Whose spaces? Contestations and negotiations in health and community regeneration forums in England

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Introduction

Public participation in public policy in the UK has become high profile since the election of the New Labour Government in 1997. Many of the practical initiatives operating at local level have histories which pre-date 1997 and the characteristics of these initiatives reflect earlier attempts by government to change the nature of the relationship between government, public services and 'the public'. For example, the conceptualisation of the public as consumers of services remains evident in initiatives such as 'Best Value' in which the public are consulted about the performance of their local authorities. But under New Labour the discourse of citizen participation has become a central feature not only of policy making and service delivery, but also of attempts to create active, responsible citizens, and to achieve democratic renewal.

Substantial claims are made for what public participation can deliver. An analysis of official documents from the Department of Health (responsible for health services delivered via National Health Service (NHS) agencies at local level, and social care services delivered by local government), from the Office of the Deputy Prime Minister (responsible for local government and urban regeneration), and, most recently, from the Home Office (responsible not only for crime and criminal justice

policies, but also for immigration services and what has become known as 'civil renewal') reveals a wide range of purposes and aspirations for public participation. These include:

- Improving the quality and responsiveness of public services;

- Improving the legitimacy of decision-making;

- Enabling services to be designed and delivered by community organizations and/or 'local people';

- Revitalising democracy;

- Creating more responsible citizens;

- Generating 'positive freedom', civic virtues, mutuality and trust;

- Building community capacity;

- Increasing social cohesion and improving social order;

- Creating healthier citizens;

- Reducing social exclusion;

- Building individual skills and capacity;

(from Barnes, McCabe and Ross 2004a).

Thus concerns about the nature of public services, the policy making process, about social relationships, inequality and injustice are driving official imperatives towards increased public involvement. But the study on which this chapter is based revealed that the origins of such activities also derive from:

- Supranational institutions and initiatives, e.g. the European Social Fund and the Rio environmental summit;

- Local government initiatives for decentralisation and devolution;

- Service-specific initiatives, for example in relation to maternity and mental health services; and

- Initiatives deriving from autonomous actions amongst local communities, communities of identity and from within user groups.

It is not possible to understand the characteristics and impact of public participation in the UK solely by looking at official initiatives and the invited spaces to which they have given rise. One characteristic of the current situation is that it is increasingly difficult to make a clear distinction between officially sponsored participation and autonomous action. Groups claiming a right to be heard in the policy process are being offered opportunities to take part alongside public officials and politicians, and it is here that the concept of 'partnership' has assumed a particular significance – albeit one that is highly contested (Barnes et al. 1999).

In this chapter, I discuss two examples that illustrate the tensions which arise when autonomous groups enter 'invited spaces'.[1] I consider the way in which people come to take part in such initiatives, and the type of dialogue that takes place within them. I relate this to the opportunities and constraints deriving from the particular institutional and political context in which they develop and suggest that these, plus unequal power relationships, limit the potential for change. I discuss these examples by reference to theories of deliberative democracy and social movement theory. I write from the perspective of an academic researcher who has also been directly involved as an ally in the development and support of participatory initiatives. In particular I have been involved in initiatives which have sought to give voice to those often considered incompetent, by virtue of age or impairment, to take part (Barnes and Bowl 2001; Barnes and Bennett 1998).

These two case studies were part of a study of public participation in two English cities (Barnes et al. 2004b). This involved mapping participation initiatives using a snowball technique, starting with contacts in the local authorities, local health service organizations and voluntary and community sector contacts. Detailed case studies were conducted of seventeen initiatives. Data collection included observations, interviews with both citizens and the officials with whom they were in dialogue, and with local officials who had strategic responsibilities for public participation. Since we negotiated access on the basis of anonymity, the names of interviewees and their locations are not revealed.

