



The preceding images have been extracted from a series of paintings by Ben Quilty, entitled, *Habitat* (2010 [see Chapter One, Footnote 1, for a description of what Quilty's *Habitat* collection is designed to represent]). I have selected these images, with them displayed in this sequence, as a metaphor for the capacity of public deliberation to promote personal transformation. In this instance [and most pertinent to the SA Health case study of this thesis], the images represent the transformation of a man's nebulous sense of self to that of a more distinct and fully-formed one.

Quilty is widely regarded as one of Australia's leading artists, and this exhibition of his work was to celebrate its recent acquisition by the Art Gallery of South Australia, to mark the 130<sup>th</sup> anniversary of that Gallery in 2011 (Art Gallery of South Australia, 2011). The staging of this exhibition serendipitously coincided with my PhD fieldwork in that jurisdiction; it was not purposefully staged to coincide with SA Health's deliberative mini-public on men's health and wellbeing. Other links to be drawn in relation to some other notions discussed in this thesis and Quilty's art work are considered in the opening anecdote of Chapter One.

*There is no limit to the liberal expansion and confirmation of limited personal intellectual endowment which may proceed from the flow of social intelligence when that circulates by word of mouth from one to another in the communications of the local community. That and that only gives reality to public opinion.*

*We lie, as Emerson said, in the lap of an immense intelligence. But that intelligence is dormant and its communications are broken, inarticulate and faint until it possesses the local community as its medium*

(Dewey, 1927: 1954, p. 219).

*The progressive democratization of society calls for the amending of social institutions for the purpose of aiding the development of democratic personality and of providing for a decision-making process that fulfils the goal values of a democratic commonwealth.*

*If the policy sciences are to aid democracy, they must contribute to the continual reconstruction of whatever practices stand in the way of democratic personality and polity*

(Lasswell, 1948, p. 148).



**Democratising health policy  
with deliberative mini-publics:  
Responsibilities, pathologies, and paradoxes**

**Catherine Anne Therese Settle**

A thesis submitted for the degree of Doctor of Philosophy  
of The Australian National University

July 2016

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## Declaration

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This thesis developed as part of the Australian Research Council (ARC) Linkage Project entitled: Citizen Engagement: Listening to citizen's views about Australia's health system and prevention: ARC Linkage Project No: 0989429.

That ARC Citizen Engagement Linkage Project was comprised of academic institutional partners from: Monash University, The Australian National University, Curtin University, La Trobe University, University of Adelaide, University of Queensland, University of South Australia, and University of Wollongong. The Chief Investigators were: Professor Brian Oldenburg; Professor Vivian Lin; Professor Catherine Joyce; Professor Paul Dugdale; Professor Janette Hartz-Karp; Doctor Allyson Mutch; Professor Leonie Segal; Professor Kathy Eagar. Institutional Policy Partners were from the health departments in the Australian Capital Territory, Queensland and South Australia. Mitch Messer performed the role of health consumer representative, and my role was as PhD scholar.

Unless duly acknowledged, I am responsible for all material contained within this thesis. The word count is: 101,066.



Catherine Anne Therese Settle

25 July 2016



## Acknowledgements

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Developing my capacity to straddle the diverse, epistemic communities of this broadly, cross-disciplinary thesis has presented many challenges, and consumed an enormous amount of time and energy. But it has been worth the effort. Throughout this process I have come to realise that doing a PhD is much more than purely an academic pursuit; it changes who we are and how we see the world, and I have many people to thank for supporting me through this process.

Foremost, I want to thank my supervisory panel members – Associate Professor Paul Dugdale; Professor Vivian Lin; and Associate Professor Catherine Joyce for staying with me on this PhD journey – you have been good travelling companions. Collectively and individually your contributions have been significant and influential to my work. Particular thanks go to Paul Dugdale, my primary supervisor, whose enthusiastic engagement with the, seemingly, disparate ideas I have brought together for this thesis has helped to sustain my own enthusiasm throughout. It is not uncommon to hear of research students' unfavourable experiences with members of their supervisory panel. In stark contrast, I have been most fortunate to have experienced great kindness, support and sensitivity, especially, during the intense periods surrounding the deaths of my mother, father and brother. Indeed, my time spent on this thesis has reinforced my understanding on how 'life is what happens to you while you're busy making other plans' (Lennon, 1980).

My supervisory panel members were also Chief Investigators on the Australian Research Council (ARC) Linkage Project which my PhD has been situated within, and I would also like to acknowledge the support demonstrated by other members of that project. In particular, another Chief Investigator, Professor Janette Hartz-Karp, whose expertise and experience with deliberative mini-publics has contributed, significantly, to many of the insights I derived throughout my research. Special thanks, too, go to my interviewees for so generously giving me their time and trusting me to do justice with the experiences and information shared.

The Australian National University (ANU) has been a great place to do a PhD; I have benefitted immensely from the broadly distributed, commitment to excellence I have experienced. I have met many wonderful, inspiring people and I will have many fond memories from this period of my life. The College of Medicine at ANU, where I have been based as a PhD scholar, has shown me great support; particular mention goes to the Higher Degree Research Student Administrator, Wendy Riley. I am very grateful for the assistance provided by the ANU Vice Chancellor's Travel Grant, which enabled me to present my research to an international audience in Canada; the ANU College of Medicine's co-funding in support of that grant was very helpful, too. I also gratefully acknowledge the support provided by my three-year ARC scholarship; to be granted a six-month extension, when those years expired, was very much appreciated.

I would also like to thank the many people - including the research students; established academics; and members of the public - who attended any one of the many and varied fora in which I have discussed my work: there are just too many of you to mention by name but your contributions have been meaningful and your intellectual generosity has enriched my research. I must, however, individually thank some people, especially those who engaged with my ideas when they were still in a wildly, amorphous state because their contributions have helped clarify and shape the course I have ultimately pursued in this work. In particular, I would like to thank: Barbara Pamphilon; Anni Dugdale; Frances MacKay; John Boswell, John Dryzek; Carolyn Hendriks; Lyn 'Carson'; Lynne McCormack; Margareta Olsen; Jane Dixon, Beth Beckmann; John Braithwaite; Mark Evans; Simon Niemeyer; Colin Sindall, Meredith Edwards; Kath Fisher; David Marsh; Kevin White; Anthony Hogan, Lyn Stephens, Malcolm Pettigrove, Cathy Banwell, and John Min. And to those who kindly engaged in e-correspondence with my musings - in particular, Miranda Fricker; Derek Layder; Susan O'Neill: your incredibly prompt and thoughtful responses, no matter how large or small, have been helpful and highly valued.

Finally, and by no means least, I would like to thank my partner, Chris Taylor: your love and support substantially enables me in all that I do. To my sons, Gabriel Archibald and Nicolas Menzies: for the love, joy and sense of wonder you continue to bring into my life. And to my parents, Bob and Verlie Settle, from whose love, support and strong sense of social justice I have learnt so much; indeed, 'part of you pours out of me, in these lines from time to time' (Mitchell, 1970).

## Abstract

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Throughout the last couple of decades there has been an unprecedented level of global interest in democratically-deliberative methods of citizen engagement [now collectively referred to as deliberative mini-publics - hereafter, mini-publics]. Part of the allure of mini-publics is that they provide a more meaningful and effective way for governments to exchange knowledge and engage in decision-making with their citizens. Mini-publics are also known to generate transformative insights for citizens and government decision-making bodies; demonstrated in the shifting of pre-formed preferences, the creation of shared understanding, and collective decision-making. What this transformative potential might have to offer for citizens when they deliberate on health policy has not been fully explored, however, especially in Australian health policy settings where these engagement techniques are quite novel, with very little known of citizens' experiences of deliberating and exchanging knowledge in such circumstances. For instance, it is not really known whether an exchange of knowledge even occurs, let alone, whether a just exchange occurs.

This cross-disciplinary, qualitative research reduces this gap in knowledge and demonstrates how the competing rationalities of the health policy process and the product-dominant logic within health service delivery exacerbate the challenges facing health policy administrators as they grapple with the unfamiliar nature of mini-publics. Many unintentional consequences with disabling outcomes for citizens' experiences of exchanging knowledge and expressing their deliberative capacities ensue. Two types of epistemic injustice also became apparent: testimonial injustice, during which the citizens were not given credibility in their capacity to convey information; and hermeneutical injustice whereby the citizens were not given credibility in their capacity to understand certain things that would be in their best interests to understand.

So what do these things matter when citizens deliberate over health policy development? They matter a great deal, not least, when we consider that one of the fundamental aims of a mini-public is that the process works toward enabling citizens to gain a clearer understanding of not only what they might want, but what is also in their best interests to

know. Viewed holistically, these findings demonstrate why it is important to pay attention to citizens' experiences if mini-publics are to be institutionalised into Australian health policy settings as anything more than simply a promise of their democratically-deliberative ideal.

Paradoxically, the potential for democratic conversations to create an intersubjective space that facilitates a transformative exchange of knowledge was also evident. Although fleeting, this became apparent in such things as improved self-esteem, a greater sense of personal and community empowerment, and increased social capital and health literacy: these factors are known to contribute to people being healthier. Notably, when these findings were evident, the citizens also experienced instances of epistemic justice.

Bringing together the insights gained from the empirical findings of this research and that which has been garnered from the literature, this thesis goes on to reframe the unintentionally disabling factors found, to propose an *Intentionally enabling* approach to the exchange of knowledge and deliberative capacity when mini-publics are applied in health policy settings. Essentially, the propositions put forward reconsider the use of mini-publics as a more substantively equal, empowering, egalitarian, educative, and epistemically just means of health policy development.

## Contents

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<i>Abstract</i> .....	<i>vii</i>
<b>Part One: Theoretical positions and methodological decisions</b> .....	<b>1</b>
Chapter One: Setting the scene.....	3
Chapter Two: Theoretical positions.....	25
Chapter Three: Methodological decisions.....	61
<b>Part Two: Empirical insights</b> .....	<b>101</b>
Chapter Four: SA Health case study: Contextual resources and social setting ..	105
Chapter Five: SA Health case study: Situated activity.....	127
Chapter Six: ACT Health case study: Contextual resources and social setting ..	181
Chapter Seven: ACT Health case study: Situated activity .....	201
<b>Part Three: Turning theory and empirical research into reflective practice</b>	<b>247</b>
Chapter Eight: Theoretical insights.....	249
Chapter Nine: Concluding with an intentionally enabling approach .....	295
<b>Bibliography</b> .....	<b>321</b>
<i>Appendix One: Responses to Deliberative pamphlet obtained from CELP questionnaires</i> .....	<i>345</i>
<i>Appendix Two: Publications and conference/seminar presentations</i> .....	<i>347</i>
<i>Appendix Three: Deliberative pamphlet</i> .....	<i>351</i>



## Detailed contents

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<i>Declaration</i> .....	<i>iii</i>
<i>Acknowledgements</i> .....	<i>v</i>
<i>Abstract</i> .....	<i>vii</i>
<i>Contents</i> .....	<i>ix</i>
<i>Detailed contents</i> .....	<i>xi</i>
<i>List of Participant portrait boxed-entries</i> .....	<i>xvii</i>
<i>List of Metaphorically speaking boxed-entries</i> .....	<i>xix</i>
<i>List of acronyms</i> .....	<i>xxi</i>
<b>Part One: Theoretical positions and methodological decisions</b> .....	<b>1</b>
<b>Chapter One: Setting the scene</b> .....	<b>3</b>
Democratic deliberation .....	5
Product-dominant logic in public service delivery .....	6
Chapter overview.....	7
What is democratic deliberation? .....	8
Democratic deliberation: Authenticity and legitimacy.....	9
Epistemic considerations.....	12
Epistemic injustice.....	13
Relations of power.....	15
Deliberative capacity .....	15
Operationalising the research problem .....	17
Thesis overview.....	17
Distinguishing information from knowledge.....	21
Two normative claims.....	22
<b>Chapter Two: Theoretical positions</b> .....	<b>25</b>
The history and politics of citizen engagement for health policy .....	25
Chapter overview.....	27
Re-aligning priorities and changing perceptions in healthcare decision-making.....	28
The inappropriateness of a product-dominant logic underpinning public services .....	33
Competing rationalities of the health policy process .....	34
Responsibility: a three-dimensional view .....	37
Epistemic responsibility.....	39

Understanding the difference between participation and consultation .....	40
A deliberative health system and the democratisation of health .....	43
Communicative rationality vs instrumental rationalism and objectivism.....	46
The contested notion of rationality.....	47
Adaptive preferences .....	48
Understanding epistemic injustice .....	50
Correcting epistemic injustices.....	53
Persistent power asymmetries .....	56
Concluding reflections.....	59
<b>Chapter Three: Methodological decisions .....</b>	<b>61</b>
Methodological perspectives .....	61
Adaptive theory and Theory of social domains.....	65
Thesis context.....	67
<i>Table 3: 1: Overview of mini-publics attended for this thesis.....</i>	<i>69</i>
The politics of health policy research .....	70
Research framework .....	75
Research methods .....	75
Participant recruitment.....	75
<i>Table 3: 2: SA interviewees .....</i>	<i>77</i>
<i>Table 3: 3: ACT interviewees.....</i>	<i>77</i>
Interviews .....	78
Metaphor analysis.....	81
Participant-observation .....	84
Document analysis .....	85
Deliberative pamphlet .....	85
Research analysis .....	87
Two case studies.....	92
Research validity and substantive significance.....	96
<b>Part Two: Empirical insights .....</b>	<b>101</b>
<b>Introductory comments .....</b>	<b>103</b>
<b>Chapter Four: SA Health case study: Contextual resources and social setting...105</b>	
SA contextual resources social domain.....	105
Gender matters when it comes to health and wellbeing.....	107
SA social setting social domain .....	111
Intentionality .....	114
The power of communication [or lack, thereof].....	116
Support-staff training.....	118

Interim interpretations.....	122
<b>Chapter Five: SA Health case study: Situated activity.....</b>	<b>127</b>
Introductions matter.....	129
Diversity matters.....	130
Feeling safe matters.....	133
Understanding the purpose behind what they are doing matters.....	135
Information matters.....	138
Process matters.....	139
21st Century Town Hall Meeting.....	139
Table-scribing matters.....	141
Thematic analysis matters.....	144
The panel-session.....	146
Putting yourself in the shoes of the participants matters.....	151
Wording matters.....	152
Time matters.....	155
Table-facilitation matters.....	157
Developing empathy and the virtue of good epistemic practice matters.....	158
Learning from each other matters.....	160
Experience and training matter.....	162
Networking and time for unstructured discussion matters.....	163
Technology matters.....	166
Feeling part of something matters.....	167
A sense of hope matters.....	169
Interim interpretations and the Deliberative pamphlet.....	170
<b>Chapter Six: ACT Health case study: Contextual resources and social setting ..</b>	<b>181</b>
ACT contextual resources social domain.....	181
Chronic conditions.....	185
ACT social setting social domain.....	187
Deliberative technique matters.....	189
Support-staff training.....	193
Communicating with the public matters.....	197
Interim interpretations.....	197
<b>Chapter Seven: ACT Health case study: Situated activity.....</b>	<b>201</b>
Information matters.....	203
Representativeness matters.....	204
Constrained by what they consider to be plausible.....	205
Authenticity matters.....	207
Creating opportunity to be informed and develop deliberative capacity matters.....	208

Wording matters.....	209
Masking conflict matters .....	209
Process matters.....	210
World Café .....	210
Turning Point technology.....	216
Open space technology .....	219
Facilitation matters.....	222
Being able to ‘plug-into’ the conversation matters .....	226
Accessibility matters.....	227
Time to digest information matters.....	228
Having enough time to see the whole picture matters.....	229
Power differentials and creating a level-playing-field matters.....	230
Synthesising matters.....	233
Interim interpretations.....	236

## **Part Three: Turning theory and empirical research into reflective practice 247**

### **Chapter Eight: Theoretical insights ..... 249**

Conceptual model of empirical findings and theoretical insights.....	252
<i>Figure 8: 1: Conceptual model of empirical findings and theoretical insights.....</i>	<i>253</i>
The logic of the conceptual model.....	253
Agency and structure .....	255
The importance of feeling safe.....	261
Critical points of tension management .....	262
Understanding the inherent power of public reasoning .....	268
Cultivating the sociological imagination .....	269
Grounding the conceptual model in empirical examples .....	270
Reinforcing deliberative inequalities.....	271
Unintentional, disabling consequences: Structurally reproductive agency.....	272
<i>Figure 8: 2: Unintentional, disabling consequences: Structurally reproductive agency.....</i>	<i>272</i>
‘I saw the theory; I didn’t see the practice’ .....	278
Everyone got on their ‘hobby-horse’ and ‘pushed-their-own-barrow’ .....	279
Feeling safe and levelling-the-playing-field with information matters.....	281
Unintentional, enabling consequences: Structurally transformative agency .....	282
The irony of constraint.....	282
<i>Figure 8: 3: Unintentional, enabling consequences: Structurally transformative agency .....</i>	<i>282</i>
Framing health policy with citizens’ lived-experiences as the salient features .....	283
Intentional, enabling consequences: Structurally reproductive agency.....	285
<i>Figure 8: 4: Intentional, enabling consequences: Structurally reproductive agency.....</i>	<i>285</i>

Intentional, enabling consequences: Structurally transformative agency.....	287
<i>Figure 8: 5: Intentional, enabling consequences: Structurally transformative agency</i> .....	287
‘I felt comfortable... not pressured or threatened’ .....	288
Unintentional, enabling consequences: Structurally reproductive agency .....	290
<i>Figure 8: 6: Unintentional, enabling consequences: Structurally reproductive agency</i> .....	290
Intentional, disabling consequences: Structurally reproductive agency .....	291
<i>Figure 8: 7: Intentional, disabling consequences: Structurally reproductive agency</i> .....	291
Concluding reflections .....	293
<b>Chapter Nine: Concluding with an intentionally enabling approach .....</b>	<b>295</b>
An intentionally enabling approach .....	298
Proposition One: Expanding the view of HPAs’ responsibilities .....	299
Proposition Two: Develop a communicatively rational approach .....	304
Proposition Three: Substantive equality as a guiding deliberative norm .....	308
Proposition Four: Mini-publics are a public service .....	310
Proposition Five: Mini-publics warrant further research and development .....	311
Limitations of this research.....	316
Concluding reflections .....	319
<b>Bibliography .....</b>	<b>321</b>
<i>Appendix One: Responses to Deliberative pamphlet obtained from CELP questionnaires.....</i>	<i>345</i>
<i>Appendix Two: Publications and conference/ seminar presentations.....</i>	<i>347</i>
<i>Appendix Three: Deliberative pamphlet .....</i>	<i>351</i>



## List of Participant portrait boxed-entries

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Participant portrait 1: Stephanie: Table-facilitator and panellist: SA mini-public.....	112
Participant portrait 2: Malcolm: Citizen-participant: SA mini-public.....	117
Participant portrait 3: Barbara: Table-facilitator: SA mini-public .....	119
Participant portrait 4: Diarmid: Table-scribe: SA mini-public.....	121
Participant portrait 5: Matt: Citizen-participant: SA mini-public .....	128
Participant portrait 6: Russell: Citizen-participant: SA mini-public.....	130
Participant portrait 7: Tim: Citizen-participant: SA mini-public .....	131
Participant portrait 8: John-S: Citizen-participant: SA mini-public .....	132
Participant portrait 9: Jack-C: Citizen-participant: SA mini-public.....	134
Participant portrait 10: George: Citizen-participant: SA mini-public .....	135
Participant portrait 11: Alex: Citizen-participant: SA mini-public .....	137
Participant portrait 12: Dab: Table-facilitator/scribe: SA mini-public.....	142
Participant portrait 13: Dennis: Citizen-participant: SA mini-public .....	145
Participant portrait 14: Geoff: Citizen-participant: SA mini-public.....	147
Participant portrait 15: Herb: Table-facilitator: SA mini-public.....	149
Participant portrait 16: Darren: Citizen-participant: SA mini-public.....	152
Participant portrait 17: Alan: Citizen-participant: SA mini-public.....	157
Participant portrait 18: Ian: Citizen-participant: SA mini-public .....	160
Participant portrait 19: Susan: Citizen-participant: ACT mini-public .....	182
Participant portrait 20: Emma: Table-facilitator: ACT mini-public .....	191
Participant portrait 21: Max: Lead-facilitator/Deliberative consultant: ACT mini-public.	192
Participant portrait 22: John: General support-staff member: ACT mini-public .....	194
Participant portrait 23: Karen: Citizen-participant: ACT mini-public.....	196
Participant portrait 24: David: Citizen-participant: ACT mini-public.....	202
Participant portrait 25: Margaret: Citizen-participant: ACT mini-public.....	203
Participant portrait 26: Pat: Citizen-participant: ACT mini-public.....	204
Participant portrait 27: Anna: Citizen-participant: ACT mini-public .....	205
Participant portrait 28: Denise: Citizen-participant: ACT mini-public .....	213



## List of Metaphorically speaking boxed-entries

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Metaphorically speaking 1: It was only a Hammerhead .....	136
Metaphorically speaking 2: A brick forming part of an important structure, but it's not for the brick to know what its building... it's just there to do its job .....	138
Metaphorically speaking 3: I was valued.....	157
Metaphorically speaking 4: Feeling respected and like a person... not just a number.....	159
Metaphorically speaking 5: Together we were building something unique .....	161
Metaphorically speaking 6: Catching a wave and feeling its power .....	164
Metaphorically speaking 7: A fish out of water .....	167
Metaphorically speaking 8: A car surging forward towards its destination .....	222
Metaphorically speaking 9: Connections made but dropped far too quickly .....	223
Metaphorically speaking 10: A jigsaw puzzle that's interlinking and forming a coherent picture rather than a table full of unconnected little pieces .....	226
Metaphorically speaking 11: A beautiful carving - everyone does their bit and when it's finished you see the whole picture.....	229
Metaphorically speaking 12: Being back in the workforce.....	236
Metaphorically speaking 13: Trying to drag a cow through mud.....	276
Metaphorically speaking 14: A conversation under water.....	278
Metaphorically speaking 15: Working with the best bunch of men I've ever worked with .....	289



## List of acronyms

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ACT	Australian Capital Territory
ACT Health	Australian Capital Territory Government Department of Health [rebranded in 2012 to ACT Health Directorate]
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
ARC	Australian Research Council
AWHN	Australian Women's Health Network
CELP	[ARC] Citizen Engagement Linkage Project
CIHR	Canadian Institutes of Health Research
COAG	Council of Australian Governments
DoHA	Department of Health and Ageing
HCA	Health Consumers Alliance of SA
HCCA	Health Care Consumers' Association [of the ACT]
HPA	Health policy administrator
IAP2	International Association for Public Participation
ICT	Information Communication Technology
NHHRC	National Health and Hospital Reform Commission
NHMRC	National Health and Medical Research Council
NGO	Non-Government Organisation
NPM	New Public Management
OECD	Organisation for Economic Co-operation and Development
SA	South Australia
SA Health	Government of South Australia Department of Health
Q	Queensland
Q Health	Queensland Health
WHO	World Health Organization



## **Part One: Theoretical positions and methodological decisions**

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## Chapter One: Setting the scene

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A striking exhibition in the Art Gallery of South Australia coincided with my week-long fieldwork in Adelaide, during May 2011. This visual-artwork was the creation of Ben Quilty, an artist whose work I recognised for his passionate portrayal of the Australian male psyche.<sup>1</sup> Visual art is well known for its capacity to elicit edifying and, sometimes, transformative insights; with Quilty clearly a master of this creative and reflective medium. The transformative power of art is believed to originate in its capacity to evoke ‘an experience that changes the person who experiences it’; through this transformative process, Hans-Georg Gadamer, (1975) explains that art can ‘shake up... fixed presuppositions’ to enable the asking of new questions (Gadamer, 1976, pp. 38-9, 107).

I was visiting Adelaide to conduct fieldwork related to the South Australian Department of Health (SA Health) component of an Australian Research Council (ARC) Linkage Project [hereafter referred to as the Citizen Engagement Linkage Project or CELP].<sup>2</sup> As a jurisdictional Policy Partner in CELP, SA Health was working towards staging a mini-public to ‘seek community views about men’s health and wellbeing’ (SA Health, 2011b) for their component of CELP. Quilty’s exhibition seemed emblematic of the nature of insights it was hoped the SA mini-public might yield.<sup>3</sup> Particularly germane was his poignantly, ‘deeply personal and sensitive’ exploration into notions, such as, indestructibility and identity, which surround masculinity within Australian culture (Art Gallery of South Australia, 2011).

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<sup>1</sup> This particular Quilty exhibition is an exploration into ‘the artist’s repeated themes of the problematic relationship between the personal and the cultural’ seen through the lens of the Australian ‘post colonial history’ (Art Gallery of South Australia, 2011).

<sup>2</sup> The full title is: Citizen Engagement: Listening to citizen’s views about Australia’s health system and prevention: ARC Linkage Project No: 0989429. CELP has 3 health policy project partners: SA Health, Australian Capital Territory (ACT) Health and Queensland (Q) Health. More details on CELP are given on this overarching project in the methodological discussion of Chapter Three. For more information on ARC Linkage Projects, in general, please see: <http://www.arc.gov.au/linkage-projects>.

<sup>3</sup> I am not suggesting that there was any intended correlation between the timing of the Quilty exhibition and the staging of the SA Health Men’s Health and Wellbeing mini-public. But I would suggest that powerful artwork, such as Quilty’s, presents an evocative and synergistic potential that could be intentionally harnessed to stimulate deliberation and reflection on matters as personal and sensitive as male health and wellbeing.

Similarly drawing attention to the problematic nexus between notions of masculinity and omnipotence in modern societies, Spase Karoski (2011), argues that one of the greatest obstacles to addressing male health problems has been health professionals' narrow focus on simply the physiological aspects of male health. Health policy administrators [HPAs]<sup>4</sup> historical perception of men as a hegemonic group in society is also deeply implicated (pp. 53-6). From some reports, any related misapprehensions are compounded by men's notorious reluctance to actively participate in their own health and wellbeing (see, for instance, Griffiths, 1996; Department of Health and Ageing (DoHA), 2010; Australian Institute of Health and Welfare (AIHW), 2011a, 2012b); while others maintain that the dearth of any meaningful research into masculinity and health has, inadvertently, perpetuated unhelpful stereotypes and anecdotes about male health and wellbeing (see for instance, Broom, 2005; Karoski, 2011).

As I reflected on Quilty's insightful representation of the Australian male-psyche, I wondered what the democratically-deliberative nature of a mini-public might yield in relation to male health and wellbeing. For instance, with the emphasis thereby placed on a 'two-way' interaction between decision-makers and the public (Abelson, Forest, Eyles, Smith, Martin & Gauvin, 2003, pp. 239-40; Organisation for Economic Co-operation and Development (OECD), 2001b; Grönlund, Bächtiger & Setälä, 2014), might prevailing problematic-notions be transformed, or would existing notions be reproduced? What potentiates any such transformation and under what circumstances might, if any, transformative insights be derived? The innovative nature of mini-publics in Australian health policy settings means that little is known of what actually occurs at such times. Even less is known of citizens' experiences of exchanging knowledge and deliberating in these circumstances. This thesis will take active steps towards correcting this deficit in

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<sup>4</sup> In the Australian Policy Handbook, Althaus, Bridgman & Davis (2007) characterise the division of labour within the policy cycle of formal government structures as including: political players – which includes ministers and their staff; policy advisors – which includes policy specialists within departments who provide detailed advice on submissions, coordinate government action and manage the flow of business through government; and policy administrators – which includes staff in agencies who must implement and evaluate cabinet decisions, providing material for the next iteration of the policy cycle (p. 195).

But it is common to see the terms 'policy-maker' and 'policy administrators' used interchangeably in the literature and government documentation when collectively referring to bureaucrats working within the policy cycle of formal government structures. And in small jurisdictions, such as the ACT policy setting, there is often a conflation of the roles that policy advisors and administrators play. So for consistency throughout this thesis, I use the term health policy administrator [HPA] when referring to bureaucrats working within the policy cycle of formal government structures. I purposefully do not use the term 'policy-maker' to describe those people because such labelling positions citizens as 'other' than the 'policy-makers'; effectively, contradicting and delegitimising the role that citizens have to play in the policy-making process, which would run counter to a fundamental premise within my thesis: that citizens have a vital role to play within the policy process.

knowledge but, firstly, more information on mini-publics is required so that we can more fully understand their appeal and what they might have to offer in health policy settings.

### **Democratic deliberation**

Whilst not as widely acknowledged as the transformative capacity of visual-art forms, mini-publics are also known for their potential to elicit new insights. In fact, the transformative potential of public reasoning sits right at the heart of what is hoped to be achieved during these means of citizen engagement and is a feature that has attracted great interest amongst democratic theorists and practitioners, alike (see, for instance, Mill, 1859: 1947; Dewey, 1927: 1954; Pateman, 1970; Rawls, 1971: 1999, 1997; Warren, 1992, 1993; Elster, 1998; Dryzek, 2000; Roberts, 2004).<sup>5</sup> Stepping back a little from the allure of this potential, however, it is possible to discern that the benefits to be derived from mini-publics sit within two broad realms. In one of these realms lie tangible benefits: for instance, decision-making that eventuates in policy-outputs.<sup>6</sup> These tangible benefits contribute to the consequentialness of a mini-public (Dryzek, 2009).

The focus of this thesis, however, is given to what resides within the other of these two realms: that which might be considered the less-tangible, intrinsic benefits.<sup>7; 8</sup> Within the realm of intrinsic benefits there are also two distinct streams: together forming the transformative potential of these means of citizen engagement. One stream encompasses participant-preference transformations, which occur through the process of citizens reasoning together and becoming more informed on any given matter.<sup>9</sup> The other stream flows from the actual experience of the deliberative process which, it is believed, can transform individuals in democratic ways. Manifestations of this can be seen in citizens: becoming more tolerant of difference; developing a greater interest in the collective good; as well as, developing a greater sense of personal empowerment and autonomy (Pateman,

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<sup>5</sup> Such a claim, however, explains the fundamentally oppositional-position taken by their standard liberal democratic counterparts. For instance, and by contrast, standard liberal democrats' claim to democratic authenticity is tied into processes designed to aggregate citizens' pre-formed preferences, such as electoral-processes (see Dryzek, 2000 and Warren, 1992 for greater elaboration on this distinction).

<sup>6</sup> These tangible benefits are important and CELP can be seen as making a significant contribution to this realm by examining the efficacy of mini-publics in health policy development.

<sup>7</sup> This was also a practical decision, given that the timeframe for a PhD project does not, necessarily, fit into, what can be a very long and protracted policy-cycle.

<sup>8</sup> With policy studies polarising between analysis for policy and analysis of policy; another distinction that could be made of this research is that it sits within the former (Kay, 2014).

<sup>9</sup> I discuss preference changes, in particular, and what the transformative potential of democratic deliberation might have to offer for the notion, adaptive preferences (Elster, 1982, 1983; Sen & Williams, 1982; Nussbaum, 2011) in my review of the literature in Chapter Two.

1970; Warren, 1992, 1993; Dryzek, 2000, 1990; Benhabib, 1996).<sup>10</sup> Apart from this type of differentiation, it is not yet known what this normative claim has to offer when citizens deliberate for health policy.

We do know, however, that when methods of health consumer/citizen engagement move along the ‘continuum of engagement’ (Health Canada, 2000) towards a more democratically-deliberative expression of engagement, two particular phenomena appear. Firstly, participants develop beyond giving simple opinions to provide more reflective responses, encompassing broader and complex issues. And, secondly, a notable shift in perspective can occur: with participants moving from ‘individualism (personal interest) towards collectivism (common interest)’ (Kreindler, 2009, pp. 116-7). By creating a platform for interests to be articulated, mini-publics can thus generate shared understanding. When this shared understanding is developed into collaborative decision-making, it has been demonstrated to effectively contribute to important healthcare decisions (Larson, Bentley & Brenton, 1994; Bovaird, 2007; Baum, 2008; Gregory, 2008b; Gregory, Hartz-Karp & Watson, 2008; Gregory, 2008a; Dunston, Lee, Boud, Brodie & Chiarella, 2009; Kreindler, 2009; Abelson, Balcksher, Li, Boesveld & Gould, 2013; Abelson, Bombard, Gauvin, Simeonov & Boesveld, 2013; Degeling, Carter & Rychetnik, 2015). This has been evidenced in, for instance, the allocation of health budgets and broader decisions about the type of health system desired within any given community.<sup>11</sup>

### **Product-dominant logic in public service delivery**

The features of citizen engagement mentioned above have contributed significantly towards raising awareness of the value of applying mini-publics in health policy settings. What they also illustrate, however, is that existing bodies of knowledge on mini-publics in health policy settings are distinctly focussed on outputs, as in, what is delivered or produced. This, I will argue, is symptomatic of the propensity towards a product-dominant logic (Osborne, 2010; Osborne & Brown, 2011; Osborne & Strokosch, 2013; Radnor, Osborne, Kinder & Mutton, 2013; Osborne, Radnor & Nasi, 2013; Radnor & Osborne,

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<sup>10</sup> Carole Pateman’s (2012) more recent work, however, takes a more critical view of the way mini-publics can be used by governments as a public management tool - essentially, as a control-measure or containment-process, dressed-up as deliberation.

