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Public and user participation in public service delivery: tensions in policy and practice

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Social-scientific analysis of public-participation initiatives has proliferated in recent years. This review article discusses some key aspects of recent work. Firstly, it analyses some of the justifications put forward for public participation, drawing attention to differences and overlaps between rationales premised on democratic representation/representativeness and those based on more technocratic ideas about the knowledge that the public can offer. Secondly, it considers certain tensions in policy discourses on participation, focusing in particular on policy relating to the National Health Service and other British public services. Thirdly, it examines the challenges of putting a coherent vision for public participation into practice, noting the impediments that derive from the often-competing ideas about the remit of participation held by different groups of stakeholders. Finally, it analyses the gap between policy and practice, and the consequences of this for the prospects for the enactment of active citizenship through participation initiatives.

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Introduction

Across much of the world, participation is on the rise. In many economically developed countries, citizen participation on various levels—from involvement in decision-making in individual episodes of care, to public participation in policy-making processes—is now formally mandated by policy. In the economically developing world, participatory governance is seen by the World Bank and other international institutions as a means of securing economic and social development—though with sometimes perverse consequences (Cooke & Kothari, 2001; Meads *et al.*, 2007). Participation is seen as a means of both reconnecting disengaged publics with the decision-making process in an era of ‘democratic deficit’ (Pratchett, 1999), and improving the quality of those decisions by taking account of a greater breadth of views, and creating greater understanding of the needs and wishes of the recipients of public services. In the United Kingdom (UK), participation has been an important component of the reform agenda of Labour governments since 1997, bringing together the aims of public-service modernization and civic renewal (Foley & Martin, 2000; Newman, 2001; Gustafsson & Driver, 2005; for an example of this rhetoric in official policy, see Prime Minister & Minister for the Cabinet Office, 1999).

Peter Beresford (2002) has previously argued that social analyses have, in the main, lagged behind this increasing policy-level importance of public participation. “Discussions of the socio-economics, politics and ideology of participation,” he suggests, have been outnumbered by “a large and rapidly growing body of ‘how to do it’ manuals, courses and consultants” (Beresford, 2002: 265). Since then, the social-science literature has caught up to some extent, with a number

of research monographs, edited collections and textbooks (e.g. Baggott *et al.*, 2005; Newman, 2005b; Davies *et al.*, 2006; Barnes *et al.*, 2007; Harrison & McDonald, 2008; Hogg, 2008)—and a wealth of journal articles—addressing the sociology and politics of participation to varying extents. This article draws out some of the lessons of this recent literature, with particular reference to participation in the National Health Service (NHS) and other British public services. It focuses on an issue that goes right to the heart of the purpose and potential of public involvement: the nature of the contribution to be provided by ‘public participants’, as this relates to their identities and the role they are to play in such exercises. Considering this question at the levels of both policy and practice, I argue that there are tensions both in the ideas of participation held by policymakers, and in the ways in which participation is realized by members of the public and state officials, managers and professionals, which arise from differing—even conflicting—ideas about the purpose of participation, the nature of ‘expert’ and ‘lay’ knowledge, and the relationship between professional providers of services and the public they serve. Often, the result is disputed practices of participation, and a notable disjuncture between theoretical rationales for involvement, policy intentions, and practice ‘on the ground’.

To try to give focus and coherence to the argument, I draw principally on work on public and user involvement in the health service and other aspects of welfare state provision. This literature offers particular insights into the interaction between policy and practice in participation. There are, though, parallel discussions of these kinds of issues in cognate fields, notably the political-theory literature on deliberative democracy (see, e.g., Gutmann & Thompson, 1996; Dryzek, 2000; Fitzpatrick, 2002; Ryfe, 2002) and discussions in science and technology studies (STS) about public engagement and the public’s understanding of science (see, e.g., Wynne, 1992; 2003; Collins & Evans, 2002; 2003; Jasanoff, 2003; Rogers-Hayden *et al.*, 2007; Kerr *et al.*, 2007; Gregory & Lock, 2008), some of which are drawn upon below.

