

**Massey University Library
Thesis Copyright Form**

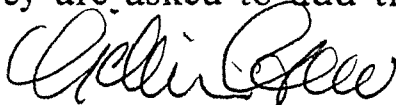
Title of thesis:

- (1) (a) I give permission for my thesis to be made available to readers in Massey University Library under conditions determined by the Librarian.
- (b) I do not wish my thesis to be made available to readers without my written consent for 24 months.
- (2) (a) I agree that my thesis, or a copy, may be sent to another institution under conditions determined by the Librarian.
- (b) I do not wish my thesis, or a copy, to be sent to another institution without my written consent for 24 months.
- (3) (a) I agree that my thesis may be copied for Library use.
- (b) I do not wish my thesis to be copied for Library use for 24 months.

Signed

Date

The copyright of this thesis belongs to the author. Readers must sign their name in the space below to show that they recognise this. They are asked to add their permanent address.



NAME AND ADDRESS

DATE

GILLIAN GREW
26a PARKLANDS DRIVE
KARORI
WELLINGTON.

15

COMMUNITY PARTICIPATION IN POLICY DEVELOPMENT: A CASE STUDY
OF THE NATIONAL CERVICAL SCREENING PROGRAMME

A thesis presented in partial fulfilment of the
requirements for the degree of Master of Educational
Administration at Massey University

Gillian Dorothy Anne Grew

1992

Abstract

This thesis is a case study of the development of the National Cervical Screening Programme policy. The aim of the study was to identify and describe the political, social and ideological factors which may have influenced the National Cervical Screening Programme policy. The policy-makers included community or consumer participants as well as professionals. This relatively unique feature of community involvement was also a focus of study. The study involved a literature search and review as well as interviews with key informants. Cervical screening on a population basis was trialled as far back as the 1960s at the same time that Professor Green was questioning the efficacy of early treatment of cervical abnormalities. Green's controversial research resulted in a Royal Commission of Inquiry which recommended the establishment of a population based national cervical screening programme.

The political, social and ideological context in which the National Cervical Screening programme policy was developed is described and interpreted. It is concluded that the National Cervical Screening Programme policy was adopted by the Government as a means to ameliorate the crisis of legitimation which was evident during the 1980s. It is further concluded that community or consumer participation in policy development is a highly complex issue requiring further study. Consumer representation is particularly problematic as consumer policy-makers require considerable skills, the acquisition of which may cause them to become less representative of the public whose voice they are intended to be.

Acknowledgements

I wish to thank my family for supporting and assisting me and putting up with my preoccupation with this thesis.

Thanks also goes to John Codd and Norma Chick for their supervision and patience. I am grateful to Wayne Edwards for his constant support and encouragement.

Thanks goes to Peggy Koopman-Boyden for sharing some of her considerable expertise in social science. While Peggy had no direct academic input into my work, her encouragement in the initial stages helped to keep me motivated.

Thanks to Ian Miller for allowing me to undertake this case study and for offering his encouragement and to Judith Johnston for introducing me to Hill and Bramley.

Thanks to Kay Saville-Smith for her understanding and assistance.

Thanks also to Stuart and Sally, whose encouragement kept me going.

Finally I thank most sincerely all those who agreed to be interviewed and so made this thesis possible; your assistance and honesty is deeply valued.

CONTENT

Abstract	ii
Acknowledgements	iii
Contents	iv
Introduction	viii
Chapter 1 Policy Issues: a Review of the Literature	1
1.1 Introduction.....	1
1.2 Policy defined.....	2
1.3 Policy analysis: prescription and evaluation....	4
1.4 Approaches to policy analysis.....	6
1.5 The development of social policies.....	10
1.6 Types of policies.....	11
1.7 Social policy and economic development.....	14
1.8 Health expenditure in New Zealand:	
The neo-liberal solution.....	15
1.9 A critique of the neo-liberal approach.....	17
1.10 The development of the welfare state in	
New Zealand.....	18
1.11 Bureaucracies and policy development.....	21
1.12 Consumers and participation in policy	
development.....	22
1.13 The process of participation.....	24
1.14 The substantive consequences of participation..	24
1.15 Health care in New Zealand.....	29
1.16 The development of the health sector in	
New Zealand.....	30
1.17 Summary.....	32
Chapter 2 The Establishment of the NCSP:	
A History of Events	36
2.2 Cervical Screening.....	37
2.3 The years before Cartwright.....	38
2.4 The Metro article.....	41

