

Participatory Politics and ‘user involvement’

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This article considers the policy discourse of social inclusion in participatory politics and, with a particular focus on the UK welfare state, the evolution of the ‘user’ within participatory fora. A selection of typologies that aid understanding of the forces at work within the structures and spaces of participatory politics are subsequently examined. The roles and identities of those included (or excluded) in participatory processes are considered, with a particular examination of identity within the sphere of mental health. The article concludes by discussing the resultant parameters and implications for community education practice.

Introduction

Fiona Williams (1999) cites the rapid succession of what she regards as fundamental challenges to the ‘so-called consensus supporting the post-war Keynesian welfare settlement’: from economic recession, to the ‘unfixing’ of ethnic and gender dynamics, to opposition to the supremacy of the nation-state emerging throughout the 1970s. It could be argued that the fact that the so-called consensus had endured at all post-WWII is, in fact, a testament to the UK welfare state’s apparent ability to ‘look both ways’; emancipating the working classes whilst simultaneously ensuring the continuity of ruling class control. However, the ‘assumptions about entitlements’ (Cowden and Singh, 2007: 7) – which had defined and perpetuated roles, identities and class relations in the UK – began to unravel in the face of internal and external pressures.

Domestically, suspicion of the ‘deepening contradictions’ of state welfarism (LEWRG, 1980: 10) were being expressed by professionals working within the state machinery; globally, a broad range of new social movements were embracing new forms of direct action and questioning established forms of democracy (Hoggett et al, 2008: 17). In both spheres, the values of civic and familial-vocational privatism - defining democracy solely through the ballot box by a conveniently disengaged, consumption-driven electorate - was under attack. It could be argued, therefore, that the UK’s ‘new participatory democracy’ evolved, not only as a result of the new democratic impulse, but also from the fear of political instability in an increasingly unequal society.

The response to the threat nevertheless afforded opportunities for innovation for those on the political Right. Successive Conservative administrations wedded ‘active’ citizenship (eulogising personal responsibility) to the illusion of collective responsibility; empowered citizens would participate in a marketised policy and public services paradigm where:

... choice among alternatives is seen as the means to individual power.
The public as taxpayer and voter is expected to take responsibility for

choosing which services they need and for exercising voice to make complaints about services they find unsatisfactory (Hart, Jones and Bains in Cairns, 2003: 111)

The claim to 'transcend both old-style social democracy and neo-liberalism' (Giddens, 1998: 26) may have appeared to distance New Labour from the worst excesses of Thatcherism, but important continuities remained. New Labour's modernising agenda roundly embraced the Right's criticisms of the public sector, and the market-facilitated mixed-economy of welfare was here to stay and, indeed, flourish. As for the citizen/consumer in this paradigm, the Third Way template was again deployed as service delivery '[overcame] the limitations of paternalism and consumerism' (Miliband in Ferguson, 2007: 391) and the customer became unseated by the 'service user'.

For New Labour, the service user - and user involvement/participation in the policy process - corresponded directly with the broader inclusion agenda, which itself had displaced 'old' labour poverty eradication as the policy priority. Social inclusion through service user participation would be more than simply voice-of-the-customer rhetoric, aspiring to ensure a 'broader range of voices' was heard in delivering better policy outcomes whilst improving the social capital of those who participated, and thus society in general (Bochel et al, 2007: 201). Conversely, this positioning of the user - 'the patient, the parent, the pupil and the law abiding citizen' (Blair in Ferguson, 2007: 394) - ostensibly at the centre of policy, is arguably the ultimate assimilation, by absorbing marginal or progressive critiques into policies that are predetermined and ultimately regressive (Cowden and Singh, 2007).

The idea of the law-abiding citizen naturally feeds into the discourse of 'deserving' and 'undeserving' (Cowden and Singh, 2007: 19), where merit and desert are judged on contribution to a supply-side economy. In the current context therefore, Conservative 'Big Society' participation means engaging in a pre-determined culture-shift of 'government action to local action' that ultimately serves a neo-liberal agenda of state withdrawal. It is this dialectic - participation as liberation, or coercion and subjugation - that is central to the social inclusion discourse and is now considered further; in the structures and spaces where participation 'happens' and in the roles and identities of the actors involved.

Places and spaces

The very nature of community work inherently positions itself in what Hoggett et al (2008:15) calls the 'dilemmatic space':

... across the terrain [that] acts as an incubator for politics...the site from which many social movements spring...where struggles for social justice grow and decline and where inter-communal conflicts are generated.

