A Concept Analysis of Public Participation in Health Care and Health Promotion

Governance: Implications for Theory, Policy and Practice

by

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Nothing is more dangerous than the influence of private interests in public affairs, and the abuse of the laws by the government is a less evil than the corruption of the legislator, which is the inevitable sequel to a particular standpoint. In such a case, the State being altered in substance, all reformation becomes impossible (Rousseau, 1762/2008, p 69).

Every relation of force implies at each moment a relation of power (which is in a sense its momentary expression) and every power relation makes a reference, as its effect but also as its condition of possibility, to a political field of which it forms a part. To say that 'everything is political', is to affirm this ubiquity of relations of force and their immanence in a political field; but this is to give onself [sic] the task, which as yet has scarcely even been out-lined, of disentangling this indefinite knot…Political analysis and criticism have in a large measure still to be invented – so too have the strategies which will make it possible to modify the relations of force, to co-ordinate them in such a way that such a modification is possible and can be inscribed in reality. That is to say, the problem is not so much that of defining a political 'position' (which is to choose from a pre-existing set of possibilities) but to imagine and to bring into being new schemas of politicisation. If 'politicisation' means falling back on ready-made choices and institutions, then the effort of analysis involved in uncovering relations of force and mechanisms of power is not worthwhile. To the vast new techniques of power correlated with multinational economies and bureaucratic States, one must oppose a politicisation which will take new forms (Foucault, 1980, p 189-190).

Radical change cannot and will not be negotiated by governments; it can only be enforced by people. By the *public*…So when we speak of public power in the age of Empire, I hope it's not presumptuous to assume that the only thing that is worth discussing seriously is the power of a *dissenting* public. A public that *disagrees* with the very concept of empire. A public that has set itself against incumbent power---international, national, regional, or provincial governments and institutions that support and service Empire (Roy, 2004, p 26).

Abstract

Purpose: The study focused on investigating the uses of the term "public participation" to clarify an important public policy concept for health governance as a firm foundation for theory building, policy and practice. Key questions concerned: What counts as participation? Who counts as a participant? And, is there legitimated space for dissent within this concept?

Method: A combined methodology (Rodrigues, 2006) for the concept analysis of *public participation use* was adopted after three methods were extensively studied. Procedures were detailed for a systematic, random sampling of the professional, academic, theoretical and empirical literature from 1990 to 2012. Four disciplinary literatures (social work, sociology, political studies, and nursing) relevant to the field of health were surveyed. The databases furnished 336 documents, out of which 120 were randomly selected for study. Each document was read for construct definitions to ascertain the essential features and the contextual basis of the concept. Two distinct analysis phases were performed. Documents were divided by content into either theoretical or empirical studies, then, sorted into use areas.

Findings: Analysis found three typical uses (intended, borderline, and contrary) characterized as prudent, spurious, and pernicious types of public participation. Pernicious types account for 40% of the literature surveyed, spurious types account for 37%, followed by prudent types at 23% (though most were failed examples). Normalized inconsistencies between purported ideals and their application were found across all the disciplines. A suggested polarization between theory and practice was strongest in the social work literature, while the nursing literature was striking for its consolidation of spurious and pernicious types. In short, a probability sampling of the literature suggests marginal and contrary uses of the concept predominate in the field. A Trichotomy of Public Participation Use is presented based on the determining criteria found, indicating the need to: affirm constituency interest in participant constructions for open negotiation, not just discussion; admit conflict and dissent as indicators of a healthy functioning democracy; privilege the interests of the poor in public participation designs and practice; and secure commitment from authorities to tie public participation mechanisms to the policy process in representative systems.

Implications: The scope of this concept has contracted and continues narrowing by way of normalized contradictions that are well circulated within major discourses. Unless we are prudent with our thinking and theory building, the conceptual architecture for public participation is merely repackaging the master narrative to more effectively disseminate the logics of neoliberalism.

Acknowledgements

Dedication

I dedicate this labour of love to the past, to the memory of my hardworking mother –

Terrezinha da Silva Rodrigues – an extremely talented, clever and fierce woman who

taught me to care a whole awful lot.

And I dedicate the fruits of this labour to the future, to the three most beautiful creatures

conceived – Daniela, Simon, and Macy – pure potential.

You show me the way to a better world.

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Chapter I: Introduction

Since the start of our new millennium, a global barrage of political, economic, social, and environmental catastrophes have been and are suffered by ordinary people. The pace of change and risk demanded by revolutions in science and technology has been and is endured by ordinary people. The radical rupture with the conventional rules of war and international agreements has been and is subjugating ordinary people. Such suffering is disproportionately borne by the increasing numbers of ordinary people falling into impoverishment around the world. The globalization of poverty bespeaks the need to rethink a pivotal concept in contemporary democracy: public participation.

The term is famed for pertaining to the common or ordinary person's part in governance. Just as the idea of participatory democracy is ratcheting up in popularity all over, there is serious official confusion over 'who is the public?' and 'what is participation?' Curiously, the question is even posed 'why should the public participate?' It turns out to be a very good question that this thesis proposes to answer.

This thesis delineates the concept of 'public participation', as indicated and prescribed, theoretically and empirically, in the academic and professional multidisciplinary literature, in particular for governance in health care and health promotion. The concept analysis method employed gives specific attention to power and context. The purpose of this concept delineation study is to provide a firm foundation for ongoing research to better evolve theory. Better theory could then assist the policy and practice communities to develop improved strategies, mechanisms, structures, and processes for the most effective, legitimate and just participation of ordinary citizens in the matters affecting their lives.

The thesis is organized into six chapters. Following the introductory context below, chapter one presents the opening statement of the research problem, the reasons why this research is significant, how this research is relevant to the discipline and profession of social work, and, specifically how this work could contribute to theory, policy, and practice development.

In chapter two, key terms from the literature on the constructs and component parts involved in this research are introduced and explained. The principal literature concerning public participation is briefly reviewed to lay out the major discursive themes in the national and international arenas, and the public and voluntary sectors. Ambiguities in the definitions, and the discursive trends and issues are highlighted for subsequent attention. This literature review section is deliberately restricted to construct definitions and a simple, preliminary analysis of this topic. Authentic concept analysis necessarily entails surveying the literature for breadth and depth of study.

Chapter three concerns the methodology for this research, conceptual analysis. First, an introduction to John Wilson's (1969) philosophy and method for concept analysis is provided, as much of his thought on the matter underlies the study. Second, two other Wilson-derived methods of concept analysis (Rodgers, 2000; Walker and Avant, 2005) are described and compared before offering a combined methodology (Rodrigues, 2006) with some improvements for this thesis. Ensuing subsections each articulate what specific research questions were addressed, what literature was analyzed, how it was examined, and how the findings were presented.

Chapter four describes the limitations inherent in the research study and discusses how these limitations have been managed. Chapter five summarizes the preliminary and

final results of the conceptual analysis of public participation use in the sampled literature. The results are presented as a trichotomy of predominant types in contemporary use – prudent participation, spurious participation, and pernicious participation.

Finally, chapter six interprets these findings in relation to aspects of the influential contributions from Sherry Arnstein (1969), John Keane (2009), James Fishkin (2009), and Geoff Mulgan (1997). The theoretical implications of the predominating types of participation found are discussed through Loïc Wacquant's (2010) sociological specification of the neoliberal state. Policy and practice implications for promoting prudent participation use are highlighted, recommendations for advancing this scholarship are then proposed, and the limitations of this study are noted at the end.

Introductory Context

From international organizational perspectives, public participation in governance is the good and just way to promise institutional and State accountability, ensuring policies reflect citizen needs, promote cultures of participatory democracy and secure citizen and human rights (OECD, 2009; 2008, March; WHO, 2008; UN/ECE, 2000). Governments require participatory publics – active and strong civil societies – to strengthen representative democracy and act as countervailing powers to institutional and organizational corruption.

These international perspectives have developed from tracking global trends that show the governed increasingly distrust the governing (OECD, 2009, 2008, 2001). But even more distrust is generated when formal engagements with the public do not go beyond *assembling to give the perception of accountability*. Precious time and energy are wasted all around, dissuading the public's good will with unmet needs that legitimately put into

question the relationship of governments to citizens (OECD, 2008). This is a precarious state of affairs for governments, but also for citizens, as institutions of government are dangerously turned against them.

In Canada, the public right to participation is not guaranteed under the Canadian Charter of Rights, only "the right to vote in an election of members of the House of Commons or of a legislative assembly and to be qualified for membership therein" (Canada, 1982, Charter, item 3). Despite that, discourse across virtually all disciplines and sectors in Canada appears preoccupied with discussing, defining, and devising ways to involve the public in governance (Conner, n.d.), particularly in both environmental discourse (Renn, Webler and Wied, 1995; UN/ECE, 2000), and health discourse (Kickbusch, 2007).

Historical developments in health promotion have come to unite concepts of rights and participation by emphasizing the citizen at the centre of health governance:

> Throughout modernity the involvement of people in their health has offered an extraordinary emancipatory impetus and it is the strength of health promotion as codified in the Ottawa Charter that its vision of health under conditions of modernity is deeply democratic and participatory. It is the role of citizen in health – that becomes the most critical component of health governance in the 21st century. (Kickbusch, 2007, 159)

The problem is that while public participation is frequently associated with empowerment, there are few examples in governance, with the gap growing between public aspirations for and actual practices of participation (WHO, 2008, OECD, 2008, March). Most public participation frameworks today have eliminated what Sherry Arnstein's (1969) seminal article *The Ladder of Public Participation* included – the rung for citizen control[1]. Much recent interest in this topic is undoubtedly motivated by concerns that appearing to share power is not the same as actually sharing power with the people.

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[1] Even if citizen control is mentioned, it is always qualified, as in this seminal article by Arnstein.

Understanding public participation is difficult owing in part to this proliferation of ideas and frameworks trying to capture or highlight various aspects of the concept. Still, the means by which the public can participate is largely determined by the conception of the term. Participatory mechanisms designed on the basis of conceptions that are poorly thought out and then put into policy practice have adverse effects on the very populations to be empowered. Well-conceived and designed systems for participation should take into account typical problems of democratic governance – legitimacy, justice, and effective administration (Fung, 2006) – in order to lead to constructions that inspire imagination to generate innovative and grounded action for local situations.

Comprehending the concept also rests with apprehending the ever-changing international, national, regional and local policy contexts. The broad policy environment includes the thorough 'marketization' of the social realm (Rice & Prince, 2000) where policy and social discourses are perfused with concepts from the corporate sector. Market conditions, norms, and values saturate the public sector, habituating or 'disciplining' the field (Foucault, 1977) to standard practices of the private sector (Rice & Prince, 2000). social work language routinely refers to citizens as 'consumers of social work services' (CASW, 2008), and routinely ties efficiency to cost-effectiveness. Policy and programming decisions rationalized on the basis of economic criteria have the effect of diminishing notions of the common good (Rice & Prince, 2000). This 'marketized' social realm is induced, produced, and sustained by global agreements negotiated within supra-governance structures, entirely unaccountable to any citizenry, but under which all governments are presumably bound (Rice and Prince, 2000). Governments constrained under these agreements are simultaneously

promoting particular forms of public participation in governance; this curious situation must be taken into account.

The Research Problem

This thesis hypothesizes the research problem as a conceptual one. The nature of 'public participation' is first conceptual: who is the public, what counts as participation, and how does the concept, as presently used, structure or delimit our political imaginings?

Based on the brief literature review herein, the 'public' in public participation may be an overly vague and homogenizing reference, that, unlike notions of citizenship, tends to float, disconnected, from a legal rights foundation. The aspect of 'public' that is opposed to 'private' (as in public commonwealth versus private wealth) appears blurred or diluted. 'Participation' is problematic in that it is frequently conceived on a sliding scale; it can stand for extreme and contradictory elements of the concept, such as the passive and active volitional aspects.

Public participation has been conceived of metaphorically like a ladder (Arnstein, 1969) where each step commencing from the bottom represents a rise in the intensity of public contribution to decision making. It has been pictured as a flat continuum (Health Canada, 2000) or a spectrum of degrees (IAP2, 2006) of increasing public influence on decision-making. The configuration of the intervals varies from model to model, but generally runs from passive to active participation. Some models remain two-dimensional views, while others have emphasized multiple dimensions of the concept beyond levels of authority or power, and types of communication or decision-making modes to also consider participant selection, as in Archon Fung's (2006) Democracy Cube.

There are many competing terms and expression arrangements for this concept, such as: community, citizen, civic, consumer, social, lay-person, user, client, audience, popular and public terms for the first part; and consultation, advisement, deliberation, involvement, engagement, input, partnership, membership, and participation for the last part. The inconsistency in situating the concept due to the usage of multiple terms leads to variable interpretations that may be open to political misuse.

Concepts may be used to absorb, diffuse, regulate, or redirect citizen desires for genuine participation in decision-making (Homan, 2008). Thus, the hypothesis or rather question of concern is whether the public participation concept presumes participant consent (through consensus approaches) to co-opt citizen opposition or criticism. Does the concept equate participation with consent? How are differences allowed, represented, tackled, and diversity of views processed? Is there legitimated space for dissent and resisting consensus pressures with this concept?

Rationale for Significance of the Study

Successful public participation is most likely to occur if all those involved are clear about the concept. Concept analysis is performed by investigating a concept's uses (Wilson, 1969). There are five general purposes for which concept analysis techniques may be used (Morse, Hupcey, Mitcham, and Lenz, 1996): (a) to identify gaps in knowledge; (b) to determine the need to improve or refine a vague or contested concept; (c) to evaluate the adequacy or capacity of competing concepts; (d) to study the congruence between the definition of the concept and the way it has been implemented or operationalized; or (e) to ascertain the fit between the definition of the concept and its clinical application.

A strict concept analysis of public participation has not yet been completed. This thesis addresses the first three purposes as discussed below. Studying the correspondence between the definition and the uses of the concept in specific settings may be a follow-up recommendation arising from this study, but is not the purpose of this effort.

To identify gaps in knowledge. By most accounts public participation is in need of further clarification. Efforts to institutionalize public participation into health system decision-making highlight problems with power sharing (Church, Saunders, Wanke, Pong, Spooner and Dorgan, 2002), particularly by unspecified powerful vested groups dominating citizens (Abelson and Eyles, 2002). Critiques of the health sector claim there is a general lack of clarity in the criteria for public participation, for instance in drug policy consultations, and with contradictory policies within Health Canada that promote public participation, but then deny health advocacy groups funds (Batt, 2005). Governments are under pressure to clarify the role of the public sector in relation to the private sector (Johnson, 2006), and to clarify the appropriate space and form of public participation (Abelson, Forest, Eyles, Smith, Martin, and Gauvin, 2003). In Manitoba, the Regional Health Authorities are mandated to carry out community development, planning and programming involving citizen input, but are working from frameworks said to be in need of improvement. In order to practice efficaciously, it is important to identify gaps in understanding vis-à-vis relational and structural power.

To determine need to refine vague and contested concept. Concepts are not stable entities; they change over time and thus need to be re-examined, especially if they are

contested (Rodgers, 2000). Preliminary readings suggest public participation has been a preferred term in some government literature (Health Canada, 2000; WRHA, 2004), although that may be changing. Other associated terms (as listed above) are routinely used interchangeably and simultaneously to refer to the same phenomenon. By drawing attention to relations of power and context, this study should contribute to situating the concept to improve the conditions of possibility for genuine public participation to take place.

To evaluate adequacy or capacity of competing concepts. This study has ascertained the primary usage for the concept of public participation, as well as its related, borderline, and contrary usages, thereby helping to evaluate the suitability of competing terms with the primary concept of interest.

A broad and systematic appraisal of the literature in conjunction with a process of inquiry that assesses the concept's range, present capacity and future possibility, is informative, instructive and generative of other knowledge, and eventually may lead to needed infrastructure development.

Relevance to Social Work

The concept of public participation is relevant to the discipline's pursuit of social justice, to the promotion of democratic participation within and beyond the learning setting, and appropriate to the mission of the Faculty:

> To pursue knowledge…that will advance the fields of social work practice and social policy at all levels and that will contribute to the development of societies in promoting respect for human rights and dignity, individual worth and well being, diversity, social inclusion, and the principles of social justice. (The University of Manitoba Faculty of Social Work, 2008)

Analysis of concepts is pertinent to social work because of the integral correspondences between public policy, social theory and social work practice. Social work can be implicated in reproducing inequities throughout the continuum of theory – policy – practice, as much as it is involved in helping to mitigate them (Foucault, 1977; Mullaly, 2002, 2009). Human service organizations may overtly attempt to alleviate suffering, but they also involuntarily reproduce it (Lipsky, 1980; Hasenfeld, 1983). Both discipline and professional practice must attend to how structures, mechanisms, and processes 'perpetrate and perpetuate oppression' (Mullaly, 2009). Social work needs to be mindful of its own language for partaking in dominant discourses that embody oppressive ideologies, so as to reverse and prevent the sustained marginalization of some groups through systematic exclusion.

This study is an initial step in the anti-oppressive work the discipline and profession are called to do – to confront the tendency to reproduce existing relations of privilege (Mullaly, 2002, 2009). The study has examined the discursive links with dominant ideologies in order to clarify the criteria for public participation, which ultimately could lead to the redesign of fairer structures, policies and practices. This is a social justice matter, a human rights issue, and a core value and tenet of social work.

Contribution to Theory

Theory development in social work has been scant and poor. Social work early on in its beginnings became distracted by psychology from developing its own knowledge base and moved away from 'outcome' toward concern with 'process', mirroring a larger period shift away from theory/philosophy towards practice/function (Estes, 1992). The discipline is lacking a broadly established and critical knowledge base that would allow social work to

accomplish its dual focal points of practice – serving individual human need *and* reducing the systemic causes of oppression and social harm (Estes, 1992; Mullaly, 2002, 2009). These 'twin pressures of containment and change' (Finn and Jacobson, 2008) might be addressed by beginning to recover and advance our own understanding of concepts. This analysis of public participation will contribute to a firm foundation for ongoing research in this field, and stands as original scholarship for the discipline. Also, this study contributes to theory, generally, as any discipline could use it as a foundation for participatory research in their fields.

This work is, first and foremost, grounded in critical social work theory. Critical social work theory uniquely offers a reading of social justice beyond a distributive perspective (the provision of basic goods and services) to include an explicitly anti-oppressive perspective that considers citizenship and human rights (Mullaly, 2002, 2009; Finn and Jacobson, 2008). In addition to redistributing wealth, justice must also involve a corrective critical analysis of "...any norm, social condition, social process, or social practice that interferes with or constrains one from fully participating in society, that is, from becoming a full citizen" (Mullaly, 2002, p 35). This means looking at the concepts and theories underlying decision-making models for their inclusiveness of representation from those most affected. Formal and informal aspects of power, oppression, and context are attended to in this study from this view.

Ultimately, this study can be a promising foundation for determining the conceptual fit between public participation and its application to a health care system universally embedded in managerial theory and market concepts. Before devising more participatory frameworks for citizen participation, it would follow that the environment of its application –

the corporate/managerial and clinical/professional settings of Regional Health Authorities – should be assessed for conceptual fit.

Contribution to Practice

Social benefit organizations, human service organizations, and community practice organizations are three broad categories of social agencies within which social workers practice (largely within public and voluntary sectors) (Tropman, 2008). This concept analysis of public participation should contribute to social work practice in several ways. The findings of the study could be used to stimulate broader discussions, to gather public perspectives, and to further the development of mechanisms for participation within their own organizations. In social benefit organizations, (social planning councils, advocacy, and community development groups), social workers would be natural facilitators for public discussions on participatory practices.

Human service organizations help marginalized individuals, with social workers offering individual assistance, outreach and educational work, or inter-organizational linkages or coordination. The findings from this study could be applied to scrutinize internal practices to ensure citizen representation on Boards or service evaluation review panels, thereby growing an organizational culture of participation.

Community practice organizations (grassroots, community development, planning and fundraising organizations, networks, self-help groups, and foundations) are settings for social work practice. Community social workers are in an ideal position to strengthen the health of communities because of their unique skills sets, such as, community development, capacity building skills, collaboration and leadership competencies (CASW, 2003,

November). These skills are invaluable to a health system reorienting itself to population health promotion. Health promotion works through community empowerment to achieve better health (CASW, 2003), wherein the community exercises its will and right to control its own activities and future.

The voluntary sector could also benefit from an analysis that takes the ordinary citizen as a focus of concern from a citizen's point of view in assessing the capacity of this concept. The concept of public participation is pivotal to voluntary sector aims to have government efforts fixed on the *public interest* and protect the significance of the *public domain*. A foundational base for this concept is necessary to help unite and amplify the call for substantive public participation.

Within social work pedagogy, participatory discourses (citizen rights, empowerment, social cohesion, inclusion) have become peripheral to discourses on case managed individual treatment and care (Heinonen and Spearman, 2001). Another consequence stemming from this analysis is that the crucial importance of public participation concepts be admitted and strengthened in course material within Faculties of Social Work. Other contributions could be an adjustment to the participatory definitions in the National Association of Social Work (NASW) and the insertion of a public participation definition into Canadian Association of Social Workers' (CASW) Code of Ethics.

Contribution to Policy

The range of social work practice always happens within the social policy context; the legislation, rules or regulations that govern human action at varying levels of societal organization. 'The social work/social policy equation' (Heinonen & Spearman, 2001) means all social work *is* social policy. Social workers operate in and carry out policy in all forms of practice, only a minority act to change policies to better meet the needs of the persons they serve (Heinonen & Spearman, 2001; Mullaly, 2009), even though the effects of policy changes can be expansive and extensive. As the language of social policy and programming becomes saturated with market concepts (Rice and Prince, 2000) this limits and frames what is possible. Careful attention to concepts central to social policy would improve policy analysis.

The lack of federal government leadership in providing national social policy (CASW, 2010) indicates the need for a bottom-up approach to policy formulation, analysis, and advocacy. There are four methods of policy practice: legislative advocacy; reform through litigation; social action; and social policy analysis (Finn and Jacobson, 2008). Legislative advocacy, also known as lobbying, is the undertaking of trying to influence legislators and government officials to support specific policy perspectives. This could be theoretically pursued to call for strengthening the mandate for community participation in the community health assessments conducted by the Regional Health Authorities of Manitoba.

Reform through litigation uses the courts to address issues of public concern, typically initiated by interested parties and is precedent setting. For instance, Quebec became the first province to ban SLAPP (Strategic Lawsuits Against Public Participation) lawsuits (used by corporations to silence criticism from local citizens or groups by

bankrupting them) in passing Bill 9, the first of its kind in Canada (Archibald, 2009, June 4). The potential for similar circumstances to warrant such legislation is not suggested here.

Social action generates transformation by way of community organizing from the ground up. Community groups and grassroots organizing in Manitoba could be empowered by research clarifying a policy concept integral to their interests and participatory norms.

Finally, social policy analysis uses analytic frameworks to look at the fit between the stated objectives of a policy and the proposals for its implementation, the knowledge base, means, costs, and other aspects. The credibility of the knowledge base informing policy analysis is where this research should be a significant contribution. Once the concept's essential nuclei are operationalized, assessing public participation mechanisms within governmental organizations for their performance should follow. Tools could be developed to measure participatory arrangements, for example, within the Winnipeg Regional Health Authority (WRHA) – The Community Health Advisory Councils, or to equally gauge the WRHA Board's functioning.

Chapter II: Literature Review

The grounds of health care and health promotion are distinguished here so as to grasp the complex milieu within which the concept of public participation is played out in the governance of health. The central literature is then reviewed, describing some varieties and forms of public participation, why they are important for public policy, applied practice, the voluntary sector, and for international perspectives. First, the basic qualifications of the study are defined centering on these operating terms: power, concepts, constructs, discourses, and theories.

Definition of Terms and Constructs Used

Based on definitions from the field of community change, the construct of **power** underpinning this study refers to the capacity to move people in a desired direction to accomplish some end (Homan, 2008). Power is a relational concept to be understood in terms of the *interaction* between individuals or groups, which may have positive or negative movement (Homan, 2008).

Traditionally, power has been conceived in terms of domination and oppression. As prohibition and negation, this emphasis diverts attention away from its creative capacities and distorts what Foucault calls "the always open and hazardous reality of conflict" (1980, p 115). Contingency is present in any moment or event, so that productive possibilities always exist for transforming 'relations of force' (Foucault, 1980). In other words, power is an open phenomenon that one may enter at any time, and exercise (given will and skill) to change or

interrupt, traditional avenues and relations of privilege[2]. Community change concepts are congruent with Foucauldian philosophy where the emphasis is placed on the will and ability to exercise power, with attention to its uses and effects.

Considered the basic building blocks of theory (Walker & Avant, 2005), **concepts** permit experience to be classified. Wilson (1969) explained that there really is no such thing as *the* concept of a thing, rather there are as many concepts of a thing as there are people[3]. Concepts are inseparable from the persons employing them; concepts are not detached entities. Concepts (about the use of words) are not identical to meaning (about understanding words), though both cover similar ground. Concepts may have no single word to express them;[4] they may exist without a mental image or picture.[5] Concepts are formed by learning the uses of words, and are tested by seeing what we understand by words (Wilson, 1969, p 53-59). Concept refers to conceptual terrain in this thesis.

Constructs are "...quite literally, created *realities.* They do not exist outside of the persons who create and hold them; they are not part of some "objective" world that exists apart from their constructors. They consist of certain available information configured into

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[2] According to Foucault, Structuralism does not by itself address the positive aspects of power,

> If power were never anything but repressive, if it never did anything but to say no, do you really think one would be brought to obey it? What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression (Foucault, 1980, p 119).

Indirectly, Foucault transformed traditional conceptions of power. His works traced relations of force, their strategic developments, and tactical effects, (within the fields of medicine, psychiatry, and prisons) through detailed genealogies of *body history*, thus illustrating how power behaves and moves through the social body.

[3] Wilson wrote, "We must not, in any case, imagine that 'the' concept of a thing is a separate entity on its own" (1969, p 54) and he refers to Wittgenstein's notion of family resemblances to explain that when we speak of the concept of a thing, we are abbreviating all the individual conceptions of that thing which have a general likeness.

[4] For instance, we have concepts for a parent who loses her or his child to death but we have no special name for this phenomenon, as we do for a spouse who loses her or his partner, wherein we call this being widowed.

[5] Concepts of people or objects are often easily pictured, but other abstract concepts about a quality like a haunting feeling or indeed concepts of justice are harder to picture. Wilson claimed that even if individuals are able to picture such concepts, entertaining a picture of the thing while using the word for the thing is merely an *accidental association* (p 57).

some integrated, systematic, "sense-making" formulation whose character depends on the level of information and sophistication (in the sense of ability to appreciate/understand/apply the information) of the constructors" (Guba & Lincoln, 1989, p 143). Constructions may be "…incomplete, simplistic, uniformed, internally inconsistent, or derived by an inadequate methodology…" (Ibid., p 143). They are "self-sustaining and self-renewing" as they tend to keep out contradictory data (Guba & Lincoln, 1989, p 145-146). Constructs refer, in this thesis, to the constructions held by the authors of the works surveyed.

Discourses here are meant to refer to the particular disciplinary treatment of a subject area, including the discipline's lexicon and knowledge base. Discourses function to train those within them to think and conduct behavior in certain ways, and to act on those outside the discipline's system via disciplining techniques (Foucault, 1977). Discourses involve the rules governing language and its use, with one discourse often dominating (Mullaly, 2009). For example, the discourse of generalist social work tends to frame social work practice as one of monitoring and managing casework, which in turn operates as instruction for students to conduct relations with 'clientele' often in controlling ways.

A **theory** is an elaborate, roughly coherent account of some phenomenon "…that is useful for description, explanation, prediction, and prescription or control. Associated with the theory may be a set of definitions that are specific to concepts in the theory" (Walker & Avant, 2005, p 28). Theory may also derive from perspectives, but is discerned by containing prescription or direction (Mullaly, 2009).

Contextual Introduction

This introduction attempts to distinguish the two main conceptual areas of health promotion and health care in the health field, and in relation to public participation concepts as background for the subsequent literature review.

In Canada, health policy has been about *health care*, by which is meant the medical and hospital treatment of disease or injury through our universal public insurance system of Medicare (Chenier, 1999). However, the Lalonde Report (1974) isolated health care as only one of several factors affecting health. The *Ottawa Charter for Health Promotion* – a seminal World Health Organization document (1986) – affirmed this view, and emphasized the importance of all public policy sectors in influencing health, such as agriculture, education, housing, and others. By extending the health setting to 'where people live, love, work and play' (WHO, 1986) the conception of health formally expanded to a broad range of health determinants far beyond health services (Kickbusch, 2007).

Health, narrowly defined, as the absence of disease in individuals presumed divorced from their environment (Marmot and Wilkinson, 2006), continues to dominate health policy. Although, this view is beginning to shift from a preoccupation with 'what makes us sick?' to questions of 'what is it that actually makes us healthy?' (Evans, Barer and Marmort, 1994). The frame is widening from individual treatment and cure to a broad population health promotion lens that acknowledges the correlation between class and health, and the rest of the social environment (Barer, Evans, Hertzman, Roos, and Wolfson, November-December, 2010). What produces health? What induces wellbeing in communities? Such questions are enlarging our conceptual gaze to health ideas manifestly bound up with the political realm.

The Canadian Public Health Association's annual conference in 2005 opened with a bold and unequivocal statement by Dr. Ilona Kickbusch, that "the crisis in global health is not a crisis of disease; it is a crisis of governance"[6]. The audience was introduced to the political determinants of health; the theory that political relations are perhaps the determining factor in health. People lack good health not because of poor access to medical services or under funding of health systems (though undeniable symptoms of the problem). Rather, they lack good health because too few and the same people are governing, and doing so without corroboration of and accountability to the governed.

Bad government is emerging as the greatest single cause of global problems, with good governance proposed as the solution (Res Publica, nd; WHO, 2009; OECD; 2009). The difference between government and governance is not easily discernible[7] with the two terms frequently interchanged. Systems of government involve the basic institutions and organizations of governance; institutions refer to the rules of the game, whereas organizations refer to the material entities themselves (Kickbusch, 2007). A discussion paper on the matter concluded that, "Governance increasingly is seen as a joint enterprise, a relationship, in which each set of players has roles and responsibilities, though primary responsibility for good governance continues to rest with the state" (Wyman, July 2001, p 49). In this thesis, governance is used to lay emphasis on the relations between the governing and the governed.

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[6] Based on the students notes at this conference. Guest speaker Dr. Ilona Kickbusch laid out the global health crisis in terms of global citizenship and political exclusion from domestic participation in governance. This conference also hosted a contentious AGM wherein the institution of CPHA befell a capture and occupation by corporate interests.

[7] The Oxford English Dictionary (OED) defines *government*, first, as the action of governing or ruling, the continuous exercise of authority over the action of subjects or inferiors, authoritative direction or regulation, control, rule. Only later (sixth) as a system according to which a nation or community is governed, and then (seventh), as the governing power in a state (what would seem to be the more common sense use). Governance is (first) defined as the action or manner of governing, the fact that a person governs. The OED claims that government "In the main, this word may be considered to have superseded GOVERNANCE.]" (OED, 2010).

Good governance is founded not merely on representative democracy, but more importantly on participatory democracy (Freire, 1972; OECD, 2009) – the partaking of citizens in the organizations and apparatuses of state. 'Achieving good health for all' (Epp, 1986) depends on the capacity of civil society and on the broad participation of ordinary persons in mechanisms of account that ensure governments are responding to the public interest. Democracy, as the institution theoretically shared by the entire populace, remains the most powerful tool people have to exercise for protection of their '*public things*' (Res Publica, nd) – the things held in common, like basic rights and our planet. The right to participate in health decisions that affect the public is such a public thing.

Hence, debates in Canada over health entail two opposing paradigms. One view argues for the thorough reorientation of Canada's health system towards a comprehensive understanding of all the factors that affect the health of populations and communities (Lalonde, 1974; Epp, 1986; Evans et al., 1994; Raphael, 2004; Marmot and Wilkinson, 2006; Barer et al., 2010). This view challenges the primacy of the biomedical approach and behavioral explanations for the causes of illness with the universal observation of a social gradient in health. The poorer people are, the sicker they are. This correlates on a consistent sliding scale throughout the entire class slope from poor to rich. Based on irrefutable evidence that societal conditions have a greater influence on health than the health care system (Raphael, 2004), this view considers all other sectors with at least equal import in terms of solving social and health problems. This paradigm uses frameworks for the social determinants of health, or groupings of factors known to impact on the health of populations in predetermined ways (Marmot and Wilkinson, 2006; Raphael, 2004).

Income is a known major determinant, which will impose corresponding opportunities or lack thereof, that then influence health status, indicate health risk, and predict health gain or loss – known as the health gradient (Marmot and Wilkinson, 2006). Heart disease and stroke are the two diseases most related to income levels in mortality (Raphael, 2004). Within this view, for instance, it would be more efficacious and ethical to increase minimum wage levels than to medically treat individuals *after* contracting predicted disease. The policy choice to treat for disease instead of raising incomes for low wage earners that would prevent disease, leads to the political determinants of health.

The political nature of health decisions is the crucial factor explaining the scant progress in the health of the poor here and around the world (Kickbusch, 2007; Langille, 2004; Raphael, 2004; WHO, 2009). Those who occupy and wield positions of power claim to be 'non-partisan' or 'non-political' for the very reason that decisions are political (Frederickson, 1993; Putnam, 1976). By denying their own political complicity, they prevent others from influencing those decisions. However, there is no outside to the ubiquity of the power field (Foucault, 1980); this condition demands advocacy and action on the political determinants of health.

On the other hand, the view that regards health dominant over the social, bio-medical care supreme to population health promotion, the individual pre-eminent over the community, argues for only periodic tweaking or reform of the health system. The system is structured as it should be, but could be more responsive with minor adjustments. Knowledge, skill, and decision-making are monopolized with experts within the pre-established order. This tradition does not require or desire participatory contributions from citizens, nor any reorienting of the health care regime (Kirby, 2002). The concern that health

costs keep rising, yet some groups of people are worse off (Marmot and Wilkinson, 2006; Raphael, 2004) is only a problem to be managed.

This is a general backdrop: the contested topography of public participation occurs within this debate between two opposing belief systems and approaches to the problems of health and wealth disparities. Redistribute health, wealth, power, and safeguard rights for all, or preserve the status quo and further entrench rights for the few. Stephen Tomblin indicated to the Romanow Commission, "Whether regime shifts occur depends on a number of factors, including the strength of the old Canadian policy regime and who controls the discourse" (2004, p 281). The review now turns to the discourses themselves.

The Canadian Public Policy Literature

This literature review is atypical because the thesis is an extensive survey of the literature for conceptual clarity of public participation. The writer must not over-determine the meaning of the constructs involved while providing some definitions and uses for the concept, along with a brief analysis of the discourses within the health field.

The Romanow Report. The final report of the Commission on the Future of Health Care in Canada, *Building on Values: The Future of Health Care in Canada* (Romanow, 2002) assigned a chapter to laying out the relationships between health care, citizenship and federalism. The first of 47 recommendations advised the federal government to establish a Canadian Health Covenant "...as a common declaration of Canadians' and their governments' commitment to a universally accessible, publicly funded health care system." (2002, p 48). The proposed Covenant called for 'public input' and stated that, "Public

participation is important to ensuring a viable, responsive and effective health care system" (2002, p 50); though input should be appropriate, informed, and limited to decisions regarding *personal care*. The Covenant outlined responsibilities and entitlements for three categories of people; Canadians, health care providers, and governments. Health care industry suppliers were omitted and no Covenant has materialized.

The Romanow Report also recommended updating the Canada Health Act to include a sixth principle on accountability because, "during the consultation process, Canadians expressed their deep suspicions about the way governments have managed their health care system and where the money goes" (2002, p 63). The Report described Canadians "as the owners, funders, and users" of the health system with "a right to know how their system is being administered, financed and delivered, and which order of government is responsible for which aspects of the health care system" (2002, p 63). No principle of accountability has been added to the Canada Health Act (Health Canada, 2008) despite acknowledgment of widespread public discontent.

A background discussion paper called *Public Participation and Citizen Governance in the Canadian Health System* (Abelson and Eyles, 2002) concluded that an increasingly diverse Canadian public does not appear to increase efficiency or system commitment, or lead to shared values through its participation. However, public participation could be a means to bolster commitments to health programs (via networks within regional health authorities) and encourage the 'expression of democratic values' (Abelson and Eyles, 2002, p 22). Expression of democratic values appears as a by-product of the more believable aim of garnering support for provincial health programs. The authors warn of a 'savvy public' likely to know the difference between sharing blame for decisions and legitimate

involvement in determining the system (p 22). The final statement clarifies the authors' standpoint, that expert decision makers "…determine how best to involve the public in these decisions" (p 22).

Another perspective highlights the legacy of the Romanow Report, being the public dialogues themselves. The Commission partnered with the Canadian Policy Research Networks to organize regional citizens' dialogue sessions, wherein the public worked through conflicting values via facilitated deliberations (Maxwell, Rosell, and Forest, 2003). The authors argued that the Romanow Report acquired legitimacy as a dependable record of Canadian social values because of the 'ChoiceWork dialogues' method employed to obtain public views. They claimed this method impacted on the Commission's Report in three major ways. One, the report redefined the role of citizen from passive consumer to active participants in the governance of the health system. Second, the public dialogues led to demands for more open public policy processes, and three, they piqued political interest in the concept of public participation (Maxwell, Rosell, and Forest, 2003, p 1033).

The Health Council of Canada. Another recommendation from the Romanow Report was to create a new intergovernmental mechanism to help "depoliticize" the relations between the provinces and the federal government, and to inaugurate a "new approach to national leadership" that admits public input through the establishment of the Health Council of Canada (2002, p 53). Today, the Health Council of Canada reports on the progress of health care renewal, on the health status of Canadians, and on the health outcomes of the system with the aim to provide "a system-wide perspective on health care reform for the Canadian public, with particular attention to accountability and transparency" (Health

Council of Canada, 2009). The Council does not have direct public membership. Members of the 'corporation' are the ministers of health from participating jurisdictions, including governmental and non-governmental representatives, who together operate as an independent non-profit agency funded by Health Canada (Health Council of Canada, 2009).

The Council's strategic plan includes a direction to "Deepen public understanding of the features of a sustainable and high-performing health care system" (Health Council of Canada, 2008). A document for general dissemination entitled *Value for Money: Making Canadian Health Care Stronger* (2009, February) is a product of that direction,

> The Health Council of Canada wants Canadians to get involved in this issue – to ask what value we get for our health care money, and to offer ideas and solutions that ensure we use these dollars wisely...How much does health care contribute to people's health, and how does it compare to other worthy causes such as education and the environment that also need public dollars and also contribute to health? (p 3)

The concern with "better value-for-money-decisions" (2009, February, p 45) appears crafted to help shape public opinion. It is worth noting that the question being posed already presupposes the overriding value is money. The Council appears to be a venue for gauging, informing, and steering public discourse on health care from an intergovernmental perspective. Overall, the Royal Commission Report reflects tensions that pull and push discourse towards various public participation uses.

The Kirby Senate Report. In 2002, the *Final Report on the State of the Health Care System in Canada: The Health of Canadians – the Federal Role chaired* by Senator Kirby made no mention of public participation in its recommendations for improving the governance of Canada's heath care system, as governance was strictly defined as a matter for leadership (2002, p 11). The Kirby Report did recommend another hierarchical structure, a new federal/provincial/territorial body that would consult with health care stakeholders to

appoint a National Health Care Commissioner to head an arms-length agency (2002, p 19). The Commissioner would nominate members to this agency, the National Health Care Council, and the Council Chair, whose mandate would be to publish annual reports on the state of the health care system, on the health status of Canadians, and advise the federal government on how to allocate funds to reform the system.

The National Health Care Commissioner would be charged with nominating representatives, including those for the general public, though this was not stipulated. The Report stated, "In making nominations to the Council, the Commissioner would have the responsibility of ensuring that the membership of the Council is balanced, and that the public at large is represented" (2002, p 17). The selection of public representatives would be erroneous in that "Councilors should be appointed on the basis of their ability to take a global view of the health care system, and not as representatives of specific health care constituencies" (2002, p 17). By privileging global over particularist views of the system, selection is biased, ensuring that imbalance is central to the composition of membership as it tends to censure the ordinary citizen in favor of the worldly wise.

The Report characterized the social contract between government and the people as one of a purchasing agreement. The governed are taxpayers whose willingness to pay 'demonstrates their consent to be governed', while government acts as broker agreeing to spend taxpayer funds on behalf of the governed (2002, p 8). This is an austere view of the social contract with no room for the participation of the public.

The Social Union Framework Agreement. The Social Union Framework Agreement (SUFA) was signed in 1999 by all provinces and territories, and the federal

government, except notably Quebec. It dealt with intergovernmental planning of social programs and the extent of federal spending powers (Fortin, Noel, & St-Hilaire, 2003). The agreement was an attempt at a social contract for Canada, between both levels of government and citizens, by way of making some gesture towards involving Canadians in health and social governance.

SUFA's third section relates to primarily informing citizens, but also to their participation in priority setting and evaluation, as follows:

> Canada's Social Union can be strengthened by enhancing each government's transparency and accountability to its constituents. Each government therefore agrees to:...ensure effective mechanisms for Canadians to participate in developing social priorities and reviewing outcomes. (Fortin et al, 2003, p 236-237)

The mandated three year review of SUFA (2003, June) reported that all jurisdictions had worked to involve the public, by way of informing Canadians through public accountability and transparency, but noted that,

> During the public consultations, a number of participants expressed the need for improved information about social programs and *were critical of what they saw as limited opportunities for citizens, community groups and stakeholder organizations to participate* [italics added] in identifying social priorities and reviewing outcomes. (FPT Ministerial Council on Social Policy, 2003, p 8)

The review's recommendations reiterated the agreement to continue, "building on mechanisms for the public to participate in developing social priorities and reviewing outcomes where appropriate" (2003, p 9) without specifics. While SUFA made an initial commitment to citizen involvement, it was vague with no plan or strategy for participation, or consequences for lack of progress. SUFA does not appear to be significant at this time.

The Council of the Federation. In 2003, the Council of the Federation was created by Premiers of the provinces and territories to play a leadership role in revitalizing the

Canadian federation, and produced a document called "From Innovation to Action: The Council of the Federation First Report of Health Care Innovation Working Group" (The Council of the Federation, 2012). It made mention only of consultation with provider and patient groups to identify best practices in clinical governance, and gave no attention to public participation or social environment impacting on health, despite the SUFA agreement which the Premiers had earlier signed.

Current Practice in the Health Sector

The purpose of this review is to highlight again some definitions and uses of the public participation concept in the Canadian health context.

Health Canada. Health Canada's public involvement (PI) policy is set out in the *Health Canada Policy Toolkit for Public Involvement in Decision Making* (2000), but more recently a discussion paper also articulates a more episodic vision for public input in the regulatory review of health products. *The Policy on Public Input into the Review of Health Products—Backgrounder* (2006) states that while it promotes public input, it 'reinforces Health Canada's role as the decision maker', lays out an advisory forum, and focuses public input on issues of safety and effectiveness within risk management. It appears that public involvement may be a way to manage contentious risk issues and public perception.

However, the *Public Involvement Continuum* is still identified by Health Canada as the core of the concept. There are five levels of public involvement and influence, with selection criteria for each level and corresponding techniques for use (Health Canada, 2000). The PI Continuum runs from:

Level 1 – Inform or Educate

Level 2 – Gather Information or Views

Level 3 – Discuss or Involve

Level 4 – Engage

Level 5 – Partner

Guidelines are provided for Health Canada employees (decision makers, advisors, practitioners and administrative support), and include operating rules, a planning process, advice on 'who should be involved', a chart to match techniques to objectives in implementing PI activities, a synthesis of lessons learned, and a terminology key (Health Canada, 2000).

Citizen engagement is defined in the terminology key as "the techniques that facilitate an informed dialogue among citizens and government officials..." (2000, p 26). A citizen is defined as "an individual Canadian who is neither a delegate nor a representative of any government, organization, association or interest group" (p 26). The discussion on *Who Should Be Involved* advised decision makers to "consider 'community leaders' as representatives of the public" (p 23) and warned about 'skeptics or cynics' and the need to "avoid giving vested interests undue advantage" (p 23). The public is defined as "individuals, consumers, citizens, special interest groups and/or stakeholders" while stakeholders are said to be "an individual, group or organization having a 'stake' in an issue and its outcome (e.g., specific matters relating to health, environment, consumers, volunteers, industry, science)" (p 26).

The Public Health Agency of Canada provides a clear, practical guide to public policy development with specific emphasis on the meaningful inclusion of stakeholders and

citizens in a document entitled *Public Policy and Public Participation: Engaging Citizens and Community in the Development of Public Policy* (Smith, September 2003). It offers useful, coherent definitions:

> A stakeholder (or stakeholder group) is one who has a direct concern or interest in, is likely to be affected by, or has the ability to influence a decision. In determining who is a stakeholder, the view of the individual or group is often a more important factor than the view of the sponsor. Stakeholder identification or representation is often based on geographic location, sector, impact or interest. Stakeholders can be individuals, groups, organizations, communities, businesses, other government departments or other governments. There are no automatic, categorical exclusions.
> ...Citizen engagement recognizes citizens as stakeholders and seeks to involve them directly...Our ability to analyze stakeholder groups can be enhanced if we group them according to interest sectors.... (Smith, September 2003, p 23-24)

It attends to distinguishing between 'public interest' and 'special interest' in terms of shared benefits to the whole of society versus private benefits to a few individuals. It employs a Public Participation Continuum that runs from information exchange, consultation, engagement/dialogue, shared decisions, to shared jurisdiction; paying more attention to the middle way of engagement/dialogue. Emphasis is placed on horizontal policy and on the inclusion of all stakeholders in the policy community.

Manitoba Health and Regionalization. Since the post-war period, regionalization has been an evolving concept in Canada intently aligned with *decentralization* – that transferring power and authority from a centre to smaller geographic areas or regions is better than centralized power (Carrothers, Macdonald, Horne, Fish, and Silver, 1991). Regionalization in Manitoba has recently re-centralized; the regional health authorities (RHAs) have been transitioning over the past year to 5 vast RHA areas from the previous 11 (Manitoba Health, 2013, February 13).

Carrothers et al. originally identified four essential ingredients for effecting regionalization, one of which was to change the governance structure of the health care delivery system by establishing "regional health councils who would derive administrative legitimacy through the election of council members by citizens in the region" (1991, p 13). The election of council members by citizens was envisioned as key. In Manitoba, The *Regional Health Authorities Act* established regionalization on April 1st, 1997, mandating the creation of District Health Advisory Councils or Community Health Advisory Councils (DHAC/CHAC) in each region with the goal to "enhance consumer choice and involvement" (2008).

In 2008, the *Report of the Manitoba Regional Health Authority External Review Committee* (Gray, Delaquis, and Closson, 2008, February) recommended that the Regional Health Authorities (RHAs) require basic accountability improvements to both Board and Council governance. The review committee observed that, "While the legislation provides for the possibility of elected board members, the review found little support for this in the regions, where the feeling is that having elected board members would be divisive and politicize the provision of health services" (2008, p 33). The review also reported that some RHAs had discontinued the use of DHAC/CHAC, and had instead developed Provider Health Councils (based on RHA employees) that should "…not to be viewed as substitute instruments of community participation" (p 50), and that RHAs concurrently used input from traditional sources, "…agencies, organizations, town councils, municipalities and other stakeholder groups on a regular or as-needed basis" (p 50). Moreover, the review found council members dissatisfied in their role (as sources of meaningful contribution) and function (as community problem solvers), noting that this situation had persisted without

correction by the RHAs, stating "This is a critical weakness in accountability since community empowerment is a key ingredient in maximizing the potential of regionalization" (Gray, Delaquis, and Closson, 2008 February, p 50)

Public participation in health regionalization is indispensable to the successful decentralization of some power to local communities. Administrative legitimacy is a product of authentic democratic participation; thus citizen election of council members was key and intended to reduce bias from ministerial appointments (Carrothers, et. al., 1991; Fung, 2006). But there continues to be weak support from within the RHAs for citizen election of councillors. Entrenched avenues of privilege may need to be exposed before citizen pathways for participation can be traveled.

Community Health Assessment (CHA) is also mandated in the Act, and is another process involving on-going public participation, that was recently updated in *The Community Health Assessment Guidelines* 2009 (Manitoba Health and Healthy Living, 2009). The new guidelines set up a model for conducting CHA, as follows:

Determine the purpose

Determine the geographic scope

Determine the population of interest

Determine who should be involved

Engage with communities and stakeholders

CHA Core Steps

1. Decide what information is needed

2. Review existing information

3. Gather new information

4. Analyze the information to identify needs and strengths in communities

5. Select priorities from the needs identified

6. Invite feedback from community and stakeholders

7. Share and facilitate use of CHA findings

8. Evaluate the CHA process (2009, p 14)

The text asserts that health priorities "are ultimately determined by each health authority" (2009, p 27) and feedback is invited from community; but after priorities have been selected by authorities. By contrast, the 1997 *Community Health Assessment Guidelines* (Gray, Delaquis, and Closson, 2008) emphasized the community-wide basis for health prioritizing; this is now gone. The current purpose of CHA is to "focus public discussion on health issues and expectations of the health system, and increase understanding about difficult choices that need to be made (ex: service priorities, resource allocation)" (Manitoba Health and Healthy Living, 2009, p 9). Thus, the Province of Manitoba appears to limit public participation to an instrument for developing public support for RHA determined priorities.

The Winnipeg Regional Health Authority. The Winnipeg Regional Health Authority's (WRHA) primary document on the topic was the *Community Development and Public Participation Framework* (2004, May); it is now called the *Community Development Framework* (updated 2010). The term 'public participation' has been dropped from the title. The document explicitly replaces the term with 'public engagement' (however public participation and other terms are employed interchangeably throughout). Engagement is defined in numerous ways, for instance, as a belief system, a process for consulting, and a

form of two-way communication and collaboration, among others, and with numerous objectives. Notably, participation is now considered to be a passive activity, "Public engagement may range from passive (e.g. informing, consultation and participation) and/or proactive (e.g. collaboration, empowerment and development) (Mason et al, 2008 and International Association for Public Participation (2007)" (WRHA, updated 2010, n.p.[8]).

The former Participation Model continues to be used in this updated version, and affirms 'community development is inextricably linked to public participation'. The model is pictured as a layered pyramid from passive information and feedback platforms for the base, to joint planning in the middle, and participant control at the peak. Included in this catch-all document are: the Determinants of Health according to Health Canada; *a Spectrum of Public Participation* (with no citation); a list of public engagement methods from the Office of Citizens and Civics in Western Australia; the contents of the older 2004 Framework; aspects of the Manitoba Health and the WRHA Community Health Assessment updates from 2009; Accreditation Standards; WRHA Mission, Vision, Values and Strategic Directions; WRHA Community Development – Purpose, Principles and Practices; different glossaries with conflicting terms, and much more. The 2010 framework is a collection of many materials from disparate sources, with little coherence, rendering comprehension difficult.

The 2004 framework is clearer and entails three points of activity: building organizational capacities (promoting integration in organizational culture); sector networking (collaboration with other sectors affecting health); and local area development (providing human and financial resource support to communities for grassroots work) (WRHA, 2004, May). Public participation is defined as follows:

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[8] This document is not properly paginated in the pdf retrieved online – most are marked as page 1.

> The process by which public concerns, needs and values are incorporated into governmental decision making…is a two way communication with the overall goal of better decisions, support by the public. Participation processes may be single event or they may be embedded in long-term system activities or partnership processes. Adequate public information is always a central element in any public participation program (CRHA, 1999). (WRHA, n.d., p 3)

This definition stresses the organization's need to obtain informed public input to feed into their own decision-making.

> Community participation is more forcefully defined as,

> A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies in planning, developing and delivering services and taking action to achieve a change (WHO, 1999). (WRHA, n.d., p 2)

In this description, communities partake in defining the problem, in inventing policy, and in taking decisive actions to enact it.

The Community Health Advisory Councils (CHAC) are *the* key mechanism for public participation in the Winnipeg Region (WRHA, 2005, 2010). The six Councils in Winnipeg operate on an advisory basis to the WRHA Board with input "targeted to specific issues or questions identified by the WRHA Board" (2005, p 2); importantly meaning advice given may not be taken. The 11 to 15 representatives for each of the councils consist of five board members from RHA funded health organizations "representative of a variety of occupations, businesses and professions" (p 4), with the remaining members coming from community, and described as "representative of consumers, family members of consumers, caregivers, a variety of occupations, businesses and professions, students, and the general public" (p 5).

All members are to have strong communication skills, connections to their geographic community, time, energy, and a prerequisite commitment to collaborative and

constructive dialogue (WRHA, August 23, 2005). These terms for participation would restrict many marginalized community members who are unlikely to possess the above capacities, and this is perhaps why the terms also stipulate, "In the event that the WRHA is unable to recruit a sufficient number of Members, the Council will be deemed to be duly constituted for all purposes" (p 5).

The WRHA Board determines the final selection of members within vague criteria, "…based on the need to ensure that the Councils represent the diversity of the associated geographic community" (p 5). No groups are differentiated for attention in the selection process, such as the Aboriginal community, given Winnipeg's Aboriginal population.

Members are appointed for three-year terms, but the WRHA reserves the right to terminate an appointment, leaving open the reason(s) for dismissal, "The WRHA may develop, with the input of the advisory council members, the code of conduct for members including behaviour unbecoming of a member and the process of dismissal and appeal options" (p 6). For process fairness and transparency, standardized conduct, dismissal, and appeal procedures should be developed in advance of problems arising. More importantly, if disagreement is not legitimized within the terms of reference, then the potential exists for the excuse of misconduct to be used on members who may not be sufficiently agreeable.

With respect to the pivotal goal of membership diversity in the councils, the measurement indicators for evaluation consist of surveying the combined perceptions of council members, the WRHA Board and Senior Management (p 9). Since Board and management decide on membership and terms, a fairer measure would give more weight to council members' perceptions of diversity in the evaluation and or allow citizens to partake in developing the criteria.