Rationales for participation

On a theoretical level, the current vogue for participatory initiatives might be related to a number of rationales, summarized by Abelson *et al.* (2003). Participation may improve accountability of a public administration that is subject to ‘democratic deficit’, whereby indirect accountability via parliamentary democracy offers insufficient popular control of complex public bureaucracies. In this way, as well as having a democratizing influence *per se*, participatory initiatives may also increase the legitimacy of public institutions, affirming the integrity of the connection between the public and public services, and thus contributing to the democratic renewal of society, tackling apathy and disengagement among the citizenry.

As well as adding to democracy and accountability through participatory complements to large-scale, Westminster-style parliamentary democracy, public-involvement initiatives are also seen as helping to improve the quality of public services. In an age in which—to take the rhetoric at face value for the moment—consumerism, choice and personalization have replaced the traditional ‘one size fits all’ approach to public-service provision (for analysis and critique, see Clarke *et al.*, 2007), there is an increasing need for those charged with the delivery of public services to understand better the needs and wishes of the public they serve. Besides conventional approaches to accessing these views, such as surveys and other market-research-based approaches, the involvement of the public in the planning, management and delivery of services is seen as a means of ensuring fit between what is provided and what is desired, giving this more demanding and knowledgeable public a more proactive say in this process.

Two points might be made about the two sets of rationales summarized above. Firstly, both might be related to more general commentaries on the state of the UK and other economically developed societies in late modernity. These are seen as characterized by wideranging social transformations that have resulted in the rise of more individuated, sceptical publics whose faith in the institutions of modernity has been shaken, and whose desire and opportunities for self-fulfilment have been multiplied by shifting social structures (Beck, 1991;

Giddens, 1991; Lash, 1994). The potential for more direct involvement at various levels in the state's decision-making processes, beyond the moment of choice at the ballot box, is seen as fitting for the individual of late modernity (Cooke, 2000), and of mutual benefit to the individual and the state. The individual is newly re-enfranchised and empowered; the state is able to benefit from a greater understanding of the ideas and wants of the public. In the UK, appeals to the synergistic potential of participation may be noted in the 'modernization' agenda of new Labour governments in power since 1997, with their dual aims of creating a public sector fit for purpose in twenty-first-century society, and of the democratic renewal of that society (Gustafsson & Driver, 2005). By engaging with a demanding public on more equal terms, public services might draw on the knowledge of the public, while members of that public are simultaneously encouraged to practise a more active form of citizenship. Examples of this include efforts at promoting community engagement in urban-renewal programmes which seek to increase the capacity and autonomy of such communities (Schofield, 2002; Marinetto, 2003), and the personalization of social-services provision to give greater control to recipients over what services are provided to meet their needs, for example through direct payments and individual budgets (Scourfield, 2007).

Secondly, though, it might be noted that whatever potential mutual benefit to state and society may arise through initiatives of this kind, there is a discernible difference between the kinds of contributions demanded by the two sets of rationales outlined above. Where the first set has broadly democratic objectives—democratization, improved accountability, renewal of the democratic impulse among an individuated public—the second set's aims are more 'technocratic' in character: improving the quality and appropriateness of public services by drawing on the knowledge, ideas and experiences of the public. While the two sets of objectives may be compatible with one another, as suggested by the policies pursued in the UK, it may also be the case that the rationales require quite different approaches to public participation—and ask quite different publics to participate. It has been argued that new Labour distinguishes between various groups of citizens, to be dealt with differentially by social policy (Clarke, 2005). There is a sense in which the same is true of public-participation policy. In particular, there are notable differences between the nature of the public that might contribute, on a representative basis, to democratically oriented public participation, and the public that might contribute, on the basis of its knowledge or expertise, to the more technocratic objectives of public-participation initiatives. The next section considers these differences—and some overlaps—on a theoretical level; the sections which follow explore the consequences of these for public-participation policy and practice.

