

Harmonisation of Public Consultation in Blackpool

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**A Report by the Institute for Health Research, Lancaster University
and commissioned by Blackpool Agency Alliance.**

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Executive Summary

All public bodies are now expected to demonstrate that they have consulted their populations as a step towards enhancing the legitimacy of their decisions. Certain agencies are placed under particular and sometimes prescriptive demands in this respect (e.g. Best Value Performance Indicators), while others have arguably more freedom of movement in adopting ways of consulting the public. This report into harmonisation of public consultation therefore proposes a package of measures designed to integrate and strengthen consultation as a whole within Blackpool. This package contains a few new elements: Deliberative Panels, a Consultation Steering Group and a Democratic Development Practitioner, and proposes some development of existing forums and practices. The package is designed to be piloted in Phase 2 of the research to be evaluated and modified where appropriate under the direction of the Steering Group. A desired outcome of Phase 2 is a common Consultation Strategy based on an agreed model and underpinned by a philosophy of sustainable democratic development. It will be an ongoing function of the Steering Group and the Practitioner to ensure the integration of all public consultation within Blackpool. In this way Blackpool agencies can show they are taking a developmental yet evidenced-based approach to public participation. One of our criteria in developing the package was sustainability, and a key feature of the proposed model is that it builds capacity and develops skills in participation and consultation which can be passed on by participants to others within local communities, interest groups and amongst the general public in the town. Careful tracking of this process will provide a valuable resource and knowledge base within Blackpool. If the proposed package is acceptable to Alliance agencies as a pilot research project, we would recommend an application be made for funding as soon as practicable.

Introduction

The research brief

The research brief agreed with agencies represented in the Blackpool Agency Alliance envisaged a two-phase exploration of how public consultation activities could be harmonised effectively. *Phase 1* was designed to provide an external view on how public consultation on strategic issues might be effectively harmonised across partner agencies, bearing in mind their different perspectives and time scales. That is the subject of this report. *Phase 2* is about consultation in practice and, if funding can be obtained, will seek to implement the recommendations from Phase 1, putting an holistic consultation model into practice and evaluating it in context.

Phase 1 has involved undertaking a literature review and stock-take of existing local consultation practices. Following this work, the research team was asked specifically:

to recommend the most cost-effective method of achieving an holistic approach to full and effective consultation with a robust infrastructure to support it, preferably building upon existing organisational framework

to provide advice on how consultation can be co-ordinated with services which have geographical responsibilities wider than Blackpool

to recommend appropriate courses of action for the Community Health Council; Council for Voluntary Services; patient advocacy groups and existing community groups to ensure they maintain an effective role in consultation and/or project development

to advise how research and development capability in public consultation could be developed within the Agency Alliance ¹

The Report

This report is in three parts. It begins with our stock-take of consultative activities within Blackpool and highlights some of these as examples of developing, if limited and fragmented, good practice within the town. Part II gives an overview of the literature on consultation reflecting concerns identified by the research participants. It also gives a brief overview of various developments in consultation practice along with case studies from other parts of the country. Part III discusses a proposed Blackpool Model for consultation and the way in which all consultation activity can be integrated and harmonised within the town.

To underline the commitment of the Alliance partners to widening and strengthening local participation in decision making, this research was itself constructed along participative lines within an **action research framework** (Hart & Bond 1995). Each Alliance partner nominated individuals to work with us on this research project. The group which was formed is therefore known in this report as the *Public Consultation*

¹ Discussion Paper No 3, Blackpool Primary Care Group dated 30/6/99

Working Group or simply ‘the working group’. We also refer to ideas generated at an all-day workshop held with the working group mid-way through the research which aimed to explore the problems and opportunities offered by consulting the public. The text of this workshop is given in Appendix 2. This report also reflects points made by group members via the project’s interactive web-based discussion space. This discussion space, located at Lancaster University’s Institute for Health Research website, was accessed at different times by group members who left comments with us on drafts of this report using their dedicated passwords. This report has also been presented in draft form to further meetings of the working group for discussion and further shaping before being formally submitted to Alliance agencies.²

Any attempt to find ways to harmonise public consultation across agencies is fundamentally **an exercise in enhancing local democracy and strengthening local governance**. Therefore underpinning all the points made in this report, the discussions held within the working group during the process of the research, and the model proposed in Part III, is an awareness of the three interacting planes of democratic activity, namely:

- *Representative Democracy* – brought about via local and general elections
- *Participative Democracy* – e.g. via service user groups/public involvement/deliberative activities
- *Direct Democracy* – e.g. via specific issue poll/referendum of whole electorate

It cannot be overemphasised that each of these planes of democracy is integral to an holistic approach to governance. Each is legitimate and necessary to an equitable system of governance. Each plane has a long and honourable history and each must be adopted carefully and appropriately. It is important to understand that these together make up the whole ‘democratic fabric’, and that it is dangerous to rely too heavily on one at the expense of the others. In our task of harmonisation we have tried to assess the strengths of how these elements of democratic practice are used locally and to build on them in our proposed **Blackpool Model**. This model is necessarily hybrid, in which features of all three will be recognised. The model is not a ‘quick fix’ to the immediate needs of particular agencies for consultation with the public, but rather a strategic blend of different needs and practices in the interests of effective consultation.

The model proposed in Part III builds on the three planes of democratic practice and recommends that Alliance agencies work towards adopting a **common consultation strategy** in which all exercises in public consultation are discussed and viewed as complementary. Harmonisation of consultation activities will be learned and achieved over time, and will rely we believe, on the serious commitment of the proposed pivotal **Consultation Steering Group** through which the agencies learn to listen and act strategically to the public.

² See Appendix 3 for further details of the research process.

PART I : THE BLACKPOOL SITUATION

Social, Economic and Health Pressures in Blackpool

The last two hundred years of Blackpool's history have been dominated by its status as a tourist resort. To a certain extent tourism has been the source of the town's economic well being and a contributing factor in many of its social problems. In the nineteenth century, Blackpool's status as a working class resort led to the development of the famous Victorian attractions: the three piers, the Tower complex, the Grand Theatre and the Winter Gardens. A huge population increase accompanied the development of these tourist attractions, particularly in the summer months when visitors and the workforce needed to service their needs would flood into the town. The transport to provide for this influx was accommodated by a rail network linked to the major towns and cities in the region.

There have been many changes in leisure patterns and modes of transport throughout the late twentieth century i.e. holidays abroad, self catering accommodation, short breaks and a marked decline in use of public transport. Blackpool's Community Needs and Audit Study 1998 reveals pockets of serious economic and social deprivation, particularly in the central wards where fluctuating unemployment and short term housing lets show the negative side of being a tourist town. Transient populations of seasonal workers and periodically homeless groups have introduced new types of 'communities' into the town and arguably newer and more intractable forms of deprivation.

....in the inner wards people will be interested in doing things until the season starts, but then the nature of the town changes. The whole feeling of the place changes and that's important if you are trying to get people's views on things.

(interview respondent)

...if you take a deprived area in Blackpool, the four inner wards, there are no council estates, very few council houses, they don't have identifiable communities. You have great long streets with absentee landlords and a lot of private sector tenancies, some housing association. But no common issues, few common issues. Tourism is perhaps the only thing that binds people together, so it's very difficult to go and involve that 'community' because you can't say to people okay do you really want a no ball game sign in the green in the middle because there isn't a green in the middle and no one really cares anyway and nobody's there long enough to care anyway.

(interview respondent)

... the stakeholders in this town are not stakeholders of Blackpool. They're stakeholders in their particular area of interest - they're stakeholders in the accommodation sector or stakeholders in the entertainment sector.

(interview respondent)

Blackpool Council's Social Inclusion Plan, 'Talking Point' (1999), gives an economic, environmental and social profile of the town which contains some worrying figures. Local unemployment is running at rates considerably higher than in the UK, hitting almost 20% (male) in the two worst affected wards. Gross weekly full

time wages were 23% lower than the UK average in 1998, and significantly the town has a higher than average part-time work force, given as 29% in May 1998. More than 30% of all children in the town were living on income support in 1996, with five primary schools recording over half their children on free school meals. Overall, the population is increasing, particularly in the 30-64 and under-15 age groups. Outside the London boroughs, Blackpool is the second most densely populated district in Great Britain.

Between 1995 and 1998 there was a massive increase in households presenting as homeless, from 25 to 1,882. In the four inner wards one third of households are in the private rented sector, of which 22% lacked private use of amenities. As has occurred in Morecambe, another seaside holiday town, these wards are 'bedsit land' where houses in multiple occupation, bed and breakfast accommodation and hostels represent a way of life for a large number of families.

Levels of achievement in education are thought to have been affected by social deprivation and high levels of pupil mobility, recorded at 32% in one secondary school. Only 47% of school leavers in 1997 participated in further education compared with a national figure of 68%. Illiteracy rates are exceptionally high at 25% of the population. The 1999 draft Health Improvement Programme also outlines high rates for deaths, cancer, and for accidents compared with North-West and national averages. HIV, drugs and alcohol misuse are also significant problems for Blackpool. Clearly, such conditions have had very significant implications for agencies wishing to engage in public consultation.

In the government sponsored Independent Inquiry into Inequalities in Health chaired by Sir Donald Acheson, the cross cutting nature of the causes of some of the problems highlighted above is discussed at length. In the report's discussion of absolute and relative inequalities and the relationship between social environment, social support and health, it is strongly argued that the widening gap between rich and poor *within* communities (such as Blackpool) serves to perpetuate and worsen inequalities in health. In addition to the ill effects of absolute poverty, societies where there is a wide gap between rich and poor locally, suffer additional social problems. It is suggested that people with stronger social networks live longer, are at less risk from coronary heart disease, depression, and a recurrence of cancer, and are less susceptible to infectious illness than those with poorer networks. In addition to the report's targeted recommendations about alleviating poverty, e.g. for those on state benefits, Acheson also points out that an holistic approach to the whole community's health must be taken, or the inequalities will persist (Acheson 1998).

Charged specifically with addressing health inequalities in their districts and localities, health agencies are increasingly recognising that the active involvement of citizens in *decisions* about their health may itself have positive health outcomes:

The step change we have seen since the publication of The New NHS, is that the thrust of the policy (about health improvement) is clearly towards public involvement in decision making, which goes much further than information-giving, consultation and passive participation into the realms of empowerment...

(Public Health Forum 1999)

Current Patterns and Practices of Consultation in Blackpool

Blackpool Borough Council's change to unitary authority status, coupled with the modernisation agenda being driven by central government, have both necessitated a string of reviews in each statutory agency followed by short time-scales for implementation. Two key elements of this service-driven review process have been the need to (i) identify cross-cutting issues and relevant partner agencies within the statutory, voluntary and business sectors, and (ii) consult with relevant agencies and organisations, client groups/service users, and sometimes the general public, on formulation of strategies.

On the whole, neither of these two elements appear to have had a particularly long tradition in Blackpool and it is clear that considerable ground has had to be covered in a very short space of time, with many new partnerships, forums, panels and committees being formed in the process. Not only has this work begun to further mutual understanding and dialogue between agencies and even departments within the same agency, but more importantly, in many instances, this has led to the beginnings of joint ownership of problems within the statutory sector as a whole.

But what of the public in all of this activity? While policy reviews are taking place at lightning pace, and partnerships being forged between agencies, what opportunities have emerged for residents of Blackpool to have a say? What opportunities have there been for citizens to identify problems for themselves and take an active part in creating possible solutions?

Clearly a commitment exists amongst some officers/managers to bring citizens into the decision making process, not only because of government pressure, but also from a genuine belief that the public *ought* to have a say.³ Many different kinds of consultative activity have taken place with clients, service users, or citizens of Blackpool.⁴ However, this consultation has been ad hoc, sometimes driven by statutory requirement, sometimes not. The success of any particular exercise has tended to rest on the extent to which that consultation has been geared to meet the needs of those being consulted, with techniques designed accordingly. But there has been little opportunity or interest in extrapolating good practice between initiatives. Box 1 below is intended to demonstrate the breadth of consultative activity which has taken place, ranging from basic quantitative surveys to more complex qualitative pieces of research.

³ Having said that, we did not find any examples of attempts to consult with ethnic groups locally. While numbers of people from ethnic communities are understood to be small, their needs are even more likely to be overlooked unless they are brought into consultative practices, not just in targeted work around difference of need, but also as citizens of the town with a legitimate voice on all issues that affect them *as citizens*. There is a danger of replicating patterns of social exclusion in society generally within consultation activities unless this point is addressed.

⁴ Because the research team was asked to build on existing practice and look at possible ways of revitalising local democracy, we have not here examined the role of elected representatives in detail. The Blackpool area continues to be served by its traditional structures of representative democracy – its MPs and its elected councillors. Their work goes on and their roles underpin the other activities outlined in Box 1. Many of the activities in Box 1 themselves contain elements of representation, participation and of direct democracy.

BOX 1: VARIETY OF CONSULTATIVE PRACTICES USED WITHIN BLACKPOOL

- use of complaints procedures
- questionnaires directed at specific service users (all agencies)
- household questionnaires /leaflets eliciting response (e.g. Community Plan)
- use of local newspaper to elicit response (e.g. the Community Safety Strategy)
- use of local radio to pass on information (Challenge Partnership)
- use of radio phone-ins to generate debate (Community Health Council)
- Public meetings (all agencies)
- use of link workers to gather/feed in information informally (e.g. Council for Voluntary Service, CHC, Community Development Worker)
- informal networking with professionals from other organisations
- paper consultations with identified groups and organisations
- inviting key voluntary sector representatives on decision making bodies (ie CVS Chief Officer)
- targeted surveys with varying degrees of sophistication (e.g. tenant satisfaction surveys, community needs audit, household surveys for the Local Plan, customer satisfaction surveys)
- small group discussions with user/carer groups (e.g. CHC workshops, Social Services)
- SWOT analyses (e.g. Community Care Plan, Children's Services Plan)
- in-depth interviews using specially adapted communication aids (e.g. Children with Disabilities project)
- workshops with professional groups
- use of established forums and partnerships to disseminate/ receive feedback (e.g. Blackpool Young People's Council, Volunteer's Forum)
- specifically convened forums for consultative purposes (e.g. Community Care Consultative Forum; 'Are You Listening' Group)
- targeted community development work (in inner wards)
- focus groups (e.g. Community Needs Audit, Family Support Services)
- outreach to certain identified 'hard to reach' groups (e.g. Community Safety Strategy)
- day long workshops bringing together members of the public and professionals on focused topics (CHC's Changing Practice initiative)

It is impossible within the limited timescale of Phase 1 to assess the extent to which the views of those consulted have found their way into final strategy documents or the priority setting and allocation of budgets. What is clear is that strategic level decision making processes have not provided many opportunities for citizens to have meaningful input. **We feel that this may be because strategic level decisions need to be underpinned by debate and deliberation, and that deliberation itself still rests largely in the hands of professionals or ‘experts’.**

Despite the considerable time and funds being spent on public consultation in Blackpool, we have found a general sense of dissatisfaction, and even unease, amongst professionals with much of it. Officers and managers seem frustrated at the apparent lack of opportunity for a more in-depth and creative role for the public in consultation. One of the telling issues, repeatedly raised in our local discussions, is that while the government policy drive appears overall to promote participation in decision making, much of this consultation is felt to be encased in a restrictive bureaucratic framework. In effect, much consultation has been carried out just to survive ‘politically’, but this is recognised as not particularly meaningful in itself and is essentially ‘going through the motions’.