2.5	The Cartwright Report and the Government's response.....	43
2.6	The Ministerial Review Committee.....	46
2.7	The Expert Group.....	48
2.8	Summary.....	50
Chapter 3	Research Methods and Procedures.....	53
3.1	Introduction.....	53
3.2	Research aims and methods.....	53
3.3	The Case Study.....	54
3.4	Literature search.....	55
3.5	Interviews.....	56
3.6	Problems encountered.....	59
3.7	Summary.....	61
Chapter 4	The Situational Factors affecting the NCSP Policy.....	62
4.1	Introduction.....	62
4.2	Significant New Zealand events.....	63
4.3	Dominant individuals.....	66
4.4	Dominant groups and organisations.....	69
4.5	The significant phases/stages in the policy-making process.....	72
4.6	Summary.....	74
Chapter 5	The Structural Factors affecting the NCSP policy.....	76
5.1	Introduction.....	76
5.2	The role of the state.....	77
5.3	The role of the state and the NCSP policy.....	77
5.4	Prior policy commitments.....	81
5.5	The fit between the NCSP policy and other policies.....	81
5.6	The New Zealand economy and the NCSP.....	83
5.7	Top-down or bottom-up policy-making process....	88
5.8	Will the NCSP policy be successfully implemented?.....	89
5.9	Summary.....	91
Chapter 6	The Cultural/Ideological Factors affecting the NCSP policy.....	93
6.1	Introduction.....	93

6.2	New Zealand's divergent cultural values: are they reflected in the NCSP policy?.....	94
6.3	The prominent cultural values in the NCSP policy.....	95
6.4	The NCSP policy and popular support.....	96
6.5	Did the NCSP reflect the political ideology of the time.....	97
6.6	The Treaty of Waitangi and the NCSP policy.....	99
6.7	The social and moral implications of the policy.....	102
6.8	The language of the market place.....	105
6.9	Summary.....	107
Chapter 7	The Environmental Factors affecting the NCSP policy.....	109
7.1	Introduction.....	109
7.2	International events which influenced the NCSP policy.....	109
7.3	The international social policies which influenced the NCSP policy.....	110
7.4	The international agreements and obligations which influenced the NCSP policy.....	110
7.5	The countries which influence New Zealand health policies.....	112
7.6	The media and the NCSP policy.....	112
7.7	Summary.....	113
Chapter 8	The Personal Factors affecting the NCSP policy.....	115
8.1	Introduction.....	115
8.2	The forms of expertise within the Expert Group.....	115
8.3	The major aims of interviewees.....	116
8.4	The overall problems encountered.....	117
8.5	The overall advantages of the NCSP policy-making process.....	120
8.6	The changes that interviewees would make if they had to develop the policy again.....	122
8.7	Summary.....	124

Chapter 9 Consumer Participation in the NCSP	
policy-making	126
9.1 Introduction.....	126
9.2 Community participation: the political perspective.....	126
9.3 Consumer contribution to policy development: Important or not?.....	127
9.4 The amount of consumer input into the NCSP policy.....	128
9.5 Consumer representation.....	130
9.6 How Consumer representation worked.....	133
9.7 Consumer participation and effects on decision-making.....	135
9.8 Summary.....	139
Chapter 10 Conclusion	141
Appendices	
Appendix I Dates of Expert Group Meetings.....	151
Appendix II Expert Group's Policy Statement.....	152
Appendix III Letters to Interviewees.....	226
Appendix IV Interviewee schedule.....	230
Appendix V List of media articles on cervical screening: May 1990 to February 1992.....	234
Bibliography	262

