware of different options, and be able to choose. A good example of this is again in housing, where (under the ‘right to manage’ and proposals to transfer to a new housing provider) council tenants often have a range of options set out for ownership and management.

Does this mean it does not matter what form the organisation takes that provides services? Yes it does matter – some are more open than others to the user voice.

Organisations that start from the bureau-professional relationship tend to bolt participation on while protecting the existing professionally and politically dominated governance structures. Organisations that are locked into the pure market type of relationship can measure the consumer 'voice' and offer some individual choices, but ultimately accountability to consumers is low – they are answerable to their shareholders. The more an organisation builds service users into its governance structure from the start, the more likely it is to empower service users in practice. However, organisational form is just one variable. In section Four we identified several levels of analysis, including values, systems, organisational forms and practices. The relationship with service users has to be got right at all these levels. But how do public service providers know that they are moving towards the right kind of relationship with users? They should ask themselves the following key questions:

### **A participation checklist**

#### **1. What opportunities do service users have to participate at present?**

It is important for service providers to understand just what they are offering. Sometimes, when they add up the occasions for serious engagement between providers and user groups it is surprising how few opportunities there really are. Providers often complain about the lack of participation, but unless they are offering regular, attractive opportunities a fruitful relationship will not emerge. Collective action by users is costly, and it is part of the job of providers to use their resources to cut these costs in order to encourage collectivities of users to emerge and be sustained.

#### **2. What do service users contribute to the development of policies and practices?**

Providers should be honest about the extent to which service users currently make a difference, either to policies or practices. One of the reasons why non-participants will not make a commitment is because they do not believe it will make a difference (57).

Are they right?

#### **3. Do the values and systems support participation?**

Some values and systems support active participation in governance more than others. Indeed, participation is itself a value (58), but where does it stand in a provider organisations' hierarchy of values? In our research, it seemed that

participation was a value that providers felt they could either opt in or out of. This would not be acceptable for a value such as ‘efficiency’ – why should it be so for participation?

#### **4. Does the organisational form help to promote appropriate participation practices?**

To start with, the three participation ‘ladders’ (self-management, negotiation, representation) could be considered to establish what participation practices actually are appropriate. What do service users want? The organisational strategy can then be thought through inclusively in greater detail, using the ‘umbrella model’ as a guide.

#### **5. How do you avoid tokenism?**

This is a key concern. First, it is important to ensure that there is sufficient scope within the strategy for a wide range of interests and perspectives. Second, it is important to not just engage with the highly-committed ‘true believers’ who will put themselves forward with the minimum of promotional effort from the organisers. It is important also to maintain a strategy (or strategies) for the inclusion of both ‘supporters’ club’ members, and the ‘concerned unmobilised’. In doing so, the insights of ‘Mutual Incentives Theory’ and the ‘Participation Chain’ are important. There are many lessons to be learned here to ensure that:

- people have sufficient resources and opportunities to be *able* to participate;
- the opportunity to discuss key issues and their motivations to participate mean that they *want* to participate; and
- they are effectively mobilised, or *asked* to participate (59).

#### **6. Once you have got people to participate, how do you keep the momentum going?**

The dynamics of participation show that people’s expectations need to be met by their experience if their motivations and commitment to participate are to be strengthened. Disappointments often lead to a swift reversal of the decision to participate. The dynamics of participation are the location for the key interactions between users and providers in the governance of public services, and there is scope for these interactions to be challenging for both. Yet it is surprising how frequently provider representatives are expected to cope, unprepared, in this environment. We

have discussed the importance of training in providing service users with the skills and confidence they need to engage effectively in participation processes. However, the education and training of professionals rarely includes the development of these skills (60). We believe there is a great need for training to prepare provider representatives effectively to take part.

In many public service environments, the participation of service users is insufficiently protected by prevailing values, systems, organisational forms, strategies and practices. There are ways to make participation itself more robust. These are largely wrapped up in the four stages of the umbrella model we presented in Section Four: identifying the mobilisation potential, making participation meaningful, building trust and confidence, and remaining accountable. However, there are also ways to afford it better protection. For example, staff training can attempt to change values, lower resistance to the idea of participation and communicate the organisation's strategy for participation. Ultimately, sanctions can be imposed for provider representatives who choose to 'opt out' of participation.

At what level of decision-making should strategies for user involvement be worked out? We think that strategies are important at every level, from the individual service organisation (school, hospital, care home, council estate), to the overall service provider in the locality (local authority, primary care trust), to the level of central policy-making. At every level, the same principles apply – make opportunities attractive, concentrate on the issues that are important to service users, provide outreach, advocacy and training, promote a sense of community, shared values, and shared goals. There is evidence of some progress in 'localist' participation strategies (although this must go further), but less so at a more 'global' level within the public sector.

Throughout this report we have been using the generic term 'service user' as though everyone recognises what it means. However, there are very few opportunities for users to share their experiences across different services within the public sector, or to contribute collectively to national-level policy debates. There are at least three key reasons why the NCC's initiative to establish a national public service users' forum therefore fills an important niche.