As experience and controversies deepen, periodic refinements to the WRHA-CHAC appear to point to increasing institutional control over the structure and practice of public participation, paradoxically compelling citizens to be more amenable to the organization's needs than vice versa.

Voluntary Sector Perspectives

This brief review of the literature from the voluntary sector highlights some definitions and uses of the public participation concept. In some instances, more focus is placed on the actual practice of membership participation than on the products of public participation.

The Canadian Public Health Association. The Canadian Public Health Association (CPHA) has had a public relations makeover – a 'revitalized branding' – while undergoing changes to its governance structure (CPHA, 2008, p 3). CPHA is 'doing business' having become concerned with "enhancing its business lines" (publication sales, marketing new conference planning services) and with increasing efficiencies throughout the organization, including streamlining decision-making (CPHA Annual Report, 2008, p 3 - 4) and membership.

The CPHA Board sanctioned a new *Policy and Position Development and Review Process* (CPHA, 2009, p 1 and 6), which eliminated membership participation in policy decision-making through a one-member-one-vote arrangement[9]. The new policy places

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[9] Based on the writer's experience with CPHA as a former member. Request for some formal public documents could not be supplied; CPHA stated it currently has limited staff to respond to requests for information.

control for all decisions effectively within the purview of the executive and Board. The CEO

and the Board Chair will endorse statements, positions or policy, unless they deem proposals:

> ...warrant more in-depth reflection and study, particularly where current CPHA policy is ambiguous, a Policy Review Group (PRG) – composed of CPHA Board members, a member of CPHA's Advisory Council and the CEO – will vet the proposed positions and policies and make recommendations to the Board...For complex or controversial issues that the PRG believes require additional consideration, the PRG will refer the proposed position or policy to the Board for review. (2009, p 6)

Only as a last resort, will CPHA survey the membership for their opinion.

Rhetoric such as "involvement of CPHA members is central to the revised process" by "providing more ways to actively engage members throughout the year" (p 6) does not bear out. A list of "improvements" to membership participation reframes the actual loss of voting privilege into gains (which are not different from what members could do before), such as: initiate or suggest proposed positions or policies; flag issues at the annual general meeting (AGM); and provide technical advice when sought (p 6). A new template for submitting proposed positions or policies will "guide CPHA members on the structure and content for presenting issues" (p 6) placing the burden of providing "the evidence-based rationale as to why it should be considered by CPHA" (p 6) on many resource-deprived members.

CPHA's first Policy Forum held during its 2009 AGM focused on the organization's role in addressing health inequalities via the social determinants of health. Participants appealed for existing research to be put into action, and to go "beyond the health sector and especially 'talk to and collaborate with those most affected,' "(2009, p 8). CPHA leadership does not appear to have the same agenda. For instance, in the Pre-budget Consultation Brief to the House of Commons Standing Committee on Finance (CPHA, 2009), CPHA recognized unemployment and income insecurity as major problems arising from the global

economic crisis, but their recommendations to the federal government did not reflect this concern. Instead leadership repeated calls for the full funding of PHAC (Public Health Agency of Canada), for the creation of a National Public Health Infrastructure Fund, and for funding increases for scholarships and research (CPHA, 2009) while no calls to increase unemployment benefits or extend coverage to those in need were mentioned.

The Board additionally approved a new *Corporate Sponsorship Policy*, wherein "CPHA is actively seeking to **partner with corporations**..." (CPHA, 2008, p 4). The policy specifies a review structure, criteria, and process for approving corporate sponsorships within a six-week period through the Corporate Social Responsibility Working Group, an internally constituted group which functions to recommend to the Board the solicited and unsolicited funding desires of corporations, with documentation of these decisions made available only to sponsors and Board. The membership of CPHA and the general public are excluded from knowing the basis for the selection of a corporate sponsorship. The policy indicated decisions would involve a cost-benefit and risk analysis of the trade-offs between the real or apparent conflicts of interest for CPHA, and the benefits of accepting corporate money. Thus, a real conflict of interest could be overlooked if the price is right.

These policies signal a departure within CPHA from primary affiliations with the public, communities, and the voluntary sector towards partnerships with the private sector. If CPHA is the only independent voice for public health in Canada, as it claims, the sphere of public space appears invaded and besieged by private corporate interest. All in all, public participation is not presently a cherished value within CPHA.

The Health Action Lobby. Formed in 1991, the Health Action Lobby or HEAL is a coalition of national health and consumer organizations dedicated to protecting and strengthening Canada's health care system. The lobby group purports to represent providers and consumers of health care. The Canadian Association of Social Workers is among its members.

HEAL's vision statement prioritizes public participation as the first item health providers and governments need to address, referring to the concept in terms of 'public accountability and community involvement' (HEAL, 2002, September). The concept is part of their guiding principles, but drops into fourth position, while the expression for the concept moves from *community involvement* to *consumer participation* as 'partners' in health services decision-making, where "It is imperative that health consumers share in policy planning and evaluation, self-help and mutual aid" (2002, p 2). HEAL's official positions abandon references to public, community, or consumer participation in wording and headings, listed below:

1. A Cooperative Approach

2. The Federal Role in Health

3. The Public /Private Mix

4. Fiscal Sustainability

5. Health Human Resources

6. An Accountable System (HEAL, 2002, September, p 3-4).

The first position calls for "a cooperative decision making environment" and "cooperative mechanisms to facilitate collaboration" (p 3), setting a prerequisite tone for

approaching the matter in an accommodating manner. The third position is ambiguous as to whether it is or is not calling for a public/private mix,

> HEAL is seriously concerned by the decline of Canada's position in public spending on health. Currently, Canada ranks 21st of OECD countries with respect to public (government) expenditures on health. HEAL believes that every effort must be made to significantly improve Canada's ranking through increased public (government) investment in health. (HEAL, 2002, p 3)

This is important to know because public/private mixing is considered by many to be antithetical to strengthening health care, and would be relevant for power relations. The sixth position on accountability, recommends the creation of an arm's length organization that would report directly to Parliament to "...clarify accountabilities, and provide advice and analysis on health system performance (p 4)", but there is no mention of public or consumer representation in this proposed organization.

Overall, HEAL appears to function to maintain public focus on the health care system (meaning the medical system), and to add to the emerging cultural norms for more collaboration and increasing integration (HEAL, January 2012). The concept of public participation is used here as an instrument for developing consensus.

Health and Social Work Profession Perspectives

The purpose of the review below is to highlight some definitions and uses of the public participation concept in medical, nursing, and social work disciplinary contexts.

The Canadian Medical Association. Since 1867, the Canadian Medical Association (CMA) has been the national professional organization for physician interests. The CMA's policy framework, *Health Care Transformation in Canada: Change That Works.*

Care That Lasts. purports to re-orient health care to a patient-centered system through the adoption of a Charter for Patient-Centered Care, and 13 other recommendations (CMA, 2010 August). It aims to influence the direction of public discourse before the federal-provincial/territorial Health Accord expires on March 31st, 2014.

Divided into three parts, first, it frames the problem with health care as an access issue (wait times, lack of access to specialists, specialized treatment, and information technology), but appears primarily concerned with funding and service delivery alternatives (CMA, 2010, p 1-4 and p 31-36). Second, the CMA envisions health care transformation as a radical operation on the founding doctrine for Medicare, the *Canada Health Act (CHA),* so as to embed market-driven precepts (p 5-6). CMA proposes "modernizing" the five principles, plus implanting two additional ones into the Act: a sixth, patient-centered, and seventh, sustainability (p 6). Part three is the framework for transformation, organized into five action areas, essentially as follows:

1. Garnering support for CMA's Patient Charter to cement a patient-centered culture

2. Implementing new funding incentives for hospitals and physicians based on complexity and frequency of treatments

3. Mandating all Canadians have either public or private prescription drug insurance, and constructing long-term care facilities

4. Expanding the supply of physicians, and their lead role in determining Health Information Technology (HIT) to mainstream e-prescribing by 2012 in Canada

5. Addressing system accountability via public reporting and system stewardship via the creation of new monitoring body (p 7-28)[10].

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[10] Based on a summary of salient CMA recommendations or 'directions' for change, not simply on the outline.

Discussions in the text do not fit with the actual recommendations. For instance, on the one hand, the patient-centered principle based on a range of "…individual needs and preferences of the patient and his/her family", presumably infinite, would also "be properly resourced in a sustainable manner" (2010, p 6). CMA contends, "…government health spending as a percentage of GDP reached 8.4% in 2009 – a level which has already exceeded the 8.1% estimate for 2011…" declaring the situation 'publicly unaffordable' and calling for 'value for money' (2010, p 4). Yet, the framework amounts to an expansion of expensive tertiary care without addressing how actions to treat illness would generate health gains or system savings.

There are no references to 'public participation' in this text, only to 'patient participation' in terms of joint decision-making with health care providers "about their medical care and treatment" (p 9). The proposed Patient Charter is constructed on a decontextualized, individualized, and medicalized subject with insatiable needs for treatment and no volition.

The Canadian Nurses Association. Since 1924, the Canadian Nurses Association (CNA) has been the national professional organization for nurses in Canada, promoting standards for practice, education, research, and administration of nursing care in "the public interest" (CNA website, 2010, para 1). The recent *CNA Position Statement: Determinants of Health*,

> …endorses a broad approach to supporting health that addresses factors both within and outside the health sector. CNA challenges health-care providers and health system decision-makers to acknowledge the important but limited influence the health system has on health outcomes. (CNA, 2009 November, p 1)

All levels of government are urged to redirect health system funding to promoting health and preventing illness, and for policy-making to address the determinants of health (CNA, 2009

November, p 1). The *CNA Position Statement: Global Health and Equity* recognizes "public

participation" as a fundamental principle for global health equity. It affirms,

> Communities have the right to participate fully in defining their health-care needs and
> deciding on approaches to address those needs. Public participation can help planners
> to ensure that health-care services are effective from the community's perspective.
> (CNA, 2009 August, p 2)

CNA's goals for 2010-2014 include shaping and advocating for healthy public policy (CNA

website, 2010, para 3) because, as a profession, "nurses advocate for social justice" (2009, p

4). Nationally, public participation is an important concept for Nursing.

National Association of Social Workers. The National Association of Social

Workers (NASW) is the principal organization for professional social workers in the United

States. The NASW Code of Ethics (NASW, 2008) is an elaborate articulation of six core

values, principles and standards to guide social work decision-making and conduct. These

values are historical and foundational to social work's purpose and perspective: Service;

Social justice; Dignity and worth of the person; Importance of human relationship, Integrity;

and Competence (NASW, 2008).

Section 6.02 in the Code of Ethics refers to public participation in relation to social work

standards of responsibility to the broader society, "Social workers should facilitate informed

participation by the public in shaping social policies and institutions" (NASW, 2008). It is

unclear whether social work's facilitative role is limited to informing, or educating for,

participation. However, it is recognized as a categorical responsibility for social work in the

United States.

Code revisions added gender identity or expression and immigration status to the list

of social groupings under which social workers have an ethical obligation to attain cultural

competence on social diversity, and to take action socially and politically to stop injustice (NASW, 2009). The revisions indicate an ongoing refinement of categories of social difference that would be relevant for participant selection. The Code lacks discussion on the incongruities between values and the challenge of enacting them within an environment of unequal power relations (Finn and Jacobson, 2008). Finn and Jacobson (2008) recommend that thought be given within the code to concepts of context, power, meaning, history and possibility.

Canadian Association of Social Workers. The Canadian Association of Social Workers (CASW) *Code of Ethics* outlines roughly the same six core values to guide practice:

Respect for the Inherent Dignity and Worth of Persons;

Pursuit of Social Justice;

Service to Humanity;

Integrity in Professional Practice;

Confidentiality in Professional Practice and;

Competence in Professional Practice (CASW, 2005).

There is far less articulation of values and principles in the Canadian Code as compared to the NASW Code of Ethics, and no core value, principle, or mention of public participation.

Pursuit of social justice values involve the principle that social workers "challenge injustices, especially injustices that affect the vulnerable and disadvantaged" (2005, p 5), and this comprises an obligation to advocate for change "a) In the best interest of the client, b) For the overall benefit of society, the environment and the global community" (CASW, 2008, p 10). Speculatively, this should entail supporting the participatory rights of citizens,

groups or communities with social work duties to facilitate participation.   Future directions

for CASW could be to integrate the public participation concept into the scope of practice as

a relevant and logical extension of the pioneering and value-based person-in-environment

perspective.

International Perspectives

The purpose of this review section is to highlight the uses and definitions of the

concept from two major global contenders for leadership in public participation.

The World Health Organization. A United Nations agency, the World Health

Organization (WHO) is the directing and coordinating authority for international public

health, providing leadership on global health matters. The World Health Assembly is the

supreme decision-making body for the WHO, where 193 Member States meet annually in

Geneva to determine the policies of the Organization (WHO, 2009).

The Declaration of Alma-Ata, adopted in 1978 at the International Conference on

Primary Health Care in Alma-Ata, USSR,[11] defined health broadly (a state of complete

physical, mental and social-wellbeing requiring action by many sectors beyond health) as a

fundamental human right, grounded in primary health care at the local level, and rooted in

community participation (WHO, 1978). The global document recorded the consensus that

primary health,

> Requires and promotes maximum community and individual self-reliance and
> participation in the planning, organization, operation and control of primary health
> care, making fullest use of local, national and other available resources; and to this
> end develops through appropriate education the ability of communities to participate.
> (1978, p 4)

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[11] Conference was sponsored by the WHO and the United Nations Children's Fund.

It recommended governments "ensure full community participation through the effective propagation of relevant information, increased literacy, and the development of the necessary institutional arrangements…" (1978. p 23). Summary discussions on organized community participation list various groups, from local government agencies to liberation movements, indicating their importance for participatory success, support and legitimacy.

Growing global health inequities led to calls to close the wealth and health gap by way of redirecting military expenditures toward "…peaceful aims and in particular to the acceleration of social and economic development…" of which primary health was key (1978, p 6). The Alma-Ata document inaugurated the 'health for all' aspirational policy imperative.

Forward to the year 2008, the Final Report of the WHO Commission on the Social Determinants of Health, again called for closing the health gap, but within a generation and on unequivocal moral grounds (World Health Organization). Entitled *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*, this document devoted significant sections of the text to the problems of power, money and resources, thus including chapters specifically on "Political Empowerment – Inclusion And Voice" and "Good Global Governance" (2008).

Action Area 14.1 summarizes the charge in clear language, "Empower all groups in society through fair representation in decision-making about how society operates, particularly in relation to its effect on health equity, and maintain a socially inclusive framework for policy-making" (p 158). Six recommendations relating to health equity through public participation ensue from the WHO report. Three appeal to nation-states:

> 14.1 "National government strengthens the political and legal systems to ensure they promote the equal inclusion of all..." (2009, p 159).

14.2 "National government acknowledges, legitimizes, and supports marginalized groups, in particular Indigenous Peoples, in policy, legislation, and programmes that empower people to represent their needs, claims, and rights" (2009, p 159).

14.3 "National- and local-level government ensure the fair representation of all groups and communities in decision-making that affects health, and in subsequent programme and service delivery and evaluation..." (WHO, 2009, p 160).

The Commission recognized the need for financial supports for fair participation and recommended (14.4), "Empowerment for action on health equity through bottom-up, grassroots approaches requires support for civil society to develop, strengthen, and implement health equity-oriented initiatives" (p 162). Recommendation 15.1 proposed "…the adoption of health equity as a core global development goal, with appropriate indicators to monitor progress both within and between countries..." by 2010 (p 170). Recommendation 15.2 proposed by 2010 "…the establishment of thematic social determinants of health working groups – initially on early child development...and participatory governance... " (p 172).

With this landmark document, the WHO positions itself as a leader and steward of global health by instituting the social determinants of health approach across all its own programs and departments, setting the organizational example and cogently urging all countries and sectors to launch this evidence-based approach without delay.

Organization for Economic Cooperation and Development. The Organization for Economic Cooperation and Development (OECD) is the pioneering international organization helping to study, promote and move discussion on public participation in

governance, generally. The OECD has been actively producing policy documents for government policy-makers for over two decades.

The OECD represents thirty member countries[12] whose membership is based on the condition of being representative democracies. The OECD views itself as a unique forum for governments to address the economic, social and environmental challenges of globalization, through comparing policy experiences, solutions, good practices, and working to coordinate domestic and international policies (OECD, 2009).

In delineating government-citizen relations in policy-making (from design, through implementation, to evaluation) the OECD used three working definitions (reproduced in full below) for public participation:

1. **Information**: a **one-way** relation in which government produces and delivers information for use by citizens. It covers both 'passive' access to information upon demand by citizens and 'active' measures by government to disseminate information to citizens.

2. **Consultation**: a **two-way** relation in which citizens provide feedback to government. It is based on the prior definition by government of the issue on which citizens' views are being sought and requires the provision of information.

3. **Active participation**: a **relation based on partnership** with government, in which citizens actively engage in the policy-making process. It acknowledges a role for citizens in proposing policy options and shaping the policy dialogue—

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[12] Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungry, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States. The Commission of the European Union takes part in the work of the OECD as well.

although the responsibility for the final decision or policy formulation rests with government (OECD, 2001, July, p 2).

The definitions are apparent for their usefulness. The policy brief affirms information is a basic precondition, with consultation central to policy-making, but *active participation* is the new frontier in good governance, even if few OECD countries are exploring this (OECD, 2001).

The OECD study called *Focus on Citizens: Public Engagement for Better Policy and Services* (2009) identifies three trends in all OECD countries:

1. Declining voting rates and declining citizen trust in governments.

2. Participatory processes not inclusive and insufficiently open.

3. Decreased civic and democratic space (OECD, 2009, p 295-298).

Declining voter participation is attributed to the minimal interface opportunities among citizens and governments between elections, and *not* to voter apathy, because citizens are moving to new forms of participatory governance by increasingly joining civic movements (OECD, 2009).

Processes for participatory governance are not inclusive or expansive enough, and are mostly relegated to the third level of governance[13] (service delivery). The OECD calls on governments to do more to engage citizens at the first level of governance (designing policy), and for governments to admit civil society's contributions as surplus value, that is, where governments will benefit most (OECD, 2009).

The decreased space for civic and democratic activity in most countries is viewed as a very "disturbing" trend, and attributed to reactionary moves on the part of many governments

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[13] The first level of governance is the macro area of policy-making, the second level is the meso area of implementation, and the third level is the micro area of service delivery (OECD, 2009).

since 9/11. Consequently, the "war on terror" has led to restricting fundamental rights to freedom of association, assembly and expression (OECD, 2009). Still, civil society actors enjoy a high degree of public trust and are leading the push for public participation according to the OECD.

The message is that governments alone cannot solve complex policy issues. The cost of not engaging in public participation is declining trust in governments, marginalized or defeated governments, if not civil unrest. While OECD countries have unlocked public policy processes, governments have not yet begun to leverage social diversity as a source of innovation and intrinsic democratic value. Public participation is a resource, a value, and a dynamic volitional concept here.

From this topical review of the literature, public participation is observed to be a highly contested concept with transformative capacity. The range and ambiguities in the conceptual terrain, with its various definitions, terms and applications are confusing and complex. We need to know what we are talking about. One way to sort through the dissonance is to perform a periodic analysis of the concept within a disciplined examination of conceptual terrain.

Chapter III: Method

This chapter provides a preliminary overview of four concept analysis methods, beginning with Wilson's Method and including the student's proposed Combined Method for the thesis, followed by the research questions, what literature was selected and how it was analyzed, and how the findings were presented.

Wilson's Philosophy and Method of Concept Analysis

In 1963, John Wilson proposed a method for the analysis of concepts that could be systematically applied to ideas, and cultivated as a mode of philosophical inquiry (1969). A university faculty of education member grounded in linguistic philosophy, Wilson developed his procedure with the aim to promote "a single, coherent technique of thought" – a consistent way to think about thinking – in particular for his students in preparation for university entry, but also for the 'ordinary' person to develop logical and critical thinking skills and habits (1969, p vii).

Wilson's philosophy. Wilson described 'thinking with concepts' as an ongoing intellectual conversation with substantive ideas (1969). Beyond a manager of different philosophical schools of thought, and more than an analyst of language, Wilson's philosophy is properly concerned with increasing human consciousness in order to effect deliberate and rational change in individual and collective life (1969, p 126-141). Wilson's view appears to stem from a branch of analytical philosophy (also called linguistic philosophy) associated

with Russell, Moore, Wittgenstein, and allied with 'ordinary language philosophy', which focused on the function of words in community life (Audi, 1999).

On becoming conscious Wilson wrote, "It is rather like learning to play a game. To play any game well you have to have a clear grasp of what the game is about---what the objective of the game is, what counts as winning---and also plenty of practice" (1969, p 16). The game metaphor allows Wilson to stress the prerequisite of comprehending the rules of a game prior to effectively playing it. *Playing the game* draws attention to the disciplined obedience to rules that may be unconsciously exercised with routine use. For emphasis, Wilson likened concept analysis to cartography. One may be familiar with a particular route within some piece of land, yet not be able to picture the terrain until one has referenced a map. Similarly, concept analysis seeks to uncover the playing or driving rules of concepts in order to map them.

Many familiar concepts are regularly employed without a clear understanding of what they entail. For instance, Wilson observed that "The concept of God is a mysterious concept, even though the word 'God' is one which we may use every day" (1969, p 14). Words are used for practical purposes - to communicate - so that human beings may proceed with living in the world. However, in the eagerness to advance through life, little time is devoted to examining the concepts behind word expressions.

Wilson designated the term *conceptual equipment* to denote "…the whole pattern of thought, the categories, concepts and modes of thinking, which lie behind both the man's way of life and his actual, spoken words" (1969, p 130). Our shared conceptual equipment implicates particular ideas into certain groupings, configurations, and tendencies of judgment that can be discerned from the products of human activity – from human speech, texts,

images, and deeds. Wilson explained how philosophy, then, is both an ordinary undertaking and an undertaking on the ordinary:

> The classical metaphysical questions---questions about free will, reality, truth, and so on---have always formed only a small intellectual arena in which academicians fight. Meanwhile in the square outside, in the public streets, in the homes and the dance-halls, ordinary people are puzzled by parts of their lives in precisely the same *kind* of way, a way which necessitates education in self-consciousness, in awareness of how they are in fact facing the world and themselves, in overhauling their conceptual equipment. It is this process which I have described as philosophy. (1969, p 137)

For Wilson, philosophy is an educational project of individual and collective understanding to assist daily existence by promoting reasoned discernment. He clearly held that ordinary persons (and not only students or scholars) were in need of increasing their awareness of and are capable of appreciating their unconscious participation in conventional or habituated thinking.

Concept analysis is a standardized set of techniques developed to aid understanding of our shared apparatus for thought. In this way, the study of shared conceptual schemes helps to mend the gap between the *practical* and the *theoretical* (Wilson, 1986); between the routine struggle for livelihood experienced by the majority and the apparent eccentric pursuit by the few of a philosophy traditionally removed from the commonplace. The work of thinking with care and foresight about concepts is a transformative practice, if concerned with, and when related to, ordinary realities.

Hence, conceptual analysis is political both in the realm of its production (the university) and in the realm of its reproduction (the applied setting). But, this is not the same as saying it is a political endeavor or project. Propaganda, advertising, and political strategies, observed Wilson, avoid the straight and systematic examination of ideas in favor of persuasion, dogma, doctrine, or expedient control (1986).

Wilson's little text is not amenable to rapid digestion or facile transplantation to other fields of study. "The truth is that there is no description of these techniques which is at once brief, accurate and comprehensible" declared Wilson (1969, p 51), additionally warning of the tendency to reduce concept analysis to 'simply defining ones terms'. Concept analysis is *an examination of conceptual terrain*, not a definition of terms.

Wilson also noted that, "Like most techniques that are really worth anything, they are not really like anything else except themselves" (1969, p 52). This statement suggests his procedure was designed as an educational tool, not as a "method" per se. Wilson devised these guidelines to assist his students to scrutinize concepts in literary passages, as was once required in university entrance examinations. Wilson never intended for his procedure to be employed as a standard research method, nor to be judged as such. Even so, his introductory text offers more in the way of scrupulous knowledge of systematic methodology than some contemporary approaches. His guidelines are referred to hereafter as Wilson's Method. What follows is a detailed account.

Wilson's Method. Questions regarding the manner in which a concept is actually used, and the criterion for deciding its use, are of greater consequence than questions regarding fact or value (Wilson, 1969, p 11). Whereas questions of fact - which yield information, and questions of value - which assign worth, both presume an uncomplicated concept, questions of concept do not (Wilson, 1969). Conceptual questions aim at interrogating the set of ideas about and associated with the concept of interest; they do not take for granted that the concept is transparent or unproblematic. The following sample questions demonstrate the three kinds of inquiries:

1. Questions of fact: How much 'public participation' occurs in health care decision-making? Is it likely to increase?

2. Questions of value: Is public participation in health care governance a good thing? Is it politically desirable?

3. Questions of concept: What counts as 'public participation'? Is public participation compatible with a managerial ethos?

The first set of questions can be factually determined, helping to predict the future or forecast participation trends. But, they assume the meaning of 'public participation' is straightforward. The second set of questions, are more a matter of value, perspective or opinion, and once more they assume the reader knows what is meant by 'public participation'. In contrast, the third set of questions, purposefully calls the entire concept into question, starting with 'what is all included in this construct public participation?' Only after answering *what counts* as the concept can one then compare the construct's congruency with another.

In addition, Wilson observed that most single questions were moreover mixed questions, that is, they present in a complex form that requires simultaneous consideration of concept, value and fact (1969, p 23). Consider the question, 'should government be involved in promoting public participation in health care decision making?' In order to answer this mixed question, one would have to:

a) First, analyze the concept of *public participation* to determine its internal logic (who/what),

b) Have some factual data on the different kinds of government supported public participatory arrangements in health care governance and their achievements to date (how), and also,

c) Express some value judgment on the role of government in democratizing the public (why).

Although there is one initial question, at least three other questions arise. Questions of concept must be understood first, in order to determine what facts are relevant to the question, and before expressing an opinion – if it is to be an informed one.

Hence, to begin in Wilson's method for concept analysis one must distinguish matters of fact and value from those of concept. Sorting through mixed questions, isolating and prioritizing the conceptual ones, is the first step (1969). Wilson's method is comprised of seven procedural steps, with eleven techniques of analysis applied within step two, as follows:

Step. 1 Isolate questions of concept.

Differentiate questions of concept from questions of fact and value. Isolate and deal with conceptual matters first.

Step 2. Distinguish between uses by applying the techniques of analysis.

Concepts occupy areas that can be located and mapped by distinguishing between their various uses.

- *Start with model cases.* Isolate their essential features and then compare to other model cases to see if features of the first are present in the second, eliminating inessential ones.

- *Contrary cases*. What the concept is not. Isolate and compare the features that make it contrary.

- *Related cases.* They are similar to the concept but not in the primary manner. Again, isolate, compare, and narrow-in on the essential features. Requires fitting related notions into a 'constellation of concepts' by clarifying the criteria for use.

- *Borderline cases.* An uncertain instance of the concept. Study the missing features in these examples; isolate, compare and narrow-in.

- *Invented cases.* Fabricate scenarios to see if they can clarify the concept.

- *Social context.* What is it? Who cares about the concept, why do they care, and when are they likely to care about it? These questions may suggest connections with other related concepts.

- *Underlying anxiety.* What is the emotive environment/ambiance of the concept?

- *Practical results.* Are there practical results if the conceptual question is answered with a "yes" or "no"?

- *Results in language.* What are the abstract results of anchoring the word to certain meanings? Aim for a workable concept.

Step 3. Conduct an internal dialogue until a basic outline of the concept develops.

Step 4. Reanalyze the conceptual question for relevancy.

Step 5. Compare the results of the internal dialogue with the conceptual question and list of points and conclusions to be made.

Step 6. Write the essay.

Step 7. Edit the essay.

While conceptual questions may have no obvious "right answers", Wilson argued concepts do have general boundaries that may be traced, "We know of any concept that it occupies an area which can be roughly located and mapped, even if the frontiers are not in all cases very precise" (1969, p 26). Given that concepts are neither entirely distinct nor totally imprecise, but dependent on their conditions of use, the analysis begins by distinguishing between all the various uses. Wilson estimated that with experience, one would intuitively arrange the different uses into categories, ordering them according to primary, central, derived, and borderline uses (1969, p 27).

Wilson specified a *primary use* as something that is a matter of being "…nearer to the heart of the concept than others" (1969, p 27), neither an absolute objective meaning nor a boundless subjective mutability. He did not explicitly define the other use categories, but instead urged one to apply the nine remaining techniques to the text under analysis, to help differentiate uses. The second step is to apply the analysis techniques below.

Based on the passage under study, Wilson urged constructing **model cases**, otherwise "…an instance [in] which we are absolutely sure is an instance of the concept, something of which we could say, 'Well, if *that* isn't an example of so-and-so, then nothing is'" (1969, p 28-29). From this hypothetical model case, one begins to isolate the essential features or what it is that makes it an exemplary instance of the concept. Wilson claimed that at the very least, *typical features* could be isolated, since "…some concepts refer to things which may not have any single feature in common, but which are linked by a group of characteristic but not essential features" (1969, p 29 footnote). Wilson next recommended comparing these features to other hypothetical model cases of the concept to see if features of the first are present in the second, and through an elimination process remove the inessential ones.

In an opposite manner, another technique of concept analysis stipulated constructing **contrary cases** in which "…we can say 'Well, whatever so-and-so is, *that* certainly isn't an instance of it'" (1969, p 29-30). After identifying cases of what, for example 'public participation' is not, one would isolate and compare the essential features in this grouping that make it not so, again eliminating inessential ones.

The next technique concerned constructing **related cases**, those that are somehow similar to the concept under investigation but not of the heart of the matter (1969, p 30-31). This involves fitting related cases into a 'network or constellation of concepts' by clarifying the criteria (the shared features) for their application (1969, p 30).

Constructing **borderline cases**, where the analyst is indecisive about whether these are instances of the concept, is another technique of analysis intended to yield understanding through scrutiny of the missing features in these examples (1969, p 31). Some essential features may be present, others may not be. What are the missing features? Again, this is a way of narrowing in on the criteria by asking 'what is it about borderline cases that make them borderline?'

Wilson recommended these techniques be applied in sequence up to this next case, as "…not all of these *[techniques]* may be useful in all cases, but it will always be worthwhile applying the technique and seeing whether it is likely to lead anywhere (1969, p 38). Imagining scenarios may illuminate a concept, but it is up to the analyst to decide its usefulness, according to Wilson. Therefore, invented cases of the concept may or may not be appropriate to employ (1969, p 32-33).

A technique of critical importance is the social context for the concept, which calls attention to the background in the following manner, "…we need to imagine, in the case of

any statement, *who* would be likely to make such a statement, *why* he would want to make it, when he would most naturally make it, and so forth" (1969, p 33). These questions establish the stakeholders for whom the concept is of interest, and suggest connections with other related concepts.

A technique linked to the social context, called the **underlying anxiety** of the concept, investigates the "mood or feelings" of the author and the controversy surrounding the concept, as this has the potential to interfere with understanding (1969, p 34). This technical maneuver goes to the matter of authorship and the environment within which ideas are produced. These inquiries can yield information about past, present and potential controversies regarding the concept, as well as the source of the work, important in assessing and historically locating arguments.

A further technique, called the **practical results** addresses the functional consequences of the concept by generating questions that can be answered with a yes or no (1969, p 34-36). If there were no practical consequences according to Wilson, then the actual concept of interest may be something else.

Results in language, is the culminating technique in Wilson's step two that addresses the linguistic results of anchoring the word to certain meanings (1969, p 36-37). In this technique, one cavorts with ascribing as many different meanings as possible to the concept under inspection. In toying with the language, the aim is to "…use the word to its fullest advantage" (1969, p 37). Wilson here advised recalling what is antithetical to the concept to help settle-on the most "sensible and useful" criteria (1969, p 37).

This concludes step two, the application of analytical techniques for interrogating the concept of interest. These techniques constitute an initial analysis phase, and may be

variously employed. The remaining steps are sequential and relate to completing the written analytical essay.

Step three is the core analysis; to ***conduct an internal dialogue until a basic outline of the concept develops***, and involves carrying out an interior conversation with one's self about the concept. This is an intellectual process of moving back and forth between various arguments and considerations, questioning the selections made regarding all the possible meanings, and, ultimately, weaving a "basic outline of the concept" (1969, p 94).

Step four is to ***reanalyze the conceptual question for relevancy***, which may lead to laying emphasis on some arguments over others (1969, p 94). Both steps, the "interior dialogue" and the re-examination of the conceptual question (or hypothesis) for relevance, are separate to draw attention to the distinct treatment of each.

After comparing the results of the dialogue (the basic outline of the concept) with the relevance of the conceptual question, step five then ***lists the points and conclusions to be drawn*** (1969, p 94-95). Step six is simply to ***write the essay*** in a way that connects the points, and step seven is to ***edit the essay*** for coherence, exaggeration, and style (1969, p 95).

To summarize, Wilson's method for concept analysis is about actual and potential uses, especially "…the criteria or principles by which those uses are determined" (1969, p 10-11). Wilson's method hinges on instrumentality as the decisive means of analysis. All decisions about grouping, ordering and selecting features of the concept are made on the basis of utility, without question. Although concept analysis is characterized as a constructive endeavor, "For the analysis of concepts is essentially an imaginative process: certainly it is more of an art than a science" (1969, p 33), innovative play is always subjugated to utility because in the final analysis "…we *have to* [italics added] pick the most

useful criteria for the concept" (1969, p 37). Wilson has an obvious bias for what is useful over say what is fair or just. Other criteria could be coupled with the criterion of usefulness to strengthen his method. That noted, Wilson's guidelines for concept analysis are foundational, instructive, richly articulated, and amenable to change.

A Comparative Description of Two Wilson-Derived Methods

Methods derived from Wilson began to emerge in the seventies, particularly within Nursing as the discipline moved towards the development of its own conceptual and theoretical base (Hupcey, Morse, Lenz, & Tason, 1996). This section reviews and compares two Wilsonian methods for concept analysis used in Nursing: The Walker and Avant Method (2005); and Rodgers Evolutionary Method (2000). As with the previous section, the following comprise the background preparation for the writer's development and selection of a Combined Method for concept analysis (discussed in subsection 3.3).

The Walker and Avant method. In 1983, Lorraine Olszewski Walker and Kay Coalson Avant were among the first researchers to have imported Wilson's techniques for concept analysis into Nursing as a component of theory development for their discipline, and they are the most frequently referenced source in the Nursing literature (Hupcey et al, 1996). They modified Wilson's guidelines into eight simple steps for use in Nursing graduate and post-graduate research. Walker and Avant's (2005) steps are reproduced below, and followed by a joint description and critique of their method:

1. **Select a concept.**

2. **Determine the aims or purposes of analysis.**

3. **Identify all uses of the concept that you can discover.**

4. **Determine the defining attributes.**

5. **Identify a model case.**

6. **Identify borderline, related, contrary, invented and illegitimate cases.**

7. **Identify antecedents and consequences.**

8. **Define empirical referents.**

Step one, *select a concept*, involves choosing a concept roughly on the basis of one's interest and ability to manage the analysis (2005, p 66). Walker and Avant ask, 'Is there one concept on which everything else depends?' though they advise steering clear of 'umbrella' terms that can confuse the analysis (2005, p 66). As Hupcey et al. (1996) have observed, this first step departs from Wilson's direction to isolate the conceptual question based on the literature. Isolating concepts implies having done some prior reading in order to be able to recognize where analysis is needed. Walker and Avant's first step is based on personal preference, an easier matter than isolating concepts in need of clarification.

Step two, to *determine the aims of the analysis*, is intended to keep the researcher focused on why the analysis is being done: Is it to distinguish between the different uses of a concept; to clarify the concept's meaning; to develop an operational definition of the concept; or to add to existing theory (2005, p 66-67)? It is not clear how all these aims are mutually exclusive.

Step three instructs the researcher to *identify uses of the concept*, both ordinary and scientific "using dictionaries, thesauruses, colleagues, and available literature…" (2005, p 67). The expression "from the available literature" is a vague reference that has been construed by those using this method to be a way to abbreviate sources instead of specifying

them (Hupcey et al, 1996; Morse, Hupcey, Mitcham, & Lenz, 1996). While Walker and Avant recommend not limiting one's search to the Nursing and medical literature, they do not list any other sources, or specify a data collection plan.

Step four is to *determine the defining attributes*, in which the researcher chooses the defining characteristics most frequently associated with the concept (2005, p 68). The authors advise choosing the most useful instances, meanings, or attributes of the concept considering the social context "…in which the concept is *to be* [italics added] used" (2005, p 68). Differentiation between some terms (such as, attributes, meanings, instances) is unclear, and social context is based on speculative use rather than actual use, undermining the relevance of setting and context. Determination of the attributes is made on the subjective basis of picking, "…which will provide you the greatest help in relation to the aims of your analysis" (p 68), and therefore embeds biased treatment of the data.

In an earlier edition called *construct a model* case, **step five** is now called *identifying model case(s)* (2005, p 69-70). A model case is defined as "a pure case of the concept, a paradigmatic example, or a pure exemplar" and "…can come first in your analysis, may be developed simultaneously with the attributes, or may emerge after the attributes are tentatively determined (p 69). Process is undermined if attributes and cases can be identified in any sequence. In addition, "model cases may be actual examples from real life, found in the literature, or even constructed by you…You must find the examples and set them up in such a way as to be useful to your analysis" (p 69). Walker and Avant make plain that the reason for a model case is *to demonstrate the attributes* (p 68), rendering the case as a vehicle for display. This is unlike Wilson who obtains essential features *from* the cases, even if they are constructed. Cases here serve to position the analysis in a way that fits with the

attributes one wants to demonstrate. Moreover, this step and the next do away with Wilson's 'internal dialogue' or the analysis operation.

Identifying additional cases (borderline, related, contrary, invented and illegitimate cases) is **step six**, and is said to be a continuation of the comparative examination of cases, which may again come from subjective experiences, literature, or be constructed (2005, p 70-72). The cases are all described following Wilson's definitions, except for the new addition of the 'illegitimate case'. Walker and Avant refer to this case type as an improper or out of context application of the concept (p 72), possibly intended to contain the indiscriminate inclusion of all dictionary definitions of a concept, even those clearly irrelevant to the concept. It is hard to see how contrived case examples, made to illustrate attributes selected from limited data sources, could clarify the analysis.

Identifying antecedents and consequences is the **step seven**; it is said to shed light on the social contexts in which the concept is used, and to help refine the defining attributes (2005, p 72-73). Antecedents are "those events or incidents that must occur prior to the occurrence of the concept", while consequences are "those events or incidents that occur as a result of the occurrence of the concept" or the outcomes (p 73). The authors claim these are helpful in detecting underlying assumptions and neglected ideas about the concept or research direction. Determining what needs to come before the concept can happen, and what comes after the concept has happened, appear to be useful data to gather for the purpose of operationalizing the concept.

Step eight is called *defining empirical referents* for the defining attributes. Empirical referents are "classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself" (2005, p 73-74). The authors admit

empirical referents are often identical to the *defining attributes*. They claim that some 'highly abstract' concepts and/or attributes require empirical referents (73) but do not specify why. The difference between the two terms remains elusive.

Overall, this method maintains serious flaws in procedure despite past critiques (Hupcey et al, 1996; Morse et al, 1996). While they incorporated improvements in the 2005 edition, Walker and Avant continue to permit: identification of concept uses without a detailed data collection plan; determination of defining attributes on the basis of speculation about future social context use; the fabrication of cases from pure imagination; the use of cases to install or set up predetermined attributes; and failing to adequately explain the analysis process. Rather than inductively identifying attributes (inference of general law from particular instances), Walker and Avant's method deductively derives examples (inference of particular instances from general law) to illustrate pre-selected attributes. Considerable variability in the procedure is possible with this method, so that there can be no reliable standard application expected, and, therefore, this is a major threat to its validity. This research method has been shown to consistently produce questionable scholarship according to Hupcey et al. (1996), who surveyed a range of published Nursing articles for their interpretation of this method. Consequently, the Walker and Avant method is used in this thesis for comparison only.

Rodgers' evolutionary method. In 1989, Beth L. Rodgers (1993, 2000), a Nursing researcher, developed a so-called evolutionary approach to concept analysis that positions itself against the 'essentialism' of orthodox philosophy, and apart from Wilsonian methods. Rodgers' evolutionary approach stresses that concepts are context-bound and in perpetual

change, so that "…concept development must be an ongoing process, with no realistic end point…Attempts to delineate precise or definitive boundaries, to distinguish a concept from its context, or to view it apart from a network of related concepts, as often done with concept analysis, are not consistent with this view" (2000, p 82).   The raison d'etre of her method seems to be as a provisional means for clarifying concepts as an initial step in the knowledge building cycle.

Rodgers claimed that concept analysis is usually presented as a decisive means of delineating the boundaries of a concept because it treats the attributes or the essential features as a stable "essence", whereas she treats concepts as dynamic, "fuzzy", context bound, and "pragmatic" (2000, p 77). She credits the basis of her perspective primarily to sociologist Toulmin (1972) and linguistic philosopher Wittgenstein (1953, 1968), taking exception to the classification of her work as 'Wilsonian' (2000, p 84).   Rodgers concedes a basic "resemblance" to Wilson, even while dissociating her approach from his on grounds that her "…results serve as a *heuristic* by providing the clarity to create a foundation for further inquiry and development" (2000, p 84).

The prominence given to conceptual change and contextual underpinnings in Rodgers' method is a beneficial emphasis that does distinguish it from others, yet does not set it entirely apart.   Her charge that Wilson's procedure is algorithmic represents a misreading of his text. Wilson's method is not about the meaning of a word or any final pronouncement on it, but about its *actual and potential uses* which change over time (1969, p 10), and the "…principles by which those uses are determined" (1969, p 11).   Wilson regarded the social context as critical to understanding the concept, and generally portrayed concepts as occupying areas that can more or less be sketched, rather than definitively

captured. His is a qualitative procedure, not a precise computation for the reproduction of identical results time after time. That Rodgers opposes her method to Wilson's is curious since both are essentially heuristic with more similarities than differences.

In brief, the evolutionary method of concept analysis stresses inductive inquiry, meticulous analysis, and adherence to conventional standards of data collection and management, data analysis and interpretation. This method engages 'tasks' rather than distinct steps as some may be concurrently performed according to Rodgers. The tasks are listed next as per Rodgers' outline, and followed by a joint description and critique:

1. **Identify the concept of interest and associated expressions (including surrogate terms).**

2. **Identify and select an appropriate realm (setting and sample) for data collection.**

3. **Collect data relevant to identify:**

   a. **the attributes of the concept; and**

   b. **the contextual basis of the concept, including interdisciplinary, socio-cultural, and temporal (antecedent and consequential occurrences) variations.**

4. **Analyze data regarding the above characteristics of the concept.**

5. **Identify an exemplar of the concept, if appropriate.**

6. **Identify implications, hypotheses, and implications for further development of the concept.**

The **first task** for the researcher is to *identify the concept of interest* on the basis of prior familiarity with the literature, and to identify associated expressions, including

surrogate or proxy terms (2000, p 85-87). The direction or goal of the analysis should be established at this point, either to: clarify the concept; explore changes in the concept over time or across disciplines; or to expand the range of concepts available for use in one's discipline. Rodgers makes clear that "…a concept is not a word, but the idea or characteristics associated with the word. Words are used to express concepts; they are not the concepts themselves" (p 85). This explanation eliminates the ambiguity overlooked in the other methods between operational terms.

The **second task** is *choosing the setting and sample* for data collection as related to the researcher's goals (2000, p 87-90). Rodgers defined "setting" in a literature-based analysis as "…the time period to be examined and the disciplines or types of literature to be included", while "sample" referred to the test size and strategy for data collection (p 87). The sample size must be ample and the methodology for sample selection must be specified in the research design in order for findings to be credible.

As indicated by Rodgers, indexes and computer databases should be used to identify *the total indexed population* (different from actual/entire population) of literature, from which a sample is drawn. Standard means for random sampling are suggested, and typical concerns that emerge from such designs are addressed along with tactics for dealing with them. Overall, Rodgers calls for specifying the literature settings and for rigorous sample selection with strong rationales for all decisions to ensure effective representation of the literature, and to reduce the researcher's bias.

Collecting and managing data is the **third task** in Rodgers method (2000, p 90-94). The literature-based data are examined for pertinence to the attributes of the concept, as "It is this cluster of attributes that makes it possible to identify situations that fall under the

concept…" (p 91). Explicit definitions and all statements that indicate an author's characterization of the concept are collected and constitute the raw data. The researcher must ascertain the contextual basis of the concept. This means collecting data on the discipline source, the socio-cultural and temporal order of occurrences – like Walker and Avant's (2000) antecedents and consequences or the before and after differences in the concept's occurrence – as well as the references (or actual situations) of concept use. Rodgers advised posing the following questions during this data-gathering phase (p 91): What is happening when an instance of the concept occurs? What happens before it occurs? What happens after? What happens as a result of its occurrence?

Surrogate and related terms need to be collected here, even though Rodgers acknowledged they have been partly selected in task one (with the identification of associated terms). More will be encountered in reading. *Surrogate terms* substitute for the concept based on "…the position that there may be multiple ways of expressing the same concept" (2000, p 92). Rodgers defined a *related term* as possessing some relationship to the concept of interest but not the same set of attributes, and noted that, "The purpose of identification of related concepts is based on a philosophical assumption that every single concept exists as a part of a network of related concepts that provide a background and help to impart significance to the concept of interest" (2000, p 92).

Data management (still part of task three) involves managing all sample items (articles or books), assigning each an identification number, and reading each once over to ascertain the tone and gist of the author's use of the concept *before beginning genuine data collection* (p 93-94). The actual data collection phase commences when the analyst starts to

record data for each major category of: attributes; antecedents; consequences; references; surrogate terms; and related concepts.

Rodgers concedes that analysis begins in tandem with data gathering, but recommends delaying the formal analysis until all data have been collected in order to prevent getting caught-up in ideas too early and forming premature conclusions (2000, p 94-95). In **task four** then, a thematic analysis of each category of data is conducted, described as, "…a process of continually organizing and reorganizing similar points in the literature until a cohesive, comprehensive, and relevant system of descriptors is generated" (p 95). This process echoes Wilson's description of working back and forth with arguments in dialectical mode until a profile of the concept is formed. The purpose of the analysis task is to identify *consensus* regarding areas of agreement and disagreement, variations over time, and emerging usage trends, while also managing divergent or "outlier" data (p 95).

Task five, *identifying an exemplar, if appropriate*, entails locating one or more clear examples "…to provide a practical demonstration of the concept in a relevant context" that exhibits its characteristics (2000, 96-97). The ideal exemplar is "generic or universal enough to illustrate the concept clearly as it might appear in a variety of instances", but does not amount to a model case or prototype because it is an actual instance from "real life" (p 96). Rodgers' account of the ideal exemplar bears a contradictory tension that puts into question her claim of context-specific and context-bound concepts. The richness of the contextual detail extracted with this approach is also diluted at the end with the presentation of merely one example of the concept.

A heading in the text called *Interpreting the Results*, oddly not included in the abbreviated outline, reiterates the purpose of concept analysis: to generate tentative insight

into the present-day status of the concept, and to provoke further inquiry based on identified gaps from cross-disciplinary, interdisciplinary, or period progress comparisons (Rodgers, 2000, p 97-98).   Interpretation of findings is addressed nominally, in relation to the research aim. There is no admission of the researcher's ideological interpretative framework in her method.

The **sixth task** of Rodgers' method is *identifying implications, hypotheses, and implications for further development of the concept* (2000, p 98-99). Concept analysis results primarily in a firm foundation substantiating the need for further study, therefore the implications for the direction of future investigations are considered most important here. Further questions and areas for research in the field are assisted by hypotheses refined or developed from the analysis of the concept.

In summary, the strengths of Rodgers' Evolutionary Method are: the systematic and thorough review of a large volume of literature; with substantive consideration given to sample selection and organizational techniques; identifying the exemplar from found versus fabricated data, and after a distinct phase of analysis; using a comprehensive qualitative approach to the overall analysis; and giving consideration to implications for subsequent research.   This method is inductive due to a strategy of discovering the attributes as encountered in the literature and prior to identifying the exemplar. Weaknesses are related to: the incongruity between the assertion of a generic exemplar for the concept and the claim of contextually specific concepts; minimal attention given to the researcher's interpretive schemes; and opting to reduce data down to a single portrait of the concept in the end.

The Selected Combined Methodology

The selected research methodology borrows from two of the three methods discussed above – Wilson's Method (1969) and Rodgers' Evolutionary Method (1983, 2000) – while adding a few alterations of its own. The resultant method is a hybrid intended to be a fortified composite, and a distinct permutation itself. The writer employed this combined methodology, hereafter referred to as the Rodrigues method for concept analysis (2006). It entails eight procedural steps as follows:

1. **Isolate the concept in need of analysis** (that takes in associated "concepts" of interest).

2. **Establish the focus and purpose of study** (to delineate current status of the concept as a solid foundation for further research).

3. **Identify and select the domain for data collection: setting** (disciplines, types of items and time-period) and sample (size and selection strategy).

4. **Collect and manage data relevant to**:

   A. **identify an instance, definition, or indication** of the concept.

   B. **isolate the essential or typical features** of the concept.

   C. **establish the contextual basis of the concept** (discipline, alternate terms, macro conditions and local setting, related concepts, antecedents and consequences).

   D. **begin preliminary sorting into use categories** (primary, related borderline, and contrary uses).

5. **Conduct a thematic analysis on all data**, record consensus results, and note disagreements, changes over time, usage trends, and deviating data.

6. **Member check findings, and interpret via constructivist and hermeneutic theory.**

7. **Identify a representative case per category of use** (for exemplification and visual mapping).

8. **Refine the hypothesis; identify research implications and areas for further study**.

The Rodrigues method. Isolating the concept in need of analysis is **step one**. This step occurred prior to establishing the methodology and on the basis of a discussion with the then Director of Community Development at the Winnipeg Regional Health Authority (WRHA). The discussion yielded a decision to take in associated notions of interest to both the researcher and the WRHA. The concept of 'public participation' contains within it the related terms and or concepts of 'advisory', 'consultation' and 'partnership', which are in need of clarification.

Step two is to establish the purpose and focus of the study. This thesis constitutes basic research aimed at knowledge construction (Patton, 2002) as a firm foundation for further research, principally for the field of social work theory, policy and practice development. The focus of the study is on delineating the concept of 'public participation' according to its various uses across pertinent disciplines for health governance. This step relates to the hypothesis discussed in section 3.4 (Articulation of Specific Research Questions).

Step three is to identify and select the domain of study, that is, the setting and sample strategy for data collection. The time period to be covered, the discipline sources, databases,

and types of literature to be investigated constitute the setting. The sample size and strategy for the random selection of literature material are specified and rationalized in section 3.5 (Articulation of What Literature Was Analyzed).

Step four involves collecting all data necessary to identify the descriptors for the concept, and managing the information gathered. There are four parts to this data collection and management phase.

Part A seeks to identify an instance, example, explicit definition, and/or implicit indication of the concept from each literature item.

Part B seeks to isolate the essential or typical features of the public participation concept from the quotations or summations gathered in Part A. Based on Wilson's terminology, the *essential features* of a concept are the shared indispensable qualities at the heart of the concept. Some concepts, may not have any indispensable features in common, but will be linked by *typical features*. Thus, either essential or typical features are isolated and collected from each item/document.

Part C, the contextual basis of the concept refers to gathering data from each document on the following: the discipline source; alternate terms or expressions; the macro-level conditions and local setting; related concepts; the antecedents and consequences of the concept.

- Discipline source means the branch of knowledge that each item either names or primarily associates with in the writing.

- Alternate terms or expressions are those that appear to be frequently interchanged with the term 'public participation'; however, they are not assumed to be identical with the concept. The researcher instead assumes that each word or term enters

into usage or circulation in language at specific intersections of time and place. Thus, alternate terms are not equivalent to the concept of interest.

- <u>Conditions</u> refer to the macro-level social, economic, and political contexts within which a work exist and or identifies.

- <u>Setting</u> refers to the local situation, venue, or culture of a written piece of work (for example, the corporate culture setting of some professional literature). As per Wilson, the context additionally involves the controversy surrounding the concept. How is the debate surrounding the concept framed? Who cares about the concept and why? The conditions and setting of each document are basic to historically locating arguments, and may provide links to other concepts.

- <u>Related concepts</u> are concepts associated with the concept of interest.

- <u>The antecedents</u> denote the measures that occur before the concept can take place.

- <u>The consequences</u> denote the actions that occur after an instance of public participation has taken place. Attempts were made to identify both, although the concept was not always causal of such outcomes.

Part D begins to distinguish between uses of the concept by sorting documents into preliminary categories of use; primary, related, borderline, and contrary. A *primary use* signifies the heart of the concept; items in this grouping will contain the same set of essential or typical features. A *related use* signifies the second leading manner of use that shares only partial features with the primary use area. A borderline use signifies a peripheral use of the concept. A *contrary use* is an antithetical or opposite application of the concept that directly conflicts with the primary use.

These four usage categories were more than sufficient to capture the major aspects of the concept, and were reduced to eventually to three. The intent behind the design of part D is to recognize the tendency to classify items into evident categories of use. But this sorting phase remained open to revision until the thematic analysis was begun in earnest. A detailed data collection and management plan is discussed in section 3.5 (Articulation of What Literature Was Analyzed).

Step five is to conduct a separate, formal thematic analysis on all the data, and to record the aggregated results, noting disagreements in the literature, changes over the time period, trends in usage, and any observations of extreme or deviating data. The concern here is with the *consensus* found regarding uses, especially the primary use for the concept. Analysis of the data is discussed in detail in section 3.6 (Articulation of How Literature Was Analyzed).

Step six is to member check the findings with the student researcher's advisor and thesis committee, and finally to interpret the findings from the perspective of social construction theory and through a hermeneutic process. Social construction theory focuses on how reality is constructed and the consequences of those constructions on human behavior, by means of perceptions, explanations, and beliefs (Patton, 2002). Hermeneutics draws attention to the historical and cultural contexts within which document views are produced, to their author's intended meanings, and to a process of joint interpretation (Patton, 2002). These perspectives inform the writer's views and decision-making framework, and are explicitly acknowledged in section 3.6 (Articulation of How Literature Was Analyzed).