Representativeness and knowledge

'Representativeness' of one kind or another is frequently cited in the theoretical literature as an important quality of public-participation initiatives—which frequently they fail adequately to address (e.g. Beresford & Campbell, 1994; Bowl, 1996; Church *et al.*, 2002; Crawford *et al.*, 2003). In relation to resource-allocation decisions, the reason for this is clear: such decisions are a matter for democratic determination, and so any participatory supplement to conventional mechanisms for making these decisions must ensure that the views of all are taken into account (Lomas, 1997; Martin *et al.*, 2002). Even in relation to processes that are not about resource allocation (for example those relating to service-level management and delivery arrangements), representativeness of public participants is often viewed as important to avoid the selection of convenient or acquiescent participants by service providers, at the expense of more marginal or radical groups. The quest for representativeness might be related to parallel discussions in STS around the desirability (or otherwise) of engaging uninterested, and therefore disinterested, publics in relation to new scientific and technological developments, and thereby avoiding the 'hijacking' of debates by groups with preconceived views and giving greater attention to those with views seen as 'representative' of the majority of the wider public (e.g. Lezaun & Soneryd,

2006; Evans & Plows, 2007).

Defining representativeness, in theory and in practice, however, is not a straightforward task. Approaches to achieving a representative group of public participants include random selection, stratified selection (to ensure representation of different demographic groups, for example those of different ethnicities, socio-economic backgrounds and ages) and election. Besides the administrative complexity and potential costliness of these approaches, though, each only secures a particular kind of representativeness, at the expense of others (Martin, 2008a). Random selection may result in a demographically 'representative' group of participants, but those selected through such processes have no necessary shared perspective with those they are to represent (Bourdieu, 1981; Parkinson, 2003). Stratification, similarly, may ensure that even minority groups within a wider population are 'represented' among public participants, but in this process prioritizes one aspect of social identity—for example, ethnicity—over others which may be more important in determining the kinds of views to be represented (Barnes *et al.*, 2003). An electoral process may give a mandate to the individual chosen as representative, but what becomes of this when the representative faces unanticipated issues that cannot conveniently be referred back to the represented group (Bourdieu, 1981; 1984)? Must the representative remain static in her or his position, refusing to allow their perspective to be changed through the participatory process (Abelson *et al.*, 2003; Saward, 2005)?

A developing response to these challenges of representativeness in the literature is the notion of 'experiential representation' (Prior *et al.*, 1995; Eyles & Litva, 1998; Frankish *et al.*, 2002; Thurston *et al.*, 2005). This holds that authentic representativeness must rest on

"a new kind of active (as opposed to passive) representation based on an experiential relationship. [...] Needs are best identified and appreciated by sharing in the lives of others. Representation, based on shared experiences where needs are actively and subjectively assessed, enhances the legitimacy of representation when economy of time and problems of scale restrict participation by all." (Frankish *et al.*, 2002: 1476)

Common experience, accompanied by an active relationship between representative and group being represented, is to form the basis of a more robust means of representation in public-participation initiatives. Exactly how common experience is to be defined and judged is left largely unarticulated by these authors, but the notion does suggest the importance of a particular kind of knowledge—experiential knowledge—in the process of representation.

Technocratic rationales for participation, meanwhile, rely on rather different constructions of the input made by such initiatives to public-service management and delivery, which do not rest on representativeness for their legitimacy. There is a long recent history of research in medical sociology and STS highlighting the variety, complexity and validity of the lay public's understanding of scientific and clinical issues (e.g. Epstein, 1995; Lambert & Rose, 1996; Popay & Williams, 1996; Popay *et al.*, 2003; Whelan, 2007), defying the received wisdom that there is a 'deficit' of scientific knowledge among the general public (Gregory & Lock, 2008). Increasingly, the potential utility of these contributions has been recognized in the academic literature and by policymakers. This utility arises from what Collins and Evans (2002: 271) call the "uncertified expertise" that they provide: knowledge that does not derive from professional qualifications, but from experience (for a summary, see also Evans, 2008). The particular kind of expertise that stems from experience is thus seen as offering an input that is distinct from the more general, democratically oriented contribution to be made by the public at large (or its representatives).