<sup>11</sup> Most notably, this has been demonstrated in the use of mini-publics in healthcare decision-making in Canada, Denmark and the United Kingdom, but recent years have seen rising interest in Australian health policy settings.

2013) within health services and, by extension, that this product-dominant logic is being carried-over to the use of mini-publics for health policy.<sup>12,13</sup>

Outputs are important and this thesis upholds the view that deliberative outputs are vital to the legitimacy and authenticity of mini-publics in healthcare settings. But, as I go on to argue, no less significant is the deliberative *process*. I am not the first to argue over the importance of the deliberative *process*; indeed, deliberative democratic theory abounds with many, though mostly, deductively-derived, abstract ‘theoretical statements’ (Chambers, 2003, p. 307) on how the ‘principles of rationality, liberty and equality’ might be ideally enacted (Mansbridge, Hartz-Karp, Amengual & Gastil, 2006, p. 1). Even a cursory glance at the literature leaves the reader in no doubt of the particular emphasis that deliberative democracy places on the ‘*process* through which political decisions are made’ (Smith & Wales, 1999, p. 298 [emphasis in original]).

## Chapter overview

To explore what these and other factors have to offer in creating a fuller understanding of citizens’ experiences when mini-publics are applied for health policy, I adopted a cross-disciplinary, qualitative means of inquiry. To bring coherence to the various disciplines traversed, however, they need to be bridged; with this chapter laying the preliminary foundations for crossing the divides. The chapter closes with a brief outline of the thesis chapters which follow. Firstly, I will delve a little deeper into the notion of democratic deliberation to establish a shared understanding on what is implied with the use of this term throughout my thesis. Doing this is crucial to the strength of the arguments put forward; it will also avoid any inadvertent extension on the concept-stretching (Sartori, 1970; Steiner, 2008) that has crept into vagaries surrounding the notion of *deliberating* as a means of citizen engagement.<sup>14,15</sup>

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<sup>12</sup> Stephen Osborne and colleagues (see, Osborne, 2010; Osborne & Brown, 2011; Osborne & Strokosch, 2013; Radnor, Osborne, Kinder & Mutton, 2013; Osborne, Radnor & Nasi, 2013; Radnor & Osborne, 2013) have found that this product-dominant logic pervades all public services, but with the focus of this research being health services my observation of on this phenomenon extends only to that area of public services.

<sup>13</sup> This is indirectly evident too, in Legge, Wilson, Butler, Wright, McBride & Attewell’s (1996) explanation on how the discourse of the market-oriented approach within health systems has placed increasing emphasis on ‘the measurement of health outcomes; the notion of outcomes offers a way of describing *what* is being purchased’ (p. 13 [my emphasis]).

<sup>14</sup> Giovanni Sartori (1970) advises caution over the vague, amorphous, concept stretching, or concept straining, broadly within political science; whereas, Jürg Steiner (2008) focuses his attention more specifically on distinguishing between the terms, strategic bargaining and deliberation (p.186). Concerns over concept-stretching have been validated in a recent scoping review of public deliberation in health policy, too, with Degeling, Carter & Rychetnik (2015) finding a prevailing lack of clarity over such things as the process

### **What is democratic deliberation?**

Democratic deliberation is not simply ‘talk of any kind’ (Steiner, 2008, p. 186); democratic deliberation is a certain type of talk (Parkinson, 2006). Bringing greater clarity to this distinction, John Parkinson (2006) explains that although there may be some undemocratic applications of the term, deliberation, essentially, democratic deliberation is about citizens being engaged in the decision-making on matters important to their lives. This includes:

*...making binding collective decisions, covering all the stages of the decision-making process from problem definition and agenda-setting, discussion of solutions, decision-making, and implementation; it should not be disconnected from questions of agendas, decisions, and actions (p. 3).*

Conversely, when opportunities are diminished for citizens to ‘reflect freely on their political preferences’, political systems are considered as deliberatively-undemocratic (Dryzek, 2009, p. 1381). Moreover, if we accept that the main feature of democracy is ‘consent’, then, public democratic deliberation is imperative if citizens are not simply to have decisions ‘imposed’ upon them (Bohman, 1996, p. 4).

Underpinned by such premises, mini-publics emphasise public reasoning; whereby citizens are given an opportunity to reflect, discuss, question, listen to others, and think critically with an open mind and a willingness to respectfully justify their arguments in terms that others can accept (Benhabib, 1996; Gutmann & Thompson, 1996; Cohen, 1998; Dryzek, 2000, 1990; Chambers, 2003; Parkinson, 2004, 2006; Hendriks, 2011). Viewed holistically, these procedural features mirror certain democratically-deliberative standards which are now widely viewed as comprising the normative theory and principles which democratically legitimate deliberative processes and outcomes. These procedural standards bring manifest the notions of, for instance: political freedom, liberty, equality, consideredness and accuracy in revealing diverse interests, transformative capacity, publicity, accountability, and reciprocity (Mansbridge, 1999; Gutmann & Thompson, 1996).

Mini-publics form part of what Graham Smith (2005) has described as democratic innovations. Collectively, the many and varied democratic innovations which have emerged with the resurgence in deliberative democracy, can be viewed as having done so in response to concerns over the lack of policy-making responsiveness to public opinion

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employed, the reason why citizens were asked to deliberate, ambiguity over what the citizens are expected to do, and who actually comprises the public.

<sup>15</sup> Deliberating is, of course, a process which can be performed as an individual activity. The reader can take it as a given, however, that when I refer to deliberation throughout this thesis it is in relation to a collective activity, unless otherwise stated.

(Grönlund et al., 2014). When a democratic innovation is organised as a deliberative forum - typically, initiated by policy administrators - and designed with a particular focus on including many different citizen viewpoints it is known as a mini-public (Fung, 2003; Goodin & Dryzek, 2006; Grönlund et al., 2014; Setälä & Herne, 2014).<sup>16</sup> Although some democratic innovations empower the participating citizens to make publicly significant decisions, this has not been the general trend with mini-publics (Grönlund et al., 2014); giving rise to concerns that these democratic innovations are thus constrained into becoming another form of top-down, tokenistic participation which can be used simply as a mechanism for providing legitimation to government bodies (see, for instance, Pateman, 2012; Grönlund et al., 2014). This is not an uncontested view, but it has provoked questions over ‘whether the processes and outcomes of mini-publics can be “scaled up” in ways that would actually improve the overall quality of democracy (Grönlund et al., 2014, p. 3). When utilised within a well-functioning deliberative system, however, these types of concerns over the authenticity and consequentialness of mini-publics become less-pronounced as attention is given to a broader development of deliberative capacity within the overall system.’<sup>17</sup>

### ***Democratic deliberation: Authenticity and legitimacy***

When we situate mini-publics within their broader context of political theory we can see that the rising popularity of these engagement techniques correlates with the rekindled-interest in deliberative democracy, which has flourished over the last couple of decades. It is believed that this preoccupation with deliberative democracy has taken hold within political theory again as a result of many thinkers grappling with concerns about the authenticity of democracy (Dryzek, 2000).<sup>18</sup> As a deeply thoughtful and leading contributor to such political theory, John Dryzek (2009) maintains that democratic legitimacy must be seen as residing in the ‘right, ability, and opportunity of those subject to a collective decision to participate in deliberation about the content of that decision’ (p. 1381).<sup>19</sup>

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<sup>16</sup> Another way of referring to these democratic innovations is as a ‘discursive design’ (Dryzek, 1990, p. 43).

<sup>17</sup> Further discussion on a deliberative system is carried over to Chapter Two, where it is considered in relation to the democratisation of health, generally. I will point-out here, however, that the extent to which a political system demonstrates deliberative capacity, indicates how more-or-less democratic and effective its deliberative system is.

<sup>18</sup> So much so that deliberative democracy now forms the most active area of political theory, not just within democratic theory (Dryzek, 2007); with deliberative democrats, such as Dryzek, aligning with the view that deliberation is ‘central to democracy’ and ‘democracy cannot do without deliberation’ (Dryzek, 2009, p. 1380).

<sup>19</sup> From Young’s (1996) perspective, this has been a transition from an ‘interest-based theory of democracy’ to a ‘discussion-based ideal of democracy’ (p. 120).

Importantly, he explains, ‘legitimation is secured in their interaction’ (Dryzek, 2009, p. 1381)) and ‘effective deliberation’ (Dryzek, 2000, p. 1); with important implications for why we must pay close attention to the *process* when citizens engage this way for health policy.

Seen as the antithesis to a simple aggregation of preferences or a reliance on the authority of representatives, deliberative democracy is a particular way of thinking about politics which places great emphasis on the social and political processes of the give and take of public reasoning between citizens to form preferences and arrive at choices (Estlund, 2008; Parkinson, 2006). Through such a process of public reasoning, citizens have been shown to move beyond self-interest into developing an appreciation for the salience of their shared values; meaningful and informed judgements can thus be generated (Carson, 2004; De Vries et al., 2011). Consensus can be a deliberative-outcome from citizens examining their generalisable interests (Habermas, 1971) but a ‘consensus-centred teleology’ is not necessarily the ultimate goal for mini-publics (Mansbridge et al., 2006, p. 7; Steenbergen, Bachtiger, Spordli & Steiner, 2003).<sup>20</sup> A significant aim of these deliberative processes, however, is that citizens are encouraged to revise their preferences and put aside any particular interests, whilst being supported in the development of a deeper understanding and community perspective on relevant issues despite, or without having, any earlier vested-interest in the outcomes (Cohen, 1989; Elster, 1997; Chambers, 2003; Althaus, Bridgman & Davis, 2007; Niemeyer & Dryzek, 2007).

Citizens do not require any particular qualifications to contribute to democratic deliberations on health policy (Kreindler, 2009); instead, the value of their participation rests upon what they have the opportunity to provide (Ife, 2002; Davies, Wetherell & Barnett, 2006). Thus, it is now widely accepted amongst deliberative scholars and practitioners that democratic decision-making requires dedicated time for citizens to learn about a relevant issue through the provision of balanced, clear and comprehensive information (see, for instance, Gutmann & Thompson, 1996; Carson, 2004; Davies et al., 2006; Gregory, 2007, 2008a, b; Gregory et al., 2008; Pateman, 2012). For instance, Robert

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<sup>20</sup> Indeed, those loosely described as difference democrats, such as Young (2000) and Sanders (1997), argue that striving for the consensus ‘ideal’ is undesirable because it can silence individuals who may hold minority views. Nonetheless, Niemeyer and Dryzek (2007) argue that ‘deliberation should produce *meta-consensus*, or agreement about the nature of the issue at hand, not necessarily on the actual outcome (p. 500 [authors’ own emphasis]).

I return to this point in relation to the SA mini-public, when we see how if certain, relevant points remain ambiguous, it can lead to deliberative-participants working to competing-odds with each other; and the ACT mini-public highlights how contention can arise when citizens do not agree with the premises behind questions which they are asked to deliberate over.

Goodin (2000) leaves us in no doubt about what he believes to be the importance of providing citizens with adequate information to effectively deliberate when he suggests that if deliberative ‘inputs’ are restricted it can result in ‘emaciated deliberation’ (pp. 89-90).<sup>21</sup> He goes on to explain that because our ‘cognitive capacities rely upon informational inputs’, when little information is provided for citizens to deliberate over, it can hardly be seen as genuine ‘deliberation – of seriously reflective “weighing and judging reasons” – at all’ (Goodin, 2000, p. 90).

Although the deliberative-paradigm in healthcare decision-making is still a relatively recent phenomenon (Abelson et al., 2003), the resurgence of interest in deliberative democracy, itself, has transitioned, during the last few decades, through a period of early theorising to a responsive period of criticism. Deliberative democracy has, subsequently, undergone a revision of many former, theoretical positions (Mansbridge et al., 2006). While the current, broader and more inclusive connotations of deliberative democracy are a welcome and important development upon the narrower and abstract-theorising of the past, there has not been a comparably favourable development towards closing the gap between deliberative theory and what occurs in practice. Many attempts have been made towards this endeavour, particularly in more recent years during which the ‘working theory’ (Chambers, 2003) of deliberative democracy has undergone an unprecedented level of empirical interest with significant gains made in the wake of this ‘empirical-turn’ in deliberative theory (Bächtiger, Niemeyer, Neblo, Steenbergen & Steiner, 2010).<sup>22</sup> What has received less attention, however, is a fine-grained, qualitative, empirical inquiry into citizens’ experiences, especially the normative dimensions associated with matters of value and knowledge (Fricker, 2007, Bohman, 2012) when mini-publics are applied to health policy. Indeed, when I indicated earlier how little is known of citizens’ experiences of mini-publics in health policy settings, I questioned whether a just exchange of knowledge occurs and I will now explain the premise underlying that question.

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<sup>21</sup> The point Goodin (2000) is making here is part of his critique on the problems and subsequent strategies employed in an attempt to overcome the challenges that ‘large-scale mass society poses for deliberative democracy’ (see pp. 84-92 for greater elucidation).

<sup>22</sup> For instance, a ‘discourse quality index’ has been developed by Steenbergen, Bächtiger, Spordli & Steiner, (2003) to be used as a quantitative research tool to measure and represent ‘the most important principles underlying deliberation’ (p. 21); Rowe, Marsh & Fewer (2004) took steps towards raising awareness of the importance of evaluating the ‘quality and effectiveness’ of deliberations; and in more recent years, DeVries, Stanczyk, Ryan & Kim (2011) have used a mixed-methods empirical approach to help understand ‘*what happens as people deliberate*’ (p. 3 [emphasis in original]).

## Epistemic considerations

The two-way interaction of a democratically-deliberative means of engagement implies a reciprocal process of exchanging knowledge, and when we exchange knowledge with others we are engaging in a particular phenomenon known as an epistemic practice [or interaction]. An epistemic practice determines the level of credibility we give to information that is conveyed to us and whether, or not, we choose to accept that information as knowledge. In addition, an epistemic practice influences how we make sense of information, including that derived from our experiences in the different, socially-situated contexts of our lives (Fricker, 2007). Yet, despite the fundamental significance of epistemic conduct to any democratically-deliberative exchange of knowledge, explicit, epistemic considerations in the literature relating to mini-publics have tended to narrowly focus on the Aristotelian principle that the deliberations of many are better than one (Aristotle, 1885: 2000).<sup>23; 24</sup> Blind to the importance of any other epistemic evaluations, the rational process of deliberation is also acclaimed as the epistemic benchmark; with knowledge thus derived deemed as correct and able to be held as an independent standard, being the judgement of the common good from which it is derived (see, for instance, Cohen, 1986; Bohman, 1996; Dryzek, 2000; Estlund, 2008).

From this perspective and in reinforcing the importance of the epistemic value and democratic legitimacy of decision-making derived from ‘fair’ procedures, David Estlund (2008) contends that without these requirements, the simple act of flipping a coin would suffice in determining outcomes (pp. 8, 93).<sup>25</sup> I recognise how vital the epistemic value of decision-making derived from public deliberation is. I will argue in this thesis, however, that there are important reasons why we must broaden our empirical-lens beyond such a purely, instrumental view of epistemic evaluations, to encompass the normative dimensions of epistemic conduct; specifically, in relation to public deliberation for health policy.

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<sup>23</sup> In Chapter iii, of the *Politics*, Aristotle (1885: 2000) provides many analogies and reasons, for and against, why the judgements and deliberations of many are better than one.

<sup>24</sup> Of interest to this point, too, is the Diversity Trumps Ability Theorem, postulated by Hong and Page (2001; 2004) which, essentially, states that if a problem is complex with hard decisions to be made [for instance, healthcare budget decisions] no one individual, surpasses the problem solving capacity of a diverse range of people working together to find a solution. This theorem also adds weight to the validity of the random selection of a diverse range of citizens to work together as problem solvers, instead of simply relying upon an individual considered as an ‘expert’ in any given field for such decision-making.

<sup>25</sup> For a discussion on the objections invoked by the notion of an ‘epistocracy’ - that is, why being ruled by the knowers or experts cannot be justified - see Estlund (2008, p. 7).

In certain respects, the narrow focus given to any epistemic scrutiny of public deliberation can be seen as a corollary of the way that epistemology - in particular, the epistemology of testimony - has traditionally, and primarily, been concerned with matters related to whether all the evidence has been obtained before we make a judgement on any given matter and, thus, justified in believing someone; thereby, validating and gaining knowledge (Fricker, 2007). Contesting such historically asocial, and reductionist perspectives on reasoning, Miranda Fricker (2007) has spearheaded an influential critique on the way that such a limited view of epistemic practices has pre-empted and obscured questions relating to the ways that power can affect our capacity as rational beings (Fricker, 2007). Expanding on her critique, Fricker (2007) developed a theoretical framework for examining the ways that reason and knowledge are entangled with social power and identity; thus, creating a means of examining the ethical and political dimensions associated with our epistemic conduct.<sup>26</sup> Emphasising the importance of the socially-situated context of the giving and receiving of knowledge this way positions speakers and hearers in relation to power and identity, and I will build these insights into the socially-situated approach I will use for my exploration of the citizens' experiences of the epistemic practices that ensue when mini-publics are applied for health policy.

### ***Epistemic injustice***

Lifting the veil on epistemic practices this way, we can see that if something occurs to negatively and prejudicially impact on the perceived capacity or credibility of a person to convey information to others – or, alternatively, when they are trying to make sense of information themselves - then they are being done an epistemic injustice. If and when an epistemic injustice occurs a person not only loses knowledge, they can also effectively block the flow of knowledge from another person. It can, therefore, be ethically bad to do it to someone or, alternatively, to have it done to oneself (Fricker, 2007).<sup>27</sup> At first glance an epistemic injustice may appear to be a trivial issue, though on the contrary, it can cut deeply into our personhood and, subsequent, self-development. This occurs because if someone is done an epistemic injustice they are, in effect, being silenced and undermined in their capacity as a rational human-being. This relates to the fact that a large part of the determining feature of rational authority is intricately bound up with our capacity, and opportunity, to give and receive knowledge (Fricker, 2007).

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<sup>26</sup> At the time of this research, however, Miranda Fricker was unaware of any empirical research utilising her theoretical framework (Fricker, 2011 [personal communication, 6 April]).

<sup>27</sup> Indeed, Fricker (2007) advises against simply maintaining a view on epistemic justice - with the implication being that justice is the norm and injustice simply an aberration from that norm.

There is also a significantly political aspect to epistemic practices that warrants consideration because if someone, or a particular group of people, is systematically unable to contest or express their opinions and experiences, then, they are denied the right to exercise a crucial aspect of their political freedom. When applying this realisation to health policy settings, we can appreciate how the way health consumers/citizens were historically and systematically excluded from relevant policy decision-making processes amounts to an epistemic injustice. Such injustice, denied those health consumers/citizens an important facet of their fundamental, democratic rights. Yet even now, with the innovative use of mini-publics in health policy decision-making, if the epistemic practices are left to lie implicitly and unexamined, then, the use of a mini-public could be criticised for being, at best, yet another form of tokenistic consultation. At worst, far from progressing democratic agendas, if the typically unspoken negotiations of power in epistemic practices remain unaddressed – in particular, any epistemic injustices - and compounded by the complex cultural factors at play within health policy settings, then, the use of mini-publics for health policy could be considered an act of oppression (Fricker, 2007). Such ramifications are the antithesis of the transformative ideal inherent to a mini-public described earlier. Clearly, it is important to pay attention to epistemic practices – including whose voices are heard and valued, and the actual opportunities that exist for citizens to contribute - when citizens are engaged in deliberations for health policy.

With these insights in mind, the approach taken for my empirical inquiry is guided further by the understanding that instead of leaving ‘things to happen invisibly’, when you name silent negotiations of power and bring explicit attention to them, you can bring ‘consciousness’ and ‘thinking’ to them, along with ‘transformation’ (Ensler, 2012, n.p). I appreciate that there are many and varied opinions on what constitutes justice: both in principle and practice (see, for instance, Rawls, 1971: 1999, 2001; Young, 2000, 1999, 1996, 1990: 2011, 2013; Fricker, 2007; Estlund, 2008; Nussbaum, 2007, 2011; Sandel, 2007; Sen, 2010; Ensler, 2012). So, to be specific, the approach taken in determining epistemic injustice in this thesis – and to paraphrase the award-winning playwright and human-rights activist, Eve Ensler - is that if anything constrains a citizen’s capacity to, or makes them feel less than they want to be in their capacity to, give or receive information in relation to a mini-public for health policy, then, they have experienced an epistemic injustice (Ensler, 2012; Fricker, 2007). Chapter Two will continue this discussion on epistemic injustice, including, what the literature has to offer in how they might be rectified. Next in this

introductory chapter, I will outline another way in which I will be examining relations of power within this thesis.

### **Relations of power**

The position outlined above, from which I will examine epistemic practices, is buttressed by another fundamental premise which acknowledges how, even in the most benign of circumstances, an asymmetry in communication practices exists: with this asymmetry relating to power (Goffman, 1959; Turner, 1988; Layder, 2006). As Lasswell (1948) earlier identified, there is an ‘empowering-empowered dimension’ to every interpersonal relation (p. 10), and as I set-out on this research project I recognise that concepts of power are complex and vary enormously (see, for instance, Lasswell, 1948; Weber, 1947; Dahl, 1957; Goffman, 1959; Lukes, 1974; Clegg, 1979, 1989; Wartenberg, 1990; Giddens, 1993; Hindess, 1996; Layder, 1985, 2006; Foucault, 1994; Young, 1990: 2011).

Reflecting on relationships of power focussed my attention on the complex and inextricable links within manifestations of agency-structure when mini-publics are used in health policy settings. This, in turn, steered my research towards one of the key sociological debates: that is, regarding agency and structure. Essentially, the agency-structure debate refers to attempts made to understand the extent to which human behaviour is determined by social structure (Germov, 2005). Many contending arguments have formed this sociological debate, though few contemporary social theorists contest the notion that social structures are the accumulated outcomes of the actions of many actors enacting their own intentions; such intentions are often uncoordinated with others (Young, 2013, pp. 59-62). Various manifestations of power are what form the bond between agency and structure and the confluence of actions on the part of participating agents/actors can have intended and unintended consequences. These fundamental premises form the lens through which I will examine the permutations of power that emerge throughout this research.

### **Deliberative capacity**

Another important notion running through my thesis is that of deliberative capacity. Deliberative capacity can manifest in myriad ways (Dryzek, 2009)<sup>28</sup> and of great interest to

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<sup>28</sup> For instance, Dryzek (2009) emphasises the political system or structural aspects of deliberative capacity with his framework for understanding deliberative capacity as the ‘extent to which a political system possesses structures to host deliberation that is authentic, inclusive, and consequential’ (p. 1382). Careful to clarify that he is not advocating any particular institutional prescription, Dryzek (2009) explains that in the context of his approach to deliberative capacity: authenticity can be understood as when deliberation induces ‘reflection

my exploration into the citizen's experience of mini-publics is James Bohman's (1996) capacity-based understanding of deliberative inequalities. Clearly conscious of the political ramifications of power and injustice within society, Bohman (1996) asserts that only 'equality of political capacities makes deliberation fully democratic' (p. 109). Going on to establish a theory on deliberative equalities, Bohman (1996) acknowledges that such a theory places a 'high demand' on the practice of public deliberation (p. 109). Indeed, the trenchant aim of public democratic deliberation, from Bohman's (1996) perspective, is that it does not leave deliberative inequalities in place; instead:

*...the point is to correct for their effects both in the deliberative process itself and in the unequal outcomes that such asymmetries consistently produce (pp. 109-10).*

The question then becomes: what does this mean for the practice of public deliberation for health policy because there has been little consideration given to how existing power asymmetries might impact on citizens' capacity to exchange knowledge and deliberate, and prior to this thesis no qualitative-empirical work, focussing on these features, has been identified. For instance, we know little about what is required of these deliberative processes to level-the-playing-field, so to speak, when mini-publics are used in health policy settings so that citizens might effectively express their deliberative capacities. Nor do we really understand how these capacities are enabled or disabled.

We do know, however, that underpinning the basic democratic right we have, as citizens, to participate in deliberations on health policy is the principle of equality. This principle firmly encases the normative framework of mini-publics; indeed, democrats have long since taken equality for their 'motto' (Aristotle, 1885: 2000, iii, 9). But the principle of equality is not unique to democracy. It is also firmly entrenched in human rights law<sup>29</sup> from which it has been realised that a narrow and objectivist conception of equality tends to focus on formal equality alone: that is on our 'equality' before the law (Facio & Morgan, 2009). Clearly, we cannot make all people equal but we can more equitably allow for their

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noncoercively', with 'reciprocity' exhibited as deliberators connect their claims to 'more general principles'; inclusiveness relates to the diversity of 'interests and discourses present' – without inclusiveness, Dryzek notes, 'there may be deliberation but not deliberative democracy'; and consequentialness refers to the impact that the deliberative process has on 'collective decisions or social outcomes', with a proviso that while this impact may not directly result in the 'actual making of policy decisions', for instance, there may be ongoing and indirect influence on decision-makers who are part of the broader deliberative system (p. 1382).

Such consequentialness, I later describe as an expression of structurally reproductive agency because, although this influence may not be immediately apparent in its capacity to bring about transformations [as in being structurally transformative], it may, given other enabling factors, develop over time into an expression of structurally transformative agency.

<sup>29</sup> Indeed, 'without equality, human rights have no meaning' (Facio & Morgan, 2009, p. 3).

differences (Benhabib, 1996; Bohman, 1996; Young, 1996; Sanders, 1997; Baum, 2002) and this thesis will seek to determine what is required to equitably allow for citizens' capacities to deliberate and exchange knowledge in health policy settings. Determining such factors is important, I shall argue, not least because democratic decision-making in health policy settings demands that all players have better capacity for input to this 'delicate' and highly-vexed process of negotiation in which knowledge and power must be managed by those involved (Lin, 2003, p. 15).

### **Operationalising the research problem**

Problematism how little is actually known of citizens' experiences when mini-publics are applied in Australian health policy settings, in light of the discussion above, has given rise to two key questions which will concentrate my inquiry:

- 1: *What are the citizens' experiences of deliberating and exchanging knowledge - the epistemic practices - when mini-publics are used in health policy settings and how might these experiences be accounted for?*
- 2: *What do these citizens' experiences imply for the theory and practice of mini-publics in health policy settings?*

### **Thesis overview**

Chapter Three elaborates the methodological decisions taken in pursuit of this knowledge, including the qualitative research methods chosen for the opportunity they provide for my interviewees to richly and descriptively convey their experiences. From 28 semi-structured in-depth interviews conducted in the SA and Australian Capital Territory (ACT) health policy settings<sup>30</sup>, many rich and meaningful storylines are derived: these are constructed into two case studies.<sup>31</sup> My analysis of this empirical data is vividly brought to life with a strong emphasis on the interviewees' voices, throughout the case studies. These citizens' experiences are triangulated with my own participant-observations, and relevant document analysis. The case studies are developed according to Layder's Theory of Social Domains, which is applied for its capacity to bring ontological depth to my analysis, including the agency-structural factors considered (Layder, 1998, 2006, 2013). This depth-of-view is enabled by portraying social reality as constituted within four social domains: contextual resources; social settings; situated activity; psychobiography. Each case study spans two

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<sup>30</sup> During the period of this PhD, ACT Health was rebranded to, ACT Health Directorate; for consistency, unless drawing on a direct quotation, I will use the title, ACT Health throughout.

<sup>31</sup> Q was the last of the health policy jurisdictions to implement their CELP. The late staging of this mini-public meant that, in consultation with my PhD supervisory panel, I decided not to conduct fieldwork in that policy jurisdiction. The Q Policy Partners did, however, utilise the Deliberative pamphlet I developed subsequent to my SA fieldwork: related matters are discussed further in Chapter Three.

chapters: the contextual resources and social settings social domains comprise one chapter; the second chapter of each gives prominence to the situated activity domain. The domain of psychobiography is primarily represented in this research as *Participant portraits* [small vignettes] and these entries are distributed at relevant points throughout each case study. These entries are compiled from information my interviewees provided about themselves, as requested, during our interview/conversation together.

Another way that the highly nuanced, citizen's experience of deliberating and exchanging knowledge is captured in this thesis is with the use of the research tool, metaphor analysis. During the development of my methodological approach I was deeply mindful that, despite the ubiquity of epistemic practices, the sensitivities and typically unspoken negotiations of power can present significant empirical-challenge for any attempts to draw attention to them (Fricker, 2007). I was also aware that, because mini-publics are a relatively new policy-instrument in Australia, it was quite probable that many participating citizens may not have experienced one before. It became apparent that I needed a bridging-tool to provide my interviewees with the opportunity to reconcile this, possibly, unfamiliar experience, with something familiar to them (Lakoff, 1993; Lakoff & Johnson, 1980, 2003). For these reasons, I incorporated the research tool known as metaphor analysis into my interview questions. My use of metaphor analysis is described more fully in Chapter Three. The metaphors offered by my interviewees to convey their experience of deliberating and exchanging knowledge during the mini-public they attended are compiled into boxed-entries called, *Metaphorically speaking*: these are distributed at relevant points throughout this thesis, and because the use of metaphor can tap deeply into our lived-experiences, these *Metaphorically speaking* entries form another component of the psychobiographical social domain of the person speaking.

My thesis develops with the aid of extant theories and my emerging empirical data; this research approach is compatible with the adaptive theoretical position taken for this research (Layder, 1998, 2006, 2013). As such, adaptive theory draws upon deductive, inductive, and abductive forms of data analysis. My intention in using these forms of logical reasoning in my data-analysis is to strengthen the form and substance of my research with existing bodies of knowledge, whilst, further, aiming to generate new theory or adapt pre-existing theoretical constructs as my own empirical findings emerge (Layder, 1998, 2006, 2013, 2015 [personal communication, 22 July]). This latter, iterative process of abductive reasoning combines my theoretically-driven deductive analysis and my data-

based inductive analysis, with the logical underpinnings of my interpretations on that data (Denzin, 1978; Patton, 2002; Schwartz-Shea & Yannow, 2012; Layder, 2015 [personal communication, 22 July]). I will provide further discussion on what the literature and my methodological approach has to offer this research in **Chapter Two and Three**, respectively. Next in this introductory chapter, more details are given on the Citizen Engagement Linkage Project; I will then continue with my outline of the chapters that follow.

This PhD research has emerged with the earlier mentioned, Citizen Engagement Linkage Project (CELP). CELP developed from within the Australian Institute of Health Policy Studies with the aim of applying and evaluating innovative deliberative methods of citizen engagement for their effectiveness as a tool in health policy development, and as a means for collecting information on citizens' views on health policy issues. As one of the first large-scale efforts to conduct a series of linked deliberative forums on health policy in different states/territories of Australia, CELP provided a unique environment for my research to grow. CELP was comprised of Academic Institutional Partners and Chief Investigators from: Monash University [as the lead-organisation], the Australian National University, Curtin University, La Trobe University, University of Adelaide, University of Queensland, University of South Australia, and University of Wollongong; along with Policy Partners from the Health Departments of the Australian Capital Territory (ACT), Queensland (Q) and SA Health; a health consumer representative; and myself as a PhD scholar.

The implementation of CELP coincided with a turbulent period of change for State/Territory Health Departments in Australia, with many reeling in the wake of broad-sweeping recommendations from the National Health and Hospital Reform Commission's (NHHRC) Report (2009).<sup>32</sup> These factors were to impact heavily on CELP's Policy Partners' capacity to make decisions regarding when and what their involvement in CELP would entail. Many timelines and plans changed considerably with, by extension, consequences for the progress of my thesis. Still, researching in the real-world is known to present many and varied challenges<sup>33</sup> and I will explain these factors more fully in my

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<sup>32</sup> Q Health was to experience even further upheaval throughout this period, as a consequence of a change to their State Government, which ushered in extensive reforms designed to increase productivity in a climate of severe fiscal constraint.

<sup>33</sup> See Kayrooz and Trevitt (2005) for some further candid and practical insights into the challenges of researching in the real world.

methodological discussion of **Chapter Three**. For the purposes of this introductory chapter, I will mention how some of these consequences would, ultimately, prove favourable in two particular ways on the development of my thesis.