Much consultation in Blackpool has often involved passive exercises in gathering views about ready made or proposed ‘strategies’ written and constructed to satisfy bureaucratic demands. For this reason the consultative agenda has been ‘closed’ in effect, and the consultative documents (i.e. the strategies) have not been written in particularly comprehensible or meaningful ways. It has therefore been difficult for citizens to see them as relevant to their lives, to community problems, or to feel that they can have any influence over them. Strategic documents such as the Health Improvement Plan, or the Community Care Plan, in themselves are not useful as tools of engagement, and often the perceived lack of interest for such strategic *documents* has been confused with public apathy about the *process* of strategy formulation. This cycle of behaviour has fuelled a process which has kept policy formulation and strategic thinking in the domain of ‘expert professionals’ (be they in the statutory or voluntary sector).

Constructing more meaningful ways of engaging the public and involving them in strategic decision making is one of the challenges of this research. However, our proposals have also had to recognise the growing and ever present audit culture which is pervading statutory agencies, particularly in the case of local authorities. **Best Value** is a key element of the Government’s programme to modernise local government and is set within the context of auditing and comparing performance across all authorities. It is by nature prescriptive in its purpose and methodology. Best Value relies on information about performance to assess particular services and to judge whether they are ‘successful’ or not.⁵ National and local indicators and targets are an integral part of performance plans, and authorities will be judged by percentage levels of ‘satisfied’ people as much as anything else. There is a danger that reliance on

⁵ Authorities are required to publish Best Value Performance Plans which must include a programme of Best Value Reviews. The aim of the review is to set improvement targets and to determine the best option for delivering best value. Each local authority has to publish in their Performance Plan how they perform as measured by national indicators set by the Government and the Audit Commission (192 for unitary authorities, 41 for police authorities). In addition, authorities are expected to have sets of local indicators and targets to measure performance against.

this type of consultation alone could reinforce existing patterns of inequality. We have tried to address this closed and undeliberative aspect of consultation work which we understand certain Alliance partners are under pressure to accommodate. However, it is also clear that gathering data for performance indicators is not all that Best Value is about, and a creative, reflexive approach to engaging with the public would serve the needs of Best Value authorities' *broader agenda* of becoming responsive to the public's needs in the long term.⁶

Taking Best Value seriously means being able to learn from service users and demonstrate how that learning has an impact on services. Developing 'joined-up' responses to issues such as crime prevention, public health and traffic congestion demands the ability to work with and through the public.

(DETR 1998b)

While seeming to be more and more prescriptive in its approach to Best Value, the Government is somewhat confusingly calling for a multi-method approach:

The Government has no wish ... to prescribe the detailed forms of consultation that are acceptable under Best Value. Focus groups, local panels and surveys, for example, all have a contribution to make. What is important is that authorities adopt a realistic corporate approach to consultation which recognises the need for overall economy and the benefits of joint design and working with others.....

(DETR 1999b)

A significant emerging theme in this research is that while considerable energy and commitment is being channelled into reviewing services and trying to build 'the public view' into service delivery, much of this work is taking place without being grounded in an overall framework or consultation/participation strategy for Blackpool as a whole. To date, there has been little opportunity for co-ordination of these activities across agencies, and little communication appears to take place between agencies (or departments/units within the same agency) about methods of consultation, best practice, or findings of consultative activities. Every one is doing it for themselves, in the only way they know how. This fragmentation in consultation appears not only to be wasteful of agencies' human and financial resources, but also does not do justice to the grassroots creativity which exists within the communities and citizens of Blackpool.

⁶The Local Government Act 1999 makes it clear that consultation is a general duty underlying the whole of Best Value and is not just part of the review process. Authorities have to find out the views of local residents, businesses and local agencies and other stakeholders on what they think the priorities for the authority should be, and how well they think it is working.

Local Case Studies in Consultation

In this section we give details of four different case studies which we believe are examples of developing practice in consultation.⁷ One feature of the research has been that sharing knowledge about this practice development in terms of its methods and approaches is not routinely done. Highlighting these examples in this report is therefore a means of sharing some of this knowledge and practical experience. It also helps to identify the gaps, the deficits in method and practice which we seek to address later in the proposed model.

The case studies we have highlighted are:

- Blackpool Community Needs and Audit Study (1998)
- General way of working of the Community Health Council
- Consultation with Children and Young People with Disabilities (1998)
- Health Strategy for Lesbians and Gay Men (1998)

We have concentrated here on the methodology used by each organisation to engage with the target group rather than on the perceived experiences of those who were consulted.⁸

⁷ We are also aware of two other examples of good practice which we have not highlighted due to the short timescale of the project. Firstly, the Community Care Consultative Forum which has been set up specifically to act as an interface between service providers and their target group, with follow up in-depth pieces of work being carried out by the worker to address issues raised in the Forum. Secondly, the development of the Sports and Recreation Strategy seems interesting as the Council Officer asked each sport to write a strategy for its own sport and these were then incorporated into the final strategy. The process itself appears to have built up better communication channels between the Council and sports clubs in the community.

⁸ Participants' experiences of the process of consultation would need to be built into any evaluation of consultative practices.

Case study 1 - Grounding consultation within community development

BLACKPOOL COMMUNITY AUDIT AND NEEDS STUDY 1998

This example is highlighted here to demonstrate how consultation can be successful when the infrastructure is in place to follow it through into practice. It is also a powerful example of the crucial role community development can play in consultative practices.

This was a piece of research commissioned by Blackpool Council on behalf of a consortium of agencies within the town. One element of the research commission was to produce information on the existing level and capacity of community activity in the six inner wards, and to determine the unfulfilled needs and potential of residents of the local community. The other element of the study related to the functions and responsibilities of the Council in relation to the alleviation of poverty, social exclusion and disadvantage. The market researchers who carried out the study used a range of methods:

- auditing council services which contribute to the alleviation of social exclusion, poverty and disadvantage through examination of strategic and service delivery documents and meetings with senior managers;
- postal questionnaire of community organisations and follow ups;
- questionnaire survey of 636 residents, with at least 100 in each of the 6 wards;
- follow-up by community focus groups / community forum.

How the study has been used

- ♦ The study acted as a vehicle to stimulate debate on social inclusion between all the various agencies in Blackpool. In particular, two conferences were held, as a result of which several sub-groups were formed to work on different aspects of a social inclusion strategy. Therefore a well-informed, well-grounded **social inclusion plan** for Blackpool was drawn up as a result.
- ♦ The study was used to make a successful bid for **European Social Fund** capacity building money as part of the Building Bridges in the Community Programme, which has funded the audits in Park and Clifton wards.
- ♦ The **Grange Park Community Audit** was carried out in 1998. This time, however, the survey of 380 residents was carried out by 12 volunteers who were trained over a 3-day period by the research manager. The final report was also prepared in conjunction with the volunteers as an editorial team. As a result of this work, a local forum called the Strategic Planning Committee for Grange Park was set up. After four months, a series of discussions took place between the residents and officers as it began to be felt that this committee did not have enough community representation. The group was then renamed **Park Ward Action Committee** and is now led by the community. The Action Committee is considering a range of local issues which impact on health, housing, and community safety, and is developing ongoing discussions between professionals and residents. The Action Committee is also exploring better ways to use existing resources and is working on identifying sources for additional funding to meet the needs of the locality. A particularly important outcome of this process has been the positive response of the **Police** and the Council's **Community Safety Officer** to the expressed needs of the local community. The Police are now of the view that *listening to the residents of the area has directly resulted in a reduction in the number of crimes* being committed in Park ward.
- ♦ A similar process is occurring to produce the **Clifton Community Audit**, although because the ward does not have a tradition of community development, the research is being carried out by external consultants.

Case study 2 - Adopting different methodologies to suit the purpose of consultation

COMMUNITY HEALTH COUNCIL

The CHC workshops and general way of working demonstrates how it is possible to bring insight and dialogue into the every day practice of professionals, without prohibitive cost implications. The CHC has played a crucial role in acting as a scrutineer of health services, and has established a way of working which is capable of being responsive to information on an informal basis, as well as responding to formal briefs from professionals. This flexibility in approach is a crucial element in its routine work and as such is an example of good practice.

Changing Practice : Practising Change initiative - These are day long workshops between health professionals and members of the public which aim to provide health professionals with an opportunity to engage in dialogue about specific topics, the most recent one being on risk of heart disease. Workshops take place twice a year. The composition of each group is presently 50% professionals, 50% public. Members of the public have to date been recruited through CVS contacts, although this method of recruitment relies heavily on CVS itself working effectively.

Workshops with Primary Care Group - A recent example of these is one looking at what the public thinks about the top four priorities in the Health Improvement Plan. The Chief Executives of Blackpool PCG and Director of Social Services made presentations in the morning to 35 members of the public. In the afternoon, six groups were convened, each with a designated facilitator who was responsible for feeding back, to look at difficulties encountered with access to and provision of local health care. The agencies have agreed to make their response to issues raised by May 2000.

Discriminatory practices with people with learning disabilities – the CHC received information about the way an individual had been subject to discrimination. It carried out its own research by talking to people they identified would know about the subject, who all confirmed their initial finding. As a result, the CHC were invited to carry out training with hospital staff concerning the needs of people with learning disabilities.

Case study 3 - Targeted consultation with a traditionally excluded group

CONSULTATION WITH CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

This research illustrates what can be achieved through taking an open, creative approach to the process of engaging with people who would otherwise have not had the opportunity to have their say. Although this was a very specific and targeted piece of work, the principle applies to all consultative exercises; that the process of consultation needs to be designed appropriately to meet the needs of those being consulted.

The consultation was carried out in 1998 as part of an inter-agency review of services in order to draw up a strategy for service development over the following five years. The research was focused on reviewing services for children with a learning disability, a physical disability, a sensory impairment, autism, and children with multiple disabilities. As the review group wanted to hear the views of children and young people directly, a highly innovative and sensitive methodology was adopted which was successful in translating children and young people's views and, more importantly, feelings, into strategic formulation.

The techniques used included individual interviews (with children, young people, and parents/carers), focus group discussion (with children with moderate learning difficulties), and a postal survey of parents/carers. To ensure that no-one who wished to contribute their views was excluded, the consultation was publicised via the media and a poster campaign across town. In total, 48 children, 8 young people, and 52 parents/carers were engaged in the research process.

Interviews with children and young people

All interviewers were people who were familiar to the children and each one was provided with a training session and a written brief on how to conduct the interviews. The interviews were based on a pre-designed **questionnaire** which obtained both quantitative and qualitative information, and interviewers were briefed to present the questionnaire in a way that reflected each child's age, understanding and communication abilities. Adopting a flexible and sensitive approach throughout the interviews was a crucial part of the research design.

To help children identify which service they were being asked about, interviewers used a pack of 'prompts' or '**cues**', made up of very specific photographs and drawings of various activities undertaken by children/young people when using or attending particular services. In addition, there were photographs and drawings to help children/young people decide which new or different activities they might like to try. Interviewers were also asked to obtain personalised cues from parents/carers, such as a child's overnight bag.

To help children not able to communicate verbally to express their feelings in response to a question, interviewers showed them **symbols** such as a 'smiley face' and a 'sad' face, 'thumbs up' and 'thumbs down', a 'tick' and a 'cross'. A child's body language was also taken note of.

Overall, the research enabled each service provider to gain valuable insight into how children *feel* about activities that are offered to them and these were embodied in policy recommendations. The process provided children and young people the opportunity to have an input into the Council's Children's Services strategic plan in a way that would otherwise not have been possible.

Case study 4 - Formulating strategy based on participatory consultation

THE NAVAJO PROJECT - NWL HEALTH STRATEGY FOR LESBIANS AND GAY MEN

This project is highlighted here firstly because the *process* of formulating the strategy was used as a tool for community development, secondly because the strategy was able to encompass a holistic approach to health, and thirdly, because the project has clearly produced a dynamic strategy which invites continual participation, reflection and evolution. The project has recently won a national award of excellence in recognition of its participatory methodology.

The Navajo Project was initiated by North West Lancashire Health Promotion Unit in 1998, in response to recognised health inequalities for lesbians and gay men. A fundamental aim of the strategy was to clarify what statutory and voluntary agencies could do to work towards achieving equity for lesbians and gay men. Further, it has the overarching aim of empowering members of the gay community so that members themselves can guide, shape and support strategies for their own health needs.

The project consisted of a number of phases, designed to meet the overall objectives; a consultation phase, leading to drafting of proposals to be discussed at a consultation day, followed by a report, and subsequent distribution of the Health Strategy for submission to North West Lancashire Health Authority and local authorities.

The initial **Consultation Phase** sought to identify the range of needs and issues affecting the health of gay men and lesbians, encompassing sexual, physical and mental health issues.

Information was gathered through:

- interviews with senior providers in a range of statutory and voluntary agencies
- focus groups consisting of agency representatives to discuss key strategic and operational issues
- focus groups with gay men to identify their needs and concern
- focus groups with lesbians to identify their needs and concerns

More than 40 agencies and 30 individuals from the gay community were involved in the research phase.