Some have questioned the value of this kind of lay knowledge for the management and delivery of health services. Prior (2003: 54), for example, suggests that the experiential knowledge of laypeople is of little value to the management and delivery of clinical services, and so an erroneous technocratic rationale for public participation should not take the place of "the worthy political aim of ensuring participation and consultation of the lay public in all matters to do with medicine" (cf. Allmark & Tod, 2006, who make a similar argument for the epistemic superiority of professional knowledge). Yet a number of researchers write convincingly about

the distinctive and nuanced knowledges possessed by laypeople, and the productive contributions these can make to health-service management and delivery (Epstein, 1995; Lambert & Rose, 1996; Nettleton & Burrows, 2003; Ziebland, 2004; Whelan, 2007; for an extended discussion, see Martin, 2008a). In particular, many of these accounts note how the *experience* of disease or risk may combine with a growing understanding of the clinical knowledge base relating to a condition to grant a novel, positioned perspective of value to health-service providers.

In this light, the gap between the democratic and technocratic rationales for participation seems to diminish. Experiential representativeness of the kind described above tends towards this kind of knowledge-based contribution. Both inputs demand a participant who can play a compound role, understanding through experience the position of a public, but able also to articulate a contribution that translates this into knowledge that is relevant and useful to public-service professionals. Rather than ‘representatives’ of some wider public or ‘lay experts’ with some technocratic input to make, what seems crucial in this kind of contribution is the combination of experiential knowledge and the ability to transmit this effectively. Potentially, of course, these are exclusive criteria, requiring very particular, capable individuals. For better or worse, though, we see in the next section that such individuals are in many cases exactly what is required by contemporary participation policy and associated efforts to reconfigure public-service governance.

Tensions in policy

This kind of approach to participation policy might be understood in Britain in terms of the wider developments in social policy noted earlier on, associated with new Labour’s modernization agenda and its efforts to cultivate more active forms of citizenship among the public. This trend in participation policy, though, and the kind of public participants it requires, also seems to reflect wider changes in the governance of public institutions. Increasingly extensive roles are given to mediating individuals whose combinations of social identity and skills puts them in a position to translate the concerns of a particular public—users of a public service, a community, an ethnic group—into an issue amenable to intervention by policymakers and other public servants. Green (2005) explores one such form of mediation, the way in which policymakers involve certain individuals on the basis not of their representative mandate or expert knowledge, but of their ‘typicality’ of the ‘hard-to-reach communities’ that social-policy interventions are designed to address. Schofield (2002) offers another example, of the way in which communities are involved in urban-regeneration initiatives as a source of local knowledge, capacity and agency which is expected to ensure the appropriateness of the state’s intervention. Callaghan and Wistow (2008) similarly discuss policy efforts to include the views and skills of local communities in the realization of more joined-up, area-based approaches to improving health and wellbeing. Martin (2008a) finds that contemporary NHS public-participation policy strives to find mediating individuals who are both ‘ordinary’ enough to understand the needs and wishes of the public and extraordinary in their ability to translate these concerns into the language of policymakers and health professionals.

Developments of this kind are frequently viewed negatively, often couched in terms of Foucault’s notion of governmentality as a novel mode of reconstituting individuals according to the needs of governmental power. Writing in relation to community engagement in the World Health Organization’s Healthy Cities initiative, for example, Petersen and Lupton (1996: 157, 173) find that “the discourse of empowerment is employed for utilising the agency of citizens in fulfilment of particular governmental objectives” so that those ‘empowered’ “are called upon to regulate themselves in conformity with the demands of neo-liberal democratic structures and values, not in opposition to them.” Others suggest that notwithstanding the constitutive power of governmental discourses, and the potential for exclusivity in the participants that are demanded, there is yet potential in such approaches (Barnes *et al.*, 2007; Martin, 2008a).

Regardless of the potential or danger in such policies, though, there seem some substantial