Mobilisation, identity building and deliberation

Theorists of social movements have advanced different explanations of why people take part in collective action. For example, Tarrow (1994) highlights the importance of 'opportunity structures' that frame the way in which social movement activists mobilise membership and construct strategies for action. The policy context outlined above offers a particular opportunity structure within which those engaged in collective action can recruit members. Specific policy initiatives (such as neighbourhood renewal and patient and public involvement in the NHS) and the different discourses underpinning them (see Barnes et al. forthcoming) have been influential in shaping the forms of action in which activists in a variety of social movements in the UK have become engaged, including disability activists, and those engaged in urban, environmental, poverty and public health movements.

These opportunities also pose constraints. Many forms of deliberative practice through which public participation is being encouraged are designed to engage a cross-section of citizens to deliberate to consensus (Bobbio 2003). Often the officials designing such practices deliberately seek to engage those who are not already mobilised and question the authority of disabled people, local residents or others engaged in collective action to represent the views of 'ordinary citizens' – even though existing organization can provide a structure through which such representation can occur (Barnes et al. 1999). Practices based in theories of deliberative democracy also tend to privilege forms of exchange based in reasoned argument, forms more akin to dialogic processes familiar to public service managers and professionals than to many of the discursive styles adopted within social movements. As Young (2000) has argued, such practices can be exclusionary, rendering illegitimate discursive styles employing the use of narrative and rhetoric and failing to recognise the significance of 'greeting' as a means of demonstrating recognition and respect. Fraser (1997: 81) has argued the importance of alternative 'discursive arenas' in which different publics can generate alternative discourses which may challenge the notion of a 'common good' and which, she argues, 'better promote the ideal of participatory parity than does a single, comprehensive, overarching public.' This suggests that forums which *bring together* citizens and officials are not sufficient to ensure change – an argument that the case studies discussed in this chapter would support.

Other social movement researchers emphasise the importance of social networks in affecting individual decisions to get involved (Diani and McAdam 2003). Those

coming from a socio-cultural perspective emphasise the significance of value systems, the way in which actors make sense of their own situations and their responses to dissatisfactions with institutional or broader social norms. For Melucci (1996: 66) networks represent the context in which interactions between individuals produce both the cognitive and affective schema that can connect individuals to collective action. Motivations for participation are produced within particular types of networks and this is linked to identities: 'what people choose to be'. Melucci describes an active process of making sense of oneself and one's connection to others and suggests that people become motivated to take part in collective action through a process of deciding that such action is worthwhile to achieve change, and that it makes sense in terms of how they see themselves and their relationship with the world.

Once engaged in action, a process of collective identity building is necessary for sustainability. This process is partly cognitive, relating to definition of the field within which change is sought, the means by which change is to be achieved and the meaning of the action in which actors are collectively engaged, but it also requires an affective investment. The rituals, practices and norms that develop amongst groups contribute to a process of distinguishing the collective 'we' of activists from other members of society.

Mansbridge has emphasised the significance of an 'oppositional consciousness' in determining the nature of the collective identity of social movement activists:

> We say that members of a group that others have traditionally treated as subordinate or deviant have an oppositional consciousness when they claim

their previously subordinate identity as a positive identification, identify injustices done to their group, demand changes in the polity, economy or society to rectify those injustices, and see other members of their group as sharing an interest in rectifying those injustices (2001: 1).

Those engaged in such struggle seek not only material change, but also cultural change: they aim to convince people to see the world differently.

The significance of a collective identity which sets apart those engaged in social movements from the rest of society is problematic from the perspective of official policy that sees public participation as a route to social cohesion. So too is the notion of 'opposition'. It is this that can create difficulties when social movement activists are invited to take part in officially sponsored or sanctioned participation initiatives. But this can also cause problems for public officials who may also identify themselves with the groups or movements with whom they are engaged in dialogue during the course of their work (Barnes et al. forthcoming). I explore these issues through the two examples of participation described below.

A community health forum

This forum was established in an area of a city which was the subject of a number of regeneration initiatives. The city had a troubled political history and local people were quite cynical about their local politicians. However, within the health service there were officials committed to community involvement and the city had been part of a number of public health initiatives which had prioritised such involvement. There was also a strong tradition of community activism, much of which was based around very local areas. This forum was unusual in covering two areas that had usually been the focus for separate action.