Draft proposals were then collated and circulated for discussion at a further consultation day. More than 50 delegates attended the **Consultation Day** in March 1999 where views were sought on the proposals and any other issues within workshop sessions. A **report** was produced with a series of recommendations based on the findings of the research. The **strategy** was then distributed to all organisations involved in the development process and was submitted to NWLHA and local authorities, in an effort to link it in with other strategies.

Even though the strategy was only published in November 1999, the project has resulted in a whole number of practical initiatives being generated to address the immediate priorities of the strategy. The top priority identified in the process of consultation was the need for a safe space, so a multi-agency sub-group is now working on setting up a Lesbian and Gay Health Centre in Blackpool. Another priority issue was to develop a mechanism through which lesbians and gay men would have the confidence to take up health services knowing they would be inclusive and non-judgemental. The Strategy Working Group has developed a Gay Friendly Assurance Charter Mark (with set criteria that have to be met and monitored) which already has 12 agencies signed up, with 6 waiting to be assessed.

PART II : THE WIDER PICTURE

Challenges in Public Consultation

A key element in this research was to establish a shared understanding of the problems and issues which underlie consultation and public participation. In this section we refer to the growing emphasis on participatory democracy in the literature and why this is increasingly prominent in the context of current debates and local and national consultation commitments. For instance, the perceived need to develop more *active citizenship* has been gradually moving up the political agenda for a variety of reasons. This has been emphasised, for example, in the Government's 1998 White Paper, 'Modern Local Government: In Touch with the People' in which it is envisaged that new political structures will help local authorities to engage with their local communities more effectively in order that: 'Local people will be encouraged to take greater interest in their council's affairs'.

Perhaps the initial spur for local authorities to involve members of the public as individuals and as 'communities' came as a response to Local Agenda 21, which builds in participation (with particular emphasis on 'hard to reach' groups) as a linchpin in the sustainable development agenda. Over recent years, it has become increasingly clear that sustainable development is not just about traditional environmental factors (such as pollution or global warming) but that social and economic realities of people's daily lives need to be addressed equally. It is possible to see many of the issues now brought under social inclusion strategies arising out of LA21 work over the last 10 years.

The present government's modernisation agenda promotes the principle of participation in local decision making in an inter-agency context. All of this activity has revealed a need for information and practical experience about new forms of engagement, such that the research and literature on public consultation, particularly in local government and health, has proliferated in the last five years. What we have found is that a vast majority of this literature has been written to address what is seen as a 'democratic deficit' (Cooper et al 1995) and a need to 'reinvigorate the democratic process' (Local Government Association 1998).

Reinvigorating Democracy

Definitions of democracy are legion containing many subtle variations and nuances, but a common theme is that democracy is characterised by some form of 'collective control or popular power' which ultimately is seen to rest with the citizen or the general public (see for instance Khan, 1999:24). However, the liberal democratic model of government that has evolved in Britain relies heavily on the tacit acceptance of the mass of the population to be governed through elected delegates who have a brief to represent the interests of the public at large, and to take decisions on our behalf. The historical legacy we have inherited has defined '*Politics*' as something other than the act of organising and managing how to live our daily lives, and as something we allow to be professionalised, and consequently something we are not often invited to participate in. In this way, the political legitimacy of the system of governance has rested very heavily (many would say too heavily) on a belief in the adequacy of representation, achieved through our nominal 'participation' at elections.

However, it is now becoming generally accepted that this model of liberal democracy does not serve the interests of all sections of society to the same extent, leaving many

people feeling unrepresented, marginalised and without a voice. One of the ways in which the growing sense of mistrust between citizens and the political establishment has manifested itself is in poor voter turnout at local and national elections, with some record low figures coming recently from Sunderland and Leeds bye-elections. There is widespread concern about voter apathy and falling turnouts, not only in the UK but also throughout Europe - although consistent figures of under 40% in some circumstances do indicate there might be a greater problem in the UK. In local elections this is particularly noted (see for instance Cooper et al 1995). Blackpool voter turnout averages 40% in local elections. It can be strongly argued that the majority of the population is not willing to lend legitimacy to a system which is not perceived to be working for them, at local and national level.

Lack of clear democratic accountability has been a further problem, and in health, the removal of elected representatives from health authorities under the previous government's health reforms, opened up a void in this respect, arguably spurring the guidance about listening to 'Local Voices' (NHS Executive 1992). Where representation is seen to be weak, direct and participatory forms of democracy are often invoked. The problem then becomes how to use other democratic tools in the context of weak traditions in the UK in direct and participatory engagement.

This decreasing level of acceptance of representation and perceived lack of accountability has been one of the reasons behind the central policy drive for democratic renewal; there is a sense in which there is now an acknowledgement by the establishment that the existing over-reliance on representatives in the system of governance is losing legitimacy, and that other ways of hearing the public have to be found in order to restore credibility in the democratic system as a whole.

Ironically when this impetus towards renewal is translated into the domain of public administration, great emphasis is still placed on the notion of these new kinds of engagement being 'representative', because this continues to be seen as the most legitimate plane of democracy. We suspect this to be a particularly British problem. But this becomes very difficult – it is hardly practicable to hold plebiscites on every service issue or construct in-depth participation with every citizen. While innovative ways of hearing from the public are being encouraged centrally, public sector agencies are also given the task of carrying out their consultation exercises in a 'representative' way. Unless statutory agencies can claim to have reached all sections of society they cannot claim any legitimacy for their findings. This places the agencies in an increasingly contradictory dilemma.

Reaching the 'Public'

An important point arises, specifically in relation to 'traditional' i.e. undeliberated poll-based consultation methods if these are seen to be able to access a scientific and 'representative' sample of the public. It should be remembered that publics can be selected to be representative in a range of different ways, from electoral rolls and census data to recruitment based on a range of social profiles. In the case of large scale postal surveys, quite often the problem of low response rates can lead to the need for extra sampling to 'engineer' a more representative sampling. However, in the context of large-scale panels, recent research has revealed that, very often agencies will invoke the idea of representativeness to justify sampling strategies and in order to

argue overall that a ‘public view’ had been obtained. Obtaining the public view is seen as strategically very important when arguing the case for change, or indeed maintaining the status quo. Claims to representativeness are very open to challenge in any method of consultation, and the most effective way to disregard uncomfortable findings is to question the methodology and sampling techniques (Dowswell et al 1997).

As numerous analysts of public consultation models point out, it would be a mistake to imagine that there is a homogeneous entity ‘the general public’ (see, for example the edited collection, Renn et al 1995). Publics are intrinsically heterogeneous and multi-faceted, and claims to be representative, whether statistical or otherwise, must be qualified by an explanation which answers the question: ‘representative of who/which groups?’. We found that the issue about which kinds of ‘publics’ are being consulted arises very starkly in Blackpool. The Working Group spent some time discussing this issue.⁹ Our own investigations revealed that many of Blackpool public service agencies were least concerned about their ability to reach the special interest groups, and most concerned with ‘hard to reach’ people who had no engagement with interest groups. They were also concerned with reaching the ‘general public’ which they also characterised as unengaged. This concern is borne out in the observation that patterns of social exclusion can be reproduced in public consultation initiatives which are dominated by particular interest groups. Clearly, the development of a range of participation methods, to reach a range of different publics may, in many instances, be more important than seeking the illusory goal of general representativeness (Dowswell et al 1997, Barnes 1999).

Issues surrounding quantitative and qualitative understandings have been theorised and debated, not only in public policy arenas, but have also been of concern to analysts of the interface between science and technology policy and the public. In the latter field the relationship between statistically significant quantitative data (which claims to be objective and thus ‘scientifically valid’) and qualitative data (which claims to offer greater depth and transparency) is well theorised. Irwin points out that:

...it cannot simply be assumed that qualitative research provides depth (or ‘colour’) whilst quantitative studies lend representativeness (sometimes known as ‘the bigger picture’). It must be borne in mind that, given that quantitative and qualitative methodologies ask different sorts of questions, in different contexts, it is important to realise that the outcomes can project entirely different perspectives on the same policy issue.

(Irwin & Wynne 1995)

Bringing the Public Centre Stage

Sherry Arnstein developed her now classic model of a ‘ladder of participation’ to define the various degrees of citizen participation (Arnstein 1971). The ladder was designed to help people understand the concepts of participation and involvement, but it was also a normative tool which invites public organisations to move up the ladder if they wish to demonstrate good practice (see LGMB 1998, NEF 1998, Audit

⁹ See workshop report at Appendix 2.

Commission 1999). We feel that this may be an oversimplification if it is applied, judgementally, to all levels of decision making in all contexts. It is normally the case that a range of consultation practices are in operation at the same time in different contexts. Nevertheless, it is important to be aware of the different levels of participation and this model has been found to be a very useful heuristic device - a way of illustrating that there are a wide variety of levels of citizen involvement within consultation strategies.

In a recent review of democratic practice within local authorities John Stewart (Stewart 1996) concluded that while innovative democratic practices are being undertaken - in isolated pockets - a commitment needed to be made to 'plug in' these processes to the policy making framework, that is, information obtained through consultations need to be acted on. A report, commissioned by the Local Government Association Task Group on Democracy and Governance (1998), emphasised these points as follows:

Local government must exploit and develop the existing array of methods and techniques already in place to put their citizens, users, stakeholders and partners in the driving seat of public policy making by ensuring that the strategy developed not only matches purpose with task but also to ensure strategy coherently informs policy making.

(Local Government Association 1998)

It is often asked how public participation can co-exist with traditional 'representative' political structures of local authorities and member governed agencies without undermining the authority of the elected members. A report by the Local Government Management Board (1998) suggests that this would only be true if one assumed a 'zero sum' concept of power in which one group's gain was balanced by another's loss. An alternative way to see an increase in public participation would be as an overall increase in access to power, and therefore of benefit to society. Furthermore, in the Government's Department of the Environment, Transport and the Regions' summary of their 'Guidance on Enhancing Public Participation', it is argued that:

Participation can improve and support councillors in their various executive, scrutiny and representative roles. [And that] participation also should become integrated into the everyday management processes of the authority.

(DETR 1998a)¹⁰

A question often asked (and this has emerged in our interviews with members of Blackpool's public service agencies) is whether there is a level of decision making which is particularly suited to citizen participation. For instance, would it be possible, or indeed desirable, to open up strategic issues or budget setting to citizen participation? Research indicates that citizens are more likely to engage with issues which address their practical and local concerns, rather than abstractions. However, people's 'grounded' approaches to issues does not mean that they cannot make a valuable contribution to strategic policy decisions. Close involvement with the public

¹⁰ This point is also made by the Audit Commission's Management Paper (1999) on effective consultation methods and DETR's paper on *Local Leadership, Local Choice* (1999).

at a very early stage in agenda setting could prove to be one of the most valuable consultation activities of all. It is worth noting that some surprising results have arisen in terms of budget setting when the people are given a legitimate voice. In 1998, for example, residents in Milton Keynes voted for a 10% rise in local council tax - against government wishes (Guardian Society 5th Jan 2000).

According to the guidelines proposed by the Local Government Association (in conjunction with the Institute for Public Policy Research 1998) there ought not to be any definite rules about the level or the stage at which to involve the public. It is suggested, however, that clarity of purpose is the key to good practice. Formulating strategy requires sustained deliberation, input and re-adjustment. If the public is engaged in debate and deliberation around cross-cutting issues of concern, agencies can draw strategic direction from this kind of engagement. We have called this the process of **listening strategically**. Strategic thinking by groups of citizens does not arise spontaneously, but needs to be given the opportunity to develop. We believe that citizens' contribution to strategic thinking cannot be adequately understood through undeliberated surveys.¹¹

Figure 1 shows the relationship between different methodologies in terms of the process used to obtain 'the public view'. Each technique that is used constructs 'the public' in a different way and the matrix below illustrates this using two axes of informed / uninformed public with deliberative / undeliberative methodology.

Fig 1 : Approaches to Public Consultation

	Informed	Uninformed
Deliberated	Citizens' Juries Deliberative Panels	Focus groups
Undeliberated	Questionnaire with written information and/or discussion	Large scale postal panels receiving regular questionnaire

(Source: Dowswell et al 1997)

Identifying cross-cutting questions

In a research summary on enhancing public participation in local government (1998) it is suggested that new policy initiatives (such as requirements under Best Value), and drives towards urban regeneration, provide a spur to inter-agency approaches to public participation. A range of research findings have also confirmed that major issues which concern and engage the public cut right across agency boundaries. Harmonisation of consultation itself is also given as a desirable goal but it needs to be understood what the advantages are, for the Alliance agencies and for the public, of an inter-agency approach. Perhaps more importantly, agencies need to identify and address the challenges that such an approach may pose for their way of working.

¹¹ This is not to suggest that in some circumstances single issue decisions cannot be usefully informed by simple surveys. The important point is to be clear about the purpose.

A recent DETR report on cross-cutting issues focused on these five areas of work as issues relevant to partnership working:

- Community Safety
- Regeneration
- Disaffected Youth – (sic)
- Social Exclusion
- Sustainable Development

The DETR report is a review of local authority action on these cross-cutting questions and one of the findings is that local stakeholders spend very little time engaging in debate with each other about the nature of cross-cutting issues, and little time and energy nurturing **a culture of partnership**. This may partly be because of a general sense of ‘initiative fatigue’ amongst people working in the statutory sector, but it may also be due to the particular way of working that has been developed within local government in recent years:

...output-based service oriented performance management systems and line accountabilities encourage a narrow focus on service delivery within existing structures.

(DETR 2000).

The point is perhaps relevant to all statutory agencies at present. Cross-cutting questions by their nature lend themselves to imaginative and creative responses and ways of working, but such issues may often be seen by managers, charged with the task of delivering output within tight timescales, as marginal to mainstream work, as an added extra to core functions.

Partnerships may create a new strategic vision, they may plan and co-ordinate, or may deliver new services. Whatever the role, it is imperative that **clear terms of engagement** are negotiated by partner agencies before entering into new partnerships such as the one proposed in Part III - the Consultation Steering Group. Collaboration may have worked well on specific projects, but making the transition to joint strategy and co-ordinated programmes requires much wider commitment within organisations, and sacrifices to autonomy.