challenges in their realization, especially in locating, constructing and engaging individuals who are capable of serving such a multifaceted role. Callaghan and Wistow (2008) find that any initiative seeking to draw productively on the knowledge of the local community will need to reconcile conflicting views about the nature of such knowledge, and indeed of the 'community' itself. [Self-citation a] argue that the succession of recent reforms to public involvement in health in England—which saw the Community Health Councils which had existed since the 1970s replaced by Patient and Public Involvement Forums in the early 2000s, only to be superseded four years later by Local Involvement Networks—reflects a frustration among policymakers at their inability to access the 'right' kind of public participants, able to put forward the views of 'typical' members of the public but willing also to put time and effort into involvement initiatives. These frustrations derive, perhaps, from a wider disjuncture between the role in which policymakers seek to cast the public in contemporary public-service governance, and the role which members of the public wish to play. As Gustafsson and Driver (2005: 530) observe, public-participation policy has exemplified new Labour's efforts to orchestrate significant changes in the relationships between state and society, so that "the Conservative consumer would become a fully fledged citizen, with rights and duties in the governance of the country beyond the voting booth and the market place." But such shifts in the constitution of society are not easily achieved, as Clarke *et al.* (2007) note in relation to policy efforts to 'create citizen-consumers', whose voice and choices alike might contribute towards the effective governance of public services. The anticipation of active citizens, self-governing communities or reflexive public participants in policy does not necessarily precipitate the emergence of such beings in practice. In the face of all the vaunted constitutive power of governmental discourses of this kind, the subjects of these discourses often remain remarkably intransigent. Rather than active engagement among the public, for example, Clarke *et al.* (2007: 154) find "passive dissent."

Moreover, a degree of ambivalence about the role and purpose of public participation, and the place of active citizenship within it, can be identified in policy, too. While the forms of public involvement outlined above might be seen, rhetorically at least, as attempts to make a break from the consumeristic relationship between the public and public services that new-right Conservative policies around new public management and marketization were seen to promote, other aspects of current participation policy seem geared rather differently. Barnes *et al.* (2007) identify four official 'discourses of participation' in new Labour policy, relating to 'empowered publics' assisted by government to overcome social disadvantage through their own agency and ingenuity, 'consuming publics' who use their voice and choices to improve public-service provision on an individual and collective level, 'stakeholder publics' to be included more directly in public-service governance (in the kinds of ways discussed above) and 'responsible publics' ready to take charge of their individual and collective wellbeing. Evidently, these different discourses of participation, and the divergent constructions of the public they imply, suggest rather different roles for public-participation initiatives, in terms of their remit, influence and the nature of their input. Furthermore, given the difficulties already noted of translating policy intention into public-participation practice, the ways in which these discourses influence practice is complex, and contingent on various local factors—as the next section considers.

Tensions in practice

On an empirical level, these mediating factors have been extensively analysed and are now well understood. Numerous studies have examined the dynamics of participatory encounters, and have highlighted the various ways in which professionals, managers and other public-service officials—with all their positional power associated with knowledge, status and structural authority—are able to control agenda and direct the outputs of public-participation initiatives as they see fit (e.g. Beresford & Campbell, 1994; Petersen, 1996; Milewa, 1997; Williams, 2004; Hodge, 2005). Through the rules and norms governing such encounters, or by more insidious means, some issues are rendered legitimate while others are constructed as being 'out of bounds'.

Equally, 'appropriate' and 'inappropriate' styles of engagement are determined by public officials, with rationalistic approaches to debate preferred to more emotional rhetorical styles, in ways that may marginalize some groups of public participants (Barnes *et al.*, 2004). Beyond the encounter itself, it is usually public officials who are responsible for translating the products of a public-participation initiative into substantive change, giving them further power over exactly what should be taken forward and what should be left behind (Mort *et al.*, 1996; Harrison & Mort, 1998; Williams, 2004).

Frequently, then, power differentials between public participants and those within public-service organizations responsible for engaging with them mean that the terms of reference of participation become rather constrained. Even initiatives that appeal to active citizenship and the 'stakeholder public' discourse may thus result in contributions that are rather more passive and consumeristic than policy would suggest, though in practice variable outcomes are discernible. This variation might be accounted for in a number of ways, notably by the interrelationship on a local level between the governance structures within which public-participation initiatives take place, the professional culture and interests of public officials responsible for public participation, and the gap between policy-level 'bright ideas' and their realization in practice.