INTRODUCTION

This thesis focuses on consumer participation in the development of a social policy, the National Cervical Screening Programme (NCSP), within the health sector. The thesis is a case study of the NCSP from its genesis in 1988 to the production of a comprehensive Policy Statement in August 1990. The NCSP health policy is significant for a number of reasons:

- It is the first national health programme for all New Zealand women;
- It focuses on prevention rather than treatment;
- It was established on the recommendation of a Royal Commission of Inquiry;
- It is a programme with a high media profile and
- It included significant consumer participation in the policy-making process.

The researcher is the National Co-ordinator of the NCSP and was appointed to this position in June 1990 to implement the NCSP policy. Such close involvement with the NCSP policy necessarily brings a personal perspective to this case study.

The research involved a literature search, including documents held within the Department of Health, and interviews conducted with key informants who were closely involved with the development of the NCSP policy.

As all interviewees would be potentially identifiable, confidentiality was a sensitive issue in this research. Interviewees were informed that their identities would be protected as far as possible and no data would be directly

attributable to specified individuals. For this reason, the members of the policy-making group, the Expert Group, were divided into two sub-groups: the "professionals" and the "consumers". The Department of Health officials and the politician who were interviewed were identified as a third group: the "bureaucrats-politician".

The NCSP policy is a social policy which comes under the umbrella of public policy. Public policy which includes social policy as a sub-set is defined as "the actions and positions taken by the *state* as the overriding authoritative collective entity in society." (Hill & Bramley 1986:2). Social policy is commonly described as catering to the collective needs of society by means of redistribution. Thus, policies dealing with pensions, benefits, employment, housing, health services and education are often included in the social policy category (Hill & Bramley 1986).

Policies are decisions taken by specific, powerful individuals about certain goals and the means to achieve these within a unique context (Jenkins 1978). Traditionally, policy-making individuals have been government officials or bureaucrats, professionals and powerful interest groups (Hill & Bramley 1986). A significant aspect of any unique context in the policy-making situation is the political one. The political climate of the early 1980s in New Zealand, the time leading up to the development of the NCSP policy, facilitated the inclusion of non-traditional policy-makers in the development of social policies (Oliver 1989). Governments were espousing more community consultation and espousing corporatism, particularly in the area of industrial relations. Shirley, Easton, Briar and Chatterjee (1990) have described corporatism as

...essentially a pragmatic approach to the integrative problems of the market economy and it represented a formula for linking the organised economic interests of society with the structures and processes of

decision-making within the modern state. The owners of capital, as well as producers in their organised capacities (i.e. employers and workers' associations) were recognised as major partners in the national enterprise of production and distribution, with each party expected to assume responsibility for making the system work. This meant, in effect, that employers acknowledged full employment as a primary social and economic objective, while workers accepted the need for wage moderation and higher productivity as a prerequisite for economic growth and social well-being. (pg 18-19).

At the same time, a more educated and informed society was demanding an active role in policy-making (Richardson 1983). The climate, therefore, was conducive to the inclusion of community or consumer participants in the development of the NCSP policy. Aspects of the process of consumer participation in the development of the NCSP policy are of particular interest in this case study.

The thesis is comprised of ten chapters. Chapter One describes the relevant concepts in relation to the established literature. It introduces the reader to the notion of policy analysis, defines policy and describes some of the types of policy that theorists have identified. The approaches which have been utilised in the analysis of policy are briefly discussed with an introduction to the approach used in this present case study of policy development.

Social policies have to be viewed as integral to the welfare state and the economy of a nation. Because resources are finite, value judgements have to be made by those in power about the policies which will be funded and given priority. Policy priorities are the consequence of a variety of influencing factors and these are discussed together with the ideology which underpins the different perspectives.