When residents in these areas discovered that the Health Authority (HA) was planning to close their local health centre, they decided to take action. The HA claimed that the centre was not sufficiently used, so residents decided to undertake research to examine this claim. They worked with a freelance researcher who trained them to carry out interviews and co-ordinated the research. One of the women who took part spoke of the enjoyment they experienced at being involved: '…it was brilliant doing the research, I really did enjoy it. It was a laugh a minute. Doing it on ourselves, teaching one another how to do it, role playing.'

The positive feelings were enhanced by the success of the campaign: the HA agreed to keep the health centre open and a new general practitioner was recruited to work there. Residents decided to continue working to improve health services in the area. Whilst they were pleased to have saved the centre, it was in poor condition. As one commented, the area was one in which there were significant health problems and action was required not only to improve health services, but to address the reasons for high levels of sickness: 'Our area where I live is the highest cancer rate in the country….The mortality rate for our area is ridiculous. Now there has got to be a reason for that ….So, I started kicking in and becoming more and more active with the group…'

Our research took place six years after the success of the campaign to save the health centre. By this point the group was uncertain about its future and frustrated about the lack of support from health service officials. However, the establishment of the New Opportunities Fund (NOF) from the proceeds of the National Lottery offered a potential way forward. This fund was designed to enable community organizations

to bid for money to establish Healthy Living Centres (HLCs) – centres which would not only provide services, but support action to improve health. In order to qualify to bid to NOF the group had to reconstitute themselves and they became a health forum, with some members taking on the role of trustees who would hold formal responsibility for financial affairs.

At the time of our research, members were preparing the NOF funding bid. They were also looking for other sources of funding, and trying to work with the health service to negotiate what services would be provided within the centre. Once the centre was established it would be owned and run by the forum trustees.

The group included people working for the NHS and other local agencies as well as local residents. Amongst the members were people who had direct experience of low incomes, joblessness, poor health and disability. Collectively, members could draw on a range of experience of activism, including within trades unions, service user and disabled people's organizations, religious groups, voluntary and direct action. Trustees spoke of long histories of active involvement in their local communities and some were identified by other local people as a source of information and advice about a range of issues including housing, benefit problems, health and transport issues. They demonstrated considerable concern and commitment to the local area and to the people living in it.

Members spoke of motivations coming from religious commitments, prompted by direct personal experience (e.g. of poor treatment by health services), or by an awareness of health inequalities and service deficiencies that came through working

in statutory agencies within the area. The 'citizen' members of the group demonstrated a strong belief in the importance of local people taking action on their own behalf and, at times, a healthy scepticism of statutory agencies and elected councillors: 'My only fear is that the medical staff, the so-called professionals will take it over. They see it as a threat.'

In some cases it was unclear exactly how people's involvement in the health forum had started because their community involvement was long standing and one thing tended to lead to another. For example, one interviewee started the story of his involvement in the early 1980s in relation to issue of council housing. Whilst members were not 'representing' other local groups, it was clear that these individuals provided an important means of connecting a range of activity taking place within the locality and brought to forum discussions substantial local knowledge of issues and concerns of people in the area.

Whilst the constitution required that Trustees have formal responsibilities, the forum was open to anyone living in the area to take part. But there were few active members and it was not easy to encourage people to come to meetings. One interviewee estimated that there were about eight active members. There were twelve at the first meeting observed, ten at the second. The third meeting that was planned for observation did not take place because there were insufficient members to make a quorum – only six people turned up. People spoke about the reasons they saw for this difficulty in maintaining high levels of involvement:

- Historical competitiveness between the localities meant it was comparatively unusual for people from this broad area to be jointly involved in a community initiative.

- Inadequate public transport and difficult access within a hilly area meant that the location of meetings had a significant impact on who was able to attend.

- Frustration about lack of attendance of 'official' members of the group appeared to undermine the notion that the forum was a partnership.