Firstly, during 2010, while waiting to do fieldwork in relation to CELP, I had opportunity to participate in four citizen engagement techniques: each more-or-less deliberative and all unrelated to CELP. My participation in those activities provided me with first-hand, practical experience, including that of several different roles performed within each: for instance, participant-observer, table-facilitator, citizen-participant, and table-scribe. These different perspectives and experiences complemented what I was learning about mini-publics from the literature. Insights thus derived prompted me to refine my research methods and questions in relation to my research on CELP, which began with SA Health as the first jurisdiction to implement their mini-public. My research findings from that jurisdiction are compiled into the SA case study, spanning **Chapters Four and Five**. The second way that the delays around the implementation of CELP ultimately proved favourable to my research occurred during the 10-11 month delay between the SA and subsequent implementation of CELP project work [in the ACT and Q]. This delay allowed me to draw-on and put into practice some of my key findings from SA; specifically, in the form of the Deliberative pamphlet.<sup>34</sup> I elaborate on my rationale for the Deliberative pamphlet in Chapter Three.

When the next jurisdictional CELP work commenced, relevant ACT HPAs chose to utilise the Deliberative pamphlet and distribute it to their forum-participants, along with their invitation to attend the mini-public. An opportunity then emerged for me to refine my interview questions and explore my interviewees' responses to the information contained within the Deliberative pamphlet: these empirical insights are featured in the ACT case study of **Chapters Six and Seven**.<sup>35</sup> The theory generating capacity of my research then becomes apparent in **Chapter Eight**, where I present a conceptual model of a pattern which emerged from within my research findings. The utility of this model is demonstrated with some theoretical and empirical findings. **Chapter Nine** then concludes

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<sup>34</sup> A hard-copy of which can be found in the front inside-sleeve of this thesis; a printable-copy is also supplied in Appendix Three. The pamphlet is designed to be printed double-sided and tri-folded, to be read in-hand.

I would like to acknowledge the skilful technical and graphical assistance provided by Allison McHugh, from the ANU Multimedia Unit, who enabled such a high-quality outcome to be achieved.

<sup>35</sup> As such, the work for this thesis can also be seen as occurring within two distinct stages: firstly, all fieldwork before the development of the Deliberative pamphlet; and secondly, that which occurred subsequent to the development of the Deliberative pamphlet.

my thesis by presenting some propositions designed to intentionally enable citizens' experiences of exchanging knowledge and deliberating when mini-publics are operationalised in health policy settings. Together, these 9 chapters form the three parts of my thesis: Part One being, primarily, my deductive theoretical insights and methodological decisions; Part Two contains my empirical insights; and Part Three, demonstrates how theory and empirical research can transform into reflective practice. Before moving on to my literature review, in the interest of avoiding any ambiguity running throughout, there are some clarifications for me to make.

### ***Distinguishing information from knowledge***

Firstly, I am mindful of the conceptual ambiguities inherent to two notions I use throughout my thesis: information and knowledge. The ambiguities around these two concepts are not purely philosophical; they can be identified in the idiomatic use of these words in the English language. A fully detailed analysis of each concept is beyond the scope of this thesis; instead, my intent here is to create a common understanding between myself and my reader as to what is implied when I refer to either of these terms.

Following Dretske (1999), my interpretation of the term, information, is that of an objective commodity 'whose generation, transmission, and reception' does not require or in any way 'presuppose interpretive processes' (p.vii). Nor does this understanding conflate information with the meaning, value or significance individuals ascribe to it; instead, claims of meaning and value, for instance, can be considered the manufactured product: with 'information' the 'raw material' (pp. vii, 41). In other words, information can be considered the commodity [indeed, the product] capable of yielding knowledge; with knowledge thus understood as information-caused belief and a 'form of justified true belief' (pp. x, 43-4, 85). But this is not quite as straightforward as such a distinction implies. Indeed, without analysing the 'justification' claim the concept of knowledge remains incomplete; inasmuch as beliefs can be 'false, and the truth may not be believed' (p. 85).<sup>36</sup> What this understanding of knowledge does create, however, is the opportunity to see how vital it is to an effective exchange of *knowledge*, in relation to a mini-public, that citizens have, at the barest minimum, adequate time and information to think critically and effectively reason through any 'truth' claims that may be put before them.

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<sup>36</sup> As my discussion on the ontological position of this research explains, in Chapter Three, this is not to suggest that I adhere to an objectivist notion of a universal, objectively-understood truth; instead I accept that social reality is comprised of subjective, intersubjective and objective elements.

### ***Two normative claims***

Another clarification to be made renders transparent two normative claims that anchor my approach to this research. The first positions my research with the belief that, as a form of government, democracy provides the greatest opportunity for the realisation of human dignity; providing democracy with a ‘moral superiority over its rivals (Leahy, Löfgren & de Leeuw, 2011, p. 2). The second normative claim acknowledges the many and varied, more-or-less successful, global attempts towards realising democratic aspirations, and is derived from the premise that the legitimacy of the ‘moral superiority’ of democracy hinges upon the opportunities that are created for citizens to participate in decision-making that affects their lives. This can be evidenced beyond the ballot-box in such things as the collaboration of citizens in the development of public policies and services; this claim ties into an expansive view of democracy.<sup>37</sup>

An expansive view of democracy contrasts starkly to that of a standard-liberal conception of democracy, which sees democracy as primarily a means of ‘aggregating prepolitical interests’ through competitive elections (Warren, 1992, p. 8). Whereas from an expansive perspective, democracy is viewed beyond its instrumental value; with democracy, itself, seen as generating the ‘values that are intrinsic to political interaction’ of which are ‘closely related to self-development’ through the process of interaction, dialogue and empowerment (Warren, 1992, p. 9) – this, of course, alludes to the inherent transformative potential mentioned earlier.<sup>38</sup> As such, an expansive view of democracy accepts the notion that a broadening and deepening of democracy offers transformative potential at the level of the individual<sup>39</sup>, and with the institutional-uptake of mini-publics, we are thus provided with a lens through which we can view and critique how well these institutions are increasing citizens’ control over ‘self-determination and self-development’ (Warren, 1992, p. 9).

One final point of clarification relates to the cross-disciplinary nature of this research. Rather than try to force my research to go in any specific direction, either deductively

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<sup>37</sup> As Warren (1992) points out, expansive democracy embraces ‘participatory democracy, democratic socialism, and the more radical strains of liberal democracy that stem from Jean-Jacques Rousseau, John Stuart Mill, T. H. Green, and John Dewey’ (p. 9).

<sup>38</sup> What Smith & Wales (1999) describe as the ‘politics of transformation’ in that participating in the process of deliberation ‘can lead to transformation of values and preferences held by citizens or decision-makers’ (p. 299).

<sup>39</sup> Warren (1992; 1993) presents a compelling argument for the ‘transformative impact of democracy on the self’ (p.8); where the reader can find more about Warren’s self-transformative thesis.

determined or that which I felt most familiar with, I have chosen to go where my research inductively and abductively led me. By necessity this has required me to learn to speak across the various epistemic communities my work traverses (Schwartz-Shea, 2006; Schwartz-Shea & Yanow, 2012): this has been an intensely interesting and challenging experience.<sup>40</sup> Nonetheless, the work of this thesis can also be viewed as sitting within the very broad scope of the discipline of public health<sup>41</sup>, because I agree with Fran Baum's (2002) description of public health as 'an integrative discipline that hunts and gathers theories and ideas from many other disciplines and professions' (p. xiv).

Having now set-out some of the theoretical and empirical relations of this research, this chapter has paved the way for the detailed work of the chapters that follow. Next, the relevant literature will be explored more deeply.

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<sup>40</sup> I was to learn that other cross-disciplinarians can experience similarly, intense feelings. Indeed, for a period throughout 2011-12, I had the pleasure of working on a grass-roots research project with a couple of PhD colleagues, Helen Kinmonth and Ruth Kharis, when we explored the experience of cross-disciplinary research students at the ANU. We utilised a deliberative method, a World Café, to engage these students in dialogue about their experiences, and were encouraged and supported in our research by the ANU Research Students' Development Centre, most notably, Dr. Beth Beckmann. This research culminated in an unpublished report submitted in 2012 to the, then, Pro-Vice Chancellor of Research and Training, Mandy Thomas.

<sup>41</sup> More accurately, I identify most strongly with what, since the World Health Organization's (WHO's) Ottawa Charter for Health Promotion (WHO, 1986), is known as the 'new' public health. Of particular relevance to this research is the emphasis given, in a new public health approach, to healthy public policy, equity and community participation in activities that promote health and wellbeing. See Baum (2002:2008) for more insights on the new public health approach.



## **Chapter Two: Theoretical positions**

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The involvement of citizens in decisions on matters that are important to their lives has become one of the defining features of modern-day governance. This phenomenon is becoming increasingly evident in the processes of public policy development, with many governments now working collaboratively with citizens towards the shared realisation of their aligned values and goals, in what has been described as nothing short of a ‘radical reinterpretation’ of the role of citizens in public policy development and service delivery (Bovaird, 2007, p. 846). When we consider that policy development is, essentially, a process of making decisions between competing options (Lenihan, 2012) and that it is through public policy that ‘we shape our world’ (Althaus et al., 2007, p. 1) it is not surprising that involving citizens in policy decision-making is becoming widely viewed as imperative in meeting the ongoing effectiveness, equity and inclusivity of public services (OECD, 2011).

### **The history and politics of citizen engagement for health policy**

Thinking about how to most effectively govern and make decisions in a community’s best-interests is, of course, not a new concept; such thinking has a long and fine lineage with much to learn from as far back as notes from Aristotle (1885: 2000). Aristotle was a man of his time, however, and although he considered deliberation to be a political virtue, the exclusionary-standards required to meet his conception of equality appear abhorrent when viewed through the lens of our modern heterogeneous, enfranchised, and equally-empowered citizenry (Bohman, 1996). While I share Aristotle’s view of deliberation as a political virtue, along with many other authors considered in this thesis, I have a more inclusive view on the competency and capacity of all citizens in determining matters important to their lives.<sup>1</sup>

Far more analogous to the normative position adhered to in my thesis<sup>2</sup>, is John Dewey’s (1927: 1954) view that the quality of democracy is not so much determined by who it

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<sup>1</sup> Dewey (1927: 1954), for instance, elaborates his more inclusive connotations of a ‘competent’ public (p. 138), primarily, in Chapter IV: The eclipse of the public.

<sup>2</sup> The normative claims upon which this thesis rests were outlined in Chapter One.

excludes, instead it is evident in the way it enables the fully-formed public opinion of its citizenry. Essentially, for Dewey (1927: 1954) the formation of this fully-formed public opinion is dependent upon effective communication. Speaking metaphorically to convey his fundamental belief that communication is essential to all human knowledge and understanding, Dewey (1927: 1954) said:

*Seeds are sown, not by virtue of being thrown out at random, but by being so distributed as to take root and have a chance of growth (p. 177).*

Recognising the edifying potential of communication practices that promote a fully-formed opinion, it was Dewey's (1927: 1954) belief that politicians and bureaucrats have a moral responsibility to engage with their community whenever matters of public interest are being considered. Indeed, one reason that has been filed against 'the poor quality of some public services is the failure to involve the public' (Walker, 2002, p. 8); with some policy scholars and practitioners now convinced that 'taking positive action to give people a voice and allow them to be heard can improve trust as well as enhance policy development and implementation' (Althaus et al., 2007, p. 97).

Despite the novelty of mini-publics in Australian health policy settings, Australia does have a strong and impressive history of participatory practices (Baum, 2008). Even before the Declaration of Alma-Ata (World Health Organization (WHO), 1978) acknowledged the importance of community participation in defining health objectives and implementing relevant strategies<sup>3</sup>, the Australian Federal Government of the early 1970s, the Whitlam Labor Government, placed great emphasis on citizen participation in public policy.<sup>4</sup> Yet, despite varying degrees of success over subsequent years with a diverse array of participatory initiatives designed to engage citizens in the workings of government, the institutionalisation of genuinely democratic means of engaging citizens in health policy development has remained elusive. The importance of citizens participating in the democratic process, more broadly, did, however, resurface throughout the last decade when the Australian Labor Party, then, in Federal Opposition, declared that their National Policy Platform would 'pursue new and innovative measures designed to foster greater participation and engagement of the Australian population in the political process' (Australian Labor Party (ALP), 2007, p. 180). Consistent with this position, when going on

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<sup>3</sup> The Declaration of Alma-Ata was developed at the International Conference on Primary Health Care, which met in Alma-Ata, USSR, in September, 1978. It also expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world (WHO, 1978).

<sup>4</sup> See Baum, 2008, p. 477 for a more extended commentary.

to win the next Australian Federal election, that ALP Rudd Government actively sought to ‘gather voices outside the usual channels’ (Davis, 2008, p. 379).

Since that time, Australia has seen more-or-less successful attempts to engage citizens in the workings of government; demonstrating that the move from the rhetoric of participation to action is not a particularly smooth and uncontested transition. Some writers have speculated on this ostensible transition as being a repositioning from ‘government to governance’, questioning whether we have indeed moved beyond the traditional ‘top-down conception of democracy’; identifying instead that the ‘discourse of increased participation’ is, in reality, continuing to occur in the ‘shadow of hierarchy’ (Marsh, Lewis & Fawcett, 2010, p. 157). In a similar vein, a ‘legitimacy deficit’ has also been identified (Aulich, 2010, p. 5; Marsh et al., 2010) with claims made that policy outcomes are determined by the power relations that already exist in any given society (Marsh & McConnell, 2010).

### **Chapter overview**

Having introduced several key concepts running through this research in Chapter One, it is the ambition for this chapter is to demonstrate the conceptual coherence of the ideas brought together from the various epistemic communities my cross-disciplinary thesis explores. At risk of appearing theoretically-promiscuous, some of the theoretical constructs drawn together for this thesis have not been conjoined this way before; effectively, enabling many novel insights and inter-relationships to be explored. The validity of the arguments I make here will be evidenced in the empirical work of Part Two and Three of this thesis.<sup>5</sup> This chapter continues with a discussion on how traditional conceptions in healthcare decision-making are changing in response to the growing recognition that modern day health systems need to re-align with the values and priorities of the communities they seek to serve. Some changing perceptions of health policy are then canvassed before thoughts turn to a critique on the way that the theory underpinning the New Public Management approach forms an ill-conceived basis for it to be applied to public service delivery. What this means for the engagement of citizens in health policy settings is then considered.

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<sup>5</sup> Or, to extend Dewey’s seed-growing metaphor, mentioned earlier, it is possible to view the work of this chapter as preparing the ground for the many and varied theoretical premises discussed, to take ‘root’, so that they might have a ‘chance to grow’ in the validity of the empirical data and theoretical developments that follows.

The importance of effective communication is then discussed because it is not only important for a fully-formed public opinion, as indicated by Dewey above, effective communication also has a vital role in finding a balancing-point between the competing rationalities of the health policy process. Equally, effective communication is critical to understanding the roles and responsibilities associated with the health policy process. What might constitute a more apt understanding of the roles and responsibilities of the HPAs when mini-publics are applied to health policy settings – including their epistemic responsibilities - is then reviewed. One primary epistemic responsibility awaiting HPAs in these circumstances is to understand the fundamental differences between consultative and participatory practices. Along with some other poorly understood and contested notions relevant to the engagement of citizens in any policy decision-making, I will then consider why it is important for HPAs to understand the distinction between these terms. This includes an exploration into the notion of rationality itself.

My review of the literature then turns to the epistemic considerations I make in this thesis, including why it is important to determine if citizens are experiencing epistemic injustice or justice when they are engaged to deliberate on health policy. The epistemic practices in deliberative settings have not been considered this way before. To begin, let us consider what might explain the growing impetus towards the engagement of citizens in healthcare decision-making.

### **Re-aligning priorities and changing perceptions in healthcare decision-making**

It is possible to situate the engagement of citizens in health policy within an increasingly vociferous, public insistence that they be included in decisions on matters of import to their lives. Escalating over the last 200 years, it is believed that these earnest calls for greater participation are in direct response to persistent, societal power-imbalances, which have tended to exclude the public from being involved in such matters (Maxwell, 1998; Baum, 2002, 2008). Placing consumers and citizens at the heart of healthcare decision-making is, however, still viewed by many as a revolutionary and high-risk notion in the public service (Bovaird, 2007; Dunston et al., 2009) Fuelling this perception, is an uncertainty and lack of knowledge within HPAs about how to involve citizens more systematically in the policy process, which compounds the slow rate of culture change within the health system and, if left unaddressed, can present an enormous challenge to the

use of mini-publics for healthcare decision-making (Gregory et al., 2008; Dunston et al., 2009).

Of greater concern though, are research findings indicating that some academic studies into the engagement of citizens in health-service management have been marginalised by health professionals and HPAs who, 'keen to retain control over decision-making, undermine the legitimacy of involved members of the public, in particular by questioning their representativeness' (Martin, 2008, p. 1757).<sup>6</sup> With yet another strong, cultural counterforce to the involvement of citizens in healthcare decision-making found within health clinicians' professional identities; specifically, fear over the loss of autonomy they have historically enjoyed in relation to individual decisions concerning patient care (Davies, Wetherell, and Barnett, 2006, p. 67).

Despite these opposing forces an unyielding opinion has surfaced internationally, throughout the last decade, that it is well and truly time for public services, in general, to refocus their attention from the 'supply-side' to pay more attention to the 'demand-side' of the equation; with health services, in particular, singled-out as an area in compelling need of realignment (OECD, 2011, p. 16; WHO, 2007a, p. 6). These calls for greater attention to be given to the demand-side of health services highlight a parallel realisation that despite the truly remarkable, life-saving advances made by modern medicine, the 'inherent limitation of the narrow biomedical approach' (WHO, 2007b, p. v) - what Aaron Antonovsky (1979, 1984) perceptively defined as a pathogenic paradigm - has led us to overlook other important factors that impact on health and wellbeing.<sup>7</sup> Indeed, on many levels, present health systems are now considered unsustainable and continuing health inequalities reveal the compelling need to reassess the broken, implicit promise that 'everything possible will be done for everyone all the time' (Baume, 2005, p. 1).

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<sup>6</sup> Arguing his point further, Martin (2008) claims that many of the challenges to citizens' representativeness are associated more with a 'defence of professional power or the advancement of professional interests than with a genuine concern about the constitution of involved publics'; this, he adds, might also be seen in 'terms of established professional constructions of disease and of the "proper" professional-patient relationship' being disrupted as health professionals are faced with this 'new set of stakeholders who have been given some credence, legitimacy and power by policymakers' (p. 1759). Lehoux, Daudelin & Abelson (2012a) express comparable criticism of the way that concerns about citizens' representativeness are sometimes 'framed'; as these authors point-out, seldom is a participating medical specialist questioned over hers or his representativeness of the profession to which they belong (p. 1849).

<sup>7</sup> Such realisations are also found in what Peter Baume (2005) described as the 'bottomless pit for the wish list of clinicians' (p. 1), when he contended that even if we were to spend 100% of our Gross Domestic Product on health, many needs would still remain unmet.

These types of realisations are prompting many contemporary societies to now actively pursue their citizens' involvement in decisions that affect their lives, and engaging citizens in health policy decision-making is increasingly being viewed as vital to any health reform and policy process; with reciprocal benefits espoused (OECD, 2001a, b; National Health and Medical Research Council (NHMRC), 2002, 2005a, b; WHO, 2007a, b; NHHRC, 2009; Abelson, Blacksher et al., 2013).<sup>8</sup> Along with this understanding, the inextricable relationship between health and social processes has gained prominence (Bessant & Watts, 2007). For instance, it is now firmly-established that the less well-off members in any given society have substantially shorter life-expectancies and more illness than their more well-off counterparts (Wilkinson & Marmot, 2003), and despite some progress towards achieving more equitable health outcomes, many Australians still experience unequal health outcomes, especially indigenous Australians (Council of Australian Governments (COAG) Reform Council, 2012).<sup>9</sup> Recognised as a grave social injustice, these factors magnify the significant role that social determinants play in health and wellbeing (Wilkinson & Marmot, 2003; Commission on Social Determinants of Health, 2007; AIHW, 2014), and it is now widely accepted that we have reached a pivotal turning point in our thinking about health and that health systems need to change (WHO, 2007a, b; NHHRC, 2009). And while there has been some international progress towards the development of innovative means of engaging citizens in health care decision-making, it has only been in recent years that Australian governments have looked towards mini-publics for their potential to generate a new paradigm of participation in healthcare decision-making.

Health policy was previously viewed as little more than 'the provision and funding of medical care' (Wilkinson & Marmot, 2003, p. 7). Much has been written about the need for a greater alignment of the priorities of our health system with the needs and values of the communities they serve, and this thesis supports the view that the potential benefits to be derived from placing citizens at the centre of healthcare decision-making is still 'greatly underestimated' (see for instance, Bovaird, 2007, pp. 846-7; Dunston et al., 2009). Some writers argue that within these potential benefits lies the opportunity for developing citizen's healthcare knowledge and capacities (Leadbeater, 2004; Dunston et al., 2009).

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<sup>8</sup> In the Australian context, the NHHRC's Report: A Healthier Future for All Australians (2009) went as far as to suggest that integral to a process of health reform there needs to be an ongoing commitment to listening to the views of the community and that this must be demonstrated in 'robust processes, which transcend the lifespan of short-term inquiries' (p. 123).

<sup>9</sup> More broadly, too, indigenous members of many countries around the world have 'worse health and social indicators than others in the same society' (Commission on Social Determinants of Health, 2007, p. 3).

Leadbeater (2004), for instance, believes that people who are more likely to make certain health-promoting behaviours are those who have the information, incentives and resources to change their lives: with ‘public values and norms infiltrating private decision-making’, those who are well educated and informed are already well prepared to take advantage of change-producing choices (Leadbeater, 2004, pp. 76-86). Despite these promising claims, engaging citizens in deliberations for health policy has been a significantly unfulfilled and under-researched area in Australia (Carson & Hart, 2007).

Clearly, when mini-publics are used for health policy, it is important to be mindful of how deeply political health is (Dunston et al., 2009; Deeble, 2010). Indeed, following the influential work of Sidney Sax (1984) there has been increasing, explicit recognition of the ‘strife of interests’ that grapple to be heard in the politics and policies of Australian health services. The impact of these contending forces, it is claimed, sets the agenda for ‘how and which issues are framed as policy problems and which facts are given credence in decision-making’ (Sindall, 2003, p. 80).<sup>10; 11</sup> Within the health policy process, this can involve a complex intermingling of many factors, including conflictive cultural, technical and political value systems (Lin, 2003), and these competing interests lie deeply within the policy process, and the diversity of perspectives and values that drive the ethical, political and financial imperatives in resource allocation (see, for instance, Sax, 1984; Larson et al., 1994; Baum, 2002; Sindall, 2003; Lin, 2003; Lin & Gibson, 2003; Bovaird, 2007; Dugdale, 2008).

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<sup>10</sup> Similarly, Kay (2011) proposes that: ‘Policy frames inform the way political actors collectively put forward particular views of the specific issues and how they rationalise policy action’, and in the absence of a substantive or uniquely ‘correct or right policy frame’, a formidable task stands before government decision-making bodies, who must determine the ‘reasons’ behind the various frames put towards them, if any evidence-based decision-making is to be derived (p. 242).

<sup>11</sup> Although the concept of ‘framing’ is now deeply embedded in common parlance, everyday understandings within it can be traced to the work of Goffman (1974) on frame analysis. In that work, Goffman explains ‘that definitions of a situation are built up in accordance with principles of organization which govern events... and our subjective involvement in them; frame is the word I use to refer to such of these basic elements as I am able to identify’(Goffman, 1974, p. 10). He goes on to say that with his frame analysis he tries ‘to isolate some of the basic frameworks of understanding available in our society for making sense out of events and to analyse the special vulnerabilities to which these frames of reference are subject’ (p. 10).

Similarly, Schön (1983) provides a foundational clarification in understanding the concept, ‘framing’: ‘Problem setting is a process in which, interactively, we *name* the things to which we will attend and *frame* the context in which we will attend to them.’ (p. 40, emphasis in original). Schön (1983) goes on to explain why it is important for a reflective practitioner to analyse the various frames which structure their life. When a practitioner is not aware of the influence of frames in how they go about their role, their work, or indeed, their life, Schön (1983) believes ‘they do not experience the need to choose among them. They do not attend to the ways in which they *construct* the reality in which they function; for them, it is simply the given reality’ (p. 310, emphasis in original). But, Schön (1983) argues, when a practitioner does become aware of the frames within their thinking, they also become ‘aware of the possibility of alternative ways of framing the reality’. Thus enabled, a reflective practitioner develops an appreciation of the ‘values and norms’ which they have given priority, those given less importance, or omitted entirely. ‘Frame awareness’, Schön (1983) believes, ‘tends to entrain awareness of dilemmas’ (p. 310).

Yet without any in-depth, qualitative research into citizens' experiences of the exchange of knowledge when mini-publics are applied to Australian health policy settings, we can only imagine how these complex and conflictive factors might play-out at such times. Cautionary insights can be gleaned, however, from a rare example of in-depth, qualitative research when citizens are engaged to deliberate on health policy in the United Kingdom by Davies, Wetherell and Barnett (2006).<sup>12</sup> For instance, Davies et al., highlight the significance of and adverse consequences which can arise from the implicit and explicit use of 'framing' at such times (2006, p. 32); most problematic to effective deliberation was when the topics for discussion were 'framed largely within the discursive world of the host organisation' (2006, p.195). Davies et al., (2006) found this was a consequence of the '*speed* with which the questions, asked of the citizens, were developed (p. 175, emphasis in original): the hosts had just not spent enough time working on setting the topic and questions. Nor did those hosts imaginatively enter the world of the 'ordinary citizen' and frame the questions in a way that would elicit a confident response (Davies et al., 2006, p. 175).

Extending on their concerns about the consequences of framing, Davies et al., (2006; 2009) recommend framing citizens' identities in a way that values their lay knowledge and experience by focusing the topics for deliberation on social and ethical dilemmas – as opposed to matters of technicality (2006, pp. 32, 161-7). In addition, it is vital, Davies et al. believe, that more thought must be given the 'subtleties of oppression, to the unconscious traces of hegemonic thinking that citizens themselves bring to the arena, as well as the unacknowledged biases that hosts introduce in the framing of the questions, the designing of sessions and the choice of witnesses' (2006, p. 224). By not focusing ongoing attention to these matters, when citizens deliberate on health policy matters 'there is a risk of reinstating the very orthodoxy of thinking that deliberation seeks to disrupt' (Davies et al. 2006, p. 222). And after assessing the impacts of citizen deliberations on the health technology process in Canada, Abelson, Bombard, Gauvin, Simeonov and Boesveld (2013) reiterate the concerns expressed by Davies et al. In particular, because deliberation for

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<sup>12</sup> This research by Davies, Wetherell, and Davies (2006) was conducted on the United Kingdom's National Institute for Health and Clinical Excellence (NICE) Citizen Council. NICE is a high profile initiative, set up as one the new standard-setting and regulatory agencies after 1997, charged with the responsibility of developing national guidance on drugs and other interventions for the National Health Services (p. 33). And the Citizen Council was formed as a novel participatory initiative, comprised of 30 citizens who were to deliberate and advise NICE. For more information on the NICE Citizen Council see Davies et al., (2006; 2009).

health policy takes place within existing organisational, policy and political contexts where power relations and accountabilities are already established, Abelson, Bombard et al., (2013) believe that for any new deliberative structures to be productive, their roles in relation to existing decision-making structures must be clearly articulated, reviewed and re-negotiated to reflect evolving visions and mandates (p. 288).

### **The inappropriateness of a product-dominant logic underpinning public services**

Having now considered several reasons why governments might engage their citizens in healthcare decision-making, another strong impetus can be attributed to the global financial and economic crisis of the years 2008-11; not least, the public hostility towards government decision-makers' cost-cutting measures that followed in its wake.<sup>13</sup> The bitter-taste of efficiency-measures was already familiar to health system managers, however, because for many countries, health system governance was already a 'highly scrutinised public service' (Dunston et al., 2009, p. 40); with health services at the vanguard of public sector administration and management reform over the last couple of decades. A critical task of this reformist movement has been the negotiation of complex bureaucratic structures and processes (Osborne, 2002, 2010) and various trajectories have been pursued.<sup>14</sup> Most influential has been that of the New Public Management (NPM), which emphasises what the public sector can learn from private sector management by reconfiguring service providers to be more responsive to the needs of service 'users and communities' (Bovaird, 2007, p. 846; Osborne & Strokosch, 2013).<sup>15</sup>

The literature on the strengths and weaknesses of the NPM is extensive<sup>16</sup>; of particular interest to this thesis is the crucial flaw that Osborne and colleagues have detected in the theory that underpins the assimilation of this managerial approach to public services

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<sup>13</sup> Indeed, after many years of continuous growth in spending, following this global phenomenon, governments around the world have recently been forced to decrease their rate of health-expenditure and look for effective and legitimate means of partnering with their citizens to elicit public values and determine priority-setting for these cost-cutting measures (OECD, 2013).

<sup>14</sup> For a recent, compelling argument for the choices that need to be made within the Australian health system, designed to create 'more and better care', whilst acknowledging the 'formidable' barriers created by forms of regulation, culture, tradition and vested interests', see Duckett, Breadon & Farmer (2014, p. 1).

<sup>15</sup> One persistent theme to emerge in response to the many iterations of the NPM, is that for some essential public services, 'from policing to health, in which the profit motive is not trusted' citizens tend to prefer for these services to remain state-controlled (Mayo & Moore, 2002, p. 1).

<sup>16</sup> For a detailed analysis of the strengths and limitations of this NPM approach see Hood's seminal paper (1991), and for a discussion on the way the NPM was adopted as the administrative arm of the neo-liberal governments of the United Kingdom, and, by extension, to their National Health Service (NHS), see Parkinson, (2006, pp. 46-7).

(Osborne, 2010; Osborne & Brown, 2011; Osborne et al., 2013; Osborne & Strokosch, 2013; Radnor & Osborne, 2013; Radnor et al., 2013). Essentially, the claim is that many key tenets within management theory have been derived from the ‘manufacturing rather than the service sector’; with the problematic nature of this traced to the inherently different production/business logic within each: for instance, in manufacturing, production and consumption occur separately; whereas, production and consumption occur simultaneously for services (Normann, 2000, p. 20; Osborne, 2010, p. 1). Due to the misappropriation of these key premises, these authors contend, public management theory has placed an undue emphasis on the *product* or ‘tangible’ outcomes of public services, rather than the ‘intangible’ *service-delivery* or process.

A multitude of implications arise from this distorted view; not least, a fundamentally different perception of the role the citizen plays in public services (Osborne, 2010, pp. 1-10). For instance, Osborne, Radnor & Nasi (2013) argue that this has occurred because much of the extant literature on the engagement of citizens within public administration and public management is derived from a product-dominant logic where ‘public services are conceptualised as products to be designed and produced by public policy makers and service professionals and consumed (relatively) passively by service users’ (p. 145). Viewed this way, the engagement of citizens in public policy development is considered ‘as much about the control of user engagement as about its enhancement’ (Osborne & Brown, 2011, p. 1344; see also Pestoff & Brandsen, 2006; Strokosch & Osborne, 2009). To counter this product-dominant logic, Osborne, Radnor & Nasi (2013) propose a ‘service-dominant approach’; this, they claim, ‘reframes’ and ‘transforms’ the way public management is understood (pp. 136-47); what a service-dominant approach might have to offer when mini-publics are operationalised for health policy will be considered in the propositions of Chapter Nine.

Having now waded through the turbulent waters of the politics of health and citizen engagement, this review of the literature dives more deeply into the competing rationalities of the health policy process. Managing these competing rationalities, as I shall argue, hinges upon effective communication practices.