As a group, we need to be very clear about what each of us could or could not deliver, or else we end up passing the buck, and say that's your problem, not mine. That's not a reason for not working together, I just think it's a reason to say this needs to be done properly. Lets not just wonder in one night, one afternoon, and say come on tell me all about it. We really do need to know where we're coming from.

(interview respondent)

Structural changes alone do not bring about new ways of working. Strong personal contacts and commitment by individuals to overcome obstacles are often what make

inter-departmental/agency work successful and this is true in consultation work as in any other field. Practical initiatives can be taken to enrich inter-agency and inter-departmental understanding. In an Alliance approach to consultation, time will need to be built in to discuss what issues are considered to be cross-cutting and what implications this may have on each agency's way of working.

Without a shared analysis of the problem and shared vision of the desired outcomes, progress is likely to be slow.

(DETR 2000)

Methods of Consultation/Participation

In the process of the stock-take for this project we discovered a wide variety of traditional and innovative consultative activities being used throughout the Blackpool area. This section gives a brief introduction to some other methods of involving citizens in public service decisions. The list is not exhaustive, the practices certainly vary from place to place, and the criteria for assessment of these methods is not universal. In many cases, practitioners have adapted the models or hybridised them to fit specific purposes. The key to meaningful and useful consultation is to be fully aware of the purpose of the exercise and then, as the Audit Commission suggests, to match the methods used to that purpose and, crucially, to make sure that the method is carried out competently (Audit Commission 1999).

It is generally agreed that it is not easy to establish innovative consultative practices. Agencies need to develop new skills, engage new partners, and find the time and resources needed to become proficient - all this at a time when many feel hard-pressed to perform well in traditional areas due to the sheer volume of work and perhaps lack of resources. It is important to remember that there is a wealth of information and guidance available and we have tried to indicate where this can be found.

The models of practice for public consultation sketched out below list a comprehensive selection of 'families' of methods commonly used in local contexts. We describe seven categories of model, each of which has been used in a variety of ways and can be tailored for specific purposes. Several other specific but useful methodologies are described - some which would not be appropriate in local contexts. Finally, for a very comprehensive source of further information and details of specific case studies we have included an annotated list of key references.

Surveys

Postal and interview surveys are the most widely used traditional method of consulting the public. While they can hardly be described as innovative they have been listed for comparative purposes. They are a low-cost option for asking a wide range of closed and tightly focused questions and for distribution to large numbers of people. Results are relatively easy to collate and quantify. Low response rates to postal surveys is a concern if representative sampling is a goal and as qualitative information cannot be extracted from those that do respond, this method can soon become of very little use.

Large standing panel surveys

Panel surveys consist of a balanced sample (typically between 500 - 2,000) of members of the public who have been recruited by post or by telephone to provide an ongoing resource, mainly for undeliberated survey questionnaires. Personal details of the panel members, which are normally held in a database, can be a useful resource for population profiling where sub-populations need to be identified for specific purposes (e.g. focus groups). The panel would normally be used more than once a year and, it is suggested (Audit Commission 1999), that responses can be analysed to track changes in opinion over time, although it has been argued that the views of panel members are influenced by their level of involvement over time (Sinclair 1999). Panels can be expensive to set up and maintain (particularly if outside consultants are used) but costs do lower over time, particularly if the cost is shared between agencies.

The drop-out rate can be high and the reliability of the findings is questionable unless careful attention is given to the framing of surveys and the design of questionnaires. Because the method is undeliberative, questions have to be ‘closed’ and unambiguous and are limited to a generalised and rather crude view of respondents’ ‘knowledge’.

Case study 5- Non-deliberative panel surveys

BRADFORD ‘SPEAK OUT!’

Bradford’s ‘Speak Out!’ panel was set up in 1995 by the health authority, the local authority, the Training and Enterprise Council (TEC) and the community NHS Trust. It continues to be supported by these agencies. There are 2,500 people on the panel, professionally recruited as a representative sample of the local population. The health authority register was used to send out screening questionnaires to 25,000 residents aged 16 and over. Quotas were selected, out of 4,000 replies, using census data to provide a balanced population and, where there were gaps to be filled, additional residents were recruited to be included in the panel. One third of the panel members are replaced each year but, on average, there is a 15-20% natural drop out rate of predominantly young people.

The panel is used several times a year to conduct single or multi-agency surveys. In addition it has been used as a resource pool to form focus groups to discuss subjects in more detail.¹² Its perceived usefulness has diminished slightly with the recent emphasis particularly by Primary Care Groups, on gaining in-depth understanding of localised health needs.

Case study 6 - Non-deliberative panel surveys

CITY OF YORK ‘TALK ABOUT’

The City of York has used its own market research team to set up a panel of 1,248 citizens of York. The panel was selected from replies to a screening questionnaire (sent to 10,000 people on the electoral roll) selected to reflect the age, gender and socio-economic status of the local population. The panel is used by all departments in the city council, and sometimes earns income from other agencies such as the health authority. A proportion of panel membership is replaced on a regular basis. Significantly ‘Talk About’ is seen as only one aspect of a range of other consultation and public participation strategies used by the council¹³.

Community Forums

Community, neighbourhood, or health forums are regularly held structured meetings between local communities or communities of interest and service providers to consult about issues of concern. These can be useful where the view of a target group (e.g. geographical or interest group) is required, but this approach does not allow for a general public view.

Focus Groups

¹² For further information contact the Marketing Manager, City of Bradford Metropolitan Council, Bradford BD1 1BR

¹³ For further information contact the Marketing and Communications Group, City of York Council, Guildhall, York.

Focus groups are small discussion groups (8-10 people) of pre-recruited members of the public convened to 'focus in' on a specific issue. The make up of the group will depend on the target group or issue. The group could be made up of a very specific section of the population (say, for example, young single women with children in a particular area) or could be more broadly constructed to reflect the population as a whole (based, for example, on age, gender, employment, and any other criteria). A trained facilitator is normally employed to lead a semi-structured discussion. Focus groups can be constructed in a variety of ways to suit the needs of the research commissioners and are a useful tool for exploratory work on public perceptions. Due to the discursive nature of this work, analysis and interpretation of focus group discussions is a particularly developed skill and needs careful attention. This analysis also has a cost implication.

Citizens' Juries

The concept of the citizens' jury was developed in the mid-1990s, from models used in Germany and America. The methodology is quite specific in that a group of citizens (12- 20), recruited to be inclusive of a broad cross-section of society, meet together over a period of time (3 to 5 days) to investigate, deliberate and make recommendations on a policy issue. Citizens' juries require quite elaborate planning and are relatively expensive to run. It is therefore reasonable to suggest that they would normally only be commissioned by a body that was willing to listen to, and had the power to act on, the jury's recommendations. Although the sponsoring body might choose the general theme of the issue, the specific framing could be open to negotiation, based on prior consultation. The organisation and moderation of a jury would normally be contracted out to independent consultants. Individual jurors are paid a fixed sum to compensate them for their time. The relatively high cost of commissioning and running a jury (usually between £15,000-£20,000), plus officers'/managers' input and time, means that they have tended to be used as one-off events rather than as a regular part of a consultation strategy.

Deliberative Panels

The deliberative panel can be seen as a blend of focus group, citizens' jury and standing panels. They are issue specific and independently facilitated like focus groups, and informed and deliberative like citizens' juries and have the capacity building potential of standing panels. However, unlike the survey panel this provides an informed and interactive form of participation. The idea is to combine the deliberative depth of a citizens' jury with the need to provide economic and timely feedback on citizen's views to service providers. Members are recruited by quota sampling to be inclusive of all relevant views (this might sometimes require more than one panel). Deliberative panels are relatively expensive to maintain, compared with a panel survey, but less expensive than a series of citizens' juries. The deliberative panel approach has been adopted by health authorities amongst others to bring together on a regular basis a small group of people (about 10-12) to examine complex policy issues. Community issues can be addressed in a similar way.

Case study 7 - Deliberative Panels

SOMERSET HEALTH PANELS

These were originally set up by Somerset Health Authority in 1993 which wanted to get community views on priorities for purchasing health care. Set up as a series of rolling face-to-face panels, this was originally to be a two-year project but is still ongoing. The panels were professionally recruited to reflect local populations (in a similar way to focus groups) and panel members serve for only one year (three meetings). Unlike the Bradford and York panels these are fully informed and deliberative forums for citizen participation. Meetings last for 90 minutes and are independently facilitated by a professional moderator (although this role is now undertaken in-house). Members are given time to deliberate about the issue and are encouraged to act as ‘members of the public’, rather than individual consumers, in their consideration of issues. A general undertaking has been given to consider the health panels recommendations, to take them seriously and report back on action taken, although there are no requirements to follow these to the letter.¹⁴ Initially the cost was £40,000 total for three panels per year (9 meetings), but has now fallen to £27,000 per year as local facilitation skills have been built up.

Interactive Web Sites

Interactive web sites are becoming a popular way of involving potentially large numbers of people in interactive ‘survey style’ consultation. This method is considered to be particularly suitable for young people, and for educational purposes (where IT facilities are easily accessible). It should be noted that this method could exclude some sectors of the community - for instance elderly people and those without IT skills or access to a computer. However, the Internet is increasingly being made more available in libraries and public places and its use could be facilitated by an advisor.

Others:

- Visioning exercises, such as *Future Search Conferencing* or ‘scenario’ workshops are ways for communities to create and discuss shared visions for their future.
- ‘*Planning for Real*’ was developed by the Neighbourhood Initiative Foundation (NIF) as a community focused participatory method to determine what local communities believe needs to be done to improve neighbourhoods.
- *Consensus Conferencing* was originally developed in Denmark, where there is a long tradition of social democracy and public debate in all areas of public policy. In the UK consensus building has been used by an independent group, the Environment Council, to help groups with opposing views to work together and create dialogues.

Where to find out more:

The publications and information sources listed below provide a good comprehensive guide to methods and practical experience of innovation in public consultation for public service agencies.

¹⁴ For further information contact the Communications Manager, Somerset NHS Health Authority, Wellsprings Road, Taunton, Somerset TA2 7PQ.

- ‘*Involving the Public*’ published by the Local Government Management Board (now known as I&DeA) in 1998 and updated in 1999 as the ‘*Reference Manual for Public Involvement*’. This is an invaluable source of information and a very good guide to practice. It also contains a number of comprehensive and detailed descriptions of case studies.
- ‘*Participation Works! 21 techniques of community participation for the 21st century*’ published by the New Economics Foundation in 1998 is a useful collection of a diverse range of community-based techniques developed in the UK and elsewhere. NEF produce a regular newsletter with details of successful community initiatives and have produced packs for practitioners. They can be contacted on 0171 407 7447 or by e.mail at info@neweconomics.org. They also have a website at <http://www.neweconomics.org> which gives details of all their work.
- ‘*Democratic Practice: A Guide*’ issued by The Democracy Network in 1998 to provide a guide to participative processes and techniques.
- The Audit Commission’s useful and accessible 1999 guide to consultation, ‘*Listen Up: Effective Community Consultation*’ includes specific guidance, case studies and background information. It also contains a very handy wall chart listing details of 13 methods of consultation with brief details of their relative advantages and disadvantages.
- ‘*The Active Community: innovative consultation and participation methods for housing*’ written by Frauke Sinclair and published for the London Housing Unit in 1999 looks at consultation and community involvement from the context of local housing objectives. It covers background for government requirements for consultation in housing and a detailed overview of 10 methods of consultation.
- Public Involvement Programme Website: The PIP website, which can be found at <http://www.pip.org.uk> is a very useful and constantly updated resource for consultation practitioners and to disseminate experience and good practice as widely as possible. It has a literature page and links to other sources of information.

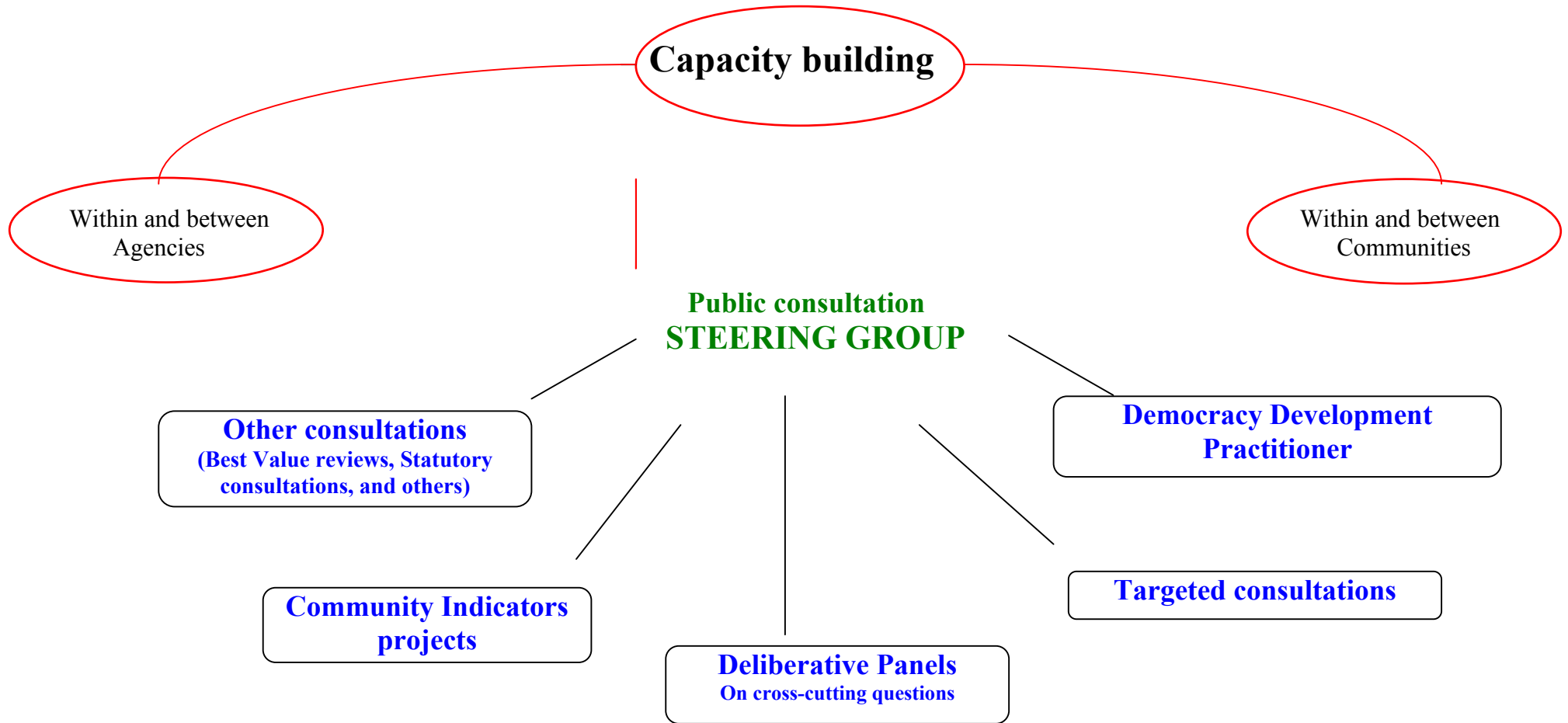
PART III : RECOMMENDATIONS

The Blackpool Consultation Model

This model consists of 6 elements, each of which is seen as necessary for the whole to work effectively.