Step seven is to identify one representative case of a primary, related, borderline and contrary use for public participation. This step is intended to condense the expansive study down to more intelligible examples of the concept for instruction, and to position the uses in relation to each other. The presentation of findings is detailed in section 3.7 (Articulation of How Findings Were Presented).

Step eight is to refine or revise the initial hypothesis or question in light of the research findings, then to relate findings to directions for further study and identify implications for change in the health governance infrastructure of Manitoba.

A Brief Comparison of Methods for Concept Analysis

The two tables below recapitulate the four methods of concept analysis discussed above in a comparative format for quick referencing. Table 1 compares the procedural steps for each method. All the methods share the same general aim – to clarify a concept of interest for contribution to knowledge and practical application, and all employ cases to exemplify the concept. However, the similarities end there. The methodological details reveal major differences among the methods for most areas of comparison, particularly for categories of data sources, process, and outcomes. Table 2 contrasts their differences, and is followed by a brief summation.

Table 1. Comparison of Four Concept Analysis Methods

Steps*	Wilson (1969)	Walker & Avant (2005)	Rodgers (2000)	Rodrigues (2006)
Selecting the concept	*Isolate questions of concept in need of analysis within literary text.*	1. Select a concept (p 66).	1. Identify the concept of interest and associated expressions (85-87).	1. Isolate concept *public participation* (with notions of *advisory, consultation* and *partnership as sub-concepts*).
Determining aim or purpose of analysis	*To clarify concept and logic of arguments in text for essay critique.*	2. Determine aims and purpose of analysis (p 66-67).	*Part of task 1, establish goal of analysis: a) clarify concept; b) explore concept change; c) expand range of concepts.*	2. Establish focus and purpose of study (to delineate current status of the concept as firm foundation for research).
Delineating boundaries of concept	1. Sort, isolate and prioritize the conceptual question (p 23-27).	3. Identify all possible uses of concept (p 67).	2. Identify and select appropriate realm (setting and sample) for data collection (p 87-90).	3. Identify and select domain for data collection: setting and sample.

Table 1. (continued)

Steps*	Wilson (1969)	Walker & Avant (2005)	Rodgers (2000)	Rodrigues (2006)
Delineating boundaries of concept	2. Distinguish between primary, contrary, related and borderline uses of concept by applying techniques (case construction, context questions) to isolate essential features (p 28-39).		3. Collect data relevant to identify: a) attributes of concept; b) contextual basis of concept, including interdisciplinary, socio-cultural and temporal variations, more surrogate terms, related concepts, and references (p 90-94).	4. Collect and manage data to: A. Identify an instance, definition or indication of the concept; B. Isolate essential or typical features; C. Establish contextual basis (discipline source, alternate terms, macro-level conditions, local setting, related concepts, antecedents and consequences); D. Begin sorting into preliminary use categories (primary, related or borderline, and contrary).

Table 1. (continued)

Steps*	Wilson (1969)	Walker & Avant (2005)	Rodgers (2000)	Rodrigues (2006)
Defining internal components & attributes.	3. Conduct an internal dialogue regarding features of concept, until basic outline develops (p 94).	4. Determine the defining attributes (p 68).	4. Analyze data in final thematic analysis (p 94-95).	5. Conduct a distinct thematic analysis on all data, record consensus, note disagreements, changes over time, usage trends, extreme data, and use categories. 6. Member check findings and interpret from social construction and hermeneutic perspectives.
Developing prototypes of the concept.	4. Reanalyze conceptual question for logic and relevance (p 94).	5. Identify a model case (p 69). 6. Identify borderline, related, contrary, invented and illegitimate cases (p 70-72).	5. Identify an exemplar, if appropriate (p 96-97).	7. Identify representative cases per use (primary, related or borderline, and contrary).
Determining concept event or occurrence outcomes.	Part of step 2, exploring social context, underlying anxiety, test practicality, and identify most useful language.	7. Identify antecedents and consequences (p 73-74).	*Part of task 3, b) temporal variations, and references. Also, interpret results as open-ended (p 97-98).*	*Part of step 4. B: the shared essential features constitute the criteria for the concept event.*

Table 1. (continued)

Steps*	Wilson (1969)	Walker & Avant (2005)	Rodgers (2000)	Rodrigues (2006)
Identifying contribution.	5. Compare results of dialogue with conceptual question, list points or conclusions. 6. Write essay. 7. Edit essay.	8. Define empirical referents (p 73-73).	6. Identify implications for further study, hypotheses developed (p 98-99).	8. Refine hypothesis, identify implications for change, and directions for further research.

*Categories imported from Hupcey, Morse, Lenz, & Tason (1996). Italicized text indicates a step or activity that is non-sequential or addressed in another category of comparison.

Table 2. Major Differences Between the Four Methods

	Wilson (1969)	**Walker & Avant (2005)**	**Rodgers (2000)**	**Rodrigues (2006)**
Selection of concept	Isolated from passages on basis of need for conceptual clarity.	Based on interest, contribution, and manageability (p 66).	According to interest, and familiarity with literature (85-87).	Interest, literature, and demonstrated need for concept clarity.
Aim or purpose of analysis	As systematic guidelines to clarify concepts for students preparing for university examinations.	Clarify meaning Develop operational definition Develop research instruments Add to theory Standardize nursing language (p 64-65).	Add to nursing knowledge Enhance clarity of concept in unending cycle of knowledge growth As basis for further research (p 97-98).	As thesis requirement To learn the literature Add to Social Work and Community Health base of knowledge Delineation of concept as foundation for advanced research.
Data sources	Primary statement comes from literary passages, and then cases are constructed.	Dictionaries, thesauruses, colleagues, and "available literature" (p 67). Setting and sample not specified, no plan for data collection. Cases may be empirical, anecdotal or fictitious.	Broad, systematic random sampling of interdisciplinary literature (p 87-90). Cases come from literature.	Broad, systematic, random sampling of multidisciplinay literature. Cases are located within surveyed literature.

Table 2. (continued)

	Wilson (1969)	**Walker & Avant (2005)**	**Rodgers (2000)**	**Rodrigues (2006)**
Process	Construct cases to identify features (p 28-32). Work back and forth between cases and statements (p 94). Explore usage, situation, emotive context, application, and practicality Conduct internal dialogue Reanalyze conceptual question Compare points and conclusions. Useful guidelines for introduction to conceptual analysis.	Identify all uses of concept List recurring attributes. Identify or construct cases at any point in process to show attributes Identify antecedents and consequences (p 73). A distinct analysis operation is missing; contexts are based on speculation; embeds bias in selection and treatment of data; not a systematic process.	Select setting and sample for data collection Collect data relevant to: a) attributes, b) contextual base Final scrutiny of data via thematic analysis Identify one exemplar. Standard, rigorous, systematic process. However, reduces all the data mined down to one case-portrait of the concept.	Select setting and sample for data collection. Collect data to find relevant: A. quotations; B. features; C. contexts; D. uses Conduct a distinct thematic analysis to find use consensus Member check and interpret findings Identify cases for each use Systematic, in depth process with distinct phases or steps for tracking. Involves prolonged engagement with material; and case examples.

Table 2. (continued)

	Wilson (1969)	**Walker & Avant (2005)**	**Rodgers (2000)**	**Rodrigues (2006)**
Outcome	Essay. Critical analytical skills.	Empirical referents of concept. Significant limitations leading to unreliable research product.	Identify implication, hypotheses, and direction for ongoing research. A reliable research product.	Refined hypothesis, identified implications and direction for further inquiry. Trustworthy, authentic and good scholarship.
Overall	A deductive learning approach.	A deductive methodology.	An inductive learning methodology.	An inductive learning, social construction and hermeneutic methodology.

Categories adapted from Hupcey, Morse, Lenz, & Tason (1996).

The data sources for Wilson's method are given, due to the nature of the exercise for which it was intended, which was an educational examination of a student's ability to analyze literary texts for conceptual logic. The data sources in Walker and Avant's method are limited, unspecified and even subjective.

Rodgers' and Rodrigues' methods are similar to each other in several aspects. Both systematically scan a broad and sizeable volume of the multidisciplinary literature, stipulating the setting and sample for data collection for random selection. Both methods engage an exacting process with relatively distinctive and specified phases of activities. The proposed Rodrigues Method goes further in detailing activities and linking them to subsequent steps.

Wilson's, Rodgers', and Rodrigues' methods stress the importance of analysis as a separate segment for focused attention. A distinct analysis phase is missing from Walker and Avant's method, so the findings will reflect a lack of accounting for the judgments and considerations made.

In terms of outcomes, Rodgers' and Rodrigues' methods locate actual cases within the surveyed literature for demonstration of the concept. The other methods permit cases to be fabricated for demonstration. Wilson's procedure, although meticulous, was intended for an entirely different audience, purpose and outcome. Walker and Avant's process is simply not rigorous, therefore lacking internal validity and reliability. Rodgers' Method is rigorous, but reduces the richness of the data down to one model case. The Rodrigues Method selects representative cases (for each use area), akin to several portraits, thereby delivering a thicker, more multi-dimensional rendering of the concept. Similar to Rodgers' Method, the refinement of the research hypothesis, identification of implications for change, and

suggested directions for future research are made. Finally, the articulated, systematic sequencing of steps for both procedures can be expected to produce more reliable or trustworthy findings of significance. The Rodrigues Method is tailored to improve research results in that reported findings will retain select detail extracted in the study.

Wilson's and Walker and Avant's Methods are deductive learning approaches. The Rodrigues Method is an inductive learning methodology (as is Rodgers') with thought given to hermeneutics and social construction theory as frameworks throughout this design, making for an authentic and trustworthy reconstruction of the concept.

Articulation of Specific Research Questions

This is a probability or random sampling design to minimize researcher bias, but remains an inductive, non-statistical, exploratory study:

> Inductive designs begin with specific observations and build toward general patterns. Categories or dimensions of analysis emerge from open-ended observations as the evaluator comes to understand the existing program pattern…Qualitative analysis is guided not by hypotheses but by questions, issues, and a search for patterns. (Patton, 1987, p 15)

The principal research questions concern the present-day use and character of the concept, as examined via the term *public participation* and other related expressions. The writer puts forward that this particular expression of the concept is problematic because the 'public', while potentially all-inclusive, is also homogenizing: who is the public?

The word 'participation' in the term appears to be a dynamic and robust expression, but it is commonly envisioned on a sliding scale from passive to active forms with corresponding opposing aims. The concept of public participation is suggestive of certain progressive elements in how it may potentially be used to empower people. But the question

of the role of consensus decision-making, whether it is coercively employed and what happens with dissent, is pertinent to how the concept is deployed. Decisive to understanding are the ways in which a concept performs in actuality. Thus, the overall question is: "how is the concept used?"

The research questions that guide this inquiry are grouped into three parts:

1. <u>General Questions</u>: What is the nature of 'public participation'? How is this concept imagined? What counts as "public"? Who is counted and who is not? What is deemed participatory? Public participation is practised in how many respects and exercised by what modes?

2. <u>Specific Questions</u>: Under what conditions and in what settings is public participation practised? What are the essential or at least typical features of the concept? What are the criteria for each use of public participation?

3. <u>Reporting Questions</u>: How are the different uses of the concept associated and positioned? What are the key distinctions and variations in the range of participation modes? How do they fit together; how do they conduct thought? Do they make sense?

Additional questions concern mechanisms of governance, mechanisms of accountability, and how their operations are measured. What is the difference between *representation* and *representativeness* in this discourse? What is the universalist versus the particularist debate about?

Articulation of What Literature Was Analyzed

The domain of study concerns the setting and sample for data collection. The setting refers to the types of literature to be inspected, the time period to be covered, the discipline sources, and the databases to be covered. The sample for data collection refers to the size and strategy for the selection of literature material. Both are articulated below.

The setting: The **types of literature** inspected consisted of the academic and professional, theoretical and empirical multidisciplinary literature from scholarly (peer reviewed) journals, government documents, theses and dissertations, association or conference papers, and monographs. Based on the Oxford English Dictionary (OED) definitions (2nd Ed.), multidisciplinary literature here means works that combine or involve separate academic disciplines, whereas interdisciplinary literature means works that derive from two or more branches of learning. As the Library of Congress and the Canadian National Library have no category for interdisciplinary studies, it was not used as a distinct category either.

A twenty-two year **time period** from 1990 to 2012 has been chosen to cover the most recent developments since the purpose of the analysis is to provide an updated snapshot of the concept. There seems to have been a considerable expansion in the volume of literature on this topic in the last couple of decades that merits attention.

The following **discipline sources** were identified for their encompassing relevance to the topic of study: Social Work, Sociology, Political Studies, and Nursing. The disciplines correspond to one of the broad subject areas for the University of Manitoba Library

databases. These four broad subject areas by database were treated as separate discipline populations to enable comparison.

The primary databases for each discipline/subject area is as follows:

For Political Studies, **PAIS International and World Wide Political Abstracts**;

For Sociology, **Sociological Abstracts**;

For Nursing, **CINAHL**; and

For Social Work, **Social Work Abstracts (EBSCOhost)**;

Scopus, a large multidisciplinary database, was treated as a residual category, and was searched to top-up sampling for each discipline when insufficient in size (with categorization based on the particular item's self-identified primary discipline). To ensure that government documents, conference and association papers were covered, **Google Scholar and Canadian Health Research Collection** databases were searched, along with the **Dissertations & Theses (ProQuest)** database to guarantee coverage of scholarly literature.

The software RefWorks was utilized to collect and organize all references from the databases. Each was searched for the concept via the term *public participation* (and the related terms of *community*, *citizen*, and *consumer participation*) in the titles, abstracts, and keywords. Specifically, an advanced subject search of public participation (pp) was conducted as follows: 1). pp and policy 2). pp and state 3). pp and decision-making 4). pp and governance. Titles and abstracts were read for the concept and its variants, and, when necessary, full-text or PDF versions were scanned for relevance.

The sample: In terms of **size**, a minimum of thirty units or 20% from each of the four discipline/subject areas were selected, for a maximum total of 120 units (30 x 4 = 120). For the random **strategy**, a credible online random number computer generator Random.org (operated by the School of Computer Science and Statistics at Trinity College, Dublin) was used to select the samples from each discipline population. There was some overlap with the databases. Although sampling lists for each discipline area were manually crossed checked to avoid duplication, there was one duplicate document.

Author names and titles were removed from all collected sample units. Each was assigned an identification number, and all discipline/subject areas were coded with a letter, from the onset, so that data were organized for anonymous comparative analysis (see Appendix A: Data Coding System).

Each sample unit was read once over to ascertain perspective and the opening sense of concept use. The actual data collection phase commenced on second reading, with data for each major category being recorded on separate forms (see Appendix B: Data Collection Form). Explicit definitions or statements that indicate an author's use of the concept were relevant for collection. The researcher also ascertained the alternate terms, the contextual conditions and setting, related concepts, and, when possible, antecedents and consequences (or what happened before public participation occurs and what happened as a result of its occurrence). The preliminary use category was recorded. An audit trail was maintained throughout the collection phase to track methodological decisions, thoughts, and perceptions to help validate impartiality and credibility.

Articulation of How Literature Was Analyzed

In acknowledgment that data analysis often commences with collecting it (Rodgers, 2000), a formal examination was conducted as a distinct phase to prevent premature conclusions. A thematic analysis of each category of data for essential features and the contextual basis (subject/discipline, alternate terms, conditions and setting, related concepts, antecedents and consequences) was then conducted by a process of organizing and reorganizing similar points in the literature until a cohesive, comprehensive, and relevant explanation was arrived at (Wilson, 1969; Rodgers, 2000). This involved prolonged engagement with the material to sort units into suitable categories of use.

The intent of thematic analysis was to identify areas of: agreement and disagreement across disciplines; variations over time; emerging use trends; and outliers. Divergent data were dealt with in the discussion on findings where alternate conclusions were also explored to see if the data support it.

The analysis phase was conducted through a hermeneutic process of interpretation from a social construction theory lens. All analyses are interpretations; what distinguishes them is the degree to which interpretations share social accord (Patton, 2002). Hermeneutics challenges the claim that interpretations can have 'Truth' status. No interpretation is beyond question:

> Hermeneutic theory argues that one can only interpret the meaning of something from some perspective, a certain standpoint, a praxis, or a situational context, whether one is reporting on one's own findings or reporting the perspectives of people being studied (and thus reporting their standpoint or perspective). (Patton, 2002, p 115)

All inquiries enter and exist in the so-called hermeneutic-circle based on a perspective positioning that must be recognized and acknowledged (Patton, 2002). A hermeneutic process of interpretation, then, takes into account all different constructions, claims and

concerns in order to understand, critique, and open up conditions for reconstruction via a negotiated or dialectical procedure (Guba & Lincoln, 1989). Hermeneutics compliments the social constructionist perspective, which also focuses "…on the processes through which social phenomena and social problems are constructed and interpreted", but, importantly, extends the lens to power structures within society (Mullaly, 2010, p 5). Therefore, in this analysis all the surveyed literature were explicitly examined for perceptions and positioning by attending to the social actors who make claims, the claims-making activity itself, and the effects of those claims.

To help maintain credibility, an audit trail was used throughout, and above all in the analysis phase, to track the student's *progressive subjectivity*[14] or developing views. The findings from the analysis were 'member checked'[15] with the researcher's advisor on a regular basis, and the thesis committee as permitted.

Articulation of How Findings Were Presented

Research findings were organized and presented in three categories that distinguished between 1) primary, 2) related or borderline, and 3) contrary uses: Case examples were described for each. One primary case of public participation use was detailed and explicated in the discussion of findings. The essential features for each type of use were summarized in a master table. Literature distributions by content and use types were laid out in tables and displayed in a bar graph for each discipline. A Venn diagram of public participation was also mapped.

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[14] Guba and Lincoln's (1989) term.
[15] Term comes from Guba and Lincoln (1989).

Chapter IV: Methodological Limitations

Description of Limitations in Analysis

There are some limitations inherent in this concept analysis. First, only the English language literature was searched omitting significant participatory research available in Spanish, Portuguese, and French languages. Second, the research is focused on the academic, professional, and government documentary literature, omitting civil society works not contained in scholarly material from the survey, (but whose perspectives have been at the forefront of this field). Third, the research is large for one person to manage, involving 120 documents for the student to analyze and strive to aggregate on one's own. Fourth, this was an emergent design that enlisted conventional and constructivist means and innovated use of an evolving methodology. Fifth, constructivist inquiry is complex because the multiplicity of constructions is always open to refinement, revision or replacement. The risk exists that the analysis may not have a clear end-point. Sixth, using concepts to think about concepts poses obvious dilemmas. Deconstructing and reconstructing concepts is problematic since humans are formed by constructs, and must continue to function within them. Maintaining clarity in such complexity is difficult.

How Limitations Were Addressed and Implemented

Disciplined research insists on clear and appropriate standards for judging the quality of inquiry, "...constructions can only be judged by criteria appropriate to the paradigm out of which the constructor operates…" (Guba & Lincoln, 1989, p 143). This work is premised on a constructivist belief system that regards "reality" as made, not given. Concept

development inquiries premised on socially constructed and contested notions of reality, demand contextualized accounts, dialectical processes of interpretation, and an orientation towards knowledge production for local use and empowerment (Guba & Lincoln, 1989).

It is helpful to briefly contrast the two basic paradigmatic belief systems underlying the production of thought in academia – constructivist and conventional beliefs – in order to understand why this proposal dictates its own criteria for judgment. The constructivist paradigm (an interpretive approach) is the near opposite of the conventional paradigm (also known as the orthodox, positivist or scientific approach) on ontological (being), epistemological (knowing), and methodological (doing) grounds (Guba & Lincoln, 1989). The pivotal differences are between informed and sophisticated joint constructions versus truth statements about reality, admitting unavoidable subjectivity rather than assuming an objectivity/neutrality stance, and facilitating understanding for empowerment instead of inhibiting for control (see below Table 3. Contrasting Constructivist and Conventional Belief Systems). Constructivist research replaces certainty with relativity, control with empowerment, generalized explanation with local understanding, and conceit with modesty (Guba & Lincoln, 1989). Like evaluation research, this concept analysis is a qualitative study where the criteria for judging 'fourth generation evaluations' (Guba and Lincoln's term) may be broadly applied here.

Table 3. Contrasting Constructivist and Conventional Belief Systems

CONSTRUCTIVIST BELIEFS	CONVENTIONAL BELIEFS
A RELATIVIST ONTOLOGY • Many socially constructed or built realities exist • Ungoverned by natural law • "Truth" is defined as the best informed and the most sophisticated construction collectively agreed upon	A REALIST ONTOLOGY • One given reality independent of any observer exists • Governed by immutable natural laws • Truth is a set of statements corresponding exactly to reality
A MONISTIC-SUBJECTIVIST EPISTEMOLOGY • Researcher and researched are an indivisible unit in their interaction since inquiry process is what generates knowledge/findings • Subjective views and values are unavoidable, and therefore sought-out	A DUALIST-OBJECTIVIST EPISTEMOLOGY • Researcher and researched are and must remain a subject-object duality • Objectivity is privileged position • All value considerations are excluded from findings
A HERMENEUTIC METHODOLOGY • Seeks contextualized accounts through dialectical process of interpreting differences leading to consensus on a joint construction • Facilitates understanding for local empowerment	AN INTERVENTIONIST METHODOLOGY • Brackets or strips context for contaminating variables so that inquiry can converge on truth • Explains nature *as it really is and really works*

Chart adapted from Guba and Lincoln (1989).

The criteria called for to evaluate the adequacy (goodness or quality) of this research are:

1. The trustworthiness criteria;

2. The hermeneutic process, itself, and;

3. The authenticity criteria (Guba and Lincoln, 1989, p 233-269).

The trustworthiness criteria (credibility, transferability, dependability, and confirmability) parallel the rigor criteria (internal validity, external validity, reliability, and objectivity) used in the conventional belief system (p 236-241) and are methodological measures.

Of the limitations in the study noted in the previous section, the first, employing only the English language literature and thereby omitting important participatory research available in other languages, is an acceptable limitation for the student. The survey is already sufficiently large (across disciplines and countries) to be relevant and of interest.

The second limitation of omitting the civil society voice from the study might be balanced with the student's emic perspectives, which are more akin to a community development and human rights tradition than with professional/managerial practice. A personal disclosure statement at the beginning of the findings chapter demonstrates the student's insider and outsider viewpoints. The remaining limitations of this research – concerning its size, indeterminate or open methodology, and complex inquiry – are addressed and implemented through the criteria explained below from Guba and Lincoln (1989, p 233-269).

Credibility (parallels internal validity) refers to the match between the constructed realities obtained from the documents and those of the researcher, the researcher's advisor, and thesis committee. The following techniques were enlisted to help strengthen the methodology:

a. *Prolonged engagement* (multiple readings and detailed analysis) with the documents, to overcome misinformation, distortion, or initial impressions

b. *Persistent observation* (depth) to identify and focus on most relevant features.

c. *Peer/advisor debriefings* (testing) to discuss one's findings, tentative analyses, and conclusions, so as to point out tacit information the researcher may hold.

d. *Negative case analysis* to amend the concept description in relation to rival ones.

e. *Progressive subjectivity* (the process of tracking own developing constructions) to provide a check on the degree of privilege afforded certain constructions and to substantiate decisions (keeping an audit trail, debriefing with advisor/thesis committee).

f. *Member checks* with stakeholders (advisor, committee, experts) during data collection, analysis, and case preparation.

Transferability (parallels external validity or generalizability) refers to the degree of applicability of interpretations and/or findings from one context to another, and was achieved by supplying thick and careful descriptions on data (time, place, culture, conditions) and articulating all working hypotheses. The dependability (parallels reliability) criterion refers to tracking the process of all methodological decisions and all developing constructions through the audit trail. *Confirmability* (parallels objectivity) is concerned with ensuring that data, interpretations, and products are traceable to original sources and are available for inspection. Again, this was managed through the audit trail.

The *hermeneutic process* itself is another means of judging the quality of this concept study. Data inputs were analyzed and fed back to the advisor for comment, clarification, or correction, thereby converting the construction of the concept into a more collaborative

project. This process required from student and committee members the disclosure of their own constructions for challenge.

Finally the *authenticity criteria*, speak to standards for outcome, product, and negotiation (1989, p 245-247), as regards the most faithful representation of case exemplars for the different use areas of public participation, and the open deliberations with the thesis committee on these findings, particularly in identifying unresolved claims, outliers, concerns, or issues. *Ontological authenticity* refers to the extent to which one's own emic constructions are matured and improved (1989, p 248), and is applicable to student learning. This is explicitly addressed during the thesis defense.

In sum, all analyses are implicated in the construct(s) it wishes to examine; this dilemma is not unique to this thesis, but is in the nature of conceptual analysis. The risk of the analysis not having a clear end-point was managed through frequent consultations. However, the impermanent results are just that; final results must be presented and regarded as a particular snapshot of the concept, at a particular moment in time and place, and by a specific person.

Chapter V: Findings

This chapter summarizes the results of the conceptual analysis of public participation (pp) use in the literature. First, a Personal Disclosure Statement is offered as a compelling claim to partake in the concept's construction. Then, the chapter is grouped into three sections. The Preliminary Findings section reports on the first round of data analyses per discipline, then briefly compares them. The Combined Findings presents the results of the aggregated data from the final analysis in a Master Table displaying a Trichotomy of Contemporary Public Participation Use. Extensive sub-sections follow describing and explaining the three prominent types found: Prudent Participation, Spurious Participation, and Pernicious Participation. A final section, the Summary of Findings, recapitulates the results.

Personal Disclosure Statement

Disclosure of personal views and experiences relating to public participation is important as an antidote to bias. We all have bias to lay bare in our interpretive claims. With respect to my viewpoint, interest in this topic originated early on through the raw eyes of a child. A child, by the way, characterized as "little Jesus" owing to a stoical presence and obedient disposition. The first time I deliberately disobeyed my mother was memorable. I was five and skipping rope on the front porch of our house. I was delightfully skipping away the morning, soaking in the summer sun and warm breeze, when my mother called for me to come inside. With confidence that no one should stop a divine flow of euphoria, I kept skipping and said "no". Never had I disobeyed my mother's authority – not to my memory or

her own admission. My resistance was more of a shock to her. This time she called out the order with an unmistakable undertone of warning. Yet, I was in a complete state of bliss with nature, and again said "no", to which she responded promptly. She marched down the hallway to the front door, grabbed the rope and whipped the back of legs. I whimpered while she applied a cold cream to the welts on the back of my legs, and listened to her conferring with my grandmother on the necessity of absolute obedience from children. That day, I noticed that my freedom and my will were somehow connected to authority and justice.

My traditional immigrant family upbringing, working class roots, and gendered experience of the world shapes my life and informs my thinking. Opportunities for voicing opinions, shaping or deciding actions, particularly as a girl, were almost nonexistent within the family unit. No culture of participatory decision-making existed either within our ethnic community, or for that matter, that we could see, within broader society.

I grew up poor, stressed, undernourished, and treated as a dead-end with no potential for growth. School placement tests affirmed I couldn't read, therefore I was not taught – until age twelve. Since then, I have sought out learning experiences with numerous organizations, such as a youth participant with Canada World Youth (CWY) in cultural exchanges with the developing world. I was one of ten original workers who opened and operated Mondragon Bookstore and Coffee House in Winnipeg, a worker cooperative based on a job complex model borrowed from Mondragon, Spain. I have worked in most of the departments of the two largest hospitals in Winnipeg, from the perspective of a Nursing Assistant in direct patient care for ten years. My emergency experience was pronounced: living the cutbacks to the health care system in the 90s, pushing stretcher-bound patients from the hallway into the Resuscitation Room to go potty, so called "hallway medicine". Even more pronounced, was

witnessing "the revolving door" phenomenon as health care workers, where the hospital could not really fix many of the sick. People were sick as a consequence of poverty. Work in non-profit and for-profit private health clinics in managing and client counselling roles, afforded the view of how sometimes private for-profits can be progressive in providing needed services (safe medical abortions to women) while redistributing profits within the clinic for pioneering legal advancements and ensuring subsidy of those who could not afford to pay. Board experience with Oxfam Canada, the Manitoba Public Health Association (MPHA), and the national body of the Canadian Public Health Association (CPHA) have shown me how vulnerable public institutions are to corporate take-overs, and how important they are in protecting public interest, our common wealth, and legitimate functioning of democracy. I have recently experienced organizational systems from the perspective of an Employment and Insurance Assistance (EIA) recipient, and bear witness to how impersonal, unaccommodating, and even harmful bureaucratic systems can be, in addition to providing essential social services and benefits that allowed me to survive a transition on my own with three children. As an invited participant in the ALL Abroad public consultations on Manitoba's Poverty Reduction and Social Inclusion Action Plan, I feel the oddity of speaking both for myself and on behalf of others worse off. I perceive such events through the eyes of a grown woman now, a seasoned citizen participant, with recent scholarly immersion in the conceptual terrain of pp, and as an occasional protestor at demonstrations. I wonder why the space for street-level protesting and assembling in the public square is shrinking and increasingly intruded upon by a policing state.

These identities of class, gender, and ethnic experience have informed my analysis, chiefly in aspiring to contribute to an understanding of this concept from emic and etic perspectives – both as "insider" and "outsider". The student researcher believes this is a compelling claim for joining the conversation on public participation.

The Preliminary Findings

Collection began in the databases with a standardized advanced subject search for the term 'public participation' (pp), or 'citizen participation' or 'community participation' in combination with the words 'policy', 'decision-making', or 'governance'. All units contained some combination of the words *public, citizen, civic, consumer, community or popular and participation, engagement,* or *involvement* in the title, and or the abstract, and or the key words. The documents were overwhelmingly journal articles, with one thesis, four government documents and one conference paper. The research period included the 22-year span from 1990 to 2012.

Four databases furnished a total of 336 documents: Social Work (46), Sociology (111), Nursing (70) and Political Studies (109). The online random number generator Random.org (based in Trinity College, Dublin) was then used to randomly select samples of 30 items from each discipline strata. In total, 120 documents were read for the construct in the context of the entire article, except for thesis material, which was read for targeted construct definitions or indicators. Each discipline area was treated separately and consecutively for data collection, gathering, analysis, and development of preliminary analysis of use. All samples were coded per item, by discipline source, and type of document for tracking (see Appendix A). All the data were recorded on initial data collection forms

(see Appendix B). There are five reference keys for the four sampled literatures (as Political Studies was drawn from two databases - PAIS and WorldWide Political Abstracts); All lists were kept separate for easier referencing (see Appendices C – G). There was one duplicate article, Frewer's and Rowe's (2005). All documents were summarized into short paragraphs highlighting their essential features (see Appendices H – L).

The preliminary findings were discussed as separate literatures in the following section and their characterizations are outlined, noting some adjustments made, followed by display of their respective distributions (see below Tables 4-7). Each literature distribution table presents a cross classification of types of use (columns) and types of document content (rows). The discipline distributions can also be viewed in side-by-side tables for comparison (see Appendix M).

All documents were sorted based on the rule of mutual exclusivity. They were divided into those that exhibited only theoretical features of use (theory-based material, single model proposals or typologies for pp) and those that were actual cases studies of use (empirical examples). Where case studies compared two different examples of use types, the one with a predominance of features was chosen, then sorted accordingly. Where documents were unclear case examples, the predominance of features were sorted into the theoretical features category.

Initially, sorting documents into the four areas was complicated because drawing distinctions between the two middle uses (related and borderline) was impossible. So, a combined related-borderline category was devised. Data sorting made more sense once the middle categories were subsequently collapsed. Three straightforward areas for categorization were thereafter maintained: intended, borderline, and contrary uses. This

allowed the examination to develop by positing polar types first, and then thinking through the intermediate ones, which improved sorting and analysis.

The term 'primary' to denote core concept use was also confusing for the researcher; as *primary use* was confounded with the notion of *frequent use* in the primary sense. Yet, what emerged in the data were mainly *intended* primary uses of pp, rather than actual applications. In other words, documents referred to good intentions that did not match their expressions (usually cases were unsuccessful). From here on, the term 'intended' is substituted for the term 'primary'.

Findings from Social Work. The first data to be collected were the Social Work accounts of public participation (see Appendix H and N). This literature was provisionally characterized as follows:

- Ideal Participation (primary use): appears based on non-profit community-level values, related to local community development, popular education, social action and advocacy work. This form would ideally be focused on the inclusion of disenfranchised and marginalized populations, and traditional non-participants, emphasizing group agency, mutual support, self-organization and self-determination to build communities of interest. Ideal participation aims to transform people and influence substantive policy issues to change existing institutions and relations of power. Participation is active and about equalizing power, and purported to promote direct democracy (with possible veto power) alongside representative democracy. This is a broad idea of participation that is hard-wired to concepts of collective political empowerment, justice and rights.

- <u>Spurious Participation</u> (related-borderline use): appears to be under joint arrangements but is mainly public sector control. This form is focused on conventional stakeholder groups in planning and some program implementation governance. It is more concerned with over and under representation of certain publics, less interested in the participation of 'the worst affected' in society. Language terms are more 'consumer', 'client', or 'user' than citizen-based. Public input is sometimes incorporated into policy, but in a limited way; other times it is not valued. Normalized inconsistencies between purported ideals and application of them (ideological contradictions) render this form spurious. Administrative values are often at odds with service improvement. There are many recruitment problems.

- <u>Pernicious Participation</u> (contrary use): appears under a mix of public and private sector control, with weak community involvement and general passive participation that leads to no public influence over policy. The most affected communities are not represented or protected; their interests are not fairly considered. This further oppresses worst-off populations through exclusion and domination, and is therefore a counterfeit form of participation. The focus is on individual, not collective, interest, and also on corporate or organizational interest. Accountability links break up in hierarchical chains of command and control; and the use continues to centralize the power of the establishment. Non-participation may be a way to refuse co-optation.

Table 4.

Distribution of Social Work Literature (N = 30)

Type of document content	Types of Use		
	Primary	Related-Borderline	Contrary
Theoretical features	8	4	1
Case studies	**2**	**4**	**11**
Totals (percentages)	10 (33.33%)	8 (26.67%)	12 (40.00%)

Social Work data indicates that the clear majority of pp use is pernicious (12) at 40.00% of the overall total, followed by ideal types (10) at 33.33%, then spurious (8) at 26.67%. In terms of empirical case studies, the predominance are pernicious cases (11), then spurious cases (4), followed by ideal (2), a clear indication that practice is mainly contrary. When compared to theoretical features, ideal types are in the majority (8), followed by spurious types (4), and then pernicious types (1). Theorizing leans towards ideal forms, while research on empirical practice is heavily towards finding pernicious use. This suggests a possible polarization between theory and practice in the Social Work literature, likely reflecting the general discovery of normalized inconsistencies between purported ideals and their application.

Findings from Sociology. The second data set to be collected was from the Sociological literature (see Appendix I and O). The distribution of literatures is shown in Table 5 (below) and briefly characterized as follows:

- Authentic Participation (intended use): is an authentic democratic opportunity for inclusive and effective influence, not just on plan, but also on design, budgeting, and implementation; requires state commitment to champion institutional support;

Authentic participation is attentive to the speaking subject or voice; and involves strategies for the equalization of power and space to implement change.

- Spurious Participation (borderline use): is an advisory form, ongoing or sporadic; local knowledge and the distinctive perspectives of the community sector are rarely considered; limited influence on process and outcome; the institutional setting is often mediated by technologies; Spurious participation is an imitation of authentic participation; and a strategy for administrative control and organizational discipline of the citizen.

- Pernicious Participation (contrary use): is still top-down hierarchical control, with heavy dependence on expert elites, and preoccupied with 'uninformed' publics; It is not purported to gather public views as much as to disseminate government and market views as a means of locally implementing agendas from above; This is a pernicious strategy for the legitimation of decisions already made.

Table 5.

Distribution of Sociological Literature (N = 30)

Type of document content	Types of Use		
	Intended	Borderline	Contrary
Theoretical features	5	5	4
Case studies	**3**	**3**	**10**
Totals (percentages)	8 (26.67%)	8 (26.67%)	14 (46.67%)

Sociology data indicates that pp use is mostly pernicious (14) and spurious (8), together accounting for 73.33% of overall use. The majority are actual cases of contrary or pernicious use (10), as opposed to authentic (3) and spurious (3) participation cases. In terms of only theoretical features, they are evenly divided between authentic (5) and spurious (5) features, followed by pernicious uses (4). Theoretical allusions in Sociology indicate a mostly even contest. However, the interesting data again concern the empirical case distributions. They show that the practice of pp is by far pernicious, at least as studied.

Findings from Political Studies. The third data set collected was from the Political Studies Literature (see Appendix J, K, and P). The distributions are displayed in Table 6. (below) and characterized as follows:

- Bona fide Participation (intended use): is an open, above-board, inclusive strategy for equalization of power (to correct the power skew against Civil Society from the Market/State); It calls for a sincere political basis to reconnect governance to government; It is both direct public participation (decisive power) in governance to effect influence on planning, implementation, and evaluation; and indirect political participation to call state power, and representative structures to account; It is purported to develop the political capabilities of the poor; and involves justice imperatives.

- Spurious Participation (borderline use): is a strategy for the maintenance of centralized power (the State mediates between Civil Society and the Market); involving power only to recommend; its mechanisms are frequently adjudicated by variegated technologies to meet institutional needs.

- Pernicious participation (contrary use): is a strategy for the cooption of public power and legitimation of the Market-State when a decision has already been made; It is a means of extending power by locally implementing agendas from above; It emphasizes partnership, but the public is only a symbolic partner.

Table 6.

Distribution of Political Studies Literature (N = 30)

Type of document content	Types of Use		
	Intended	Borderline	Contrary
Theoretical features	6	7	1
Case studies	**3**	**5**	**8**
Totals (percentages)	9 (30.00%)	12 (40.00%)	9 (30.00%)

The distributions of the political data indicate overall pp use is spurious (12), then divided between bona fide (9) and pernicious participation (9) use. Theoretical referencing is mainly spurious (7) and bona fide (6) indications. In terms of case studies, the majority is pernicious use (8), followed by spurious (5) and bona fide (3) cases of participation. In other words, empirical studies (as with Sociology) show the practice of pp is first pernicious, then spurious in actual use.

Findings from Nursing. The Nursing literature was analyzed last, (see Appendix L and Q). The distribution of Nursing literature is displayed in Table 7 below and organized into the following three characterizations:

- Grounded Participation (intended use): is from the ground-up or positioned in open, informal public space for discursive power to counterbalance the formal

power of the state; However, this use goes beyond communicative argument, and involves a strategy based on the self-interests of the poor; Grounded participation is purposed for the equalization of power, providing an opportunity for direct and effective influence on planning, budgeting, implementation, and evaluation; State commitment is seen as crucial, as is an autonomous civil society sphere with strong mobilization capacity and an exit option from participation when it fails.

- Spurious Participation (borderline use): is characterized as formal advisory deliberations on mainly priority setting and planning; Authorities actively design and manage mechanisms; and spurious participation is focused on the typicality of individual participants; It involves very limited opportunity for the public to influence policy as it is a strategy to meet institutional and administrative needs.

- Pernicious participation (contrary use): is focused on communications, messaging and information provision to forge a consensual public view; It is often implemented through partnership arrangements with the private sector, and is dominated by the market context and medical elitism; It is a strategy for the legitimation of incumbent power and the co-optation of public power.

Table 7.

Distribution of Nursing Literature (N = 30)

	Types of Use		
Type of Document Content	Intended	Borderline	Contrary
Theoretical Features	0	9	6
Cases	**1**	**7**	**7**
Totals (Percentages)	1 (3.33%)	16 (53.33%)	13 (43.33%)

The Nursing data indicates that pp use is intensely spurious (16) or 53% of the total number of documents, followed by pernicious types (13) at 43%, and one use of grounded participation or 3%. Empirical case studies were equally divided between spurious (7) and pernicious (7) types, with a single case of grounded use. Spurious theoretical features are evident in nine documents, and pernicious features revealed in five documents. There were no theoretical features for the intended use. The Nursing data set is striking for its empirical and theoretical consolidation of spurious participation use, and for the paucity of evidence for intended types.

Comparison of Disciplinary Literatures

Borderline and contrary participation types remained consistent enough across the four disciplines to maintain the spurious and pernicious descriptors throughout. Intended participation uses diverged in the dimensions each discipline highlighted. Thus, they were named to capture these variations in disciplinary treatment: **ideal**, **authentic**, **bona fide** and **grounded** dimensions.

In Social Work, *ideal* participation is meant to underscore the principled treatment and revered regard for democratic ideals. In Sociology, *authentic* participation is meant to stress notions of authenticity (democratic purpose) and authorship (attention to who speaks and with what authority). In Political Studies, *bona fide* is meant to accentuate the prerequisite of a sincere political basis for participation (to connect pp governance to government) so that all claims are counted and considered. While, in Nursing, the term *grounded* is meant to stress the foundation of participation as necessarily rooted in civil society, in local community from the ground-up. All the disciplines underscore important

aspects of the intended use that are incorporated into this analysis. Unsatisfied with any singular aspect, the descriptor *prudent* was adopted to draw attention to the precautionary effect on society of this beneficial form. This is similar to how the spurious and pernicious terms imply their negative effects. For a comparative view of all the literature distributions per discipline, see Figure 1 below (see also Appendix M).

Figure 1. Comparison of Literature Distribution Per Discipline and Combined

Distribution Of Literature Per Discipline

	Social Work Literature	Sociological Literature	Political Studies Literature	Nursing Literature	Total for all Disciplines
Prudent	10	8	9	1	28
Spurious	8	8	12	16	44
Pernicious	12	14	9	13	48
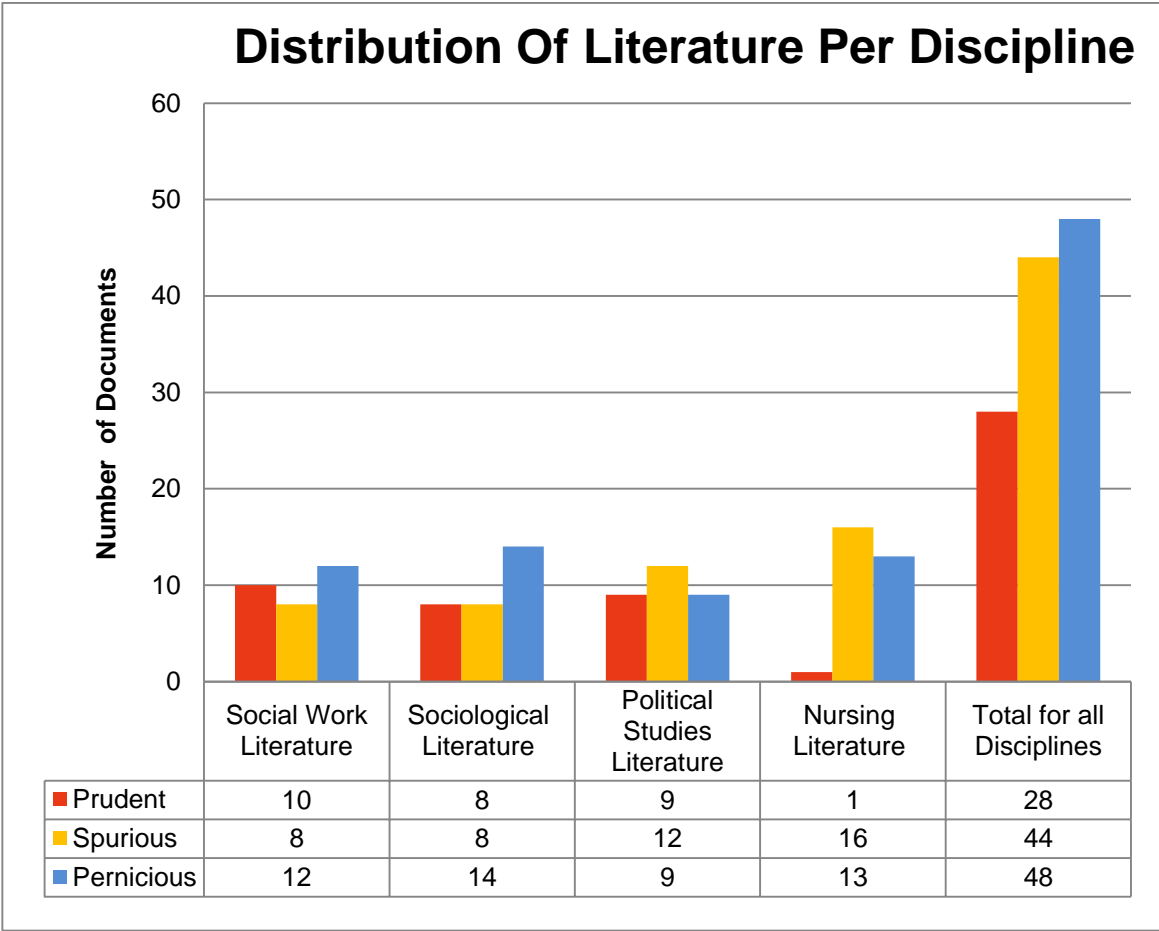
The Combined Findings

After the operational constructs for pp were scrutinized within each document, and separately analyzed as discipline sets (the above preliminary findings), they were further cross-examined by comparing their differences and similarities in data content, trends over time, and deviating data (see data tables in Appendices N – Q).

Concept refers to the entire conceptual terrain; how they intermingle with other concepts, but moreover how they are used. Does pp do what it purports to do? This question was addressed by observing that essential features could be distilled into critical questions of difference, as follows:

- Who defines the construct, or rather, which sphere/sector?

- What establishes or sets-up the concept and its boundaries?

- Is there legitimated space for public dissent?

- Is there an opportunity for the public to influence public policy?

- And, what are the long-term effects of each pp use on the capacity for democratic culture?

Essentially, these questions are the determining criteria for this concept. The pp concept has been filleted down through these questions to reveal three prominent structures of use around which everything else is hung: Prudent Participation, Spurious Participation, and Pernicious Participation. Together, they constitute a portrait of the concept as a Trichotomy of Contemporary Public Participation Use (see Table 8). This Master Table displays three types of use (columns) adjacent to the critical questions of difference on the determining criteria (rows). It includes the overall distribution of documents per type in row at the bottom. Description and elucidation of each type follows.

Table 8. A Trichotomy of Contemporary Public Participation Use

Determining criteria	Types of Use		
	Prudent participation	**Spurious participation**	**Pernicious participation**
Who defines the construct?	**Civil Society** Grounded in third sector, non-profit community values	**The State** Embedded in public sector, institutional-managerial values	**The Market** Sourced from private sector, corporate for-profit values
What sets up the concept and its boundaries?	**Open Public Debate and Negotiation of All Constituency Interests** for Conflict Resolution and Socio-economic Justice and Political Equality. Focused on worst-off and left-out populations.	**Managed Formal Deliberations of Select Interests and Publics** for Conflict Diminishment and Administrative Efficiency. Focused on 'typical' publics or individuals	**Closed Consultations with Hidden Private Interests** emphasizes Partnership for Conflict Manipulation or Co-option. Focused on reconfiguring groups and 'archetypal' individuals
Is there legitimated space for public dissent?	**Yes** Admits dissent, conflict normalized and debate vital, competition of interests is expected	**Little** Minimizes dissent to manage interests and steer dialogue, conflict averse	**No** Manufactures consent to redirect public support back to the market for exploitation
Is there an opportunity for the public to influence policy?	**Yes** Explicitly links to public policy process and public recommendations are taken up in decisions	**Little** Implicit links to policy process but advisory public input need not be taken up	**None** Not linked to policy process, accountability gaps, public input is for market-state 'progress'
Long-term effect on the capacity for democratic culture?	**Expands democratic culture** Clarifies pp practice to tackle socio-economic need and undo corruption	**Retards democratic culture** Confuses pp practice to forestall change and maintain status quo	**Reverses democratic culture** Confiscates pp practice to entrench market and extend corruption
Total distribution of documents (N=120) (Percentages)	**28** **(23.33%)**	**44** **(36.67%)**	**48** **(40.00%)**

*Note: Most of the intended cases of pp are failed examples.

Before proceeding to explain contemporary public participation uses, the pivotal notions of 'the state', 'the market' and 'civil society' are first defined. *The state* here simply means any form of government and constitution established in a country, while *the market* refers to market capitalism, an economic system which supports private capital enterprise within free market ideology, with the means of production being privately owned (OED online, 2012).

In this thesis, *civil society* is a sphere of activity distinct from the market and the state, referring most importantly to non-profit values. Lester Salamon (2010) developed an operational definition of global civil society based on five shared features:

- Organizations (they have an institutional presence and structure);

- Private (they are institutionally separate from the state);

- Not profit distributing (they do not return profits to a set of "owners");

- Self-governing (they are fundamentally in control of their own affairs); and

- Voluntary (membership in them is not legally required and they attract some voluntary contributions of time or money) (p 3-4).

The civil society notion used here captures this sense of autonomous organizations with a public purpose, but also goes beyond to,

> …embrace not just organizations but also certain types of individual activities, particularly those involving forms of civic action. This definition is associated with the work of sociologist Jurgen Habermas who conceived of civil society as a 'public space,' or an arena outside the state and the market where citizens can advance their interests (Heinrich 2005, Edwards 2004). This conceptualization extends the concept of civil society not only to participation in civil society organizations but also to mass social movements, popular demonstrations, and other individual forms of civic action. (Salamon, 2010, p 176)

The definition herein contains both senses of civil society – organized public places (the meeting room) and informal public spaces (the square or street) – particularly because both are recommended in the literature as indispensable alternate strategies for when pp breaks down.

Description of Prudent Participation

As previously noted, the term 'prudent' was chosen to draw attention to the cultural effects intended by this form – a thriving democracy is intended. Plainly stated,

> In a representative democracy, citizens expect representation, which includes the important principle of meaningful and substantial involvement in the design, delivery, and monitoring of the system. Authentic public participation includes not only this representation, but also the citizens' confidence that their input has an impact. Impact determines whether the involvement was authentic. (Ross, 2000, p 18-19)

Participation success is judged by measuring the amount of influence public input has on policy decisions (Pratchette, 1999), which in turn concerns how input is fed into the decision-making apparatuses of government. Measures of citizen participation are quintessential in assessing governance,

> …as they provide some idea of the extent to which interests are considered within [an urban] community and whether this consideration may or may not be equal. If not equal, good [urban] governance requires at a minimum that there are limits to the systemic impediments on the achievement of this ideal. (Stewart, 2006, p 198)

There is an assumption in pp that people should take part in governance and agencies should include them (Checkoway, 1995), especially those traditionally left out. That pp has not delivered on the public interest is due in large part to a structural disconnect between representative democracy and participatory democracy (Martinez, 2011; Pratchett, 1999; Ross, 2000; Stewart, 2006), which has also been isolated as a problem in this thesis.

Prudent participation types are attentive to the structural links required to expand traditional avenues of power to more people, so that their interests come to be reflected in policy. Intended participation types, across the surveyed disciplines, echoed the prerequisite commitment from governments to pp governance (Barnes and Coelho, 2009; Bekkers, 2004; De Muro, Di Martino, and Cavola, 2007; Potting, 2009), and the need for simultaneous political participation to pressure all levels of government to embed public decisions into the

legislative policy architecture (Denters and Klok, 2010; Postle and Beresford, 2007; Pratchett, 1999). The descriptor 'prudent' points to the advisability of this precondition for growing a participatory culture.

The first essential criterion of pp is **who defines the construct** as this tends to also determine 'what it is' or is not. This is often a question of which sector or sphere of activity has primary defining influence; civil society, the state, or the market? Albert explains,

> Of central importance here is who initiates and who maintains control over the process…Where the state initiates the process the people must 'beware of participation' as a tool of manipulation (Esteva, 1985). Normally it is the state that maintains control in either case and this can prove very problematic for the people. (1992, p 231)

As long as pp constructs are primarily grounded in civil society determinations, **what sets-up the concept** is a form amenable to the ***open debate and negotiation of all constituency interests***. Civil society definitions of pp place less stress on formality, and more on the scope and substance of communications between citizens and the state. The term 'constituency interests' (not necessarily electoral constituency, although they may coincide) is used broadly to mean communities are made up of constituency groups based on interest.

The open nature of the public fora is found to be a dependable equalizer of power for participation. A study of international public hearings sponsored by the WHO (World Health Organization) for a global treaty on tobacco, found public participants and public advocates were able to influence language in the open forum for discussion, whereas industry supporters used covert means to influence the process, "…tobacco industry representatives had the option of less-public ways to influence policy 'behind the scenes'…public commentary and public hearings appear to function to level the playing field between the for-profit public and the public health public" (Montini, George, Martin-Mollard and Bero, 2010,

57-58). One of the few ways the public can influence policy decisions is through open debate. Public argument is strongest if discursive or communicative power is *grounded in the civil society* sphere where publics are less constrained by formal procedures (Baccaro and Papadakis, 2009) and so freed 'to speak truth to power'.

Open dialogue and *negotiation* are both essential in prudent participation. Back and forth discussion between publics and the state, or 'two-way communication', is a given: It is what defines dialogue. But, dialogue is merely a means to negotiating some end, such as, an understanding or a deal. In prudent participation types, negotiation is more akin to a trade deal – what will be transferred from state authorities to communities in exchange for their participation? Deliberations alone are insufficient without the notion of 'negotiation' or negotiated resolution because conversation with authorities is ultimately for the purpose of dividing up public resources. Case studies of Participatory Deliberative Public Administration (PDPA), showed that deliberation or rational argument alone is easily sidelined, and observed,

> …that what happens in multistakeholder institutions is bargaining, not deliberation…there is an inevitably distributive phase, linked to the problem of apportioning the benefits (and the costs) of cooperation. Success in this distributive phase is likely to depend on the parties' bargaining power. Even the extent to which the parties' arguments are taken into serious consideration may depend on the power they bring to bear….participation solely based on the hope that the force of the better argument will eventually prevail rests on weak and naıve foundations. (Baccaro and Papadakis, 2009, p 271)

In addition to open negotiation, publics need to have bargaining force even to compel the state to consider their argument.