### **Competing rationalities of the health policy process**

In recognition of the competing tensions that emerge in the development of health policy, Vivian Lin (2003) has constructed a conceptual model that succinctly captures the

‘competing rationalities’ that comprise the health policy process. The term, competing, is used to convey the contestability, ‘power, interests, heterogeneous voices, and complexity’ of the process; and rationality is brought into play to represent the ‘different ways of understanding and explaining reality, different forms of logic, and discourse’, which can ‘occur concurrently’ and are ‘mediated by a range of institutional structures’ (Lin, 2003, p. 15). The inherent value of a framework or model, such as Lin’s - which explicitly recognises that decision-making must reflect ongoing socially-situated learning and, by necessity, is ‘context-specific’ (2003, p, 15) - rests in its capacity to direct our attention to the most salient issues for consideration. The fact that these competing rationalities exist is not my argument in this thesis. On the contrary, I have drawn upon Lin’s model as a heuristic-tool to provide conceptual foundation and coherence to some other concepts I draw together for this research.<sup>17</sup>

Lin’s (2003) Health policy as a set of competing rationalities model explicitly defines three competing rationalities: cultural rationality – which addresses the diversity of values and ethics that emerge as various stakeholders and participants engage in health policy development; political rationality – which relates to issues of power and legitimacy; and technical rationality – which informs of relevant evidence-based research and the costs/benefits that can arise from policy outcomes (pp. 13-7). Similar to Lin’s (2003) position in relation to health policy, Adrian Kay (2011) would like to see the notion of multiple rationalities included as part of a more comprehensive theoretical development for an evidenced-based policy process more broadly (pp. 242-3)<sup>18</sup>; to this aim, he highlights the ‘plurality of evidenced-bases’ in policy development (2011, p. 238). For policy-making to be able to accommodate multifarious evidence-bases, however, there must also be acknowledgement of the ‘different assumptions, values and criteria’ which inform these ‘alternative’ arguments; these different perspectives may be reflected in the way policy objectives are framed (Kay, 2011, p. 243). A consequence of the various ways policy objectives are typically framed, however, is that it can obscure ‘the types of power and influence, and the credibility’ given to ‘different kinds of evidence’ of the different rationalities, which have vied for dominance throughout the policy development process (Kay, 2011, p. 243).

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<sup>17</sup> Lin’s (2003) Competing Rationalities Model was initially developed to ‘illustrate why evidence-based health policy is difficult to achieve’ (p. 14).

<sup>18</sup> Kay (2011) also puts forward a typology of four different rationalities in policy making, more broadly: technical, political, practical and transactional rationalities.

Behind Kay's (2011) assertion that no singular rationality is superior to others is the understanding that:

*...the policy making process is often about reasoning across different rationalities so there must always be some potential overlap for a consensus to be reached or communication maintained across difference' (p. 243).*

This thesis shares the view put-forward by Kay, in that policy-making is about 'reasoning across' different rationalities; but I depart a few steps back from Kay's claim that an overlap of rationalities is required for 'consensus' and 'communication' to be maintained. Furthermore, I would argue that there can be no effective reasoning across difference without effective communication practices in the first instance. And while I accept that this is possibly also Kay's understanding, the dearth of qualitative data on what citizens actually experience when they are engaged in mini-publics within the competing rationalities of the health policy process, means that it cannot be assumed that effective communication practices are occurring. As such, a compelling argument presents for explicit empirical attention to be given to what communication practices citizens are actually experiencing and what might be required of effective communicative action in such circumstances.

Contemplating the critical role effective communication practices play when mini-publics are used in the health policy process took my attention to a dialogical-approach developed by Susan Wade (2004). This approach was developed to integrate 'dialogue more effectively into public policy conflict' (p. 362).<sup>19; 20</sup> Referred to as an Intentional, Values-Based Dialogue, this conflict resolution approach, fundamentally, views human relationships as vital to the policy development process and as its name implies, draws upon intentional, values-based dialogue to create shared understanding between relevant parties (Wade, 2004). Central to this approach is the view that points of conflict in dialogue can be a resourceful-medium through which new meanings can be harvested as participants search for a shared understanding.<sup>21</sup> From this core premise, an exploration of

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<sup>19</sup> Wade (2004) acknowledges the assistance of other members of staff at the Aspen Institute's Program on Energy, the Environment, and the Economy (ASPEN) in the development and application of the Intentional, Values-Based Dialogue process.

<sup>20</sup> Specifically, Wade's (2004) conflict resolution approach has its origins in the reflective practice and conflict resolution requirements of public policy development on contentious natural resource and environmental issues in the United States of America.

<sup>21</sup> This accords with the process of 'reasoning across different rationalities' described by Kay above (2011, p. 243), and democratic deliberation, itself.

Points of greatest tension in this dialogical-approach, Wade (2004) refers to as 'cusps of chaos' (p. 369); highlighting another comparison to be found with the ontological insecurity and subsequent critical points of

the deepest values around any conflictive-positions are pursued, for which, participants commit to working together through a process of collaborative communication, whereby conflict is reframed enabling many new insights to emerge (Wade, 2004). When communicative action is used in such an intentional way, this thesis considers that it could effectively turn-on-its-head, the obscurantism underlying the ‘framing’ of the health policy process highlighted above.

Another salient feature of Wade’s (2004), Intentional, Values-Based Dialogical approach to the arguments I make in this thesis, is that transparency of the roles and responsibilities of all participants in the process is vital.<sup>22; 23</sup> Drawing on these insights, I will next delve into the notion of responsibility to see what a more nuanced understanding of responsibility might have to offer for the changing roles and relationships associated with these more democratic forms of citizen engagement.

### **Responsibility: a three-dimensional view**

Reflecting on the notion of responsibility brought to the fore Michael Harmon’s (1995) critique on the predominance of rationalistic thinking within bureaucracy and the assumption ‘that responsibility is synonymous with ethical correctness and the conformity of action with authoritative ends’ (Harmon, 1995, p. 2). Indeed, throughout the last century, responsibility has come to represent one of the most prominent ‘comprehensive moral symbols to which we have anchored our belief in the goodness and necessity of progress’ (Harmon, 1995, p. 13). With such thoughts, Harmon (1995) taps into a persistent concern expressed over the way rationalistic forms of thinking have taken control of our lives, more broadly, over the last 200 years. One consequence of rationalism’s sole focus on instrumental objectives has been an inability to comprehend the paradoxical character of responsibility within bureaucracies and a ‘neglect of the concept of personal

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tension management demonstrated in the empirical work of this thesis. See Chapter Eight for more on ontological security.

<sup>22</sup> This view is consistent also with claims made by others in the field of dialogical theory, for instance, Lisa Schirch and David Campt (2007), who in clarifying that there are no hard and fast rules for designing a dialogical process, it is essential that the norms and common intentions are established. Doing this, they suggest, ‘establishes a group’s common intention to listen and learn from each other’ (p. 36). Three critical components in the establishment of these norms are also articulated: ‘creating a safe space’; ‘setting ground rules’; ‘and clarifying the role of the facilitator’. I will not be wading into the larger-pool of distinctions between the theory of dialogue and that of deliberative democracy because I do not see them as mutually-exclusive approaches; instead, insights derived from each can usefully be drawn upon to progress the overall democratisation of health policy.

<sup>23</sup> I would like to thank Lyn Stephens, as the coordinator of the dialogue group at ANU, for providing me with opportunity to personally experience, for a period throughout 2011, a dialogical group dynamic, conducted as proposed by the foremost dialogical-exponent, David Bohm.

responsibility' in such organisational structures (Harmon, 1995, p. 7). Harmon attributes this to the understanding that personal responsibility 'is rooted in the idea of subjectivity, which from the rationalist standpoint is merely an inferior approximation of objectivity' (1995, p. 7).

The main thrust of Harmon's (1995) argument is that the ills of public administration can be attributed to the unreconciled, contradictory features that lie within the paradoxes and pathologies associated with the notion of responsibility.<sup>24; 25</sup> Furthermore, not acknowledging these factors does not diminish their effects; on the contrary, allowing these paradoxes and pathologies to remain inexplicit simply creates an environment where their insidious effects can prevail more perniciously.

Through the prism of his multi-faceted view of responsibility, Harmon (1995) renders transparent three core meanings of responsibility: agency; accountability; and obligation. Compounding the contradictory forces within the notion of responsibility itself, is the 'internally paradoxical character' of each of these meaning taken separately (Harmon, 1995, p. 32). As Harmon (1995) puts it:

*Responsibility is paradoxical in the sense that it embodies opposing principles and terms, namely, subjective and objective, personal and institutional, moral agency and moral answerability (p. 70).*

Reflecting further on these notions we can see that each of these meanings comprise both an individual and a collective or institutional aspect which, then, introduces added 'elements of tension as well as confusion into the discourse on responsibility' (Harmon, 1995, p. 19). Yet, this expanded three-dimensional view of what responsibility entails is considered vital to public officials and administrators' capacity to work towards reform, and intelligently and creatively manage the competing tensions that are provoked by the 'contradictory motives and forces' that comprise organisational and political life (Harmon, 1995, p. 3).

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<sup>24</sup> These paradoxical features are not isolated to bureaucratic structures of course; they can be identified as underlying the ever-present 'struggle for and against responsibility' which 'plays out both consciously and unconsciously in our inner lives, in intimate relations with others, and in social institutions that enable and regulate public conduct' (Harmon, 1995, p. 5).

<sup>25</sup> Harmon believes that there are both positive and negative connotations to paradox as well: 'despite the fact that both the "good" ones and the "bad" ones embody the notion of opposition between polar ideas. The former are termed antinomial paradoxes, in which opposing ideas or principles are maintained in necessary and creative tension with one another – for example, freedom and responsibility, liberty and order. The latter, designated as schismogenic paradoxes, occur when one of two opposing principles is neglected in favor of the other, thus producing predictable pathologies' (1995, p. 7). As such, in reframing the schismogenic paradoxes through a process of dialogue, Harmon's ambition is to recreate them as antinomial paradoxes.

It is not Harmon's intention, nor his claim to be able, to eliminate these paradoxical factors. Instead, and like Wade's approach highlighted earlier, Harmon (1995) believes that by bringing explicit attention and critically-reflective dialogue to these features it is possible to manage and reframe the competing tensions which are evoked by these opposing facets of responsibility.<sup>26</sup> Although Harmon (1995) did not extend his critique on responsibility to circumstances when public administrators are working with mini-publics, I believe it is most apt and deserves closer attention if we are to obtain a more nuanced understanding of HPAs' roles and responsibilities at such time; I will do this in the propositions I put forward in Chapter Nine. Next in this discussion on the literature, I will introduce a particular type of responsibility of significance to my thesis: epistemic responsibility.

### ***Epistemic responsibility***

Invoking the Socratic injunction that one must know well so as to act well, Lorraine Code (1987) presents the notion of epistemic responsibility. Code (1987) maintains that knowing well is essential to the achievement of human wellbeing but if we have not 'been scrupulous in knowing' we 'cannot be scrupulous in doing' (pp. 70, 95). Indeed, the essential human characteristic of 'cognitive interdependence' carries with it concomitant 'expectations and responsibilities'; therefore, 'cognitive activity should be performed as responsibly as possible' (Code, 1987, pp. 2, 70).<sup>27</sup> Given this perspective, it is possible to appreciate why 'knowing well' is as much a 'moral as it is an epistemological matter' (Code, 1987, p.252).<sup>28</sup>

Considering the innovative nature of mini-publics in the health policy process, it is possible to appreciate how HPAs may experience uncertainties over how to incorporate such engagement techniques into their approach to policy-making. Yet, as explained earlier, a great deal of practical and theoretical insights abound, not least, in the form of the norms of democratic deliberation which can be used as practical guides to help those HPAs fulfil

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<sup>26</sup> This is enabled, Harmon (1995) believes, because dialogue creates the discursive-space for reconciling the paradoxes and pathologies of responsibility.

<sup>27</sup> One readily understandable example of what an epistemic responsibility might entail is that of a motorist, who when in his or her country of origin, drives, let's say, on the left-side of the road. When visiting another country where motorists drive on the right-side of the road, the left-side-of-the-road-driver has a responsibility to know the road-rules of the country she or he is visiting – ignorance of such rules does exonerate him or her in the event of a traffic-accident or violation (Code, 1987).

<sup>28</sup> It is important, however, not to totally conflate the two concepts, Code (1987) argues, because although knowing well is a moral matter, it is not 'just' a moral matter (p. 68; see Chapter 4: The ethics of belief for more of that discussion).

their epistemic responsibilities in these circumstances. Even those not interested in engaging deeply with the theoretical arguments surrounding democratic deliberation in the literature can, nowadays, find very accessible, practical information regarding mini-publics with a quick Internet-search.<sup>29</sup> So, if democratically-deliberative norms are not adopted, and considering the moral implications of not doing so, we must then ask: are HPAs being epistemically irresponsible in the way they operationalise mini-publics if they do not exercise their epistemic responsibilities and become familiar with any such relevant material to inform their practice?

As we move into Part Three of this thesis, where I consider the theoretical and practical implications arising from this research, I elaborate this point further by illustrating what Harmon's multi-faceted lens of responsibility brings to this research, with some other practical examples of what HPAs epistemic responsibility might entail in such circumstances. Before leaving this discussion on epistemic responsibility, however, I would like to put forward some other points of distinction required of HPAs when they operationalise mini-publics. Gaining an appreciation of the differentiations between the following concepts, not only provides opportunity for HPAs to exercise their epistemic responsibilities, doing so will also help to 'reframe' and 'reshape' their responsibilities when engaging with citizens this way. As I go on to argue, truly understanding the distinctions between traditional consultation practices and the notion of participation runs to the heart of the democratisation of health policy: the subject of the section that then follows.

### ***Understanding the difference between participation and consultation***

It is not uncommon to see the terms participation and consultation used interchangeably in government documentation reporting on the way that any given community might have been asked to comment on whatever policy matter is being considered. Yet, it is important to understand that these terms are not synonymous (Maxwell, 1998; Davies et al., 2006). Firstly, let us consider consultation practices, which have traditionally involved an organisation, external to any given community, asking members of that community to provide their 'opinions and reactions' to certain policy plans; typically, this is conducted as a 'one-off activity and controlled by the external organisation' (Baum, 2008, p. 483).

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<sup>29</sup> Take, for instance, the two deliberative techniques chosen by the HPAs examined in this thesis: a quick Internet search for 21<sup>st</sup> Century Town Hall Meeting, yields 933,000 results; and World Café yields 258,000,000 results. Of course, not all that information would be of value to HPAs but it does provide many useful examples of deliberative norms guiding such practice.

Although, consultation processes certainly have their place<sup>30</sup>, in the eyes of many the term consultation has acquired a bad name because it has come to represent the adversarial and tokenistic, tick-the-box, form of engagement, used by decision-makers as they go-through-the-motions of engagement but with any such decisions predetermined. As Maxwell (1998) points-out too, the structure of consultation forums also tend to encourage angry outbursts with participants quite rigidly defending the strong opinions that lead to them attending the consultation in the first place. As traditionally understood, the practice of consultation can, thus, be viewed as the antithesis of what is hoped to be achieved when citizens participate in mini-publics.

Participatory practices, on the other hand, represent a more democratic means for government decision-making bodies to engage with citizens. By no means is participation a new concept but in many ways it remains an aspirational ideal. Equally, because the term participation can be applied to a broad range of engagement activities, there can be a lack of clarity about what is implied by the term. This is reflected in the bewildering array of 'innocuous euphemisms' and 'misleading rhetoric' used to describe the notion (Arnstein, 1969, p. 216). Fundamentally, participation is a 'democratic way of getting things done' (Kefyalew, 1996, p. 208); effectively, bringing life and meaning back into modern democracies as citizens develop the capacity to overcome the constraints of their earlier 'socialisation into passive consumer roles' (Ife, 2002, p. 131).

Through such a process, participatory practices can generate enormous goodwill and trust between citizens and government decision-makers; they are about shared responsibility, power and knowledge, and not limited to any particular context (Arnstein, 1969; Pateman, 1970; Kefyalew, 1996; Baum, 2008). These reasons also help to make sense of Judith Maxwell's (1998), otherwise confounding, conclusion that citizens can be more interested in participation for its capacity to give voice to their opinions, than any ultimate policy decision-making. In fact, Maxwell (1998) has found that citizens are 'thirsting for ways to participate in policy debate'; she attributes this to the 'decline in deference for authority of any type and the loss of legitimacy of the political process' (pp. 30-1). Indeed, Contandriopoulos (2004, p. 328) argues that because public participation is fundamentally a matter of power relations, 'appeals for more participation should be understood as pleas for the transformation of existing power relations'.

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<sup>30</sup> For instance, when used to provide feedback on service-delivery (Baum, 2008).

Just like consultation, participation can be used for instrumental purposes – that is, as a means to an end. Participation, however, also has developmental connotations – that is, when used as an end in itself (Baum, 2008). Irrespective of the way that participation is used, practitioners involved in the process ought to be clear about ‘the concept of participation they are using and not claim it to be something it is not’; the parameters of any intended policy also needs to be clear to help avoid unrealistic expectations arising (Baum, 2008, pp. 479, 482).

All things considered, participatory practices contrast markedly to traditional ways that many governments have consulted with their citizens. This difference is encapsulated in the term, citizen engagement, which is being increasingly used to describe the emerging paradigm of involving community members in the planning and development of policies and services (Gregory et al., 2008; Dunston et al., 2009). And while different methods of citizen engagement can generate different outcomes (Baum, 2002; Bovaird, 2007; Kreindler, 2009), ultimately, it is believed that ‘citizen engagement is about sharing decision-making power and responsibility for decisions’ (Canadian Institutes of Health Research (CIHR), 2012, p. 1). With the increasing uptake of the term citizen engagement suggesting that the concept has well and truly transitioned into an ‘idea in good currency’ (Schön, 1971, pp.123-44).<sup>31; 32</sup>

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<sup>31</sup> I have borrowed this terminology from Schön (1971), but not the way he applied it to the ‘barely visible’ way that policy issues come to awareness and attain a powerful force (p. 123). There are similarities though with the concept of citizen engagement, in the way that Schön identified that for an idea to gain good currency - thereby, becoming powerful and in hindsight, obvious - it first must go through a field of competing forces (see Chapter 5: Government as a learning system, in particular, Section ii: The emergence of ideas in good currency).

<sup>32</sup> Citizen engagement is sometimes referred to as coproduction; these terms are not used interchangeably in this thesis.

Another way of envisaging the distinction between the terms, citizen engagement and coproduction is via the various stages of Arnstein’s Ladder of participation. If viewed through the lens of Arnstein’s typology, where consultation sits within the realm of tokenism, citizen engagement would be a few rungs higher, with coproduction higher still and well within the utmost ‘degrees of citizen power’ (Arnstein, 1969, p. 217-23). Coproduction, which has its origins in the 1960-70’s, carries some distinctly defining features which can be lost if the terms are simply transposed (Pestoff, Osborne & Brandsen, 2006; Bovaird, 2007; OECD, 2011).

Although definitions vary, the concept coproduction in relation to public administration is believed to have its genesis in Elinor Ostrom’s (1972) claim that public sector organisations depend on the community for policy implementation and service delivery as much as the community depends upon them. In later work, Ostrom (1996) defines coproduction as the ‘process through which inputs used to provide a good, or service, are contributed by individuals who are not in the same organization’ (p. 1073).

Other writers regard coproduction as a guiding principle in valuing citizens as partners and actively finding ways to unlock their ‘knowledge and contribution’ (Mayo & Moore, 2002, pp. 2-3). Ed Mayo and Henrietta Moore (2002) maintain that this type of citizen engagement in public service reform can manifest as an opportunity for democratic re-engagement and because ‘people care about public services’, coproduction becomes a medium for people to act as citizens from the most effective of motives: a ‘combination of self-interest and public concern’ (Mayo & Moore, 2002, p. 3). Coproduction is now considered to be evolving in

At this point, it is worth mentioning, too, that the term *citizen* engagement, itself, is not without contention; specifically, in the way it relates to the inherently-exclusionary, legalistic connotations of the term, citizenship. In particular, this appeals to the recognition that in our modern, pluralistic societies, some voices that need to be heard in the deliberative process, reside in groups of people who may not bear the legal-status of citizenship: for instance, asylum seekers and refugees (see Kahane, Loftson, Herriman & Hardy, 2013 for a similar view). This thesis acknowledges the validity of such concerns and the challenge of appropriating a universally accepted alternative.<sup>33, 34</sup>

Next, I will review the notion of a deliberative system, which has gained significant traction in deliberative democracy in recent years, to determine what this concept has to offer for my thesis.

### **A deliberative health system and the democratisation of health**

In part, Mansbridge (1999) conceived the notion of a deliberative system in response to her concern that citizens have been decentred in democratic theory, and when viewed in its full-spectrum, the communicative processes of a deliberative system help ‘people come to understand better what they want and need, individually as well as collectively’

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line with the overall project to deepen democracy within public sector organisations, as a ‘normative, voluntary, good that should add value to the public service production process’ (Osborne & Stokosch, 2013, p. S35); with obvious parallels and insights to be gained to enhance HPAs’ understanding of how to go about engaging citizens in mini-publics for health policy.

<sup>33</sup> Indeed, a deliberative means of engaging with the public to determine an alternative, agreeable term would be most apt. Working within the overarching ARC Citizen Engagement Project, however, and to avoid confusion throughout this thesis, I use the term ‘citizen’ to describe those members of the public who engage in the participatory fora examined.

<sup>34</sup> In the findings of their research on the Citizens Council of NICE, in the United Kingdom, Davies, Wetherell and Barnett (2006; 2009) point to the importance of clarifying ‘the grounds on which citizens are being asked to speak’ when engaged to deliberate over policy (2009, p. 131). This claim builds on an earlier distinction made by those authors in what they refer to the ‘hyphenated’ citizen: that is, when citizens are specifically engaged for their experience as, for instance, the citizen-resident, or citizen-service user. When engaged under these circumstances, the authors argue, it is easy for the citizen to know what part of their identity or experience is relevant to the matters at hand.

Whereas, when a citizen is engaged as an ‘unhyphenated’ citizen – typically, by a central government on matters less immediate to the life of that citizen - it is much harder for that citizen to make the link between their citizen-identity and experience. This can heighten the challenges that arise for any citizen engagement activity, where, for instance, ‘the recurrent questions of representation and representativeness’ arise, and may require the citizens and their hosts to take an ‘imaginative leap’ to enter the lifeworld of the other if any ‘real dialogue is to take place’ (2006, p. 2). For further discussion on the ambiguities and tensions surrounding the notion of representativeness in public participation in health policy making see, Martin, 2008, and for more insight into why and how citizens choose to exert their citizenship in health policy deliberations, see Lehoux, Daudelin and Abelson, 2012a; 2012b.

(Mansbridge, 1999, p. 211).<sup>35</sup> This notion expands on the scope of democratic deliberation put forward by Gutmann and Thompson (1996) – who argued that deliberative practice should not be confined to government institutions or the legislature but must include such things as grassroots organisations – with Mansbridge (1999) suggesting that along with citizens’ everyday political talk, similar discussions in, for instance, the media and interest groups also form critical components of a deliberative system. And extending upon the practicalities of what such a deliberative system might entail, Parkinson (2006) proposes that ‘different legitimate roles’ might be played at different points in relevant decision-making (p. 174).<sup>36</sup>

In Jane Mansbridge’s (1999) terms a deliberative system is a broadly inclusive and multi-faceted spectrum of democratic deliberation: comprising decision-making public forums at one end and the political, everyday talk between citizens at the other. Each of these strands may be considered as more-or-less deliberative, but when a ‘deliberative system works well, it filters out and discards the worst ideas available on public matters while it picks up, adopts, and applies the best ideas’ - this can prepare the way for formal governmental decision-making (pp. 211-2).

Nowhere more can the embodiment of such ‘legitimate’ roles be found than that within a health-specific, deliberative system: specifically, in the form of the health consumer movement. So much so, that this displacement of historical, health, decision-making power comprises what some authors describe as the democratisation of health (see, for instance, Löfgren, de Leeuw & Leahy, 2011); with the gains made internationally by the health consumer movement over the last few decades viewed as contributing substantially to this process of democratisation.<sup>37</sup> With this in mind, insights drawn from the parallel democratising force of the health consumer movement have a significant contribution to

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<sup>35</sup> Parkinson builds on the notion of a deliberative system as he critiques the limits of institutional deliberative practice in relation to the United Kingdom’s health system (2006).

<sup>36</sup> Raising questions over claims to legitimacy made in relation to a mini-public’s decision-making, John Parkinson (2003, 2006) also makes a case for deliberative practice to be seen as part of a deliberative system. His concern over the legitimacy of deliberative decision-making pertains to the real-life limitations of being able to have all the ‘elements of legitimacy, democracy, and deliberation’ present in any singular process (2006, p. 175).

See Boswell, Settle & Dugdale (2014) ‘Who speaks, and in what voice? The challenge of engaging ‘the public’ in health policy decision making’, for an analysis one facet of this argument: specifically, in relation to the legitimacy of representative claims.

<sup>37</sup> See, Löfgren, de Leeuw & Leahy (2011) for an analysis of this development.

make in relation to developing a deliberative health system<sup>38</sup>, and research informing on these types of insights is a nascent area of interest in the literature.<sup>39; 40</sup>

Mini-publics hold particular appeal in the democratisation of modern health systems, because the complexity of decision-making requires a well-informed public and the opportunity to consider, discuss and debate all relevant matters before arriving at a mutually agreed decision – or, at least, one the public might be prepared to live with (Abelson et al., 2003). Indeed, with traditional policy decision-makers increasingly decentred, an ‘active, engaged citizen (rather than the passive recipient of information) is the prescription of the day’ (Abelson et al., 2003, p. 240). And although democratic deliberation can have very heavy resource demands (Reich, 1988; Joyce, Oldenburg, Lin, Eagar, Dugdale, Mutch et al., 2011), many governments now recognise the associated costs are less than the higher costs of ‘policy failure in the short term as well as loss of trust, legitimacy and policy effectiveness in the long term (OECD, 2001b, p. 20). Mini-publics are, thus, being heralded for their capacity to both quell these concerns and achieve a more effective, informed and meaningful form of engagement (Abelson et al., 2003); in other words, devoting resources to democratic deliberation is more appropriately considered as an investment, instead of a resource drain.

So far in this review of the literature, I have discussed many factors that relate to the politics and process of citizen engagement. I have put forward salient points for consideration when mini-publics are applied to health policy; this included a suggestion that what is required is a rethinking of what HPAs’ responsibilities entail when they embark on applying mini-publics. Next in this review of the literature, I will consider what a more comprehensive understanding of the notion of rationality has to offer this research. This discussion forms the basis for another cumulative argument running through this thesis in

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<sup>38</sup> For instance, although it may be an individual-level issue that provides the impetus for a person to become involved in the health consumer movement, individual health consumer representatives [if they are well supported and trained by their health consumer organisation] can transform these personal insights into system-level thinking which, then, enables them to advocate for, and advance, broader health care reform.

<sup>39</sup> Examples of what such research can be found in: Gregory, 2007; Gregory, 2008a; Gregory, 2008b; and, as mentioned above, Boswell, Settle & Dugdale, 2014.

<sup>40</sup> So, too, can developments in ICTs, including social media and internet-enabled research, be seen as another component within a deliberative system and the democratisation of health. The reliability of information thus obtained can come into question however; whereas the process of face-to-face deliberation provides citizens with the capacity to challenge the ‘trustworthiness’ of information thereby exchanged, with the ‘trustworthiness’ and reliability of information recognised as an important evaluation criterion for the quality of deliberation during deliberative mini-publics (see, for instance, Timotijevic & Raats, 2007; Edwards, P. B., Hindmarsh, Mercer, Bond & Rowland, 2008; and De Vries et al., 2011).

justification of my claim that it is important to pay greater attention to citizens' experiences of exchanging knowledge and deliberating. Specifically, the reasons why it is important to appreciate the relationship that rationality has to citizens' experiences of exchanging knowledge and deliberating on health policy soon become apparent.

### **Communicative rationality vs instrumental rationalism and objectivism**

As alluded to earlier when introducing Harmon's critique on the paradoxes and pathologies associated with the notion of responsibility, another way of understanding the competing tensions amongst the various rationalities in the health policy process is that of a big-picture view of the dominance of a certain type of 'rationality' since the time of the Enlightenment: specifically, an instrumental rationality. Harmon (1995) is not alone in his criticisms; comparable views are expressed by other authors who contend that many of the problems now faced by modern day societies are because of the dominance of instrumental rationalism and objectivism in bureaucratic, administrative and political structures, (see, for instance, Horkheimer & Adorno, 1947: 2002; Habermas, 1975, 1984, 1987, 1996; Beck, 1986:1992, 1997; Dryzek, 1990, 2000; White, 1998; Allen, 2008). For instance, Dryzek (1990) argues that subsequent to the Enlightenment, rationality has insisted on two things: firstly, effective instrumental action – with the accompanying instrumental rationality defined as the capacity to 'devise, select, and effect good means to clarified ends', with the notion of objectivism entailing the making of 'rational choices concerning theories and beliefs about matters of fact, and even about values and morals'; these 'choices' gain credibility if they align to an equally applicable and accessible set of objective standards for all individuals (pp. 3-4).

Deliberative theorists, like Habermas and Dryzek, caution against the dominance of instrumental rationalism and objectivism in modern day thinking; they even go as far as to claim that instrumental rationality is antidemocratic and can effectively repress individuals (Habermas, 1984, 1987, 1996; Dryzek, 2000, 1990). These concerns directly pertain to the way that the perceptions, culture, and meaning-making processes of our lives suffer at the hand of expert cultures; with caution also raised over the way that the expert cultures and risk-averse means of thinking within instrumental rationalism hold the monopoly in how we experience and make sense of the world.<sup>41</sup> This is evident in, for instance, how these

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<sup>41</sup> See Dryzek (1990) for an extended critique on the claims to rationality made by political institutions. Dryzek explains that his criticisms of rationality – instrumental rationality, in particular - point to democracy, not hierarchy, and that we must be unceasingly vigilant to the effects of instrumental rationality. He goes on to argue for the democratisation of expertise in politics, public policy, and political science (p. 218). Dryzek acknowledges that instrumental rationality will probably linger through time but that it deserves to be more

ways of thinking dominate within science, technology, and the law (see for instance, Beck, 1986: 1992, 1997; Dryzek, 1990, 2000; Habermas, 1984, 1987, 1996; White, 1998). To ground these comments to the engagement of citizens in health policy, an instrumental rationality would, for instance, view a mini-public as simply a means to an end, rather than considering and developing it as an end in itself, as well.<sup>42</sup>

### **The contested notion of rationality**

Yet, how are we to understand the notion of rationality in and of itself - uncoupled from its instrumental aims - and in what ways might such an understanding advance the arguments put forward in this thesis? Given the weight that the notion of rationality carries in my thesis, I will next explore these thoughts in more detail; as will be seen, rationality is not an uncontested term. Indeed, far from being able to be clearly defined in black-or-white terms, both rationality and irrationality have many graduated tonal colours which may change throughout the passage of time; as such, the terms rationality and irrationality can be applied to myriad entities (Elster, 1983).<sup>43</sup> When trying to understand the rationality of actions, Jon Elster (1983) believes that ‘causal considerations must be invoked in addition to the assumption of rationality’ (p. 2). This claim links directly into the argument that public administrators ought to develop an understanding of the context they are working within. In doing so, public administrators would not simply be working towards any predetermined objective-standard (Elster 1983)<sup>44</sup>, instead they would be enabled to determine the most responsible path to pursue with their actions (Harmon, 1995).

Another useful distinction for my thesis by Elster (1983) is in the form of his ‘thin’ and ‘broad’ theories on the notion of rationality.<sup>45</sup> Differentiated this way, a ‘thin’

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limited in the domains in which it currently occupies. Objectivism, on the other hand, needs to be eradicated, entirely (p. 9).

<sup>42</sup> This picks-up on the earlier distinctions made regarding the terms: consultation and participation.

<sup>43</sup> This is reflected in the diversity of connotations which may be applied, for instance, to rationality: these can range from ‘formal notions of efficiency and consistency to the substantive notions of autonomy or self-determination (Elster, 1983, p. 1). See Elster 1983 for elaboration on the individual and collective features of the notion of rationality.

<sup>44</sup> As Elster puts it: ‘rational action is action that stands in a certain relation to the agent’s beliefs and desires’; collectively, he refers to these as the ‘reasons’. Rationality thus requires: firstly, ‘that the reasons are reasons for the action; secondly, that the reasons do in fact cause the action for which they are reasons; and thirdly, that the reasons cause the action “in the right way”: implicit throughout is the ‘consistency requirement for the beliefs and desires themselves’ (1982, pp.2-3). However, as Elster goes on to explain: ‘Not all preference change, of course, is irrational; indeed at times it may be irrational not to change one’s preferences in the face of learning’; with the history of science demonstrating that ‘it may be rational to be wrong, yet not irrational to be right’ (Elster, 1983, pp. 8: 18).

<sup>45</sup> In turn, Elster (1983) acknowledges the similarity in his terminological-choice for the differentiation of ‘thin’ and ‘broad’ rationality to that of the Rawlsian (1971: 1999) notion of a ‘thin theory of the good’ and that

determination of rationality is all about consistency: ‘consistency within the belief system; consistency within the system of desires; and consistency between beliefs and desires on the one hand and the action for which they are reasons on the other hand’ (p. 1). It is thin because, apart from being asserted as logically consistent, this component of rationality does not examine the underlying systems of belief and desire that support the reasons for its assertion (Elster, 1983). Thin rationality is, therefore, relatively easy to account for. Whereas a broad theory of rationality needs to go beyond an exclusively formal, uni-directional consideration of consistent actions to examine the underlying consistent beliefs and desires (Elster, 1983).<sup>46; 47</sup> A broad interpretation of rationality also requires that the ‘beliefs and desires be rational in a more substantive sense’; with substantively rational beliefs considered those ‘grounded in the available evidence’ and closely aligned with the notion of judgement (Elster, 1983, pp. 1- 19).