1. **Capacity building** should underpin consultation as a whole. This would be achieved through strengthening community and organisational development. That is,
 - increasing resources to support community and voluntary sector participation. ie *ability to participate*
 - strengthening organisational (and inter-organisational) development work and training of employees to build capacity in consultation, ie *ability to respond to participation*.
2. A **steering group** made up of citizens, community and agency representatives ought to be set up to co-ordinate and advise on all public consultation exercises in Blackpool.
3. Current **targeted consultation exercises** should continue but with greater emphasis on the importance of harmonising time-scales, appropriate design, and effective feed back opportunities (steering group would co-ordinate this).
4. A series of **deliberative panels** be convened from three zones within Blackpool on a twice-yearly basis, to consider cross-cutting issues of local concern.
5. A **democracy development practitioner** post be created (by secondment or other means) to oversee, co-ordinate and follow through all the activities which make up the model. This practitioner to be seen as a joint appointment with no overarching affiliation to one particular agency.
6. A series of **community indicators projects** be commissioned by the Steering Group to track perceived changes in local quality of life.

Fig 2 : Model for Harmonisation of Consultation in Blackpool

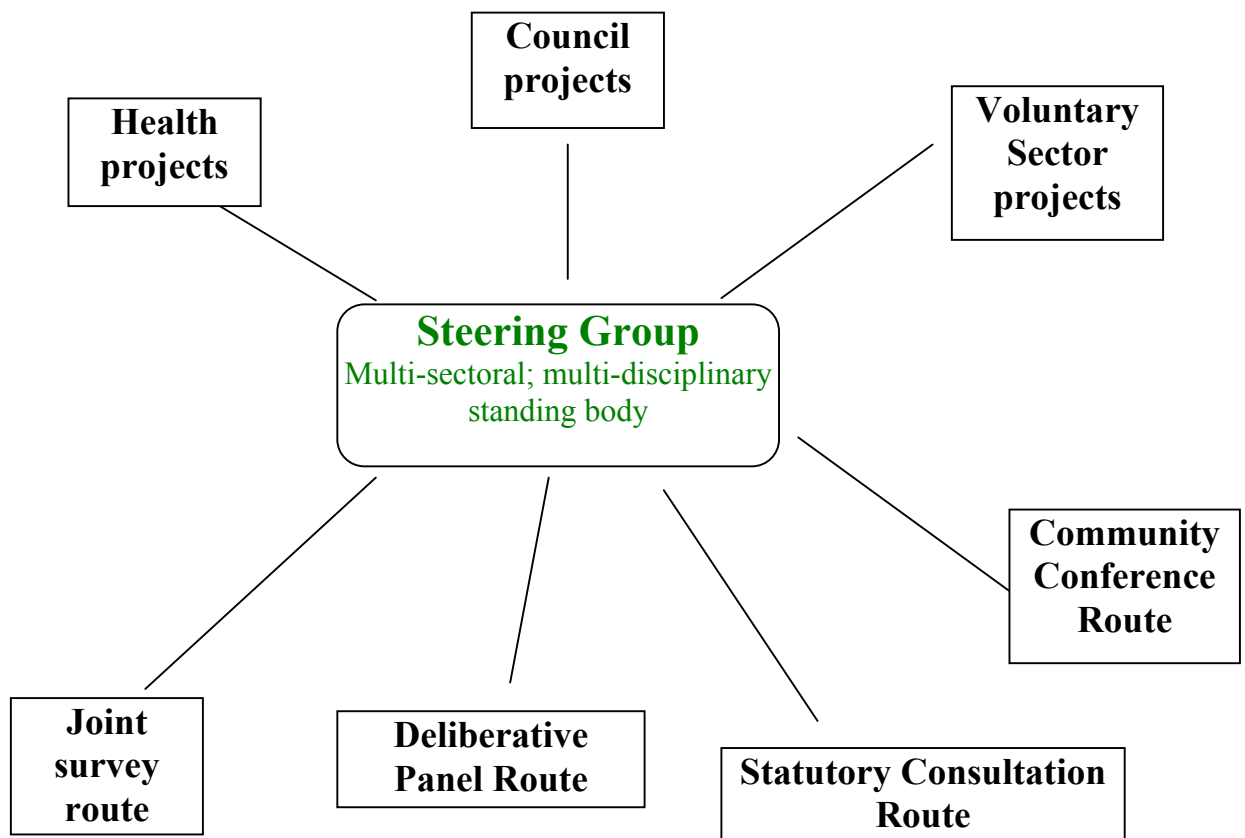


A: The role of the Steering Group

The part played by the Steering Group within the overall Blackpool Consultation Model is pivotal. This body would be the point of passage for all consultation activity within Blackpool. The group’s role would be to receive and assess proposals for consultation projects from all the statutory and voluntary sector agencies. Some projects will need to progress unchanged due to statutory requirements, but others may be redesigned eg to combine with another agency which has a related consultation need or rescheduled so that consultations projects do not ‘clash’. The essential feature is of a body which knows at any one time what is being expected of the public.

A diverse membership for this body is critical. To be able to encourage good practice in consultation/participation and to ensure that results are acted upon appropriately, there must be representation from all agencies and from Blackpool communities and the voluntary sector. In this way ‘ownership’ of consultation/participation is spread more widely and designs will be more grounded and workable. We recommend that this multi-disciplinary body receive some training in consultation / participation theory and practice. We also recommend that community representatives receive some initial training/development before joining the group, while agency representatives receive training to raise their awareness and understanding of working with members of the public. This body will consider, advise and co-ordinate projects, suggesting appropriate design and possible consultation routes:

Fig. 3: The role of the Steering Group

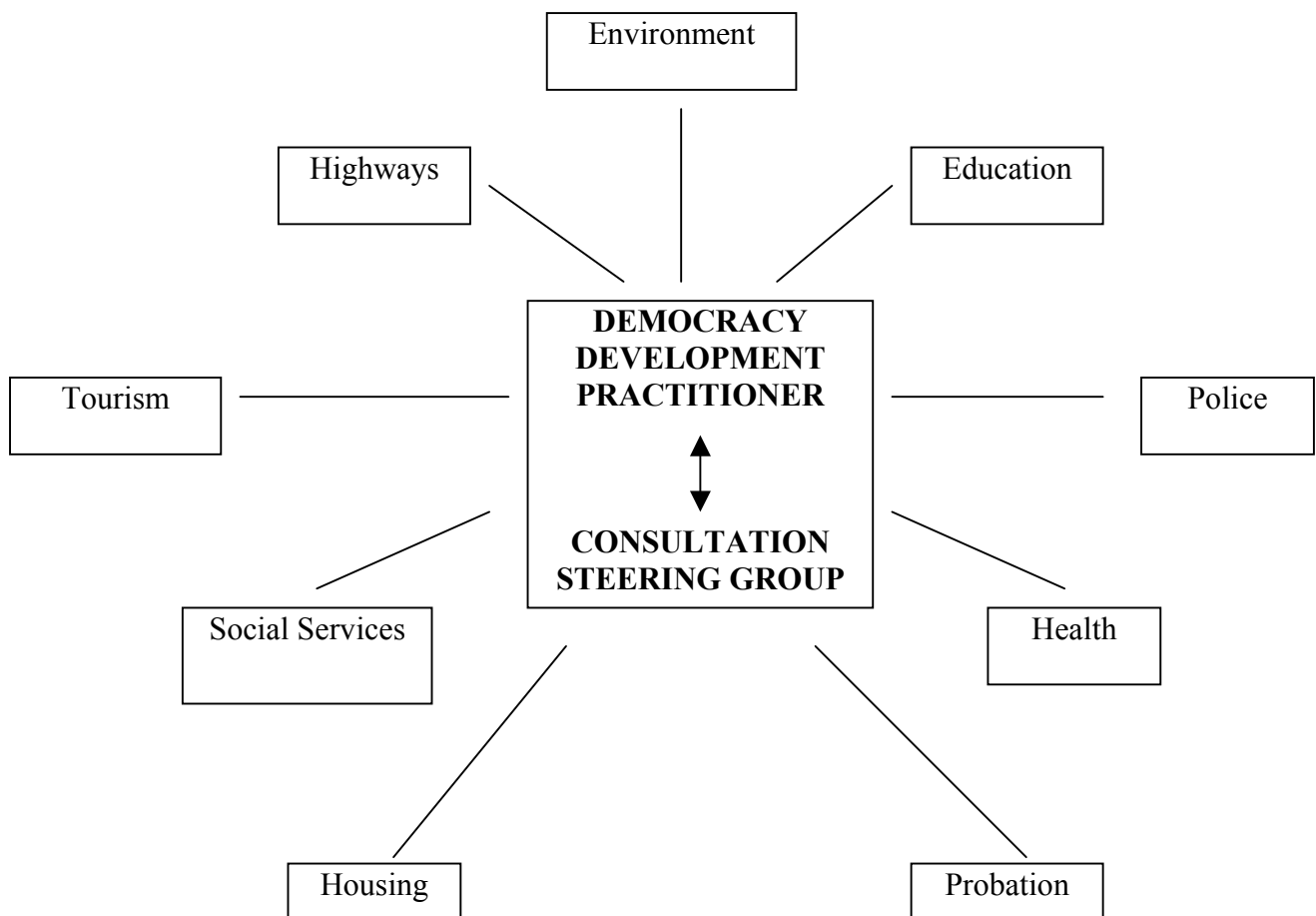


B: The role of the Democracy Development Practitioner

Working closely with and reporting to the steering group, this new post will create an opportunity for democratic development to be championed in Blackpool. This practitioner will provide clarity and ‘mobility’ between all those agencies, communities and practices which enter into public consultation of any kind. A key function will be to draw out the commonalities between the consultative practices of different agencies and create and maintain links and synergies between them. The appointed person will ensure that the recommendations of a deliberative panel are properly understood and acted upon by the appropriate bodies. The worker will also help analyse the outcomes of consultation and channel information/findings where they are most likely to be developed and implemented. This might involve strengthening existing relationships over a common issue, for example, environmental health and public health, or forging new links such as highways and transportation and the local health authority.

The relationship between the practitioner and the steering group is key, we believe to the success of the Model.

Fig.4: The role of the Practitioner



C: The Deliberative Panels

i) Plugging the gap

We have seen that while there is a variety of public consultation activity already taking place in Blackpool, this has so far been either of *targeted* (e.g. ‘active’, deliberative in-depth work with particular groups) or *general* (e.g. ‘passive’, undeliberative mailing of reports to every household). This work leaves a gap in local democratic practice: that of deliberative work with the general public.

To reiterate, there is existing work which is deliberative with interest groups; there is undeliberated general survey work; what is so far not undertaken is consultation about cross-cutting areas of concern in which citizens can participate actively *as citizens*, rather than as service users or consumers.

The proposed deliberative panels will add a layer of consultation activity to fill this gap. These panels should be seen as an ongoing resource for Blackpool and the Alliance partners, rather than a one-off ‘fix.’ This resource would provide in-depth intelligence about Blackpool-wide views about complex, cross cutting issues of serious concern. When taken together with much of the existing work this would form The Blackpool Model. As a whole this model is aimed at building a local corpus of expertise in public consultation practice.

The panels would be seen as complementary to existing forums and mechanisms; indeed they would rely heavily on many of these continuing to be developed to enable sources of intelligence and feedback pathways. We propose therefore that these panels be integrated into the democratic fabric within Blackpool and seen as a layer in the system of local governance. We are not proposing a rigid structure for these panels but one which can utilise different techniques according to judgement about their appropriateness to the particular issue/subject/question under consultation.

ii) How the Panels would work

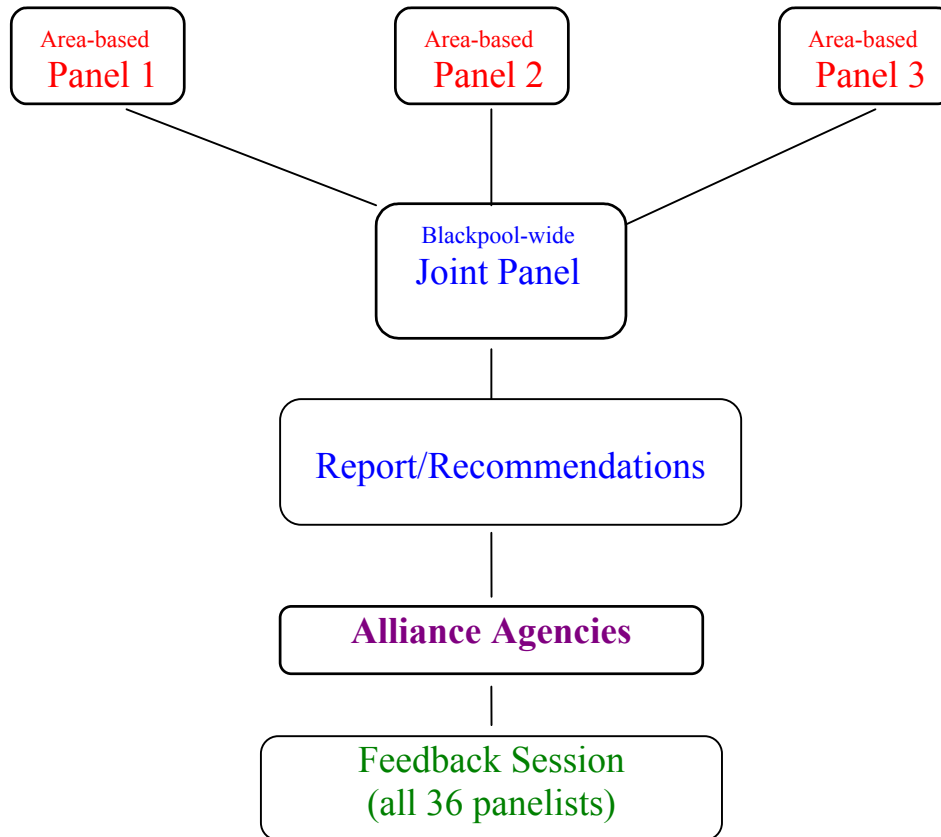
The Question

The panels would consider a cross cutting question identified to be of local concern, e.g. **the needs of young people or: implications of drug and alcohol misuse.**

Panels Structure

The structure would consist of **three separate deliberative panels**. Each panel would be constructed to represent a cluster of electoral wards. Each would consist of 12 citizens considering the same cross cutting strategic question. After their deliberations each panel will elect four representatives to a **joint panel** with the aim of achieving a Blackpool-wide consensus on the issue.