First, most service users are involved in just one sector, or wear different 'hats' depending on which service they use – they see themselves as parents, tenants, patients, rather than as part of a wider community of 'service users'. They are rarely given opportunities to bring together their experiences in debates.

Second, this problem may be compounded by strategies adopted for promoting participation that may help to ‘bond’ users of the same service together coherently while neglecting the need to build ‘bridges’ between the views of different types of service user.) This over-emphasis on ‘bonding social capital’ and under-emphasis on ‘bridging social capital’ means that service users cannot benefit from the strength that comes from organising at a wider level.

Thirdly, most service users participate at a very local level, and are not represented in the national-level shaping of public policy. We cannot (and should not) have a proper debate about the place of service users in public services without involving them more fully in deliberation and debate. For all these reasons and more, we welcome and support the NCC’s initiative to set up a national public service users’ forum as a complement to continued progress with the promotion of more local strategies for participation.

# Appendix 1: Methodology

A survey, conducted through face-to-face interviews, collected data on individual respondents' characteristics (age, gender, ethnicity, education, income, status, caring responsibilities) and participation history (duration, intensity, types of participation). The rest of the schedule was divided in accordance with the predictions of the theoretical model, including a newly-devised, 30-point 'Scale of Collectivistic Motivations'. This scale was found to be internally reliable (Alpha = .7649). At the end of the schedule, open-ended questions were used to allow respondents to briefly tell their own story and help eliminate any gaps or ambiguities in their answers. The survey instrument allowed us to differentiate between participants at the 'interface' with providers, and those solely involved in user-controlled groups. This work was supplemented with a more in-depth study of the conditions for user participation in the two public services (housing and community care) in each of three locations, giving six service settings. A reduced version of the same instrument was used for non-participants.

Two categories of respondent were interviewed: participants (N= 392) and non-participants (N= 106). Participants were members of service user groups known to be seeking ongoing influence over the way that services are planned and delivered. For logistical reasons and to allow a tie-up with other methods, the process used to identify participants resembled that of multi-level cluster sampling. Three local authorities were selected at random (2 in Scotland, 1 in England). Contact was then made in each local authority area with known tenants' associations and community care service user groups. Following an extended period in each location of building trust and support for the project, which involved the researchers in attending meetings with either the full group or their key representatives, the co-operation of 86 per cent of these groups (N=113) was secured. This allowed the compilation of a list of all known participants in these groups, from which 80 per cent were randomly selected. Face-to-face interviews were then undertaken at the respondents' convenience, and a response rate of 83 per cent achieved. For logistical reasons, the non-participant sample was a convenience sample. This consisted of individuals who were known to service user groups or who frequented day centres, community facilities and so on. The main survey was supplemented by semi-structured interviews with key informants in each of the three locations (N= 63). These informants included elected members, senior officers, frontline staff, voluntary organisation workers and service users.

## Appendix 2: Differences in the characteristics of service sectors

In our research we sought to establish the factors that make service users' participation more (or less) likely. At the outset, it is worth noting that these factors may include characteristics of the service relationship between the service provider and service users. These characteristics vary by service sector in at least four ways:

- the degree of intensity of the need (on a hierarchy of needs from frivolous through important to life-saving);
- the degree of continuity of need (from occasional through intermittent to continuing) and/or duration of need (from short term to long term);
- the degree of consumer competence in assessing the quality of the product or service (from consumer-driven through to professionally dominated);
- the availability of alternative providers of the service (from none through limited to extensive)

First, factors relating to the 'importance' of the service to service users needs to be considered. In theory we can generalise that, other things being equal, the greater the intensity, continuity, and duration of need in a particular service sector, the more likely people will be to participate. For example, episodic/short-term users may be less likely to participate than ongoing/long-term users. Second, users' perceptions of the quality of the service may be influential. Here we can generalise that if users are happy with the service they receive, they will be less likely to participate than if they are unhappy. However, for those who are unhappy we can also generalise that the greater degree of consumer competence to assess service quality, and the lower the availability of alternatives, the more likely people will be to participate. The two services considered in this research, housing and community care, had a similar profile on all of the above factors. In both services, the intensity, continuity and duration of need and the ability to assess service quality were generally fairly high, and the availability of alternatives (at least, affordable ones) generally low to non-existent. This similarity was exploited in our research design. By controlling as far as possible for differences in these service sector-related characteristics, we were able to focus on our particular interest in the project: the factors that make participation more or less likely at the level of the individual.

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- 57** Martin, S and Boaz, A (2000) 'Public participation and citizen-centred local government' in *Public Money and Management*, CIPFA, April-June.
- 58** Wolman, H (1995) 'Local government institutions and democratic governance' in Judge, D, Stoker, G and Wolman, H (eds) *Theories of Urban Politics*, London: Sage
- 59** This ties in with Verba et al's (1995) well-known prescription that people do not participate because they can't, because they don't want to, or because they were not asked
- 60** Schachter, H and Aliaga, M (2003) 'Educating administrators to interact with citizens' *Public Organisation Review*, 3 191-200