### **Adaptive preferences**

There are two specific ways that Elster’s (1983) thin and broad theories on rationality strengthen my thesis: the first way pertains to Elster’s (1983) ‘thin’ differentiation of rationality and how it relates to certain inductive findings from this research; that discussion is carried over to Part Three of my thesis where I explain the theoretical and practical implications arising from this work. When it comes to the second way that Elster’s theorising on rationality has enriched my thesis, the broad sense of rationality come directly into play. To explain, I will first elaborate a few more details from Elster’s theory. Elster (1983) proposes that the ‘broad rationality of beliefs and desires’ should be evaluated by examining the ‘way in which they are shaped’ (p. 15); to this aim he has constructed a ‘typology of the ways in which beliefs and desires can be distorted and perverted’ (p. 16). Elster’s entire typology is not directly relevant; but the ways in which our broad rationality

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compared to a ‘fuller’ or more comprehensive one (pp. 347-97). For more on this Rawlsian notion, see A theory of justice (1971: 1999), in particular, Chapter VII: Goodness as rationality, for a greater explication of the intent behind both concepts.

<sup>46</sup> In other words, such analysis cannot rely on inductive determinations alone and will need to be complemented with, for instance, deductive and abductive forms of analysis; such as that done in the adaptive theory approach taken for this research project.

<sup>47</sup> This work from Elster (1982) into rationality, in *Sour grapes – Utilitarianism and the genesis of wants*, was driven by his overarching concern that individual want satisfaction [for instance, in politics determined by preference aggregation] might be unjustly held as the criterion of justice and social justice, because individual wants themselves may be shaped by a process that, unwittingly, pre-empts that choice; whereby, individuals adapt their preferences and aspirations to their possibilities (p. 219). Essentially, he argues, ‘ethics needs history’ (p. 238). Others, too, share Elster’s concerns about limits of utilitarianism and other social choice theories: see; for instance, Sen & Williams, 1982 and the collection of authors contained therein, and for a more recent critique, see Nussbaum, 2011.

of beliefs and desires can be ‘distorted by drives or cognitive defects’ is highly relevant (1983, p. 25).

Specifically, what is being referred to here is a process of adaptive preference formation (Elster, 1982, 1983; Sen & Williams, 1982; Nussbaum, 2011); not a purposeful process of adjustment ‘but a causal process occurring non-consciously’ and acquired through a process of ‘habituation and resignation’, whereby there is an ‘adjustment of wants to possibilities’ (Elster, 1982, pp. 25: 221). Intrinsic to this adaptive process ‘is the drive to reduce the tension or frustration that one feels in having wants that one cannot possibly satisfy’; this might otherwise be explained as the ‘containment of wants within the limits of the possible’ (Elster, 1982, pp. 25; 237-8).<sup>48</sup> Building on Elster’s theorising, Martha Nussbaum (2011) makes the added point that sometimes people learn to not even ‘form a desire’ for a particular good because the society they live within has put such ‘goods’ off-limit to people like them (p. 54); for instance, people of a certain gender, sexual preference, or ethnic background. In such circumstances, these people might even indicate a satisfaction with the status quo; ‘even though opportunities they would have enjoyed using are being denied them’ (Nussbaum, 2011, p. 54).

Adaptive preferences can be distinguished from preference change through learning and experience. Importantly, too, they cannot be unlearned or reversed simply by reversing the life circumstances that led to their development (Elster, 1982) – if, indeed, that was possible. Adaptive preferences can, however, be ‘corrected in a substantial manner’, Elster (1982) proposes, by learning more about possible alternative options through public and rational discussion. This argument makes a strong case in support of why the application of mini-publics in health policy settings must be viewed as more than simply another tool in the ‘aggregation’ of citizens’ ‘given preferences’ (Elster, 1982, pp. 221: 237). Furthermore, the capacity for democratic deliberation to generate the ‘transformation’ of preferences when applied to matters related to health and wellbeing warrants specific attention. If for no other reason, when citizens are engaged in deliberation on health policy, should not more credibility be attached to the preferences of someone who has been given opportunity to examine the reasons for and against certain options, as opposed

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<sup>48</sup> Elster (1982) brings to life the phenomenon adaptive preferences with the Sour grape metaphor: drawn from a fable about a fox who has become deluded into thinking that the grapes - of which, he has no access to - would simply be too green and sour for his liking, if indeed he did have access to them (p. 225).

To describe ‘counteradaptive preferences’ Elster (1982) uses the metaphor of ‘forbidden fruit is sweet’ (p. 220) and the expression that the ‘grass is always greener on the other side of the fence’ (p. 225).

to that of another individual who has not been given opportunity to meaningfully consider such options?

The, above, stated capacity for democratic deliberation to correct adaptive preferences is the direct link between Elster's (1983; 1983) notion of a broad rationality and my thesis.<sup>49</sup> Indeed, with all that is known about the transformative potential inherent to democratic deliberation, the next question becomes: are citizens being done an injustice when they are not given opportunity to effectively deliberate and exchange knowledge when engaged in mini-publics on matters relating to their health and wellbeing? Yes, I argue; foremost, they are done an epistemic injustice. I will explain below.

### **Understanding epistemic injustice**

There are two types of epistemic injustice of interest to my thesis: testimonial injustice - which relates to times when someone is not given credibility in their capacity to convey knowledge; and hermeneutical injustice - which, due to a 'gap in collective interpretive resources', certain individuals in society are put at an 'unfair disadvantage' in trying to make sense of their experiences (Fricker, 2007, pp. 1, 151).<sup>50</sup> As the analogue of the distribution of other goods in society suggests, when there is a gap in shared tools for social interpretation, the cognitive disadvantage created by this unequal distribution of epistemic goods impacts more heavily on the least powerful groups in any given society (Fricker, 2007; Anderson, 2012).

Underpinning epistemic injustices is a prejudicial thinking, which can impact on our spontaneous judgements without us even being aware of its occurrence. Although people may have different understandings of what counts as prejudice, a belief counts as prejudicial if it is false and it is caused by some resistance to evidence on your part. It is as if there is something making you want to believe, for example, certain professions are more trustworthy than others, or that men are more logical than women, or whatever the

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<sup>49</sup> Although not referring to adaptive preferences, as such, John Stuart Mill (1859: 1947) also makes the point that it is possible to rectify a mistake or error in judgement by 'discussion and experience. Not by experience alone' he asserts: 'There must be discussion, to show how experience is to be interpreted' (p. 19).

<sup>50</sup> One of the most powerful ways of understanding the notion of hermeneutical injustice is by thinking of a woman who falls prey to sexual harassment in a society, before the concept of sexual harassment has been realised within that society. Compounding the injustice of this scenario is that that woman is unable to comprehend or legitimate the impact of this act upon herself; nor might she be able to articulate her experience to others (Fricker, 2007).

circumstance may be. Yet, if this occurs, a negative-identity-prejudicial stereotype is impacting on your decision-making (Fricker, 2007).<sup>51</sup>

A negative-identity-prejudicial stereotype may not lie within a specific individual; it may lie within a community or the culture of an organisation – the collective ‘we’ thinking. This collective thinking has even been found when the perpetrators are of the same social group that is being stereotyped. Such prejudice is in the social imagination – in the form of social stereotypes. Stereotypes can vary within different societies and to put these thoughts in context with my research, when mini-publics are applied to health policy, a negative-identity-prejudicial stereotype could undermine the credibility of any given citizen to contribute in a meaningful way if, for instance, they are dressed or speak in a manner that is associated with low social status in that society; compared to another citizen who may speak and be dressed in a way designated in that society with prestige and authority.

The virtue of epistemic justice is required to counter the impact of prejudicial, stereotypical thinking - both testimonial and hermeneutical, if circumstances warrant (Fricker, 2007).<sup>52</sup> For instance, in relation to times when HPAs are operationalising mini-publics, the virtue of hermeneutical justice could manifest at the individual level, with a HPA not judging a citizen’s struggle to understand certain information, or to make sense of their own experiences, as a personal epistemic deficiency. Instead, that HPA would recognise a citizen’s struggle to understand certain things to be attributed to the lack of opportunity citizens have previously had in being able to deliberate and expand their thinking on relevant matters (Fricker, 2007; Anderson, 2012).<sup>53</sup>

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<sup>51</sup> This prejudicial thinking might even run counter to an individual’s beliefs. So in effect, an individual’s belief system may be in a decent place, but when they explicitly question or think critically about their own judgements, they may experience a cognitive dissonance between their belief and their spontaneous judgements.

<sup>52</sup> It is interesting to note also the similarities between Fricker’s (2007) description of the ‘social imagination’ and that of Bourdieu’s characterisation of ‘habitus’ (1991); comparisons can also be gleaned from the Habermasian notion of ‘lifeworld’ (1984; 1987, in particular, Chapter VI: Intermediate reflections: System and lifeworld). And Dryzek (2000), who describes the lifeworld as ‘where meanings are negotiated and identities constructed by individuals’; as such it is the ‘home of communicative action’ (p. 22).

<sup>53</sup> Another point to consider is that although the act of prejudicial stereo-typifying may not be pin-pointed to any particular individual, this does not mean that we are not individually responsible for our actions; on the contrary, as Anderson (2012) rightly points out, just ‘as individuals are accountable for how each acts independently’, we are similarly ‘accountable for how we act collectively’ (p. 171). This point links directly into my earlier discussion on a multi-faceted understanding of responsibility, with its inclusion of agency, obligation, and accountability.

There is a particularly, insidious type of epistemic injustice relevant to my thesis – pre-emptive testimonial injustice. Taking place in silence, this particular testimonial injustice is a consequence of certain prejudices impacting in advance of a potential exchange of knowledge, effectively, pre-empting its occurrence. These ‘purely structural operations of identity power can control whose would-be contributions become public, and whose do not’ (Fricker, 2007, pp. 130-1). As such, when certain individuals are ‘barred entry to the community of informants’ this way, it can be hard to discern from the ‘outside’ because their perspectives are ‘literally passed over in silence’, with no specific experience of it to relay (Fricker, 2007, pp. 130-1). And Elizabeth Anderson (2012) believes that this type of testimonial exclusion can become ‘structural when institutions are set up to exclude people without anyone having to decide to do so’ (p. 166).

In Chapter One, I drew attention to the common-place way that citizens and health consumers were historically not included in health policy decision-making; such practices, I suggested, could be considered epistemic injustices. In light of this discussion, we can specify further that pre-emptive testimonial injustice was deeply implicated in those exclusionary practices. Indeed, before the recent gains made by the health consumer movement, no consideration was given to what health consumers might have to offer in relevant decision-making. It was simply left to the ‘experts’. Yet, even in more democratic circumstances – such as when mini-publics are applied to health policy - pre-emptive testimonial injustice can still be problematic if and when, for instance, HPAs make decisions about the ‘right-type’ of citizens to be invited to deliberate and what they will be deliberating on. And in a deliberative setting, too, if the structure and process does not explicitly emphasise the importance of giving every citizen present the opportunity to contribute their perspectives on the subject-matter, then, certain individuals may be simply passed-over, in preference, for those considered more credible or articulate in conveying their opinions and experiences.

Another reason it is important to examine the epistemic practices when mini-publics are applied to health policy settings is that the unequal distribution of hermeneutical resources can render the most disadvantaged groups hermeneutically marginalised, in that they ‘participate unequally in the practices through which social meanings are generated’ (Fricker, 2007, p. 6). As such, this unequal participation can leave the social experiences of members of hermeneutically marginalised groups as poorly conceptualized and ill-defined – even by the members of the marginalised group itself. A hermeneutical gap, thus, prevents

people in those types of social situations ‘from making sense of an experience that is strongly in their interests to render intelligible’ (Fricker, 2007, p. 6), and when considered in light of the adaptive preferences, mentioned earlier, the potential role that democratic deliberation has to play in relation to health policy matters through the process of correcting prevailing hermeneutical injustices becomes even more prominent.

To grasp the full implications of hermeneutical injustice, when citizens deliberate on health policy, we must also recognise that the hermeneutical context of social understanding and decision making explains how: if understandings are structured in a certain way, then so are the ‘facts’ (Fricker, 2007, p.147). And while hermeneutical injustice is not perpetrated through transactional processes between individuals, it can be understood as happening pre-communication and is most typically evident in dialogue between individuals, as both speaker and hearer struggle with the same inadequate, interpretive ‘tools’ or resources required to achieve a certain understanding (Fricker, 2007, p.7).

Clearly, epistemic injustices can manifest at both the transactional [interpersonal] and structural level of human interaction. Unlike testimonial injustice, however, which originates at the transactional or structural level, hermeneutical injustice is always structural in nature. This implies that no specific individual is at ‘fault for not being able to understand’; irrespective of what the case might be (Fricker, 2007; Anderson, 2012, p. 166). Yet consistent with the understanding of agency-structure outlined in my introductory chapter, and the paradoxes and pathologies associated with the notion of responsibility [explained earlier in this chapter], I will go on to argue that the structural nature of hermeneutical injustice does not mean that individual actors have no responsibility for the intended and unintended consequences of their decision-making or actions when it comes to the perpetuation of relevant social structures. Indeed, this thesis will seek to establish a more expansive view of what HPAs’ responsibilities might entail in regards to the epistemic practices which ensue when mini-publics are operationalised. Critical to those responsibilities, will be HPAs’ capacity to correct epistemic injustices at the individual and structural levels: the focus of my next discussion.

### ***Correcting epistemic injustices***

To counter both transactional and structural forms of epistemic injustice, Fricker’s (2007) recommendation is for individuals to develop the virtue of epistemic justice, and I provided an example earlier of what the virtue of hermeneutical justice might look like at the

individual level when HPAs interact with citizens. Indeed, so far in this thesis, I have relied heavily on Fricker's (2007) theorising on epistemic practices. When it comes to rectifying epistemic injustices in relation to citizens deliberating on health policy, however<sup>54</sup>, Anderson (2012) and Bohman (2012) have important contributions to also consider. Specifically, these two theorists have challenged Fricker's sole emphasis on the development of the individual-level, epistemic virtues to correct epistemic injustices and her assertion that all epistemic injustices are underpinned by prejudicial stereotyping.

The counter-arguments put forward by Anderson (2012) and Bohman (2012) do not question the validity of Fricker's virtue-based, individual-level approach, but they do question its adequacy in addressing the persistent injustices that give rise to certain epistemic injustices. For this reason, Anderson (2012) and Bohman (2012) call for structural remedies to be utilised, as well as those targeted at the individual-level. For instance, Anderson's (2012) more expansive view of the causes and remedies for epistemic injustices originates with her concern that if we maintain a singular focus on the development of individual virtues, we might not reach our intended recipient/s. Moreover, such a narrowly defined target point may well distract attention from the broader structural or systemic ways that such epistemic injustices may also arise.<sup>55</sup>

It is Anderson's (2012) belief that even in the likelihood that individual-level, epistemic virtues were to become habitually embedded in critically-reflective practice, as Fricker proposes, we first need to know how to practice epistemic virtues consciously.<sup>56</sup> This is not an easy or straightforward task when we might not even know where we might have gone wrong, Anderson (2012, p. 168) points out. With the challenge of this brought into sharper distinction when considered alongside Hannah Arendt's (1958) earlier observation that one of the hardest things to do, can be to think about what it is we are doing.

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<sup>54</sup> Especially, when we consider the competing rationalities and historically, exclusive nature of the health policy process already discussed in this thesis.

<sup>55</sup> The views expressed by Anderson (2012) and Bohman (2012) have great resonance with insights already gained in one particular disciplinary strand of the cross-disciplinary approach of my thesis: public health. Indeed, the importance of incorporating a structural approach – including social processes – when working towards public health and wellbeing is now well-established (see, for instance, Baum, 2002: 2008; Wilkinson and Marmot, 2003); such insights, derived from public health, form a useful metaphor to enable thinking in terms of correcting the ills of epistemic injustice, and promoting epistemic health and wellbeing.

<sup>56</sup> Adding further weight to the concerns already expressed over the perniciousness of epistemic injustices, Anderson (2012) maintains that original structural injustices generate 'additional structural inequalities in opportunities' preventing citizens from exercising their full epistemic agency. This becomes even more concerning if we accept that structural testimonial injustices, in particular, can be more pervasive than acknowledged in Fricker's work (Anderson, 2012, p. 169).

So while agreeing with Fricker that as humans we are dependent on various markers of credibility and trustworthiness when exchanging knowledge together, Anderson (2012) disputes the claim that the inevitable conclusion from this is that all credibility judgements are intrinsically prejudicial. Some credibility assessments are a result of an absence of a 'shared reality bias' which makes it hard to give credence to people whom one cannot comprehend, despite a virtuous individual's attempt to do so (Anderson, 2012, p. 170).<sup>57</sup> This line of argument is not totally unfamiliar to Fricker (2007)<sup>58</sup> but unlike the remedies put forward by her, and drawing on the Rawlsian notion of distributive justice as a necessary virtue for social institutions, Anderson (2012) asserts that structural remedies for epistemic injustice will yield greater efficacy than simply maintaining a narrower focus on individual-level virtues.<sup>59</sup>

Taking these thoughts further, and reflecting his long-standing concerns over the pervasive and insidious impact of persistent social inequalities,<sup>60</sup> Bohman (2012) is careful to distinguish epistemic injustice as a sub-species of a more basic and extensive form of injustice: the injustice and 'harms of domination' (pp. 183-7). This is an important distinction from Fricker's (2007) account for Bohman (2012), because it broadens the scope from which we can 'diagnose' and 'offer remedies' for epistemic injustices (p. 187). Indeed, from Bohman's (2012) assessment, epistemic injustice 'entails domination with

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<sup>57</sup> Calling on earlier work from Hardin & Conley, Anderson explains, a 'shared reality bias' as the propensity within 'individuals who interact frequently to converge in their perspectives on and judgements about the world (2012, p. 169 [See, Curtis Hardin and Terri Conley. 2001. A relational approach to cognition: Shared experience and relationship affirmation in social cognition. In *Cognitive social psychology: The Princeton symposium on the legacy and future of social cognition*, edited by Gordon Moskowitz, pp. 3-17. Mahwah, New Jersey: Erlbaum, for more details on that original work]).

Anderson (2012) specifies that, although members of marginalised or otherwise disadvantaged communities 'may succeed in developing coherent accounts of their experience', due to the deeply entrenched nature of some prevailing social injustices, they may still experience hermeneutical injustice because the more advantaged are unable to understand them (p. 170).

<sup>58</sup> Indeed, even the terminology of a 'shared reality *bias*' [Anderson, 2012, p. 170 [my emphasis]] feeds into Fricker's (2007) assertion that prevailing prejudicial stereotypes within the social imagination can impact on an individual's credibility judgements even when that individual's belief systems/intentions may be in a virtuous place [this notion was discussed in the section: Understanding epistemic injustice of this chapter].

<sup>59</sup> These structural remedies, Anderson (2012) suggests, might be considered as 'virtue-based remedies for collective agents' (p. 168), and goes on to refer to the virtue of epistemic justice for institutions as 'epistemic democracy'; universal participation on terms of equality of all inquirers (2012, p. 172). For Anderson's (2012) more detailed critique on these matters, see pp. 167-172.

<sup>60</sup> The reader will recall that Bohman's (1996) capacity-based understanding of deliberative inequalities was introduced in Chapter One, in my discussion on Deliberative capacity, and in the following section on Persistent power asymmetries, further details on Bohman's theorising on deliberative inequalities are given.

respect to the denial of communicative and epistemic statuses'; with institutional remedies required 'to make such power over others structurally impossible' (p. 181).<sup>61</sup>

Although a mini-public might be viewed a structural remedy to other less-democratic forms of public consultation practices – including the historical exclusion of citizens from the health policy process - the dearth of research into citizens' experiences of exchanging knowledge and expressing their deliberative capacities when mini-publics are applied in health policy settings means that we do not know, for instance, whether the normative framework of a mini-public can withstand the competing rationalities of the health policy process so that citizens do not experience epistemic injustice at such times. So too, we might wonder what further structural/institutional remedies will be required for citizens to meaningfully contribute their socially-situated knowledge, let alone, participate on an equal-footing, in the vexed terrain of health policy settings, where valued-knowledge is so heavily predicated upon its positivist, scientific evidence-base? These are important considerations to carry through to the empirical phase of this research. Indeed, the literature is unambiguous that citizen engagement must be viewed as a form of power-sharing<sup>62</sup> and certain authors have dedicated attention to the effects of power when mini-publics are operationalised, in general. So, to sharpen the focus of my empirical lens when examining the many forms and permutations of the relationships of power which might impact on citizens, when mini-publics are applied to health policy settings, to conclude this chapter I will highlight some of the most notable arguments in relation to my thesis.

### **Persistent power asymmetries**

Some deliberative democrats claim that communicative symmetry can be created within an ideal speech situation (see, for instance, Habermas, 1984, 1987, 1996). Although promising, we must bear in mind that deliberative democracy, itself, remains but an ideal (Parkinson, 2003), and despite its normative framework, there are no established or explicit structural processes in place to support citizens or HPAs when mini-publics are applied to health policy settings. Given how little is known of what citizens actually experience at such times, the gap between the theory and practice of mini-publics appears precarious.

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<sup>61</sup> Unlike Fricker's virtue-based epistemological account of epistemic injustice, Bohman's (2012) structural remedy is epitomised in an 'epistemological form of republicanism' so that institutions, structured to function within such a framework, are altered to promote 'epistemic non-domination' (p. 187). The social significance of non-domination, as Bohman (2012) puts it, is that it 'establishes a fundamental equality among persons in which each can live in the presence of others without falling under their control' (p. 184). This republican conception of non-domination, maintains that the security from such non-domination 'would itself be a form of power' (Bohman, 2012, p. 184).

<sup>62</sup> See for instance, Gregory, Hartz-Karp & Watson, 2008; Kreindler, 2009; Dunston et al., 2009; CIHR, 2012.

Indeed, despite the theory behind mini-publics presupposing political equality, the ‘asymmetries of public capabilities and functioning’ prevalent in most public spheres, mean that the consequences of large disparities in power cannot be entirely eliminated (Bohman, 1996, pp. 110-4).<sup>63</sup> These disparities - which Bohman refers to as deliberative inequalities - make it more difficult for some people to construct their reasons into a format that is ‘publicly convincing’, as such, ‘they do not easily convert their needs and convictions into effective contributions to decisions’ (Bohman, 1996, p. 108). At the level of the individual, inequalities of power can also enter into culturally accepted deference because ‘informal norms of interruption can become unnoticed and be taken for granted in many persistent forms of asymmetrical interaction’ (Bohman, 1996, p. 119). As a consequence of these factors, deliberative practice can, inadvertently, accentuate and reinforce these pre-existing societal patterns with the perspective of the dominant group maintaining its elite position instead of realigning among the richer set of perspectives of all those concerned (Bohman, 1996).

Railing against the exclusionary tendencies of the formal deliberative process, Lynn Sanders (1997) makes a similar point when noting how, when citizens deliberate together ‘they do not leave behind the status, power, and privileges that they hold in the outside world’ (pp. 8-10). Stressing her argument further, Sanders (1997) adds:

*Prejudice and privilege do not emerge in deliberative settings as bad reasons, and they are not countered by good arguments. They are too sneaky, invisible, and pernicious for that reasonable process... even if everyone can deliberate and learn how to give reasons – some people’s ideas may still count more than others. Insidious prejudices may incline citizens to hear some arguments and not others (p. 4).<sup>64</sup>*

For Sanders (1997), equal participation warrants equality in ‘epistemological authority’ with ‘the capacity to evoke acknowledgement of one’s arguments’ imperative (p. 2).<sup>65</sup> Going on

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<sup>63</sup> Baum (2008) also makes the point that: ‘Issues of power imbalances in participatory or consultative exercises are often not taken seriously by bureaucracies, who conduct their business as though everyone were equal’ (p. 485).

<sup>64</sup> Although not directly related to mini-publics, John Stuart Mill (1859: 1947) similarly noted the ‘peculiar evil of silencing the expression of an opinion’ in society (p. 16), and, Code (1995) too has observed that the ‘rhetorical spaces that a society legitimates generate presumptions of credibility and trust that attach differentially according to how speakers and interpreters are positioned within them’ (p. 60).

<sup>65</sup> Sanders (1997) does not explicitly refer to epistemic injustices – testimonial or hermeneutical - but, I would suggest, she deeply understands it. This is particularly evident, for instance, when she questions the opportunities provided for people, who ‘routinely speak less’, to participate and be heard; while those who ‘typically dominate’ are encouraged to listen to the views of others (Sanders, 1997, p. 3). Along with her following comment on the insidiousness of prejudicial thinking: ‘Importantly’ Sanders says, ‘prejudice may be unrecognized by those citizens whose views are disregarded as well as by other citizens... avoiding it requires

to propose that democratic deliberation needs to open-up to the ‘idea of giving testimony’, Sanders remarks that the telling of one’s particular story to a broader group is a more egalitarian means of engagement because it promotes greater equity and avoids reproducing the processes of marginalisation and dominance which pervade society more broadly (Sanders, 1997, pp. 12-4). In her cutting assessment of the fundamental asymmetries that comprise all social and historical relations between people, Iris Marion Young (1996, 1997) presents a comparable argument when informing of the ‘culturally biased’ assumptions within deliberative practices have a tendency to ‘silence or devalue some people or groups’ (1996, p. 120). Hence, she urges more attention must be given to the asking of ‘questions as a way of expressing moral respect’ for others<sup>66; 67</sup>; this more inclusive vision of deliberation reframes difference to be viewed as a resource rather than an obstacle to shared understanding (Young, 1996, p. 343).<sup>68</sup> Similarly, Carol Gould (1988, 1996) maintains that within any process of democratisation, difference requires respect and acknowledgement, rather than being seen as simply ‘something to be gotten past’ (1996, p. 172).

These thoughts accord with Bohman’s (1996) plea for greater recognition to be given to a capacity-based understanding of deliberative inequalities; the central theme in his thesis is that the process of public deliberation ought to work towards correcting the asymmetries in power and knowledge within society; not leave them in place. Anderson (2012) agrees. Most evident when speaking in relation to the virtue of epistemic justice for institutions, Anderson adds that a shared inquiry ‘tends to produce a shared reality, which can help

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an ability to notice which individuals regularly have more power than others, and whose perspectives regularly dominate’ (1997, p. 4).

<sup>66</sup> These comments underlie the thrust of the theory of communicative democracy, espoused by Young, which, essentially, encompasses reciprocity and moral respect for the inherent differences between people; in that it ‘acknowledges and takes account of the other’ (1997, p. 343).

Young (1996, 1997) goes on to advocate for the inclusion of greeting, rhetoric and storytelling as valued complements, to sit alongside argument, in democratic political discussion. By encouraging the public to express ‘their situated knowledge’ in democratic discussion this way, Young (2000) maintains, will enable ‘people to transform conflict and disagreement into agreement’ (p 118).

<sup>67</sup> Expanding the notion of ‘public reason’ to include more than pure rationality has been proposed as another means of countering the exclusionary tendencies inherent to public deliberation: for instance, Jane Mansbridge (1999) advocates a ‘considered’ blend of emotion and reason (p. 213). Drawing on my experiences and observations over many years as a health practitioner, I would add that in the context of health policy deliberations, it is difficult to even imagine how emotion and reason might be decoupled from the deliberations during a mini-public in such settings.

<sup>68</sup> Described as a process of ‘speaking across difference’, Young (2000) goes on to explain how this process ‘reduces mutual ignorance about one another’s situations, or misunderstanding of one another’s values, intentions, and perceptions’; thereby, creating a communicative process in which the ‘enlarged thought necessary to come to more reasonable and fairer solutions to problems’ is enabled (p. 118).

overcome' structural epistemic injustices; specifically, 'hermeneutical injustice and its attendant testimonial injustices' (p. 171). And finally, Bohman (1996) warns that any type of communicative restriction 'can limit *how* people participate and how effective they are in the public sphere, as well as what emerges as possible solutions to problematic situations' (p. 119 [emphasis in original]).<sup>69</sup> For these reasons, he argues that public deliberation is not compatible with persistent social inequalities, and consistent with his position on epistemic injustice, Bohman (1996) insists that deliberative inequalities demand strong institutional measures to help correct them.<sup>70</sup>

### ***Concluding reflections***

It is now apparent that although there has been scant, in-depth, qualitative research dedicated to citizens' experiences of mini-publics in health policy settings, the cross-disciplinary literature has an enormous amount to offer in raising our awareness of what is important to be mindful of when the empirical phase of this research begins. With the benefit of the theoretical insights now obtained, we can understand why mini-publics are a compelling reconceptualisation of how governments have historically consulted with citizens for health policy. But we can also now appreciate some of the challenges which await citizens and HPAs when a mini-public is applied in their health policy setting.

What this will all mean for the citizens' actual experiences is still unknown, but what is clear is that the empirical work of this thesis and CELP represent a landmark opportunity to examine what really happens at the interface between the old and new world of health

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<sup>69</sup> Also scathing in his criticism of the way that in some deliberative settings 'agenda-setting power' may be 'delegated but there are no real opportunities for addition or revision' (p. 120), Bohman explains: 'Bureaucratic organizations often filter and select out issues and alternatives from the decision-making process. Rather than always promoting efficiency, they can also be a "mobilization of bias" that frames decisions in such a way as to produce a "non-decision"... If an issue or a demand has been prevented by such bias from reaching the forum of public deliberation, then the organizational structure has produced a non-decision, which eventually distorts and skews deliberation. Typically, such non-decisions filter out legitimate conflicts and challenges to the prevailing institutional structure or mode of problem solving, such as democratic challenges to bureaucratic interventions and planning' (1996, p. 120).

<sup>70</sup> Bohman (1996) adopts the term 'adequate functioning' in his determination of whether a citizen has the means to exercise their capacities for full and effective use of their political rights and liberties in deliberation, and he believes that 'political equality in deliberation can serve as a critical standard of democratic legitimacy' (pp. 111: 124). This adequate functioning is evident, for instance, when citizens have the capacity to 'successfully initiate deliberation, introduce new themes into public debate, and influence the outcome' (Bohman, 1996, p. 124). Going on to argue that 'below a threshold of access to public resources and opportunities', Bohman (1996) believes it is less likely that all citizens will develop their public capacities or have their public reasons heard and respected (p. 111).

Bohman distinguishes deliberative inequalities into three political terms: power asymmetries: affecting access to the public sphere; communicative inequalities: affecting the ability to participate and make effective use of available opportunities to deliberate in the public sphere; and political poverty [the lack of developed public capacities]: affecting the ability to participate in the public sphere at all (1996, p. 110).

policy development in Australia. Before embarking on that inquiry, my methodological approach will be explained.

## **Chapter Three: Methodological decisions**

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In this chapter, I explain the methodological approach taken for my thesis. Earlier chapters have discussed the theoretical underpinnings of this research which, amongst other things, highlighted the cross-disciplinary nature of my work. In many ways the methodological status of my research similarly reflects insights drawn from many and varied theoretical traditions and perspectives, and the task before this chapter is to describe, justify and explain the coherent flow of reasoning within the approach I have chosen (Layder, 1998; Schwartz-Shea & Yanow, 2012).

The chapter begins with a discussion on the ontological and epistemological perspectives underpinning my research; my methodology is then described. I then explain the ways in which Adaptive theory and the Theory of Social Domains have influenced my thesis. I mentioned earlier that this PhD has emerged as part of an overarching project: CELP. More details on that project are given here to explain the context from which my thesis emerged; this includes a reflection on the politics, vagaries, and opportunities which manifest alongside my work. The research framework is then established, including an elaboration on my research methods, data analysis, and the development of my case studies. The ways that metaphor analysis has enriched this empirical inquiry is also discussed.

### **Methodological perspectives**

This research has been guided by my understanding that the way we choose to conceptualise and study complex social phenomena is, ultimately, influenced by how we conceive of social reality [ontology] and what we believe we can know about it [epistemology]. It is not uncommon for such ontological and epistemological positions to remain implicitly embedded within research; yet these factors have profound implications for the manner in which we conduct our research, the types of research problems we consider and the questions we ask (Layder, 1998). At best, this lack of clarity can lead to simple misunderstandings; at worst, it can obscure 'value-laden prejudices about what

constitutes credible and valuable knowledge' (Patton, 2002, p. 70). With these points in mind, this section lays bare the philosophical foundations for my empirical approach and the findings discussed in later chapters.