- There was a suggestion that people might not return if they had made interventions that were challenging to the main focus of the group's work, or might themselves decide not to continue to attend because of differences within the group.

Observations of discussions suggested other reasons why few remained actively involved. The group was engaged in a complex task, which involved gathering substantial information in order to prepare funding bids that had to conform to criteria laid down by different funding bodies. At the same time, they were engaged in negotiations with the Primary Care Group (PCG) about the space required for a GP surgery within the centre, and the amount of rent that could be charged for this. They were also negotiating with the local authority about planning permission. They were aware that the owners of the site earmarked for the centre could sell, possibly at a higher price, to commercial bidders. There were continuing debates about the precise nature of the services and facilities to be provided within the centre, and about how they might be provided.

All this meant that the discussions were highly task focused and the language often technical. Whilst one interviewee expressed some frustration at the way in which discussions tended to veer away from the point, observations indicated that the

debate followed an agenda that was largely based on the need to update on action taken, and agree next steps in order to meet externally imposed deadlines.

The specific focus of the group at the time of the research influenced the way in which particular types of knowledge and expertise were prioritised. In particular, it demonstrated how rules emanating from within the 'official' sphere could downplay the value of experiential lay knowledge. Both meetings that were observed were attended by a consultant (paid for by the PCG) who had been brought in to advise and support forum members in the preparation of the NOF bid. He played an 'expert' role in discussions and his inputs were often couched in terms of information, proposals or advice giving. But an exchange over the issue of how much rent the PCG would pay for consulting and office space demonstrated that group members were quite capable of engaging in detailed discussion of financial rules, as well as how these might be questioned. Interviews indicated that the core membership of the forum had developed skills and tactics necessary to ensure that they understood what was being discussed and that they had their say when they wanted. One described how she had developed confidence during previous meetings involving local authority councillors: 'I started saying, if one of the councillors was talking, "I don't know what's going on, I can't follow it. If you want to talk to the community, you've got to talk as if you're at the garden gate or your front door"'.

Other exchanges demonstrated the considerable knowledge and expertise of group members. For example, one exchange about the type of information needed to support the bid led to an identification of a range of statistical data sources: not only

from within health services, but also from welfare rights agencies, victim support, and credit union data. This, in turn, led into discussion about the significance of such advice services and how they were provided, which drew on the substantial experience of four women who had been involved in such services in different contexts.

A rather different example emerges from a report from one group member about a conference she had attended about farmers' markets. This led into an extensive exchange about the potential of such approaches in enabling people to buy healthy food, and how the group might incorporate ways of enabling such access through the HLC. In this instance, an attempt by the consultant to intervene in 'expert' mode was brushed aside by members who explicitly noted the amount of relevant expertise within the group. However, the need to focus on the immediate tasks eventually led to closure on this item with a suggestion that they should return to it later.

One member of the forum worked in a local Sure Start project,[2] but was a member of the forum because of her commitment to the project rather than because it was part of her job. She spoke of her ambivalence about the role she should play in the group:

> I've a level of expertise in health and I'm a Master of Public Health, so lots of networks and lots of expertise around that in community development, and I was there as a resource really….I tried to be very, very explicit, saying 'I don't see myself as a key decision maker here, I'm here to support the community to make decisions'.

Whilst such 'insider' knowledge could be extremely useful to the group in its dealings with official agencies, this woman was concerned that too heavy a reliance

on knowledge from official sources could undermine the objective of community members 'doing this for themselves'. This was partly an emotional issue – the level of commitment amongst community members could be damaged by too frequent a reference to sources of information to which most group members did not have access. The visibility of active members of the forum within their local communities meant that they were able to keep in touch with issues of direct concern to local people and they drew on these experiences not only in developing detailed plans for the centre, but in maintaining their commitment to this model of providing health care and a resource which could contribute to promoting health. This was evident in the following response to a question about why and how one member got involved: 'I always imagine faceless people sitting in offices in London deciding how many people are going to die in [our city] when they haven't got any idea of where it is.'