For one thing, as the contributions to Newman's (2005b) edited collection illustrate, the place of public participation within the wider governance of public services is often ambivalent. On the one hand, the integration of public participants into governance networks seems to represent a managerialization of politics, to the extent that it permits "a new settlement between state and people, a settlement more attuned to the modernisation of welfare states" (Newman, 2005a: 206). On the other hand, though, this integration also affords the opportunity for those participation to open new sites of struggle, politicizing issues sidelined by representative democracy. While in some instances, the positional power of public officials may repeat this sidelining, in others, there may be potential for these more expansive contributions to be more effective. In part, this may depend on the way in which public participation is realized within the wider governance structures. Barnes *et al.* (2007) distinguish between the forms of public involvement that emerge in 'parallel discursive arenas'—autonomous spaces in which public participants can determine for themselves what is and is not relevant to their contribution—and in the 'invited spaces' of governance, where agenda are more likely to be predetermined and discursive boundaries more closely supervised. The former, they suggest, increase "the potential that both the agenda for and the rules of deliberation will be constructed jointly, rather than imposed by officials" (Barnes *et al.*, 2007: 50). But even in the absence of this kind of structural support, there is sometimes scope for more influence. Occasionally, new alliances between public participants and public officials may develop:

"Conflicting regimes of power and different norms and practices flowing from these multiple and overlaid models of governance [...] open up potential lines of conflict between actors, for example between those at the 'strategic centre' of organisations and those involved in 'local' forums. [...] As well as producing conflict *between* different actors, such tensions may also produce conflicting allegiances and identifications *within* individual actors. This was evident in interviews with many officials who, as forum members, were caught between their accountability to the organisation that employed them and their growing commitment to the lay members with whom they were interacting." (Newman *et al.*, 2004: 218)

The complexities of network governance may sometimes, then, defy the force of 'vertical' accountability and result in more 'horizontal' collaborations between state officials and public participants.

Other studies, though, have found public officials rather less willing to foster collaborative relationships with public participants. This is often understood in terms of the constraints facing public servants, especially the demands of vertical managerial accountability, and the influence of professional interests (Wistow & Barnes, 1993; Milewa *et al.*, 1999; Lowndes *et al.*, 2001; Orr &

McAteer, 2004; Reddel & Woolcock, 2004; Barnes *et al.*, 2007; Martin, 2008b). Milewa *et al.* (1999: 460) argue in this vein that the marginalization of public participants by health professionals and managers is best explained by the “parameters of [the] ideological perceptions of reality” of NHS policy, which cast involvement processes in terms of ‘consultancy’ rather than true ‘empowerment’. Besides these pressures, though, some have argued that there is what might be termed a ‘cultural’ difference between the understanding and expectations of public participation held by state officials, and those of public participants. Martin (2008b), for example, finds a divergence between public participants who, in terms of Barnes *et al.*’s (2007) typology outlined in the previous section, understood themselves as a ‘stakeholder’ and ‘empowered’ public, with a proactive role in the governance of public services, and health-service professionals who saw public participation as providing a much more deferential, constrained, ‘consumerist’ role. Others too have found discernible differences between the beliefs of professionals and managers about the purpose, role and remit of public participation, and those of public participants (Rutter *et al.*, 2004; Fudge *et al.*, 2008).

Given the power imbalances already noted, research of this kind suggests that considerable obstacles will face efforts to develop a more extensive, stakeholder-based role for public participants, policy-driven or otherwise. More fundamentally still, though, there often seem to be difficulties in the construction of these extensive, stakeholder-based roles, and the associated identities and contributions of those filling them. Involvement initiatives that seek to draw on participants as citizens, rather than as consumers or laypeople, would seem to be in keeping with the calls of much of the literature, which sees the latter approach as “a dead end, tied to the status quo” (Beresford, 2002: 280). Yet operationalizing a more wideranging and expansive approach premised on ideas about active citizenship is not straightforward, as Davies *et al.* (2006) find in relation to the Citizens Council of the National Institute for Health and Clinical Excellence (NICE) in England and Wales. The Citizens Council was intended to give space to a broad-based selection of individuals to deliberate the principles on which NICE’s priority-setting decisions were based. It thus constituted an attempt to enable those involved to draw on their experiences, knowledge and wisdom to engage actively as citizens in the workings of an important public institution, but as Davies *et al.* (2006: 165-6) highlight, this represented rather an underdeveloped basis for such a contribution:

“The identity of the down-to-earth, commonsense, disinterested adjudicator citizen does not seem to be a sufficient foundation for building a collective citizen view. A community of practice like the Citizens Council becomes defined simply as a collective of the sensible. All the councillors come to have in common is their difference from the experts, marginalising any of the other interests and priorities a collective group of citizens might have in democratic deliberation. [...] They are thrown back, therefore, on just the points of greatest division among them—their idiosyncratic life experiences—that can prove very difficult to coordinate into a consensual worked-out response to the question asked.”