Whether discursive or some other force, public power comes from the civil society sphere and,

> …the most effective civil society organizations, i.e. those with the greatest influence on the policy-making process, are not those that commit themselves to a strategy of institutional collaboration, but rather those that keep a credible exit option open and, associated with it, strong grass-roots mobilization capacities. (Baccaro and Papadakis, 2009, p 246)

This concluding advice stands in stark contrast to the import placed on collaborative partnerships in most governance discourse (this will be discussed under the pernicious type). But, it makes sense. To exercise power means to be capable of independent thought and action. Collaboration as a governing paradigm tends to discourage independent disagreement to circumvent conflict. Further evidence from this case study supports the thesis concern that the consensus norm reflects a constraint on dissent, "…inter-group consensus is not to be regarded as the outcome of a successful deliberative process but as a worrisome sign of group cooption…" (Baccaro and Papadakis, 2009, p 246).

Civil society groups need to reserve an exit option for when pp fails them (Baccaro and Papadakis, 2009; Stewart, 2006). 'Persistent losing' (Stewart, 2006) by particular groups in pp governance is grounds for rejecting participation with the state. Based on justice imperatives, Stewart (2006) argues that it is reasonable for groups to reject rules that systemically harm them. Institutionalized discrimination, such as repeatedly disadvantaging some groups from fully participating, requires anti-oppressive maneuvers such as, he submits, a non-participation rule wherein members of the public can refuse to partake when their costs of participation are too high (Stewart, 2006). Maintaining an opt out option is only basic to self-protection. Groups should not partake in pp initiatives at all costs, but for some improvement.

A related observation in this analysis is that the participation of the poor is logically based on self-interest. Poor residents in the Port Allegro, Brazil experiment naturally wanted

infrastructure for their neighborhoods, and expected to obtain tangible improvements; otherwise they would not have been motivated to partake in the budgeting exercises (Barnes and Coelho, 2009). Their condition of deprivation meant they could not afford to deliberate for the sake of deliberating. Participation had to lead to a real benefit for those most preoccupied with struggle and survival. An essential feature of the prudent form is the prerequisite of participant 'self-interest'.

Self-interest is innate to human nature, vital for survival, and an important factor in successful participant recruitment. Not only is admitting interest necessary for the participation of the poor, in making this argument, the notion requires the disclosure of motives from "all interested parties", including private sector participants. Even if not invited into pp processes, for-profit interests may influence and manoeuvre relations in other ways. For instance, an internal WHO study on the integrity of the international public hearings on tobacco, found that overt industry participation occurred alongside covert means:

> 'Tobacco companies utilised a number of outside organisations to lobby against and influence tobacco control activities at WHO, including trade unions, tobacco company created front groups, and tobacco companies' own affiliated food companies (Committee of Experts on Tobacco Industry Documents 2000).' (Montini, George, Martin-Mollard and Bero, 2010, p 57)

Authorities managing pp need to be prepared for overt and covert manipulation from powerful interests in order to prevent the co-option of processes. Montini et al. (2010) also note the growing phenomenon of 'astroturfing', fake grassroots movements fronted by corporations to enlarge the appearance of their consumer base for more influence. This will be explored under pernicious participation types where private for-profit interests hide behind collective ideals or claims to be representing the public interest.

The point is interests are a fact: vigilant attention to corporate interests is imperative. Disclosure of interest is possible only if the notion of 'interest' is first admitted as a fundamental concept for governance. Hence, interest is a given and admitted as an essential feature of prudent use, to be undertaken as a challenge rather than denied.

State and civil society interests should be more aligned with each other, sharing common purpose in the welfare of collective, or public interest. But when the State partners more with the market against the public interest, not only do publics lose, but so does the State. In undermining its purpose, government becomes compromised in function and relevance. Prudent modes recognize disproportionate power in the distinct interests of civil society participants, the State, and the Market. For instance, there is a big difference between citizens as 'end users' of services, and 'key players' in service provision. Accordingly, prudent participation ensures open debate, transparent disclosure, and fair ground for negotiation.

The 'public' is conceived largely in terms of communities or constituencies of represented interests. A social construction perspective sees identity as formed around conceptions of difference (Barnes, Newman, Knops and Sullivan, 2003), such as class, sexuality, gender, race, disability, or religious affiliation, to name a few. These are categories of social difference based on demographic identity. Identity may also be based on geographic location, and or political ideology. These three kinds of representation are standard empirical measures of democracy (Pratchette, 1999). Identity is complex, as people usually identify with, and move across multiple categories of difference, and political representation goes well beyond electoral politics.

Even so, identities are fashioned both in official discourse, and in the micro-politics

of negotiating definitions of membership in pp fora themselves (Barnes, et al., 2003).

Identity is brought into being through 'the discursive power to define' (Ibid, 2003) that is,

having a 'say' in determining who makes up the public. Voice is a matter of direct

participation or fair representation, coupled with the idea of government responsiveness.

Pratchette explains that, "Responsiveness is concerned with the extent to which

'governments take note systematically of the full range of public opinion in the formulation

and implementation of law and policy' but only in so far as political equality, that is

representation, is also ensured" (1999, p 629). There is no proper responsiveness from

government without proper representation in governance. This is not a matter of replacing

democratic representative structures with new forms of direct democracy, but rather of

complementing each other through their interconnectedness,

> Stated simply, if adequate mechanisms do not exist, then it is difficult to see how
> organisations can claim to be responding to them [the public]. This does not mean
> that the outcomes of participation exercises should be binding: elected representatives
> maintain an important constitutional role in taking the final decision. It does mean,
> however, that to meet this criterion of responsiveness organisations must be able to
> demonstrate that all opinions, as expressed through participation exercises, have been
> duly considered and carefully weighed before reaching a decision. (Pratchette, 1999,
> p 630)

Adequate mechanisms for pp must be based on constituency representation, which

refers broadly to the correspondence between interests and how they are represented.

Communities consist of constituent parts and local settings are best placed to select their own

representatives, (perhaps through quotas) as Barnes and Coelho (2009) note from the

Brazilian experience with participatory budgeting. All community constituencies and

stakeholder interests are recognized in prudent types, including the inclinations of

government and the public sector, "For popular participation to work, the centralist

tendencies of the state must be curbed and ongoing tension…must be recognized and dealt

with" (Albert, 1992, p 239). In prudent participation, competition between the State, the Market, and Civil Society is expected; thus conflict is regarded as indispensable to the effective resolution of problems, even beneficial.

Normative definitions of pp are common in this use and based on concepts of universal human rights. The following typifies this norm, "All people have the right to participate in making decisions that affect them. All people have the right to basic life necessities, including protection; the right to grow, develop, and achieve; the right to self-determination and empowerment" (Iatridis, 1990, p 34). Political philosophy more precisely points to the matter of equality, well summed up in this way:

> …we are eventually forced to decide whether we accept or reject the Lockean assertion that no person is naturally entitled to subject another to his or her will or authority. Those who reject this idea of intrinsic equality often rely on claims of racial, gender, ancestral or religious superiority/inferiority to justify why some community members are naturally more worthy than others to rule. Those who accept the idea that none are naturally superior will incorporate intrinsic equality in their definition of how a community should be governed…intrinsic equality as it pertains to the definition of governance not only suggests that members of a community should have their claims or preferences counted when decisions which affect them are made, but that their claims should be considered equally. (Stewart, 2006, p 198)

In prudent participation, equality is accepted as built-in to human nature and therefore applies to all persons, without exception. Intrinsic equality cannot be partial. If some may act, but others are prevented, then some are superior and entitled to dominate the presumed inferior. This is not equality.

The presumption of intrinsic political equality distinguishes prudent participation from spurious and pernicious forms. Prudent uses translate equality into working with the poor against poverty, "As a contemporary ideology and practice, popular participation therefore must involve empowerment of the masses and have as one of its goals the reduction of inequality of power (Mulder, 1971: 32) and also the growth of personal power" (Albert,

1992, p 231).   This involves two interrelated empowerment goals: the personal empowerment of individuals with their collective empowerment as groups (Albert, 1992). Both require privileging first the needs and interests of the indigent – those socially, economically, and politically marginalized in society – above middle class interests in order to elevate them to equal standing with the rest of society. "Social work's special concerns are people or groups without sufficient power to solve their own problems and direct their survival and development" (Iatridis, 1990, p 34); but this was also recognized as a central issue in the other disciplinary treatments of prudent use.

Political equality means the right to self-determine, "People are not seen as objects to be acted upon but as subjects who act on their own behalf, and what changes in this transformation is not just the system but also people" (Albert, 1992, p 231), and furthermore "…it is not an inherent inability to act that is at issue, but a lack of room to move, to take action" (ibid, p 232). This implies that authorities need to respect the will of publics to develop their own perceptions and act in their own self-determined best interests. The less interference or domination from the state in managing pp processes, the more space people have to contribute and to act.

The more people act, the more it reinforces their personal and collective efficacy, or confidence in self and one's group capabilities. Ohmer found that, "The more volunteers were involved in both the everyday activities of the neighborhood organization (participation level) and decision making, the greater their leadership competence, ability to influence government and neighborhood policy, knowledge and skills in neighborhood development, organizational collective efficacy, and sense of community…" (2007, p 116). People know their lives best and what they need. The key is to support them.

Authorities at all levels, particularly administrators of health and social service provision, need to support the will of publics, through more social and political learning themselves (Lafrance, 1993). Authorities should know that what motivates people to participate are community belonging and distrust in the systems they manage. A large quantitative, empirical study (sample size over 24,000 residents) from England and Wales, found that people's sense of belonging to their neighborhoods, together with skepticism of the capacity or inclination of authorities to fix problems, are what drives people to civic participation; individually, collectively, in governance participation and voluntarism (John, Fieldhouse, and Liu, 2011). This solid evidence on the primary determinants of participation, suggests that authorities should welcome public distrust as a civic duty.

Although the participatory undertaking certainly concerns distributive economic justice, it is more precisely a matter of political equivalency, "Participation is about empowerment, but dominant Western notions of progress focus on material abundance, for which people must pay the prices of political disempowerment and cultural impoverishment (Marglin, 1990: 27)" (Albert, 1992, p 232). Personal and systemic transformation entails simultaneous work on both. However, it is systemic change, which characterizes prudent participation as essentially political in nature.

Williams (2004) and others argue that without a re-politicization of this discourse, participation governance will continue to be co-opted. Language and discourses that adopt value-neutral, apolitical stances are a dangerous deceit; there are always underlying values at play. To pretend otherwise has lasting political costs, as Williams describes "…this silence has perpetuated participation's political malleability, and its ready co-option within programmes where underlying neoliberal worldviews are not brought in to question" (2004,

p 573). Courageous opposition to apolitical claims is necessary, along with critical, yet constructive, scrutiny of how micro-scale processes for participation fit into macro-level forces of globalization.

A comparative study of civil society movements involved in city master planning in the two cities of Vigo in Spain, and Porto in Portugal, found that high participation intensified conflict (Vigo), while lower participation neutralized it (Porto), indicating that the higher the participation, the more likelihood of conflict (Martinez, 2011). Again, this underscores the need for authorities to accept that processes for incorporating citizens' views may be inherently conflict-ridden. Chinese officials in environmental protection recognize that pp is an argumentative process, but it produces more harmonious results that truly reduce social instability, than unanimous processes do (Johnson, 2010).

While conflicts and contradictions exist 'the people regenerate their own space' (Albert, 1992) – public space, and in doing so grow the capacity for broadening democratic culture. As recounted in one of the few successful cases of this type from Nicaragua,

> Popular participation in Esteli made a difference. Health posts got built, sewage systems installed, new water systems set up, inoculation programmes carried out and in many *barrios* [the slums] a sense of community responsibility and capability became established. Individuals in the *barrios* gained a sense of their own power and developed capacity to act. (Albert, 1992, p 239)

Successful public participation is achievable but requires essential features to be in place at the outset in order to work.

According to this analysis, the main features of the Prudent Participation are: Grounding participatory discourse in community non-profit values or civil society determinations; ensuring open discussion and debate with negotiation; admitting participant self-interest and all constituency interests; privileging the 'worst-off' and 'left-out'

populations; accepting conflict as normal, dissent as beneficial, politicization as an essential matter of justice; and commitment from authorities to link governance structures explicitly to policy-making processes within representative democracy, so that public decisions or recommendations have to be taken-up. By definition, an approach that seeks political equality and justice for all is a conflict model of society: It necessitates the disruption of belief systems and structures, which reproduce political autonomy for the exclusive few.

A case of prudent participation. The case study of Roombeek, in the Netherlands (Denters and Klok, 2010) is a successful contemporary example of prudent participation use. This case illustrates the essential features of open, broad and direct pp attained through the mobilization efforts of a municipality that was utterly committed to the involvement of the most affected in the planning processes. First and foremost, state designers linked pp governance to the policy architecture of representative political democracy – the public had the right of approval of the final planning draft while elected council had the right of final say, but authorities could not ignore public views. Participation was deliberately designed this way for maximum recruitment. The case is presented here in some detail as evidence of a doable, prudent practice to inspire others like it. Furthermore, this example implies that when carefully constructed procedural rules for maximum participation are based on justice imperatives, pp may not entail high conflict.

The setting involved an extraordinary disaster situation directly impacting the lives of citizens. A fireworks warehouse explosion in 2000 ruined the mainly deprived inner-city district of Roombeek in the city of Enschede. The explosion killed 22 residents, injured 900, displaced 1,500 citizens, and forced 200 companies to relocate from the area. About 70% of

residents were of Dutch, and the rest were immigrants of diverse origins. Just over half of

the destroyed homes consisted of public housing, while the rest were mostly privately owned

and occupied dwellings. This inner-city district had some prosperous neighborhoods, but

most were poor, with high unemployment rates and many low-income households.

In terms of who defined the construct of pp, the authorities adopted the broad public

vision for direct participation, and translated the view into a political opportunity structure.

The definition was elaborated by the authorities but grounded in the civil society sphere:

> Within weeks after the disaster, a clear consensus emerged in Enschede on the
> principle that in the redevelopment of the disaster area, the victims should be allowed
> "maximum feasible participation" in the planning process and that the residents'
> views on the future of their neighborhood, as expressed during this process, should
> guide the planning decisions. To enable all those residents who would want to
> participate to engage in the redevelopment process, a wide range of accessible
> opportunities were created for (former) residents to voice their opinions on the future
> of the district. (Denters and Klock, 2010, p 583)

Citywide, the people regarded the most affected residents of the disaster, as the key

participants whose views should matter most in the reconstruction plan. Thus the 'process

architecture' was developed as the activation factor for mobilizing broad participation, to

which the authorities were committed to from the start:

> For the rebuilders of Roombeek, adequate institutionalization would be important
> because a set of clearly specified participatory rights and procedural rules might
> convince potential participants that their active involvement would make a difference
> and that the results of their participation would be taken seriously. Thus adequate
> institutionalization might be seen as an important mobilizing factor for participation
> in citizen governance (Denters et al. 2003a, 9; also see Edelenbos 2005). (Denters
> and Klok, 2010, p 583)

The designers began by establishing specific rules based on position (or roles), boundary

(criteria), and authority (action power). Each key role was clearly defined and explained to

the public. The "process facilitator" was an experienced community worker hired by the

municipality to organize and facilitate all the public meetings, and was tasked with

translating public views into outcomes. The facilitator role of interpreting and aggregating the results from the public meetings into session and summary reports was absolutely critical in the process "…since the accuracy of these reports would determine the degree to which the participants' views could be 'heard' in the subsequent stages of the planning process" (ibid., 2010, p 590). The municipality hired the "town planner" however, on the basis of resident participation on the hiring committee, thereby assuring the expert some degree of public acceptance. The planner's task was to draft the interim redevelopment plan, attending all meetings with residents, and discussing their views as it related to his work. The meetings were pre-structured but also open and flexible enough to allow participants to raise other concerns and related issues. Residents were well informed: on the opportunities to partake; on the structure and organization of the process; and during meetings with reports and follow-up, which were also made available on the Internet.

Importantly, the municipality declared its commitment 'to respect and heed the results of the participation process' (ibid., 2010, p 589) in an official pledge to the victims of the disaster, which they affirmed again and again. Moreover, the participatory architecture included the crucial feature of linking pp outcomes to elected representatives by way of "Granting the participants the right of approval of the draft plan in the final stages of the planning process, in combination with the statutory right of the council to have the final say over the reconstruction plan" (ibid., 2010, 598).

Two main groupings were isolated for participation on the basis of location or geographic constituency: those who lived in the district itself ('the inner ring' or most affected by the disaster) and people living in adjoining neighborhoods ('the outer ring' or more or less affected). All received a personal invitation to meetings. Authorities

encouraged these people to inform widely and bring others along. Indirect methods were used to tap informal social networks, and formal organizational networks (the health center, community workers) were used to compliment them. Personal approaches were employed with immigrant communities to invite people beyond the organization of these groups (fearing a degree of mobilization bias). In addition, the municipality worked with schools and local artists who lived in the district on related public exhibition projects, such as one to involve children in developing their own visions for Roombeek. Authorities used these public occasions to reach out and stress the importance of public participation.

To be inclusive meant specific demographic constituencies had to be accommodated for participation. Authorities used 'multiple participatory arenas' to attract as many people as wanted to partake, while also incorporating a restricted place for expert input:

> In addition to a series of general sessions, there were special participatory opportunities for specific groups such as male Turkish residents, female Turkish residents, Moroccan men, Moroccan women, elderly people, local shop owners and entrepreneurs, artists (the area hosted many studios), and young people.
> On the other hand, the "process architecture" also provided for three panels of experts that were formed to discuss the social, economic, and physical dimensions of the redevelopment process. These expert panels were seen as one way of infusing the required professional expertise in the process and, at the same time, of avoiding the danger of professional domination of the democratic process. (ibid., 2010, p 587)

Participant interest was assumed, "Of course, the first condition for participation is that people should take an interest in the issues at stake", but not how people would know to come and participate, "However, beside[s] that, they should have participatory opportunities and be aware of the options available (Tarrow 1994)" (ibid., 2010, p 595). Thus the investments made by the municipality into the participatory infrastructure, particularly the efforts at mobilization, had a significant impact:

> The regression results underscore the relevance of the political opportunity structure: People's awareness of the opportunities for participation is the single most important

factor in the equation. To an important extent, therefore, the relatively high participation rates found earlier result from successful mobilization. As shown above, Enschede not only offered the residents of the disaster area a wide range of participation options but also made a major effort to publicize the meetings. Our survey indicates that these efforts were relatively successful. In the inner ring of the area, 83% of respondents knew about the participatory meetings; among the residents of the outer ring, this was only slightly less (77%). (p 595)

As a consequence, almost half the residents from the inner ring actively contributed to the reconstruction planning process. The process was open, inclusive and fair. No significant disagreements were reported. Rather almost unanimous consent of final draft was achieved when put to the public vote. Nonparticipation was reasonably explained by a lack of interest in the matter (as many residents did not wish to return to the area), rather than resulting from a lack of opportunity to participate. The authors concluded that, "From this perspective, it might be argued that it was the combination of direct citizen participation with elements of representative democracy (the directly elected council having the final say) that was crucial in making the Roombeek case successful (Denters and Klok 2003, 109)" (ibid., 2010, p 598).

The antecedents for prudent participation involved establishing the rules of the participation game on the basis of a civil society consensus that sense of belonging affects the level of interest and should determine who partakes. The disaster victims were the worst-off and rightly the most interested in the reconstruction planning. On that basis, the designers therefore developed multiple opportunities for open dialogue between residents and authorities, and they explicitly defined all roles with clear instructions for professionals to 'seriously engage' with the public. The major antecedents incorporated firm commitments from all parties (especially the municipality) to respect these rules, including authorizing the public to vote on the draft plan before elected officials had their final say, which, thereby convinced the public that the municipality meant what it promised: participation. This case

highlights the most salient features of prudent use – that of authorities solidly investing in the participatory architecture for broad mobilization, inclusive recruitment, and linking it to the representative political structure – for real success.

Description of Spurious Participation

If the concept is primarily embedded in the state (in public sector administrative values) this form of pp tends to be *formal, highly managed* or *mediated deliberations* with select interests (particular stakeholders and or 'typical' publics) for the diminishment of conflict. Dialogue between state authorities and the public, however, is no longer essential. This form may consist of scarcely more than dialogue among public members themselves, with the state merely looking-on or supervising.

'Interest' may be unquestioned for conventional stakeholders, but regarded with general suspicion for others. Particularly distrusted seem to be groups with unmet needs who place expectations on the state to perform their traditional function of protection and provision of support to those who fall through the system.

Indeed, the most negatively affected populations would be the most dissatisfied with policy that first neglects and then hyper-manages them. Understandably, these constituencies are increasingly problematic for governments as the state continues to move towards market-oriented solutions. The state appears to deal with social insecurity and discontent by narrowing the mechanisms for participation and increasing their technical mystification. Within state-based participation 'conflict' is treated as an unwarranted and negative force to be constrained. Administrative management is assumed to be central in the mediation of

interests, which is focused on steering dialogue to diffuse conflict and minimize dissent, so as to conduct public aspirations towards utilitarian agreement.

Spurious participation is characterized by discursive technologies (formal communicative and professional skills) that require the 'appropriate' participants to fit into 'appropriate' micro-managed procedures for formal engagement. State-based designs control participant selection, increasingly by tailoring the ideal participant around a *non-representing individual exemplar* for the whole community. Whereas in prudent participation the focus is on the worst-off members of society, in spurious participation the focus is on the 'typical person'. At best, participation is advisory and primarily designed for deliberation upon predetermined state preferences for planning. Authorities determine what is pertinent and disseminate information relevant to their policy preferences, while experts validate these options to the public.

The opportunities for public knowledge and perspectives to influence public policy, under these internment conditions, are few. In fact, citizen governance boards in planning and service delivery across 134 regional health authorities in Canada were found by Chessie (2009) neither to represent, engage, nor empower the communities from which the citizen governors were drawn. The majority of governors were male, middle-aged, university educated, and felt they had less authority than they expected (63.5%), were restricted by government rules (70.4%), and were legally responsible for things they could not control (76.8%) (Chessie, 2009). Participation structures or 'exercises' that simulate the intended meaning of prudent types are thus deemed spurious. Spurious types are confusing to pp practice and prevent the transfer of decisive power to the public, with long-term retarding effects on the expansion of democratic culture.

Contradictions between theory and practice are standard within spurious participation types. For example, theoretical statements profess that,

> Empowered groups and communities plan, enact, and evaluate interventions that affect their collective groups…In human services, empowerment evaluation essentially places the people who provide and receive services as participants who make critical decisions about the standards of success… (Andrews, Motes, Flerx, Fede, and Floyd, 2006, p 88)

However, in practice "typically this involved obtaining consumer input on instrument design or selection and, always, input regarding their perceptions of the program" (Ibid, p 96). Theory does not translate well into practice. Instead of evaluating the impact of interventions, consumer satisfaction is evaluated. Consumer feedback surveys are not sufficient to claim participant empowerment; consumers have no role in the interpretation of input or feedback (Salzer, 1997). The 'consumer' term is linked to notions of empowerment but limited to a market context, where individual right is the right to choose which services to consume. The construct in mental health is also an odd mixture of self-determination and voice, with consumerism and choice, based on individual consumer membership (Salzer, 1997).

Inconsistencies in the broad policy environment, spin out additional policy and practice tensions in the local setting, especially for communities and human service organizations (Keevers, Treleaven and Sykes, 2008), such as tensions between: collaboration and competitiveness; social and economic purposes; local and centralized control; vertical and horizontal pressures; local participation versus corporate governance; and collectivism versus individualism. Discourses on participation through notions of partnership reveal a deep incongruence in the general policy environment, for instance:

> While the push to partnership and participation reflected in Australian State and

Federal Government social policy documents expound the value of social capital, the need to cultivate connectedness, participation, partnership, reciprocity and trust the practices often reveal complex and very different outcomes, sometimes producing the opposite effect (Everingham, 2001:119). Further, 'there is a profound contradiction at the heart of partnership – the pursuit of social inclusion in market-led economies that widen social inequality as an integral function of wealth creation' (Powell & Geoghegen, 2006:140). (Keevers, Treleaven and Sykes, 2008, p 486)

The incongruence between participation and partnership discourses is manifest at the micro-level of pp governance, in the designs for who can participate.

In spurious participation types, normalized contradictions in the participant construct are found in the requirement for public members to be both ordinary and extraordinary (Learmonth, Martin, and Warwick, 2009), both expert and lay person – 'experts in laity' (Martin, 2008), both 'an example' and an exemplar of the public (Pickard, Marshall, Rogers, Sheaff, Sibbald, Campbell, Halliwell, and Martin, 2002), and also representatives without being able to represent (McDermont, Cowan, and Prendergrast, 2009).

Participants are frequently asked to partake as 'generic' community members, not as representatives of the organizations who selected them (Ableson, Forest, Eyles, Casebeer, Martin and Mackean, 2007). This maneuver of committing participants to split off from their own or delegated interest is de-contextualizing, disempowering, and the key to achieving a semblance of agreement that is unaccountable to community. When publics are referred to as 'citizens', the notion is tied to the 'disinterested' citizen who can put aside their preferences and interests. This is said to be associated with the 'deliberative turn' in democracy (Tenbensel, 2010), towards more polite forms of rhetoric. Since the 1990's, manner (the way speech is conveyed) matters more than matter (the substance conveyed). Hence, populations without 'proper' speaking manners may not fit in. A study looking at user involvement in UK clinical governance referenced a useful typology of lay interests

(dominant, challenging, and repressed interests) while finding weak user involvement was related generally to professional and managerial elitism:

> Hogg & Williamson22 have suggested that there are three models that explain the behaviour of lay members on health service committees: type 1, 'supporters of dominant interests', who support professional interests; type 2, 'supporters of challenging interests', who tend to support executive managers' interests and type 3, 'supporters of repressed interests', who tend to take on the patients' interests against the dominant professional and managerial groups. This makes clear how appointment systems, terms of reference and accountability arrangements made by PCGs/PCTs in respect of lay members can play a big part in determining which of the three models will prevail. (Pickard, Marshall, Rogers, Sheaff, Sibbald, Cambell, Halliwell and Martin, 2002, p 191)

Not only are participants "drawn from a very 'safe' section of the public, which one may describe as the 'professional' lay public" (Pickard, et al., 2002, p 191), but mechanisms also lack intrinsic equality, or balance in the ratio of professionals to patients for example.

In the UK health setting, a renovated conception in Patient and Public Involvement (PPI) has displaced direct participation by the poor (the most affected, worst-off, disenfranchised populations) with the selective participation of 'enlightened' members of the public (meaning middle class, educated, and predictable) who can mediate between the 'hard to reach groups' and the state (Martin, 2008). The state prefers to interact with an ideal public "…whose disposition and social location provide particularly acute insights to government" (p 49) and can "...help to make knowable the wills and whims of the governed to governmental power: the crucial input upon which a modernised welfare state, fashioned around the idea of a fundamentally changed, reflexive society, rests for its success" (Martin, 2008, p 50). The ideal public participant is close to 'the hard to reach' (or difficult to deal with) groups, but is not of them. The question is, do these "archetypally 'active' citizens, with productive subjective qualities varying from willingness to rationality to knowledge of their peers" (Martin, 2008, p 50) who are not themselves poor, truly know and represent

those constituencies (in terms of being accountable back to them)? Prudent participation types say "no" and call for those constituencies to select their own representatives. It is quite another matter to have the state select who should represent the poor, yet, this is characteristic of spurious pp.

Frewer and Rowe (2005) reference a general definition of pp "with which few would argue" that of "involving members of the public in agenda-setting, decision-making, and policy-forming activities" but this is "arguably too broad, leaving room for variable interpretation" (p 253-254).   No attention is paid to the purpose; rather they proceed to narrow the conception to a question of directional information flows:

> Instead, we propose using three different descriptors to differentiate initiatives that have in the past been referred to as public participation, based on the flow of information between participants and sponsors. These are public communication, public consultation, and public participation. From here onward, these concepts in combination are referred to as public engagement, and the methods intended to enable this as engagement mechanisms (generically) or engagement initiatives or exercises (specifically). (p 254)

Public engagement is the umbrella term for the three proposed flows, and pp is specifically marked out as follows:

> In public participation, information is exchanged between members of the public and the sponsors. That is, there is some degree of dialogue in the process that takes place (usually in a group setting), which may involve representatives of both parties in different proportions (depending on the mechanism concerned) or, indeed, only representatives of the public who receive additional information from the sponsors prior to responding. Rather than simple, raw opinions being conveyed to the sponsors, the act of dialogue and negotiation serves to transform opinions in the members of both parties (sponsors and public participants). (Frewer and Rowe, 2005, p 256)

The above definition at its most reductive consists of dialogue *among* the public (no longer necessarily with authorities) and negotiation is only for the purpose of transforming the parties' *opinions*. The connection to policy making is effectively removed in delimiting the purpose of dialogue/bargaining to the alteration of perceptions (especially the publics') rather

than the transformation of society via the publics' influence on policy. Agenda setting,

decision-making and policy formulation have been removed - interpreted away. A less

threatening purpose for pp is substituted, "The aim of engagement is to acquire all relevant

information from all relevant members of the population (sources) and transfer this to

relevant recipients (be these the sponsors or the participants)" (p 271). However, acquiring

and transferring information is an institutional objective and duty, not the publics' end game.

Frewer and Rowe's notion of *effectiveness* is affixed to the engagement exercise, as

opposed to how effective is the publics' participation in influencing policy. Likewise, their

notion of *fairness* is linked to *public acceptability* (as opposed to principle), thereby turning

pp into a public relations exercise. They write:

> This concept [fairness] concerns the perceptions of those involved in the engagement
> exercise and/or the wider public, and *whether they believe* [italics added] that the
> exercise has been honestly conducted with serious intent to collect the views of an
> appropriate sample of the affected population and to act on those views (this relates to
> public consultation and participation, as conceptualized in this article, but not
> necessarily to public communication). In terms of devising a typology of
> mechanisms, it is arguable that the fairness concept of effectiveness is irrelevant.
> Mechanisms and the way in which they are structured are not intrinsically "fair" or
> "unfair"—they become so through the intent of those who sponsor, organize, or
> participate in them, and thence the way they are enacted. (Ibid., 2005, p 262)

Mechanisms are premised on theory, devised, as well as enacted, by people, who may (and

often do) embed bias, making them unfair to some. The argument that fairness is irrelevant to

the mechanism or tool does not hold up. Clearly, some tools are designed with intrinsic bias.

For instance, in Canada we do not allow guns in schools because, although a gun is just a

tool, it is one biased towards harming those in its crosshairs. The argument against fairness

criteria provides a way around the theoreticians' responsibility for minimizing prejudice.

Also, it may be impossible to measure intent or motivation. But, it is possible to

measure the extent to which public recommendations are taken up in policy decisions

(counting which ones and to what extent they were considered). In a footnote, Frewer and Rowe concede, "The sponsor obviously has his or her own interpretation about what is and is not relevant, but this political interpretation is not our concern here…" (p 286). In a sense the authors place themselves outside of this field of power (when others interpret − it is political, when they interpret − it is not), abdicating responsibility for crafting a powerful political tool for the State to wield. Frewer's and Rowe's construct for categorizing engagement mechanisms into a complex typology, buries the essence of the concept in thick elaborations that serve to mystify, rather than clarifying the political nature of pp.

Theorizing in the literature is volatile, with much revision activity of umbrella and specific terms for the concept, conflation of terminologies and concepts, trending towards restricting the concept scope. Even in attempts to clarify the terminology, variable terms are interchanged (see Abelson, 2004), employing citizen engagement, public participation, public involvement, and citizen involvement throughout the text, leading to confusion.

Deliberative forms or spurious types might allow dialogue but not negotiation, bargaining, or voting. State-based participation is deliberative and deliberate, at times, formulaic: first, elicit information from "appropriate sources" (certain sought-after participants), second, process and interpret information by "appropriate recipients" (the authorities), and third, adjust internal policy proposals, and, if necessary - compile a report on the public consensus view to support the government decision. This formula is underwritten by Western research, much of it Canadian, preoccupied with organizational effectiveness and efficiency criteria (Abelson, 2004; Abelson, Forest, Eyles, Casebeer, Martin and Mackean, 2007; Abelson, Montesanti, and Li, 2010; Frewer and Rowe, 2005; Gauvin and Abelson, 2006; Mitton, Smith, Peacock, Evoy and Abelson, 2009) that

recentralize state control, without transferring power to the public (Checkoway, 1995). Government agencies can end up transferring responsibility (not power) to the public, thereby re-centralizing their authority. While statements of concern for pp outcomes are frequently made, it is often limited to concern with process in spurious participation. For instance this approach is clearly exhibited in Canadian Health Research Foundation publication:

> 'The vast and eclectic literature on participation displays a common feature: a singular lack of concern with outcomes, or the effectiveness of participation.' (White, 2000; 466)…we were interested in determining whether this situation still exists. In our own public engagement evaluation research, we have drawn on the work of Rowe and Frewer (2000 and 2004)…Their work is rooted in the following concern:
> 'Unless there is a clear definition of what it means for a participation exercise to be effective, there will be no theoretical benchmark against which performance may be assessed.' (Rowe and Frewer, 2004; 517). (Abelson, et al., 2010, p 5)

Effectiveness of public *influence on policy decisions* is distorted into the effectiveness of *the exercise* itself. This is a misuse of the intended purpose of prudent participation. The manner of this turn is instructive to deconstruct. To start with, a statement of concern for the participation benefit on policy outcomes is proclaimed; then a research question is proposed about whether the lack of attention to outcomes still exists; the question is not answered but transmuted by way of a quotation from another set of authors who fix the evaluation measurement onto the exercise of participation, and not its effect. Evaluation thus defined, can only measure participant satisfaction with the deliberation process, instead of whether the public's interests (their recommendations) have been incorporated into policy.

The point of prudent participation gatherings is to influence decisions. In spurious types, the point is to gather public support for the institutional and administrative needs of the state. From a managerial perspective, participation then becomes "a process of enacting instruments" (Bayley and French, 2008), an endless technical preoccupation with

instrumentation. Measuring the public's influence on the authorities who manage exercises, and on decision-makers, particularly their capacity to listen, learn, reason, and to change their views based on public knowledge and instruction, would be more to the point and far more illuminating.

Buried in the theoretical schemes for spurious types of participation are details of the remote possibilities for the public to act or move to influence policy. This is apparent in the Nursing health literature where the preconditions are set for reversing the flow of influence: Instead of public views influencing the state, the state influences the public.

Interactive Public Engagement (IPE) is another new term (2010) in Canadian healthcare research, that narrows the concept to: 1) state provision of information to participants about the issue being discussed; 2) interactive discussion *among* participants and *potentially* between participants and the public engagement sponsors; and 3) a way of collecting individual or collective input (Abelson, Montesanti, and Li, 2010, p 2). The first step implies the only party with relevant information is the state. The second step, by design, limits dialogue to an interaction among participants while monitored by the state. Participation is no longer an interaction or an exchange between the public and the state; that exists only as a potential (presumably determined by authorities). The third step is really an administrative memo to gather the input in some vague way, which replaces what in earlier designs was the negotiating phase between public and state.

IPE methods proclaim they "can influence participant views", and participant satisfaction with discussion processes "does not necessarily correspond with the perceived impact of participation on policy decision-making" (Abelson et al., 2010, p 3). This implies that the opportunity for publics to debate among themselves appears to pacify the public and

suits authorities. The public interest is a matter of concern exclusively for state professionals and academic experts, "Current interest in public engagement among Canadian health system managers and policy-makers needs to be matched by clear thinking from all interested parties (researchers, managers and policy-makers) about the terminology, goals, theoretical properties and benefit of public engagement" (Abelson et al., 2010, p 3). 'All interested parties' excludes the public as a partner from contributing to joint definitions of the purpose and form of pp, even though: "Partnerships play a central role in promoting the effectiveness of community-based engagement strategies" (Ibid, 2010, p 3). Partnerships are commonly mentioned though not defined in spurious types, begging questions of who are the partners and what sort of change is being sustained?

Public participation is used both to control and improve bureaucracies, and administrators are critically positioned at 'the nexus of community and organizational systems' (Lafrance, 1993). The situation between community and the state is difficult for administrators: they must maneuver between organizational efficiency and impersonal bureaucratic systems and community values based on intimacy and relationship (Ibid, p 373). Lafrance found administrators worked best when communities "…contributed to the achievement of organizational objectives. Conversely, their worst experiences often arose when citizens' activities interfered with the achievement of organizational priorities" (Ibid, p 374). Administrative positions are strategic to both the functioning of the state and the community, and thus require ideological and technological supports for change (Ibid, p 375).

Spurious participation signals a misuse of the intended type. The essential features of this type are: highly managed varieties of deliberative forms of participation with select interests; increasing preoccupation with 'generic' and 'disinterested' participant

constructions; the centrality of managerialism to the concept; skepticism of public capacities to participate; conflict aversion; weak links to the policy making apparatus, mixed commitment from the authorities; and little potential for the public to inform policy.

Description of Pernicious Participation

If the construct is predominately sourced from the market, this form tends to officially emphasize collaborative partnerships between all three spheres, while unofficially holding *closed consultations* on policy with elite *hidden interests* (meaning publicly unknown/undisclosed for-profit interests). This form feigns participation in order to camouflage persuasive or coercive manipulation of the public and public interest. In declared public-private partnerships or undeclared ones (where private motivations are known to the state, but not disclosed to the public) the terms are often unclear, and conflicts between public and private sector aims are not made transparent. Pernicious types are not explicitly linked to representative political structures for public policy making and are characterized by accountability gaps.

Pernicious pp efforts are geared towards forging consensus views. Consent is manufactured (Herman and Chomsky, 2002) through normalization techniques and reconfiguring groups (archetypal individuals) to redirect public support back to the market. Pernicious participation disregards structural barriers to power arising from systemic poverty; thus these types re-discriminate and re-exploit low socio-economic populations.

Pernicious forms also exhibit prodigious hierarchical chains of command, with deference to executive power, and corporate modes of governance that emphasize centralized control, expertise, and financial primacy. Institutional sponsors of pernicious types of fora

prefer 'safe methods' of participation that exclusively provide information and tailored messaging to fashion the public. There is no need for negotiation between the parties because pernicious participation is focused on the manipulation of public relations, public perception, and public interest. It follows that if public policy decisions are ultimately made in closed consultations with hidden elite interests for privatized benefits, then corruption expands. It shifts the costs of privatized wealth and power to the public domain, re-victimizing vulnerable populations, and reversing the potential for democratic culture.

In Naples, Italy, for instance, when the municipality did not sanction a participation project for youth in local planning (initiated by civic-networks), in effect, it sanctioned the growth of illegitimate means. DeMuro, Martino, and Cavola (2007) concluded that, "Rather, the deficiency and 'distance' of the state (at local, regional and national level) remain at once both the most relevant constraint on the future of the network's initiative, and a fertile soil for Camorra" (DeMuro et al., 2007, p 235). Camorra means gangs. Drug trade crime was the core economic activity for youth in the community, which the civic networks were endeavoring to change. However, the state had no commitment, ability, or willingness to listen to and work with this youth population to address the economic marginality in poor neighborhoods. Thus, corruption was further entrenched.

The partnership model is a typical feature of the pernicious form, either stipulated or insinuated. It is a replica of a corporate governance archetype, which presumes all the partners are equals and equally committed to the corporate entity. Unofficially, the practice may be opposite to this:

> The neutral allegiance model appears to be a peculiarly pure form of corporate governance, one which corporate governance scholarship has long since questioned (Law Commission, 1999). This model is derived from company law which says that a company director owes their duty to the company and not to the shareholder, because

the company is a legal person (Lowry and Dignam, 2006: ch. 14). Directors are the agents of the company, their role being said to be profit- maximization (which is also assumed to be the interest of the shareholders). Thus, directors must not act in their own interests, and they must not let their 'duty and interest conflict' with the company's interest (Parkinson, 1989: 76–7).

> The purity of that approach is seldom pursued in corporate governance. Rather, the statutory statement of directors' duties found in the Companies Act 2006 is underpinned by the concept of 'enlightened shareholder value'. That requires directors to exercise their duties with broader interests in mind. (McDermont, Cowan and Prendergrast, 2009, p 684)

Two European cities considered exemplars of modern governance illustrate how partnership is a fundamental enterprise of the private sector: "The key characteristic of the emerging governance arrangements in Manchester and Barcelona was an increasing emphasis on partnership-working, particularly between business and local government" (Blakeley, 2010, p 133). The study depicted how partnerships between the state and the market operate to taper the prospects for public scrutiny, while simultaneously holding closed consultations with hidden interests. For instance:

> The insulation of the Olympic bid process from the normal circuits of political power in Manchester was noted in Cochrane et al. (1996: 1324), stating that 'In the words of one private-sector, Olympic bid committee member, influence within Manchester politics "has become increasingly restricted to a narrow, male-dominated elite of "real people . . . real decision-makers"' ' (original emphasis). Moreover, 'The goal of getting the Olympics meant that the bidding process was systematically insulated from politics-as-usual, while crucial long-term commitments which were being made at the time were effectively concealed from public scrutiny' (ibid.: 1330). While et al. (2004: 555–6) concur that to achieve its ambitious strategy of economic growth 'Manchester's local mode of governance became increasing centralized and opaque during the 1990s, with key decisions moved to an inner coterie of officers and members within the Chief Executive's department'. (Blakeley, 2010, p 141)

Public-private partnerships blur the conceptual distinction between public interest and private interest. Public interest is concerned with the welfare of all citizens. Private interest is concerned with personal advantage for a few. Government by definition enact policy on behalf of the public interest. However, government by implication (in partnering with the

market) denigrates its role as regulator of market forces. Thus government betrays its fidelity to the public interest by collaborating with markets, instead of maintaining a healthy distance (akin to having weak interpersonal boundaries). Publics are vulnerable to co-optation:

> When participation becomes a governmental strategy, citizens can be drawn into a populist city-wide unity in which government, the private sector and citizens are all exhorted to work for the same team while ignoring the persistence of inequalities based on class, gender and race (Quilley, 1999; 2000). Producing consensus in this way can become 'the principal means of legitimizing domination and of co-opting potentially critical citizens' (Balibrea, 2001: 188)…In Barcelona, one neighbourhood activist claimed that 'without a two-pronged approach from the city council as well as from the grassroots, the power of the economic lobby, that of the real-estate interests, was more powerful than the capacity of the city council to withstand it' (interview, 17 June 1999 quoted in Blakeley, 2005a: 159). (Blakeley, 2010, p 140)

Kauffman defines co-option as "[a] more powerful body often uses a less powerful body for its own ends, while giving the impression that a decision has in fact been made more or less democratically" (1995, p 35-36). If the state does not return to its original purpose of safeguarding the public interest (by joining with civil society) instead of using the public to legitimate its power, the continuance of the state is also in peril under market domination.

Publics know when they are being used, even when randomly selected. Citizen panelists were most critical of Health Canada's decision not to adhere to their recommendations (Jones and Einsiedel, 2011). When asked (by the organizers Health Canada and the Canadian Public Health Association) the question of "should Canada proceed with xeno-transplantation, and if so, under what conditions?" citizens responded to a broader scope of the question that included regulation and resource allocation concerns (Jones and Einsiedel, 2011). Furthermore, participants rated 8.3 to 4.3 that the 'general public' should have more influence than experts, over policy. Jones and Einsiedel noted that institutional learning was unknown because Health Canada would not release internal documents, and concluded that expert authority was "destabilized" by public consultation concepts.

In Massachusetts, mandated consumer advisory boards (CABs) which advise the Department of Public Health (DPH) HIV/AIDS Bureau and consortia (regional planning bodies) on local HIV constituency needs, were clear on their purpose but not how to achieve it. Poindexter and Lane (2003) report in their study of six CABs, "All groups stated unequivocally and in similar language that the primary mission of a CAB was to be the voice of people with HIV, providing the Bureau and the consortia with input and advice about the needs of HIV-infected people in the local community" (p 200) among other aims. However, this public purpose (established in 1993 with the mandated CAB system) was weakened in relation to the shift over to a partnership model:

> The partnership model has elicited mixed reactions across the state. Most respondents appreciated the concept, but for some it has not been successful:
> In the beginning in the CAB situation, we weren't an equal partner. DPH finally told the powers that be that they had to incorporate the client voice through the CAB, that they had to at least touch base with us on things, but that wasn't an equal partnership. That was just getting our foot in the door. And to some degree it still isn't.'
> Another CAB member was concerned that the role of adviser was a demotion: 'The original idea for CAB's was to be a watchdog for anything. And now they just advise. And advice is a very low-level word that in the end, unless you have real strong voices, doesn't get through to anybody'. (Poindexter and Lane, 2003, p 200)

Contributions from those most affected by policy on HIV – the persons living with HIV – are not even superficially valued by officials or professionals:

> One problem articulated frequently was that service providers sometimes act as if they do not want consumer input. One participant expressed disappointment in becoming obsolete: 'It used to be the consumer got to tell them. Now it's flip-flopped…We're some kind of joke, and they don't take us serious. That wasn't like that before, because when we started,….our opinions really counted.' Someone else followed with: 'We're just here so they can say, 'we have a board'….but there isn't really power behind our punch anymore'. (Ibid, 2003, p 201)

Regional planning bodies are not listening or responding to public suggestions that perhaps it may be the authorities who need to be educated on the purpose of public participation, "CABs complained that their corresponding consortia discounted, ignored, or

patronized them….One CAB suggested training for consortia and provider agencies about CAB roles, responsibilities, and importance. Not many concrete solutions came out of this discussion; CABs reported feeling helpless, frustrated, and stymied" (Ibid, 2003, p 202).

Another feature of pernicious participation is the approach of fitting the community into an ambiguous or dubious state strategy. The CABs thought Bureau staff members were ambivalent about what was wanted,

> One respondent described this mixed message phenomenon: 'When guidelines came out…one of the things we were suppose[d] to do was monitor and evaluate contracts. So we decided we were going to set up an evaluation and monitoring committee…They were furious….So it was definitely mixed message stuff.' (Ibid, 2003, p 202)

The community was expected to and adjusted to the institution, instead of the institution accommodating participant initiative. Poindexter and Lane concluded with a call for "a re-evaluation of how consumer input is used nationally" (p 203) not just in their state. Despite not attending to the consortia model (another term for partnership) as a problematic concept imported from a corporate governance setting into the public sector, the authors' description nevertheless illustrates the direction of the fit.

Pernicious participation types substitute constituency representation with what is aptly referred to as 'neutral allegiance' (McDermont, Cowan and Prendergrast, 2009), which calls for public participation whilst limiting it in both structure and deployment. In the UK, appointments to Large Scale Voluntary Transfer Registered Social Landlord or Housing Authorities (LSVT RSLs) demonstrated how public representatives of various constituencies are required to be neutral upon their participation, in order to favor the interests of the new institutional formation:

> Having appointed tenants and councillors to the LSVT board precisely because they form part of those constituencies, these people are then required to shed those

identities and act neutrally. They became 'representatives without the means to represent' (Clapham and Kintrea, 2000: 547).3 The NHF and Housing Corporation have made the neutral allegiance model clear in their literature:

> All board members share responsibility for its decisions. Each should act only in the interests of the organisation and not on behalf of any constituency or interest group. (National Housing Federation, 2004: 8). Individual governing body members act in a personal capacity and not as nominees/representatives of any other body, unless the constitution so provides. (Housing Corporation, 2005: para 2.1c). (McDermont et al, 2009, p 682-683)

Such a requirement for neutrality breaks the link in the chain of accountability between public participants and their constituencies. Participants are instead bound to the interests of the new entity, and legally gagged in not being able to account back to their constituency. Conflicts arising from this very structure are turned into a personal problem or an apolitical situation, rather than an issue for the entire board to undertake, "These conflicts or tensions also had disaggregating effects, felt only by councillors, or by tenants, and therefore were viewed as being a problem for the individual, not the board, to resolve" (p 685).

In addition to creating *non-representing public representatives*, the new legal body in this social housing case study also had no linkage to representative democracy. The entity exists as a legal abstraction – a device designed to circumvent accountability to publics. It may then be used by a number of undisclosed interests, and "…reflects the adoption of a model of private sector corporate governance that is more an attempt to make RSLs look like private businesses than a model appropriate for increasing public participation" (McDermont et al, 2009, p 678). Business planning is ill suited to human service work and governance, "…the 'neutral allegiance model' focused the decision-making capacity of board members on the needs of the business, leading to a restriction on the roles that board members could play" (p 690). The study concluded that board members were unable to strategically plan.

These new corporate formations privilege corporate know-how over local knowledge through 'the expertise phenomenon', for instance "…when issues of high finance came under discussion, all board members became 'lay' members alongside the professional expertise of executive staff members and consultants" (Ibid, p 690). Together, expertise and neutrality notions legitimate apolitical positioning, leading to tacit acceptance:

> Yes I'm there as a tenant and I'm putting that side of it, but I don't represent the tenants. It's the board has got to work . . . And if the board's going to work you're not a tenant, you're not putting tenants' views, this is me speaking. (Tenant 1)
>   Others were able to substantiate their claim to neutrality, as opposed to representation, by reference to their ignorance of the views of their party, or other tenants. Only Councillor 4 explicitly distanced himself from the model, on the basis that his position on the board was due to his party allegiance, something which some of the tenant board members both recognized and disparaged. However interviewees, explicitly or implicitly, consciously or subconsciously, hinted at contradictions and conflicts in their role. The metaphor most regularly used by tenant and councillor interviewees to describe the multiplicity of identities was about the different 'hats' which people had to wear. Becoming a board member required wearing a different hat from usual, everyday experience. (Ibid, p 685)

Just one board member stood his ground (at some social cost) while the rest effectively consented to the neutrality model. Participants adapted on cue (to training), internalized the conceptual contradictions, and adopted a chameleon tactic of 'changing hats' – to better align with interests not of their own making. As a consequence, the corporate entity in fact limited the capacity of the board to collectively make strategy decisions,

> LSVT RSLs may be seen by some as leading the way in tenant involvement in the social housing sector; our research suggests otherwise. Tenant board members (and others) may be constrained from either adequately participating or being accountable. The norms produced by the governance model militate against, not for, the possibility of political renewal. (Ibid, p 698)

The inclination to readily consent to ill-suited models (despite conflict and tension) is a disturbing facet of pernicious participation. Consensus norms produce agreement that is manufactured, not reasoned. Pernicious types of participation have serious gaps in

mechanisms for accountability making them susceptible to abuse by market forces. This case study of pernicious use demonstrates how traditional pp structures and practices (governing boards) are confiscated to entrench market values and reverse the capacity for democratic culture.

Popular participation in Forest Management Negotiations in Ghana (Marfo, 2008) illustrates the political disconnection between community – the forest-fringe communities (FFC) who depend on forests for their livelihoods – as an interested party and their local representatives, and the resultant abuse. While communities own the lands and forests, Chiefs or traditional authorities hold them in trusts so that,

> Forest royalties are shared only among traditional authorities (chiefs and traditional councils), the District Assemblies (local government) and other government agencies. Besides this, local people do not obtain any direct economic benefit from trees on their farms or communal lands since all trees are vested in the President and are thus controlled by the state" (Marfo, 2008, p 400).

Stakeholder involvement is logically controversial over benefit sharing to local communities; but also contentious as representatives are unaccountable to the represented, despite policies on collaboration in the Social Responsibility Agreement (SRA) (Marfo, 2008). A more important accountability gap brushed aside in this industry-funded study is that to begin with "…(forestry) laws indicate which resources and decisions are in the local public domain…" (Marfo, 2008, p 408) and these laws are influenced, if not determined, by the forestry industry. Before public negotiations even commence, market and state decide what is and is not in the popular interest: This is the underlying status quo condition, mentioned but not undertaken by the author as problematic for pp.

The disconnection is also mirrored in the author's overt concern for transparency and accountability, and the tangible solutions put forth for public participation. On the one hand, openness is espoused, "In particular, the study has exemplified the need to factor in

mechanisms that open space for citizen participation" (Marfo, 2008, p 408). On the other

hand, secrecy is stipulated,

> First, the organization of negotiation processes in CBNRM [Community-Based Natural Resource Management] must be structured to separate the *internal consultation and decision-making aspects from the actual negotiation between communities and external actors* [italics added]. In the SRA context, for example, this requires that officials facilitate consensus building   on community position and interest before organizing negotiation with prospective timber contracts. (Marfo, 2008, p 410)

In structuring participation, by dividing internal consultations from the public ones, and

internal decision-making from a public negotiation phase, the effect, is to call for privatizing

the actual decision-making. The 'open negotiation' event is rendered a publicity stunt for the

manipulation of popular will. This is a pernicious example of participation.

Implementing the Yaounde Declaration (which declared community participation an

absolute prerequisite for sustainable development in the Africa Union) in a local Senegalese

project demonstrated that "The most prominent characters of the community represented

vested interests groups, in particular, local entrepreneurs…The poorest of the poor – isolated,

old and disabled people – were, as is very often the case, not included in the project"

(Dorsner, 2007, p 424).   Those who participated most were already well connected, a

privilege afforded by their socio-economic standing. Dorsner notes,

> A major and persistent barrier to participation in the Senegalese project was of a psychological order. Self-confident people with [a] high level of self-esteem always exhibit more enthusiasm towards innovation and are able to commit themselves to long-term projects…Strengthening people's self-esteem requires long-term processes and actions at the societal level such as education and poverty eradication…. (2007, p 425)

Without first correcting for pre-existing biases in the social structure, the same set of higher

level socio-economic interests tend to be represented *at the expense* of those who need

political empowerment most – the lower socio-economic groups. Structural, logistical, and

institutional barriers require the active involvement of governments with clear public purpose – protection of the publics' interest – to create the conditions for community development through participation, otherwise "it remains a difficult goal to reach and cannot be achieved by community practitioners alone, whatever the analytical tools or methods they devise and use" (Dorsner, 2007, p 426).