Following Kuhn (1962: 2012), I work from the premise that all knowledge is socially constructed and that our individual and collective understandings come from our constructed and reconstructed realities. These realities are active processes comprised of an 'interlocking set of ideas' (Waitzkin, 1989, p. 221) which form certain cultures, traditions, ideologies and other ways of viewing the world (Kuhn, 1962: 2012; Crotty, 1998; Sarantakos, 2005). The competition for dominance amongst these ways of viewing the world is not just intellectual; power is also deeply implicated in the way that knowledge is derived. Power is found everywhere in social life, and its many forms and permutations vary depending upon whether we are dealing with individuals, social interactions, social settings, or wider social contexts (Layder, 1998; 2013; Patton, 2002). Given these understandings, I consider the constructed nature of reality as contingent, that is, not fixed and unyielding and, by extension, my constructionist perspective also conceives of the way the world 'could and can be different' (Hay, 2004, p. 147). That said, this thesis aligns with an ontologically constructionist perspective.<sup>1</sup>

Like many PhD scholars, the epistemological approach to my thesis developed as my critical thinking and reasoning progressed. Confronted with the challenge of how to explain what was 'really happening' (Dowding, 2004, p. 140) in relation to epistemic practices - in particular, hermeneutical injustice<sup>2</sup> - created a significant tension in the development of my epistemological approach and sparked a foray into several, diverse

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<sup>1</sup> Working on this thesis has provided opportunity for me to reassess some of my earlier epistemological assumptions. In part, this refinement was enabled through a process of coming to understand the distinction between the terms constructionism and constructivism. Of great assistance in unravelling the way that various authors have confusingly used these terms to imply different things, has been the work of Michael Crotty (1998) and Michael Quinn Patton (2002). Drawing on their earlier insights, my use of the term constructionism pertains to my view of the world and how such a view shapes our collective perception of it; if I was to refer to constructivism, on the other hand, it would be to denote my epistemological approach and how I might seek to determine my research participant's response or process of 'meaning-making' within their lifeworld – that is, to the exclusion of any form of objective perspective on those 'meaning-making' processes (Crotty, 1998; Patton, 2002).

<sup>2</sup> In particular, given the very nature of a hermeneutical injustice, at the time of my post-forum interviews with people who had participated in one of the mini-publics under consideration, those people might not have been aware that they might have experienced such an injustice. One pressing concern was not easy to dismiss: would I be 'objectifying' my interviewees if I was to claim that they had experienced such phenomena when they were not aware of having experienced it themselves?

epistemological territories and many different methodological approaches.<sup>3; 4</sup> The process of reflexivity, sparked by these concerns, eventuated in a decision to pursue an epistemological approach that aligns with the paradigm of critical realism.

The broad-church of approaches to realism vary (see, for instance, Bhaskar, 1975; Layder, 1990, 1993; Miles & Huberman, 1994; Dowding, 2004); not least because adhering to a realist position does not entail any particular ontological or epistemological commitments (Dowding, 2004, p. 140). Working within the realist paradigm does, however, mean that a researcher aims to apply social research methodologies and strategies designed to increase knowledge, to understand and trace the mechanisms and effects of the deeply intertwined behavioural [subjective] and systems/structural [objective] factors. This includes examining the way that these factors mutually influence each other, and involves a process of drawing upon different types of theory and evidence in a way that seeks to determine the validity of certain propositions or claims (Layder, 1993; 1998; 2006; Patton, 2002; Dowding, 2004).

Staking-out a realist epistemological approach for my research does not, necessarily, mean that I adhere to the positivist notion that ‘the facts’ lie waiting to be revealed as a purely, objectively-understood, universal truth-for-all time. Instead, a realist perspective soon presented as most consistent with my view that social life is composed of both subjective and objective elements, which can be unpredictable and are ‘constituted by the actions of meaning-conferring humans’ (Layder, 1998, p. 139; Patton, 2002). Of particular value to my inquiry into the epistemic practices that occurred during the mini-publics in question is

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<sup>3</sup> For instance, many months were consumed in attempts to understand and plan how I might apply certain methodological approaches; some of which initially appeared promising but would later not prove to be a good-fit for me, or this particular piece of research. For instance: phenomenological research methods (Husserl, 1962), specifically, heuristic phenomenology (Moustakas, 1990, 1994) - with its discovery of the ‘nature and meaning of experience’ leading to the development of ‘methods and procedures for further investigation and analysis’ (1990, p. 9) - initially appeared appropriate until I realised that my strong use of theoretical insights to guide my empirical inquiry made my attempts to ‘bracket-out’ such understandings feel inauthentic. Critical ethnography, as developed by Phil Francis Carspecken (1996) was another serious contender. Carspecken’s approach appeared particularly useful, considering the way he developed and explicated his approach to be consistent with many Habermasian notions. In fact, it was through Carspecken’s work that I came to understand some of the more elusive Habermasian constructs and this critical ethnographic approach might have reigned as my ultimate methodological choice if I had been researching in a situation where I had greater autonomy regarding the implementation of my research strategy. I will shortly explain some of the challenges that confronted my SA fieldwork and the constraints that were placed on my research in that policy jurisdiction.

<sup>4</sup> These epistemological and methodological concerns prompted me to contact Miranda Fricker in 2010, whose work I was, primarily, drawing-on in relation to epistemic practices. Her theorising in relation to hermeneutical injustice noted the challenge of empirically validating its occurrence; indeed, at that point, Miranda Fricker was not aware of any empirical work into the determination of such epistemic practices.

the way that a realist approach goes beyond the sensory limitations inherent to the human experience, in its attempts to understand the objective nature of the social relations inherent to the social systems of our lives (Layder, 2006). For instance, in relation to mini-publics, deliberative agreements are real features and outcomes; no less real, I argue in this thesis, are the epistemic practices that occur.

That said, and along with Dewey (1929: 2005), I recognise that the quest for certainty within social sciences can be an elusive project.<sup>5</sup> A realist approach has wrestled with such indeterminacy; this is evident in the realist conception of social reality as ‘not simply’ composed of actors’ meanings and subjective understandings, but that systemic/structural factors also exist and these exert considerable influence on the nature of people’s lived experiences (Layder, 1998, pp. 86-7; Dowding, 2004). Essentially, a realist approach seeks to ‘separate out the different but connected properties and effects of agency and structure’ (Layder, 1993; 1998), and contends that ‘definitive accounts of actions, practices or institutions are possible’ (Dowding, 2004, p. 142). Inherent to such a claim, however, is an important caveat: such definitive accounts can later be challenged in light of new theoretical or empirical evidence which can ‘overturn accepted beliefs’ (Dowding, 2004, p. 142).

To investigate what really happens regarding any particular phenomenon does not simply need to be about explanation, however: ‘it can aid meritorious conduct too’ (Dowding, 2004, p. 141). This point leads me to the *critical* part of my realist epistemological approach. Indeed, it is this critical edge to my realist position which will form the basis of the propositions I put forward in my final chapter. This research is thus critical in that it aims to increase awareness of injustices: specifically, epistemic injustices; it identifies and describes the nature and source of inequalities and injustice; it represents the perspectives of the less powerful; it makes visible the ways in which those with more power exercise that power; it engages with those less powerful in a respectful manner; it aims to build future deliberative capacity for HPAs and citizens; it identifies and proposes change-making strategies and approaches; it is socially-situated within contextual and historical factors; and it demonstrates consequential validity (Patton, 2002, p. 545).<sup>6</sup>

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<sup>5</sup> Indeed, in many ways it is this very same indeterminacy that gives rise to the plethora of theoretical perspectives and strategies devised in attempts to convey the reality of social phenomena.

<sup>6</sup> To be clear, also, the distinguishing features of critical research I have outlined, above, were not made by Patton, specifically, in relation to critical realism; instead these features were elaborated by Patton to help distinguish ‘alternative sets of criteria for judging the quality and credibility of qualitative inquiry’ (2002, p.

## Adaptive theory and Theory of social domains

Two closely-linked theories within the realist paradigm form an analytic framework for my research approach: Adaptive theory and the Theory of social domains (see, for instance, Layder, 1998; 2006; 2013). Adaptive Theory originated in Derek Layder's concern about the gap between general social theory and research.<sup>7</sup> Driven by a similar impetus, I have used adaptive theory to work iteratively with extant theory and other bodies of knowledge, and that of my emergent empirical findings. This process is described by Layder (1998) as a 'two-way borrowing - from general theory to empirical research and from empirical research to general theory' (p. 15). Effectively, the process comprises deductive, inductive and abductive forms of logic. Throughout the different phases of my research, this involved an ongoing process of weaving together my theoretical and empirical insights to inform each subsequent phase of work, and with the ultimate aim of generating theory that contributes to relevant, existing bodies of knowledge (Layder, 2006, 2015 [personal communication, 22 July]). This process of logical reasoning has enabled me to closely examine the agency-structure linkages running through my inquiry.

Sociological theory abounds with many and, somewhat, confusingly contradictory theoretical attempts to unravel the agency-structure conundrum. Significantly, few social theorists go on to demonstrate the empirical utility of their ideas. Layder's deeply thoughtful and prolific body of work (see, for example, 1985, 1998, 2004, 2006, 2013) positions him as one of the few notable exceptions in social-theory who has empirically-validated the resilience of his agency-structure suppositions. He then developed the Theory of Social Domains<sup>8</sup>; a highly useful construct for my exploration into the citizens' experiences, not least, because it views social reality through the filter of the four domains:

- contextual resources – this domain is viewed as the outermost encompassing feature of social reality. This domain considers matters related to the distribution

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545). Along with Patton (2002), I see critical research to be that which engages collaboratively with the research participants but this is not a feature I have been able to build into this research.

<sup>7</sup> These concerns resonate with those from C.W. Mills (1959), who was highly critical of 'abstracted empiricists' who carried out their research with the tendency to link to extant theory only after the research data was collected and 'written up', and only then to reshape it 'in an effort to surround the empirical study with "theory" and to "give it meaning", or, he more scathingly added, to "get a better story out of it". Even this, perhaps, is better than nothing. But it does often mislead the outsider who may hastily assume that this particular empirical study was selected and designed and executed in such a way as empirically to test broader conceptions or assumptions' (1959, p. 80).

<sup>8</sup> I interchangeably use the term 'The Theory of Social Domains' and 'Domain Theory', as Layder does in reference to this theory.

of material resources and the historical accumulation of cultural resources, such as knowledge, social mores and values;

- social settings – this domain mediates between subjective and objective elements of social reality and displays aggregations of reproduced social relations, positions and practice which embody systemic [structural] aspects of social life. In this thesis, the social setting domain situates the case studies within the respective, policy jurisdictions. Together, the contextual resources and social settings domains comprise the first chapter of each case study [Chapters Four and Six];
- situated activity – this domain is distinguished by the arrival and departure of people in face-to-face interactions and their social [intersubjective] exchanges. This domain has a formative influence on meaning-making - given that meaning is also created and influenced by contextual factors and psychobiography. This social domain forms the second chapter of each case study [Chapters Five and Seven] and marks the arrival and departure of deliberative-participants from their respective fora;
- psychobiography – this domain reflects an individual’s unique self-identity in the context of their life experiences and social connections. It also identifies an individual’s passage through time and space in the social world demonstrating how they have responded to the tensions of the dialectic of separateness and relatedness of all social life (Layder, 2006, pp. 272 -301). In this thesis, the psychobiographical domain is conveyed through the participant narratives, as well as the boxed-entries titled, *Participant portraits*, and *Metaphorically speaking*.

Viewing social reality through the lens of these four social domains illuminates different facets of a common social reality and provides ontological depth to an analysis by explicating objective, intersubjective and subjective features. This does not imply that phenomena can be isolated and fully-compartmentalised within any one of the four stated domains; on the contrary, these social domains are shown to be intimately interlinked and to comprise a complex and multi-dimensional whole. This more nuanced and holistic view of social reality then enables an oversight of the combined effects of the different domain power within the dialectical relationships that emerge in the various social domains (Leonard, 1984; Giddens, 1976, 1993; Layder, 2006), because it does not simply conflate all domains into the more highly contested, dualism of agency and structure (see, for instance, Giddens, 1976; 1993). Significantly, too, Domain theory neither privileges nor rejects the validity any particular social domain because ‘social activity and subjective or lived

experience are never “free” of the social settings and contextual resources which are constitutive of social system elements’ (Layder, 1998, p. 87).

I will soon provide more details on how the abovementioned theoretical and epistemological approaches have influenced my thesis; firstly, some more details are warranted on the context of my own work within CELP.

### **Thesis context**

As earlier indicated, this thesis has emerged as part of CELP. A Steering Group for CELP was formed and this comprised Chief Investigators from the academic institutions<sup>9</sup>; Policy Partners from the three participating State and Territory Health departments: ACT, SA, and Q; one health consumer representative<sup>10</sup>; and myself, as the PhD scholar. Throughout the active phase of project work on CELP, the Steering Group held monthly tele-conferences and biannual face-to-face meetings held in the various cities where CELP Steering Group members were situated.<sup>11</sup> At other times, the tele-conferences were less-frequent and the Steering Group met face-to-face, annually. Many out-of-session, smaller tele-conferences were also conducted to meet the requirements of any impending jurisdictional project planning and implementation phases, and email contact between the group was a regular component of maintaining communication amongst this widely distributed group of people. As the leading academic partner in CELP, Monash University academic partners had the coordinating role for these activities; a formidable task, it must be said, given the number of participating partners/institutions.

CELP Steering Group meetings [whether over the phone or face-to-face] were influential to keeping members abreast of developments and impediments in each jurisdiction. Working collaboratively this way harnessed the many and varied contributions each

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<sup>9</sup> The Academic institutional partners in CELP include: Monash University, The Australian National University, Curtin University, La Trobe University, University of Adelaide, University of Queensland, University of South Australia, and University of Wollongong; along with Policy partner institutional from health policy departments in the Australian Capital Territory (ACT), Queensland (Q) and South Australia (SA).

The Chief Investigators on CELP were: Professor Brian Oldenburg; Professor Vivian Lin; Associate Professor Catherine Joyce; Associate Professor Paul Dugdale; Professor Janette Hartz-Karp; Doctor Allyson Mutch; Professor Leonie Segal; Professor Kathy Eagar.

<sup>10</sup> Mitch Messer performed this role. Initially there were two consumer representatives on the Steering group but the second person was not able to maintain their role; a replacement for that person was not obtained.

<sup>11</sup> A couple of video-conferences were also trialled but with more limited success than the standard tele-conference; in particular, some of the Policy Partners had institutional constraints on their use of video-conferencing technology.

Steering Group member had to make, which collectively enabled the ‘best-fit’ to be found between the most appropriate deliberative method and policy issue, within each of the three jurisdictions.<sup>12</sup> Supported throughout by the CELP Steering Group’s deliberative system, the jurisdictional Policy Partners were responsible for the implementation of their chosen mini-public. The Chief Investigators were primarily responsible for the development of an appropriate and efficacious evaluation framework, which would be applied within each participating jurisdiction when the mini-publics were implemented. My PhD research was a running-item on the agenda of CELP Steering Group meetings. This communicative-medium became an important process in the development of my thesis, through which I was able to keep my research ideas grounded in the developments and constraints of the health policy settings. Presenting updates on the progress of my PhD research also provided opportunity for me to familiarise all members of CELP Steering Group with the concepts I was exploring for my research: raising a point to which I will soon return.

As the two case studies of this thesis will attest, the period of CELP coincided with a period of great flux within the overarching, Australian health system. It also entailed a period of political upheaval: federally and within certain Australian State/Territory Governments. In short, the impact of this broader political milieu created great uncertainty for the Policy partners and significantly constrained their capacity to make definitive decisions on the timing and appropriate policy issue to engage with their citizens in deliberations. With my PhD embedded within CELP, these delays and indecisions directly impacted on all fieldwork decisions for my thesis. For a period, it appeared that none of the jurisdictional Policy partners would be implementing their deliberative mini-public within a timeframe compatible with my PhD candidature and my PhD supervisory-panel<sup>13</sup> and I had many deliberations on alternative options available for me to complete my thesis.

As indicated in my thesis overview in Chapter One, however, what initially appeared as a great obstacle to the progress of my research ultimately proved serendipitous, creating opportunity for me to enrich my thesis with insights drawn from my participation in four

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<sup>12</sup> Effectively, the Steering Group became a crucial element of the deliberative system that surrounded CELP, as well as contributing to the context-specific, deliberative systems within each of the three participating, health policy jurisdictions. I introduced the notion of a deliberative system in Chapter Two.

<sup>13</sup> All three members on my supervisory panel were Chief investigators on CELP and thus well-aware of the contextual factors impacting on progress of my thesis.

<b>Deliberative mini-public</b>	<b>When</b>	<b>Commissioned by</b>	<b>Purpose</b>	<b>My role</b>
<b>Citizens' Jury</b>	August 2010	ACT Minister for Health	To advise the Minister on community priorities for health spending in the ACT (ACT Health, 2010)	Observer
<b>21<sup>st</sup> Century Town Hall Meeting</b>	September 2010	Metro North Health Service District, Q Health	Part of an external evaluation of the P&CHS, with a specific focus on identifying what was important to participating community members in relation to preventive and community health care at the local level (Q Health, 2010)	Table-facilitator
<b>Time to Talk Canberra 2030 Round One Workshop</b>	September 2010	ACT Government	To 'draw on community wisdom in responding to the challenge of managing Canberra's future growth' (Elton Consulting, 2010)	Citizen-participant
<b>Time to Talk Canberra 2030 Round Two Workshop</b>	October 2010	ACT Government	Building on the findings from Round One [above] the aim of this forum was to determine where and how change could happen over the next 20 years, in a way that has community support (Elton Consulting, 2010)	Table-scribe
<b>21<sup>st</sup> Century Town Hall Meeting*</b>	May 2011	SA Health	To seek community views about men's health and wellbeing (SA Health, 2011b)	Table-scribe
<b>World Café; Turning Point; Open Space*</b>	March 2012	ACT Health	To 'discuss and share ideas for improving chronic disease in the ACT' and to help develop the new ACT Chronic Disease Strategy (ACT Health, 2012)	Table-facilitator/scribe

**Table 3: 1: Overview of mini-publics attended for this thesis**

\*These mini-publics form the case studies of Chapters Four to Seven and are the only two to be part of CELP.

mini-publics, unrelated to CELP: Table 3: 1 provides specific details on where and why those forums were conducted and the role I played in each. My participation in those mini-publics was done with a view to the development of my research approach, when jurisdictional project-work for CELP began. My role in each of the activities varied, enabling a triangulated perspective on the salient features to focus on for my thesis. I will soon elaborate further on my research approach but, with SA Health the first jurisdictional Policy Partner to implement their mini-public, I will next discuss some of my experiences with the people in that policy-setting, in the lead-up to their mini-public. These experiences impacted heavily on the progress of my research; insights from which may well be a source of insight into why there has been a dearth of research conducted on citizens' experiences when mini-publics are applied in health policy settings. These experiences also shine light on certain factors which warrant further consideration, given the current push by the Federal Australian Government towards innovative research collaborations between industry/public service organisations and academia.

### **The politics of health policy research**

Working with my PhD embedded in CELP deeply immersed me into the realities of research related to the health policy process, and on many levels this thesis is testament to the challenges that researchers face when researching in the real-world. Indeed, a great deal of my decision-making, in relation to my research, was contingent upon the jurisdictional Policy Partners' decision-making. Hence, I became acutely aware of the broader and more immediate contextual factors impacting on those Policy Partners' own decision-making which, itself, was dependent upon many factors outside of their control.<sup>14</sup>

I had not experienced direct involvement with any of the SA Policy Partners before this project-work but I was well-aware of their organisation's highly-progressive background. Indeed, their decision to be the first amongst their policy-peers to implement a mini-public appeared consistent with their historically-rich, innovative practice. The moment of truth<sup>15</sup>

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<sup>14</sup> In preparedness for the implementation of CELP mini-publics, I had tentatively drafted my ethics protocol and all related documents, for instance, consent forms, participant information sheets, and my interview-schedules - so that when the opportunity arose I would be able to minimise delay and simply amend any relevant fine details before submission to the relevant ethics committees. With Monash the lead-university in CELP, it was to be submitted first. Pending approval, I was to then submit my ethics protocol to the ANU human research ethics committee.

<sup>15</sup> I borrow the term 'moment of truth' from Normann (2000) who first used the metaphor/notion to, essentially, describe an interaction that exemplifies the difference between a service-user's experience of a service delivery process to that of their expectation of the service delivery process. My use of the term here refers to the disjunction between the relevant policy administrators', and my own, expectations and experience of this interaction.

for me as a researcher, however, came during a face-to-face CELP meeting when those Policy Partners outlined their plan to implement their mini-public. It was then made clear to me that they saw no place for my research in relation to their proposed mini-public. Men's health and wellbeing was the subject-matter chosen for the SA mini-public, and the SA Policy Partners highlighted their perceived political sensitivities pertaining to their chosen subject-matter: specifically, working with disaffected men in their community. Strategies under consideration to minimise any associated risk were outlined, with my research clearly perceived as yet another risk they wanted to minimise. Ostensibly, the objection to my research at that point was that my presence at their mini-public would be intrusive; later the expressed concern was that, in their opinion, I would not be able to relate to the type of men who would be attending: that is, men who had not received tertiary education.<sup>16</sup>

Reflecting on this encounter I could imagine that my plan to research the citizens' experiences of the SA mini-public might represent a risk to the HPAs involved: my research could demonstrate certain matters which the HPAs would prefer it did not. It was possible, too, that they might have had unpleasant experiences with researchers in the past and have learnt not to trust 'outsider' researchers. The insecurities and fears that policy administrators can experience when they utilities more democratic forms of citizen engagement is now well-established (Edwards, 2001), and I could appreciate that these HPAs may have been experiencing some uncertainty and possibly fears regarding the innovative nature of their proposed mini-public.

I was, also, not naïve to the fact that my involvement with the health consumer movement may have contributed to some of the HPAs involved in CELP feeling somewhat adversarial and tentative towards me. But should such HPAs' insecurities mean that a researcher with my experiences and insights be excluded from conducting the research I was proposing? Of course, it does not. Indeed, my earlier interactions with all of the CELP members indicated that the diverse insights and lived-experiences that I carried with me into this research project were a large part of the value to be derived from my work.<sup>17</sup>

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<sup>16</sup> Although the reasoning behind such a judgement was never openly stated to me, this positive-stereotypical, prejudicial judgement – an epistemic injustice, nonetheless (Fricker, 2007) -was made, I suspect, because I am an articulate and educated, middle-aged woman. My background as a health practitioner and experience as a researcher were irrelevant to these people. The irony, too, was that at that point, I was the only member of my large, extended family to have pursued tertiary education.

<sup>17</sup> I was mindful also that as a researcher in these circumstances, I needed to be open and declare any conflicts of interest: I had done so from the outset of my involvement with CELP. Indeed, when I began work on

Like all relationships, however, when academics and HPAs from diverse backgrounds and worldviews come together, such relationships require time and effective communication for those relationships to develop. Through my regular reporting and presentations of my research to the CELP Steering Group, I had, mistakenly, believed this was occurring.<sup>18</sup> In light of the competing tensions which emerged here, more effective communicative action was evidently required; in particular, to create a common understanding of the roles and responsibilities of the people involved.

Yet, the weeks leading-up to the SA mini-public passed quickly and I was not able to ascertain whether approval would be granted by the SA Policy Partners for my research in their jurisdiction.<sup>19</sup> At this point, my PhD primary supervisor assisted my endeavours by suggesting to the SA HPAs that I could demonstrate my research capacity by conducting interviews with men who were not tertiary educated. I did, then, organise and conduct a small-scale research project [with two men in my local-area who had not experienced tertiary education] into ‘Men’s experience of the exchange of knowledge in the workplace’. While this proved to be a highly-engaging and fertile-area for future research, my demonstrated capacity to perform that research, unsurprisingly, did not elicit the determinacy required regarding my research at the SA mini-public.

What became increasingly evident during the weeks subsequent to the CELP Steering Group face-to-face meeting, where I was told by the SA Policy Partners that I could not conduct my research in their jurisdiction, was that had I not been working as a researcher with CELP, the type of research I was proposing – which put the citizens’ experiences front-and-centre – would not have progressed past that point. This then begs the question: do the oppositional-forces I was experiencing go part-way towards explaining why there is a dearth of research on citizens’ experiences of mini-publics when operationalised for health policy? Indeed, the fact that these HPAs were empowered through the formal

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CELP, I withdrew significantly from my work with the health consumer movement; a necessity of time constraints but also in an attempt to minimise any perceived conflict of interest.

Curiously, too, SA Health was not the health policy jurisdiction most familiar with me in the role of a health consumer representative; although I had done some work at the national level, it was the ACT health policy jurisdiction that was most familiar with me in the role as a health consumer representative: that moment of truth was yet to come.

<sup>18</sup> Without CELP fieldwork to report on during those earlier meetings, my presentations at that point were, primarily, theoretical insights and proposed research methodology.

<sup>19</sup> I stayed in communication, via emails, with the appropriate contact person from SA Health – not too frequently to be pesky but enough to ensure I did not disappear off-their-radar entirely.

authority of their workplace structures to veto such research, simply worked towards strengthening my commitment to the importance of this research.

Close to the final week before the SA mini-public, when it seemed that all possible reasons to exclude me from their mini-public had been exhausted, the SA HPAs granted approval for me to conduct fieldwork in their jurisdiction. I was invited to speak about my research for a few minutes during a teleconference with the SA Steering Group.<sup>20</sup> That Steering Group had been established to plan for the mini-public.<sup>21</sup> As an expression of goodwill and transparency, I had earlier emailed the SA Policy Partners a copy of my proposed research strategies and interview-questions. During the teleconference, the SA Steering Group told me to change my recruitment strategy and interview-questions. Essentially, they did not want me in a role that would provide general oversight at the mini-public, as I had intended. Instead, and with no reason given, I would be assigned to a table-group in the role of either table-facilitator or scribe. Nor did the SA Steering Group want me to directly recruit anyone to my research; instead, forum-participants were to be notified of my participation at the mini-public by the lead-facilitator; forum-participants would then have the option of self-nominating for a post-forum interview with me. While the randomness of this recruitment strategy was less than ideal for my attempt to triangulate my data-collection process, I could accept this request.

I was not, however, able to accept another of the SA Steering Group's suggestion: that I change certain words in my proposed interview-questions. One notable example was to remove the word 'deliberative'; with the point made to me that my interviewees would not understand what I was talking about. I wondered what this said about the SA Steering Group's own perception of the epistemic agency of the citizens they would be engaging with; clearly their expectations were not high. It also, later, became evident that the 'deliberative' nature of their proposed mini-public was not a feature that the SA Steering Group was planning to explicitly communicate to the citizens. I explained to the SA Steering Group members why it was critically important to the whole premise underlying my research that the word 'deliberative' [along with its definition] remain in my interview-

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<sup>20</sup> I was participating from Canberra in the ACT; the SA Steering Group was in Adelaide in SA: further details on the SA Steering Group are provided in the social setting domain of Chapter Four.

<sup>21</sup> I had tentatively, and optimistically, kept the week of the SA mini-public free in my diary and soon set-about organising a week's fieldwork in Adelaide. I wondered how a woman with children younger than my own might have managed with the uncertainty in the lead-up to this fieldwork: at least, I did not need to organise childcare for my week away.

questions so that my interviewees and I were working with a shared-understanding: my reasoning for this was accepted by the SA Steering Group and the word ‘deliberative’ remained.

Although relieved to now have some certainty about conducting my proposed research in SA, the late-timing of the SA Steering Group’s approval had direct implications on many factors; in particular, the timeframe that was then available for my ethics protocols to be revised and submitted for approval from both the Monash and ANU Research Ethics Committees. Although I had earlier developed my ethics proposals as far as was foreseeably possible, because of the abovementioned changes to my research recruitment strategy, I needed to rethink many related factors. As the lead institution in CELP, the Monash Ethics Protocol was required to be submitted first. When that submission was approved, my ANU Ethics Protocol was then able to be submitted.

Both Ethics Committees worked expeditiously, and I am very grateful to the staff in the ANU Human Research Integrity Office for their understanding, advice and assistance during this intense work period. I am particularly, indebted to the tireless patience and advice given to me by Associate Professor Catherine Joyce<sup>22</sup> regarding my component of Monash ethics application, which was fundamental to this dual-ethics application process running as smoothly as it did. As such, ethical clearance for my research was obtained from both the Monash University Human Research Ethics Committee: Project number: CF11/1141 – 2011000594; and the Australian National University Human Research Ethics Committee: Protocol number: 2011\_143.<sup>23; 24</sup> Yet, and despite these latter enabling factors, my ethics clearance was not obtained until I was already in the field for my SA research. Having now explained these contextual factors, I will return to the discussion on my research framework.

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<sup>22</sup> Associate Professor Catherine Joyce is a Chief Investigator on CELP and a co-supervisor on my PhD supervisory panel – based, at that time, at Monash University.

<sup>23</sup> This dual-ethics application process was repeated, with appropriate amendments prior to my fieldwork at the ACT mini-public. The jurisdictional Policy partners in CELP were also required to submit their own ethics applications to their respective health departmental, ethics committee prior to the implementation of their mini-public.

<sup>24</sup> My explanatory statement and consent form included a request for me to be able to use the information my interviewees might provide for future research as well – given all the same privacy requirements. All interviewees agreed to the potential future use of their data, with several remarking how pleased they were to think that their comments might be of ongoing value and use.

## **Research framework**

The inherent differences between the social, human world and the natural, physical world, means that they each require different ways of being studied (Lincoln & Guba, 1985; Dryzek, 1990; Patton, 2002; Lincoln, 2010; Layder, 2013). The challenge that then presents for all researchers is to devise a research process that ‘serves our purposes’ within the contexts we are working, and to demonstrate this in ways that render it ‘transparent and accountable’ (Crotty, 1998, p. 216; Neuman, 2000). With these points in mind, my attempt to obtain a detailed understanding of what happens when mini-publics are used in health policy settings – including in-depth insight into the forum-participants’ experiences – led me to a qualitative methodology (Carspecken, 1996; Denzin & Lincoln, 2000; Patton, 2002). Qualitative research has evolved beyond its beginnings in anthropology and sociology, and continues to be shaped by a wide array of philosophical and theoretical perspectives, making any definitive means of categorising the features of the qualitative paradigm a somewhat contested, if not, elusive, achievement (Patton, 2002). For these reasons, when we utilise qualitative research it is important to be clear about what our research has actually involved.

Accordingly, I will now explain what has constituted my research by explaining the strategic framework of decisions and actions taken in addressing my earlier mentioned research questions. The section begins with a discussion on my research methods; it then moves on to elaborate my research analysis and the approach taken in my case study development. I conclude the chapter with a discussion on the validity and substantive significance of my research.

## **Research methods**

To capture and convey the rich depth of detail I was aiming to achieve in this research I have utilised four kinds of data collection methods in a qualitative way: interviewing; metaphor analysis<sup>25</sup>; participant-observations; and document analysis. After explaining my recruitment strategy, I will address these in turn.

### ***Participant recruitment***

By the time jurisdictional planning for the CELP mini-publics began, I was familiar with the deliberative methodologies of the engagement techniques chosen by each participating

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<sup>25</sup> As its name implies, metaphor analysis is also applied in this research for purposes of analysis.

health policy setting.<sup>26</sup> With those methodologies in mind, I structured my SA recruitment strategy to facilitate triangulated perspectives on the exchange of knowledge and deliberation within that mini-public. As such, my recruitment strategy was purposive. As I explained in the earlier section on the politics of health policy research, however, that SA recruitment strategy was amended through the process of negotiating my participation at the SA mini-public. As things transpired, my SA recruitment strategy became one of convenience sampling. This involved the lead-facilitator at that mini-public notifying the citizens – several times throughout - that I was participating as a researcher and if they wished to participate in a post-forum interview with me about their experiences at the forum, they were to speak with me at some point throughout the day. For consistency, I applied the same recruitment strategy in the ACT jurisdiction.

I developed Expression of interest forms<sup>27</sup> and Participant information sheets<sup>28</sup> and provided these to the citizens when they expressed interest in participating in an interview. These interactions were a good opportunity to establish contact and some rapport with my interviewees as we discussed my research and what their interview would entail.<sup>29</sup> Ultimately, I conducted in-depth, semi-structured interviews with 18 participants from the total pool of 107 citizens at the SA mini-public: Table 3: 2 provides a list of these interviewees, with the respective roles played, and how they were recruited to that mini-public. Similar details are provided in Table 3: 3 for my ACT interviewees, of which there were 10 participants from the total pool of 43 citizens at that mini-public.

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<sup>26</sup> These insights were derived from my participation in four mini-publics, as well as what I had learnt from the literature: information on those mini-publics and the roles I played within each is given in Table 3: 1.