Even if the structural and cultural barriers to such a role can be overcome, then, enacting the role of ‘active citizen’ or ‘empowered stakeholder’ is no easy task.

Discussion and conclusion: tensions in translation?

More coherent foundations for a citizenship-based contribution to public-service governance are possible. Davies *et al.* (2006) themselves argue for the need for an ‘expertise space’ in which the contributions of public participation are premised on a more explicit understanding of the relevance of participants’ knowledge and life experiences. In this concluding section, though, I want to bring together some of the points made in the previous two sections to highlight some of the challenges faced in translating theory and policy into practice in involving the public in contemporary public-service governance, which make the realization of ‘expertise spaces’ and other more expansive visions for public participation difficult.

We noted in the last section that state officials’, professionals’ and managers’ understanding

of the aims and remit of public participation often differ markedly from those of participants. This difference seems to reflect their wider beliefs about the proper relationship between professional knowledge and authority and the public's views and wishes, in which the latter are epistemically subordinate to the former. Such beliefs are likely to be resistant to policy prescriptions for a more expansive role for public participation. But this does not just seem to be a matter of resistance to policy. Rather, despite the significance attached to the role of participation in policies relating to democratic renewal and public-service modernization, this seems to be a matter of a rather large implementation gap. Participation has been the subject of much policy rhetoric in the NHS and other public services, but the parallel discourses of participation noted by Barnes *et al.* (2007) offer competing and sometimes conflicting justifications for the process. Detailed guidance on implementation has been rather less plentiful, and the result seems to be a situation in which different groups of actors can draw upon divergent rationales for participation, co-existent in policy discourse, to justify their preferred approaches (Martin, 2008b). Given the positional power of public-service professionals and managers, it is frequently they who will prevail in this battle of discourses. In contrast to other areas of reform of the NHS and other British public services (see Greener & Powell, 2008), then, public participation seems characterized by loose guidance and local determination: a 'bright idea' subject to considerable local negotiation rather than a detailed 'blueprint', but with relatively little centrally driven 'manipulated emergence' (Harrison & Wood, 1999). Whereas these other aspects of NHS modernization (such as clinical governance, professional regulation and evidence-based medicine) tend to promote the centralization of control, public participation potentially pluralizes relationships of authority and accountability. Consequently, the state seems to prefer to leave such matters to local negotiation, rather than create an unambiguous mandate for participation that might pose a threat to the power of the centre (Salter, 2004).

Tensions in translating theory and policy into practice, then, might be understood in part as a consequence of central reluctance to endorse a clear model of public participation that could challenge the more general centralizing tendencies in managerial accountability in the NHS and other public services. That said, there are signs that central government is taking a somewhat more directive approach to the latest set of institutional reforms to patient and public involvement mechanisms in England, Local Involvement Networks (LINKs) (Hogg, 2007; 2008). LINKs are being given a central place in health-service commissioning decisions, charged with the responsibility of bringing the public's views to bear on local priority setting, and furthermore it seems that attention is being given by policymakers to their institutional set-up with a view to securing influence and addressing the difficulties created by power inequalities with health-service professionals and managers [*Self-citation b*]. This seems in part a response to the failure of their immediate predecessors, Patient and Public Involvement forums, to wield much influence in local NHS decisions (Hogg, 2007)[*Self-citation a*]. Given this recent history, and the tensions in public-participation practice described above, it is uncertain how successful these efforts will be, and there are key issues around the terms of reference of LINKs—in relation to rights and duties, independence and accountability, terms of engagement and sustainability—that need to be dealt with (Hogg, 2008). Along with other developments, such as foundation trust membership, though, they do nevertheless present an intriguing development in the structures and processes of public participation, and an intriguing new arena in which to study its limitations and the potentials.

Short biography

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