An exploratory study on the perspectives of national key stakeholders in public health governance in England (e.g. authorities of PPI and regulatory agencies, unspecified NGO's, national advisers, academic specialists), found changing notions of stewardship to a commissioning function (related to partnership models), and organizational governance to 'governance of place' (the local and individual level of responsibility) to be accompanied by unclear responsibilities, "…participants argued that accountability for health and well-being remained dispersed and pathways ill-defined" (p 57). The lack of leadership (professional ownership and personal responsibility) for the public health agenda in the UK was intimated as "…weakened without a corresponding capacity to influence decision-making" (p 57). If strategic decision-making stakeholders see themselves as lacking influence, then 'lay participation' in practice is powerless, and moreover, pernicious.

When market approaches dominate, for example "A market mode of governance was reflected through an emphasis on making the business case for health improvement and through developing tariffs for 'lifestyle risk management services'…As one participant noted, 'we are not paying for process'" (Marks, Cave, and Hunter, 2010, p 57), there is no processing time (to think) or challenge what is being implemented from above. The inherent contradiction between state and market purposes, and its schizophrenic consequence, is captured in the following stakeholder appraisal of the UK public health situation:

'The implicit model is we will allow unhealthy social systems to generate disease, but buy it back at the cost of a public health programme. And of course you never get out of that cycle, and then efficiency in public health is seeing how quickly can we buy this back, what we've just lost, through a decision not taken here, or a view not balanced there.' (Focus Group 3). (Ibid, 2010, p 57)

Market domination forces a downstream approach to public health in a usurious manner, to further market ends. The general view of key stakeholders was that pp was an apt channel for "social marketing" medical service expansion to disadvantaged groups (Marks, Cave, and Hunter, 2010). This further undermines the public health agenda by re-exploiting the worst-off segments of the population.

Failed or failing public health systems, as in some poor districts of India, are then offered as evidence of the need for centralization and privatization. The call for strong partnerships with private-sector actors to correct the systemic failures of the state in public health is made along with arguments against increasing resources to public health and decentralizing the system (Schweitzer, 2008), all under the banner of enlightened progress and helping the poor.

While spurious types are averse to conflict, pernicious participation types exploit conflict for market manipulation, finding usefulness in listening to conflict or "hunting for persistent disagreement" in deliberative settings as productive "output" (Walmsley, 2011). Market and academia partnerships, in this sense, mine deliberative fora for market opportunities and solutions to competing interests, in this case, between eye bank donor rights, corporate gains, and societal needs. Although the author notes that disagreements are too readily forced into agreement, she does the same, 'forging consensus from persistent disagreement' precisely for corporate use (Walmsley, 2011). By subjugating individual

differences to a manufactured group will, the facilitator can apply pressure to particular 'pivot points' to forge agreement (Ibid, 2011).

Summary of Findings

The abundance of documents examined in this type, indicate pernicious participation is entrenched in the literature, and signals an abuse of the public trust. Exiting participation exercises may be the only rational option to civil society organizations and public participants under these circumstances (Dorsner, 2007; Stewart, 2006; Baccaro and Papadakis, 2009) when governments will not stand in contradistinction to the market. If legitimacy through co-option of the public is what is sought by the state, then publics ought not to give it to them. Otherwise participation is collaboration with one's own adversary.

On the whole, the document analysis and distributions reveal that pernicious (contrary) types of participation dominate the literature (40%). Spurious (borderline) participation types account for a close second at (36%) of the literature. In partnership, spurious and pernicious forms occupy over three-quarters (76%) of the total literature field surveyed. Prudent (primary/intended) areas account for less than a quarter (23%) of the documents examined and appear saturated and overwhelmed by spurious and pernicious ones (See Figure 1 Concept Map).

Of great interest are the data on empirical case distributions, as they are suggestive of current practice. Pernicious cases account for over 56% of the total number (or 36 out of 64 cases surveyed) followed by spurious cases at almost 30%. Prudent cases account for slightly more than 14%. Together, pernicious and spurious participation uses constitute 86% of all case studies surveyed in this study. Keeping in mind that even prudent participation

cases were mostly failed examples, the conclusion that might be drawn from this analysis is that contemporary pp is marginal and certainly not what it alleges to be.

Figure 2. Map of Public Participation Concept Areas from 1990-2012
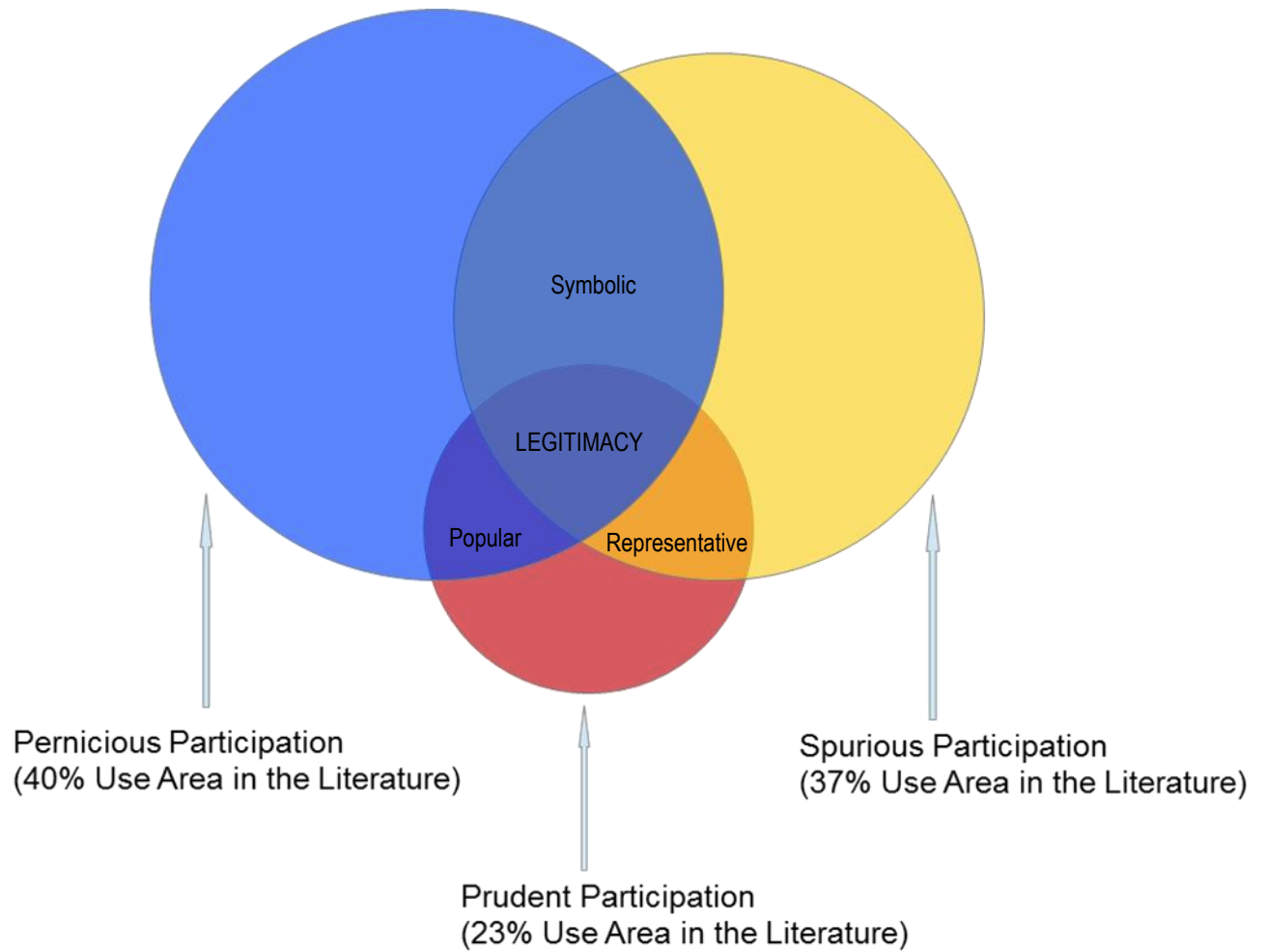
In the Venn diagram, three spheres differentiated by primary colours signify the three basic types of pp: prudent participation is red, spurious is yellow, and pernicious is blue. The spheres correspond proportionally to the size of the literature area surveyed in this study: prudent participation types consist of 23% of the total; spurious types consist of 37% of the total; and pernicious types consist of 40% of the total area surveyed.

Non-overlapping areas represent the unique or distinct features of each type of pp, as follows: Prudent Participation (intended use) features consist of open public debate and negotiation of all constituency interests in design, planning, implementation, budgeting, and or evaluation, and are a strategy for the equalization of power. Spurious Participation (borderline use) features consist of highly managed formal deliberations of select interests and publics in mainly priority setting planning and some implementation, and are a strategy of technical or administrative mystification for delaying the transfer of power. Pernicious Participation (contrary use) features consist of closed consultations with hidden private interests emphasizing corporate partnership models and public relations information provision, and are a strategy for the legitimation of incumbent power.

The overlapping areas represent the shared features between the three types of pp. There are three two-way overlapping areas, and a single three-way overlapping area at the core (where all three types meet). This three-way area represents the heart of concept, and what is at the core of all pp conceptions is the concern with the legitimacy of governance. The two-way overlapping areas represent the shared sources of legitimacy. Between prudent-spurious types, the overlap signifies representative forms of legitimacy, finding common ground in some degree of stakeholder or interest representation. Between spurious-pernicious types, the overlap signifies symbolic forms of legitimacy finding common ground

in managed or manipulated communications exercises. And between pernicious-prudent types, the overlap signifies popular forms of legitimacy, finding common ground with prudent types in advancing direct participation. Pernicious types of pp prefer to engage participants directly (over representative forms of participation) who are not accountable to constituencies of interest.

Table 9.

Overview of Total Literature Distributions

Type of document	Prudent participation	Spurious participation	Pernicious participation
Theoretical distributions (N=56) (Percentages)	19 (33.93%)	25 (44.64%)	12 (21.43%)
Case distributions (N=64) (Percentages)	9 (14.06%)	19 (29.67%)	36 (56.25%)
Total distributions (N=120) (Percentages)	28 (23.33%)	44 (36.67%)	48 (40.00%)

To summarize, who defines the construct of pp, establishes the concept pp and its boundaries, and thus the degree to which there is space for public debate and dissent. Whether public dissent is validated or not at all, appears to correspond to the spheres of state, market and civil society activity. Public dissension and consensus are meaningful only if integrated into policy-making processes within representative democracy, so as to be taken-up into the decisions of government. This linkage between pp governance and government is essential if there is to be any real opportunity for the public to influence policy. Finally, assessment of the effects of each type of use indicates whether democratic culture may be expanded, retarded, or reversed. These observations come from the data.

This analysis has produced a trichotomy of pp use areas: prudent, spurious, and pernicious participation uses. Prudent participation types are primarily grounded in the civil society sphere and based on democratic norms and community values, to correct the persistent political exclusion of the worst-off populations from participation in matters that affect them: Prudent participation is the intended concept use. Spurious participation types

are primarily embedded in the state sphere and based on institutional norms and public administration values, to maintain centralized power, merely giving the appearance of broader participation: Spurious participation is an imitation of the intended prudent use. Meanwhile, pernicious participation types are primarily sourced from the Market sphere and based on corporate norms and private for-profit values, to manipulate public relations and co-opt the public interest for further market exploitation: Pernicious participation is a harmful perversion of the intended prudent use.

Chapter VI: Interpretation

This chapter interprets the findings in relation to Arnstein's (1969) seminal work defining a hierarchy of participation, as well as in relation to Keane's (2009) notion of monitory democracy, Fishkin's (2009) notion of deliberative democracy, and Mulgan's (1997) notion of connexity. In the section following, the theoretical implications of predominating pernicious and spurious types of participation found in this sampling of the literature are discussed through Wacquant's (2010) sociological specification of the neoliberal state and its institutional logics. Policy and practice implications for promoting prudent participation use are highlighted. Recommendations for advancing this scholarship are then proposed, and the limitations of this study are noted at the end.

Interpretation of the Findings

This conceptual analysis reveals three current public participation (pp) types in the literature: prudent, spurious, and pernicious participation uses. These types are differentiated on the basis of which sphere of human activity (or sector) primarily defines the construct, also sets-up the conceptual parameters and determines the extent of debate, the space for public dissent, whether or not there is any public opportunity to influence policy, and what bearing this has on democratizing culture.

Prudent participation (the intended use) is typically seeded in the civil society sphere, where definitions of pp are grounded in non-profit community values and rooted in social democratic theory. Spurious participation (the borderline use) is typically installed in the state sphere, where definitions of pp are embedded in administrative managerial and

institutional values and derived from classical liberal theory. Pernicious participation (the contrary use) is typically accrued from the market sphere, where definitions of pp are sourced from private and corporate values ensuing from neoliberal theory. This study demonstrates that a probability sample of the literature predominantly includes failures of the intended type, or prudent participation, and numerous examples of the other two types, spurious and pernicious participation.

So, what does it mean that most of what passes for pp in this random survey – over 76% of the literature – is either pernicious or spurious participation? It indicates the scope of the pp concept has contracted and continues narrowing by way of normalized contradictions that are regurgitated and well circulated within major disciplinary discourses. It does suggest we are living in treacherous times where even clear intentions for democratizing society are at times appropriated for an opposite course, while contrary and marginal uses of this concept prevail. Unless we are prudent with our thinking and our theory building, the drift is towards complicity and collusion with a conceptual architecture for pp, which merely repackages the Master's narrative, to once again prevent the Slave from positing its own reality (Willet, 1998).

The Master's story is a chronicle of the perpetual re-invention of new accounts for the same old motif: some people are superior to other people. Master narratives are the same in matter but different in manner. Some persons are equipped to think and design while others only to work and execute. Some people are subjects under the law while others are subjugated to them. The prosperous few deserve economic independence and political freedom, but most do not. We must begin here, with this Master blueprint upholding the naturalness of domination; this is still deeply entrenched in our discourse and contemporary

situation. More than just a few accept as given the presumed unimportance of the rest. In a myriad of modes, we re-enact this blueprint that some people lead while others follow. It would seem that we are altogether complicit and trapped in this repetition. But we are not equally complicit nor inevitably trapped, though indeed the stakes keep rising in deferring the transfer of power from Masters to Slaves.

But first, back to the blueprint governing our thinking. Western thought is linguistically structured in the form of binary oppositions (life/death, self/other, male/female, good/evil, white/black, master/slave, ex cetera) where the first term in the order of oppositions is privileged over the second (Newman, 2001). The first books we read to our babes teach them to begin ordering their thoughts in terms of opposites: open and closed, up and down, top and bottom. Soon we graduate them to right and wrong. We necessarily think in binary terms as a consequence of our language structure.

This underlying structure of thought is the subject of serious philosophical and ethical dilemmas; the simplification and essentialism it engenders leads to rigid, authoritarian thinking (Newman, 2001). Ideas form themselves into oppressive binary hierarchies (Newman, 2001), an order of dominance and submission, with ultimate consequences in the real world of flesh for what we can and cannot think. Something of thought is to an extent characterized by unthought - by blind spots that limit perception.

Even so, binary thought is what permits complicated understanding and dialectical thinking to evolve when approached with an ethic open to otherness. An ethic of humility (Keane, 2009) admits we do not know everything that our knowledge is always partial, contingent, and perhaps not everything ought to be knowable. Humility could obviate the compulsion to repeat our conceptual impairment. For instance, in the self/other binary,

rather than emphasize the self as presence and speaking subject, preference would be given to the other to speak. More concretely, yet, authorities would give way to citizens who typically do not speak – the disenfranchised. Associated with this moral ethos would be a principle of diversity, a privileging of difference akin to the rules of biodiversity. In nature, dissimilitude (not similarity) is the underlying formula governing the proliferation of life in the bios (Noss and Cooperrider, 1994).

In conceptual analysis, the procedure necessarily entails locating dissimilar and opposite points of concept use (Wilson, 1969). Concepts are discerned by observing their duality of use first, then their intermediate forms, followed by the rules for each use. The analysis of pp here finds the opposite of 'public' to be 'private'. However, the opposite of participation is not exactly non-participation, presently associated with conceptions of choice, as in choosing to not participate.

Rather a *structured exclusion is built-in* to the various schemes for contemporary pp that are better described as un-participation or un-participatory. The prefixes un- and non- both mean *lacking* or *not*, but the prefix un- connotes a stronger and less neutral distinction (consider the difference between non-academic and unacademic). This built-in exclusion is discerned from the rules of the public participation game, which are clear for spurious and pernicious participation types. The game must be played with public participants who neither have interests nor a 'will to power', as in Fredrick Nietzsche's (1886/2002) positively affirming sense that all living creatures exhibit a will to grow, to move upward, and all strive for self-preservation.

To explain this exclusion of interest or un-participation, it is useful to return to Sherry Arnsteins' seminal article called "A Ladder of Public Participation", commonly referenced in

the literature: yet scarcely ever described, discussed, or analyzed. Arnsteins' typology is

often referred to as an empowerment model (Frewer and Rowe, 2005) without much more

said. Cursory allusions to her study are misleading when they overlook the germane

contribution. Arnstein situates her work clearly in the political realm. Noting how the

contention with the political is frequently deliberately buried (in insipid expressions like

'self-help' or 'involvement'). She sets her own work apart from notions of empowerment

that ignore the political dimension:

> My answer to the critical *what* question is simply that citizen participation is a
> categorical term for citizen power. It is the redistribution of power that enables the
> have-not citizens, presently excluded from the political and economic processes, to be
> deliberately included in the future. It is the strategy by which the have-nots join in
> determining how information is shared, goals and policies are set, tax resources are
> allocated, programs are operated, and benefits like contracts and patronage are
> parceled out. In short, it is the means by which they can induce significant social
> reform which enables them to share in the benefits of the affluent society. (Arnstein,
> 1969, p 216)

Her definition is unambiguous: Participation is political and a pathway to citizen power but

only *when it entails a transfer of power* to those without it. Otherwise, "It allows the

powerholders to claim that all sides were considered, but makes it possible for only some of

those sides to benefit. It maintains the status quo" (Arnstein, 1969, p 2); then her study

demonstrates how this is precisely what occurred in most of the 1,000 Community Action

Programs in America and was poised to be repeated the Model Cities programs.

Arnsteins' hierarchy of citizen power is ever more relevant today, as our peripheral

vision in theory is fading. Her typology consists of eight rungs on a ladder that imply levels

of increasing citizen participation. The levels correspond to three basic forms of power that

dictate the type of public influence possible: 'citizen power', 'tokenism', and

'nonparticipation'. The top rungs of the ladder (no. 8 citizen control, no. 7 delegated power

and no. 6 partnership) correspond to the power type called 'citizen power'. The very top rung of 'citizen control' is not to be confused with absolute control, as final approval power and accountability rests with elected officials, but is defined roughly as "…that degree of power (or control) which guarantees that participants or residents can govern a program or an institution, be in full charge of policy and managerial aspects, and be able to negotiate the conditions under which 'outsiders' may change them" (Arnstein, 1969, p 11). In other words, citizen control is not absolute but substantive.

The citizen power type, that is, the idea of citizens having any power (control, delegated, or equal partnership) has been removed from most participation modeling these days. The bottom rungs (no. 2 therapy and no. 1 manipulation) correspond to the power type called 'nonparticipation', which has also been removed from consideration in present day designs. These two poles – citizen power and non-power – are the opposing necessary ends of the concept that represent its intended and contrary manifestations. With top and bottom poles virtually gone in contemporary theorizing, they cannot be considered (at least not from within their frameworks). This leaves only the middle rungs (no. 5 placation, no. 6 consultation, and no. 4 informing), which correspond to the power type called 'tokenism'. Arnstein equates placation with advisory forms, a higher level of token participation, but also with no 'muscle' or right to decide.

This thesis presents a trichotomy that fits with Arnstein's typology along positive, zero, and negative settings for participation: prudent participation is the positive manifestation (the top levels of citizen power); spurious participation is a nil manifestation (the middle levels of tokenism), and pernicious participation is the negative manifestation (the bottom levels of non-participation). If this literature survey is to be taken as an

indication of the conceptual terrain for pp, then spurious participation is the apex of contemporary pp theorizing. Token or symbolic public influence (45% of the theoretical distributions) is the range of the concept.

Both spurious and pernicious types call for public participants to embody a split in self-interest (between self and organization) and in will (between self and group), more often now privileging the latter over the former. Splitting or partitioning individuals in this way is a corruption of the whole and the part. Persons cannot be whole if they cannot speak to their part of reality. Persons cannot be willful if they cannot be agents of their own interests. The order is backwards in favouring organizational interests or group will *ahead* of speaking specific and particular individual interests. First, affirm individual perspectives; then the collection of individuals negotiate the will of the group. Spurious and pernicious pp types pre-empt individual and group will, in favour of an a priori organizational interest and a predetermined collective will, in order to 'forge a consensual view'. In this mode, the ideal public participant is an organism decapitated from its own centre of agency (its own will) and amputated from its own movement (from carrying out its will), effectively a non-viable torso. This truncated body can do no more than occupy a seat, in a game not of its own making, but of some other Master.

The metaphor of the truncated body of the participant, also applies to the social body at the global order level. Transnational agreements are signed by Heads of State, purportedly on behalf of their people, which then function as the 'supreme' legal foundation for international and national affairs. Supra-governance organizations (like the World Bank, the International Monetary Fund, the G8, G20, NATO, The World Trade Organization), dictate

the relations of state on downward, using consent constructs, notions of 'immunity' similar to the 'neutral allegiance model' discussed earlier.

Just as thought and action (head and legs) are figuratively severed by the individual requirements for participation, heads of state are severed from the publics they represent. What is left is a state torso that also cannot think or move with its people. Divorced from social movements on the ground, a ruling private class with an elite corporate mentality thwarts civil society movements in order to "steer" the state sphere. The State invaded by the market, promotes an impossible, non-viable, partial individual and social body to occupy a symbolic place in governance.

The Enlightenment period heralded in a bounded, individual, moral self, oriented by movement towards the future, marked by progress, speed and dynamism (Foucault, 1980). The concepts we use to understand the world are *too readily accepted* into common usage and applied professional settings without adequately considering how they work, but even more so how they have come about. Public participation is one such a concept: while much literature exists on the subject, it is overwhelmingly oriented towards the future with little regard to the historical past. Consequently, the conclusion here is not to continue accelerating forward in a superficial and erratic manner. Rather, there should be an abeyance, or a prudent pause.

Pause, to consider what calls for 'less politically driven dialogue' or calls to avoid 'polarizing language' actually signal. Are they not directives to tame more than speech? Domesticating our speech is the means towards de-politicizing reality. Dissuaded from speaking directly to certain content (namely political or religious) and indirectly barred from

certain classes of speech (namely frank or crass), language comes to have an insidious and denigrating effect on our state of freedom.

Depoliticizing language is foolish; it is a delusion that sets up dangerous societal conditions for us all. To speak and act, is and has always been, inherently political, intrinsically about power. Human history is a diluted narrative of the Slave's blood cost associated with speaking against the Master's hegemonic power.

The space for public dissent is at the heart of democracy (Roy, 2004; Keane, 2009). The latitude given to disagreeable views and views that disagree with a majority opinion, require protection and nurture in legitimate democracy. When dissent becomes impossible under the weight of consensual pressures, democracy can be no more than a perversion.

Orwell (1946) called perversions of language 'double speak', ways of thinking that hold an assertion while denying it at the same time. The first rule re-written by the pigs in George Orwell's *Animal Farm* was 'all animals are equal, but some animals are more equal than others'. The trick here is in holding the contradiction; asserting equality for all while also denying it. 'But some are more equal' justifies the return to domination by the few. In prudent participation, political equality is applied to all persons, without exception or contradiction.

The professional and academic literature of the last twenty years suffers from such normalized contradictions and a historical amnesia regarding the origins of this concept. Most of the writings surveyed locate public participation as a relatively new phenomenon, and exhibit an associated frenzy to seize it for immediate use. While it may appear as an intense new field of activity, it has been part of periodic discharges of haste to establish the meaning and practice of public participation since at least the 1940's. Published work on pp

can be found in the Journal of Social Issues from 1949, in an article called "How Participation Works" (Alpert and Smith, 1949), and another article on "Planning for Participation" (Milner, 1949) wherein the concern then, as now, has been the meaning and indices of effective participation. From the start of their article, the problem of participation is designated as a perceptual one (which is to say a conceptual problem) essentially centred on power:

> Despite verbal disclaimers, participation is often regarded merely in a carrying-out sense, where decisions are made largely from above and plans of action and policy are thoroughly "worked out at the top level" while "lower" levels are used merely as manpower to carry them out…Where this limited role persists for any length of time, the individual is not participating. He is not an organic part of the group, but merely an agent of the group along with a number of other agents. Moreover, the requisite consequence of participation is missing: the individual does not grow and his activity is not a creative one. (Alpert and Smith, 1949, p 3)

Executing orders may resemble active involvement, but even then, this was recognized as not true participation because individuals are merely rendered agents of power (whose locus lies with dominating authorities) and not with their own agency or for their own interests.

Alpert and Smith recognized, even then, the requirement for public participants of defining or framing the problem themselves and deciding the actions for the solution themselves not just discussing (a predefined problem) or between a set of solutions (set forth by authorities):

> Functional participation is defined as the process of destructuring and restructuring which is necessary in the definition, discussion, and action stages of group interaction. It invariably involves change and growth. Any other form of participation may be deemed defective" (1949, p 5)

Beginning with the individual unit, participants each contribute to formulating the problem. Through group analysis and discussion, solutions are explored in the group setting to arrive at some negotiated joint decision for action, ending with the collective unit. Discourse at that

time, at least recognized participation as a problem of power function, even if not explicitly in power structure.

By the 1960s, the concept of pp was already pivotal in the US Federal Office of Economic Opportunity as part of its approach to "the war on poverty" where the term "maximum feasible participation" of local residents was utilized (Moynihan, 1969). This was an extraordinary period without comparison in the historical intersection of participation and poverty, albeit brief:

> In the oldest and presumably strongest tradition of American democracy, the local people themselves, those actually caught up in the problem at hand, were to organize themselves to deal with it. The war on poverty, as the Office of Economic Opportunity declared in one of its first publications...was to be "A Hometown Fight". And it was to be an epic one. On the morning of August 20, 1964, as President Johnson signed the Act in the Rose Garden of the White House, he declared that,
> "On this occasion the American people and our American system are making history....Today for the first time in the history of the human race, a great nation is able to make and is willing to make a commitment to eradicate poverty among its people." It would be a great program, and it would succeed, he asserted. Probably few persons noted that he also declared it would be a "prudent" one. (Moynihan, p 3-4)

It was prudent - for the poor, but not for the powerful elite minority. The community action programs to combat poverty through participation unleashed combativeness in the growing political consciousness of the poor, which local and national governments were afraid and ill prepared to handle, so that by 1966 the mandate of the agencies and the powers of the Office were reigned in (Moynihan, 1969). But for this one moment in American history, before it became a political liability for those in power, community action was co-extensive with the direct participation of the poor themselves – one and same idea. Moynihan attributes its failure to a fundamental conceptual contradiction on the matter of power-sharing; one view called for political institutional change and the other view called for maintenance.

History shows us that public participation is not new, and instructs us in this very old, longstanding struggle of real and relative slaves against self-justifying masters. Institutional change necessarily reduces the power of the existing order, and is necessarily incompatible with a harmonious transition or 'business as usual'.

Body history (a way of doing history by examining perceptions of the human body through the study of texts) specifically traces elements of democracy back to the Greeks, and beyond. John Keane's (2009) epic history *The Life and Death of Democracy* records three overlapping epochs of democracy (ways of deciding things and living), in which the first epoch of 'assembly democracy' dates back to 2500 BCE and to the Middle East. More than a painful irony considering our global geopolitical affairs today, "...it turns out that the democratic practice of self-governing assemblies is also not a Greek innovation. The lamp of assembly-based democracy was first lit in the 'East', in lands that geographically correspond to contemporary Syria, Iraq, and Iran" (Keane, 2009, p xi). The point of noting this origin to *demokratia* (the Greek word for democracy) apart from correcting the persistent Western misconception is to echo Keane's refrain that democracy is both at one and the same time *historical* and *in the making*. We would do better in our making of the present to have historical perspective.

To that end, the two remaining epochs are noted here for a panoramic sense of democracy's history. The second epoch, 'representative democracy', dates from the tenth century CE,

> This period opened with the military resistance to Islamic civilization in the Iberian Peninsula, which during the twelfth century CE triggered the invention of parliamentary assemblies. It ended on a sorry note, with the near-destruction worldwide of democratic institutions and ways of life by the storms of mechanised war, dictatorship and totalitarian rule that racked the first half of the twentieth century. In between, extraordinary things happened. (Keane, 2009, p xvii.)

The third epoch, 'monitory democracy' (our zeitgeist moment) began with the post war period:

> Monitory democracy is a new historical form of democracy, a variety of 'post-parliamentary' politics defined by the rapid growth of many different kinds of extra-parliamentary, power-scrutinising mechanisms. These monitory bodies take root within the 'domestic' fields of government and civil society, as well as in 'cross-border' settings once controlled by empires, states and business organizations...The central grip of elections, political parties and parliaments on citizens' lives is weakening. Democracy is coming to mean more than elections, although nothing less. (Keane, 2009, p 689)

Each epoch includes the central element of the one before it. Thus, monitory democracy is built upon assembly and representative forms but goes beyond them - to multiple and disperses checks and balances on formal power. According to Keane, monitory institutions and mechanisms are characterized by watchdog (independent or quasi-independent scrutiny of government) and guide dog functions (government inventions for guiding power-sharing procedures with civil society) (2009). Public policy concepts like pp fall to the latter category, but:

> For democracy to be possible, people have to be sure that they themselves are the source of power of the institutions that govern their lives; that government and other institutions indeed rest upon the consent of the governed; and that therefore when in everyday life they withdraw their consent from institutions, things can indeed change, sometimes in the smallest of ways, perhaps even for the better. (Keane, 2009, p 709)

Monitory democracy necessitates an extraordinary leap of faith from the governed; citizens have to believe 'they themselves are the source' of institutional power. Yet, citizens observe that governments presume blanket consent every electoral cycle, and see that participation, regardless of quality or type, is coming to be equivalent to tacit consent. What does withdrawing consent mean or look like when dissent is delegitimized? Monitory democracy seems to demand an exceptional degree of personal risk and moral courage from citizens,

related to how consent is largely presumed in participation exercises, and dissent is not yet fully theorized. Furthermore, a vast participatory infrastructure is speculated of which citizens would have some measure of control.

Notwithstanding, these findings show that pp conceptions in the academic and professional literature over the last two decades have not played a successful role in monitoring or balancing arbitrary power in governance. Prudent types of participation represent less than a quarter of all the literature surveyed, while spurious and pernicious types of participation account for over three-quarters of the random sample. Criticism or oppositional views are not well represented, tackled, or processed as valid. There is little to no legitimated space for dissent. These findings impart a snap-shot of state-based public participation as largely an exercise in make-believe. By way of managerial exercises simulating limited aspects of participation (one-way or two-way communication, or deliberation), the state helps citizens believe their views matter. When au fond, citizens do not count (they have no right of say, no vote, nor veto power) and the state can barely compute the public interest under the sway of the corporate sector.

Advisory and deliberative forms of participation are primarily symbolic or spurious types of influence preferred by governments. Though sometimes treated as an active form of participation (see Frewer and Rowe, 2005) advisory formations (advice that need not be reckoned with) are legally impotent standard practice. Deliberative formations pay specific attention to the conditions (good information and considered argument) for thinking about an issue in order to 'refine' raw public opinion (Fishkin, 2009); but still have no direct legal potency. However, they do have transformational appeal for governments because they can induce mass changes in: policy attitudes; voting intention; civic capacities (more informed,

efficacious, and "public spiritedness"); collective consistency (coherence of public will); public dialogue; and public policy ("...the success of microcosmic deliberation is that the participants believe their voices matter in some way....they may hope or believe it may have an influence on policy") (Fishkin, 2009, p 102-104).

Transforming public perception is the extent of policy change envisaged by Fishkin's deliberative democracy, which is not policy change at all. This leads him to ask if the aspiration is even realistic,

> Must deliberative democracy be embedded in already existing democratic systems with full-scale apparatuses of party competition, individual rights, and liberties? Or can credible exercises in deliberative democracy take place so as to push these frontiers?...When they do so are they contributing to the legitimacy of authoritarianism or are they contributing to democratization? (2009, p 104-105)

These are good questions. Fishkin's experiment with the first European microcosmic deliberation or Deliberative Polling (DP) in the 2007 Citizen European Parliament – *Tomorrow's Europe* – demonstrated what it set out to demonstrate, "...that it was possible to call into being a European-wide public sphere and get a voice of the public – a unitary shared public – across the divisions of nationality and language in the twenty-seven member states" (2009, p 189). This was achieved in part by design, sampling the whole of Europe as one population rather than twenty-seven distinct populations, so that claiming a 'representative microcosm' of Europe is open to question. (Is the whole a sum of its parts? Or is the whole only ever a whole, where its parts are subsumed?)

Methodology aside, the most interesting aspects of the European Parliament were videos recorded in an accompanying DVD to Fishkin's book, called *Europe in One Room: An Experiment in Democracy*, affording a glimpse into the set-up and nature of power relations. Citizen subgroups deliberated on issues like employment and pensions with the

aim to agree on a single question to pose separate panels of experts and politicians. When citizens' questions were evaded by some scholars and EU Ministers, citizens posed them again with more emphasis. Still, the political elites did not provide information. They first ignored and then cut off the questioner with the deflection 'it's time to move on to another question'. Citizen dissatisfaction was immediate through murmurs and other restrained expressions. Nevertheless, Fishkin summed-up the mood of the citizen parliament as combative. If power-holders, to use Arstein's term, are set-up as the experts with knowledge and all the relevant data, then, at a minimum, citizens are owed direct answers to a weekend devoted to one question per group per issue.

While deliberative democracy (dd) can push frontiers, it is not clear whether the frontiers are authoritarian or democratic. The power dynamics illustrated in the DVD recording of this experiment suggest the default tendency is towards authoritarian dominance, or in Fishkin's terms "elite deliberation". Fishkin along with other proponents of the deliberative turn in democratic theory (Dryzek, 2000) also underscore the transnational capacity of deliberative forms to extend across state boundaries, making them potentially useful to neoliberal agendas.

Deliberative forms of democracy are consistent with spurious participation types as highly managed, formal public fora with few opportunities to negotiate or even dialogue with authorities and with typically no effect on policy. Spurious participation tends to retard democratic culture by confusing pp practice, and forestalling needed change to status quo relations. Additionally, a drift towards pernicious types in terms of long-term cultural effects is a constant risk under macro conditions of neoliberalism. The danger is that publics could

participate in irreversibly undermining their own interests through experiments in pp linked more to the rise of national security states and the wholesale privatization of the government.

Are publics unwilling, uninterested, uninformed, and or incapable of participating in governance, without refinements from state processing (Fewer and Rowe, 2005; Fishkin 2009)? This literature survey found public constructs commonly likened to children, in negative ways, as too emotional, immature, impetuous, irrational, ignorant or naive. The only sense in which publics may be likened to children is perhaps in trusting authorities, as this indeed is naive. This thesis includes findings on some of the primary determinants of pp (John, Fieldhouse, and Liw, 2011), which indicate that what most motivates ordinary people to participate in civic life, aside from their sense of community belonging, is their distrust in authorities to fix problems. Implicit trust in authorities may leave sought-after publics more open to manipulation. Participation should be based on self-selection or personal interest in participating, but tied to accountability back to the community from which participants come.

This survey finds evidence that many publics are interested, capable and willing. However, an informed citizenry is crucially dependent on the willingness of authorities to release relevant data and requested information, but this continues to be a basic impediment. Authorities tend to cautiously guard certain kinds of information and appear to prefer mining publics for *local information and their insights*. A reciprocity principle (Mulgan, 1997) should govern citizen relations with authorities; but citizens should first secure needed information from authorities, before supplying local knowledge.

Geoff Mulgan's postmodern term *connexity* (1997) refers to a context of greater global interdependence arising from the communication webs engendered by the information technology revolution. Connexity, according to Mulgan, has brought a shift to more

horizontal forms of control and communication that favour a decentralization of power and new standards of transparency, mutuality, responsibility and moral behaviour. The findings of this thesis do not support this. There is little evidence authorities are willing to respect horizontal networking or citizen power. A prime example is the Vancouver study on pp in the development of Sustainability Indicators (Holden, 2011) in urban governance. Citizens were successful in reaching an agreement on an indicator set, in a pp process not designed or managed by the authorities, although closely observed by all levels of government. But citizen recommendations were not championed by any representatives in municipal government and so were not implemented. Mulgan minimizes the parasitic nature of corporate abuses, and the problems with the rampant dismissal of dissent, while exaggerating the promise of communitarian, self-organizing, autonomous subsystems that can govern themselves, though need hierarchical authorities to steer and protect publics.

The public is not homogeneous. But neither should the term be shorthand for everyone without distinction. 'The public is everyone' is not only unhelpful, broad and vague, but susceptible to abuse as this notion conceals the reality of competing and opposing interests. For instance, politicians, corporate executives, state managers, and cultural-technical experts already constitute organized powerful, formal authority, or stand for well represented professional or private interests. Privileged power can be subsumed under general references to 'everyone is a member of the public' allowing for elites to claim that they are citizens too. It is crucial to draw distinctions in the multiple roles or hats people wear, in order to prevent the over-representation of elites who frequently displace those without formal power, and subject them to systematic under-representation. Thus, the term 'public' should stand as an abbreviated descriptor for three categorical distinctions of

interest-based human activity: civil society; the state; and the market. The public interest is most fairly secured, as per these findings, through constituency interest representation, ensuring first and above all the interests of the constituencies worst off in society – the abject poor.

Not all people will ever be equally involved, motivated, or determined to persist through procedural obstacles to participation and the routine suppression of egalitarian value. Those who are drawn to partake (the so called 'self-selected') at least are initially keen to contribute, and should be welcomed rather than treated with suspicion by authorities. Ordinary people lose their taste for participating once they see the fruit of their labour – their deliberated considerations, decisions, or recommendations – ignored or refused by authorities. Truly ordinary people readily lose hope because *they can see* that they are used to legitimize decisions already made. As Keane (2009) laments, nothing is more corrosive to the letter and spirit of democracy than hypocrisy. The literature is replete with unexamined contradictory thinking, and out-right pretense.

Public participation is a perfect cover for corrupted power and government inaction in reducing economic and political disparity. The concept has many public relations advantages; an identifying mark of democratic affiliation with simultaneous social marketing opportunities for promoting the neoliberal brand of political order and social insecurity. Public participation fora - truly an experimental petri-dish for culture and sensitivity - are ever evolving social spaces for the micro-re-engineering of the right kind of political participant for this era of globalization. Of the many benefits for governments, none is more promising than the hyper diminution of the people's will.

Implications for Theory

Spurious and pernicious participation types dominate in pp discourse under the influence of globalized neoliberalism, which may be understood as follows:

> Neoliberalism is a *transnational political project* aiming to remake the nexus of market, state, and citizenship from above. This project is carried by a new global ruling class in the making, composed of the heads and senior executives of transnational firms, high-ranking politicians, state managers and top officials of multinational organizations (the OECD, WTO, IMF, World Bank, and the European Union), and cultural-technical experts in their employ (chief among them economists, lawyers, and communications professionals with germane training and mental categories in the different countries). It entails not simply the reassertion of the prerogatives of capital and the promotion of the marketplace, but the close articulation of four institutional logics. (Wacquant, 2010, p 213)

Those four institutional logics consist of: *economic deregulation and reregulation* (promoting market-like mechanisms even in human services on efficiency grounds thereby "implying deliberate disregard for distributive issues of justice and equality"); w*elfare state retraction and recomposition* (submitting the poor to "workfare" as a condition of social assistance, under a new contractual relation of client to state); *an expansive penal apparatus* (more prisons "to contain the disorders and disarray generated by diffusing social insecurity and deepening inequality;" and to discipline "the precarious fractions of the postindustrial proletariat" so as to assert the authority of the state precisely as its legitimacy has come into question); and *the cultural trope of individual responsibility* (modelling constructions of the self on the 'entrepreneur', the repetition of a personal orbit of responsibility to teach self-reliance "the counterpart of which is the evasion of corporate liability and the proclamation of state irresponsibility") (Wacquant, 2010, p 213-214).

Reducing government bureaucracy and government interference in the private sphere is central to neoliberal ideology, but these attributes apply only to the upper strata of the social order "...it is anything but laissez-faire at the bottom" (Wacquant, 2010, p 214). While

the state is shrinking the social safety net, deregulating capital and capitalist enterprise, it is burgeoning elsewhere into 'bigger government' through the intrusive spread of prisons for the incarceration and discipline of the lower classes (Wacquant, 2010). As the welfare state contracts, human services provision is opened up to private-for-profit provision of human need. But to deal with the social unrest arising from the social insecurity (not crime, as Wacquant demonstrates) spawned by neoliberal economic theory, nations are expanding the police state.

In Canada, the recent Bill C-10, an omnibus bill makes fundamental changes to almost every component of criminal justice system, such as: new criminal offences; increased mandatory minimum sentences, the selective elimination of conditional sentences; increased pretrial detention and new, harsher sentencing for young offenders; longer waiting times to apply for pardons; increased barriers for Canadians detained abroad; and amendments to other pieces of legislation to allow only victims of terrorism (not victims of torture) to sue certain foreign entities and governments for damages (CCLA, 2013). The Canadian Civil Liberties Association warns that, "...the direction these changes set out for the Canadian criminal justice system – jail more often, for longer, with more lasting consequences – is a dangerous route that is unsupported by the social science evidence and has already failed in other countries...What it will do is needlessly increase the number of people in prison, skyrocketing costs and imposing unjust, unwise and unconstitutional punishments" (CCLA, 2013, p 1).

A coercive penal institution is front and centre to the neoliberal state, and Wacquant argues that it must be seen in terms of its 'expressive function' within the whole bureaucratic field, too. A field where an 'authoritarian moralism' has set its gaze on the 'precarious

fractions of the proletariat' to definitively *Punish the Poor* (the title of Wacquant's book), but also, definitively disciplines the rest of the general public. Spurious and pernicious types of participation share a moralizing character where the middle classes are called on to speak on behalf of the poor masses, and with an odd muteness, 'as if a great political silence has descended on the subject of silence' (Keane, 2012). The express function is to provide general assurance that publics (those appropriately politically silent) have been "participating".

Government enlarges through the activation of the desirable classes for engagement in governance institutions, appealing to their "...communal springs and individual appetites for work and civic participation through 'partnerships' stressing self-reliance, commitment to paid work, and managerialism" (Wacquant, 2010, p 214). Under the mantra of individual responsibility, the more collaborative middle classes are enlisted to help the state interpret the needs of the unrefined masses. But the innovations in pp also appear as advantageous vehicles for the gradual alteration of passionate, diverse, public citizens into obedient, generic, private consumers. Constructions of the 'public' emphasize participant transformation (not the transformation of policy) and emphasize the nature of 'participation' as transformative experience for the public (not the transformation of governance). Under the partnership model (not a partnership of equals) the state and market combine forces to overwhelm and effect a re-fashioning of communities and citizens into ever more docile and servile fauna.

Pernicious types of participation predominate (40% of the overall literature and 56% of the case studies randomly surveyed) and suggest this concept is not a threat to the neoliberal state, rather it may be assisting in transnational political project aiming "to remake

the nexus of market, state, and citizenship from above" (Wacquant, 2010, p 213). Pernicious participation may be a way to involve the corporate sector, under the guise of broad participation and joint partnership, to implement the first neoliberal logic of market promotion and re-regulation, and the second logic of welfare retraction, as a kind of Trojan horse strategy. Pernicious participation may be a way to manage public and civil society opposition, through engaging them in an apparently fair process in which they actually cannot win and tying up their resources. The neoliberal state can also use pernicious participation as a means to gain intelligence on key public actors. In short, pernicious participation appears to be an effective means of implementing the institutional logics of the neoliberal state.

Democratic theory is in peril. The paragon of maximum feasible participation of the poor is evermore needed; 'participation by the many' is both contested and unwittingly undermined in favour of reverting to 'participation by the few'. Prudent participation types accentuate the essential kernel of democratic theory to better aim for it: the intrinsic equality of all human beings such that none are entitled to subjugate the will of others to their own. This means confronting and challenging the contradiction at the marrow of pp conceptions: to empower the governed without relinquishing governing power.

Prudent participation types are underwritten by social justice, political equality, and global citizenship concepts grounded in civil society definitions. Prudent types focus on and directly include the worst-off and left-out populations in society in open public debate for the transparent negotiation of all constituency interests. There is legitimate space for public dissent, by admitting dissent as a vital indicator of a healthy democracy, and by normalizing conflict and competition for resources. There is opportunity, too, for the public to influence

public policy because prudent participation types explicitly link to public policy processes within the representative system, so that public recommendations or decisions are incorporated into policy. In general, prudent participation rejects notions of neutrality as a politically and morally dubious mentality. Neutrality is not an option for "the 99%" (the term popularized by Occupy Movements around the globe).

Implications for Policy

The implications of these findings were germane to health care and health promotion governance in Canada. These findings provide a credible knowledge base for the ongoing development, analysis, and evaluation of community development and public participation policies within and across the regional health authority system. This research helps to answer a fundamental concern that regional health authorities struggle with regarding how to measure and evaluate public participation: "Is the outcome of community development and public participation the engagement process, the increase in community capacity, the decision or recommendation of the participants, or, is it how the recommendation is used by the health authority?" (WRHA, 2010). This study shows that prudent participation types evaluate how public recommendations are used by health authorities. Citizens need to have confidence that their input has an impact (Ross, 2000); therefore, participation success is judged by **measuring the amount of influence public input has on policy decisions**. Measures of citizen participation would provide some comparative data on the extent to which various interests within community are considered and whether this consideration may or may not be equal (Pratchette, 1999).

Within Manitoba, the Winnipeg Regional Health Authority (WRHA) currently only provides limited feedback on how the Board of the WRHA has used insights or recommendations from the Community Health Advisory Councils (CHAC). The feedback report consists of a short summary added each year to a public document called *Reporting back to the Community Health Advisory Councils about how their input is used* (WRHA, 2012). This report does not, but should, make publicly available current evaluations of the councils. The influence of public input on broader provincial strategic direction set by Manitoba Health and Healthy Living is not addressed, but should be. Prudent participation designs would specify in advance the pathway to policy uptake and articulate the exact linkages between the participatory mechanism of the CHAC and the Provincial legislative representation system.

To enhance prudent participation, the WRHA CHAC Board Policy and related Evaluation Framework (WRHA, Revised September 27, 2011) should be revised to include *strategies for the equalization of power*, such as; mobilization, recruitment, and selection of the worst-off and worst-affected populations of Winnipeg. In other words, broader outreach measures must be specified to ensure that the constituency interests of the poor are represented by poverty organizations on the advisory councils. For instance, membership guidelines could set aside an equal number of seats for poverty organizations as is currently set aside for health organization representatives. An essential feature of prudent participation isolated in this thesis is more diverse representation, specifically from the lowest-socio economic groups. This continues to be called for by participants themselves within the CHAC's when they were asked to provide ideas for public engagement activities: "Another factor in public engagement that the Councils felt was critical to its success is engaging and

getting input from diverse populations, especially the most vulnerable who are the biggest users of the health care system" (WRHA, January 2012, p 6).

These findings also have implications for Social Work which needs to be mindful of its own language for partaking in dominant discourses that embody oppressive ideologies. In the Social Work literature, democratic rationales for public participation and empowerment ideals were commonly referenced, but sometimes ambiguous or contradictory. Market modes of governance stress individualism, consumerism, and private sector notions that are at odds with collective political empowerment. A definition of prudent participation based on these findings should be added to the Canadian Association of Social Workers (CASW) *Code of Ethics* in the glossary section of the text and incorporated into "Value 2. Pursuit of Social Justice" or added to the principles that follow. This would help to advance prudent participation discourse and practice within the discipline of social work and limit the other two types.

Implications for Practice

State mediation roles are of crucial importance to improving pp practice (Barnes, Newman, Knops and Sullivan, 2003). Public administrators of human service organizations are positioned at 'the nexus of community and organizational systems' (Lafrance, 1993), a juncture for the articulation and negotiation of tensions between civil society and the state. Administrators, managers and facilitators of state-based pp are strategically placed to facilitate community participation. The ability of administrators to resolve conflicts openly and fairly can lead to gate-opening opportunities for wider and deeper democracy.

Administrators who want to pursue a course of action consistent with prudent participation may require preparation for change (Lafrance, 1993): political education (to understand the ideological underpinnings implicit in the tensions between civil society communities, the state, and the market sphere); proficiency in the language of civil and human rights, fluency and ease with politicized speech (to advocate for the political participation of disfranchised populations); support for normalizing social dissensus and struggle (inherent to the negotiation of competing interests for public resources); conflict negotiation skills with advocacy training (to equip authorities to handle grievances and shift professional attitudes towards greater sensitivity and care for groups with longstanding unmet political needs). Conflict and dissent needs to be understood by authorities as productive indicators of a healthy democracy.

These findings also have implications for social work community-based and organizational practice. Prudent participation prioritizes the constituency interests of the poor. Empowerment is both personal and political. People need to understand the conditions that give rise to their poverty, how those conditions are maintained, and how they might change. Social workers in community practice and human service organizations therefore should be trained to undertake and support *the political education and training of the poor for participation* as it relates to matters affecting their interests. Organizations which already work directly with these populations are ideally located to offer people participatory democracy training, and opportunities for exercising and applying their skills (recruitment onto their boards or other committees). Participatory training (perhaps integrated with basic literacy education, English language courses, mutual support or various community group work) would facilitate critical understandings of social reality based on personal experience

shared in group settings, or what Paulo Ferire (1970) called 'conscientization'. This work is a priority with traditionally marginalized and oppressed populations to increase their organizational and neighbourhood efficacy (competency and confidence) for general and direct participation in society.

Recommendations for Further Research

The trichotomy presented here constitutes basic conceptual research into public participation based on randomly surveying four discipline literatures important to health governance. The three types of participation use found (prudent, spurious, and pernicious) should now be empirically verified through case study research. The features for prudent participation types, for instance, should be tested against possible case examples to see if the characterization holds up. Furthering this research would contribute to a firmer foundation for theory building begun by this trichotomy. The fit between the definition of the concept and its clinical application should also be studied.

An area of research that compels direct inquiry is the problem of dominating global supra-governance structures, which are unaccountable to any publics, yet impose governing trade agreements, finance policy, and new arrangements for governance wherein the pp concept figures prominently. The literature surveyed noted these steering, circuitous institutions played significant roles in setting national, mid-level and municipal agendas. Whether continental, regional or bilateral agreements, they claim to supersede state sovereignty, national constitutions, inter-provincial agreements, and so on. The implications for the social, economic and political independence of nations and individuals are grave: what can pp mean if rights of citizenship are already rendered null and void?

Limitations of the Study

The trichotomy is a simplified abstraction of three predominant types of pp use, to facilitate the analysis of public power. It is a simplification that does not account for subtleties, does not replace specific, detailed analysis, and makes no attempt to classify all the variations of use. The trichotomy represents a snapshot of the contours and terrain of the concept from 1990-2012, so the analysis is fractional.

This study is limited to the professional and academic literature, omitting civil society perspectives from direct examination. It should also be noted that the preponderance of pernicious case studies surveyed may reflect the (surveyed) authors' interest of study and not necessarily the situation in reality.

References

Abele, F., Graham, K., Ker, A., Maioni, A., & Phillips, S. (1998). *Talking with Canadians: Citizen engagement and the Social Union.* Ottawa: Canadian Council on Social Development.

Abelson, J., & Eyles, J. (2002). *Public participation and citizen governance in the Canadian health system.* Discussion Paper No.7, for the Commission on the Future of Health Care in Canada.

Abelson, J., Forest, P., Eyles, J., Smith, P., Martin, E., and Gauvin, F. (2003). Deliberations about deliberative methods: Issues in the design and evaluation of public participation processes. *Social Science & Medicine*, *57*, 239-251.

Archibald, A. (2009, June 4). Anti-SLAPP legislation passed in Quebec. *RushPR News – Newswire & Global Press Release Distribution.* Retrieved from http://www.rushprnews.com/2009/06/04/anti-slapp-legislation-passed-in-quebec/

Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of American Institute of Planners, 35,* 216-224.,

Audi, R. (Ed.). (1999). *The Cambridge dictionary of philosophy*. Cambridge: Cambridge University Press.

Barer, M. L., Evans, R. G., Hertzman, C., Roos, N. P., and Wolfson, M.. (November-December, 2010). Why are some books important (and others not)? *Canadian Journal of Public Health. 101 (6),* 433-435.

Batt, S. (2005). *Marching to different drummers: Health advocacy groups in Canada and funding from the pharmaceutical industry.* Toronto, ON, Canada: Women and Health Protection. Retrieved from http://site.ebrary.com/lib/umanitoba/Doc?id+10104305&ppg+20

Canada. (1982). *The Canadian charter of rights and freedoms.* Part 1 of the Constitution Act, 1982 (Assented to March 29th, 1982). Retrieved from http://laws.justice.gc.ca/en/charter/1.html

Canadian Association of Social Workers. (2003, November). Preparing for change social work in primary health care. Retrieved April 20, 2010 from: www.casw-acts.ca/

Canadian Association of Social Workers. (2005). *Code of ethics.* Ottawa: CASW.

Canadian Association of Social Workers. (2008). *Social work scope of practice.* Retrieved from http://www.casw-acts.ca/

Canadian Association of Social Workers. (2010, April 12). *Budget 2010: Short on social policy.* Retrieved April 20, 2010 from www.casw-acts.ca/

Canadian Nurses Association. (2009, August). Position statement: *Global health and equity.* Retrieved from:
http://www.cnaailc.ca/CNA/documents/pdf/publications/Pg106_Global_Health_Equity_Aug_2009_e.pdf

Canadian Nurses Association. (2009, November). *Position statement: Determinants of health.* Retrieved from:
http://www.cnaailc.ca/CNA/documents/pdf/publications/PS_Determinants_of_Health_e.pdf

Canadian Nurses Association. (2010, July 13). *About CNA.* Retrieved from
http://www.can-ailc.ca/CAN/about/mission/default_e.aspx

Carrothers, L.C., Macdonald, S.M., Horne, J.M., Fish, D.G. & Silver, M.M. (1991). Regionalization and health care policy in Canada: A national survey and Manitoba case study. Winnipeg, Canada: University of Manitoba.