Although only a small number of people were centrally involved in the forum, many people in the area knew what was going on and regularly asked forum members how things were progressing. There was a view that the planned centre would have to be built – local people would not accept failure. The origin of the forum was in public opposition to proposed action by the HA. An oppositional consciousness motivated action in an area where there were strong networks amongst those engaged in community based action – both citizens and officials. Within the forum there was evidence of a process of collective identity building amongst the core group. One aspect of this was evidenced in the shared cynicism regarding local officials and politicians and hence the construction of a 'we' engaged in developing an alternative service. Beyond the core group, there was a wider sense of a collective

'we' within the community who shared the aspiration of a community-run health centre, although were not directly involved in its development. But as oppositional action developed into action to implement an alternative service, the official sphere had an impact on the way in which the group developed. This constituted the political opportunity structure which also framed the way in which collective action amongst community members developed in the context of the space created for 'partnership working' between community members and officials.

A number of issues emerge from this. Firstly, the necessity to seek funding defined the group's activity and the content of their deliberations. Members had to learn different funding rules and develop skills to prepare and present bids. The task focus of the group was very different from an oppositional or campaigning focus, and left comparatively little space for exploration of personal interests or concerns. This may have limited the number and range of people wanting to be actively involved. Secondly, the group was one of many community organizations and partnerships competing for funding for regeneration projects. Whilst the health forum sought to work collaboratively with other initiatives, competitive funding processes produced a sense of uncertainty and some stress. Thirdly, there was frequent reference to the barriers that appeared to be deliberately erected to frustrate progress, and to fears that public officials and elected members would arrive to claim the glory once the centre was opened.

Although the group remained community led, the support of the PCG was recognised as essential to success. Official members of the forum were clear that they did not want to 'take over', but also acknowledged that they had access to

knowledge which was valuable to the group, or could skew the group's deliberations, and that the creation of a new health centre might be achieved more quickly if this were done directly within the NHS. At the same time, there was frustration over the level of commitment being demonstrated by official partners and a degree of suspicion associated with this. From the PCG's perspective, there was no wish to define the membership of the forum, nor how they should go about their work. The decision to pay for a consultant to help prepare funding submissions demonstrated what they described as an 'arms length' approach to collaboration. The decision to support the forum to pursue their own HLC development was regarded as going beyond a historical commitment within the local health service to consult with the public. This decision was linked to an acknowledgement that a model that involved people as active participants in taking decisions about health services would be more likely to lead to health improvements. But there appeared to have been insufficient dialogue about the precise nature of the relationship between the PCG and the forum, resulting in the suspicion reported above.

Involving young people in a regeneration initiative

The second case study was located in a different city, with an ethnically diverse population. It took place in an area that was the subject of a regeneration project funded through the government's Single Regeneration Budget (SRB). It was a very deprived area and one in which the majority population was South Asian. The city council was Labour controlled, but in this part of the city strong ethnic identities also affected the political landscape. The city council had recently instituted ward

committees, which were intended to enable local people to become involved in planning and which controlled a small budget to support small-scale local projects.

A youth forum had been established by a young man who had an eight year record of street work with youth. The forum was made up of Pakistani-Muslim young people – the dominant ethnic group in the area. All the officers and members of the forum were long-term residents of the area, and interviews indicated that they were motivated by a common concern to improve conditions for their own families and for others. One talked about worsening drug problems in the area: 'When I was sixteen / seventeen … I was 22 hours of the day out on the streets and parks and stuff and the only drug we ever heard of was cannabis, now there are so many drugs around.' The young men who established the forum saw it both as a route to getting young people involved in sport or leisure activities, getting them 'off the streets', and as an opportunity to represent their views and support young people to represent themselves. One member described the purpose as follows: 'basically: helping out, getting young people involved and giving them responsibilities to, not only like, organising trips, but actually, when we do the *mela* (a Muslim festival) and that, we do stewards.'