<sup>27</sup> These forms were structured so that forum-participants could provide their name and telephone number [with a preferred contact time] for me to follow-up during the following week and arrange their interview date and time.

<sup>28</sup> This document contained contextual information about my research and broad details on what the interview would entail [for instance, that the interview duration would be for about one hour]. They could also take these documents home to reflect on them prior to our interview.

<sup>29</sup> A third of my SA-interviewees however completed an Expression of interest form without us making contact at the mini-public. One of the SA HPAs had placed some of my Expression of interest forms on a table nearby the front-entrance to the mini-public. Some forum-participants obtained their form this way and returned it, completed, back to the table where they had first found it – that is, not to me. It was not problematic in as much as they had provided me with their contact details, but it did mean we missed that preliminary opportunity of becoming familiar with each.

Pseudonym or name <sup>1</sup>	Citizen participant	Table-scribe	Table-facilitator	Recruited via
Alan	Yes			Recruitment agency
Alex	Yes			Work colleague/friend
Barbara			Yes	Colleague/friend
Dab			Yes	Work colleague/friend
Darren	Yes			NGO
Dennis	Yes			Recruitment agency
Diarmid		Yes		Work colleague/friend
Geoff	Yes			NGO
George	Yes			NGO
Herb			Yes	Workplace: SA Health
Ian	Yes			NGO
Jack-C	Yes			NGO
John-S	Yes			Recruitment agency
Malcolm	Yes			NGO
Matt	Yes			Recruitment agency
Russell	Yes			NGO
Stephanie			Yes	NGO
Tim	Yes			Workplace

**Table 3: 2: SA interviewees**

This table lists the SA interviewees, with the respective roles played, and how they were recruited to that mini-public.

<sup>1</sup> All interviewees had the option of choosing a pseudonym

Pseudonym or name <sup>1</sup>	Citizen participant	Table-facilitator & scribe <sup>3</sup>	Observer	Deliberative-consultant	Recruited via	Deliberative pamphlet was read prior to mini-public
Anna	Yes				NGO	Yes
David	Yes				NGO	Yes
Denise	Yes				NGO	No
Emma		Yes			ACT Health	Yes
John			Yes		Researcher	Yes
Karen	Yes				NGO	Yes
Margaret	Yes				NGO	Yes
Max				Yes	ACT Health	Yes
Pat	Yes				NGO	Yes
Susan	Yes				Health practitioner	Yes

**Table 3: 3: ACT interviewees**

This table lists the ACT interviewees, with the respective roles played, how they were recruited, and whether they read the Deliberative pamphlet prior to that mini-public

<sup>1</sup> All interviewees had the option of choosing a pseudonym

## ***Interviews***

Post-forum-interviews were chosen as the most effective means of obtaining in-depth responses about the perceptions, opinions, feelings, and exchange of knowledge experienced by the citizens at the mini-publics examined (Patton, 2002). Effectively, my interviewees provided me with information and insights I would not have obtained if I was relying on my own participant-observations alone (Simons, 2009).<sup>30</sup> Skilful and sensitive research requires far more than simply asking questions though (Patton, 2002), and I was pleased to have had many years as a health practitioner working intimately with people, and my previous experiences in interviewing, to draw-on. Still, given the kerfuffle with the SA Policy Partners in the lead-up to my SA fieldwork, I did feel somewhat more nervous than I typically do before a new research project: would my interview-questions yield fruitful responses?; had the SA Policy partners been correct in their appraisal that my interviewees would not understand what I was talking about, for instance, when I used the word *deliberative* in my questions? Although there is no single right way or correct formula that is appropriate for all contexts, I found many helpful strategies and tips in the literature to hone my interviewing skills before embarking on my fieldwork (for instance, Patton, 2002; Simons, 2009). Equally, the rapport and goodwill I experienced working as scribe, at the table-group I had been allocated to at the SA mini-public, appeased most of these concerns; once the first couple of post-forum interviews were conducted, too, the capacity for my interview-questions to yield the reflective responses I was aiming to achieve, was also confirmed.<sup>31</sup>

My interviews were guided by semi-structured questions which were structured into three sections. The first section was designed with two key purposes. Firstly, I wanted to build rapport and demonstrate my interest in not only what my interviewee had to say to me, but I also wanted to know who they were, as a person. Some researchers prefer not to ask personal or demographic information at the beginning of their interview (Patton, 2002) but I found these preliminary questions helped my interviewees relax into the interview process as we became familiar with each other's communication style. These questions also helped to generate the free-flowing, descriptive type responses I was seeking to elicit, especially with the subsequent interview-questions. My second aim in this line of questioning was to

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<sup>30</sup> Special thanks go to the SA Health staff members who helped to organise appropriate rooms in their building for me to use when conducting my interviews in that jurisdiction.

<sup>31</sup> It was particularly pleasing mid-week, at the end of an interview, when that interviewee spontaneously remarked on how it didn't feel like he had just been through an interview, but that it was like we had just been having a conversation together.

create a shared understanding about what we each were implying in the use of the term ‘deliberation’. This understanding would become an important reference point for our ensuing discussion as well as giving me insight into my interviewees past experiences with deliberative practice. These two questions reaped a great deal of information, which would form the corpus of material comprising the *Participant portraits* which are used in this thesis to represent the social domain of psychobiography for that person.<sup>32</sup>

Consistent with an adaptive theory approach, initial insights derived from the literature and my preliminary empirical reflections<sup>33</sup> were used as ‘orienting concepts’ to focus the second section of my interview-schedule (Layder, 1998; 2013).<sup>34</sup> For instance, the epistemic practices that occur when mini-publics are used in health policy settings became a key, orienting concept and I used a variety of approaches in my line of questioning to tap into my interviewees’ thoughts, opinions and feelings on this matter.<sup>35</sup> For instance, one question asked about the information the interviewee had been given before, and during, the mini-public, with prompts for that question including: what that person thought about that information: was there too much or too little of it; was it too basic or too technical; did it reflect a diversity of perspectives or was it biased. Another prompt inquired if there were times when they felt more information would have assisted their deliberations and, if so, what extra information might have been useful. The different communication styles and perspectives at the forum were then addressed, including whether there was anything they felt might have constrained them, or their fellow citizens, from reasoning through a topic; if so, could they describe what happened.

My interviewees were then asked to describe any instances at the forum when they felt valued for their viewpoint and comments, with prompts such as: others verbally acknowledged their comment, others smiled and/or nodded in agreement, and whether their comments were recorded [by the table-scribe/facilitator]. They were then asked to

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<sup>32</sup> The Metaphorically speaking entries given also provide insight into some my interviewees.

<sup>33</sup> These reflections were from the four mini-publics I participated in while I was waiting for the CELP mini-publics to be implemented.

<sup>34</sup> As will be seen below, orienting concepts, in adaptive theory are also used in the analysis phase of research; Simons (2009) uses the term ‘foreshadowed issue’ for similar purposes (p. 32-3).

<sup>35</sup> Instead of directly asking my interviewees about epistemic practices, I incorporated the term ‘exchange of knowledge’ into my interview-schedule and I explained to my interviewees that I was interested in exploring what occurs within the process of exchanging knowledge. I sought to determine the accessibility of these terms by asking people in my everyday life, including my PhD colleagues. All of these people felt that the term ‘exchange of knowledge’ would be more accessible to my interviewees than directly using the term ‘epistemic practice’ in my questions.

describe any instances when they felt that their viewpoint and comments were not valued or taken seriously, with prompts such as: others shook their heads, others looked blankly or strangely at them or to each other, if they were laughed at or they felt their viewpoint was ridiculed, or if their comments were not acknowledged/ recorded or otherwise dismissed. These questions achieved the desired effect of eliciting a great deal of comment and reflection and are incorporated into my case study development.

Four of my SA interviewees were unavailable for an interview during the week I was in Adelaide but expressed strong interest in participating in an interview. These interviews were later conducted from Canberra: two were done as face-to-face interviews<sup>36</sup>; two were telephone-interviews. I had also conducted telephone interviews with two SA interviewees during my week in Adelaide. For reasons related to their mobility/transport/workplace requirements, those two people would have otherwise been unable to participate in an interview [in a suitable public place]. I accept that telephone-interviews can have their drawbacks, especially because neither party is able to pick-up on the visual-cues of the other. For instance, in a face-to-face interview it is easier to determine if, when there is a silence after you have asked a question, it means that the interviewee is simply reflecting on their response. When unable to see the interviewees face it is not as easy to determine such things.<sup>37</sup> Learning to feel comfortable in the silent-spaces of an interview – when the interview may be reflecting on their response - is an important part of developing capacity as an effective and sensitive researcher (Simons, 2009); more so when interviewing over the telephone and I have found it helpful to explicitly reinforce the value of my interviewees reflective comments, so that they feel comfortable in their silence and justified in taking their time in answering any given question. That said, where I might give a silent nod or similar form of acknowledgement during a face-to-face interview, I do offer verbal acknowledgements at those points during telephone-interviews.

After providing a general overview of how the interview would proceed and with each interviewee's consent, I recorded our conversation together.<sup>38</sup> I did not start recording however, until after each person had opportunity to read-through the interview-questions and clarify any uncertainties which might have arisen for them; a copy of the interview-

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<sup>36</sup> One of these participants lived in Canberra and the other was in Canberra for reasons related to his work/studies.

<sup>37</sup> For reasons outlined earlier, I was possibly more sensitive to this than I otherwise would have been.

<sup>38</sup> Formal consent forms were also signed after I had clarified any questions my interviewee might have had regarding my research and their participation in it.

questions was also accessible to them throughout the interview. These things had the desired effect of helping my interviewees relax, knowing where I was heading with my line of questioning. All interviewees had the option of choosing to be referred to in my thesis with a pseudonym: some did so; others wanted to be referred to by their given name.<sup>39</sup> I made it clear to all interviewees, however, that because they had participated in a public-forum I was not able to guarantee their total anonymity but no data would be used to directly identify them. I have also not given people's names in this thesis unless they performed a publicly-identifiable role: for instance, the lead-facilitators at the respective mini-publics. For similar reasons of confidentiality, I have also, at certain points throughout this thesis, used gender-neutral pronouns [for instance, 'they'], especially when the situation I am referring to involved people who did not consent to an interview with me. At times this felt awkward within the flow of my writing but it was an important compromise, especially when the situation I might be referring to involved only a small-number of people and disclosing their gender would make their identification easier still.

### ***Metaphor analysis***

As indicated earlier, in developing my research approach I was acutely mindful of sensitivities around epistemic practices. It was possible too, that some people may feel reluctant to comment directly on those experiences or, in the case of hermeneutical injustice, its occurrence might not have been immediately apparent to them. To help overcome this research-challenge, I incorporated metaphor analysis into my research approach. Metaphor analysis has proven to be a useful tool for creating shared understanding of thoughts, experiences and values (Schön, 1993; Lakoff & Johnson, 2003) and a great body of literature now exists demonstrating its efficacy and potential applications.<sup>40</sup> It is now widely accepted that metaphor is not just a characteristic of language; indeed, metaphors pervade our everyday thoughts and actions (Lakoff & Johnson, 2003). So much so that Lakoff & Johnson (2003) maintain that our metaphorical conceptual systems are fundamental to our 'everyday realities'; with such concepts structuring 'what we perceive, how we get around in the world, and how we relate to other people' (pp. 3-6).<sup>41</sup>

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<sup>39</sup> In a couple of instances, my interviewees also chose an accompanying initial [for example: Jack-C].

<sup>40</sup> See, for instance, Schön, 1983, 1993; Lakoff & Turner, 1989; Lakoff, 1993; Ortony, 1993; Lakoff & Johnson, 2003; Charteris-Black, 2004, 2005; Schmitt, 2005; Pragglejaz Group, 2007; Barry, Brescoll, Brownell & Schlesinger, 2009; Pitcher, 2012.

<sup>41</sup> More recently, metaphor has been shown to be instrumental in developing and maintaining influential ideologies by interconnecting existing notions – particularly when influencing judgements is a central discourse goal (Charteris-Black, 2004, p. 8).

This accords with Kuhn's (1977) earlier description of the use of metaphor as 'thinking from exemplars', with the process following-on from the recognition of a similarity between a past and present perception (p. 306). Expressed another way, this type of thinking can be viewed as a process of 'seeing-as' (Schön, 1983, pp. 182-7; 1993, p. 141). Indeed, with problem setting mediated by the "stories" people relay about troublesome situations (Schön, 1993, p.138), it is possible to harness this process and, thereby, create opportunity for generating 'new perceptions, explanations, and inventions' (Schön, 1983, pp.184-5).<sup>42</sup> In this way, when our values, experiences and thoughts are articulated and shared, with the use of metaphor, collective insights have been shown to be a source of great learning and organisational change management (Lakoff & Johnson, 2003; Schön, 1983; 1993).<sup>43</sup> With these purposes in mind, I incorporated metaphor analysis into my interview-questions to provide my interviewees with another avenue of expression; effectively, allowing them to extend upon their interpretative repertoires as they described their experiences of the unfamiliar process of a mini-public with metaphorical concepts that were more familiar to them (Potter, Wetherell, Gill & Edwards, 1990).

Specifically, I have used metaphor in two ways for this research. Firstly, metaphor analysis formed the basis of the final two questions of my interview-schedule.<sup>44</sup> One interview-question asked participants to think of a metaphor that described how it felt for them when they were expressing their viewpoint during the course of the forum they had attended. In the same way, the second of these two questions requested a metaphor that described how they felt when they were engaged in deliberations with others at the forum. Importantly, too, each question also requested that the interviewees explain their given metaphor, giving me opportunity to clarify any points that remained unclear.

Given that many people will not have been asked to use a metaphor this way before, and for some people speaking metaphorically on-demand might feel awkward, it can be helpful

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<sup>42</sup> I attempted to harness this potential by asking my interviewees to relay their experiences as if they were telling a story to someone about the forum they had attended. My interviewees engaged with my request and their descriptive responses, including the metaphors spontaneously given, have been important to the theory generating capacity of this research.

<sup>43</sup> I had opportunity to demonstrate how such learning might be derived from the use of metaphor in this research: these insights are featured in Section: Everyone got on their 'hobby-horse' and 'pushed their barrow', in Chapter Eight.

<sup>44</sup> Interviewees who performed the role of table-facilitators and/or scribe were asked one metaphor analysis question which, specifically, focussed on their experience of the role they played at their respective mini-public.

to provide interviewees with an example of how a metaphor could be used in such a way. It is important when doing this, however, not to provide an example directly related to the phenomenon under investigation because it may influence their decision-making. For those reasons, I gave the example of: ‘When I think of my family it feels like the sun is shining’.<sup>45</sup> All interviewees in this piece of research provided metaphors in response to these questions and these metaphors have been a source of great insight for this research.<sup>46</sup> Furthermore, seeking clarification on metaphors that appeared to contradict earlier comments from certain interviewees also provided opportunity for me to explore what otherwise may have remained an unresolved contradiction in my data. The reader will find the metaphors and explanations displayed at relevant points throughout this thesis: primarily, they are given under the headings: *Metaphorically speaking*.<sup>47</sup>

My second use of metaphor analysis began with the analysis my data. During this period, I highlighted the interviewees’ spontaneous use of metaphor throughout their transcripts: some of these ‘generative’ metaphors (Schön, 1983; 1993) went on to form emerging themes and linking concepts for my data analysis.<sup>48</sup> For instance, when some interviewees spontaneously described the deliberations they were part of as: ‘putting the pieces together’; a ‘warm-fuzzy feeling developed’; that citizens ‘expressed their heart’; and that what each was contributing was like ‘building-blocks’, or that it ‘came together’, it was evident that, at least, some of the deliberations they were part of generated knowledge and goodwill, as is intended with the use of mini-publics. When metaphors, such as: it was like ‘speed-dating’; the issues required more ‘drilling-down’ than they were able to do, it became evident that these interviewees were not given opportunity to explore the reasons underpinning some of the opinions they had heard during the mini-public. Other interviewees, too, when describing the impact it had on them when they heard the reasons which other forum-

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<sup>45</sup> This proved a useful example but I appreciate not everyone will feel that way when they think of their family – indeed, for some people it might feel like storm clouds are fast approaching – still, most people tend to get the gist of how simple a metaphor can be to convey their response.

<sup>46</sup> I first learnt of the use of metaphor analysis during an ‘Inter-university research students’ workshop held during the mid-2000s at the University of Canberra. This workshop was conducted by Professor Deborah Blackman who elaborated this point to me during subsequent personal communication on the subject. I have since used metaphor analysis in several research projects.

<sup>47</sup> In a similar vein, Stake (1995) recommends the inclusion of entries, such as vignettes in case studies, to evoke a ‘vicarious experience’ in the reader, for instance, to help the reader get more of a sense of the place, time, and people (p. 123).

<sup>48</sup> In a similar way, and in his attempts to encourage critical attention on the way that generative metaphors can help our understanding of how social problems are ‘set’ in social policy, Schön (1993) explains that when we become aware of how certain problems are, as such, ‘framed’ we can thus also see ‘conflicting frames’ (pp. 138-9).

participants gave for any opinion expressed, spontaneously described those occasions as ‘opening my eyes’, and things became ‘less black-and-white’. These types of metaphors suggest that those individuals expressed a willingness to consider other people’s opinions; in some instances, this affirmed the transformative potential of democratic deliberation.

### ***Participant-observation***

Participant-observation forms another vital component in my data collection. These are partly derived from my deep immersion in each of the mini-publics examined; with those insights complemented by my participant-observations when working as a member of the ARC Citizen Engagement Steering Group and as a member of the ACT Reference Group.<sup>49</sup> In Table 3: 1, I outline the role I played to obtain my participant-observations within each mini-public attended. These diverse perspectives enabled intimate insight into the dynamics and intensity of policy development, and the various roles played within a mini-public.

When my proposed SA recruitment strategy was thwarted,<sup>50</sup> I was initially concerned that not performing a role which would enable general oversight at the SA mini-public, the quality of my research findings might be compromised.<sup>51</sup> Yet, on the contrary: performing the role of table-scribe and/or facilitator, at each of the mini-publics, yielded far richer insights than I would have obtained had I not been so deeply immersed in those table-group dynamics. For instance, working as table-scribe at the SA mini-public enabled intimate insight into the deliberative inequalities, and other factors, which severely impeded the deliberative progress at that table-group. It was not feasible, however, working in the role of table-facilitator and/or scribe to take research notes throughout the respective mini-publics. Hence, I spent the next 24-48 hours capturing my recollections and reflections in my research journal.

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<sup>49</sup> I discuss my participant-observations further in Chapter Nine: Section: Limitations of this research, where I explain that, although I was not a member of the SA Steering Group, a member of that Steering Group did participate in an interview for this research.

<sup>50</sup> See Section: The politics of health policy research, of this Chapter, for that discussion.

<sup>51</sup> As becomes clear when we move into the SA case study, the 21<sup>st</sup> Century Town Hall Meeting methodology has a designated role for a roaming/area support-staff member. The responsibilities of this role includes being available to assist at any table-group, as required throughout the mini-public. In doing so, this role enables general oversight of the deliberative proceedings at each table-group, providing opportunity to determine the table-groups where the deliberations were proceeding well or not so well. My earlier recruitment strategy included me performing the role of a roaming/area support-staff member.

### ***Document analysis***

My fourth qualitative data collection method is document analysis. In the initial stages of my research, this was a relatively, straightforward process of reading through any information/documentation given to forum-participants before and during their mini-public, any relevant media-releases/coverage; and Strategies, Reports, and Plans relevant to the policy subject-matter in each jurisdiction. Working with these documents gave me context, enabling a more objective perspective on the immediate social-settings and phenomena I was exploring with my other data collection methods (Layder, 1998; Simons, 2009). As my research progressed, this process became a more iterative process of moving back-and-forth between those documents and my empirical data to compare-and-contrast my emergent findings. This process of document analysis developed further complexity as I progressed into the abductive phase of my research. Here the, seemingly, disparate, cross-disciplinary literature became highly influential again by helping to make sense of my overall research findings, generating the theoretical developments presented in Part Three of my thesis.

### ***Deliberative pamphlet***

Throughout the process of document analysis outlined above - specifically, during the delay between my SA fieldwork and any subsequent fieldwork related to CELP – I was able to put some of my emergent findings into practice by developing the Deliberative pamphlet. I elaborate further on what led me to develop that document in my reflections at the end of the SA case study, in Chapter Five. I will point-out here however, that in practical terms, the Deliberative pamphlet represents a tangible benefit of having applied adaptive theory for this research. Specifically, the pamphlet became a synthesis of relevant quotes/findings from my SA fieldwork, woven together with key principles and theoretical insights drawn from the literature on mini-publics.<sup>52</sup> Then, when the ACT Policy Partners decided to utilise the Deliberative pamphlet – of which they had printed and distributed to their potential forum-participants, along with the invitation to attend the ACT mini-public – I focussed my ACT empirical inquiry on determining how the information contained within Deliberative pamphlet impacted on those citizens' experiences of that mini-public.

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<sup>52</sup> Throughout the development of the pamphlet I sought feedback on its content and accessibility from my supervisory-panel, the CELP Steering Group, and a couple of deliberative practitioners I had been in contact with to sound-out my research ideas. I received strong encouragement to continue with the development of the Deliberative pamphlet and, in particular, would like to thank to Kath Fischer and Professor Lyn Carson for engaging with my ideas in relation to this matter. I also tested the accessibility of the content in the Deliberative pamphlet by trialling it with people in my everyday life [this includes people who have not experienced tertiary education] and my PhD colleagues.

There were two sections to my ACT interview-schedule; and similar to my SA interviews the first section sought to learn about my interviewee and create a shared understanding on what we each meant by the term deliberation, as well as determining any previous deliberative experiences those people might have had. The second section of my ACT interview-schedule focussed on the Deliberative pamphlet, in view of those citizens' experience the mini-public. The Deliberative pamphlet thus became a reference point for my interviewees to compare-and-contrast their experience of a mini-public operationalised for health policy. For instance, I asked for my interviewees' thoughts on the information contained within the pamphlet with prompts into whether it was helpful in any way; did it influence their decision to participate; did it help to understand what was required of them during the deliberations; if there was any extra information which might have been helpful to them in advance of the forum; and whether the deliberations those citizens experienced progressed as was suggested in the pamphlet. Interviewees were asked to provide examples to demonstrate their responses. The remainder of my ACT interview-schedule aligned with my SA interviews with, for instance, the metaphorical options to elicit these citizens' experiences of deliberating and expressing their viewpoints during the forum.

As the Deliberative pamphlet was to be sent to all potential forum-participants [and it was beyond the scope of the time and other resources available for me, as a single-researcher, to conduct interviews with all of those people], I welcomed the opportunity to triangulate my data-collection further with a question, directly relating to the Deliberative pamphlet, entered into the CELP Post-Evaluation Questionnaires.<sup>53</sup> That question asked:

*Did you read the deliberative pamphlet that was sent with your invitation to attend the event? If so, was it helpful to you in any way?*

While some interest can be found in the responses obtained for that question - which, overall, confirmed the value in providing citizens with the information contained within the Deliberative pamphlet, prior to their participation in a mini-public<sup>54</sup> - the utility of those empirical findings to my thesis were, however, limited. This was especially the case in the Q policy jurisdiction because I was not able to conduct fieldwork there and triangulate the

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<sup>53</sup> Given the context within which I was conducting my research – in which, each forum-participant was to complete a CELP pre and post-forum questionnaire and consent form – I did not believe it reasonable to give them the added task of completing a separate and more extensive questionnaire related to my empirical inquiry.

<sup>54</sup> Please see Appendix One: Responses to Deliberative pamphlet obtained from CELP questionnaires, for that information.

questionnaire-responses obtained with other empirical findings. For instance, being able to explore the reasoning behind my ACT interviewees' thoughts on the Deliberative pamphlet helped to explain certain questionnaire-responses which, otherwise, appeared ambiguous. Without the opportunity to obtain similar insights in the Q setting, I am severely limited in making any further interpretations on that data.

As a consequence, those findings do not figure highly in the claims made of my empirical data, and for this reason I do not feel justified in claiming to have taken a mixed-method approach to this research. Given a different context and a questionnaire relating directly to the information within the Deliberative pamphlet, a mixed-method approach could add value to future research.

### **Research analysis**

With all of my interviewees' consent I recorded their interviews. The interviews were transcribed, then entered into the qualitative-analysis program, NVivo<sup>55</sup>, from within which I coded my data. Consistent with the adaptive theory approach, this was an iterative process of working with theory and emerging findings; not a linear process, but one of moving back-and-forth with each phase informing and refining the next.<sup>56</sup>

The first-stage of analysis of my interview-data was done through the lens of the orienting concepts with which I had focussed on in my interview-questions. During this deductive phase, I developed coding in relation to how my interviewees' responses related to those research questions and any other pre-existing theoretical constructs I was working with at the time (Richards, 2005; Bazeley, 2007). This phase of analysis captured, for instance, the phenomena of 'epistemic practices'; the 'information provided' to the forum-participants; and the metaphorical responses I had requested. The coding process also helped to gather

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<sup>55</sup> On encouragement from my primary supervisor, I used a transcription-service for my SA interviews; a private transcribing company was employed for this purpose, whose prompt and high-quality services I had utilised in the past: this company adheres to a stringent privacy policy.

Unlike my SA interviews, I transcribed the ACT interviews directly into NVivo, from which I coded the data.

<sup>56</sup> So, although my research is firmly grounded in my empirical data, it is unlike the Grounded theory approach put forward by Glaser and Strauss (1967; see also, Strauss & Corbin, 1990) which is based on the premise that valid research findings are those which have inductively emerged; that is, not burdened with any deductively-derived theoretical concepts or 'baggage' (Layder, 1998, p. 80). There have, however, been recent advances towards a more 'constructivist' position within Grounded theory which, in moving away from the early positivist approach to Grounded theory, highlights 'the flexibility of the method and resists mechanical applications of it' (pp.12-3). This Constructivist Grounded theory approach, as put forward by Charmaz (2014), starts with the assumption that social reality is multiple, processual, and constructed...' and 'must take the researcher's position, privileges, perspective, and interactions into account as an inherent part of the research reality' (p. 13).

all relevant material together, making it readily retrievable through searches enabled by the NVivo software, allowing me to easily develop more nuanced coding as my analysis progressed beyond the initial broad categories (Richards, 2005). For instance, 'deliberative experiences' unfolded into further categories of 'building social capital', 'feeling valued', 'accessibility', 'becoming deliberative', 'being deliberative'; and 'transformative potential' opened-up the themes of 'developmental capacity', 'giving of self', 'diverse perspectives', and 'powerful perspectives'.

Clustering my interview-data into the table-groupings where my interviewees had been positioned at their respective fora helped to triangulate their perspectives. I was then able to cross-reference data provided by one interviewee with that of another person at their table-group; albeit, not as comprehensively as I had hoped to achieve with my initial recruitment strategy. Throughout the deductive phase outlined above I was also mindful to stay-open to, and make note of, any emergent inductive findings. With the deductive findings clearly defined, it became easier to identify and differentiate the emergent themes as I worked through my data again. For instance, emerging themes indicated 'participation frustrations', 'opportunity lost'; 'feeling safe' was important to many; the 'emotional nature of health deliberations' were identified, as was an 'information deficit' as these citizens spoke of the information, or lack thereof, that was provided to them. This phase of analysis involved reading through the coding and listening to the recorded-interviews, repeatedly - this process remained a constant feature throughout my analysis and subsequent writing-up of my thesis and helped to ensure that my interpretations stayed true to my data.

Due to the time-lag between my SA and ACT fieldwork, before coding my ACT data, I totally re-immersed myself in the coding I had developed for my SA data to ensure that, if I was to draw-on any of those earlier codes, it would be consistent with what that code had previously signified. Doing this took considerable time but was an important step in the reliability and validity of my overall research findings. A comparable process of data analysis, as described above in relation to my SA data analysis, then ensued with my ACT material.

With all data analysed this way and with a view to theory development, I then worked through the data to differentiate behavioural from systemic concepts. From an adaptive theory perspective, behavioural concepts refer to certain features of human behaviour and

social interaction; whereas systemic concepts are derived from within the social setting and the broader contextual factors/resources. Together, these concepts capture and convey the dialectical agency-structure relationships; with systemic and behavioural concepts complementing, and being closely intertwined within, each other (Layder, 1998; 2013). Effectively, these concepts became another way for me to bring order to the large amount of research data I had accumulated; with the point being that it would also help to identify the agency-structural factors within.

An example of how this process unfolded is with what began as a code labelled, 'deliberative constraints'; this was identified in the citizens' experiences at various points at the respective mini-publics. Many factors were isolated; some lying at the behavioural level: for instance, one interviewee noted the lack of time to 'really flesh things out' and another recognised how the lack of time and material to inform the deliberations made it feel like they were being expected to 'deliberate on the run': 'like speed-dating'. While individual differences in 'deliberative capacity' were identified by one interviewee as making this 'deliberation on the run' process seem easier for some citizens than others, systemic concepts/factors were also seen as deeply implicated. For instance, the way that the forum-questions were worded and the lack of time available for effective deliberation soon became dominant systemic concepts/themes as it became clear that these factors were the direct result of the HPAs' decision-making and expressions of agency in their social setting domains.<sup>57</sup> The validity of this systemic concept was reinforced by one of the ACT HPAs who participated in a post-forum interview with me. For instance, the brief timeframe that the ACT HPAs had allocated for the planning-phase of their mini-public was identified by this person as severely constraining to any of the deliberative features which subsequently developed. As explained by that HPA, the implementation and subsequent outputs from the ACT mini-public were to synchronise with other policy-outputs within the ACT jurisdiction; as such, many relevant planning decisions were made without the specific requirements of a mini-public upper-most in mind.

Although the agency/structural factors had become apparent working with behavioural and systemic concepts, I could not yet see a definitive pattern in my data that would prove resilient and consistent enough to lead to theory development. The process of analysis

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<sup>57</sup> As becomes apparent during the case studies of this thesis, some decision-making in the social settings of the ACT and SA policy jurisdictions was made collaboratively with their respective deliberative consultants but, overall, the HPAs maintained veto-capacity for decision-making related to the respective mini-publics.

thus continued as I looked for ‘bridging concepts’ to help me find such a pattern in my data (Layder, 1998; 2013). In adaptive theory bridging concepts depict ‘a fairly balanced, synthetic... connection between behavioural and systemic phenomena’ and represent the ‘combined effects of the objective world of “systemic” phenomena and the subjective and intersubjective world of “behavioural” phenomena’. In this sense, the validity of a bridging concept is inherent to its capacity to reference the duality of the concept (Layder, 2013, p. 124).

There are three broad types of phenomena which bridging concepts represent or upon which we may focus our attention as researchers: firstly, the agency/structure linkages as mentioned above; secondly, bridging concepts may portray the ‘fact that certain kinds of social actor or personnel occupy strategic positions of control in social life’ and that those individuals ‘holding positions of authority or influence’ in organisations and other social settings tend to be involved in relevant agency/structure situations (Layder, 1998, pp. 92-3). The decision-making power held by certain health HPA represents the most pertinent example of this bridging phenomenon in relation to this research.

The cross-disciplinary approach taken for this research also enabled me to strengthen the conceptual bridges I was building by adding highly-nuanced, theoretical insight into the examples of decision-making power examined. For instance, Edwards’ (2001) identification of the fears that policy administrators can experience when they utilise the more democratic forms of engagement connected strongly to the notion of ontological insecurity.<sup>58</sup> With the aid of Hays’ (1994) conceptualisation of the agency-structure conundrum, I was then able to link the ontological insecurity connections more firmly by demonstrating how HPAs’ decision-making, at what I refer to as critical points of tension management, can be viewed as expressions of either structurally transformative or structurally reproductive agency.

The third way a bridging concept can be used is to characterise the ‘nature of social relations that are significantly influenced by systemic features but which also express the nature of people’s involvements and their motivations’ (Layder, 1998, p. 92). Examples of this type of bridging concept appeared in the form of the notion of intentionality<sup>59</sup>;

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<sup>58</sup> See Chapter Eight for more details on these notions.