CCLA. (2013). *Bill C-10, The omnibus crime bill: Unwise, unjust, unconstitutional.* Retrieved February 12, 2013 from the Canadian Civil Liberties Association website: http://ccla.org/omnibus-crime-bill-c-10/

Checkoway, B. (Ed.). (1981). *Citizens and health care: Participation and planning for social change.* New York, NY: Pergamon Press.

Chenier, N. M. (1999). *Health policy in Canada.* Political and Social Affairs Division. Retrieved November 25th, 2002 from: http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/CIR/934-e.htm

Chomsky, N. and Herman, E. S. (1988). *Manufacturing consent: the political economy of the mass media.* New York: Pantheon Books

Church, J., Saunders, D., Wanke, M., Pong, R., Spooner, C., & Dorgan, M.. (2002). Citizen participation in health decision-making: Past experience and future prospects. *Journal of Public Health Policy*, 23(1), 12-32.

Clegg, S. & Hardy, C. (1996). Some dare call it power. In S.R. Clegg, C. Hardy and W.R. Nord (Eds.), *Handbook of organization studies* (pp 368-387). London: Sage Publications.

CMA (Canadian Medical Association). (2010, August). *Health care transformation in Canada: Change that works. Care that lasts.* Retrieved from:
http://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Advocacy/HCT/HCT-2010report_en.pdf

Conner, D.M. (n.d.). *Public participation in Canada: Development, current status and trends.* Retrieved May 6, 2010, from
http://www.connor.bc.ca/ppcanada/ppcanada.html

CPHA (Canadian Public Health Association). (2009, August 14) Pre-budget Consultation Brief to the House of Commons Standing Committee on Finance, *An investment in public health: An investment in Canada's future prosperity*. Ottawa, Canada: CPHA.

CPHA. (2008). *Annual report.* Retrieved April 13, 2010 from http://www.cpha.ca/en/disclaimer/corporate.aspx

CPHA. (2009). *CPHA health digest*. Retrieved April 13, 2010 from: http://www.cpha.ca/en/about/digest.aspx

Dryzek, J. S. (2000). *Deliberative democracy and beyond : liberals, critics, contestations.* Oxford: Oxford University Press.

Epp, J. (1986). *Achieving health for all: A framework for health promotion.* Ottawa: Supply and Services Canada.

Estes, R. J. (1992*).* Enhancing practice effectiveness: The social work practice agenda. *The Jewish Social Work Forum, 28,* 5-23.

Evans, R.G, M.L. Barer, & T.R. Marmor (1994). *Why are some people healthy and others not? The determinants of healthy populations.* New York, NY: Aldine de Gruyter.

Federal/Provincial/Territorial Ministerial Council on Social Policy. (2003, June). *Three year review social union framework agreement (SUFA).* Retrieved June 29, 2010 from http://www.socialunion.gc.ca/

Finn, J. D. & Jacobson, M. (2008). *Just practice: A social justice approach to social work,* (2nd Ed.). Peosta, IO: Eddie bowers.

Fishkin, J. S. (2009). *When the people speak: Deliberative democracy and public consultation.* New York: Oxford University Press.

Fortin, S., Noel, A., & St-Hilaire, F. (Eds.). (2003). *Forging the Canadian social union: SUFA and beyond.* Montreal, QC: Institute for Research in Public Policy. Retrieved June 29, 2010 from http://site.ebrary.com.proxy1.lib.umanitoba.ca/lib/umanitoba/docDetail.action?docID =10210286

Foucault, M. (1977). *Discipline and punish: The birth of the prison.* New York, NY: Pantheon Books.

Foucault, M. (1980). The history of sexuality. In Gordon, C, (Ed.), *Power/knowledge: Selected interviews and other writings* (pp. 1972 – 1977). Brighton: Harvester Press.

Frederickson, H. G. (Ed). (1993). *Ethics and public administration.* New York: M. E. Sharpe.

Freire, P. (1972). *Pedagogy of the oppressed.* London: Penguin.

Fung, A. (2006, December). Varieties of participation in complex governance. *Public Administration Review, 66,* 66-75. Retrieved from http://www.archonfung.net/docs/articles/2006/FungVarietiesPAR2006Final.pdf

Gray, J., Delaquis, S. & Closson, T. (2008, February). *Report of the Manitoba regional health authority external review committee.* Retrieved from http://www.gov.mb.ca/health/rha/docs/report0208.pdf

Gret, M. & Sintomer, Y. (2002/2005 translation). The Porto Alegre experiment: *Learning lessons for better democracy.* London: Zed Books.

Guba, E.G. & Lincolin, Y.S. (1989). *Fourth generation evaluation.* Newbury Park, CA: Sage.

Hasenfeld, Y. (1983). *Human service organizations.* Upper Saddle River, NJ: Prentice Hall.

HEAL. (2002). *HEAL current positions.* Retrieved October 27, 2009 from www.physiotherapy.ca/heal/pdf/HEAL.

HEAL. (2002, September). *Health Action Lobby (HEAL) current positions.* Retrieved March 19, 2008 from http://www.physiotherapy.ca/HEAL/english/publications.htm.

HEAL. (2003). *Discussion Document – HEAL checklist for accountability mechanisms.* Retrieved March 19, 2008 from http://www.physiotherapy.ca/HEAL/pdf/DiscussionDocumentHEALChecklist.pdf

HEAL. (January 2012). *Functional federalism and the future of medicare in Canada.* Retrieved February 23, 2013 from: http://www.healthactionlobby.ca/en/publications/reports.html

Health Canada. (2000). *Health Canada policy toolkit for public involvement in decision making.* Ottawa: Minister of Public Works and Government Services Canada.

Health Canada. (2006). *Policy on public input into the review of health products – backgrounder.* Ottawa: Health Products and Food Branch.

Health Canada. (2008). *Canada health act – Annual report 2007-2008.* Ottawa: Minister of Health.

Health Council of Canada. (2008). *Taking the pulse: Toward improved health and health care in Canada.* Toronto, ON: Health Council.

Health Council of Canada. (2009). *Value for money: Making Canadian health care stronger.* Toronto, ON: Health Council. Retrieved from www.healthcouncilcanada.ca.

Heinonen, T., & Spearman, L. (2001). *Social work practice: Problem solving and beyond.* Toronto, ON: Irwin Publishing.

Heinonen, T., MacKay, I., Metteri, A., & Pajula, M-L. (2001). *Social work and health restructuring in Canada and Finland.* Social Work in Health Care, 34(1/2), 71-87.

Holden, M. (2011). Public participation and local sustainability: Questioning a common agenda in urban governance. *International Journal of Urban and Regional Research, 35(2)*, 312-329. doi:10.1111/j.1468-2427.2010.00957.x

Homan, M. S. (2008). *Promoting community change: Making it happen in the real world*, (4th Ed.). Belmont, CA: Thomson/Brooks/Cole Publishing Company.

Hupcey, J.E., Morse, J.M., Lenz, E.R., & Tason, M.C. (1996). Wilsonian methods of concept analysis: A critique. *Scholarly Inquiry for Nursing Practice: An International Journal, 10(3),* 185-210.

IAP2 (International Association of Public Participation). (2006). IAP2's public participation toolbox online. Retrieved June 29, 2010 from http://iap2.affiniscape.com/associations/4748/files/06Dec_Toolbox.pdf

IAP2. (2007). *IAP2 spectrum of public participation online.* Retrieved from http://www.iap2.org/associations/4748/files/IAP2%20Spectrum_vertical.pdf

Johnson, D. (2006). *Thinking government: Public sector management in Canada*, (2nd Ed.). Peterborough, ON: Broadview Press.

Keane, J. (2009). *The life and death of democracy*. New York: W. W. Norton & Company, Inc.

Keane, J. (2012). "Silence and catastrophe: New reasons why politics matters in the early years of the twenty-first century". *The Political Quarterly*, *83(4)* October-December, 660-668.

Kettner, P. M. (2002). *Achieving excellence in the management of human service organizations.* Boston, MA: Allyn & Bacon.

Kickbusch, I. (2005, November). Tackling the political determinants of global health. *British Medical Journal, 331,* 246-247.

Kickbusch, I. (2007). Health governance: The health society. In D.V. McQueen, & I. Kickbusch (Eds.), *Health and modernity: The role of theory in health promotion.* New York, NY: Springer Science+Business Media, LLC. Retrieved from http://www.springerlink.com

Kirby, M.J.L. (Chair) (2002). *The health of Canadians - The federal role: Final report on the state of the health care system in Canada, volume six: Recommendations for reform.* Ottawa: Canada.

Kretzmann, J.P. & McKnight, J.L. (1993). *Building communities from the inside out.* Chicago, IL: ACTA Publications.

Lafrance, J. L. (1993). *Citizens, volunteers, and participation in social welfare programs: An exploration of social service administrators' perspectives*. (Dissertation: Univ. of Southern California).

Lalonde, M. (1974). *A new perspective on the health of Canadians: A working document.* Ottawa, Canada: National Health and Welfare.

Langille, D. (2004). The political determinants of health. In Raphael, D. (Ed.). *Social determinants of health: Canadian perspectives* (pp. 283 – 296). Toronto, ON: Canadian Scholars' Press.

Lasch, C. (1978). *The culture of narcissism: American life in an age of diminishing expectations.* New York: W. W. Norton & Company.

Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services.* New York: Russell Sage Foundation.

Manitoba Health and Healthy Living. (2009). *Community health assessment guidelines.* Winnipeg, MB: Accountability Support Branch.

Manitoba Health. (2013, February 11th). *Regional Health Authorities of Manitoba.* Retrieved February 26, 2013 from http://www.gov.mb.ca/health/rha/index.html

Marmot, M. & Wilkinson, R. G. (Eds.). (2006*). Social determinants of health*, (2nd Ed.). Oxford: Oxford University Press.

Maxwell, J., Rosell, S., & Forest, P.G. (2003). Giving citizens a voice in healthcare policy in Canada. *British Medical Journal, 326,* 1031-1033.

Minkler, M. (Ed.). (1999). *Community organizing and community building for health.* New Brunswick, NJ: Rutgers University Press.

Morse, J.M., Hupcey, J.E., Mitcham, C., & Lenz, E.R. (1996). Concept analysis in nursing research: A critical appraisal. *Scholarly Inquiry for Nursing Practice: An International Journal, 10(3),* 253-277.

Moynihan, D. P. (1969). *Maximum feasible misunderstanding: Community action in the war on poverty.* New York: Free Press

Mulgan, G. (1997). *Connexity: How to live in a connected world.* London: Chatto & Windus Ltd.

NASW (National Association of Social Workers). (2008). *Code of Ethics, revised by the 2008 NASW Delegate Assembly.* Retrieved November 17, 2009 from http://www.socialworkers.org/pubs/code/code.asp

Newman, S. (2001). *From Bakunin to Lacan: Anti-authoritarianism and the dislocation of power.* Oxford: Lexington Books.

Nietzsche, F. (2002). *Beyond good and evil: Prelude to a philosophy of the future.* (R. Horstmann and J. Norman, Eds.; J. Norman, Trans.). West Nyack, NY: Cambridge University Press. (Original work published 1886).

Noss, R. F., and Cooperrider, A. (1994). *Saving Nature's Legacy: Protecting And Restoring Biodiversity.* Washington, DC: Island Press.

OECD (Organization for Economic Co-operation and Development). (2001, July). *Engaging citizens in policy-making: Information, consultation and public participation.* OECD Public Management Policy Brief No.10.

OECD . (2009). *Focus on citizens: Public engagement for better policy and services.* OECD Studies on Public Engagement. Paris: OECD Publishing.

OECD. (2008, March). *Mind the gap: Fostering open and inclusive policy making, an issues paper.* Third Meeting of the Steering Group on Open and Inclusive Policy Making. La Muette: OECD Headquarters.

Orwell, G. (1946). *Animal Farm.* New York: Harcourt, Brace and Co..

Oxford English Dictionary (OED) - Online. (2nd Ed.). Retrieved from http://dictionary.oed.com.proxy1.lib.umanitoba.ca/entrance.dtl

Patton, M.Q. (1987). *How to use qualitative methods in evaluation.* Newbury Park, CA: SAGE Publications.

Patton, M.Q. (2002). *Qualitative research and evaluation methods*, (3rd Ed.). Thousand Oaks, CA: Sage Publications.

Pharr, S.J. & Putnam, R.D. (Eds.). (2000). *Disaffected democracies: What's troubling the trilateral countries?* Princeton, NJ: Princeton University Press.

Putnam, R.D. (1976). *The comparative study of political elites.* Englewood Cliffs, NJ: Prentice-Hall.

Putnam, R.D., Leonardi, R. & Nanetti, R.Y. (1993). *Making democracy work: Civic traditions in modern.* Italy. Princeton, NJ: Princeton University Press.

Raphael, D. (Ed.). (2004). *Social determinants of health: Canadian perspectives.* Toronto, ON: Canadian Scholars' Press.

Res Publica. (n.d.). Res publica. Retrieved June 2, 2010, from: http://therespublica.org/index.htm

Rice, J. J. & Prince, M. J. (2000). *Changing politics of Canadian social policy*. Toronto, ON: University of Toronto Press.

Rodgers, B.L. (1993). Concept analysis: An evolutionary view. In Rodgers, B.L. & Knafl, K.A. (Eds.), *Concept development in nursing: Foundations, techniques, and applications* (pp. 73-92). Philadelphia, PA: W.B. Saunders Company.

Rodgers, B.L. (2000). Concept analysis: An evolutionary view. In Rodgers, B.L. & Knafl, K.A. (Eds.), *Concept development in nursing: Foundations, techniques, and applications* (2nd Ed.) (p 77-102). Philadelphia, PA: W.B. Saunders Company.

Rodrigues, G. (2006, May). *An examination of concept analysis methods for efficacy in clarifying health concepts.* Poster session presented at the 97th annual conference of the Canadian Public Health Association, Vancouver, B.C.

Romanow, R. J. (Commissioner). (2002). *Building on values: The future of health care in Canada - final report.* Saskatoon, SK: The Commission on the Future of Health Care in Canada.

Rousseau, J. J. (2008). *The social contract.* (G.D.H. Cole, Trans.). New York.: Cosimo. (Original work published 1762).

Rowe, G., & Frewer, L. (2005). A typology of public engagement mechanisms. *Science, Technology & Human Values, 30(2),* 251-290

Roy, A. (2004). *Public power in the age of empire.* New York, NY: Seven Stories Press.

Salamon, L.M. (2010). Putting the civil society sector on the economic map of the world. *Annals of Public and Cooperative Economics, 81(2),* 167-210

Shields, J. & Evans, M. (1998). *Shrinking the state: Globalization and public administration "reform".* Halifax, NS: Fernwood Publishing.

Smith, B. L.. (September 2003). *Public policy and public participation: Engaging citizens and community in the development of public policy.* Prepared for the Population and Public Health Branch, Atlantic Regional Office, Health Canada.

Social Planning Council of Winnipeg. (May 2000). *Tools in the hands of communities: Planning and working at the neighborhood level.* Winnipeg, MB: SPCW.

The Council of the Federation. (2012). *From Innovation to Action: The Council of the Federation First Report of Health Care Innovation Working Group.* Retrieved February 26, 2013 from: http://www.councilofthefederation.ca/pdfs/Health%20Innovation%20Report-E-WEB.pdf

Tomblin, S. (2004). Creating a more democratic health system: A critical review of constraints and a new approach to health restructuring. In T. McIntosh, P. Forest, &

G.P. Marchildon (Eds.), *The governance of health care in Canada* (pp. 280-311). Toronto: University of Toronto Press.

UN/ECE. (2000). *The Aarhus convention: An implementation guide.* UN/ECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters. Prepared by Stec, S. and Casey-Lefkowitz, S., Jendroska, J. (eds.). New York and Geneva: United Nations Publications. Retrieved from: http://www.unece.org/env/pp/guidancedocs.htm

Wacquant, L. (2009*). Punishing the poor: The neoliberal government of social insecurity.* London: Duke University Press

Wacquant, L. (2010). Crafting the neoliberal state: Workfare, prisonfare, and social insecurity. *Sociological Forum, 25(2),* 197-220.

Walker, L.O., & Avant, K.C. (2005). *Strategies for theory construction in nursing* (4th Edition). New Jersey: Pearson Prentice Hall.

WHO (World Health Organization). (1978). *Declaration of Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.* Geneva, Switzerland: WHO.

WHO. (1986). *Ottawa charter for health promotion.* Ottawa: Health and Welfare Canada.

WHO. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health.* Geneva: WHO.

WHO. (2009). *Governance.* Retrieved October 27, 2009 from: www.who.int/governance/en/index.html

Willet, C. (1998). The Master-Slave dialectic: Hegel vs. Douglass. In T. L. Lott (Ed.), *Subjugation and bondage: Critical essays on slavery and social philosophy* (pp. 151-170). Lanham, MD: Rowman & Littlefield Publishers, Inc.

Wilson, J. (1969). *Thinking with concepts.* London: Cambridge University Press.

Wilson, J. (1986). What philosophy can do. Totowa, NJ: Barnes & Noble Books.

WRHA (Winnipeg Regional Health Authority). (2004, May). *Community development and public participation framework.* Winnipeg, MB: WRHA.

WRHA. (2005, August 23). *WRHA community health advisory councils board policy.* Retrieved from: http://www.wrha.mb.ca/about/chac/files/CHAC_TOR_Sept05.pdf

WRHA. (2010). *Winnipeg regional health authority community development framework.* Winnipeg: WRHA.

WRHA. (April, 2012). Reporting back to the community health advisory councils about how their input is used. Winnipeg: WRHA.

WRHA. (n.d.). *Terminology key.* Winnipeg, MB: WRHA

WRHA. (Revised September 27, 2011). *WRHA community health advisory councils: Board policy.* Winnipeg: WRHA.

WRHA. (January 2012). *Community Health Advisory Councils "Public engagement in health: Community perspectives"* (Summary Version). Compiled by: Colleen Schneider, Manager, Community Health Advisory Councils, WRHA.

Wyman, M. (2001, July). *Thinking about governance: A draft discussion paper.* Prepared for the Commonwealth Foundation, Citizens and Governance Programme. Retrieved June 2, 2010, from: http://www.democracyeducation.net/Publications/governance.pdf

Appendix A: Data Coding System

Item: An item is a book, journal article, dictionary definition, thesis/dissertation, and government document or association paper. Items are numbered as follows:

Book = 1

Journal Article = 2

Dictionary Definitions = 3

Thesis/Dissertation = 4

Government Documents = 5

Association/Conference/Congress Papers = 6

Discipline Source: A discipline source here means a broad subject area of knowledge. Disciplines are lettered as follows:

Political Studies = A

Sociology = B

Nursing = E

Social Work = F

Appendix B: Data Collection Form

Sequence Number,

Discipline Letter and Item Number Type:

An Instance/Definition/Indication:

Essential/Typical Features:

Alternate Expressions/Terms:

Conditions & Setting:

Related Concepts:

Antecedents:

Consequences:

Preliminary Use Category:

Appendix C: Reference Key for Social Work Abstracts

F1-2   Andrews, A. B., Motes, P. S., Flerx, V. C., Fede, A. L., & Floyd, A. G. (2006). Building evaluation capacity in community-based organizations: Reflections of an empowerment evaluation team. *Journal of Community Practice*, *13(4),* 85-104.

F2-2   Salzer, M. S. (1997). Consumer empowerment in mental health organizations: Concept, benefits, and impediments. *Administration and Policy in Mental Health*, *24(5),* 425-434.

F3-2   Speer, P. W., & Zippay, A. (2005). Participatory decision-making among community coalitions: An analysis of task group meetings. *Administration in Social Work, 29(3),* 61-77.

F4-2   Thompson, M., Minkler, M., Bell, J., Rose, K., & Butler, L. (2003). Facilitators of well-functioning consortia: National health start program lessons. *Health & Social Work*, *28(3),* 185-195.

F5-2   Poindexter, C. C., & Lane, T. S. (2003). Choices and voices: Participation of people with HIV on Ryan White Title II consumer advisory boards. *Health & Social Work, 28(3),* 196-205.

F6-2   Marfo, E. (2008). Institutionalizing citizen participation and community representation in natural resource management: Lessons from the social responsibility agreement negotiation in Ghana. *Community Development Journal, 43(4),* 398-412.

F7-2   Potting, M. (2009). Changing social responsibilities: The role of advocacy organisations in the construction of the social support act in the Netherlands. *European Journal of Social Work*, 12(2), 169-183.

F8-2   Dorsner, C. (2008). Implementing the Yaounde Declaration: Practical issues on participatory processes in community development projects. *Community Development Journal, 43(4),* 413-427.

F9-2   Wang, C. C. (2006). Youth participation in photovoice as a strategy for community change. *Journal of Community Practice*, *14(1),* 147-161.

F11-2 Daley, J., & Marsiglia, F. (2000). Community participation: Old wine in new bottles? *Journal of Community Practice, 8(1),* 61-86.

F13-2 Postle, K., & Beresford, P. (2007). Capacity building and the reconception of political participation: A role for social care workers? *The British Journal of Social Work*, *37(1),* 143-158.

F14-2 Kauffman, S. E. (1995). Conflict and conflict resolution in citizen participation programs: A case study of the Lipari landfill superfund site. *Journal of Community Practice*, *2(2),* 33-54.

F15-2 Jurkowski, E., Jovanovic, B., & Rowitz, L. (2002). Leadership/citizen participation: Perceived impact of advocacy activities by people with physical disabilities on access to health care, attendant care and social services. *Journal of Health & Social Policy*, *14(4),* 49-61.

F16-2 Henning, C., Ahnby, U., & Osterstrom, S. (2009). Senior housing in Sweden: A new concept for aging in place. *Social Work in Public Health*, 24(3), 235-254.

F17-2 Domanski, M. D. (1998). Prototypes of social work political participation: An empirical model. *Social Work*, *43(2),* 156-167.

F18-2 Bland, R., Laragy, C., Giles, R., & Scott, V. (2006). Asking the customer: Exploring consumers' views in the generation of social work practice standards. *Australian Social Work, 59(1),* 35-46.

F19-2 Hunt, V. H. (2007). Community development corporatons and public participation: Lessons from a case study in the Arkansas Delta. *Journal of Sociology and Social Welfare*, *34(3),* 9-35.

F20-2 Farquhar, S., & Dobson, N. (2004). Community and university participation in disaster-relief recovery: An example from eastern North Carolina. *Journal of Community Practice, 12(3*), 203-217.

F21-2 Ohmer, M., & Beck, E. (2006). Citizen participation in neighborhood organizations in poor communities and its relationship to neighborhood and organizational collective efficacy. *Journal of Sociology and Social Welfare*, 33(1), 179-202.

F22-2 Dalton, R. J. (1993). Citizens, protest, and democracy. *Annals of the American Academy of Political and Social Science (Entire Issue)*, 528

F23-4 Lafrance, J. L. (1993). *Citizens, volunteers, and participation in social welfare programs: An exploration of social service administrators' perspectives*. (Dissertation: Univ. of Southern California).

F24-2 Turner, J. T. (1991). Participative management: Determining employee readiness. *Administration and Policy in Mental Health, 18(5),* 333-341.

F26-2 Asgarkhani, M. (2007). Social inclusion: The reality of social inclusion through digital government. *Journal of Technology in Human Services*, 25(1), 125-144.

F29-2 Iatridis, D. S. (1990). Cuba's health care policy: Prevention and active community participation. *Social Work*, *35(1),* 29-35.

F30-2 Ross, E. C. (2000). Will managed care ever deliver on its promises? Managed care, public policy, and consumers of mental health services. *Administration and Policy in Mental Health*, *28(1),* 7-22.

F32-2 Ohmer, M. L. (2007). Citizen participation in neighborhood organizations and its relationship to volunteers' self-and collective efficacy and sense of community. *Social Work Research*, *31(2),* 109-120.

F33-2 Vasoo, S. (1991). Grass-root mobilisation and citizen participation: Issues and challenges. *Community Development Journal*, 26(1), 1-7.

F35-2 Albert, J. (1992). If we don't do it, it won't get done: A case study from Nicaragua. *International Social Work*, *35(2),* 229-241.

F36-2 Perlmutter, F. D., & Cnaan, R. A. (1999). Community development as a public sector agenda*. Journal of Community Practice, 6(4),* 57-77.

F37-2 Checkoway, B. (1995). Six strategies of community change. *Community Development Journal*, *30(1),* 2-20.

Appendix D: Reference Key for Sociological Abstracts

B1-2   Jonsson, A. (2005). Public participation in water resources management: Stakeholder voices on degree, scale, potential, and methods in future water management. *Ambio, 34(7),* 495-500. doi:10.1043/0044-7447(2005)034[0495:PPIWRM]2.0.CO;2

B2-2   Hendriks, C. M., & Carson, L. (2008). Can the market help the forum? Negotiating the commercialization of deliberative democracy. *Policy Sciences*, *41(4),* 293-313. doi:10.1007/s11077-008-9069-8

B3-2   Montpetit, E. (2008). Policy design for legitimacy: Expert knowledge, citizens, time and inclusion in the United Kingdom's biotechnology sector. *Public Administration*, *86(1),* 259-277. doi:10.1111/j.1467-9299.2007.00698.x

B4-2   De Muro, P., Di Martino, P., & Cavola, L. (2007). Fostering participation in Scampia: Let's make a piazza. *European Urban and Regional Studies*, *14(3),* 223-237. doi:10.1177/0969776407077740

B6-2   Mutamba, E. (2004). Community participation in natural resources management: Reality or rhetoric? *Environmental Monitoring and Assessment*, *99(1-3),* 105-113. doi:10.1007/s10661-004-4010-x

B7-2   Martinez, M. (2011). The citizen participation of urban movements in spatial planning: A comparison between Vigo and Porto. *International Journal of Urban and Regional Research*, *35(1),* 147-171. doi:10.1111/j.1468-2427.2010.00956.x

B8-2   Rogers, R. (2003). Public participation in the 1970s channel tunnel debate part II: The garden tunnel alternative. *Science as Culture*, 12(3), 275-275-301. doi:10.1080/09505430309012

B9-2   Silverman, R. M. (2009). Sandwiched between patronage and bureaucracy: The plight of citizen participation in community-based housing organisations in the US. *Urban Studies*, *46(1),* 3-25. doi:10.1177/0042098008098634

B11-2 West, W. F. (2009). Inside the black box: The development of proposed rules and the limits of procedural controls. *Administration & Society*, *41(5),* 576-599. doi:10.1177/0095399709339013

B12-2 John, P., Fieldhouse, E., & Liu, H. (2011). How civic is the civic culture? Explaining community participation using the 2005 English citizenship survey. *Political Studies*, *59(2),* 230-252. doi:10.1111/j.1467-9248.2011.00891.x

B13-2 Cai, G., & Yu, B. (2009). Spatial annotation technology for public deliberation. *Transactions in GIS, 13(1361-1682),* 123-146. doi:10.1111/j.1467-9671.2009.01154.x

B14-2 Ananda, J. (2007). Implementing participatory decision making in forest planning. *Environmental Management, 39(4),* 534-544. doi:10.1007/s00267-006-0031-2

B15-2 Pestoff, V. (2009). Towards a paradigm of democratic participation: citizen participation and co-production of personal social services in Sweden. *Annals of Public and Cooperative Economics, 80(2),* 197-224. doi:10.1111/j.1467-8292.2009.00384.x

B16-2 Bekkers, V. (2004). Virtual policy communities and responsive governance: Redesigning on-line debates. *Information Polity, 9(3-4)*, 193-203.

B17-2 McDermont, M., Cowan, D., & Prendergrast, J. (2009). Structuring governance: A case study of the new organizational provision of public service delivery. *Critical Social Policy, 29(4),* 677-702. doi:10.1177/0261018309341899

B18-2 Tapia, A. H., & Ortiz, J. A. (2010). Network hopes: Municipalities deploying wireless internet to increase civic engagement. *Social Science Computer Review, 28(1),* 93-117. doi:10.1177/0894439309335169

B19-2 Tang, B., Wong, S., & Lau, M. (2008). Social impact assessment and public participation in china: A case study of land requisition in Guangzhou. *Environmental Impact Assessment Review, 28(1),* 57-57-72. doi:10.1016/j.eiar.2007.03.004

B20-2 Maginn, P. J. (2007). Towards more effective community participation in urban regeneration: The potential of collaborative planning and applied ethnography. *Qualitative Research, 7(1),* 25-43. doi:10.1177/1468794106068020

B21-2 Stewart, K. (2007). Write the rules and win: Understanding citizen participation game dynamics. Public *Administration Review, 67(6),* 1067-1076. doi:10.1111/j.1540-6210.2007.00798.x

B22-2 Gottweis, H. (2008). Participation and the new governance of life. *BioSocieties*, *3(3),* 265-286. doi:10.1017/S1745855208006194

B23-2 Rimskii, V. (2008). The active civic involvement of Russia's citizens. *Russian Social Science Review, 49(4),* 14-23.

B24-2 Metzger, E., & Lendvay, J. (2006). Seeking environmental justice through public participation: A community-based water quality assessment in BayView hunters point. *Environmental Practice, 8(2),* 104-104-114. doi:10.1017/S1466046606060133

B25-2 Keevers, L., Treleaven, L., & Sykes, C. (2008). Partnership and participation: Contradictions and tensions in the social policy space. *Australian Journal of Social Issues*, *43(3),* 459-477.

B26-2 Anderson, C., Beazley, K., & Boxall, J. (2009). Lessons for PPGIS from the application of a decision-support tool in the nova forest alliance of Nova Scotia, Canada.

Journal of Environmental Management, *90(6),* 2081-2089. doi:10.1016/j.jenvman.2007.08.031

B27-2 Kakumba, U. (2010). Local government citizen participation and rural development: Reflections on uganda's decentralization system. *International Review of Administrative Sciences*, *76(1),* 171-186. doi:10.1177/0020852309359049

B28-2 Blakeley, G. (2010). Governing ourselves: Citizen participation and governance in Barcelona and Manchester. *International Journal of Urban and Regional Research*, *34(1),* 130-145. doi:10.1111/j.1468-2427.2010.00953.x

B29-2 Martin, G. (2008). 'Ordinary people only': Knowledge, representativeness, and the publics of public participation in healthcare. *Sociology of Health and Illness*, *30(1),* 35-35-54. doi:10.1111/j.1467-9566.2007.01027.x

B30-2 Bayley, C., & French, S. (2008). Designing a participatory process for stakeholder involvement in a societal decision. *Group Decision and Negotiation*, *17(3),* 195-210. doi:10.1007/s10726-007-9076-8

B31-2 Hilbert, M., Miles, I., & Othmer, J. (2009). Foresight tools for participative policy-making in inter-governmental processes in developing countries: Lessons learned from the eLAC policy priorities delphi. *Technological Forecasting and Social Change*, *76(7)*, 880-896. doi:10.1016/j.techfore.2009.01.001

B32-2 Larson, K. L., & Lach, D. (2008). Participants and non-participants of place-based groups: An assessment of attitudes and implications for public participation in water resource management. *Journal of Environmental Management, 88(4),* 817-830. doi:10.1016/j.jenvman.2007.04.008

Appendix E: Reference Key for World Wide Political Abstracts

A1-2 Bingham, L. B., Nabatchi, T., & O'Leary, R. (2005). The new governance: Practices and processes for stakeholder and citizen participation in the work of government. *Public Administration Review*, *65(5),* 547-558.

A2-2 Walters, L., Aydelotte, J., & Miller, J. (2000). Putting more public in policy analysis. *Public Administration Review*, *60(4),* 349-359.

A3-2 Holden, M. (2011). Public participation and local sustainability: Questioning a common agenda in urban governance. *International Journal of Urban and Regional Research, 35(2),* 312-329. doi:10.1111/j.1468-2427.2010.00957.x

A4-2 Gregory, R., McDaniels, T., & Fields, D. (2001). Decision aiding, not dispute resolution: Creating insights through structured environmental decisions. *Journal of Policy Analysis and Management*, *20(3),* 415-432.

A5-2 Johnson, T. (2010). Environmentalism and NIMBYism in China: Promoting a rules-based approach to public participation. *Environmental Politics*, *19(3),* 430-448. doi:10.1080/09644011003690914

A6-2 Pratchett, L. (1999). New fashions in public participation: Towards greater democracy? *Parliamentary Affairs*, *52(4),* 616-633.

A7-2 Chettiparamb, A. (2007). Re-conceptualizing public participation in planning: A view through autopoiesis. *Planning Theory*, *6(3),* 263-281. doi:10.1177/1473095207082034

A8-2 Bonham, V., Citrin, T., Modell, S., Franklin, T., Bleicher, E., & Fleck, L. (2009). Community-based dialogue: Engaging communities of color in the United States' genetics policy conversation. *Journal of Health Politics, Policy and Law, 34(3),* 325-359. doi:10.1215/03616878-2009-009

A12-2 Stich, B., & Holland, J. (2011). Using a multiple criteria decision-making model to streamline and enhance NEPA and public participation processes. *Public Works Management & Policy*, *16(1),* 59-89. doi:10.1177/1087724X10390227

A13-2 Hayllar, M. (2007). Governance and community engagement in managing SARS in Hong Kong. *Asian Journal of Political Science*, *15(1),* 39-67. doi:10.1080/02185370701315582

A14-2 Copus, C. (2010). The councillor: Governor, governing, governance and the complexity of citizen engagement. *British Journal of Politics and International Relations*, *12(4),* 569-589. doi:10.1111/j.1467-856X.2010.00423.x

A15-2 Williams , G. (2004). Evaluating participatory development: Tyranny, power and (re)politicisation. *Third World Quarterly*, *25(3),* 557-578. doi:10.1080/0143659042000191438

A16-2 Mullen, C., Hughes, D., & Vincent-Jones, P. (2011). The democratic potential of public participation: Healthcare governance in England. *Social & Legal Studies*, *20(1),* 21-38. doi:10.1177/0964663910391349

A17-2 Hamlett, P., & Cobb, M. (2006). Potential solutions to public deliberation problems: Structured deliberations and polarization cascades. *Policy Studies Journal*, *34(4),* 629-648. doi:10.1111/j.1541-0072.2006.00195.x

A18-2 Gelders, D., Brans, M., Maesschalck, J., & Colsoul, N. (2010). Systematic evaluation of public participation projects: Analytical framework and application based on two Belgian neighborhood watch projects. *Government Information Quarterly*, *27(2),* 134-140. doi:10.1016/j.pce.2007.04.003].

Appendix F: Reference Key for Political Discipline - PAIS Abstracts

a1-2   Mendoza, E., Perz, S., Aguilar, C., Chavez, A., Cullman, G., Duchelle, A., . . . Oosten, C. (2007). The 'knowledge exchange train': A model for capacity building for participatory governance in the South-Western Amazon. *Development in Practice*, *17(6),* 791-791-799. doi:10.1080/09614520701628451

a2-2   Denters, B., & Klok, P. (2010). Rebuilding Roombeek: Patterns of citizen participation in urban governance. *Urban Affairs Review*, *45(5),* 583-583-607. doi:10.1177/1078087409356756

a3-2   Stewart, K. (2006). Designing good urban governance indicators: The importance of citizen participation and its evaluation in greater Vancouver. Graduate Public Policy Program, Simon Fraser University, Vancouver, BC, Canada. doi:10.1016/j.cities.2006.03.003

a5-2   Dougherty, G., & Easton, J. (2011). Appointed public volunteer boards: Exploring the basics of citizen participation through boards and commissions. *American Review of Public Administration*, *41(5),* 519-519-541. doi:10.1177/0275074010385838

a6-2   Quantza, D., & Thurston, W. (2006). Representation strategies in public participation in health policy: The aboriginal community health council. *Health Policy*, *75(3),* 243-243-250.

a8-2   Barnes, M., Newman, J., Knops, A., & Sullivan, H. (2003). Constituting 'the public' in public participation. *Public Administration*, *81(2),* 379-399. doi:10.1111/1467-9299.00352

a9-2   McBride, C. (2007). Reason, representation, and participation. *Res Publica*, *13(2),* 171-189.

a10-2   Resnik, D. (2001). Setting biomedical research priorities: Justice, science, and public participation. *Kennedy Institute of Ethics Journal*, *11(2),* 181-181-204.

a11-2   Mandarano, L., Meenar, M., & Steins, C. (2010). Building social capital in the digital age of civic engagement. *Journal of Planning Literature*, *25(2),* 123-123-135. doi:10.1177/0885412210394102

a12-2   Rowe, G., & Frewer, L. (2005). A typology of public engagement mechanisms. *Science, Technology & Human Values*, *30(2),* 251-251-290. doi:10.1177/0162243904271724

a13-2   Parkinson, J. (2003). Legitimacy problems in deliberative democracy. *Political Studies*, *51(1),* 180-196.

a14-2   Woods, N. (2009). Promoting participation? an examination of rulemaking notification and access procedures. *Public Administration Review*, *69(3),* 518-518-530. doi:10.1111/j.1540-6210.2009.01997.x

a15-2   Hagendijk, R. P. (2004). The public understanding of science and public participation in regulated worlds. *Minerva: A Review of Science, Learning & Policy*, *42(1),* 41-59.

a16-2   Halligan, C. (1995). "Just what the doctor ordered": Oregon's medicaid rationing process and public participation in risk regulation. *Georgetown Law Journal*, *83(0016-8092),* 2697-2726.

a17-2   Montini, T., George, A., Martin-Mollard, M., & Bero, L. (2010). The role of public participation in public health initiatives: An analysis of the WHO framework convention on tobacco control. *Global Public Health*, *5(1),* 48-61. doi:10.1080/17441690802164391

a18-2   Smith, G., & Wales, C. (1999). The theory and practice of citizens' juries. *Policy and Politics*, *27(3),* 295-308.

Appendix G: Reference Key for Nursing Discipline – CINHAL Abstracts

E1-2   Pickard, S., Marshall, M., Rogers, A., Sheaff, R., Sibbald, B., Campbell, Halliwell, S., & Roland, M. (2002). User involvement in clinical governance. *Health Expectations*, *5(3),* 187-198.

E2-5   Abelson, J., Montesanti, S., & Li, K. (2010). Effective strategies for interactive public engagement in the development of healthcare policies and programs. Ottawa, ON, CAN: Canadian Health Services Research Foundation.

E3-2   Callaghan, G., & Wistow, G. (2006). Governance and public involvement in the British national health service: Understanding difficulties and developments. *Social Science & Medicine*, *63(9),* 2289-2300.

E4-2   Milewa, T., Buxton, M., & Hanney, S. (2008). Lay involvement in the public funding of medical research: Expertise and counter-expertise in empirical and analytical perspective. *Critical Public Health*, *18(3),* 357-366.

E5-5   Gauvin, F., & Abelson, J. (2006). *Primer on public involvement.* Toronto, ON, Canada: Health Council of Canada.

E6-2   Chessie, K. (2009). Health system regionalization in Canada's provincial and territorial health systems: Do citizen governance boards represent, engage, and empower? *International Journal of Health Services*, *39(4),* 705-724.

E7-2   Mitton, C., Smith, N., Peacock, S., Evoy, B., & Abelson, J. (2009). Public participation in health care priority setting: A scoping review. *Health Policy*, *91(3),* 219-228. doi:10.1016/j.healthpol.2009.01.005

E8-2   Given, J., & Slevin, E. (2011). Being heard: Aiding public participation in decision making. *Learning Disability Practice*, *14(8),* 26-30.

E9-2   Schweitzer, J. (2008). Improving health services in India: A different perspective: It will not be enough to increase resources and decentralize health programs; existing institutions must also be improved to achieve their purposes and engage civil society. *Health Affairs*, *27(4),* 1002-1004.

E11-2 Rashid, J. R., Spengler, R. F., Wagner, R. M., Melanson, C., Skillen, E. L., Mays, R. A., Jr, Heurtin-Roberts, S., & Long, J. A. (2009). Eliminating health disparities through transdisciplinary research, cross-agency collaboration, and public participation. *American Journal of Public Health*, *99(11)*, 1955-1961. doi:10.2105/AJPH.2009.167932

E12-2 Tritter, J. Q. (2011). Public and patient participation in health care and health policy in the united kingdom. *Health Expectations*, *14(2),* 220-223. doi:10.1111/j.1369-7625.2011.00697.x

E13-2 Tenbensel, T. (2010). Virtual special issue introduction: Public participation in health policy in high income countries. A review of why, who, what, which, and where? *Social Science & Medicine*, *71(9),* 1537-1540. doi:10.1016/j.socscimed.2010.08.005

E14-2 Learmonth, M., Martin, G. P., & Warwick, P. (2009). Ordinary and effective: The catch-22 in managing the public voice in health care? *Health Expectations*, *12(1),* 106-115. doi:10.1111/j.1369-7625.2008.00529.x

E15-2 Menon, D., Stafinski, T., & Martin, D. (2007). Priority-setting for healthcare: Who, how, and is it fair? *Health Policy*, 84(2–3), 220-233. doi:10.1016/j.healthpol.2007.05.009

E16-2 Shagi, C., Vallely, A., Kasindi, S., Chiduo, B., Desmond, N., Soteli, S., Kavit, N., Vallely, L., Lees S., Hayes, R., & Ross, D. (2008). A model for community representation and participation in HIV prevention trials among women who engage in transactional sex in Africa. *AIDS Care, 20(9),* 1039-1049.

E17-2 Abelson, J., Forest, P., Eyles, J., Casebeer, A., Martin, E., & Mackean, G. (2007). Examining the role of context in the implementation of a deliberative public participation experiment: Results from a Canadian comparative study. *Social Science & Medicine, 64(10),* 2115-2128.

E19-2 Hughes, D., Mullen, C., & Vincent-Jones, P. (2009). Choice vs. voice? PPI policies and the re-positioning of the state in England and Wales. *Health Expectations*, *12(3),* 237-250. doi:10.1111/j.1369-7625.2009.00559.x

E20-2 Tomes, N. (2006). The patient as a policy factor: A historical case study of the consumer/survivor movement in mental health. *Health Affairs*, *25(3),* 720-729.

E21-2 Jones, M., & Einsiedel, E. (2011). Institutional policy learning and public consultation: The Canadian xenotransplantation experience. *Social Science & Medicine*, *73(5),* 655-662. doi:10.1016/j.socscimed.2011.06.041

E22-2 Rowe, G., & Frewer, L. *(*2005). A typology of public engagement mechanisms. *Science, Technology & Human Values*, *30(2),* 251-290.

E23-2 Sykes, M. (2003). User involvement in clinical governance. *Quality in Primary Care*, *11(1),* 13-18.

E24-2 Hiller, E. H., Landenburger, G., & Natowicz, M. R. (1997). Public health policy forum. public participation in medical policy-making and the status of consumer autonomy: The example of newborn-screening programs in the United States. *American Journal of Public Health*, *87(8),* 1280-1288.

E25-2 Bolda, E. J., Saucier, P., Maddox, G. L., Wetle, T., & Lowe, J. I. (2006). Governance and management structures for community partnerships: Experiences from the Robert Wood

Johnson foundation's community partnerships for older adults program. *Gerontologist*, *46(3),* 391-397.

E26-2 Barnes, M., & Coelho, V. S. (2009). Social participation in health in Brazil and England: Inclusion, representation and authority. *Health Expectations*, *12(3),* 226-236. doi:10.1111/j.1369-7625.2009.00563.x

E27-2 Baccaro, L., & Papadakis, K. (2009). The downside of participatory-deliberative public administration. *Socio-Economic Review*, *7(2),* 245-276. doi:10.1093/ser/mwn030

E28-2 Lewis, R., & Hinton, L. (2008). Citizen and staff involvement in health service decision-making: Have national health service foundation trusts in England given stakeholders a louder voice? *Journal of Health Services Research & Policy*, *13(1),* 19-25.

E29-2 Walmsley, H., L. (2011). Stock options, tax credits or employment contracts please! The value of deliberative public disagreement about human tissue donation. *Social Science & Medicine*, *73(2),* 209-216. doi:10.1016/j.socscimed.2011.05.005

E30-2 Bennetts, W., Cross, W., & Bloomer, M. (2011). Understanding consumer participation in mental health: Issues of power and change. *International Journal of Mental Health Nursing*, *20(3),* 155-164. doi:10.1111/j.1447-0349.2010.00719.x

E31-2 Marks, L., Cave, S., & Hunter, D. J. (2010). Public health governance: Views of key stakeholders. *Public Health*, *124(1),* 55-59. doi:10.1016/j.puhe.2009.11.006

E32-5 Abelson, J. (2004). *Engaging citizens: One route to health care accountability.* Ottawa, ON, Canada: Canadian Policy Research Networks.

Appendix H: Essential Features Summaries Social Work Discipline

F4-2 Definition of participation through general construct of empowerment "…enabling process through which individuals and communities take control over their lives and their environment, empowerment at the organizational level…settings…four strategies that facilitate the empowerment process and outcomes have been identified: '(1) enhancing experience and competence, (2) enhancing group structure and capacity, (3) removing social and environmental barriers, and (4) enhancing environmental support and resources' (Fawcett et al., 1995, p. 679)…emphasis on 'education, participation and capacity building' p. 220) as three critical areas for attention in organizing women of color, and by extension, communities of color" (p187-188). Empowerment basis is individual but extends to community or collective action.
F4-2 Primary features

F7-2 Descriptive study of influence national advocate organizations (health, mental and welfare sector) had on formulation of Social Support Act, Netherlands. Coalition of 18 organizations (5 million citizens) signed a broad manifesto of 10 conditions of acceptance for Act. Service user role is re-defined as self-reliant and active citizens. "The Social Support Act imposes two requirements on municipalities: participation of citizens and accountability to citizens. This implies that municipalities must involve their citizens and the institutions who are stakeholders in social support in the preparation and implementation of local support policy. A municipality is accountable to its citizens and local institutions by clearly demonstrating their achieved results (Tjalma-den Oudsten et al. 2006)" (p 171). Some over-representation of health care groups, but many demands granted, key amendments included user involvement was given stronger legal base. Community coalition building is a pathway to pp.
F7-2 Primary Case

U.K. national theoretical study, links involvement in public policy to political activity, small "p" political participation, suggesting role for s.w.. "Participatory, or direct democracy, refers, at the mid (as opposed to macro) level, to forms of self-organization which are non-party and includes the actions of, for example, community action groups, voluntary organizations and self-help groups generally, forming communities of interest (Hambleton and Hoggett, 1988). Participatory democracy offers the opportunity for working against the exclusionary effects of discrimination, poverty and stigma, and towards inclusion by involving people as fully as possible…enabling their own voices to be heard (Barnes, 1997)" (p 146). Conditions & Setting: UK context, rise in new social movements with concurrent decline in political party voting and membership (p 148). Contemporary SW apolitical, dominated by managerialist culture, marketization of welfare, complies with dominant ideologies yet (p 144) International Federation of SW definition (rights and social justice based) suggests crossroads or nexus. Related Concepts: Empowerment (liberation from, instead of incorporation or training into existing culture/structures), citizenship, representative democracy (p 147). Antecedents: (p 150) Remove access barriers (lack of time, money, jargon, recognize diversity/difference) and tokenistic consult. Requires

advocacy ie. capacity building and "enlightened professionals" to ally with (p 153). Consequences: Increased social justice and human rights.
F13-2 Primary features

F21-2 Examined citizen participation in neighborhood organizations in poor communities and relationship to collective efficacy among residents. Results: the more they participated in their neighborhood organization, the greater their organizational collective efficacy, but not neighborhood collective efficacy. Participation: "Citizen participation is the active, voluntary involvement of individuals and groups to change problematic conditions in poor communities, and influence the policies and programs that affect the quality of their lives or the lives of other residents…Citizen participation has enhanced the effectiveness of community-based social work strategies by strengthening resident participation in democratic processes, assisting groups in advocating for their needs, and building organizational and community problem-solving resources and capacities…" (180). Citizen participation is a potential social mechanism contributing to collective efficacy. "Theories of collective efficacy build on…self efficacy, which explored an individual's belief in or self-judgment about his or her capabilities to organize and execute actions necessary to achieve desired goals" (181)…r/t confidence. Related Concepts: trust & social cohesion; Antecedents: Address barriers (time and energy, belief in capacity to make a difference or collective efficacy) engaging residents in orgs. builds confidence. Consequences: "…when residents have a greater sense of their own collective agency and power, they are more likely to persevere as problems get more complex and difficult to solve" (192).
F21-2 Primary features

F29-2 Theoretical reflections comparing Cuban and American health care systems. American context has 3 major policy goals---cost containment, promotion of for-profit system, and shifting responsibility from federal government to states and individuals (33). Cuban context is right to health for all. Participation: "…degree to which the nation guarantees its citizens the right to health, the priorities it establishes for health care, and the organizational model it uses to deliver services are more important" (29).
Conditions & Setting: Dramatic rise in USA private insurance premiums b/t 1987-88 from 10 to 70%. Disconnect b/w medical effectiveness and social impact. In Cuban Constitution, health not a product for profit, a right and population participates in developing and maintaining health system #4, in 1980's "health policy shifted emphasis from acute care in hospitals to preventative, primary care in the community" (p30)…in the context of a society committed to collective goals and distributive justice" (32). Strong mutual support networks in Cuba or less urbanization, technological development and mobility (32). Related Concepts: Human Rights; Constitutional Rights of Citizenship; social justice; justice and equity; nationalization; Wellness vs. Illness; health rights; self-governance. Antecedents: WHO goal of "Health for All" requires national political commitment to equitable socioeconomic development and community participation in planning, implementing, and evaluating health care services (29). SW leadership necessary but need "…ideological, social, political, and economic processes involved in reforming the health care system" (34).
F29-2 Primary features

F30-2 Critique of advocates of managed care, examines flaws in the public mental health system, including "absence of meaningful and authentic consumer, family, and enrollee participation in service planning, implementation, and evaluation" (Abstract).
Participation: "In a representative democracy, citizens expect representation, which includes the important principle of meaningful and substantial involvement in the design, delivery, and monitoring of the system. Authentic public participation includes not only this representation, but also the citizens' confidence that their input has an impact. Impact determines whether the involvement was authentic. Sitting through quarterly advisory meetings and listening to whatever the health plan wants to say is not authentic involvement…Since 1986…every state has had to operate a citizens mental health planning and advisory council. Some of these have been shams but many have been forums for meaningful and authentic involvement" (18-19). Essential Features: private vs. public interest nexus is problematic; impact/outcomes determine authenticity of participation; used to appear accountable for legitimacy. Alternate Expressions: Consumer and family participation; involvement; Consumer and Family Advisory Councils. Conditions & Setting: Leading companies formed The American Managed Behavioral Healthcare Association (AMBHA) to initiate dialogue with interest groups to define the public interest in an era where half American population is covered by privately-owned or publicly-traded managed behavioral health care firms. Have not delivered on public interest because of structural disconnect between representative democracy and participatory democracy: follow beacon examples of success.
F30-2 Primary feature

Study examines citizen participation/resident volunteerism in poor neighborhood orgs and volunteers' self and collective efficacy, and sense of community. Cross-sectional survey. Participation: "In this study, citizen participation is conceptualized as volunteers' level of participation in the organization and participation in decision making" (p 111). Public: organizational volunteers. Essential Features: power is policy control; active and voluntary individual agency within local community organizations; collective efficacy (groups' belief in/judgment about their capabilities). Alternate Expressions: citizen and volunteer participation Conditions & Setting: Four neighborhood organizations in poor communities in Pittsburgh, Pennsylvania. Related Concepts: personal and community empowerment. Consequences: "The more volunteers were involved in both the everyday activities of the neighborhood organization (participation level) and decision making, the greater their leadership competence, ability to influence government and neighborhood policy, knowledge and skills in neighborhood development, organizational collective efficacy, and sense of community…" (p 116).
F32-2 Primary features

F33-6 Paper on Asian experience, presented at Conference of International Council of Social Welfare. Participation: UN definition emphasizes efforts of people united with those of government, and entails encouragement of participation and provision of technical supports. Grass-root leaders mobilized by governments, where nominated by authorities = skepticism. Public: Decision/functions of mapping new programs, setting direction and dealing with problems are for high resident orientation (HRO) grass-root leadership (involved people with professional and technical background); "What appears more significant in the urban areas is

that there is an under-representation of neighborhood leaders with lower socio-economic status (SES), although the majority of their working population is engaged in production and service-related occupations" (4). Re: grass-root leadership "A significant number of them also hold executive positions in other civic organizations" leads to role-identity confusion, constrained ability to give their best, participation limited (6). Essential Features: Local non-profit community organizations are base with public sector pathway; Interests are central but conflict seen as negative and hindering effective implementation; Problem is under-representation of lower socio-economic groups. Alternate Expressions: Grass-root mobilization; citizen participation. Conditions & Setting: Asian region; massive relocation of people to urban settings; breakdown of traditional networks, alienation and anomie among residents, disgruntlement from unmet needs. Antecedents: to be progressive, continuity of leadership and direction necessary, requires equitable distribution of responsibilities so less over-loading to communities, and requires high social support (6). Consequences: seen as a panacea to problems from urban renewal and development.