In 'stakeholder' Britain today, this public interface between state and society not only includes the institutions that define the state and the organisations and associations that claim representation of broader society, but also reflects issues that originated in the new social movements of fifty years before - the feminist discourse of the 'personal as political' being a prime example. In creating 'genuinely inclusive

democratic spaces' (Lister, 2007: 439) for these distinctly divergent interests and concerns to effectively participate in democratic discourse, accountability, contestability and transparency are integral.

Ultimately, as Lister argues, the litmus test for inclusive citizenship is whether participatory fora challenge or simply reinforce existing power relations. In answering this question, the prototypic Arnstein's Ladder affords a prism through which participatory structures can be scrutinised; from 'non-participation' (e.g. therapy) to 'tokenism' (e.g. consultation) to 'citizen power' (e.g. delegated power, citizen control) (Cornwall, 2008: 270). As the subtleties of governance become ever more complex and deceptive, so opportunities for control and subjugation creep ever further up the ladder - 'inclusion' as cooption/partnership in a programme that ultimately delivers draconian service cuts being one plausible and contemporary example. Whilst Pretty's typology of participation arguably provides a model apposite to the nuances of the new modernity, the paradox remains. As 'participatory governance' appropriates the lexicon of community work for somewhat different ends, even Pretty's pinnacle of empowered participation - 'self-mobilization' - stands for something quite disparate in Big Society-speak, given that it 'may or may not challenge existing distributions of wealth and power' (in Cornwall, 2008: 272).

Literally adding new dimensions to critical scrutiny of participatory space however, Gaventa's Power Cube determines the existence of closed, invited and claimed/created spaces. As any such space may contain visible, hidden and invisible forms of power, the Cube engenders a critical understanding of how and why any participatory space has been created, 'and with whose interests and what terms of engagement' (Gaventa, 2006: 26, 29). Reflecting the complexity and consequences of participatory governance in the new world disorder of global capitalism, the Cube adds the global, national and local dimension to the matrix of power and space – recognising that globalisation:

...is shifting traditional understandings of where power resides and how it is exercised, transforming traditional assumptions of how and where citizens mobilise to hold states and non-state actors to account.
(Gaventa, 2006: 28)

As any approach to practice that focuses on the local and ignores global forms of oppression cannot be justified (Ledwith, 2007) an acute sensitivity to the nuances of participatory space is therefore essential. Of the tools outlined above, the Power Cube is arguably best-designed to enable practitioners to think not only strategically but also imaginatively in a local *and* global context. Ledwith affirms the necessity for community work to 'reclaim [the] radical agenda from attempts to hijack it and dilute it into a rhetoric of self-help'. Contemporary developments in the structures and spaces of participatory politics, and the dominance of supranational power-play, suggest this message is ever more relevant.

People and identities

Cornwall (2008) asserts that the 'all-inclusive' fallacy – that *everyone* is involved – is typically ascribed to most participatory processes. However, in reality, tacit decisions are made as to who is included and, crucially, who is not. Issues around the

democratic and representative legitimacy of those who are included is not new; from unaccountable community organisations and ‘self-selected local elites’ (Hoggett et al, 2008: 18) to predetermined stakeholders representing homogenised entities (e.g. ‘the poor’) that, by definition, subsume the interests of those deemed to comprise the group itself. Furthermore, ‘assigning some totalising identity’ can disenfranchise and exclude people rather than promoting or facilitating their inclusion (Taylor in Lister, 2007: 441). In this respect, the evolution of the ‘user’ bears close scrutiny.

Proposing a more inclusive approach to those involved in participation, Bochel et al (2007) include representatives of the state as ‘users’ in the participatory process and/or process outcomes. Deconstructing the nominal ‘user’ identity, they depict the user as 1) ‘policy maker’ (typically politicians, professionals with power), 2) ‘activist’ (with no actual power but nevertheless involved) and 3) ‘everyday maker’ (not involved in the policy process but directly affected by the outcome). The inevitability of the blurring of roles within this perception of the user (e.g. the GP as activist) plausibly leads to a more inclusive approach to the ‘user’ discourse. On a cautionary note, however, the consensual nature of *everyone* being a user may suggest that ‘we’re all in it together’, obscuring issues of power and who is exercising it.

A further construct of the user, as ‘consultant’, produces comparable results, as activists are reduced to participants in managerial ‘listening’ exercises and the debate is reduced to consumerist notions of ‘choice’. Perhaps the most problematic of all ‘user’ constructs presents itself in the sphere of mental health. Notwithstanding the negative connotations of ‘user’ as drug addict or ‘people who just use’ (Cowden and Singh, 2007: 16), it would appear that just about every possible policy configuration of the user has been applied to people with mental ill-health, whether appropriate or not. The mental health services user as ‘consumer’ is arguably the most grimly risible, as the consumer may be detained against her/his will and, dependant on pre-determined circumstances, be forced to ‘consume’ powerful drugs and intrusive treatments.