Fig 5: Example of deliberative panels' structure



The deliberations will allow for in-depth area based intelligence to become available. The panels' deliberations and report will allow for a Blackpool-wide consensus which agencies can use to underpin the development of public policy/strategy. The panels will enable agencies to demonstrate that their strategies are grounded, not just by the targeted and specific consultations they already undertake with user groups etc, but grounded in understanding of citizens' views, *as citizens*.

The report will be structured so that agencies can develop strategic direction from it, and it will be one of the main tasks of the Democracy Development Practitioner to ensure that the avenues of implementation, from panel deliberations to policy/operation, are pursued.

iii) Panel Membership

We believe that the panels should not be seen as competing or replacing existing community forums. For this reason we suggest that **one third of the membership should be drawn from existing community forums where this is possible; two-thirds by conventional balanced/stratified methods** of recruitment. In the 'outer' wards where community development work has not been a feature, the whole panel may have to be recruited conventionally .

Recruitment would be carried out professionally working from a carefully constructed panel profile drawn up by the Steering Group. Panels are usually constructed using

criteria such as gender, age, employment status / socio-economic grouping, disability, and ethnic origin. In Blackpool, we suggest that two further factors would be of relevance: type of housing and level of transience.

Some sponsors provide the recruiter with a list of exclusions, ie certain groups of people are identified as not being appropriate for recruitment. However, we suggest that in Blackpool, recruitment should take place on an *inclusive* rather than exclusive basis where possible. For example, a person ought not to be automatically excluded because they happen to belong to a patients' group, a community group, or that they are employed by the council/health authority or other statutory agency.¹⁵

***NB** No citizen should be disadvantaged by service on the panels or be prevented from serving because of employer's reluctance to release them. Blackpool contains many small employers and part-time workers. Prior negotiation with employers by the Alliance agencies or possibly led by Blackpool Challenge Partnership would ease this process. For example an **award system could be made for employers who adopt a 'citizen friendly' approach** to serving on the panels. As in (legal) jury service, we believe that with the appropriate level of commitment from the Alliance agencies, the context can be created in which service can be seen as an honourable civic duty.

iv) Payment for panel members

It is important for reasons of equity and conferring the appropriate status on the panels/panel members, that citizens are compensated for their time served. The Steering Group would work out a flat-rate for attendance per day for panel members, depending on the budget available, using £50 a day as a guideline. So that the system is equitable, additional payments should be available for people who had other needs/costs, such as people needing a carer/respite care, child-care, or who had specific transport needs.

v) Follow up and Feedback Session

The deliberative panels' report would be submitted to the Steering Group for consideration following which the onus would be on each agency to consider issues relevant to their work. The Practitioner would have a key role in making sure this was carried out. Each agency would be asked to **respond in writing within three months** of the report being submitted to issues relevant to them. Such responses would include reasons why any/some recommendations may not be acted upon if that is the case. Where a matter is accepted in principle but there are financial constraints on implementing it, agencies are asked to express how they will address this: ie raising awareness about the issue and/or where they will attempt to seek additional resources. All responses would also highlight possibilities for joint working /delivery with other agencies, be they from the statutory, voluntary or community sectors. A feedback session to which all panel members are invited would be convened after the three-

¹⁵ However, it has been persuasively argued within the working group that employees above a certain rank should be excluded eg chief executives and their deputies.

month period at which agencies may give presentations on their response to the Panels' work.

vi) After the panels report/feedback

In order to maintain a sense of continuity and to give panel members the opportunity to develop skills in deliberation, we propose that only a proportion of each panel should be **refreshed after each whole cycle**, e.g. one third of new members replacing one third of old. The panel members who leave after serving one cycle will be invited/encouraged by the Practitioner to continue to make the skills they have developed available to the communities from which they are drawn. An obvious link with community development work can be made here.

vii) Options for use

Not all the deliberative panels need to adopt the same format and Fig 3 above gives one example (3x12)+(1x12). We give four options below which could be adopted **within the proposed Blackpool Model** according to the nature of the problem/question to be addressed and the type of outcome needed in the following scenarios:

- policy formulation,
- decision making;
- 'green paper' setting;
- grassroots problem definition.

Option 1: Strategy/policy formulation panel: in this scenario a cross-cutting issue is chosen, e.g. *the needs of young people*. The three panels would define the problems which young people have in Blackpool and identify ways in which these could be addressed. The panels could be asked to consider specific topics within the general question such as drugs/alcohol; teenage pregnancy; recreation etc. The joint panel would aim at achieving a consensus view. Results in a report, majority/minority if necessary. **(3x12)+(1x12)**

Option 2: Extended Citizen's Jury – in this case a tightly drawn question is put to the panels/joint panel, but linked more explicitly to a decision process by the agencies. **(3x12)+(1x12)**

Option 3: Green Paper/advisory panel: this approach would take place where the agencies wanted to consult on a broad issue (such as budget / priority setting) and wanted a community view at the *start* of the process. The panels would in this case produce a 'Green Paper' on the issue which agencies would then *take back out to consultation* in existing forums, methods. **(3x12)**

Option 4: Community conference/grassroots intelligence forum: this technique could be used to engender debate and raise wider awareness of particular issues. **All 36-panel members** would attend for a structured whole panel debate (with smaller discussion groups if appropriate), deliberation and report. Agencies could use this report to either inform strategy or take out to further consultation, or even put out to a referendum of all residents (if it was deemed appropriate). **(36x1)**

These four approaches/structures are not exhaustive, but they demonstrate that much variation and tailoring can be achieved with deliberative panels and within the consultation model we have proposed. The Practitioner will play a key role in servicing whichever framework is adopted for this part of the overall model. Clearly, each of the above carry different cost implications.¹⁶

¹⁶ See Appendix 1 for costings of Options 1 and 2.

Harmonisation potential of the proposed Model

We envisage five principal ways in which integration of all consultation activity can be achieved through the proposed model.

- The Steering Group has a crucial function as a **point of passage for all public consultation activity** proposed or carried out by Alliance partners. This will allow for the minimisation of ‘consultation fatigue’, by **co-ordinating or compositing** questions to be considered. Issues raised through e.g. Best Value surveys by the local authority and the police would suitably be fed back through the steering group for this purpose, alongside more deliberative work. The steering group can offer advice to agencies about whether to use the panels for the project under consideration, or to use other existing mechanisms. The steering group will also **ensure that what the panels recommend/decide/advise is not allowed to get lost between the agencies’ different priorities**. The mixed membership of the group will be crucial to the group’s functions.
- The Democracy Development practitioner will keep the panels’ work tied into existing representative and consultative bodies and forums. The practitioner will assist the agencies in drawing strategic guidance/intelligence from panel reports; will follow the panel members after their service into their communities and, if they wish, assist them to become advisors, trainers (e.g. **input into citizenship classes in schools/colleges**), or citizen advocates/activists, according to their interests. This practitioner will work closely with the panels while they are running and work on integration of panel recommendations/ outcomes during the intervals.
- The cross-cutting question to be debated/considered will be drawn from existing community, voluntary and statutory sector work on identifying needs and concerns.
- A proportion of panel members (one third) should be drawn from existing forums where these have been developed, with the remaining two thirds recruited in traditional ways. Where no such forums exist, traditional methods will be used exclusively. In this way existing community development work on participation can be given its place in the model and existing groups’ knowledge and experience will be recognised. Existing forums have taken much hard work to establish and their members/workers should not be alienated by what could be seen as a new structure being imposed. The work of **panel members should continue to be recognised after they have finished serving on the panel. Too often in the one-off ‘jury’ scenario, the expertise and learning which members gain is then lost to their communities and to the agencies**. The Blackpool model allows for this to continue to be tapped.

- A set of principles for consultation be drawn up towards the end of Phase 2 to which all Alliance agencies are invited to subscribe. The Working Group began to consider what these might be. A set of common principles would enable those agencies which work outside Blackpool, eg the Police, Probation and the Health Authority, to gain acceptance of their participation in the Blackpool Model from 'head offices'. In this way while methods and approaches may vary from say Preston to Blackpool to Fylde, principles remain to underpin practice. What works for Blackpool may not work in another town. Examples of such principles might be:
 - Public consultation in Blackpool should balance the needs of the general public with those of minority/marginalised groups.
 - Blackpool agencies will undertake to listen and take account of the views expressed by its citizens through procedures put in place by the Steering Group.

Action Plan

Proposals made in this report need to be discussed at a full Alliance meeting with Chief Officers and Chief Executives of the agencies, and fed into the internal decision-making processes of each agency.

If there is general agreement to proceed along the lines suggested in this report, we suggest that a multi-agency, multi-sectoral working group be convened immediately to agree on a plan of action to include:

- i. obtaining funding,
- ii. developing elements of the Model (in particular, bringing together the Steering Group and organising effective training for its membership and developing the Democracy Development Practitioner post),
- iii. considering options for bringing about organisational development work within and between Alliance agencies.

NB: One word of caution - The initial development phase of this project is crucial. While we understand the need or desire to have things set up and running as quickly as possible, we believe that unless sufficient time, energy and commitment is spent on laying the foundations at this stage, it will be very difficult to secure future success.

Evaluation of the Blackpool Model

The model presented above is innovative and is best seen as a pilot study. While some elements of the model clearly already exist, other elements such as the Steering Group, Practitioner and Deliberative Panels need constructing. We propose that the best way to approach this is to submit a research proposal to put the Model into practice, and that in the proposal an appropriate evaluation be built into the project. While it will be important for panel members, the Practitioner, the Steering Group and others to adopt a reflective approach to the process and contribute to evaluation, external assistance may also be needed.

While the literature shows that much evaluation has recently taken place around the *methods* of consultation, little has been done into its effects and the longer term outcomes of participative forms of consultation.¹⁷ Indicators of effectiveness would need to be agreed and developed, (see earlier point on community indicators), but might include, for example, the extent to which panels' views can be recognised in local policy/service delivery; the extent to which panel membership promotes active citizenship, or the quality of decisions made following deliberation (are these different / better?).¹⁸ Evaluation, and to some extent, dissemination costs should be built into the proposal.

¹⁷ Arguably there is little to research on non-participative forms of consultation. See, however, Renn et al (eds) (1995) *Fairness and Competence in Citizen Participation*, and Barnes et al (eds) (1997) *Citizen Participation: A Framework for Evaluation*.

¹⁸ Alliance members could refer to the original research brief for further questions for evaluation in Phase 2.

Appendix 1: Costings for Deliberative Panels (Options 1 + 2)

ONE PANEL (12 PEOPLE) FOR 5 DAYS

(introductory afternoon ½ a day, meeting over 4 days, feedback session ½ a day)

Recruitment (£50 a head) x 12	£ 600
Panel Payment (£250 a head for 5 days) x 12	£3000
Venue	£ 500
Facilitation + preparatory work (£200 a day for 5 days) x2 people + (£200 for 10 days preparation)	£4000
Transcription Optional but aids accurate report writing (£50 for 90 mins.)	£ 900
Write-up of proceedings and discussions (£200.00 x 8 days)	£1600
Catering (£10.00 a head x12 x 5 days)	£ 600
Miscellaneous (includes unexpected costs and additional payments for childcare, transport etc)	£ 600

TOTAL FOR ONE PANEL	£11,800
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Panels 2 and 3 will have less preparation costs than above so we estimate them costing £10,800 each.

PANEL 1	£11,800
PANEL 2	£10,800
PANEL 3	£10,800

TOTAL FOR 3 PANELS	£33,400
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Joint Panel (12 people for 2 days)

Panel Payment	£1,200
Facilitation (£200 a day for 2 days)	£ 400
Transcripts (£100 a day)	£ 400
Catering (£10 a head)	£ 240
Misc	£ 600
Report write-up (£200 a day for 5 days)	£1,000
TOTAL	£3,840

TOTAL COST OF ONE ROUND	£37,240
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Appendix 2 : Notes from the Workshop

*Notes of the Meeting of the Working Group
3rd December 1999*

Present:

Alfred Banya (Lancaster University), Alan Cavill (Blackpool Challenge Partnership), Mike Cunningham (Lancashire Constabulary), Andy Divall (Blackpool Borough Council), Pam Eaton (Community Health Council), Steven Heath (Community Volunteers Service), Elham Kashefi (Lancaster University), Chris Keene (Consultant on community development), Margaret Lishman (NW Lancashire Health Authority), Mike Maguire (Blackpool Primary Care Group), Teresa Mallabone (Lancashire Probation Service), Maggie Mort (Lancaster University), Carole Neale (Lay Member, Blackpool Primary Care Group), Alayne Robin (NW Lancashire Health Authority), Carol Sharrock (Blackpool PCG), Sue Weldon (Lancaster University), Helen Skerritt (Blackpool PCG).

1. Introduction

Following self-introduction by participants, the agenda for the day was introduced by Maggie Mort, who has responsibility, on the project, for the action research framework and also for general supervision of the work. The main themes of the agenda were around gaining the following:

- a deeper understanding of the public with whom agencies are engaged;
- a better understanding of the approaches to consultation;
- an understanding of the potential offered by community development approaches to consultation.