F33-6 Primary features

Case study of popular participation in health and social services in city, Nicaragua. Examines spontaneous mobilization at local level through the Movimiento Comunal (MC) or block association movement, and the Movimiento de la Mujer (M de la M) or the women's movement. Participation: Problematic construct dependent on ideological context of use, intent, and activity, also consequences, for whom, of promoting/engaging popular participation. Means sharing power at individual and collective level in decisions. Means respect for capacity of people to develop own awareness of their needs and act in their own interest, "As a contemporary ideology and practice, popular participation therefore must involve empowerment of the masses and have as one of its goals the reduction of inequality of power (Mulder, 1971: 32) and also the growth of personal power. People are not seen as objects to be acted upon but as subjects who act on their own behalf, and what changes in this transformation is not just the system but also people" (231). Drawn into thinking only locally, in mutual self-help, "not" by appreciating global dynamics – use of community development as a colonial tool "Participation can be used to manage people"…Of central importance here is who initiates and who maintains control over the process…people must 'beware of participation' as a tool of manipulation (231). Public: popular block orgs, its national movement, women against dictatorship (terrorized by national guard, torture, killings). Essential Features: Power take vs. shift; "the starting place" is local/the block. Alternate Expressions: popular participation; community participation; indigenous participation; barrio or neighborhood participation. Conditions & Setting: DSW professor of SW, Carleton University, Ottawa. Nicaragua, Sandinista gov., declared central policies on education, food, water, health and social welfare. Colonial practice, assumptions of modernization of drawing people into 'progress', "Western notions of progress focus on material abundance, for which people must pay the prices of political disempowerment and cultural impoverishment…(232). Conditions of terror and dictatorship. Organizing grew from consciousness of people's own situation with support from CBC's – overtly liberation theology – led to spontaneous local organizing (233). Related Concepts: Indigenous struggle against oppression; just society, liberation, revolution; empowerment; self-help. Antecedents: base is local, basic training for community members with committee responsibility; respect and orientation to social and political learning, "For popular

participation to work, the centralist tendencies of the state must be curbed and ongoing tension…must be recognized and dealt with" (239). Consequences: "Health posts got built, sewage systems installed, new water systems set up, inoculation programmes carried out and in many barrios a sense of community responsibility and capability became established. Individuals…developed capacity to act (239). Conflicts and contradictions but "the people regenerated their own space"

F35-2 Primary Case

National survey of 513 social work leaders involved in 1994's health reform debate…to create an empirical framework for range of advocacy, social action, and political activities. Participation: Numbers of participants key (to advance professions philosophy and goals ie. resource distribution) otherwise by default someone else's policy is advanced. Expand advocacy beyond casework to the broader aspects of macro policy practice. "Whether social workers choose to admit it, social work is political work" (165). "Members of the profession must act on the social, economic, and political realties that affect social workers as citizens, as family members, as professionals, and as advocates" (166). Public: "social workers as mainstream policy actors who can make a difference in policy design, implementation, and outcomes…" (156). Averaged 47 years, 75% female, majority urban, white and highly educated half with MSW's, 88% management. Essential Features: Necessarily political, quantity of participants vital, communication a given, those affected, socio-economic and political reality. Conditions & Setting: USA SW internal "war with itself" re: social justice advocacy skills vs. clinical skills (later ill prepared to succeed in the political arena; welfare state under attack; funding increasingly complex. Antecedents: participatory attributes; attitudes, knowledge and skills in advocacy and social action. Consequences: welfare policy that reflects profession's practice

F17-2 Primary features

F23-4 Dissertation on senior administrator perspectives on citizen and volunteer participation in social services: defined citizen participation (1) as volunteers in social services and, (2) as advisory groups, used to improve bureaucracies. Administrators key b/c at nexus of community and organizational systems. Problem is weak link b/w democracy and administrative state (p 10). Difficult situation for administrators (conflict b/w values of market/bureaucracy and community). Best for administrators when communities comply/fit into organizational objectives, worst experiences when citizens activities interfered with organizational priorities" (p 374). Administrator in/ability to resolve conflicting demands will need support, guidance, ideological & technological prerequisites for change (375), new tools and processes.

F23-4 Related-Borderline feature

F9-2 Descriptive US study of youth participation using Photovoice method – to represent, advocate, and mobilize youth participation for some community and personal change. "Photovoice has three main goals: to enable people to (1) record and represent their everyday realities; (2) promote critical dialogue and knowledge about personal and community strengths and concerns; and (3) reach policymakers" (p 148). Method includes youth participants targeting their audience of decision-makers to invite for presentation, selected first. Recruited from diverse community groups harnessing youth desire for

autonomy and creative expression. Success but needed lots of support for inter-personal/family crisis, had effect on a personal level with elected officials, changing some attitudes, but no other link to policy.
F9-2 Related-Borderline Case

Inconsistencies between ideals (active, critical decision-making on plan, enacting, evaluation) and practice (input on instrument design/program perception) of empowerment; consumer leadership in organizational culture "a rare feature"; consumer term used interchangeably with collective empowerment; Grantmaker, foundation or funder wanted rapid results vs. inclusion/participation (ie. clients encouraged but participation not realized because trust issues, no resources and engaged in start-up programs (90). "…grant maker supported the empowering process in theory, but…not in practice" (94). Good intent but lacking clarity of concepts.
F2-1 Related-Borderline Case

Empowerment = continuous process to promote supportive environment for consumer participation throughout organization, this transfers power from traditional few to all (p 425). Feedback surveys not sufficient to claim consumer empowerment, "In its basic power to form,…would also involve a role in interpreting the input and feedback and the development of interventions…Anything less than participation in the whole process would not be considered empowerment" (p 428)."Power over involves full and complete consumer decision-making, leadership, and responsibility for these programs. Of course, professionals may be allowed to provide input, but only at discretion of consumers. This form of power recognizes that the consumer can also serve as a provider to others, rather than just a passive recipient of services. This role has been referred to as prosumer (e.g., Riessman, 1990)" (p 429).Also associated with power to, power from influences (labeling, stigma, negative side-effects) and encroachments on 'inalienable rights'"(p 429). Equates term 'consumer' with freedom of choice in services. Changes needed to organizational structure, consumer-provider relations, and service philosophy (professional perceptions) p 430.
F2-2 Related-Borderline features

F15-2 Random survey of perceived impact of advocacy activities by disabled leadership on access to health and social services from Canada & USA. Participation: Not defined. Feeling an enhanced sense of ability…as a result of their participation (p 52). "…feel the value of their advocacy efforts" (59). "This study is significant at this time…under three schemes, the consumer often can be left to feel that their voice is unheard. Regardless, the results of this study point to the value of advocacy efforts and highlight the true value of 'empowerment'" (p 59). Empowerment (p 51) – includes partnership; strength-focused; people & environment; "assumption" of client agency; "channeling of energies to historically disempowered groups and individuals…" Alternate Expressions: citizen participation; leadership; activists; consumers; collaborative partnerships. Conditions & Setting: Canada, USA; two-tier and managed care schemes; rising costs, access and quality; social work goal "to empower people from marginalized groups"(50). Vague, incoherent, with mixed concepts. Country contexts for health not comparable.
F15-2 Related-Borderline features

Organizational case study measuring implementation of participative management in municipal mental health agency. Studied perceptions of ideal and actual management styles to move toward an organizational culture where employee participation is norm. Participation: From management perspective, participation or joint decision-making between managers and employees is useful only when 1) participants have 'necessary' task knowledge and skill to contribute; 2) sufficient time for discussion prior to making a decision and; 3) individuals want to be involved in the decision-making process. Antecedents: Testing employees to determine readiness, willingness and ability to participate in joint decision-making (requires employees volunteer their time, effort, responsibility, and be accountability for not reward).

F24-2 Related-Borderline Case

F36-2 Case study of leadership effort in Dept. of Recreation, Philadelphia through a planned transformation of 200 site managers into community organizers, to develop local civic participation, leadership and forge partnerships b/w residents, public and private sectors. Participation: An citizen advisory council 'viewing the local citizenry as equal partners in the planning and implementation processes' but Commissioner's view, was a good working relationship and consensus. If there was disagreement, the issue was resolved at the departmental level. If the conflict went against departmental policy (this was rare), the Advisory Council could be 'disenfranchised'. 90% of leaders used volunteers as assistants, not involved in decision-making, and recruited for program expertise. Essential Features: Proactive leadership building didn't transfer decision-making power; elected representatives; inclusiveness language, but advisory with little transfer of power. Other motives from Conditions & Setting: "As our society moves towards the minimizing, if not divestment, of public responsibility for providing services to the community, collaboration between public and private sectors becomes all the more urgent" (73). Related Concepts: Community empowerment, partnerships; stakeholders; openness; democracy; inclusion; cooperation; decentralization to locality;

F36-2 Related-Borderline Case

F37-2 Theoretical paper distinguishing among six strategies of community change: mass mobilization (movements remain distinct), social action (organizational building at community level to alter relations of power), citizen participation, public advocacy (representing group interests in legislative, administrative, institutional arenas), popular education (raising critical consciousness of common concerns), and local services development (people provide own services at community level). Identifies 'citizen participation' as strategy, challenging practitioners to fit strategy to community situation. Participation: Strategy to involve citizens in policy planning and program implementation of government agencies, often use participation for administrative ends without significant transfer of power. Uses: to provide public relations for agency plans, or to diffuse antagonism of protest groups, or to legitimate decisions made elsewhere. Thus favor 'safe' methods that provide information without transfer. "In this way participation is not a form of decentralization, but rather a form of deconcentration in which central agencies deconcentrate functions of services to local subareas.

F37-2 Related-Borderline features

Discussion and case study Future Workshop (FW) method/p.p. in Senior Housing, Sweden. FW is pedagogic method (dialogue) or "permanent workshop" (p 246) focusing on those affected by change to be active in political processes and social change, more than in representative democracy. "The concept of empowerment is fundamental to local development work, local self-government, and mobilization of vulnerable groups. It is a concept found in Swedish legislation, and it can be seen as an approach in social work…it involves giving power to someone, and on the other providing someone with an opportunity of taking power…a feeling of having the right to participate. Empowerment refers to resources, opportunities, growth, and development and can be analyzed at the individual, group, organizational, and societal levels…" (p 252). Public: focus on seniors but includes all involved, all sectors Alternate Expressions: FW/dialogues; people's/participation/freedom of choice (buzz words for individual autonomy p 241); grassroots participation. Privatization/private enterprise dominates share in sheltered housing vs. non-profits/coops. National devolution of policy responsibility to municipalities and local settings; move from hierarchical planned gov't administrative economy to "balance" between Market and Civil Society favoring community network-based model; conservatism; individualism.

F16-2 Contrary case

"The research literature has identified procedures for conducting meetings and task groups that are associated with effective decision-making and member participation (Black & Gregersen, 1997; Jay, 2003; Locke & Schweiger, 1979; Miller & Monge, 1987). Among this sample of 188 coalition meetings, however, many of the fundamental procedures of decision making within organizations were inconsistently applied: in a majority of cases topic initiation was hierarchical (issues were raised by staff or officers); substantive issues were dominated by a focus on internal issues; topics were introduced but no decisions were reached; implementation tasks were not specified, and no one was delegated for task implementation" (p 71). Discrepancy in implementation of participatory decision-making procedures at organizational meetings…hierarchical leadership, preoccupation with organizational preservation, decision-making not made, tasks not specified or delegated – opposite of expected elements of effective decision-making based on business management/public administration and coalition building.

F3-2 Contrary Case

F5-2 Participation: "To increase appropriateness and effectiveness of HIV-related programs, social work organizations must invite, gather, and use informed input from people with HIV. The participatory model benefits people living with HIV as well. They gain information and support from peers, increased confidence, knowledge that demystifies organizational processes, decreased stigma and isolation, and recognition for contributions…" (196-7). Participatory nature grounded in productive relationships (197) but 'establishment' especially unclear about relationships, even distrustful (199) input perceived by CAB (Consumer Advisory Board) as not valued, little communications or mixed messages (p 202). CAB's were shifted from "antagonist" or watchdog to "advisor" role, seen as demotion (p 200). Author says experts ought to furnish research and capacity building skills while community members should decide. Findings show recruitment problems (p 201); CAB's felt discounted by new Consortia model.

F5-2 Contrary Case

Case Study of Popular Participation in Forest Management Negotiations in Ghana Community representation, in natural resource management = the micro-politics of rural consensus formation and institutional building (p 399). Public here is forest-fringe communities (FFC) or people who depend on forests for their livelihoods "…(forestry) laws indicate which resources and decisions are in the local public domain…" (p 408).
 "Forest royalties are shared only among traditional authorities (chiefs and traditional councils), the District Assemblies (local government) and other government agencies. Besides this, local people do not obtain any direct economic benefit from trees on their farms or communal lands since all trees are vested in the President and are thus controlled by the state" (p 400). Disconnect between community as an interested party and their representatives. Lands & forests owned by respective communities, held in trust by Chiefs/traditional authorities; stakeholder involvement contested and characterized by conflict despite policy on collaboration (Social Responsibility Agreement or SRA) over benefit sharing, inequitable to local communities (p 400). Rural setting over 70% in poverty; Forestry based study of negotiation process to compare citizen expectations to what happens using Arnstein's levels of citizen participation (p 401). Antecedents "Factors such as the trust that group members have in their representative, belief in such structures, level of civil consciousness, demands for transparency, popular cooperation, and perceived importance of benefits are important in creating diverse conditions for members' participation. In particular, …need to factor in mechanisms that open space for citizen participation…the existence of a structure for community decision-making that is locally accountable and representative (Ribot, 1999)" (p 408).
F6-2 Contrary Case

F8-2 Discussion paper on 2005 Yaounde Declaration on community development in Africa Union. Community participation valued "…as absolute prerequisites for sustainable development in Africa" (p 414) "If participation depends on many variables at the community level and if its practice is intimately linked with exclusion and power, then one needs to conduct an analysis 'on whether and how the structures of participatory projects include/protect/secure the interests of poor people' (Cleaver in Cooke and Kothari, 2001)" (p 415). Non-participation could be a rational strategy if ill detrimental to livelihoods (p 415). Barriers are structural and institutional, esp. material poverty, self-confidence/education, requires support/enabling environment from State and local government (p 425 - 426). Economically powerful groups dominate; distrusted by rest of community, "The most prominent characters of the community represented vested interests groups, in particular, local entrepreneurs" (p 425). Related Concepts: trust (p 424); social exclusion, game theory (p 417); national government decentralization.
F8-2 Contrary Case

F10-2 Literature review and case evaluation on a Partnership to mobilize community, city government, and others to prevent substance abuse. Proposal indicated "centrality of local resident participation to the project' (p 80). "Community members expected to see their input used…First, they observed that often their input was not valued or used by city and Partnership staff. Second, they did not see specific improvements in their neighborhoods in

substance abuse or other significant areas…it appears that community participation in the Partnership is treated by the city as advisory at best. The lack of action and consideration toward community members virtually eliminated their participation in the Partnership. Finally, a cadre of professional participants (agency representatives and core community activists) are maintaining the appearance of a community partnership" (p 83). Practitioners need specific knowledge, attitudes, skills to work with groups historically not involved. Need forms of community involvement, with facilitation for broad-based participation in socially diverse communities with rich set of characteristics ie. culture, ethnicity, language, gender, age, ability, socioeconomic status, sexual orientation and community size (p 83). Integrate leadership/power analysis as central component of practice models ie. inter-group power dynamics (p 84).

F10-2 Contrary case

F 14-2 Case study of community-government agency in environmental hazard remediation program, examines conflict sources and conflict resolution methods during citizen participation program. Participation: For citizens, embodies the popular ethos of democratic activity-direct access and control over government. Expectation that government will implement citizen choice. Empowerment mechanism for both control of the decision-making process, and hold veto power over the final decision…Policy makers/agencies saw citizen role advice or viewed as obstacles to effective implementation or ignored, Pp as a tool to gain 'support for administrative decisions' r/t concept of co-optation. "A more powerful body often uses a less powerful body for its own ends, while giving the impression that a decision has in fact been made more or less democratically " (p 35-36). Institutional barriers "The community, however, discovered that the actual decision-making authority remained with the USEPA…community preferred waste removal…USEPA's final selection…to treat the waste and return it to site…In spite of legislative and regulatory intentions, it appeared to many that participation was an incidental aspect of USEPA processes" (p 43-44). Informational barriers: inability to obtain all info requested, arrived late, extreme quantity and technical level, jargon, ignored chemicals of major concern, avoided words "landfill" and "cancer" in exposure assessments (p 44-45). Interpersonal barriers: relations/constructive dialogue difficult to cultivate d/t large, infrequent, time limited meetings with officials, not receptive, misleading, vague and elusive "Thus, interpersonal relations between the USEPA and the community were characterized by distrust, poor communication, and discontent" (p 45) Public: citizens (community & individuals) or those who "must live with it", the most affected, herded, lack of fit b/w power sharing decisions and use as input for legitimization

F14-2 Contrary Case

Case study of community-university partnership who surveyed survivors in a community-based project for disaster-relief recovery, rural North Carolina. Quantitative and qualitative data 270 surveys, 90% + African American. Participation: include marginalized populations in recovery planning and implementation, engage all people who have a stake in the recovery efforts. Public: Groups typically excluded from community decision-making are more negatively affected by natural disasters, vulnerability determined by resources and coping, the condition of people's lives before (p 205). Two years post hurricane, most citizens still without permanent housing were African Americans (p 206), "communities most affected"

(207) by flooding predominantly African American. "all interested stakeholders to participate" (206). Related Concepts: empowerment, exclusion Antecedents: "…survey respondents felt that their participation in the allocation of funds and resources would have strengthened the post-flood recovery process. When asked if community citizens should be a part of the recovery agencies' decision-making processes, 206 (76%)…answered 'yes' and most offered ideas…Many respondents mentioned that they were excluded from decisions…perceived as lacking intelligence…" (213). Need to deal with barriers/change professional attitudes.

F20-2 Contrary Case

F-26-2 Digital government study in New Zealand on strategic value and effectiveness in enhancing citizen participation and social inclusion. Participation is improved flow of information for more operationally efficient and cost-effective government. Author claims not primarily technical, rather an attempt to improve political and social environment, however, conclusion shows, for governments' public image. Conditions: Worsening digital divide (education and information access are keys to economic prosperity; lack of info/infrastructure, resources, literacy, global internet networks, cost) New Zealand public sector context. Related Concepts: Social inclusion (equality, rights, social cohesion); alternative forms of policy formulation and citizenship, citizen interests, relations of power, community, representation and democratic theory, government capacity (p 131). Antecedents/Consequences: Technological advancements only effective if considered alongside other key parameters social structure: values and attitudes; governance process reengineering within governments; and ethical issues "…results have been less than satisfactory-mainly due to lack of citizens' access, lack of citizens' awareness and training, lack of confidence in public sector agencies, the continuation of complex traditional processes and corruption in the public sector, to name but a few" (p 144).

F26-2 Contrary Case

F22-2 Environmental movement shift in strategy (toxic waste) - from episodic particular policy battles to ongoing governance in regulation and implementation. 'Evolved' from one of representative democracy through organized interest groups to decentralized democracy with the active participation of citizens mobilized through movement organizations. Movement groups insinuated themselves into the established working relations between government and business (co-opted?). New mechanism now individualized ie. not about organized interests but personal persuasion; conflict seems displaced (to divide movement), feds and state government readily adopted: alternative dispute resolution (ADR) "any effort to use informal, face-to-face negotiations and consensus building to resolve disputes over environmental issues". ADR is now institutionalized as major avenue for pp; diversification of interests/perspectives.

F22-2 Contrary feature

Small non-random qualitative study of 48 consumers (young, indigenous, recovering from mental illness or women sexually assaulted) of social work services consulted on two questions (expectations from and effectiveness of sw) to inform professional standards document. Participation: Service improvement through consumer participation. "Participation is a right…Participation ensures better services…strengthen accountability and

ensure increased responsiveness…" (36-37). Relationship (respect, genuineness, empathy, patience, reliability, non-blaming) and helping process was main focus of consumer consultations, yet less emphasized in final document "…an emphasis on necessary outcomes has tended to diminish the focus on process evident in the consumer consultations" (44). Public: Marginalized groups/excluded in Australian SW service sector "The consumer consultations undertaken as part of the process of generating practice standards was an attempt to honour principles of inclusion and empowerment" (45) – failed. "The project was certainly encouraging of the importance of honouring the valuing of the principle of consumer participation…" (45).

Essential Features: Rights and effectiveness/outcomes pitted against each other; Consumers main feedback not incorporated into doc. Conditions & Setting: mandated outcomes on services (prevented consumer emphasis from being included); acceptance of market language in social services (consumers, not citizens). Mixed influences from empowerment principles and market.

F18-2 Contrary Case

F19-2 Lessons from case survey interviews on role of community development corporation (CDCs) in fostering public participation in the local political process. Participation: Informational (receives info) Review (asked for comment) Interactive (citizen/stakeholders participate in joint analysis, leading to action or take control over local decisions giving them incentive in maintaining structures or practices and an investment in outcomes) Public: Impoverished and distressed communities. Essential Features: Language of market 'investment outcomes' mixed in with capacity building of stakeholders, staff, program participants. Alternate Expressions: citizen participation, collective efficacy; capacity building for local political process participation. Conditions & Setting: Absent middle class. Elite segregated from poor. Non-profit community development corporation serving needs of people in poverty in USA. Since 1960's cdc; responsive and representative local action. But funders support short-term capacity building rather than long-term efforts. Organizational context – quandary to produce programmatic results for funding despite varying capacity levels and budget cuts. Related Concepts: self-help, partnerships, empowering people.

F19-2 Contrary Case

Appendix I: Essential Features Summaries Sociology Discipline

Primary/Intended

B4-2 Essential Features: Construct involved direct participation in core processes (planning, design, budgeting) for a public space for youth to assemble and place themselves into governance structure; Aimed at governance…not just planning. Initiated by civic associations/voluntary sector; Local and place-based, like many citizen participation endeavors. Municipality unilaterally modified community's proposal into a different project; Required commitment from authority. Civil society role in local governance was negated; this is a conflict model in which civil society initiates and struggles (losing) with state.
Primary (failed case)

B7-2 Essential Features: Construct limited to planning role, to be gradually institutionalized, focused on subordinated participant agents, under-represented for some control of resource distribution, debate on rights/duties, and access to institutions regulating/negotiating interests…local context and history specificity important. Found high participation may intensify conflict (as in Vigo), where level of pp was low it neutralized conflict (as in Porto). To participate or not is a strategic option for movements. Mode of pp controlled by elites.
Primary (failed case)

B9-2 Essential Features: Directors of community-based housing orgs (CBHO's) conceived of resident participation as board membership (or any form of interaction with board) and employment of local staff. Author calls for broad strategies for participation of indigent residents in direct decision-making related to their local community are needed, along with shift in admin roles from agenda setting/decision-making to facilitation and monitoring of pp to weaken patronage systems. Broad concept based on participatory governance (board) and street-level policymaking (staffing), administration also considered a participatory function.
Primary features

B12-2 Essential Features: Study of civic attitudes found people's sense of belonging (Affect) to their neighbourhood and feeling safe, coupled with skepticism (Trust) of authorities to solve problems, provides greatest incentives for civic participation; individually, collectively, in governance participation and voluntarism. Moral motivations and social norms are not as important for participation. Used a Citizenship Survey 2005, random sample of 15,000 people resident in England and Wales. Also face to face interviews, this analysis focuses on respondents in England, sample size 9,195.
Solid empirical evidence.
Primary Determinants of Participation.

B15-2 Essential Features: Construct deems participation a matter of membership, power to decide, written suggestions, and board representation by locked-in users (cannot exist, so voice is necessary) of (childcare) services that are best promoted by voluntary producers/third sector, particularly parent (daycare) co-ops (over worker co-ops), because

have both democratic ownership and strong responsibility, shown not found in public/private provision. "Third sector providers facilitate citizen participation, while a glass ceiling for participation exists in municipal and for-profit providers". Third sector participation is a proxy for 'public participation' governance?
Primary features

B16-2 Essential Features: Construct of virtual community-based participation (in Linux community) is based on self-organization of pre-existing communities, number of participants not as important as the facilitation of and variety of perspectives brought into deliberation. Requires all info. (the policy kernel) and participation incentives (meaning having a narrow focus on design, implementation and outcomes, peer review). Must be embedded in policy architecture/governance strategy and attentive to tension b/w horizontal and vertical power. Depends on commitment to institutional renewals in public administration and politics. Virtual participation requires technological support (and equipment). Marginalized least likely to be involved. High requirement for self-organization. How does recipient assess her or his efficacy or impact?
Primary features

B3-2 Essential Features: Construct design should both seek knowledge (output/expert) and stimulate belonging (input/citizen), duration of deliberation and inclusiveness important factors for legitimacy. Used to obtain legitimacy especially on controversial matters. Greatest legitimacy comes from inclusive input-oriented process with ample time and "unplanned" or less control of debate. Role of participation in collective identity formulation.
Primary features

B8-2 Essential Features: Construct in 70's was loosely structured, broad public debate and high profile discussions over time, an iterative process of watching and reading public opinion. "Opponents" of the traffic tunnel (social groups that coalesced) reframed design and produced culturally acceptable solution - the low-tech train "garden tunnel" alternative. First ignored, then rejected as "inappropriate" by authorities. Private sector interests under Thatcher didn't care to consult later on. Participation as conflict between state-citizen-market.
Primary features

Borderline

B1-2 Essential Features: Construct focused on inclusiveness in planning (b/w regional authorities and local setting) with participation being Info & Consultation as a given for stakeholders groups (their views were to broaden participation to "everyone who uses water" especially children and youth groups). European Water Framework Directive "Encourage the active involvement of all interested parties" and "ensure" documents available for comment". Language strong/precise for info. provision, weaker for involvement. No role in ongoing governance.
Borderline features

B24-2 Essential Features: Construct a partnership for community-based water quality assessment and monitoring (b/w university, community orgs. and residents). PP used to sow possibility for trust/cooperation (with government and business), resolve conflicts, gain citizen support, and democratize local planning for some justice. Context of poor, minority community with high health risks, deteriorated relations with, and intense suspicion of, authorities. Project trained and paid research monitors, with some other benefits to community. Assessment and monitoring information used to gather baseline data for watershed restoration, to identify potential pollutant sources and health hazards, to build the community's capacity.
Borderline features

B26-2 Essential Features: Constructed as a technical expert-based solution and informational issue, requiring GIS-based tool to manage diversity of stakeholder views/conflict in Canadian Forestry. Indicates community or researcher faced barriers to expected information sharing from private sector, for setting up tool. Rejected by NFA stakeholders as did not meet their needs and no prior participatory methodology for their selection. Context where public had power to reject spurious participation.
Borderline Case

B21-2 Essential Features: Extra-electoral citizen participation, this article explores the biases inherent in citizen participation mechanisms and proposes a model to estimate when and why different mechanisms might be used during "citizen participation games." Construct is framed as two-round-game in state-citizen battleground, where rules of engagement (determine outcome of game/choice of mechanism) are pre-set by state before negotiating with citizens in second round. Mechanisms affording less control to citizens are more common, but dependent on leadership abilities of citizen and state participants. Players need collective action problem skills and to know opponent's mechanism preference, to better control agenda setting – more key than decision negotiation. Overtime, citizens may demand more in writing the rules in first round to win. Great power imbalance when state sets rules in first round. Almost no space for non-spurious participation.
Borderline features

B25-2 Essential Features: Discursive deconstruction of partnership in Australia, attentive to profound contradiction – social inclusion in market-led economies that widen social inequality as an integral by-product of wealth creation (partaking in own victimization?). Managerialist discourses operate at a micro level creating tensions for participation in third sector community organizations, through funding requirements to adopt complex legal accountability and governance frameworks. Network governance paradigm is the means for tackling new forms of decision-making and local institution–building, through co-operation, collaboration and participation, forging new paths between centralization and privatization. Neoliberal discourses operate on macro level as the theoretical fuel for structural adjustment, where new paternalism is the 'close supervision of the poor', thus government moves out of direct service provision/from helping to a controlling and mediating role. Despite being central to neo-liberalist policy objectives, local knowledge and 'distinctive perspectives of community sector are rarely considered in broader theoretical and political debates. Highly contested policy space, creating conditions for critic and intervention. Is both a means to

implement the neo-liberal agenda locally and is collaboration, a new model of inclusive local participation.
Borderline features

B14-2 Essential Features: Construct seen as technical management matter in public consultation phases, proposing decision support tool (GIS Analytic Hierarchy Process) for eliciting and weighting stakeholder preferences. Claims to make process transparent. Assumes authorities first frame the problem, identify management and attribute options, then identify the stakeholders, before decision tool compares and weighs priorities. Construct used to enhance managerial control by avoiding 'inefficient' emotional conflict, and produce decision agreement. Also implies mystification as an administrative control strategy
Borderline case

B18-2 Essential Features: Construct limited to digital information access, an instrumental function – to empower actors. Was used to establish municipal provision of Internet service (deregulated market sees little profit in universal provision). Was promoted as solution to social exclusion, claims municipalities oversimplified pp - hazard of failed technical solutions to complex social problems is decreased engagement and trust in public officials (worsens problem). Authors advocate for partnership models between sectors, where this construct emphasizes social relations, 'bonding' (distinctive) and 'bridging' (inclusive), norms of mutual respect, trust, and reciprocity to build 'stocks of social capital'. Might partnership strategy lead to influence? If yes, is this a route of potential public participation?
Borderline case

B29-2 Essential Features: A discursive construct in Patient and Public Involvement (PPI) in UK service delivery, where the archetypical 'active' citizen is extra-ordinary, reflexive, required 'to know and make knowable' the hard to reach groups, brings experience, knowledge, communicative skills, and rationality b/c governing both government and laypeople's conduct, in a mediating role. A disinterested public and source of collective will, r/t representativeness and govermentality. In a policy context emphasizing partnership, integration, networks b/w communities, state and private sector alongside marketization and centralized authority. Construct meets both democratic and technocratic needs. Author says still about the discursive effects. Main issue is, does it reinforce the market and central authority exclusively or does it provide an opportunity for influence? Not a case study, theoretically, seems little opportunity to influence policy.
Borderline features

B32-2 Essential Features: Participants of place-based groups may not be representative of broader non-participant public (because survey findings revealed watershed council participants were more supportive of resource protection) – ie. they are more interested. Yet positioned to reach residents, to direct their energies to local restoration and monitoring projects, and capacity building for sustainable maintenance. Construct is mandated participation input in natural resource planning, a tool to refocus participants onto 'livability issues', avoids controversial issues such as regulations, over-coming distrust and legitimacy deficits of authorities.
Borderline Case

B17-2 Essential Features: Construct contains inherent contradiction in understandings of neutrality and expertise (in housing UK governance policy) - calls for public participation whilst limiting it, in deployment and structure. Representatives of constituencies required to be neutral in favor of organizational interest, 'representatives without means to represent' and also constrained by expertise phenomenon, privileging finance or corporate experts over other local knowledge. Limits capacity of board to collectively make strategic decisions. Conflicts are considered personal or situational, thus marginalized rather than a general problem for board to solve.
Contrary Case

B20-2 Essential Features: Construct is a pragmatic planning partnership, with apolitical claims, and a contradiction b/w efficiency/profitability and empowerment. UK urban regeneration policy aimed at 'policy agents' (autonomous and free) increasing their communicative rationality, collaborative relations (vs. adversarial) in local communities, towards consensus. Prefers applied rather than critical ethnography (said to be biased in wanting to help disadvantaged groups). Uses pp as mechanism to conceal power relations, diffuse criticism/conflict and redirect social energies toward perspective of authorities, a strategy for co-option.
Contrary case

B22-2 Essential Features: Construct in 'Governance of Life' is political struggle for meaning in both 'state-initiated' or institutionalized participation and non-state-initiated networks, tightly integrated with 'state-craft'. Variant forms for consulting public in agenda-setting, decision-making, policy-formulation, tending to neutrality, often set-up to counter and mediate adversarial involvement. Participation technology is centered on the construction of sought-after 'publics'; refining appropriate 'who's'. Both a possible means to democratizing policy and re-creating trust. 'Resiliency of old institutions' b/c the new logic of governance is the old logic of the market, is developing from within and out (280) into a normalized, less politicized game. Related to 'ethic turn' or personalization of morality, 'what do I do?' Description a classical Chomskian strategy to manufacture consent.
Contrary features

B28-2 Essential Features: Barcelona and Manchester paradigmatic of pp in municipal governance as a strategy to co-opt criticism and conceal real decisions/transactions b/w public sector and dominating private sector. 'Govermentality'= power to coerce, but more importantly normalize and grow consensus 'through the exercise of freedom', pp a site of articulation of global forces (from EU) overarching hegemonic discourse of neoliberalism. PP has limited potential except when breaks down, from force of protest. Possible openings in strategies of individual actors in particularized contexts. When breakdown occurs, however, it may contribute to empowerment of marginalized to participate, even if unintentional.
Contrary Case

B30-2 Essential Features: Construct is a technical methodology for design of participatory processes, from managerial perspective, 'participation is a process of enacting instruments'. Authority formulates models that reflect decision problem, analysis, and implementation.

Public and stakeholders involved at varying levels as decided by authority. Information sharing is core of participation - for the education of participants, ignores participant selection. Risk management. Participants seem to have no influence over what is adopted.
Contrary features

B6-2 Essential Features: Construct initially treated by academic researcher as a technical matter of managing interrelations among stakeholders (chief, resource Park management authority/funded study, local people) to develop collective responsibilities toward resource management. Reality of power relations entrenched in chieftaincy and local authorities, and local people had no voice, institutional infrastructures underdeveloped, and no dialogue present. High conflict. Undertaking reassessed to start at communication (prompted by press criticism). Implies that power must be equalized for true public participation to occur.
Contrary Case

B13-2 Essential Features: Construct is a technical tool for 'decision-driven deliberation', used to manage issues and avoid emotional debate and conflict. Geodiliberator is prototype for structuring "full range" of public input (emphasizing cooperation, logic, and concern for others) with aim to consensually decide on option. Said to contribute to the reproduction of collective knowledge space. However, in their fabricated example, the most affected, smokers, not considered a stakeholder at all. Research supported by private center and Department of Homeland Security. Could this tool equalize power and lead to authentic participation? Not according to case example; still depends on designers to consider the inclusion of all stakeholders.
Contrary Case

B19-2 Essential Features: PP in China is top-down, has led to 'expert cult', contrasted to Western norms "assumption that individuals best understand their own needs". Used to justify already-made project decisions through "mind-engineering" activities, to garner compliance in implementation of land conversion program for redevelopments – 95% of households signed title transfer agreements after participation. Said to be market-led participatory approach, and a condition of international aid. Despite constitutional rights of participation and legislative mandates, has not translated to people's control/input. A legitimation strategy for unpopular action.
Contrary Case

B23-2 Essential Features: pp construct in Russia is adversarial, mass protest considered 'active involvement' more than institutional activities that are hijacked by professional leaders of civic associations/initiatives for personal benefit. Citizens non-participatory; refusal to participate may be a repudiation of political system. Protest and non-participation may influence decisions in that context.
Contrary features (non-participatory outlier)

B27-2 Essential Features: Construct in local government participatory planning focused on political representation, rather than mechanisms of informing/input into local government's decisions. Enlisting opinions - not realized, 'who's opinions' – not specified beyond locals. Contradictory forces associated with 'recentralization of decentralization' throughout Africa.

Context in Uganda where central gov controls 90% of local gov's budgets – patronage corruption rampant. IMF and World Bank poverty reduction strategies direct Uganda "to achieve rapid economic growth and structural transformation, good governance and security; increasing ability of the poor to raise their incomes; and enhance quality of life of the poor". R/t neoliberalism and the new public management 'reducing frontiers of state' and increasing 'public choice', 'stimulating competition'. Political representation could be public participation if politicians consult and take direction from public, but not done here.
Contrary Case

B31-2 Essential Features: ICT (Information Communications Technology) Policy Foresight Priorities Delphi based on open-ended consultations that 'exploit the decentralized intelligence' of the group to feed into legitimate "top-down" representative democracy structure. Aim is increasing the function of representative government incrementally and support for multilateral policymaking (role in formulating and diffusing policy). Contradiction b/w logic of needing to generate opposing views and needing political consensus; Authors suggest software to register online users anonymously to allow for tracking evolution of disagreements and the stability of emerging consent or dissent. Government ministers rejected recommendations and not mentioned in their approved plan the issues identified as crucial by the Delphi participants that related to strengthening democratic institutions and practices, the transparency and efficiency of the judicial system and the protection of privacy.
Participants had such limited opportunity for influence-strictly advisory. Article notes big market players dominated behind the scenes.
Contrary case

B2-2 Essential Features: Commercialized deliberative democracy – consultants are entrepreneurs for dd.   Content knowledge from public policy makers mixes with process consultancy market, voluntary sector limited to 'policy initiators'. Says appears productive (legitimizes outcomes/more satisfied constituents) but risk to democracy as replaced by market imperatives. If private power dominates this may involve co-opotation rather than participation.   Deliberative practice in Australia drifting towards business imperatives undermining democracy.
Contrary features

B11-2 Essential Features: In the Administrative Procedure Act the Notice of Proposed Rule Making or outside/ formal participation (from the Black Box of rule making) is suppose to be a procedural constraint on administrative/agency power, but it is limited, because communication with 'affected interests' has already occurred informally - Inside participation – occurs in secrete, developing technical and detailed proposals to ensure substantive rationality. Also ensures public comment will be adversarial. Public construct is obscured ("affected interests" same as "organized interests"?) conceals who is consulted in proposal development, and that business sector does most of the public commenting. Formal consultation is simply a legitimation strategy. Private power dominates; businesses are the participants formally and informally.
Contrary case

Appendix J: Essential Features Summaries for Political Studies Discipline

A3-2 Essential Features: Citizen-initiated process on Sustainability Indicator (SI) recommendations, 'study-circle method', open self-selection, representation not a central. Participants came from self-organized groups, used neutral facilitation, space for exchange and learning (study-circles successful at large, broad mobilization from diverse organizations and sectors). Groups engaged issue from a personal perspective, a broader view, and with a view to an action agenda. Achieved within-group agreement on scope of focus and on (SI) recommendations. Agreed to disagree on context for application. Crucial antecedent: doubt arose about expert knowledge; participants began regarding interpretation of trends, actions and relationships as more powerful. Citizens voluntarily participated despite being a contingent formation, not embedded in governance structures, but demonstrates citizen agency, willingness, ability, and maturity to engage without state designing or managing process.   Indicators were not taken-up within any institution of local governance for implementation. State agencies showed interest in process (funded and observed), but cautious to support. Related to radicalized communicative rationality. Provided opportunity to learn from local knowledge, grow culture of belonging, and skills 'to resist oppressive tendencies of SIs as governmental technology'
Primary Case Canadian Example of within group success.

A5-2 Essential Features: Three factors driving China's legislative framework for pp. First, government officials recognize public can play role in environmental protection. Second, officials recognize incorporating citizen views reduces social instability, argumentative process but a harmonious result, than an 'unanimous'. Finally, China's emerging legal framework is Chinese Communist Party's (CCP) ongoing quest for legitimacy. Two groups studied: NGO's focus on long-term, rules-based activism, to strengthen institutions for pp. NIMBY activists are short-term, contentious and focus on localized interests in opposing government and powerful development interests. Legal basis (legal right to know and participate in planning processes) is crucial in holding officials accountable to engage public in soliciting input.   Both approaches (working with and against; respectfully and contentiously; patiently and impatiently) employ various tactics (doing own surveys, mass petitions/strolls/protests) are necessary to advance formal participatory governance.
Intended features

A6-2 Essential Features: Theoretical, author questions assumption pp innovations all contribute, in someway, to democratic practice because organization/authority defines when and how people can participate, determines issues/agenda and extent initiative feeds into policy process, warns of self-serving exercises, designed to support internal interests of organization, rather than community interest. Without devolving power outside organization (substantive opportunity to devolve power to community), pp is either a sentimental (more better than none) or PR opportunity. Must be related to both responsiveness (popular control) and representativeness (political equality empirically based on geographic, demographic and political difference) to effect democratic renewal.
Intended features

A15-2 Essential Features: International development construct of pp is inherently political and particular, but de-politicized by claims of totalizing power or idealized local spaces. To "re-politicize participation", empowerment is long-term engagement in political struggles to reshape political networks that link themselves to discourses of rights and citizenship. Construct takes questions of power seriously re: mechanisms, discourses, and practices. What are the political values that underpin participatory development? Sees existing participation, for all its short-comings, as an opportunity to call state power to account but has to develop political capabilities of poor. Be tactically agile in deploying combinations of mass mobilization, attempts to institutionalize gains, and exercises of political learning.
Intended features

A1-2 Essential Features: From American public sector administrative perspective, the public is a mix of grouped interests (pluralist), consumer (public choice) and client (paternalism) more than rights-based/direct citizenship participation (p 553). Public admin/new governance network theory (emphasizing collaboration and enablement over hierarchy and control) is the pathway ("direct conduit of the public's voice") to participation, as a process for consensus building. Proposes public sector determines: choice of process, time, type/quality of process, representation capacities; policy level (usually preferences, implementation, and enforcement), impact evaluation; decision assessment. Pp reinforces central authority.
Borderline features

A2-2 Essential Features: Public regarded as uninformed receptacle, of preferences, but also potentially dangerous holders of passions. Data mining the public (discovery) is necessary for molding ideas (education), public opinion (measuring), and manipulating (persuasion) for compliance (law/norms). Public sector firmly controls for purpose of pp, and for nature of issue through a science of precise and flexible mechanisms or processes for 'putting more public in' policy analysis to inform and improve perception of legitimation of decisions. Author proposes a Purpose-Issue Matrix where amount of conflict determines when to involve public, size, and amount of consensus building needed – the more conflict, the smaller the group and the earlier involvement to allow for consensus-building. Centralizes control for better compliance.
Borderline features

A13-2 Essential Features: Hong Kong government approach to limiting community engagement impacted negatively on its capacity to manage the SARS outbreak effectively, contributing to governance crisis and loss of public trust. Lacked transparency/withheld information, did not engage widely, lead to greater mistrust of officials post-SARS. Contrasted to Singapore's government's commitment or belief that an informed public can collaborate better in containing the spread of disease. Highlights need for ongoing pp systems that are established and trusted means for securing people-centered decision-making so as not to hinder community and government crisis management capabilities. Author defines 'community engagement' as collaborative activity, voluntary or otherwise, undertaken regularly or episodically to communicate with or involve a community in planning, decision-making, implementation or evaluation of an issue or service that affects

members of that community. May be multi-sectoral, any stakeholders may initiate community engagement process and roles may switch between parties. Need to accept relations may be contentious, and actions of stakeholders may prove disruptive.
Borderline Case

A12-2 Essential Features: GIS visualization and Decision-Aid tool to 'streamline' national environmental pp processes in planning federal transportation corridor, for the purpose of increasing markets/trade. Aim's for efficiency in process so project is not delayed. Public authority designs, initiates, manages plurality of interests, conflict, with aim to select from predetermined options for hwy. Public constructed as unsophisticated. Empowerment referenced as justification but only in terms of capacity to work with data, and minimally mentions citizen or "project stakeholders" concerns, and not how addressed. Technological mystification as an administrative control strategy, reinforces central authority mainly and enables market opportunities.
Borderline Case

A4-2 Essential Features: Decision-Aiding Model is a highly structured process (based on approval-voting) proposed to replace Dispute-Resolution (based on consensual agreement) because provides decision-makers with maximum insight into stakeholder views/values while maintaining control of policy decision. Removes stakeholder veto power under dispute resolution to focus on preferences 'what one can live with', or broad acceptance, allowing for continuation/stability of policy. Not about resolving disagreement among diverse interest groups, but manipulative, "Stakeholders have to see enough of their values reflected in the same alternative that they will consent to lend it their support". Defining the problem remains a state prerogative. Related to risk management and Decision Research. A 2001 Canadian case study of BC Hydro consultations in the Alouette River employing decision-aiding model. Funded in part by US NSF and EPA.
Borderline Case

7A-2 Essential Features: A convoluted, incoherent piece of writing attempting to apply some vague notion of Autopoiesis, a kind of systems view, word meaning "self-producing", to public engagement in second order planning "the planning of planning" in Indian State of Kerala. The People's Planning Campaign (PPC) is said to be a bottom-up planning process to identify local needs and establish local development priorities, but participants in the first order process included planners, different types of experts, politicians, bureaucrats, and 'citizens'. "Planning in the 'second order' is concerned with how first order inputs can be channelled into general and abstract objectives, be it future states or values with which planning as a discipline can engage" (266). From a planning perspective and centered on organizational planning imperatives; reinforces central authority.
Borderline Case

A16-2 Essential Features: Theoretical: A rational deliberative participation construct, presumes all are equal and free to agree to, or rule out, a decision on grounds of reasoned argument. Evaluates the democratic potential of the legal framework for Patient and Public Involvement (PPI) in healthcare governance in England. Asks whether decision-makers ideas can be justified to the public - pp for legitimation. Concludes some legitimacy may be

gained only by way of ruling out what would not be justifiable, but depends on participants' ability to challenge authorities to account for range of positions in constituency and depends on willingness of key actors in healthcare networks to respond "appropriately". The rules of engagement and decisions pre-determined by the authority.
Borderline features

Contrary

A14-2 Essential Features: Study of elected councilors' views. Engagement construct viewed public involvement (work with) to say (express views) to interest (passive attention by citizens), reflecting forms of power from politico to delegate to trustee. British councilors over time continue to see themselves and act as trustees rather than delegates of the public interest, and prefer publics be only attentive (not have a say or work with councilors). They used pp when it supported their policy option, for legitimation of power otherwise ignored. Underlying context of party system affiliation is a determining factor in councilors orientation. Protest, demonstration, disruption, or occupying buildings viewed as ineffective tactics by councilors, yet immediately results in placing issue on agenda. Reinforces central authorities and traditional political structures with no opportunity to influence officials except when outside, protesting.
Contrary Case

A18-2 Essential Features: Two-way communication of information is considered pp - between municipality/local police and neighborhood watch coordinators in program implementation, but not practiced. Police function of informing neighborhoods done in only one case (wealth related), other case received no feedback from police authorities – officials reluctant to have information go into the "wrong hands" – authorities distrust neighborhood. Economically privileged neighborhoods were supported in project, suggesting pre-existing relations with authorities, and reinforcing existing disparities.
Contrary Case

A8-2 Essential Features: National Human Genome Research Institute engaged in genetics public policy conversation with African American and Latino communities of diverse socioeconomic levels because "important for the translation of genetics research into strategies" and because these groups do not recognize significance of sequencing the human genome and its uses. Public is constructed as uninformed and ignorant of research importance, so dialogue must be situated in communities distrustful of genetics research in order to reflect some of their views and move discourse towards consensus. Results, citizen's top 3 concerns (research abuses, military and private sector exploitation) not reflected in final report priorities. In contradiction to theory highlighted that everyone affected counts, all are equal and free/non-discriminatory, but also bound by the outcomes of the deliberative process (a priori consent?) and required to use only rational arguments their fellow participants will find convincing (not permitted to represent own interests but stand-in's for everyone). Employs progressive language ("community-based dialogue") in public relations strategy for the expansion of genetics industry and state power.
Contrary Case Ideal American example

A17-2 Essential Features: Deliberative research on 'decision-making pathologies' like 'polarization cascades' (minority opinion in group adopts the majority opinion d/t being out numbered, social comparison, 'confidence that breeds extremism ,' and 'emotional contagion'). Concerned with quality of the 'argument pool'; how extreme tendencies develop when 'like-minded people meet. In Consensus Conferences (assembles average, non-expert citizens) given background materials, access to experts, professional facilitators and asked to devise policy recommendations for a final report, to advise parliament about how to manage a specific technology. Report is delivered to press, public, and parliament in one month or three weekends of work! Authors set-up Citizen Technology Forums (CTF) in two US cities to test complaint that group deliberations often bias toward the original majority preferences because of cognitive and affective errors in decision making. Results (based on data collected from small-groups (13 and 7 participants, all white, highly educated) do not support to the polarization hypothesis. Explains this is a consequence of manipulating two key variables of deliberations: task facilitation and the quality of the argument pool. A well written, clever study, not empirically valid, aimed at scholarship. PR strategy for legitimation and co-optation.
Contrary Case

Appendix K: Essential Features Summaries for Political PAIS Discipline

a17-2 Essential Features: Successful example of pp in global public hearings facilitated by WHO for the development of an international tobacco control treaty. WHO staff invited for-profit and not-for-profit publics, industry/corporations and NGO stakeholders to provide written comment or testify, with information available, accessible online to public and for public record. Study found the open public forum leveled playing field for influence of process between industry (which used covert methods to pressure WHO) and public health advocates (which used the open forum to influence language). Treaty in force, next is implementation. Not ongoing though. Participation strategy for equalization of power and effectual power.
Intended Case

a9-2 Essential Features: Indirect political participation through expansion of communication channels between citizens and representative sphere, by requiring representatives to formally engage in public forums with their constituents on policy decisions. Deliberative participation based on the practice of public reasoning for opportunity to contest and defend decisions. Public reason as deterrent to political domination, exercises public reasoning and affords justification. Less concerned with accountability (overrated), more with responsiveness; less concern with who is in office and more with what they do. Political equality exists through the notion of democratic rule as non-domination through the rule of public reason.
Intended features

a8-2 Essential Features: Social construction view; identity as constructed around conceptions of difference (age, sexuality, gender, disability, race). Four factors determine who participates; discursive practices, competence, skills and the practices of participation. Publics are constituted, brought into being, in official discourse and especially by micro-politics of negotiating definitions in the forums themselves. "Autonomously formed-groups", "counter-publics", "parallel discursive arenas". Related to concepts of representation, exclusion and social justice, poverty. Locality in tension with identity. Underlying inequality of financial power, formal authority and discursive power to define. Mediation roles are an important site of negotiating tensions between officials/professional views and particular publics. Raises problem of sustainability of deliberative engagement in terms of co-opting/re-constituting groups by official right to define membership, and problem of citizens' willingness to continue to partake in agendas they do not set.
Intended features Excellent for case study from Social Work

a3-2 Essential Features: All claims should be counted and equally considered if we agree with Locks intrinsic equality. Need justice imperatives in political philosophy to correct 'persistent absence' and 'persistent losing' of particular communities in pp. Argues, reasonable for groups to REGECT the rules of a game that systematically disadvantages them – institutionalized discrimination - so that poor turnout is indicative of reasoned non-participation in the game. Citizen participation as measured by turnout rates for electoral

municipal voting is proposed as a crucial indicator for good urban governance. Would provide opportunity for public to influence policy.
Intended aspect

a2-2 Essential Features: Highly salient issue of disasters (fireworks disaster destroyed entire district of Roombeek, Netherlands), major mobilization efforts with firm and enduring commitment from municipal authorities and planners to direct participation process, designed to link with representative democracy (public had right of approval of final planning draft and elected council had right of final say, but could not ignore public views), extensive multiply recruitment strategies, explicit rules of engagement and evaluation survey for process and post-reconstruction phase.
Primary Case Roombeek example is successful

a11-2 Essential Features: e-democracy (one of four forms of e-government). Author's definition of civic engagement highlights power sharing and formation of social capital. Digital media not shown yet to build more social capital (key variable in collective action), remains in cyberspace, with continued concerns over Internet anonymity (allows actors/authorship and sponsorship to be hidden), lost transparency (who's being mobilized), trust remains an issue. References a study that found Web-based pp (WPP) may complement Traditional pp (TPP) but cannot replace it. Yet use growing rapidly by planners. Consequences on long-term social capital unknown.
Borderline features

a15-2 Essential Features: A deliberative democracy construct, for 'trans-national' public deliberation said essential for science-industry-government endeavors in biotechnology. Introduces notion of 'obscure regulated worlds', context where governments bound to international treaties/trade agreements but limited in regulation capacity, where science is "post-academic" and "industrialized", stressing the contradictions caused by commercialization. Proposes a system of agencies and public forums representing civic organizations, be well integrated in structure of government, sufficiently independent and embedded in civil discourse to improve trust and oversight. Independent mass media and web communication systems are critical tools, in a reflexive way. Public is not ignorant but skeptical. Limited influence, pp here is for legitimation and extension of industrial biotech power. Ambiguous text.
Borderline features

a13-2 Essential Features: Deliberative democracy has legitimacy problems with scale (implausible for all to consent) and motives (demands participants be disinterested strategically), author suggests limiting participation through legitimate exclusion, proposes context-based representation as solution but crucially embedded in a wider deliberative system through linkages between moments/forums. Public reps ought to be elected, or have recommending power (not decisive power); proportional representation only for information gathering (not decision-making); reps should act in dual roles of trustee and delegates for accountability; "insurgent democracy" or activist action is required to challenge outcomes

(when rules shut out voices, agendas are manipulated, agreements fail to recognize effects on excluded). Advisory influence for legitimation.
Borderline features

a12-2 Essential Features: "Public engagement" encompasses public communication, public consultation and public participation distinctions based on direction of information b/w public (via sponsor) and state representatives. Develops a functional typology from a managerial perspective, classifies four types of public participation mechanisms: type 1 (typified by the citizen jury – facilitated b/c lay public); type 2 (typified by the task force – not facilitated b/c stakeholders, ie. public representatives are knowledgable); type 3 (polling or decision aids – more controlled through structuring consensus views), and type 4 (town hall meetings – voting enables aggregation but uncontrolled selection, greater risk). All pp types involve face-to-face and group-based processes with input from sponsors. All information flows are interpreted through the sponsoring agency to public representative. Evaluates only mechanism design using the organizational efficiency criteria: maximizing information elicitation, transfer, processing, and aggregation consensus. Little attention paid to participant selection; token reference to Arnstein seminal typology; fairness said to be "irrelevant". Construct strategy is for legitimation of power, for authorities to persuade public.
Borderline features

a6-2 Essential Features: Aboriginal participation in the Calgary Health Region's Aboriginal Community Health Council is a forum for involving the local Aboriginal population in health policy in an advisory capacity "to promote culturally appropriate services". Participants are agency professionals, nominated and appointed; no broad representation of Aboriginal diversity. Strategies for participation are through 18 "direct" membership seats and observer attendees at Council meetings. Involvement of Council members in other consultations, external projects, links, partnerships, endorsements, networking, are all said to be strategies for participation - a problematic notion.
Borderline Case

a14-2 Essential Features: Survey study of state administrators (subjective views) finds that state implementation of mechanisms designed to promote public participation in agency rulemaking shows public notification and access procedures are associated with increases in the impact that external actors (organized interest groups – not specified, so could be monied/courts/agencies/governor) have on the content of agency rules. Indicates political officials use it to reflect their political coalition interests. Used for legitimation and to extend power of privileged.
Contrary Case

a16-2 Essential Features: Began as limited influence, opportunity to integrate public choices input into a state prioritization list to ration Medicaid in Oregon, but became a non-participation strategy. The publics' choices were replaced by a medical expert list of values, without any further public discussion. Experts even subverted the cost-benefit criteria used by the state, with their professional ethic of "rescue at any cost" so as to dilute the publicly reasoned choices, that in part were selected because expensive tertiary treatments. Public

was constructed as irrational, biased and incompetent. Study shows experts are biased too, but they stripped public of right to choose their own priorities, a reversal of intended limited preferences influence.
Contrary Case

a10-2 Essential Features: Concerned with appropriate role for public input, in priority setting for federal funding of biomedical research and development. Regards Congressional and executive oversight as proper public participation/input. Public is defined as 'citizens and their elected/appointed representatives' – no distinction made. Claims political factors arising from public input hamper government's ability to allocate funds or to promote the progress of biomedical science. 'Burden of disease' should be used for just allocation, but 'burden' to be determined by experts. Political macro-management good, but micro-management (by public) is not. Mechanisms are advisory, not lobby opportunities. Open interest group politics, and open political debate is adverse, negative for biomedical priority setting where 'laypeople' are appointed to the study sections of peer review panels. Covert agendas already exist, but overt political agendas are worse. 'Louder voices' like HIV/AIDS dominate over 'quieter voices' but no examples given.– and constructed as a fickle, impulsive, dumb, woman who merely consumes; the authorities prefer her/'the public' to think her opinion matters, but must not let her meddle, ie regulate research. Public is unqualified, but needed only for legitimation of expert decision making, PR and marketing.
Very contemptuous of public.
Contrary features

a5-2 Essential Features: 2006 survey of citizen participation in appointed public volunteer boards, a widely used mechanism for citizen involvement in local government administration. The survey revealed 75% of municipalities use appointed volunteer boards as part of their governance structure. Findings: management capacity affects board use; empty seats often go unfilled; board members usually get no training; and few boards reflect the diversity of local communities (male dominated, with women, racial minorities, youth and seniors underrepresented). Example of "citizen as partner" model in NPM: Government defines strategic goals and empowers citizens via training and coordination. Citizen responsibilities are "in running their lives and managing their communities" at the personal, group, or institutional levels, voicing constructive criticism, engaging in discourse, and socializing others regarding shared responsibility. A collaborative approach, emphasizes citizen responsibilities in a presumed equal partnership. Citizen influence is symbolic, used for legitimation of existing power.
Contrary Case

a2-2 Essential Features: Reminiscent of popular education strategies, called 'The Knowledge Exchange Train' for capacity-building for participatory governance, but used to "disseminate" research findings. References "right to know via right to participate", is only information for 'quick participation' in university/industry event (funded by Moore Foundation). Claims broadening participation to "educate", by sharing research findings on conservation and industrial development. About expanding support or rather manipulating conflict re: paving road in MAP region of Amazon, "Ultimately, conservation cannot be made compatible with development without more widespread public support". Essentially

requires local leadership well known to constituencies for favourably predisposing workshop participants to propaganda, and local leaders constitute a bank of knowledge that help presenters tailor their message. PP to gauge and co-opt opposition. Deceitful, incomplete, unprofessional.