New Zealand has a welfare state which many describe as originating with the enacting of the Social Security Act in

1938. A brief description is given of the growth of the Health Sector in New Zealand which began prior to the Social Security Act of 1938. The Health Sector is firmly based on the medical model which largely assumes that disease can be fully accounted for by deviations from the norm of measurable biological variables (Ahmed & Kolker 1979). Thus, morbidity and mortality statistics become the yardstick by which successful medical intervention is measured. If morbidity and mortality figures are high, for a particular disease, it is deemed to be a significant medical problem. The aim, then, is to reduce the morbidity and mortality figures.

Policy-making has traditionally been the role of bureaucrats and professionals. Consumers, however, have, over the last decade, been clamouring to be involved in policy development (Richardson 1983). The participation of consumers in policy development is still relatively unique and is advocated or opposed by different groups for a variety of reasons. These are discussed in the context of the current social situation in the Western Nations, with particular reference to New Zealand and the NCSP policy.

Chapter Two traces the establishment of the National Cervical Screening Programme. Cervical screening trials were conducted by the medical profession as early as the 1960s. While health professionals had attempted to generate political interest in a national cervical screening programme in the mid 1980s, it was not until Judge Cartwright recommended it in 1988 that the establishment of the NCSP became a policy priority for the Government. Judge Cartwright's recommendation was made as a result of events surrounding controversial experimental research at National Women's Hospital in Auckland and was accepted by the Government in 1988. The subsequent development of the NCSP policy by the Department of Health was fraught with problems which resulted in political intervention. An historical record of the events from the

Cartwright Inquiry to the production of a policy document are presented.

Chapter Three discusses the research methodology used. The case study method including a literature search and interviews with key informants was used. The framework used to guide the research was an adaptation of Leichter's (1979) framework. Leichter developed a framework for the evaluation of policies which combined situational, structural, cultural and environmental factors. For the present research, the addition to Leichter's framework of "more personal factors" enabled the personal perspectives of key informants in the policy-making process to be investigated. The research methods employed are discussed in relation to the problems encountered and the solutions utilised.

In Chapter Four the research data is discussed in relation to the literature on situational factors. Situational factors are impermanent, transient events which impact on policy development. Situational factors include other social policies, significant individuals and groups or organisations which influence the development of policy. The unique situational factors which influenced the development of the NCSP policy are described.

Chapter Five details the structural factors which influenced the development of the NCSP policy. Structural factors are more permanent, or at least relatively slow changing, aspects of society and the political system. The role of the state is a structural factor which is described in relation to the development of the NCSP policy. New Zealand's economic base and the influence of economic policies on the development of the NCSP policy are discussed in relation to the political system.

The cultural and ideological factors which affected the development of the NCSP policy are described in Chapter

Six. The cultural factors include the values which are held by society as a whole. Ideology refers to the ideas which reflect the beliefs and interests of society and the political system.

Chapter Seven relates the significant environmental factors which influenced the development of the NCSP policy. Environmental factors are those structures and values which are located outside a political system yet still impact on the policy-making process. The international policies and events which affected the development of the NCSP policy are described. The role of the media is an environmental factor which influenced the development of the NCSP policy.

The more personal factors of key informants or interviewees who were closely involved with the development of the NCSP policy are described in Chapter Eight. Policy-makers had their own personal aims and provided their personal opinions on many aspects of the NCSP policy. The personal insights and opinions of the interviewees provided an illumination of the process of the NCSP policy development. The personal perspectives of consumer participants in policy-making are discussed in relation to those of professionals and bureaucrats-politician.

The issues associated with consumer participation in policy-making are discussed in Chapter Nine. The consumer representatives described how they performed their role of representation. The difficulties of obtaining true consumer representation and the policy-making skills required by consumer participants were identified as significant issues. There are many reasons given for including consumers in the development of social policies. These are discussed in relation to the development of the NCSP policy.

The conclusions to be drawn from this case study in the development of the NCSP policy which included significant

consumer participation are described in Chapter Ten. Areas for further research in policy development and consumer participation are suggested.