A collection of literature on consultation was laid out in the reception area for participants to look through. A few of these could be taken away. The local Health Improvement Programme (HimP), Blackpool Housing Strategy and Blackpool Community Care Plan were used as case studies for group discussion.

Maggie explained that the meeting was part of the process in Phase 1 of the research. All of the problems around consultation need not be 'solved' during Phase 1 because another chance could be had in Phase 2, which looked to testing out new models, and for which funders would need to be sought. The NHS Executive North West R&D Fund might be a source of funding if the issue under consultation had a broad 'health' focus. While there is currently a national review of this type of funding, it is however likely that that greater user involvement and collaboration will be the key criteria for future funding of projects. It is also likely that applications from health/inter-agency management would be welcomed as it is currently seen to be under-represented in projects funded by the scheme. This could be a possible route for future Phase 2 funding. She added that the research process, if carried to its conclusion, could have the potential of 'rescuing' agencies from work around the more mechanical types of consultations driven by tight timetables.

2. Feedback from research so far

Elham Kashefi, the research associate leading on interviews and the local stock-take/mapping exercise fed back on practical work undertaken so far. Very interesting and enjoyable interviews with 11 key individuals from the member agencies of the Alliance had been conducted. An additional meeting had also been scheduled with departmental representatives from Blackpool Borough Council. An opportunity to talk to the leader of the Council would be valuable.

Setting up the website and literature review of documents related to consultation locally and nationally, was part of the work done so far. The next stage is to trawl through the interviews and other materials gathered to date in order to draw themes together. This will inform discussion at the action research meeting in January. All these will feed into the eventual writing of the report aimed at being of practical use for the various agencies.

It's clear that all statutory agencies are currently engaged in a round of strategy and service delivery reviews, with an element of consultation, working to strict deadlines. Within this context, every one interviewed had very thoughtful and complex perspectives on 'the public' they were trying to reach, and readily recognised the limitations of current consultation practices.

The scale of inter-agency work going on across Blackpool, as part of the reviews and other on-going work, reflects the pace of organisational change within the Borough. Some of the partnerships are beginning not just to do 'joined up thinking' but have started to deliver in a joined up way, and it would be very useful for alliance members to keep the researchers and other alliance members posted on new developments they may be involved with. The web site could be used for this purpose.

The types and quality of consultation undertaken by the agencies varied. In many instances, consultation exercises were passive, unengaging, top-down, and agency-led. Even where participatory activities are taking place, often these appear to be 'translated' into documents not easily accessible to the public.

However, there are also many pockets of good practice. Some of the examples of participatory work that were cited included:

- The Community Health Council Workshops which Pam Eaton from the CHC spoke about and said has been running for 3 years. She said they had 'evolved' in an unstructured way, but were very useful in bringing together social services, health and the public to discuss specific issues.
- The Community Care Consultation Project - which is funded by Joint Finance money and managed by CVS, has a dedicated worker who set up a forum which provides a space for users and carers to raise issues that they're concerned about, and to try and get these issues to feed into strategic reviews. The project worker has also undertaken specific work on mental health and on older people. Recently a specific piece of work looking at rural access to health services has been completed and the findings are due to be discussed.
- Community Safety Strategy – Andy Divall described this as an inter-agency initiative with limited flexibility, with work on the crime and disorder element being on a strict timetable. The project was groundbreaking, working with school children and young people, who are groups previously considered 'hard to reach'. Also managed to work with the gay and lesbian communities through links with the police.
- Social Inclusion Strategy - in contrast to other pieces of work, the Social Inclusion work had a relaxed timetable because of not having the pressure of a statutory obligation. It was possible, as a result, to commission a community audit to examine fully a cross section of community priorities in the deprived wards of Blackpool. 2 community conferences involving the public (e.g. residents associations) and agencies followed this.
- Children's Strategy - Carol Neale talked about the impressive piece of work that was done by Social Services. While the project benefited from the fact that children were already identified through their links with social services and education, the methodology was very creative (eg using pictures as prompts) and informed the Children's Strategy.

Elham then made the observation that people interviewed spanned a spectrum of roles within policymaking between non-operational strategists who had little contact with the public and strategists who were also grassroots workers. The latter carried out consultation constantly much of it informally, while the former needed more formal structured methods and approach because of lack of close contact with public. i.e. 'Drip feed' versus contained episodes (eg hefty consultation documents).

In response, some participants felt that 'drip feed was fine but at times to meet obligations it was necessary to carry out the document approach as well. Others also felt that there was an intermediary role played by some agencies between the two extremes i.e. operating at the drip feed end of the spectrum as well as sliding across and informing strategy. [The question however remained as to where along the spectrum might the public 'fit in'.]

Regarding approach to consultation, Andy explained that the Council does not yet have a corporate approach to consultation. Since becoming a unitary authority the Council has been forced to look at other agencies to join up discussions on spreading best practice. The Council wants a clear corporate consultation structure, which can co-ordinate what it is doing. This project will therefore feed into the Council's strategy.

Elham was of the view that overall, while agencies were given consultation tasks to perform it was not prescribed how these were to be carried out. This could provide room for creativity and flexibility. Concern was raised by some participants that while this might appear to be the case, pressure from central Government in some cases acts to restrict flexibility. Example was given of the Probation Service, which is undergoing review. This involves the development of a core curriculum for offenders which Probation Officers will be expected to deliver in a very prescriptive way, including number of contact hours and video recording sessions for quality assessment purposes. This was thought, by some participants, to take away the community element of the service and remove flexibility for resources to undertake other things such as consultation.

3. Deconstructing and reconstructing the public

This session was conducted in two parts. In three small discussion groups, participants considered in the first session the question: 'Who is the legitimate public?' The aim was to gain a deeper understanding of groups 'out there', who the agencies are engaged with, who often gets consulted, who gets left out, who needs to be targeted. Additionally, what was the relationship between the 'general public', specific groups/residents. In summary each group reported back as follows:

Group 1

Who is the public?

- There is not just one public. There are different layers:
 - service users
 - tax payers
 - citizens
 - 'non-users' of service
 - visitors/tourists
- Public have different hats - there are different categories e.g. minority groups
- Problems encountered in consulting the public
 - Wide variation in knowledge.
 - Lack of interest - those with interest are select groups, usually the elderly. Perhaps with citizenship being built into the national curriculum for schools this might change.
 - Representation – how do people who claim to represent the public relate back to their wider groups.

Group 2

- Types of public identified:
 - interest groups
 - geographical groups
 - users/ non-users of services
 - geographical groups
 - different age categories
 - 'hard to reach' groups eg
 - 'elite' groups (Rotary, social groups);
 - homeless
 - ethnic groups (maybe 'invisible' due to size?)
 - children
 - young carers
 - people with little confidence to speak in public meetings
 - seasonal workers
 - people working unsociable hours
 - the disempowered
 - people with a 'life'.
- Problems encountered in consulting the public
 - Often a matter of knowing who knows what i.e. contacts out there.

Group 3

- Covered the types of public Group 1 and 2 highlighted, but also looked at the people we need to target eg:
 - Gay, Lesbian
 - People who do not go to meetings – for various reasons
 - People who feel disempowered

The second part of this session looked at ‘Unpacking assumptions about the Blackpool public’. Each of the three groups was given a local consultation document and asked to consider what assumptions seemed to be made about the public by the consultation document/process. Documents used were Blackpool Social Services Community Care Plan, Blackpool Housing Strategy, and the draft Northwest Lancashire Health Improvement Programme (HimP).

Before the participants went into their groups, Sue Weldon, one of the research team, gave some feedback from her work on the national and international consultation about agricultural biotechnology (GMOs). She said it had been very interesting - and salutary – to observe how the public had resisted consultation attempts to ‘educate’ them (scientifically) about the benefits of GM food. The public’s wholesale rejection of GM food had surprised the regulators, but supermarkets had been quicker to respond to this than Government (a Government which prides itself on its ability to stay in touch with public opinion).

Sue suggested that the public should not be seen as an empty vessel waiting to be filled with information. Members of the public are already ‘experts’, in a local or contextual sense, and need to be listened to effectively. They do not receive information neutrally and have different ways of framing the information they encounter. For example, information from Monsanto may be received with the comment: ‘they would say that wouldn’t they!’

For this project it is important to understand that issues such as trust in the sources of information influence people’s understanding and opinion formation.

The feedback from each of the three discussion groups was as follows:

Group1: The Health Improvement Programme

- The document made general assumption of literacy/numeracy skills.
- Not written with the general public in mind.
- Appeared to be a result of consultation, though the outcome of the consultation seemed lost i.e. the public voice was lost. Hence raises some doubt about whether the priority setting in the document came from the public.
- Is it an operational document – one for professional interest group consultation and not for the wider public?
- Agencies have an explicit need to reflect public priorities within consultation documents.
- Because public voices often lost, a way of strengthening the link between the public voice and outcome of consultation would be valuable.
- If the document is for public consumption, need a summary/quotes from what the public said on the opposite side of the page.

Group2: Blackpool Social Services Community Care Plan

- ‘Who is it written for – it looks like it is for Social Services so to enable them to tick boxes’
- A very comprehensive document.
- Too tidy an image – giving the impression that it shouldn’t be ‘messed up’ i.e. changed.

Assumptions in the document:

- People know the jargon and structure of the organisation, how it works and the communication system within it.
- People are interested in the details
- Terms such as ‘review’ – What does it mean? Terms should be clear and transparent.
- Written form; is it the best – assumes literacy.

- It seems to be for the benefit of those higher up and not the general public.
- Need a simpler form of the document.
- Assumes understanding of statistics.
- Splits people into categories e.g. 'ghettoises' disabled people into commenting only on access issues.
- The participants made further comments on possible problems that may result in inflexibility, hence the production of such a document. This included resources and time given to consultation being inadequate. Need to build in adequate lead-time for consultation but funding cycle often restricts this.

Group 3: Blackpool Housing Strategy

The group considered the following questions:

- Why do we read such a document? What sort of people might read it? Might those in bed and breakfast accommodation read such a document? The answer the group came to, was that those who read it are likely to be people with interest in specific issues and not those interested in cross-cutting issues i.e. general members of the public.
- Does the strategy focus on people's real needs across the board? The document is presented to a limited public. It does not say how people were consulted. The means/process of production of the document is not known. Some people in housing are very vulnerable and may not feel able to comment – their problems are not just about bricks and mortar. Do we therefore need to consider different forms of consultation such as different forms of focus groups? Also how consultation is carried out needs to be thought through, including issues around payment and confidentiality of participants.
- Does consultation raise expectations that can't/won't be met? Housing is an emotive issue and this can pose a problem.
- Participants were of the opinion that the document should be more flexible (iterative) and reflect ownership by the people consulted.

What the participants felt they learnt overall from the three case studies:

- These are not public documents.
- We are not good at clarifying process of how documents are produced, why they are written the way they are. The HimP document for example incorporated things that were for the consumption of the 'health organisation family'. The HimP document is for operational and strategic purpose and it was acknowledged that this should have been explicitly stated in the document. The need to produce an executive summary of the HimP, which becomes the public document, was also acknowledged. Moreover, while the kick off for the HimP document was a series of public consultation meetings, this has not been stated in the document. Also there has been no going back to the public. This has not been done because there is still three years to develop the document.
- A point was made that documents are useful but can become 'red herrings'. The processes that lie behind the documents are more important. Priorities are one thing but people are interested in service delivery.

4. Engaging the Public

What do we want to do with the public? What sort of a public do we want?

This first half of the afternoon discussion was aimed at gaining a better understanding of the relationship between consultation, participation and involvement. Maggie started the session by quoting one participant from the morning session who'd said that that 'user groups are easier to consult than the public'. Why should this be so? Previous work she and others had undertaken looking at various approaches to public consultation on health care priorities was touched on. The general public

needs to be consulted when setting priorities because of the perceived ‘democratic deficit’ in public policy (eg in health because of lack of local political input; in local government because of low election turnouts). But you could have an ‘informed public’ or an ‘ignorant public’ to consult with.

In looking at the various approaches to public consultation on healthcare priorities, Maggie explained that the Leeds research team had concentrated on examples of where groups of general public were being consulted over a period of time. Out of more than 100 examples nationally, they identified a core group of nine cases. The types of consultation they identified fell under four categories, which can be represented in a grid form:

	INFORMED PUBLIC	UNINFORMED PUBLIC
DELIBERATED eg CONSULTATION	Citizens Juries	Focus groups
UNDELIBERATED CONSULTATION	‘Talk back’ panels Bradford/Kirklees Written information plus Questionnaires	One-off ‘cold’ questionnaires (most commonly used)

The present Blackpool project brief involved general public consultation re strategic issues, but it was important to understand that there was no one general public or one tool, as the tool used *constructs* the type of public you get and the answers you may receive. The various responses from the participants included:

- Horses for courses – may need to target the audience on certain issues.
- Margaret said that for the Health Authority as an organisation this was still new territory, and approaches needed testing out.
- We should establish principles e.g. giving the public as much decision making power as possible at the public consultation/involvement stage. However parameters also need to be set e.g. clearly stating what financial and other constraints might limit action.
- Consultation should be in order to inform a decision. The Single Regeneration Budget (SRB) Round 6 is for example important to Blackpool. Everybody has a stake in it. All agencies can engage the public through e.g. panels, but these will be useless for SRB6, which needs a deliberative tool such as a jury. Agencies can then explain the constraints etc. to the public. A tool is needed to set strategic priorities, then once a draft/ideas have been produced, another round of consultation which is more deliberative could be conducted.

At this stage it was pointed out that the above approach appeared to contradict concerns expressed earlier that the document stage was not the ideal stage to consult but that consultation ought to be built in quite early on. The response to this was that, when consulting, agencies need to do this within a framework and the consultation document should be seen to provide this. Just because it is printed, the document should not necessarily be seen as completed.

The Community Safety Plan/Strategy is new and therefore offered an opportunity to begin engaging the public with it at an early stage. On the other hand strategies from Social Services, Housing etc. are have a history and life of their own, generated from central Government. There is a need for something different.

It is important, even when operating under constraints (e.g. from central Government) still to explain to the public what we are doing, why we are doing it and why we are at a particular stage (i.e. because the driver is central Government).