Contrary Case example of total appropriation and distortion of concepts.

Appendix L: Essential Features Summaries for Nursing Discipline

1 Intended

E27-2 Essential Features: Empirical case studies in South Africa of 'Participatory-deliberative public administration' or (PDPA), demonstrating that only in informal public space is there any possibility of growing communicative power (articulating moral arguments to motivate and mobilize). Has to be grounded in civil society for discourse or communicative power to counterbalance formal power of authorities. Their evidence shows that inter-group consensus is a sign of co-option, and that civil society groups do better when they do not commit themselves to institutional collaboration (as protest and litigation are more effective than discourse). Discursive strategies seem to transform participants from self-serving actors to ethical (other-regarding), even moral ones, thus preventing poorest groups from representing their own interests. Contrasts to poor in Brazilian experiment who are naturally self-interested to get infrastructure for their neighborhoods (don't need to be motivated) otherwise would not participate to deliberate (its about competing for resources). Emphasizes role of state in commitment to develop institutional architecture for social learning and devolving decision-making to local, lower levels. Beyond just better argument; about careful strategy based on interests.
Intended Case

17 Borderline

E26-2 Essential Features: Authors' construct distinguishes between 'local knowledge' (about inclusion) and 'local representation' (about legitimacy); a false distinction. Claims England emphasizes local user knowledge, while Brazil emphasizes local representation (of civil society actors through quotas) and therefore is short on the direct participation of 'ordinary' citizens (as in England). Comparing apples to oranges. Conflating very different legal, regulatory and social contexts and terms 'user' and 'collaborative' with 'citizen' and 'participatory'. Notes in passing that Brazil has reduced health disparities and increased accessibility to services by poor. Brazil entrenched right to health AND governments responsibility to provide it in 1988 Constitution and has vast legal foundation for pp, vast infrastructure, is based on democratic citizenship rights, via civil society representation. Examples are not comparable; this is specious discourse that waters down essential differences to elevate pp in UK and diminish it in Brazil.
Borderline features

E3-2 Essential Features: Compared two cases: Locality 2, started with existing inter-organizational networks with associated structures for community involvement, encouraged dialogue with the public, supported a social/environmental model of health; Locality 1, Boards' authority (assumed power) based on claiming professional/expert knowledge to determine "public interest" thus restricted approach to pp to feedback on service improvement. Related to role of NHS Primary Care Trust's, whether service improvement or

public health/socially oriented model of health (where medical knowledge is but one source of information versus traditional scientific rationalism).: r/t shift from government to governance; modernization and improved responsiveness of NHS. Author suggests notion of 'active management' defined as management of pluralism through persuasion rather than dictates – giving up some control as key to build 'active citizenship' and go beyond pp as a tool for organizational effectiveness.
Contrary Case in Locality1 and Borderline Case in Locality 2
Borderline Case

E5-2 Essential Features: In this Primer, the term "public involvement" is associated with Arnstein's seminal article, positing an origin in her article although the term PI does not appear once. Term is recent in Canadian health discourse, the PI Primer (2006) was developed for the deliberations of the Health Council of Canada on role and parameters of the concept. Authors shift terms from pp, pi, cp and ce, confusing origins and differences. Canadian pi is very watered down from Arnstein's citizen participation; it is essentially tokenism, at best advisory power, as citizen control and manipulation of citizens are no longer part of the conceptualization, therefore no longer possibilities. Little to no influence on policy, mostly for institutional ends.
Borderline features (Pivotal Canadian scholarly text)

E1-2 Essential Features: Interviews and literature review of UK, 2002 user involvement: a user participant is "an example" or exemplar rather than a representative of particular interests/viewpoints. Primary concern is seeking ever elusive, suitable, typical, "average" lay person. The desired user involvement in clinical governance, precludes the political interests of oppressed individuals or groups (recall the demographic, geographic and political basis for representation). Barriers: organizational upheaval, tension b/w professional basis at the heart of user involvement (professional control of how to do) and b/w the policy and practice of lay participation. Limited to setting priorities, implementing and monitoring, with limited influence by lay board members and beyond this is "patchy and superficial".
Borderline Case

E15-2 Essential Features: Sampled senior management of Alberta RHA's for info on priority setting steps: (1) identification of health care needs, (2) allocation of resources, (3) communication of decisions to stakeholders, and (4) management of feedback. Found mechanisms focused on only needs, and none surveyed had established processes that met all four. Participation construct is conflated with any formal/informal attempts to communicate information from/to RHA's or Civil Sector. Public sector or "self-initiated" mechanisms include: formal needs assessment (includes consultations), random phone surveys, focus groups with whomever RHA "felt represented important communities/risk groups", and elected/appointed "citizens" to advisory councils. "Stakeholder-initiated" mechanisms means: any individual effort to contact decision makers; patient complaint reports/satisfaction surveys; attendance at meetings; and requesting meetings with leaders. Authors "public" construct doesn't differentiate between stakeholders, thereby implying individual members of the public (random/proactive volunteers), patients/patient groups, clinical staff, health providers, communities, "risk groups", physicians/advisory groups/specialty heads are all equal in relative power to influence. Private sector

stakeholders are not mentioned. Most imperative direction (for RHA senior management) was from government; public input was used only if there were health service or cultural implications or public approval was "anticipated". All but one RHA's thought process is fair; that one not discussed here.
Borderline Case

E17-2 Essential Features: Canadian authors tested a generic method for pp as a one-day, one-off, in-person, deliberative meeting, with impartial facilitation, to provide the sponsoring authority or "decision-maker site" with public input on variable issues, across 5 provincial RHA contexts. Thesis that context is unimportant but does not bear out. Participants were asked to partake as generic community members, not as individuals or representatives of their organizations who selected them. This maneuver of committing participants to split off from their particular or delegated interests is de-contextualizing and disempowering and key to achieving the semblance of agreement. This is highly structured process and evaluation, for public participants. Decision makers' evaluations allow for open-ended commentary. Also of note, are research findings that only two RHA's followed-up with participants (as required by the method) on the use of public input. An instrumental construct for organizational RHA needs.
Borderline features Canadian example

E20-2 Essential Features: Construct 'the patient factor' in mental health field acknowledges patient agency, and the problem of disproportionate power/influence exercised by 'end users' and the 'key players' (private interests; medical profession, insurance, hospital, pharmaceutical industries). The 'consumer/survivor' term is linked to notion of 'empowerment' but demarcated as individual right to make own individual health care choices. In tracing evolution of this movement, authors' construct is a mixture of self-determination and voice, with consumerism and choice. Noting the small success of the mental health patient voice in policy, is met by doubts and fears "Yet although barely begun, the idea of according consumer/survivors a privileged role in policy making has prompted expressions of concern: worries that the "wrong" consumer perspectives are being accorded too much policy weight, that their views are insufficiently evidence based…".
Borderline features

E7-2 Essential Features: Canadian literature review of pp in healthcare priority setting and resource allocation to help decision-makers and researchers on when and how. "Public engagement" the umbrella term for three levels: communication (one-way from authority to public), consultation (one-way from public to authorities) and public participation (dialogue and negotiation). Defined 'public' as 3 distinct categories — individual citizens (speaking on their own behalf), organized interest groups (speaking for membership), and the public as patients or consumers of services (dropped employees). Results: 58% were consultations, 24% were communication, and 18% involved dialogue/negotiation or 'considered pp' (interesting to include consideration of pp in with negotiation, should be measured separately). Authors do not comment on direct involvement of the disadvantaged, only acknowledging exists. PP used for legitimacy and organizational efficiency imperatives, with little to no influence.
Borderline features Possible case

E13-2 Essential Features: Introduction to a special journal issue on pp; Public participation in health policy in high income countries – A review of why, who, what, which, and where? Asks Who constitutes the public? Who is entitled to 'represent'? Answers: Experts. Randomly selected citizens, health service users, patient advocacy groups, and elected representatives on public bodies. Public commonly constructed as 'citizens', but tied to notion of 'disinterested' public (puts aside their particular preferences for the common good, also tied to the 'deliberative turn').
Borderline features

E23-2 Essential Features: User involvement in clinical governance – Study identifies how different Primary Care Trusts in England used lay involvement through clinical governance committees by considering views of 23 governance chairs and lay participants via questionnaire. Found lay participants not representative. 26% were members of "special interest groups" ie. The Joint Epilepsy Council, Learning Disability and Teaching, Diabetes, UK and others) and of these 35% were health professionals. Desired lay person to have great communication skills, pragmatic rather than judgmental, enthusiasm etc. Chairs saw no problems with recruitment. Participants were all white, 60% female, 83% over 46 and educated with postgraduate degree (doctors). Complacent attitude re: representation "some is better than none" suggests change not important.
Borderline feature

E28-2 Essential Features: Citizen and staff involvement in health service 'involvement' a nonspecific term theoretically encompassing consultation to participation (based on Charles and DeMaio's framework re: domains of macro, service and treatment policy and levels of involvement, consultation, partnership or citizens dominate decisions). Interviewed governors of UK Trusts, finds recruitment difficulties, ambivalence about merits of pp, unclear how to represent, by end of first year governors frustrated they had not established a way of understanding public or feeding into hospital policy. Conflicts for power b/t trust governors and hospital board directors. R/t decentralization of management of NHS provision to local (citizen and staff) trust governors. This study suggests an accountability 'gap' or buffer may emerge, as mechanisms for public accountability at the centre are dismantled or decoupled from public.
Borderline Case

E2-2 Essential Features: 'Interactive Public Engagement' is new term (2010) in Healthcare research in Canada, involving 1) the state provision of information to participants about the topic/issue being discussed; 2) discussion among participants as observed by sponsors/state, and maybe "between participants and the public engagement sponsors"; and 3) a way of collecting individual or collective input. There is no address of translating, feeding or incorporating input into decision-making process – increasingly limited influence, with growing potential for reverse influence/disempowerment of public. Responsive and accountable health system means governance is a professional and expert responsibility, public needed for the semblance of involvement. Scholars preoccupied with clarity of terminology, goals, theoretical properties and benefits of public engagement but gradually curtail and narrow concept to such a degree that there's no point from a public perspective.

Focused on design effectiveness and evaluation, ignores public influence on policy or its outcomes.
Borderline features

E19-2 Essential Features: Comparative study looked at England, where continued hierarchical control combined with delegation of responsibilities for oversight and organization of PPI to external institutions ie. Care Quality Commission and local involvement networks, in support of the government's policy of increasing marketization…has focus on choice. Wales rejected market reforms and economic regulation, so decentralization is occurring through mixed regulatory approaches and networks suited to small-country governance model, to benefit from close proximity of central and local actors creating new forms of engagement while maintaining central steering of service planning…has focus on voice. Context is crucial for specific policy of PPI, a construct.
Mixed features, borderline cases

E22-2 Essential Features: Begins with general definition "with which few would argue" ie. "involving members of the public in agenda-setting, decision-making, and policy-forming activities" but is "arguably too broad, leaving room for variable interpretation". Describes problem in spurious manner…pp open from passive to active (advisory committee)…but develops a narrower definition within a complex typology of mechanisms based on information flow between exercise sponsors and participants. Public communication (info provision from sponsor to passive recipient), public consultation (specific info sought), and public participation (some dialogue and negotiation but only for purpose of transforming opinions of both) are restricted to highly mediated dialogue or a PR exercise. Do away with connection to policy formulation. Concerned with mechanism criteria of organizational efficiency in eliciting info from "appropriate sources", processing by "appropriate recipients", and combining (when required) to give a consensus response.
Borderline features

E32-2 Essential Features: Variable terms (ce, pp, pi, ci) confused but intended primary term here is 'citizen engagement', accents relationship, "two-way obligations", joint rights and responsibilities of both citizens and governors, contractual. Also emphasizes "among citizens". Associates ce with deliberation (collective problem-solving for reasoned, informed and public-spirited decisions), with accountability and citizen rights to participate and to control decisions. Explains shift from pp to ce as a result of failed experiments, due to 1. domination by powerful groups, 2. state use for cost cutting and restructuring 3. participants mainly educated 4. cynical public unwilling to take responsibility for pre-determined decisions. Linked to partnerships (and contracts) between citizens and authorities. Author claims shouldn't be used as broad term but little difference with pp.
Borderline features

E6-2 Essential Features: Governors of 134 RHAs throughout Canada surveyed for demographic composition of citizen governance boards, opinions and attitudes. RHA Boards are not representative of the communities from which they are drawn, in terms of demography or diversity of opinions. Majority of health-system citizen governors

responding were male (54%), middle-aged (69% between the ages of 45 and 64), and well-educated (51% had a university education). Over-represented. They felt less authority than expected (63.5%), restricted by government rules (70.4%), and legally responsible for things over which they had insufficient control (76.8%). Citizen governors were divided as to how health reform had affected local control over services. Two types of governor citizens; system insiders and lay outsiders. Both have weak relationships with broader community; both did not feel themselves empowered; both minimized sources of influence (ie. special interests) and interestingly lay citizens more likely to align with views unsupportive of community empowerment. In planning and service delivery, citizen governance boards do not represent, engage, or empower, calls for alternative to these traditional practices.
Borderline Case

E8-2 Essential Features: Service user involvement in health services planning for autism spectrum disorders (aSd) in Northern Ireland. Regional service set out a plan based on organizational need to change its assessment, diagnosis, treatment of ASD 'through' service-users. Established a multi-agency network to coordinate implementation, and from it, the reference group of parents for feedback/partnership. Format for pp is public meetings with representatives recruited from voluntary sector. First, studied their training needs. Authors report but then minimize in their conclusions crucial parent feedback, ie. professionals not listening to them, expert elitism, they wanted to know how authorities rationalized cuts to services, especially how system operates, and focus on logistical prerequisites for inclusion of marginalized parents. Macro conditions: Financial constraints, last 20 years Western governments regionalizing and encouraging limited pp in planning and development of services
Borderline Case

11 Contrary

21-2 Essential Features: Organizers (Health Canada through arms-length CPHA) and citizens saw "task definition" differently in 2001 Public Consultation. Organizers limited question to "should Canada proceed with xeno-transplantation, and if so, under what conditions?" Citizen panelists were randomly selected for representativeness and still responded to broader scope of question that included regulation and resource allocation matters. Participants rated 8.3 to 4.3 that "general public" should have more influence than experts. Citizen critique of impact: Health Canada's decision not to adhere to fora recommendations. The authority of experts is "destabilized" through consultation concepts, authors also claim that institutional learning was unclear because Health Canada has not released internal documents on this - secrecy.
Contrary Case Possible – demonstrates gatekeepers to democratizing health in Canada

E4-2 Essential Features: Impact of an advisory group set up to provide lay perspectives to Medical Research Council, UK, on research funding choices. Lay participants all "professionals" who offered "informed", "personal" views (not there as representatives). Evaluation mixed: they were satisfied personally with their "involvement in a perceived re-orientation of organizational 'culture' towards greater accountability and transparency"

(365), but not with small procedural or document changes achieved. Pp is a discursive matter here; Challenging value free science by modifying terms of good/bad science beyond expert base ("idea of scientific enquiry as an essentially asocial phenomenon"). Fluidity already exits in the boundary b/w expert and lay knowledge: A post-modern idea. Claims choice in governance is between embedding in systems/structures of government, or transient, episodic allowances for pp. In either choice, management is central. Why? Because mediation a given in relationship between non/experts and a given in demarcating role of lay actors – public can not be self-determining. Patient, user, consumer, "expert patient" all fall under 'lay involvement' term. In the health field, citizen basis (in UK) increasingly peripheral; since 90's vocabulary of responsiveness, accountability and public/user participation. Little influence, mostly for PR ends.
Contrary Case

E24-2 Essential Features: State newborn-screening programs collectively administer the kirgcst genetic-testing initiative in the United States. Authors assessed public involvement in formulating and implementing medical policy in area of genetic medicine. Findings show only 26/51 states have any consumer representation on their advisory boards, and little to no public participation in decision making about technical issues because experts in new-born screening perceive public as unable to understand technical issues sufficiently to be involved in policy-making. Construct based on individual voice through consumer membership but their autonomy is denied. Linked to empowerment, to 'right to informed consent', notes option to refuse in some US states (religious exemption mainly, or personal reasons) but no option to dissent or disagree. Advisory committees (public input only) have very limited representation of consumer voice. Democratic, efficiency and legitimacy rationales are used here to call for more pp but does not address problem of powerful biomedical commercial interests.
Contrary Case

E9-2 Essential Features: "Community participation" here embraces the private sector as an implied equal, un-differentiated partner with "civil society" poor in India. Author claims failed public health system in poorest districts indicates need for centralization and privatization. Argues for strong partnerships with private-sector actors to correct systemic failures in state and local institutional capacity, and argues against increased resources and decentralizing. Shares similar analysis of systemic failures (inconsistent political commitment to poor, weak and divided community participation; poor coordination of services; poor education/empowerment of women; corruption) but with more concern over hiring/management/incentive systems for health workers and doctors. Calls for engagement with civil society/community participation to achieve a private gains. Theoretical reflections emphasize private sector participation for market solutions.
Contrary features

E11-2 Essential Features: In 2006, Federal US government formed the Federal Collaboration on Health Disparities Research (FCHDR), a trans-disciplinary and cross-agency collaborative initiative on health disparity research, to which "community-based participatory research" is core to ensure receptivity (p. 1958 hard copy). Intends to reduce disparities for "Affected populations" but disparity researchers are the empowered

participants here. Empowered with funds to collaboratively advance research topics and concepts that then are disseminated to agencies, communities, and "all interested parties" (1960) for control of discourse ("research should be owned by disciplines or agencies").
Contrary features

E12-2 Essential Features: Construct in UK (2011) PPI is between individual choice and collective involvement (patient notion dominating). Patient and public involvement is mainly indirect (information gathering from users by providers to inform service, where management decide) with little direct involvement (in actual decision making, only by few individual organizations on operational level). Current government in England is even weakening requirement to involve public in priority setting (essentially a choices exercise) as a proactive 'government responsibility'. Language is vague, and moving to information provision (rather than gathering public feedback/experience). Initial localism giving way to re-centralization? This is a legitimation of Market-State power where decision has already been made.
Contrary features

E14-2 Essential Features: Catch 22 to populate UK Forums/LINKs with persons that need to be both ordinary and professional. Lay persons required to have local knowledge, but also abstract capabilities and skills, time, and can prioritize unpaid work over personal 'ordinary' life. But ordinary people by definition cannot and do not have professional orientation. For 30 years, relatively stable Community Health Councils were consulted on changes and had powers to refer certain health authority decisions to the Secretary of State if members objected to proposals. But last decade, volatile institutional upheaval in pp structures. Conflicting managerial iterations of the "ordinary person" should be dropped by focusing less on managerially definitions of effectiveness now taken for granted within public services. Otherwise bodies like LINks can do no more than provide unthreatening, homogenous and tokenistic public perspectives. Public groups need to be given space and time to pursue their own agendas. Says go back to no managerial interference, and independent agency for what are really "volunteers".
Contrary features

E29-2 Essential Features: Construct identifies the usefulness of listening to disagreement, or "hunting for persistent disagreement" in deliberative settings (Case of biobank donor compensation in Vancouver, Canada). Thought of as productive "output" of one-off, small random sampling of population (21) on select demographic characteristics to gather for two weeks to generate range of options for academia - mining deliberative fora (plural of forum) for solutions to competing/contesting participants - between donor rights, corporate interests, and public/societal needs – or rights advocate, entrepreneur, and communitarian. Although highlights how disagreements are too readily forced into agreement, author does the same, 'forging consensus from persistent disagreement' precisely for instrumental use (eg. for corporations) and legitimation. Individual differences are subjugated to a group will and subjected to facilitated pressure on 'pivot points' to forge agreement. Interesting case for how market-driven innovations in pp can take conflict (so undesired by state) and find in it productive uses to re-absorb back into market. Good potential case example.
Contrary Case

E30-2 Essential Features: Study project aimed to explore understandings of consumer participation from the manager's perspective. Area mental health services, in Australian, contract out the work of consumer participation (cp) to consumer consultants (role is to train and educate staff from consumer perspective). Managers view consultants as distinct from consumers (but consultants do not) and regard cp to be their sole responsibility. Findings: overwhelming consensus that medical model and their interests hold the most power, and that legislation and workplace settings were seen as considerable factors adding to the disempowerment of consumers within an already disempowering mental health system. Also, managers consider there to be hope for consumers, if brought about by collective action and lobbying, and through consumer participation in less-restrictive parts of the service (ie. community settings). Note: A consumer consultant led the research team. Construct capped by market context and dominating medical setting, so that direct consumer input and degree of influence achieved is almost nil. Pp a strategy for legitimation.
Contrary Case

E31-2 Essential Features: Views of key national and regional UK stakeholders (16) on dimensions of governance for public health (both meanings contested). Study participants were government authorities (including PPI and regulatory agencies), unspecified NGO's, national advisers, academic specialists – professional/management and experts in public health governance. Findings: Accountability pathways are unclear and lack of leadership uptake of Public Health agenda. Professional ownership and personal responsibility for this agenda weakened by claimed lack of influence on decision-making; 'lay participation' in practice is even less influential. These key stakeholders view pp as a means of "social marketing" to increase medical service expansion to disadvantaged groups (further undermining public health). Dominated by a market mode of governance (ie. tariffs for lifestyle risk). They suggest looking to local authorities (which are more accountable) for shared characteristics of success: strong vision and political leadership, partnership working which focused on outcomes rather than process, extensive community engagement. Elites see pp as a legitimation strategy and a means of expanding medical market to disadvantaged groups.
Contrary features

E16-2 Essential Features: This is participation in research trials (of vaginal microbicides for HIV and STD prevention) not participation in decision-making for control or autonomy. Involves the exploitation of vulnerable populations (sex workers with HIV/STD's as consequence of their work). Women are not organized collectively, but isolated individuals. They are sought out through use of locals to partake in "prevention trails". What consent for "participation" in experimental trials was obtained is not explained. There is no mention, or copy, of the written consent form women were expected to sign; most women likely illiterate. Offers a generalizable participatory model for "vulnerable, stigmatized, at-risk study populations in resource-limited settings" exploitation of subjects for testing drugs for market.
Contrary Case

E25-2 Essential Features: Community partnerships refer to organizational alliances between all three sectors. Membership in the Partnership is stratified based on contributions, implied financial ones. 'Broad participation' here includes a central role for private interests. Funds for study/project come from the funding foundation rwjf (Robert Wood Johnson Foundation) who seems to invade not-for-profits to restructure their governance rules so as to allow for-profits in. The Partnership enhances opportunities for private-sector gain through positioning in complicated community arrangements, undertaking to solve social problems for elderly housing. Not clear what is role of government.

Contrary Case

Appendix M: Comparative Distributions Per Discipline

Table M1. Distribution of Social Work Literature (N = 30)

Type of document content	Types of Use		
	Primary	Related-Borderline	Contrary
Theoretical features	8	4	1
Case studies	**2**	**4**	**11**
Totals (percentages)	10 (33.33%)	8 (26.67%)	12 (40.00%)

Table M2. Distribution of Sociological Literature (N = 30)

Type of document content	Types of Use		
	Intended	Borderline	Contrary
Theoretical features	5	5	4
Case studies	**3**	**3**	**10**
Totals (percentages)	8 (26.67%)	8 (26.67%)	14 (46.67%)

Table M3. Distribution of Political Studies Literature (N = 30)

Type of document content	Types of Use		
	Intended	Borderline	Contrary
Theoretical features	6	7	1
Case studies	**3**	**5**	**8**
Totals (percentages)	9 (30.00%)	12 (40.00%)	9 (30.00%)

Table M4. Distribution of Nursing Literature (N = 30)

Type of document content	Types of Use		
	Intended	Borderline	Contrary
Theoretical features	0	9	6
Cases	**1**	**7**	**7**
Totals (Percentages)	1 (3.33%)	16 (53.33%)	13 (43.33%)

Appendix N: Social Work Data

Note: The following four tables are arranged per discipline; each records the various data content for the three types of public participation use. Initially, four uses were applied to the Social Work literature, but these are collapsed here into three types. The column on the left lists the data content that was sought: construct definitions or indications, contextual basis; alternate terms, related concepts, antecedents and consequences for the concept, and lastly, the total distribution of documents per use.

Table N1. Social Work Data: Content of Types

Data content	Ideal participation	Spurious participation (related & borderline)	Counterfeit participation
Construct features	Third Sector: community non-profit values Empowerment mechanism for direct public access and control over full range of public policy process, with veto power. Self-selection with represented interests. Focused on worst-off populations. Active-voluntary participation and spontaneous local organizing. Rights-based, builds coalitions for lobbying and social action. Fits strategy to the community situation.	Public Sector: institutional administrative values. Mechanisms to involve citizens in policy planning and maybe program implementation. Authorities design process, select publics, collect, provide and process information. Public input limited to choice of preferences, may not be valued or used. Stakeholder interests key but conflict seen as hindering effective implementation. Problems of under-representation of lower socio-economic groups. Inconsistencies between purported ideals of concept and practice (encouraged in theory but not in funding). Fits communities to strategy.	Public-Private Sectors: corporate values Mechanisms for limited input under unclear models for partnership. Distant forms of governance (digital media, ICT) focused on info flows. Prefers 'safe' methods that provide only information. Disconnect between community as an interested party and local representatives or gaps in accountability. Fits community to an unclear strategy.

Social Work Data (continued)

Data content	Ideal participation	Spurious participation (related & borderline)	Counterfeit participation
Contextual basis Discipline sources	SW leadership necessary but need "…ideological, social, political, and economic processes involved in reforming the health care system" (34).	Social work approach may give individuals opportunity to take power, but less focused on collective political rights (more compromised profession). Public Administration duty to serve and protect 'the public interest' is weak.	New Public Management facilitates corporatist governance; social workers see themselves as consultants
Local settings	Local non-profit community organizations are base and path for pp.	Administrators at crucial nexus between state and community. Municipalities in a broker role between citizens & market.	Poor local infrastructures, little available resources at the municipal level
Macro conditions	Ideology: Social democracy Health & participation are rights (not products); people are citizens, not consumers; society commits to collective goals and distributive justice. ***Ideological context is a determinant.*** Rise in social movements with parallel decline in voting and political party membership.	Ideology: Liberal democracy with state bureaucracy and technocratic claims to value-free status. Part of de-centralization of power, but is devolution of responsibility (not power) from national government to regions. Function is de-concentrated (Checkoway, 1982, 1984) while centralization is maintained at a distance. Said a move from hierarchical planned government economy to a "balance" between market and civil society, favoring community network-based model. Consumerism	Ideology: Neo-liberalism De-regulation of markets, privatization of public assets and smaller government for big corporate world. Neo-liberal policies are globalizing the conditions conducive for finance capitalism, not community development.

Social Work Data (continued)

Data content	Ideal participation	Spurious participation (related & borderline)	Counterfeit participation
Alternate terms	Community, Popular, Volunteer or Collective Participation, Grass-roots mobilization	Public, Citizen, User, Client and Consumer Participation	Patient and User Involvement, Consumer and Popular Participation
Related concepts	Empowerment is both personal and collective (self- and mutual-help) and related to trust, social cohesion, and community belonging.	Empowerment; social education; individual autonomy; self-esteem: social networks; partnering; de-centralization, collaboration. New Public Management where government is broker of contract deals "one of many players on the local market". Welfare Pluralism	Co-optation.
Antecedents	Deal with access and institutional barriers: amend professional attitudes. Basic training orientation to social and political learning. Follow the WHO goal of "Health for All" requires national political commitment to equitable socioeconomic development and community participation in planning, implementing, and evaluating health care services (29). **F29-2 Primary features**	**Institutional barriers**: actual decision made by authority is often opposite of community's will. **Informational barriers**: lacked requested info, arrived late, large quantity of data, technical level, jargon, ignored major concerns avoided words "landfill" and "cancer" in exposure assessments. **Inter-personal barriers**: poor dialogue due to infrequent, time limited, large meetings with vague, unreceptive, misleading, elusive officials. Insure fair and impartial decision-making processes; officials must be credible, trustworthy and responsive to community needs; supportive relationships a pre-requisite. Clear vision, committed leadership, clear procedures, training and ongoing supervision and monitoring.	Overlooks or condones **structural, barriers**, ie. Lack of basic infrastructures in poor countries or communities; systemic poverty. Exhibits persistent re-discrimination, exclusion, and re-exploitation of worst-off populations. Supports change in word, but privileges status quo in deed.

Social Work Data (continued)

Data content	Ideal participation	Spurious participation (related & borderline)	Counterfeit participation
Consequences	Re-connects policy effectiveness with social impact to stop conditions of material and political poverty. Expands avenues for citizen participation.	May use participation to generate new ideas, to build constituency support, to diffuse antagonism of protest groups, to reconfigure groups, for administrative ends without significant transfer of power. Results in distrust, discontent and worse relations.	Disconnect between policy effectiveness and social cost/impact. Public Relations exercises to win support for agency plans.
Total number of documents	9	13	8

Appendix O: Sociological Data

Table O1. Sociological Data: Content of Types

Data content	Authentic participation	Spurious participation	Pernicious participation
Construct features	Direct participation in core governance processes (planning, design, implementing, budgeting, monitoring). Focused on subordinated, under-represented, for some control of resource distribution, debate on right, duties, and access to institutions regulating/negotiating interests, local context and history specificity important. Initiated by civic associations, voluntary non-profit sector; Local and place-based. Self-organization of pre-existing communities. Not to participate is a strategic option for movements. Must be embedded in policy architecture and governance strategy and attentive to tension b/w horizontal and vertical power.	Some inclusiveness in planning (between regional authorities and local setting) May have no role in ongoing governance, sporadic pp. Info & Consultation a given for stakeholders. Some community-university partnerships for community-based assessment and monitoring. PP used to sow trust and cooperation (with government and business), resolve conflicts, gain citizen support, and democratize local planning for some justice. GIS-based tools to manage diversity of stakeholder views, and conflict.	Varieties of consultations or deliberations. In biomedical issues, pp technology is centred on the construction of sought-after publics; refining appropriate 'who's'. The new logic of governance is developing into a normalized, less politicized game. In both 'state-initiated' and non-state-initiated forms, networks are tightly integrated with 'state-craft'. Technical methods, from a managerial perspective, 'participation is a process of enacting instruments'. Authority formulates models that reflect decision problem, analysis, and implementation. Public and stakeholders involved at varying levels as decided by authority. Information sharing for the education of participants only, ignored participant selection.

Sociological Data (continued)

Data content	Authentic participation	Spurious participation	Pernicious participation
Construct features	Role of participation in collective identity formulation comes from inclusive input-oriented process with ample time and "unplanned" less control of debate. Participation as conflict between state-citizen-market.	Construct framed as a two-round-game in state-citizen battle, where rules of engagement (determine outcome of game or choice of mechanism) are pre-set by state before negotiating with citizens in second round. Partnership models both a means to implement a neo-liberal agenda locally and collaboration for a new model of local participation. Construct a technical management matter in public consultation phases, proposing decision support tools (GIS Analytic Hierarchy Process) for weighting stakeholder preferences; Claims to make process transparent but first assumes authorities frame the problem, identify management, attribute options, then selects stakeholders, before decision tool compares and weighs priorities.	Technical matter of managing interrelations among stakeholders to develop collective responsibilities toward resource management. 'Decision-driven deliberation' used to manage issues and avoid emotional debate and conflict. Geodiliberator a prototype for structuring "full range" of public input with aim to consensually decide on option, but depends on who designers determine as relevant stakeholders. In China, pp used to justify already-made project decisions through "mind-engineering" activities, to garner compliance in implementation of land conversion program for redevelopments. In Russia, mass protest is 'active involvement' more than institutional activities (hijacked by professional leaders who use initiatives for personal benefit).

Sociological Data (continued)

Data content	Authentic participation	Spurious participation	Pernicious participation
Construct features		Construct contains inherent contradiction in understandings of neutrality and expertise - calls for pp whilst limiting it in deployment and structure, ie. Reps. are required to be neutral in favour of organizations' interest, and is constrained by expertise, privileging finance or corporate over local knowledge. Requires a disinterested public to be a source of the collective will. Mandated forms of participation input in natural resource planning, a tool to refocus participants onto 'livability issues', avoids controversial issues such as regulations, to over-come distrust and legitimacy deficits of authorities.	ICT (Information Communications Technology) Policy Foresight Priorities Delphi based on open-ended consultations to 'exploit the decentralized intelligence' of groups for recommendations to governments; big private interests influencing in background. Commercialized deliberative democracy – entrepreneurs for dd; content knowledge from policy makers (the state) mixes with process consultancy (the market), but voluntary sector limited to 'policy initiators'. In *Administrative Procedure Act* the Notice of Proposed Rule Making or *outside participation* is suppose to be the constraint on agency power, but communication with 'affected interests' has already occurred informally - *Inside participation* – in secrete. Ensures public comment will be adversarial.

Sociological Data (continued)

Data content	Authentic participation	Spurious participation	Pernicious participation
Contextual basis Discipline sources		Researchers faced barriers to expected information sharing from private sector, for setting up GIS tool.	
Local settings	Spontaneous, self-organizing, autonomous, open membership in Tunnel debates, used media.	*Managerialist discourses* operate at a micro level creating tensions for pp in third sector community organizations, (through funding requirements to adopt complex legal accountability and governance frameworks. Network governance paradigm is means for tackling new forms of local institution building and decision-making, forging new path between centralization and privatization.	Mode of participation controlled by elites 'behind closed doors'.
Macro condition	Construct in 70's emphasized broad public debate and high profile discussions over time, changed under Thatcher's conservative government.	*Neoliberal discourses* operate on a macro level as 'theoretical fuel' for structural adjustment. A new paternalism of the state, the 'close supervision of the poor', thus government moves out of direct service provision or from helping to controlling and mediating roles.	Pp is a site of articulation of global forces, overarching hegemonic discourse of neo-liberalism. Market-led participatory approaches are a condition of international aid. Contradictory forces associated with recentralization of decentralization throughout Africa. In Uganda, central government controls 90% of local government budgets – patronage corruption is rampant.

Sociological Data (continued)

Data content	Authentic participation	Spurious participation	Pernicious participation
Alternate terms		Extra-electoral citizen participation, Patient and Public Involvement (PPI)	
Related concepts		Representativeness and governmentality. Policy context emphasizes partnership, integration, networks between communities, state and private sector. Marketization with centralized authority. Risk management.	Related to the 'ethics turn', personalization of morality, 'what do *I* do?' 'Governmentality' is the power to coerce, to normalize and grow consensus 'through the exercise of freedom'. New public management 'reducing frontiers of state' and increasing 'public choice'.
Antecedents	**Primary determinant of pp**: People's sense of belonging (Affect) to their neighbourhoods, coupled with skepticism (Trust) of authorities to solve problems, provides greatest incentives for all types civic participation. Requires shift in admin roles from agenda setting/decision-making to facilitation and monitoring of pp to weaken patronage systems. Requires all info. (policy kernel) and participation incentives (focused design, implementation and outcomes). Depends on commitment to institutional renewals in public administration and	Participants need collective action problem skills and to know opponent's (states') mechanism preference, to better control agenda setting – more key than decision negotiation. Citizens must partake in writing the rules in first round to win. Archetypical citizen is extra-ordinary, required 'to know and make knowable' the hard to reach groups, bring know-how, experience, communicative skills, and rationality; governing both government and lay people's conduct, in a mediating role.	Top-down pp leads to 'expert cult' and contradictions between the logic of needing to generate diverse views and needing political consensus. Big market players dominated behind the scenes, were not openly acknowledged by state.

Sociological Data (continued)

Data content	Authentic participation	Spurious participation	Pernicious participation
Consequences	High participation may intensify conflict (as in Vigo); elites neutralized conflict when low (as in Porto). Civil society role in local governance was negated; this is a conflict model in which civil society initiates and struggles (losing) with state.	Project trained and paid monitors, with small benefit to community. Assessment and monitoring information used to gather baseline data for watershed restoration, to identify potential pollutant sources and health hazards, and to build community's capacity. Great power imbalance when state sets the rules in first round. Despite being central to neo-liberalist policy objectives, local knowledge and the distinctive perspectives of community sector are rarely considered in broader theoretical and political debates. Construct used to enhance managerial control by avoiding 'inefficient' emotional conflict, and produce decision agreement - implies mystification as an administrative control strategy. Limits capacity of boards to collectively make strategic decisions; conflicts are personalized, thus marginalized rather than a general problem for board to solve.	PP has almost no influence over what is adopted, except when breaks down into protest; may contribute to empowerment of marginalized to participate, even if unintentional. Possible openings in strategies of individual actors. May entrench local corruption if state does not sanction pp. Power relations were entrenched in local authorities; local people had no voice. Institutions were underdeveloped, and dialogue not present; **Implies that power must be equalized first** for true pp to occur. Despite constitutional right and legislative mandates, China has not translated pp into people's control; used as legitimation strategy for unpopular action. Russian citizens' refusal to participate may be a repudiation of political system; only protest and non-participation may

Sociological Data (continued)

Data content	Authentic participation	Spurious participation	Pernicious participation
Consequences			Political representation could be pp if politicians consult and take direction from public, but not done. Ministers rejected public recommendations, did not even mention in approved plan issues participants identified as crucial (ie. strengthen democratic practices in institutions). Deliberative consultancy appears productive but market imperatives replacing democratic ones. If private power dominates, may involve co-opotation. Notice of proposed rule making also ensures public comment will be adversarial. Construct conceals who is consulted in proposal development; that business sector does most of the public commenting. Private power dominates; businesses are the participants formally and informally.
Total number of documents	8	10	12

Appendix P: Political Studies Data

Table P1. Political Studies Data: Content of Types

Data content	Bona fide participation	Spurious participation	Pernicious participation
<u>Construct</u>	Dispute Resolution of interests, stakeholders have veto power. All interests (includes for-profits) 'work with' representative democracy - 'active interest'. Multi-sectoral, or any stakeholders may initiate partake in defining problem. Opportunity to call state power to account but has to develop political capabilities of poor. *Empowerment* is on-going engagement in political struggles to reshape political networks that link to discourses of rights and citizenship. Is a substantive chance to devolve power to community. A15-2	Deliberative forms to provide public with a 'say' and state with insight on stakeholder views. Technology-based (Digital media, GIS, decision-aids), not for resolution of disagreements but to reduce conflict, find lowest common denominator for a consensus 'What can you live with?' Authority defines problem, when, how people participate, determines issues, agenda and extent initiative feeds into policy process. Recommending power only (not decisive power); proportional representation for information gathering (not decision-making).	'Citizen Technology Forums', 'Consensus Conferences', One-way communication or deliberative forms: to mine public views for PR and manipulate or co-opt to keep industries moving forward. Prefers passive interest or attentiveness (Trustee) to say (delegate) or involvement (politico). A14-2 Excludes public from 'inside' consultations with business interests. USA state administrators find that mechanisms designed to promote pp (in agency rulemaking - public notice and access procedures) do increase impacts on agency rules by external actors (ie. organized interests, courts, agencies, governors), and indicates political officials use it to reflect their political coalition interests. a14-2

Political Data (continued)

Data content	Bona fide participation	Spurious participation	Pernicious participation
<u>Construct</u>	A form of 'indirect political participation' obliges representatives to formally engage in public forums with constituents. Deliberative participatory forms based on the practice of public reasoning, as a deterrent to domination; Identity constructed around conceptions of difference. a9-2 All claims are counted and equally considered - Locks intrinsic equality. Otherwise non-participation is reasonable. a3-2	Functional typology classified four types of *public participation*: type 1 (citizen jury – facilitated because lay public); type 2 (task force – not facilitated because stakeholders, ie. public representatives are knowledgeable); type 3 (polling or decision aids – more controlled to structure consensus), and type 4 (town hall meetings – voting with uncontrolled selection, greater risk). All pp types involve face-to-face and are group-based; All information flows interpreted through the sponsoring agency to public representative.	Public constructed as irrational, biased and incompetent, study showed experts are biased too, but medical experts stripped public of right to choose their own priorities. Public input regarded as hampering government ability to allocate funds and promote the progress of biomedical science. a10-2
<u>Contextual</u> <u>basis</u> Discipline sources		Science becoming "post-academic", and industrialized, stressing contradiction within scholarship due to commercialization of research.	New research fields ie. genetics, biomedical research and development, deliberative research.
Local settings	Municipal level, self-organized groups		Poor neighbourhoods; at risk populations; Afro-American and Latino communities.
Macro conditions	Underlying inequality of financial power, formal authority and discursive power to define. Poverty.	'Obscure regulated worlds', context where governments bound to international treaties but limited in regulation capacity.	Political macro-management is favoured over political micro-management by public. a10-2

Political Data (continued)

Data content	Bona fide participation	Spurious participation	Pernicious participation
Alternate terms	Citizen participation	Patient and Public Involvement (PPI), community engagement	'Laypeople'; the 'argument pool'
Related concepts	Communicative rationality; public reason; NIMBYism; representation, exclusion; social justice.	Risk management	Professional Autonomy
Antecedents	Requires both *responsiveness* (popular control) *and representativeness* (political equality empirically based on geographic, demographic and political difference). A6-2 Accept relations are contentious for better results. Re-politicize participation: take questions of power seriously re: practices, mechanisms, and discourses. A15-2 Be tactically agile in deploying mass mobilization, attempts to institutionalize gains, and exercises of political learning.	'Transnational' public deliberations said essential for science-industry-government endeavours in biotech. Deliberative democracy has legitimacy problems with scale and motives, needs to limit participation through legitimate exclusion. State withheld information, lacked ongoing pp systems that were established and trusted means for securing people-centred decision-making.	**A possible determinant of pp**: Underlying political party affiliation is related to construct orientation. A14-2 Authorities and experts distrust and have contempt for public, considered 'ignorant'. A8-2, a 10-2, a16-2 Management capacity affects board use; empty seats often go unfilled; board members usually get no training; and few boards reflect the diversity of local communities (male dominated, with women, racial minorities, youth and seniors underrepresented). a5-2

Political Data (continued)

Data content	Bona fide participation	Spurious participation	Pernicious participation
Antecedents	Legal basis (right to know and partake) is crucial in holding officials accountable to engage public in soliciting input. Need both long-term, rules-based activism of NGO's, and short-term, contentious localized interests of NIMBYism to oppose government and industry interests. A5-2 Justice imperatives needed to correct 'persistent absence' and 'persistent losing' of particular groups in pp. REGECT rules of a game that systematically disadvantages some – institutionalized discrimination. a3-2 Extensive multiply recruitment strategies, explicit rules of engagement, evaluate for process and post-implementation phase. a2-2 Citizen doubt arose re: expert knowledge. A3-2	Requires 'insurgent democracy' or activist action to challenge outcomes (when rules shut out voices, agendas are manipulated, or agreements fail to recognize effects on excluded).	'Organized interests' like HIV/AIDS are overrepresented, 'loud voices', seek out 'quiet voices'; proposed pp approach is marketing and PR outreach. a10-2 'The knowledge exchange train' a university-industry event, used local leadership (a 'bank of knowledge' to help presenters tailor their message predisposing public participants to propaganda. Public needed to support development plans. a2-2

Political Data Table (continued)

Data content	Bona fide participation	Spurious participation	Pernicious participation
Consequences	Achieves some democratic renewal. Both approaches (working patiently with, and impatiently working against) were necessary to advance formal participatory governance in China. A5-2 Open public forum leveled playing field for influence between industry (which used covert methods to pressure the WHO) and public health advocates (which used the open forum to influence language). a17-2 Achieved within-group success but recommendations were not taken-up. State interested (funded and observed) but no institutional champion. Provided learning from local knowledge, grew culture of belonging and skills to resist oppressive governmental technologies. A3-2	Little policy influence by public; Legitimizes governments' policy choice, and reinforces central control of government. Self-serving exercises designed to support internal organizational interest, rather than community interest. Impacted negatively on governments' capacity to manage SARS outbreak, contributed to crisis and loss of public trust. Sustainability a problem in terms of co-opting publics; how long will citizens' continue to partake in agendas they do not set? Or, official right to define membership? Digital technologies not shown to build social capital (key variable in collective action), remains in cyberspace, with concerns over internet anonymity (allows actors and sponsorship to be hidden), lost transparency (who's being mobilized), trust remains an issue.	Public concerns not reflected in final report/decisions - No public influence on policy. Reinforces central authority and market, or existing political order of trustee (not delegate or politico-interest). Re-exploits minority populations to advance private interests. A14-2 Medical experts even subverted states' cost-benefit criteria with their professional ethic of "rescue at any cost" so as to dilute publicly reasoned choice to eliminate expensive tertiary treatments. a16-2 Police authorities communicated feedback to wealthy neighbourhood but distrustful and reluctant to inform poor community, 'didn't want information to get into the wrong hands'. A18-2
Total number of documents	9	12	9

Appendix Q: Nursing Data

Table Q1. Nursing Data: Content of Types

Data content	Grounded participation	Spurious participation	Pernicious participation
<u>Construct</u>	Informal public spaces have possibility to grow communicative power if grounded in civil society, so discourse can be a counterbalance on formal power of the state. Discursive strategies must not transform participants from self-serving actors to 'ethical' (other-regarding) ones, *if prevents poor from representing their own interests* in favor interests of whole. Beyond just *better argument*; about careful strategy based on self-interests of poor. Keep exit an strategy. Crucial role of state commitment to develop institutional architecture for social learning and devolving decision-making to local, lower levels.	Formal Dialogues, consultations, advisory, deliberations, to gather public feedback mainly in priority setting. Public sector mechanisms include: formal need assessment, random phone surveys, focus groups with whomever RHA 'felt' represented important groups, and elected or appointed "citizens" to advisory councils. Stakeholder-initiated mechanisms may mean any *individual effort* to contact decision makers; patient complaint reports or satisfaction surveys; attendance at meetings; and requesting meetings with leaders. Lay members drawn from 'safe' section of the 'professional lay' public'. State recruits for professional skills re: communication, pragmatic attitudes not critical, enthusiasm etc.	Focused on communications messaging, in some deliberative settings. Provision of information from authority/sponsor to public, and Gathering of information from users to inform service mainly operations, but management decides. Weakening requirements to involve public in priority setting (mainly a choices exercise) as a 'proactive government responsibility' and moving to information provision only. Strong partnerships with private-sector actors to address systemic failures in state and local institutional capacity - opposes increasing resources and decentralizing governance.

Nursing Data (continued)

Data content	Grounded participation	Spurious participation	Pernicious participation
<u>Construct</u>		Problem over and under representation of some groups (ie. white males/females, middle aged, well educated). Public constructed as 'citizens', but tied to notion of 'disinterested' public (ie. must put aside their particular preferences for the common good, also tied to 'deliberative turn').	Fed. US research on health disparities, to which "community-based participatory research" is core. Intends to reduce disparities for 'affected populations' but research is the empowered participant with funding to control agenda and discourse. In UK PPI *individual choice* dominates notion *collective involvement*. Representativeness or typicality is sought from 'involvees'.
<u>Contextual</u> <u>basis</u> Discipline sources	International Labour Studies, community development.	Professional self-regulation at the heart of clinical governance.	Consultancy sourced from market.
Local settings	Poor neighbourhoods South Africa	Organizational tensions between professional accountability and pre-requisite for social change. Local financial constraints.	Volatile institutional upheaval in UK pp structures (abandoned CHC and removed their power to object in new forms).
Macro conditions	Globalization impacts on poorest populations and nations.	Since 1990's vocabulary of responsiveness, user participation, and accountability; Western governments regionalizing responsibility more than devolving power. Shift from government to governance; modernization; Changed regulatory and institutional contexts.	Construct is limited by market context and dominating medical settings.

Nursing Data (continued)

Data content	Grounded participation	Spurious participation	Pernicious participation
Alternate terms		Deliberative Participation, User or Public Involvement, Public Engagement	Consumer, Patient or Lay Participation, Consumer Consultants
Related concepts	Participatory-deliberative public administration' (PDPA)	Responsiveness, Representativeness. Mixtures of self-determination and voice, with consumerism and choice. Citizen basis more peripheral.	Consumer choice and personal empowerment
Antecedents	Public skeptical of Authorities. Essential for both state and political parties to be committed to societal participation, out of ideology, political pragmatism, or both (as with Port Allegro's Participatory Budgeting PB). Civil society organizations must keep independent agency, strong mobilizing capacity and an exit strategy (option to stop participating when necessary).	Authorities skeptical of public. Requires 'active management' of pluralism through persuasion rather than dictates. Lay participants require professional or expert interpretation. Ensuring public is on 'the inside' rather than 'the outside' of the NHS – neutralizes opposition. Participants asked to partake as generic community members (not as individuals or representatives of the organizations who sent or selected them).	Authorities distrust and betray public. Focused on managerial effectiveness; mechanism design, and control of membership. "Typicality" required participants have local knowledge, abstracting and communication skills, ample time, and prioritization of volunteer work over personal (family or paid work) - unrealistic. Vulnerable populations are sought out to partake in events for market use.

Nursing Data (continued)

Data content	Grounded participation	Spurious participation	Pernicious participation
Antecedents	Consumer power possible, if brought about by collective action and lobbying, in less-restrictive community settings.	Public wanted to know how authorities rationalized cuts to services, how system operates, and want attention to logistical prerequisites for inclusion of marginalized groups.	Funds for projects come from private sources or foundations (rwjf).
	Focused on justice or democratic legitimacy rationales.	Focused on efficiency and legitimacy rationales.	May employ any or all rationales (improperly) democratic, efficiency, legitimacy.
Consequences	Civil society groups do better when they *do not commit* themselves to institutional collaboration (as protest and litigation are more effective than discourse). Key national and regional stakeholders looked at local-level authorities (more accountable) for characteristics of success: strong vision and political leadership, partnership work which focused on outcomes not process, and extensive community recruitment and engagement.	Small procedural or document changes achieved but not substantive policy influence. State and experts determined the 'public interest'. Little to no follow-up with participants on how input was used. Most imperative direction (for Canadian RHA senior managers) comes from government, not public input, only used if public approval was expected. Canadian PI watered down from Arnstein's *citizen participation*, is essentially tokenism.	Public 'voice' is managed to a point of being manufactured: produces unthreatening, homogenous and token public perspectives. Market finds utility in listening to conflict, or "hunting for persistent disagreement" to better 'forge' consensus. The input of "fresh insights" was used by research to further more research and help advance market. Degree of public influence on policy achieved was nil.

Nursing Data (continued)

Data content	Grounded participation	Spurious participation	Pernicious participation
Consequences		Precludes the political interests of oppressed individuals or groups because demographic, geographic and political basis for representation denied. Accountability 'gap' may emerge, as mechanisms for public accountability at the centre of government are dismantled. RHA citizen board governors (either system insiders or lay outsiders) did not represent diversity, minimized special interest influences and both had weak relationships with broader community.	Key national health professionals (synonymous with stakeholders) viewed pp as a means of "social marketing" to increase medical service expansion, especially to disadvantaged groups (thereby further undermining public health). Private Foundation used partnership model to invade not-for-profits, restructure their governance rules so as to allow for-profits in. Enhanced opportunities for private sector gain through improved positioning in local arrangements. Professionals not listening to public due to expert elitism.
Total number of documents	**1**	**17**	**12**