The forum was supported by, but independent of, the local authority youth service. The youth service also ran a separate youth project. When the SRB project was set up the youth service was given responsibility for securing young people's involvement. One way in which they sought to do this was by promoting a focus on young people's issues at the annual Ward Conference (part of the local authority's network of local involvement initiatives). Twelve members of the forum attended this event,

as well as others from the youth project and from other local youth groups. It was decided that a further conference, dedicated solely to young people's issues, should be held later in the year, and that it should be organized by young people themselves, with the assistance of the youth service.

All youth organizations in the area were invited to join a planning group. Meetings were convened and chaired on local authority property by youth workers. On the instigation of the youth work manager, the meeting was divided into two: one section for the young people themselves, and another for workers, apart from those chairing the young people's meeting. An agenda for action was drawn up at the first meeting. The first part of this, produced primarily by young people, suggested various activities for the conference, as well as practical questions such as the date and venue. The second element concerned a drugs survey, proposed in the 'youth workers' group. The responsibility for this survey was to be split – on the strong suggestion of the district youth work manager. The youth workers would oversee the design, while the young people would advise on administration. It was planned that the presentation of findings should form a central feature of the Youth Conference. Subsequent meetings of the group focused on different aspects of this agenda, and sought to assign responsibility for organising different elements to sub-groups of young people. A sample questionnaire for the drugs survey was drawn up by the youth workers.

One of the youth workers involved in these meetings described their purpose as follows:

> … we worked with young people to identify the areas of their concerns, and highlight them, and how we're going to deliver the conference. It was all part of a confidence building process. Those meetings were about confidence processes for young people, to actually be part of a community, be active in it, but also give criticism, but it needs to be positive criticism…

Over the course of these meetings, friction between the forum and youth workers became increasingly evident. This focused on tension over the issue of recognition for the forum's contribution to the planning process. From the workers' perspective, this raised the question of the forum's dominance over conference arrangements amongst other youth groups in the area. Forum members were concerned that: 'the youth workers wanted to take all the credit, but the young people said if we are not going to get the credit for it, why should we do it?' This perspective was exacerbated by forum members' perceptions that the workers were simply being paid to do a job: 'At the end of the day he's getting good pay to work here, and you know – basically he wants to show that he's actually doing something: they ARE doing the youth conference and we're some sidekick forum who are just going to help out.'

Matters came to a head at a planning meeting when forum members directly challenged workers over the perceived failure to recognise the forum's contribution on the letterhead of correspondence about the conference. There was no resolution of this and other areas of dissatisfaction, and the forum walked out. It was made clear to them that they were free to do this, and to continue organising the conference themselves, and that the youth workers would provide support if requested.

It was clear that it was no longer possible for forum members and youth workers to work together. This was symbolised by the new venue for meetings that the forum had secured permission to use. It was also evidenced in a new spirit of enthusiasm,

solidarity and purpose at the initial meetings of forum members to organize the conference after the split.

But this initial enthusiasm waned after the first couple of meetings, when it became clear that there was little funding available. The forum had written to a number of local banks and businesses, but at the time their meetings stopped had only secured £50 towards the conference. The educational institution that owned the premises where they met then claimed that it required the premises for classes and so the forum could no longer use it. There was an attempt to continue meetings in the local park, but this was dependent on the weather. The meetings that did take place seemed more to do with symbolically reaffirming the group's existence, than debating issues or deciding on action:

> ... I mean we had something on, we went to the forum, or something and we met as a group. What did you do, oh, let's go and sort this out, use the telephone. It was nice and we had meetings as well in the evening. And all of us got together like a family, like. Like what did you do, and we all got took seriously. And that's how it was, nice.

Members kept in touch by mobile phone, and through informal meetings. However, the first time that they all reassembled after having been deprived of their premises was at the second Ward Conference. Although that meeting took heed of their difficulties, when this study ended it remained to be seen whether they would secure alternative premises; what form the planning process for the Youth Conference would take; and what input the forum would have.