A question was raised about whether the participants agreed that members of the public had valuable experience which they 'owned' and could therefore inform what ever strategy was being put together. Various responses were made to this including:

It is acknowledged that people own their experiences, but knowledge of the system by those consulted is also important.

The community can say 'this is what we want' – the option is then for statutory agencies to respond or say 'we cannot do this because of a, b and c'.

At this stage the question '**How do we engage the public?**' was put again. The responses included:

Consultation does not often identify with where people are/live. There is need to go to where people are. An example of this was however given of the Health Authority's effort in going to communities when it consulted on the HimP and the Healthy Living Centre initiatives.

Mike Cunningham commented that there was a danger of separating consultation from our day to day work. Need to tap into daily work and build consultation into core business.

Consultation needs to engage new people, giving them ownership as part of the process. Once the issues are known, there is need also to involve the public in prioritising.

But people might ask for things that cannot be met/unrealistic within a consultation initiative. However it was said that this was more likely to happen only when the process was undeliberative. There is evidence that if consultation is deliberative, the public understand the constraints eg budgets. A local example was given of REVOE, which is engaging people in prioritising through the SRB funding process.

A suggestion was made about the stages of consultation/participation which might be followed, beginning with an undeliberative step of finding out what the public want. Can then move to the deliberative stage once you have an indication of what the public wants. Others felt the process could equally be reversed.

Sue pointed out that work at national and international level available on the web shows a difference in outcomes between Government surveys and deliberative consultation. Two different, opposing outcomes to the same question reflected different methods used.

Elham reminded participants in the search for the 'tool', the process is important, as it will determine the product.

A discussion followed regarding a proposal that each of the agencies should consider developing a set of common *principles* for public consultation. In the case of the police and probation, these principles would have to be approved more widely, and that each organisation might have to adapt these somewhat. It was generally agreed to search for these principles.

Community Development (CD) approaches

The purpose of this session was for Chris Keene, who has been engaged in community development work for over 24 years, to share with the agencies his experience. The aim was to enable participants to gain an understanding of what community development offers, and what kinds of things can and do happen on the ground.

Chris divided his presentation into 3 parts; i) advantage of CD ii) examples of CD in Blackpool iii) examples of good practice elsewhere

i) Advantage of CD

People experience life 'in the round' and do not distinguish between e.g. Community Care Plan, or Housing Strategy issues etc. Cynicism occurs therefore about consultation if bids/strategies do not reflect what the public say. Sometimes requirements in the regulatory framework prevent this. Needs, strengths and opportunities however should be identified. Revisiting people is needed. How much time

do agencies spend responding to complaints? If a CD approach is used in such situations, then it can be said that the work is being done effectively.

There is cynicism that consultation is mere affirmation of pre-set agenda. Engaging with people begins with effective information exchange. Consultation also involves the use of partnership model. Within this there is also the issue of community representation and control.

There is, in addition, the need for honesty – explaining why you cannot do something.

There is need to change the mindset of officials. People living in the community are also experts. They experience going through daily life of receiving or not receiving services.

ii) Examples of CD in Blackpool

Community audit has been carried out in Blackpool. It gives hard evidence. It also enables for example Park Ward, to carry out a more detailed audit. This produced specific findings and resulted in setting up of a forum – the Strategic Planning Committee for Grange Park. After 4 months it was realised that the committee was top heavy with officers. This subsequently changed. The forum has been renamed Park Ward Action Committee and the representation is now half local people. The Action Committee is now engaging with local issues including health, housing, community safety and care. The Action Committee is now led by the community; is engaged in identifying where resources can be found; developing ongoing discussion between professionals and residents; building partnership working; exploring better use of existing resources.

Another local initiative is the Blackpool Community Partnership. This is linked with Blackpool Challenge and provides another model of engaging the community. Other examples of local initiatives include the community audit being completed in Clifton Ward. Also the Youth and Community Service is engaged in community development work in Blackpool.

How can CD work? The roles of Community Development Trust at the neighbourhood level as a vehicle for partnership need to be recognised. These can take on training and employment issues.

Also, the closer decisions are taken at the community level, the better for the community. The Partnership Board in Burnley, made up of ward Councillors, County Councillors, Burnley College representatives, Groundwork and the Community Development Trust offers an example here. This board takes decisions on e.g European Union Objective 2 funding and also on SRB money. Decisions on money are therefore taken at the community level.

iii) Examples of good practice

Liverpool Vauxhall Ward provides a good example of local partnership in running a health facility. Residents are involved in recruiting, interviewing and appointing health staff, including GPs for a local health centre.

In the discussion that followed Chris's presentation, a point was made regarding the Community Audit in Grange Park. Mike C said that one of the positive outcomes of this has been its influence on policing and hence reduction in crime.

Andy made the point that community development is a long-term process. He referred to Arnstein's ladder of participation, the top of which is citizen control. In his view the logical conclusion and most appropriate position is for communities to be enabled to the top of the ladder so that power is devolved to them. What is of limited use is to use Grange Park as a model for Borough wide consultation – need a view across the community.

Chris clarified that the Community Safety Strategy was thematic and people in Grange Park wanted to see how it related to their situation. This was a suggestion that came from the residents.

Another participant was of the view that sometimes one needs to take a quick fix option, although the CD approach is preferred.

A question was asked about how far CD was being resourced in Blackpool. In the last 12 months this has grown. A year ago there were only 2 people employed as CD workers, now there are 5. In a few

years time there are likely to be a large number of CD workers. People might complain about this without recognising what difference CD workers can make for example on local estates.

With regard to flexibility in resourcing initiatives, Margaret confirmed that when the Health Act comes into effect on 1st April 2000, this will give flexibility to the health authorities to engage, if felt appropriate with e.g housing issues, gritting of roads to prevent falls etc. But how do you explain to someone waiting for a hip operation that there is no money because the health authority is using parts of it on roads? This brings us back the issue of consultation. Also Government is still controlling in terms of outcomes. There is a balance to be struck, although CD approach is coming back.

It is possible that money is being spent on CD by a variety of agencies but not in an integrated way.

Going back to consultation, when many agencies are involved, there is need to know why they are consulting. This can then inform the method. For example consultation could be to improve delivery. At the same time this could be in order to meet targets.

A point was raised regarding taking note of the fact that professional and community priorities might not match.

Keeping in touch with people and having dialogues is a long-term process, it was noted. What time-scale had been taken for doing the Grange Park Community Audit. It was thought it took under a year – from Dec 1998. Not very long. However Grange Park worked because it had a history of community development, hence local people did all the surveys. In other areas such as Clifton, with little history of CD activity, outside consultants had to be brought in to complete the survey.

Review of the day

Maggie summarised as follows:

- We agreed that the public was the ‘general public’ and targeted groups/areas
- Acknowledged that consultation needed to be our core business.
- Agreed there were many different types of consultation going on but these were poorly linked.
- That the public voice, even when accessed, could easily get ‘lost’.
- Public was many layered so needed multi-layered approach.

Outcomes:

Agreed to find one set of principles for consultation. These might have to be fairly abstract, and then further refined down for various agencies

There was a chance in Phase2, of testing out particular model(s) which was locally designed and sensitive to local needs. This would lead to future development of consultation.

Participants added the following points:

Identified the need to co-ordinate what is happening already – not duplicating e.g surveys.

Need for dialogue with central Government.

Lobbying e.g MPs

Also need to be realistic about how much we can influence things

Agreed tasks

- **Using website to comment on the day, progressing thoughts about pertinent discussions.**
- **Identifying synergies – (e.g. how could something as simple as ‘safe routes to school’ be seen as not only about transport but also about health and about community development).**
- **Identify barriers to progress within own organisation (such as lack of realistic time-scales) and in inter-agency context (diverse agendas?)**
- **Looking ahead to Phase 2. What would be a useful issue to underpin a consultation exercise for your organisation?**
- **Begin drafting basic principles for consultation.**

Appendix 3 : The research process

Research brief from Blackpool Agency Alliance: To determine how public consultation regarding strategic issues in Blackpool could be effectively harmonised across relevant partner agencies bearing in mind the planning timetables and different perspectives of each organisation.

Phase 1: literature review; stock-take of current activity; overview of different models and their cost implications; proposals for co-ordination/harmonisation.

Timescale: October 4 1999 – 3 March 2000

Total Cost: £13,600 funded by members of the Agency Alliance.

Key Tasks

- a) The literature review - included a review of models of consultation and evaluations of each as available, and 'grey' literature (eg unpublished reports, theses) and popular literature, press reports etc., locally and nationally.
- b) The stock-take - this was a mapping exercise of current local practices around public consultation, involvement and how the public is viewed by each agency. A variety of mechanisms and networks have been developed within Blackpool which needed to be understood before recommendations about harmonisation could be made. The mapping began in week 1 of the project and was conducted by deskwork (e.g. collecting agency documents) and familiarisation with agency policies and practices via visits and phone calls.
- c) The interviews – we carried out interviews project partners and other relevant people to assist in our understanding of the problems and opportunities for consulting and involving the public in Blackpool.
- d) The action research group – this was constituted in week 1 and was made up of those nominated to work on the Public Consultation brief by members of the Agency Alliance group. A committed action research group ensures that participatory techniques are used within the project. This has 2 important functions: i) ownership and understanding of the outcomes, ii) formation of a multi-disciplinary, multi-agency research group which can bid for further funds (for many funders this is now either required or highly desirable).

The group met in October to establish itself as a network of co-researchers to begin the process of harmonisation. Group contact was maintained via the project web facility and two further meetings. The second meeting involved a learning exercise devised early in the project to assist the Alliance members in understanding of each other's consultation needs and priorities and with the transfer of experience and skills already existing. The third meeting, in January 2000, consolidated this and other learning from use of the website and from the research process. The research team made a presentation at this meeting and a draft final report was circulated amongst the Working Group.

- e) The report – The report has been constructed so as to address issues raised by members of the Working Group throughout the research process (via interviews, meetings, phone calls, and the web site). We have aimed to work in a responsive way with the Working Group and in many ways have developed the Model together. A final meeting was held in February 2000 with a full discussion of the implications (financial and otherwise) of the proposed Model.

Methodology

The methodology used in this project consisted of an action research framework within which multi-methods were used. The Working Group has acted as a learning set throughout Phase 1 and may now carry on to act as the Implementation Group. We used semi-structured interviews ; a workshop for the action research group; documentary/textual/transcript analysis; and collation of local and national economic data on costs of consultation.

List of contacts

We have listed all we made contact with. The * indicates the person was interviewed. Those in **bold** were members of the Working Group.

<i>Blackpool Borough Council</i>	Councillor Ivan Taylor* (Leader of the Council) Andy Divall* (Principal Policy Officer) Sandy Lee* (Senior Policy Officer) Barry Navarro* (Community Development Co-ordinator)
<i>North West Lancashire Health Authority</i>	Margaret Lishman* (Health Partnerships Manager) Alayne Robin (Health Promotion Manager)
<i>Blackpool Primary Care Group</i>	Mike Maguire* (Chief Executive) Carole Sharrock (Special Projects Manager) Carol Neale (Lay member of PCG Board)
<i>Lancashire Probation Service</i>	Teresa Mallabone* (Assistant Chief Probation Officer)
<i>Lancashire Constabulary</i>	Chief Superintendent Taylor* (Western Divisional Commander) Superintendent Mike Cunningham Elann Galloway (Internal Communications Officer)
<i>Community Health Council Blackpool and Fylde College</i>	Pam Eaton* (Chief Officer) Christine Richards* (Lifelong Learning Manager) Sharon Potts (Publicity and Promotions Manager)

Council for Volunteer Services

Steven Heath* (Chief Officer)

Blackpool Challenge Partnership

Alan Cavill* (Partnership Manager)
Trevor Miles* (Co-ordinator of Community and Housing Programmes)

Independent

Chris Keene* (consultant on community development)

Additionally, we talked with,

Blackpool Gazette

Jacqueline Morley(Chief Features Reporter)

North West Lancashire Health Authority

Clive Taylor (Gay Men's Community Development Worker, Health Promotion Unit)
Kevin McKeown (Health Development Manager Strategy and Alliances, Public Health Directorate)

Blackpool Borough Council

Representatives from:
Social Services and Housing
Education and Cultural Services
Community Services
Tourism and Development
Finance and Revenue

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Dr Maggie Mort is currently Lecturer at the Institute for Health Research, following a three-year post at the Nuffield Institute for Health, Leeds University, as Research Fellow. A former journalist/health correspondent, she has wide interests within health and social care and in the sociology of health science and technology. Current research projects include action research in primary care mental health and addressing rural health inequalities; exploration of tacit knowledge in clinical settings, and evaluation of telemedicine. She also works with the NHS Research and Development Support Unit at the university, assisting health professionals with their own research bids. Previous studies include a large inter-agency service reviews of occupational therapy and elderly mental health care; user group influence in health/social care decision making and public involvement in health governance. Her doctoral research was in the sociology of scientific knowledge at the interface of civil/defence technology.

Elham Kashefi is a Research Associate at the Centre for the Study of Environmental Change, Lancaster University. For the last three years she has been working with Lancashire County Council on the Going for Green Sustainable Communities Project, (based in Burnley and Ecclestone), looking particularly at tensions between local authority frameworks and community based initiatives, what the terms ‘empowerment’ and ‘participation’ mean both from the perspective of the professionals and the community. As part of this project, Elham developed an innovative Citizens’ Jury on Drug related Crime in South West Burnley. This involved close working with all service providers in the area as well as local community organisations. Prior to working at CSEC, Elham spent many years working on issues around domestic violence, both as an activist and academic. All her work has centred around creating possibilities for change, be it at personal, community or institutional level. She has an MPhil in Criminology.

Dr Sue Weldon works as a research associate in the Centre for the Study of Environmental Change Lancaster University. A former industrial chemist she is now interested in academic study of the role of scientific and lay expertise in environmental decision making - which was the topic of her doctoral thesis. Effective public participation in all areas of environmental policy making is now seen as crucial and Sue is currently working on two European projects set up to evaluate participatory roles for the public in the development of biotechnology. Previously she was involved with Elham Kashefi in helping to set up and evaluate an innovative community based Citizen Jury in Burnley. She is a member of the regional committee of North British Housing Association.