Considering mental health ‘user involvement’ in the Scottish context, post-Millan user involvement in service delivery (particularly through self-advocacy) is embedded in policy. An intentionally progressive initiative nevertheless presents dilemmas apparently endemic to participation. The totalising identity, applied to mental health users, can result in their illness defining them (Lewis, 2009: 262). User involvement as the ideology of a shift from ‘the bad old days when users would simply be told what to do by professionals’ (Cowden & Singh, 2007: 18) also unravels in contemporary research in Scotland’s North-East, revealing stigmatised service users barely suppressing rage at relationships with professionals based on deference and status subordination, and where ‘psychiatric disqualification’ is conveniently deployed to dismiss voices of dissent as a manifestation of mental health symptoms (Lewis, 2009: 269, 267). Comparable accounts elsewhere (McFarlane, 2006: 87, Dunion and McArthur, 2012: iii-iv) confirm that these experiences are not unique.

The ‘professional user/trainer’ adds a further identity, and further complications, to the mental health services user dynamic. Firstly, the ‘fetish’ for user veracity (Cowden and Singh, 2007: 15) may typically involve personal testimony that is not only distressing for the ‘trainer’ to relate, but also engenders a culture of professional

voyeurism (McFarlane, 2006: 90). Secondly, whilst those ‘stars’ of the mental health ‘community’ may see themselves as apolitical, their selection is routinely not, with those voices easiest to incorporate typically being selected. Correspondingly, class inequality is also a determinant, with those in the higher demographic over-represented in representative roles (Lewis, 2009: 264). And yet, within this typically restrictive arena of participation, an identity has evolved that was not bestowed from above – the mental health ‘survivor’, within a broader anti-psychiatry social movement. In Scotland, survivor participation directly impacted on post-devolution mental health legislation by engaging with policy structures such as the Millan Report (CAPS, 2010: 96), but with a manifesto of collective advocacy. In examples such as that of the mental health survivor, identity and pride in identity are key; crucially, an identity that is not the product of misguided or malevolent political munificence.

Implications for practice

You know what is the opposite of exclusion for us? It is not inclusion, but participation. Active participation is what makes you a full citizen. (Martin Longoria cited in Lister, 2007: 439)

As an increasingly complex modernity shifts the parameters of identity and ‘taken-for-granted loyalties of the past’ (Hogget et al, 2008: 20-21), so the parameters of community work also shift. Whilst there is uncertainty, some certainties remain constant: ‘old’ battles remain as cogent as ever and the struggle for social justice goes on. The latest ‘ideological recycling of community’ (Shaw, 2007: 24), is being rolled out in the form of hierarchical governance that, naturally, embraces self-governance when the outcome serves a neo-liberal agenda of state withdrawal. When Big Society ‘conversations’ deliver outcomes that increase injustice and inequality, the dilemmas and contradictions of participation are ever more significant. Workers cannot function simply as ‘deliverers of services’, with little concern for hidden power concealed within the ‘technologies of consultation’ (Batsleer, 2008: 142). Such a stance is indefensible and, particularly in the current context, downright dangerous; the need for vigilance is paramount, in scrutinising the motivations of those involved in participation, and the functions of the spaces and places in which participation ‘happens’.

Ledwith (2007) argues that vigilance and criticality are essential to practice and that participation *per se* must be considered in the context of a ‘participatory worldview’. Linking global issues to local priorities is essential, in consideration of local, national and global arenas of power and space (Mayo, 2008). Within mental health for example, the global dimension affords the educator opportunities to make the connections between local experiences of mental ill-health and a ‘psychiatric imperialism’ universally ‘applied to all people in all conditions, irrespective of culture, race and social system’ (Fernando, 2010: 112). At the national level, opportunities afforded by a ‘foot in the door’ in arguably the most nominal of participatory processes, has driven material legislative improvements in the recognition of the rights of people with mental ill-health, and a shift in the political discourse of mental health in Scotland. As discussed above, however, there is much still to be done. Practitioners must therefore be ever-vigilant; where tokenistic consultation liberally applies participation as a ‘spray-on effect’ (Mayo, 2008: 26),

community workers can and must work to effect a change in the volume settings; a re-balancing for those who are excluded, and the nominally 'included' whose voice is unheard. In addressing this 'democratic deficit', the journey from mere involvement to real influence can then begin.

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