We can consider what happened in this case study in the light of issues relating to motivation, identity and the opportunities and constraints offered by the opportunity

structure in which this took place. The forum had started off as a group of concerned local young people from the Pakistani community. Most had grown up together, although had not necessarily been friends before being involved in the forum. For example:

> I always wanted to get involved, but I didn't know where to go. I felt like there was no one, like – I knew Mohammed then, but I didn't know he was into this you know…. And he was handing out leaflets and putting them in shop windows. And he goes 'You want to come to this?'…So I went… and then I thought, yeah, you know, Mohammed's someone who sees my way, you know. And then after that all the crew got together.

Membership and identity were key issues amongst the group convened to plan the conference and this became highly controversial. There was considerable pressure on groups in the area to establish themselves in order to receive funding. The forum felt that they were distinguished from other groups because they were run exclusively by young people who had grown up in the area. There was considerable resentment of groups run by youth workers who did not share this background, yet who were earning good wages, while the forum workers were all volunteers.

These factors seemed to lie behind the tensions in the original conference planning meetings. It was undoubtedly the case that the majority of young people attending these meetings were from the forum, and that they did put in a considerable amount of work. One forum member said:

> He wrote to the Sikh community, which didn't get involved, he wrote to the Hindu community, which didn't get involved. We had a drama group that attended the first or second meeting and that was it. We had a detached youth project, we had two youngsters from there and that was it.

However, their strong identity may have made others feel awkward or even threatened. The sense that they were not receiving proper recognition for their efforts seemed only to increase their attempts to assert their presence and enhanced their oppositional consciousness.

There were also problems related to what was considered to be the legitimate form of dialogue between young people and the officials with whom they originally tried to work. Adults were very keen to secure young people's views. However, the young people themselves were reticent – partly from general shyness, and partly because they had experiences of being let down in the past. Eventually they would be coaxed into making some sort of statement of what they wanted, for example, facilities for their local park, and a drugs survey. These initial expressions would then be enthusiastically seized on by the adults, without leaving space for the young people to suggest other concerns, elaborate, or prioritise. Speaking of the way in which a 'wish list' had been generated at the original session at the Ward Conference, one forum member described how this was used subsequently by youth workers:

> And (a youth worker) was saying like, 'here's the list here', and I noticed he never said 'what do you want?' He only said, 'OK', for example, 'we'll have drugs', for example, and 'what would you want to do about drugs?' So he gave the main heading, and he let them do, you know what I mean? He's like a tree, and he's offering the branches….

While committed to the principle that young people should have a say over policy, adults in these forums in practice constrained their views. Another aspect of this concerned the deliberate attempt on the part of youth workers to coach or train the young people to put forward their views in an 'acceptable' manner. One forum member described how he was perceived: '…I am just bringing out the facts and they

don't want to see the facts….They think I am a trouble maker, that is how they portray me….' His perception was confirmed by one of the youth workers who said of him:

> … when he's putting things across he's not seen as putting them across constructively. He needs to learn quite a lot. How to get people to do things, how to get people to respond positively – he's not aware of these different politics….I've worked damn hard with him to get him to the stage where he is now….I'm trying to get him to understand that the best way to work around that is to always complement what other people are doing in the way.

The confrontational style adopted in meetings with council workers contrasted with the style of discussion between forum members following their split with the youth workers. This was more positive, with a focus on co-operation and constructive practical contributions, leavened with a considerable amount of 'in-humour.' Occasionally, joking threatened to get out of control, but this was always successfully checked by the Chair or Vice-Chair both of whom had considerable respect.

Dynamics and tensions

In both case studies there was tension between collective action amongst community members with strong commitments to their area, and a genuine wish to act to improve local living circumstances, and official initiatives to open up spaces for public involvement and act to improve health and living conditions. But the ways in which these tensions were manifest was rather different.

In the context of the youth conference, the tensions focused around who were perceived to be legitimate members of the planning group, official perceptions of what constituted a 'representative' forum, and how the process of dialogue should

be conducted. Two different sources of claims to act as legitimate representatives were evident: for members of the youth forum these claims were based in histories within and commitments to the area, whilst the youth workers were operating with a more formal notion of representativeness as requiring membership of the conference planning group to reflect the range of socio-cultural characteristics of young people in the area (Barnes et al. 2003). Youth workers were fulfilling what they saw as their responsibilities to their employers to deliver constructive input from young people, expressed in a way that would gain the support of officers and elected members in influential positions. In contrast, youth forum members saw the conference as an opportunity to 'tell it like it is' as they saw it – to achieve recognition not only for themselves, but also for other young people. Their sense of justice incorporated both recognition and redistribution (Fraser 1997).

These tensions were exacerbated by the adult/young person power relations: youth workers felt it was their responsibility to train the young people and build their capacity, that without their guidance forum members might make foolish mistakes. This was at odds with the priorities of young people to achieve real change for their area, and their self-perception as competent individuals capable of taking responsibility and delivering change, provided they received the necessary resources. The experience of trying to work *with* local officials can be considered to have increased the oppositional consciousness amongst forum members. It highlights that citizens and officials may have different aspirations and priorities for participation and that they may not easily be reconciled. In this instance there was a

tension between an official aspiration to create responsible citizens, and the young people's aspirations for social justice.

In the case of the community health forum, the group retained its capacity to determine membership, but struggled to retain a *committed* membership once it moved from oppositional action to attempting to work in partnership with health organizations to secure funding for the Healthy Living Centre. The strong sense of a 'we' based in an oppositional consciousness became both more muted and diffuse at this stage. Dialogue tended to get bogged down in bureaucratic details and this constrained the potential for creativity as well as dampening the enthusiasm that had been generated by direct involvement in community-led research. Forum discussions demonstrated the considerable expertise of group members, but this was not prioritised in comparison with the tactical knowledge of how to put together a convincing funding bid. The necessity of retaining an effective working relationship with the PCG was recognised, but there was ambivalence amongst citizen participants in relation to this, as well as hostility about the role of local authority officers and members. For officials involved in the group, there were varying degrees of internal conflict about the position they should take and concerns about how to balance the contribution they could make through their expertise with a commitment to ensuring that the forum was genuinely community led. They experienced tension between their identities as officials and as activists, or at least allies, of the public health movement.

Conclusion

These experiences suggest that it is hard to generate new policy discourses within invited spaces characterised by unequal power and in which official rules and norms predominate. They also suggest the importance of recognising the difficulty of achieving the diverse and challenging aspirations which have been claimed for public participation – particularly when these may be implicit and un-negotiated. But they also demonstrate both the substantial commitment that exists amongst community members to act to improve collective well-being, and the good will amongst many public officials to enable participation in such projects. Hence such contested spaces contain significant potential as well as embodying substantial tensions.

From these and other experiences, it is possible to suggest what might be the conditions necessary to maximise such potential. First, officials need to develop skills for working with people who start from oppositional positions, and to work creatively with conflict rather than trying to deny it or close it down. This requires officials themselves to be supported and for such skills to be rewarded (Sullivan et al. 2005). Secondly, there needs to be space for affective as well as cognitive exchanges and for diverse forms of discourse to be valued. This can often be achieved through skilled facilitation (Barnes 2005), but may be 'squeezed out' in circumstances in which the imperative is to deliver in response to externally imposed agendas or criteria. Thirdly, the rules of the game need to be negotiated and adhered to in order to ensure the development of reciprocal trust amongst officials and citizens. Barnes

and Prior (1998) have suggested that this is easier to achieve when users and citizens have the opportunity to develop collective awareness, than in circumstances in which people are encouraged to be competitive consumers. And finally, autonomous organization or 'free spaces' (Groch 2001) are important to try out new ways of thinking and action, before engaging in dialogue with officials. Officials need to recognise the value of such spaces and offer support rather than control to enable them.

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[2] An initiative focused on children from 0-5 years in age and their families, intended to reduce the likelihood of social exclusion.