<sup>59</sup> I am using the term intentionality with its common English language meaning: as ‘the fact of being deliberate or purposive’ (Oxford Dictionaries (online), 2012).

specifically, in the intended and unintended consequences from HPAs' decision-making and communicative actions. Several of my interviewees had spoken of the 'intention' with which they perceived the HPAs to have approached their proposed mini-public, but it was not until I considered the notion of intentionality in tandem with what I had been reading in the literature – in particular, Wade's (2004) *Intentional Values Based Dialogue*<sup>60</sup> – that the potential for these concepts to be applied as bridging concepts, and to facilitate the theory generating capacity of my research became prominent. For instance, by comparing and contrasting what the relevant HPAs in both the ACT and SA jurisdictions said they would be doing with what they did do<sup>61</sup>, and how the citizens experienced those actions, I was able to interpret the ensuing consequences as either intentional or unintentional with disabling or enabling outcomes.<sup>62</sup>

Another point to be made in relation to my attempts to bridge 'behavioural and systemic phenomena' (Layder, 2013, p. 124), pertains to my use of the word 'disabling' to describe the citizens' experiences of the consequences of certain decision-making. The word 'constraining' - instead of disabling – can be, and more typically is, applied in such contexts and from certain perspectives both words connote similar meanings. I have chosen to use the word disabling, however, because it carries with it insights gained over the last few decades, through the advocacy work of the disability movement, which have illustrated how it is the structures within society which can disable people, not the individual differences and capacities inherent to certain people.<sup>63</sup> In a similar vein, the findings from this research demonstrate how the structure of a mini-public can disable or, alternatively, enable the exchange of knowledge and deliberative capacity that participating citizens

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<sup>60</sup> I first drew attention to Wade's *Intentional Values Based Dialogue* in Chapter Two, where I pointed-out that within this notion is the premise that human relationships are vital to the policy development process (Wade, 2004).

<sup>61</sup> This includes what was articulated in documentation relating to the mini-publics, including the invitations which were given to the forum-participants.

<sup>62</sup> In hindsight, these bridging concepts and their subsequent value to my theory development appeared obvious, but in reality this phase of my data analysis consumed a great deal of time and patience as I worked iteratively between my empirical data and the literature. Throughout this process I developed various matrices, tables, and mind-maps to display my data in different ways to stimulate insights that were otherwise not apparent (Miles & Huberman, 1994; Patton, 2002; Simons, 2009).

<sup>63</sup> Alternatively, a social model emphasises rights and views disability as resulting from the failure of society to adjust to different capacities that different people might live with; indeed, it is the practices and attitudes of societies/cultures which are considered as disabling (Corcoran, 1997). For instance, from the perspective of a social model of disability, people with disabilities do not need a mobility allowance; instead, society requires a transport system free of the barriers which presently disable certain people from accessing it (Burden & Hamm, 2000; Settle, 2006).

experience.<sup>64</sup> Insights gained through the bridging conceptual resources outlined above led to the pattern traced into the conceptual model shown in Chapter Eight: Figure 8: 1. The next and final phase in this process, involved applying the conceptual model as a heuristic tool to reconfigure my earlier coded data, to the various trajectories outlined in that model.<sup>65</sup> This process was analogous to a theory-testing and further theory-building phase.

## Two case studies

A qualitative case study approach has been adopted to demonstrate my research findings, foremost, because the focus of my research inquiry – citizens' *experiences* of exchanging knowledge and deliberating – 'is best understood narratively' (Arendt, 1958; Flyvbjerg, 2006, p. 240). Equally, because case study research is such an in-depth process, it provides 'opportunity' to demonstrate what others have not yet demonstrated (Stake, 1995, p. 136). Still, the case study approach is not necessarily qualitative, and it has proven highly effective and flexible in a broad range of research applications (Simons, 2009).<sup>66</sup> What they all share, however, is an in-depth study of the phenomenon of interest: that being the study of individuals, organisations, policies and program initiatives, and systems in all their particularity and complexity (Yin, 1993, 1994, 2009; Stake, 1995, 2000; Flyvbjerg, 2006; Creswell, 2007; Simons, 2009).<sup>67</sup>

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<sup>64</sup> As the case studies of this thesis attest so, too, were the relevant HPAs enabled and disabled in their decision-making and actions, regarding their mini-public, by the bureaucratic structures and other competing rationalities of the health policy process, of which they were working within.

<sup>65</sup> The 'unintentional' trajectory with 'disabling outcomes' for the citizens' experience of the exchange of knowledge and deliberative capacity as an expression of 'structurally reproductive agency' was the most dominant pattern traced. 20 codes [distributed over 57 single-line-spaced pages of data] aligned to that trajectory. The second most dominant was 'unintentional consequences with enabling outcomes' which returned 6 codes [distributed over 14 single-line-spaced pages of data]. That trajectory highlights how, given certain enabling factors – despite the predominance of disabling factors found – citizens' experiences can manifest as expressions of structurally transformative agency.

The trajectories of 'intentional' and 'unintentional consequences with 'disabling outcomes' as 'structurally transformative agency' did not attract any codes from this piece of research but it is conceivable that in other circumstances they would: for instance, when a governing body/policy administrators either purposefully or naively work towards undermining a mini-public put forward by the public. The conceptual model is discussed further in Chapter Eight, where empirical examples of the various trajectories are demonstrated.

<sup>66</sup> Increasingly, too, a mixed-method approach to case study research is growing in popularity (Flyvbjerg, 2006; Simons, 2009; Yin, 2009).

Compare, for instance, Robert Yin's (1994) historical positivist/empiricist approach [it is worth noting however that in more recent years, Yin (2009) has embraced a mixed method approach which he believes allows the researcher to 'address more complicated research questions and collect a richer and stronger array of evidence than can be accomplished by any single method alone' (p. 63)], with Robert Stake's (1995, 2000) constructivist and interpretivistic approach. There is also great diversity in the way that different constructivist and interpretivistic researchers approach case study research: for instance, depending on the context, Helen Simons (2009) may extend the approach to include documentary, poetry or dramaturgical forms of conveying the story of her case study.

<sup>67</sup> The in-depth study of the phenomenon of interest does not exclude, however, the study of multiple substudies within a single-case study (Yin, 1993). As Yin (1993) points out, developing multiple substudies

Two case studies have been developed for my thesis; each focusing on the ‘contemporary phenomenon’ of the operationalisation of a mini-public in an Australian health policy setting - that is, in a ‘real-life context’ - with the aim of capturing and understanding the ‘holistic and meaningful characteristics’ of each (Yin, 2009, pp. 2-4; Simons, 2009). SA Health and ACT Health are the policy jurisdictions examined; each being a Project Partner in CELP.<sup>68</sup> My case studies are ‘bounded’ by each jurisdiction’s involvement in CELP<sup>69</sup>, up until and including the implementation of their mini-publics (Patton, 2002; Simons, 2009). Unlike positivist research which relies upon a random assignment of cases, given the research purpose of understanding meaning-making in interpretive research, such as mine, it is not uncommon that the choice of case and access is intertwined (Schwartz-Shea & Yanow, 2012, pp. 69-70).<sup>70</sup> This was, indeed, the situation in the determination of cases for my research: given that my PhD research is situated within CELP and the novelty of mini-publics in Australian health policy settings, I recognised that I had a privileged opportunity to conduct original research by gaining insight into the machinations arising from this innovative field of inquiry.

That said, the case studies of this thesis can, nonetheless, be described as both intrinsic and instrumental. They are intrinsic in that they provide a better understanding of each case: a health policy setting in which citizens were engaged in a mini-public; and they are instrumental in that they provide context for me to address my research questions. Effectively, the case study approach provided opportunity for me to uncouple the citizens’ actual experience of deliberating in health policy settings, and compare and contrast those experiences between the two case studies and with what the literature indicates they ought to be when citizens are engaged this way; thereby gaining new theoretical insights (Yin, 1994; Blaug, 1999; Stake, 2000; Flyvbjerg, 2006).

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may be required when a ‘single topic is so diverse that multiple processes and outcomes are at work’ requiring different substudies to ‘focus on these diverse pairs of processes and outcomes’, yet when viewed as a whole the substudies are ‘still part of the same case study’ (p. 103). Indeed, it is possible to conceive of the two case studies of this thesis as substudies of the overarching CELP. Similarly, the individual profiles I have constructed of my interviewees [in particular, the Participant portraits] could also be viewed as ‘smaller cases’ of each of the two case studies of this thesis (Patton, 2002, p. 297).

<sup>68</sup> Although Q Health was also a Project Partner in CELP, they were the last of the three to implement their mini-public and, as earlier indicated, resource constraints [including the time] prevented me from doing fieldwork in that jurisdiction.

<sup>69</sup> As such, I have not embarked on an analysis of the entire Australian health system, and I have included contextual factors only when they were relevant to each case study.

<sup>70</sup> Stake (1995) clearly agrees, commenting that it is not uncommon for the ‘choice of case to be no “choice” at all’ (p. 3); often, he comments further, ‘the case is handed to us – we don’t choose it’. (p. 134).

Although case study research is regarded as one of the most common means of doing qualitative inquiry, it is also considered to be one of the most challenging ways to do social science research (Stake, 2000; Yin, 2009); not least, I would argue, because it demands that the researcher develop the art of story-telling. Case study research is not simply story-telling however; it needs to stay firmly grounded in the empirical data (Stake, 1995; Simons, 2009).<sup>71</sup> To help convey the story of my cases, I have used many ‘thick descriptions’ to help my reader feel close to the real-life situation I was studying (Geertz, 1973; House, 1980; Stake, 1995; Simons, 2009).<sup>72; 73</sup> Importantly, too, Helen Simons (2009) explains that because case studies ‘are not abstractions independent of place and context’, a reader can, thus, ‘discern which aspects of the case they can generalize to their own context and which they cannot’ (Simons, 2009, pp. 164-5).<sup>74</sup> Indeed, it is this very ‘context-dependent knowledge’ which case studies generate that gives them the capacity to elicit such powerful insights (Flyvbjerg, 2006, pp. 221-2).<sup>75</sup>

So to provide the ‘sense of “being there” for my reader I have richly described the physical situation, knowing that it is fundamental to the ‘meanings’ I want to convey (Stake (1995, p. 63)).<sup>76</sup> Yet, I have also been mindful of Geertz’s (1973, p. 9) earlier caution over the inherent tension which emerges when providing such detailed, observational data: in that it can suggest that the research being portrayed is more observational than interpretive. This tension became most pronounced in the situated activity social domain of each case study.

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<sup>71</sup> Apart from creative writing disciplines, the art of story-telling is not especially nurtured in academic writing. Yet, I agree with MacIntyre (1984) in that, essentially, human beings are ‘story-telling’ animals (pp. 214, 216) and, whilst still challenging, I have found writing-up my cases to be a deeply satisfying process.

<sup>72</sup> This, Robert Stake (1995) describes well as, providing the reader with an ‘experiential understanding’ or a ‘vicarious experience’ (Stake, 1995, pp. 37; 48; 63).

<sup>73</sup> Doing this provides the ‘closeness’ of the case study to real-life situations, and through the process of critically analysing and interpreting how people think, feel, and such descriptions are important to creating understandings and the ‘nuanced view of reality’ to be gained (Stake, 1995, p. 134; Flyvbjerg, 2006, p. 223; Simons, 2009, p. 4; Yin, 2009).

<sup>74</sup> Nonetheless, the ‘generalisability’ of case study research is something that has attracted criticism, especially from those more familiar with large-N, positivistic empirical researcher (Flyvbjerg, 2006; Simons, 2009)

<sup>75</sup> Flyvbjerg (2006) contrasts context-dependent knowledge with context-independent knowledge; the latter of which being emblematic of the limited nature of analytical rationality in eliciting anything other than a ‘beginner’s level in the learning process’; not the transformative learning required for the best results in the exercise of a profession, as student, researcher, or practitioner’ (pp. 221-2); with many parallels to be drawn, too, of the transformative learning experienced by citizens when given opportunity to hear the contextual circumstances of the lived-experiences being conveyed by their deliberative peers in a deliberative setting.

<sup>76</sup> Stake (1995) suggests that the amount of attention to context that is required in a case study will be ‘based partly on the distinction between intrinsic and instrumental purposes’: the more intrinsic a case is the ‘more attention needs to be paid to the contexts; whereas, the more a case study is instrumental, ‘certain contexts may be important’ but other contexts are of little interest to the study’ (p. 64).

In the end, Simons' (2009) analogy of the type of case study reporting I was doing, as being like that of a documentary film, helped me find a peaceful place to sit with this tension. Indeed, as the storyline of the situated activity domains developed in my writing, it did so only after I had interpreted it and 'tested-out' how well it worked in my mind as if it was a documentary film.<sup>77</sup>

Still, determining how to 'frame' my case studies took quite some time (Simons, 2009, p. 71). Because research data doesn't assemble and interpret itself (House, 2014, p. 11), it was only through an active process of physically and mentally, ordering and structuring my data that the coherence of the stories unfolded and I was able to progressively become more focussed and make sense of the cases (House, 1980; Stake, 1995; Simons, 2009). Ultimately, Layder's Theory of Social Domains was chosen as the most apt, overarching framework to structure my cases.<sup>78</sup> Within that framework, the two case studies of this thesis are compiled into two parts. The first part of each [Chapters Four and Six, respectively] contains Layder's outer social domains: contextual resources and social settings domains. These chapters encompass relevant contextual, socio-political factors. The second part of each case study [presented in Chapters Five and Seven] then features the domain of situated activity. This domain is where meaning is made (Layder, 1998, 2006, 2013), making it an appropriate site to explore in-depth the citizens' experiences.

Another important tension to be mindful of, when working with case study research, is that provoked by the paradox which can emerge with the data (Simons, 2009). Reflecting on the emerging paradox within my research – specifically, the transformative insights derived by some citizens despite all the factors which disabled their deliberations - was an iterative process, moving back-and-forth between the literature and each case, comparing and contrasting my insights and interpretations as they developed. I was thus able to discover greater nuance in my data and, ultimately, generate some novel theoretical insights. By 'living with the paradox' in my data, as Simons (2009) puts it so well, and not shying away from the 'contradictions and ambiguity' when they arose, I was able to create the more

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<sup>77</sup> That said, given all due consent, the stories that developed in the situated activity domains would be a highly suitable basis for a documentary audio and/or visual recording/film for public viewing.

<sup>78</sup> For instance, in that this would help capture and convey relevant agency-structural factors. For more information on this structure see the Section: Adaptive theory and Theory of social domains presented earlier in this chapter.

nuanced and fuller ‘understanding’ of the citizens’ experiences I was hoping to achieve (Simons, 2009, p. 167).<sup>79</sup>

### **Research validity and substantive significance**

When discussing my ontological and epistemological positions for this research, I explained that the way we view the world influences what we believe we can know about it. Different ways of knowing, in turn, influence different conceptions of the validity of knowledge thus derived: for instance, its quality, credibility and adequacy (Simons, 2009). The notion of validity first emerged with the truth-claims of quantitative research (see, for instance, Silverman, 1993: 2001, pp. 232-3) but has come to be a helpful construct in understanding the ways that qualitative research can also be judged: for instance, whether it produces valid and trustworthy knowledge. Yet, notions of validity in qualitative inquiry are diverse and it is but at a minimum that validity refers to whether or not a claim is true (House, 1980). From this standpoint, and when thinking about the validity of this research throughout its development, I have relied on a much broader construct as my benchmark: more akin to Ernest House’s (1980) description of the validity of evaluation research as resting in its ‘worthiness of being recognized’ (p. 249). Ultimately, and like the democratic processes under examination for this thesis, the principles of fairness and epistemic justice have been important criteria in establishing and maintaining the validity of my case studies and this research, as a whole (House, 1980, 2014; Simon, 2009).

On a practical level, working towards the abovementioned standards of validity, it was helpful to differentiate between the internal and external validity of my research (Kayrooz & Trevitt, 2005). For instance, the internal validity of my research is demonstrated by the alignment and consistency in the various approaches taken: that is, my research purpose, approach, design and methods. The external validity or alignment of this research is evident in the triangulation of methods chosen, which have allowed me to systematically analyse my research topic whilst taking into account multiple perspectives on the same issue or encounter (Denzin, 1970; Patton, 2002; Kayrooz & Trevitt, 2005; Layder, 2013). Along these lines too, the fact that my interviewees self-nominated to participate in this research can be seen as contributing to the validity of my researching findings; that is, these people were not targeted to represent any particular perspective other than their role as a citizen in the respective mini-publics.

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<sup>79</sup> Working as an adaptive theorist had great synergy with this reflective process; similar reciprocal benefits were derived from my earlier described quest to find suitable ‘bridging concepts’ in my data (Layder, 1998; 2013).

Subjective data are an inherent feature of qualitative case study research; the subjective nature of case study research also extends to the way that we rely ‘heavily on our previous experience and our sense of worth of things’ (Stake, 1995, p. 134).<sup>80</sup> The subjective nature of qualitative case study research can, however, attract criticism for being ‘too’ subjective and/or reflecting an inherent bias.<sup>81</sup> Whilst acknowledging that it is not possible to eliminate my own values, beliefs, preferences from the interpretations, judgements, and conclusions I make in my research (Simons, 2009), various strategies are utilised to minimise my own world view from dominating my research. For instance, utilising a cross-disciplinary approach has compelled me to remain open to many diverse perspectives/notions and allow them to influence the development of my research questions – bearing in mind that we may only find what we go looking for. As much as possible, too, I have triangulated my data collection to enable a more holistic view on the phenomenon of my inquiry, and I have maintained a strong emphasis on my interviewees’ ‘voices’ throughout.

My interviewees were also given opportunity to amend their transcripts, prior to my data-analysis phase, to ensure that the data they provided aligned as closely as possible with what they had wanted to convey (Schwartz-Shea & Yanow, 2012).<sup>82</sup> I included this option as a clause in my interviewees’ consent forms because my previous research experiences demonstrated how it can assist interviewees to more readily, relax into their interview: especially those who might be more tentative about having their comments recorded. It is true that this process extends the period between data-collection and analysis, but I consider this step to be an important, additional, element in providing opportunity for my interviewees to experience epistemic justice through the process of participating in my research. All of my interviewees welcomed this opportunity: some chose to make amendments [minor changes – mainly points of clarification]; while other participants were content to leave their transcript unamended.

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<sup>80</sup> Yet, subjective understandings provide the richness and strength to qualitative case study research and it has been important to seek out and present multiple and alternative perspectives (Stake, 1995; Simons, 2009; Yin; 2009).

<sup>81</sup> See Simons (2009, in particular pp: 88-9; 162-3) for detailed discussions of such criticisms.

<sup>82</sup> This process has resonance with what has been described as ‘member-checking’. I have not used that term for this process, however, because of the various debates over what that practice entails and represents (see, for instance, Miles and Huberman, 1994 and Schwartz-Shea and Yanow, 2012 for a comparative overview and some ethical considerations).

Mostly these transcripts were exchanged via the interviewee's personal email-address. For the interviewees who did not use computer-technology and/or the Internet, their transcripts were sent to them via registered postal-mail: this was the case for two SA interviewees. A pre-paid registered envelope was included with each transcript so that these people were able to return their amended transcript for me to incorporate their amendments. This process was repeated until each interviewee was satisfied with the content of their transcript. A penultimate version was then sent for their perusal and for them to keep for their records [if they were satisfied that it was indeed their 'final' version]. Another reply-paid satchel was provided for them to either return the transcript for further amendment, or simply to let me know they were satisfied with this as the final version. Although protracting this stage of my research even further, these were important steps to ensure that interviewees who, for whatever reason, did not use information-communication-technologies (ICTs) were not disadvantaged from the same amending-option available to those who did use ICTs.

Another way I have attempted to minimise the effects of my own perspectives, values and bias dominating this thesis has been by utilising deductive and inductive methods of analysis and reasoning. Because this piece of research sits so firmly in extant theory and my perceptions of it, for any new theory to emerge, it has been important for me to stay open to the unexpected and inductively, emergent findings (Layder, 1998; Patton, 2002; George & Bennett, 2005).<sup>83</sup> As such, my inductive findings have emerged from my participant-observations, interviews and the subsequent iterative, abductive process of critically reflecting on those empirical findings and existing bodies of knowledge (Patton, 2002). Yet, I also accept that part of the value to be derived from this piece of research comes from the insights and experiences I have obtained by virtue of the life I have led. Not least, because qualitative research is, fundamentally, an expression of '*agency*' by the research-participants and the researcher (Richards, 2005, p. 42 [emphasis in original]).

As a means of bringing this chapter and the first part of my thesis to a close I will emphasise some key points to carry through to the following empirical component of my thesis. Firstly, the qualitative and cross-disciplinary nature of this research will now be clear. This approach offers a very wide lens to explore in great detail what happens within the health policy settings under examination. With the citizens' experiences at the heart of

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<sup>83</sup> George & Bennett (2005) for instance, believe that 'theory development via case studies is primarily an inductive process' (p. 111).

my inquiry, and in line with the adaptive theoretical approach taken for this research, my inquiry will be deductively guided by the theoretical insights now obtained. Those insights are supported by my participant-observations on the mini-publics already attended.

The empirical phase of this thesis will be a dynamic process of ‘re-searching’, that is, moving to-and-fro, with these deductively derived insights and my unfolding data. All the while, remaining receptive to any new and emerging, inductive insights from what the citizens actually experience. I will then bring my empirical insights together with that garnered from the literature in the third and final part of my thesis, to achieve my overall aim of making sense of the citizens’ experiences and determining what they imply for the theory and practice of mini-publics in health policy settings.



## **Part Two: Empirical insights**

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## Introductory comments

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Having now considered what the literature has to offer in understanding citizens' experiences of deliberating and exchanging knowledge when mini-publics are applied in Australian health policy settings, this second Part of my thesis casts a critical eye over the empirical findings of my research. Before diving into those findings I will provide some preliminary comments to explain the structure of the two case studies which comprise this Part 2. Each case study spans two chapters: the SA Health case study unfolds in Chapters Four and Five; the ACT Health case study forms Chapters Six and Seven.

The first chapter of this Part, Chapter Four, extends upon the introductory anecdote given in Chapter 1 with further details of the contextual resources social domain of that SA health policy jurisdiction; the social setting domain is then given. Chapter Five then features the SA social domain of situated activity. Situated activity is the domain where meaning is made, making it the ideal site to take a close look at how citizens experience the exchange of knowledge and deliberation during a mini-public for health policy. To help make sense of the citizens' experiences of the situated activity domain, those experiences are given sequentially as the mini-public unfolds; that is, they are not given in any particular order of priority. As earlier explained, too, the fourth social domain of psychobiography, is portrayed in this thesis in the form of boxed-entries entitled, *Metaphorically speaking* and *Participant portraits*: these entries are displayed at relevant points throughout the following chapters. The ACT case study, featured in Chapters Six and Seven, has the social domains of that health policy setting structured in the same way as those of the SA case study.

I provide some interim interpretations at the end of each chapter. Those thoughts are re-examined in the third and final part of my thesis, when I bring together my empirical insights with that from the literature to provide my interpretations and overall research findings.



## Chapter Four: SA Health case study: Contextual resources and social setting

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### SA contextual resources social domain

Along with other Australian State and Territory Health Departments at the time of CELP, SA Health was endeavouring to realign their policy strategies and objectives with recommendations from the NHHRC report: *A Healthier Future for All Australians* (2009). Integral to any process of health reform, according to that NHHRC report, is an ongoing commitment to listening to the views of the Australian community, with this demonstrated in 'robust processes, which transcend the lifespan of short-term inquiries' (2009, p. 123). Yet along with ACT and Q Health, SA Health was already instantiating such a reform process through their partnership in CELP. For SA Health, in particular, being part of an innovative project, such as CELP, was also consistent with that State's historical, policy reform platforms. Especially pertinent is SA's impressive history of implementing highly progressive strategies which brought to life the WHO's Health for All and Ottawa Charter (WHO, 1981, 1986); crucial to the gains made during those earlier years of reform was the visionary leadership of that State's Health Minister (Baum, 2008).<sup>1</sup> It is interesting to note, too, that those historical health reforms can be seen as compelling examples of how striking a balance between the competing rationalities of the health policy process can lead to innovative and effective public health policy. Viewed in light of the challenges of the reform process they were currently undergoing, SA Health exhibited courage and leadership - reminiscent of their progressive past - when they stepped forward with a decision to be the first of the CELP Policy Partners to implement their mini-public.

Yet amidst the flurry and uncertainties of their broader health reform process, making progress in relation to their involvement in CELP did not appear to be a priority for these jurisdictional Policy Partners, and any related decision-making regarding when and what topic their citizens might deliberate on remained elusive. Although the democratic legitimacy of mini-publics is intricately woven into the right, ability, and opportunity that is provided for citizens to share in all relevant decision-making power, including problem

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<sup>1</sup> For instance, under the leadership of that SA Health Minister, John Cornwall, the SA Government was amongst few governments in the 1980s in Australia, or indeed the world, to establish bodies such as Health Promotion Foundations, which was funded by the redirection of taxes gained from the public-consumption of tobacco to sponsor such things as the arts (Baum, 2008).

definition (Bohman, 1996; Gutmann & Thompson, 1996; Roberts, 2004; Parkinson, 2006; Gregory et al., 2008; Kreindler, 2009; CIHR, 2012) the HPAs involved in CELP did not create opportunity for their citizens, or a representative group thereof, to be involved in any of this preliminary decision-making.<sup>2</sup> Ultimately, a decision was made by the relevant HPAs to engage with the SA citizens on the topic of men's health and wellbeing.

SA Health has a documented appreciation of the importance of working with their community to gain a 'better understanding' of what their citizens think about men's health and wellbeing (SA Health, 2007, pp. 2-4). In contradiction to those claims, however, there was, at least, one SA citizen who harboured simmering frustration over what he perceived to be his Government's inattention to the concerns of its community. The intensity of these sentiments were most prominent in the month before the proposed mini-public, when that citizen doused himself in petrol and while holding a cigarette lighter to himself, 'threatened to blow up the office' of the, then, SA Premier Mike Rann. This man claimed he was taking such desperate actions because 'he was angry that the Government was failing to listen to people' (Australian Broadcasting Commission (ABC) News, 2011).

As an outsider to the SA political context, I wondered whether the concerns expressed by this 'angry' SA citizen were unique to his personal circumstances, or whether the point he was so passionately making was shared more broadly within the SA community. If, indeed, it was a shared sentiment, what might a mini-public have to offer in such circumstances? Importantly, too, if this man's concerns were shared, but only by a few other people, how might a democratically-deliberative means of communicating with their government provide these people with an opportunity to have their voices heard and valued, when other democratic means of expression available to them had seemingly failed? SA Health's earlier decision to participate in the CELP did, at least, indicate a preparedness to find a more effective and meaningful way forward.

As planning for their mini-public progressed it became apparent that SA Health was already acutely aware that the issue of men's health and wellbeing was a highly-vexed issue

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<sup>2</sup> While the Executive Director from the Health Consumers Alliance of SA was on the SA Health Steering Group, she was not there as an unaffiliated SA citizen. In contrast to what occurred in this instance, some deliberative activities provide opportunity for participating citizens to participate in the decision-making for the planning, implementation and evaluation of democratic forms of citizen engagement. See Lenihan (2012) *Rescuing Policy: The Case For Public Engagement*, for a compelling example of how a more democratically-expansive engagement process provides opportunities for participating citizens to be involved in decision-making well beyond simply contributing opinions during a public 'forum'.

in their community. Indeed, their recognition of the contentious nature of matters related to men's health and wellbeing led the SA HPAs to initially express reluctance over having their organisational-logo associated with any promotional material regarding the proposed mini-public. Their expressed concern was that it might attract an unfavourable response from members of their community; similar to the one cited above. So what is it about the topic of men's health and wellbeing that might be so contentious? To gain insight into this matter, the section that follows considers the notions around masculinity first raised in the opening discussion of my introductory chapter in greater detail.

### ***Gender matters when it comes to health and wellbeing***

In general, Australian men achieve better health and a greater life expectancy than their peers in many other countries around the world (Department of Health and Ageing (DoHA), 2010). When looking behind this aggregated profile, however, a less desirable picture of disparities appears. For instance, certain male population groups in Australia persistently have poorer health outcomes and experience a considerably shorter life expectancy than others: this includes men from an Aboriginal and Torres Strait Islander background; men who live in circumstances of social and economic disadvantage; and those from traditionally marginalised groups in society including gay, bisexual, and transgender males, as well as men with physical and/or mental health disabilities (DoHA, 2010).<sup>3</sup>

Despite Australia now sitting at the forefront of growing international recognition of the importance of research and development in male health, there are still many conceptual obstacles to overcome. Predominantly, because the relationship that masculinity has to male health and wellbeing has been historically, poorly understood and ill-defined (Kakakios, 2001; Pease, 2002; Broom, 2005; McMahon, 2006; Karoski, 2011). Emblematic of the prevailing, inadequate understandings, is the reality that despite gender now being recognised as a key determinant of health for both males and females, sensitivity to the role that gender plays in health and wellbeing is still more commonly associated with its

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<sup>3</sup> Although the title 'Men's health and wellbeing' was used by SA Health in relation to this mini-public, throughout the discussion in this case study I use both terms: 'male health' and 'men's health'. Using the term 'male health' is consistent with a growing realisation, for instance, within the National Male Health Policy (DoHA, 2010, p. 9) that the term 'men's health' alone, can have counterproductive and confusing implications. For instance, in certain cultures, males are considered 'men' at different ages; and in relation to preventive health, for example, the precursors to many chronic ill-health conditions have their origins in many years of unsafe and unhealthy working conditions, inactivity, poor dietary habits, excessive alcohol consumption, and smoking - waiting to address these factors until a male 'becomes' a man may be too late to bring about effective change. The Health of Australia's Males report (AIHW, 2011, p. 3) makes similar acknowledgements.

relationship to women's health and wellbeing. And yet, like femininity, masculinity must be considered as a complex source of 'risks and benefits', simultaneously 'constraining and empowering' (Broom, 2005, p. 108).

The relationship that gender has to health and wellbeing first became apparent with the significant achievements made by the women's health movement during the second half of the 20<sup>th</sup> Century, and its accompanying recognition of the different ways that men and women experience, and behave in relation to, their health and wellbeing. As a direct result of these more apposite understandings on female health and wellbeing, there has been unprecedented innovation and improvement in women's health services and policies. Comparably favourable advances in relation to male health and wellbeing is, however, lagging behind by about twenty years, with men doing less favourably than women in regard to many health measures and outcomes (Griffiths, 1996; Gizzi & Monaem, 2001; Broom & Doyal, 2004; Broom, 2005; Karoski, 2011; AIHW, 2011a; AIHW, 2012b).

These inconsistencies are strikingly evident in gender-specific, Australian National Health Policies. For instance, the first National Women's Health Policy was released in 1989 (Commonwealth Department of Community Services and Health, 1989). Although a Draft National Men's Health Policy was championed in the mid-1990's - ironically, by a female Health Minister<sup>4</sup> - with a change in Federal Government and Health Ministry in 1996<sup>5</sup>, this draft policy was not considered a priority until the first National Male Health Policy was finally implemented in 2010.<sup>6; 7</sup>

The National Male Health Policy ushered in explicit recognition that unequal health outcomes between men and women will prevail until the unique needs of men within the health system are considered (DoHA, 2010, p. 7). Yet, as Karoski (2011) points out, there has been little research to determine 'best practice for the provision of health services to men, including methods of practice, the clinical environment and how information is

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<sup>4</sup> The, then, Federal Labor Health Minister, Carmen Lawrence.

<sup>5</sup> This was the election of the John Howard, Federal Coalition Party.

<sup>6</sup> That is, after a return to government of the Federal Labor Party.

<sup>7</sup> Along with the Draft National Men's Health Policy, however, funding was provided for a number of related initiatives, for instance, 'a biennial national men's health conference; the development of a men's health research agenda; and a national centre of excellence in male reproductive health' (Kakakios, 2001, p. 315). Seen in conjunction with the growing men's movement in Australia, and despite the lack of implementation of a National Male Health Policy, matters related to male health and wellbeing did not, thus, disappear entirely from view during the intervening period (Karoski, 2011).

presented to men’; overall, he maintains, this equates to a persistent ‘lack of understanding at national and state government levels about what is good practice in men’s health’ (Karoski, 2011, p. 53). Indeed, as Dorothy Broom (2005) earlier cautioned when remarking on how improvements in ‘men’s health will entail slow and careful shifts in understandings of what it means to be a man in contemporary society’:

*It is one thing to describe the way gender interacts with health and illness; it is quite another to determine how individuals, communities, and societies might respond differently (p. 107).*

To fully understand what might constitute any such different response in relation to male health and wellbeing, it is important to be cognisant of the various ways that male health has been conceived throughout the last few decades; not least, because - and again, like femininity - ‘masculine identities’ have not been ‘uniform and static’ (Karoski, 2011, p. 56). Drawing attention to the various discourses and viewpoints which have achieved salience, Karoski (2011) explains that during the 1970s and ’80s attention was narrowly placed on how men might learn to display ‘soft’ emotions: if only men would cry, ‘then everything would be all right’, it was believed (Karoski, 2011, p. 50). As the importance of evidence-based data on male health became more widely recognised and gained momentum, however, men’s health has come to be seen as more than just about their ‘feelings’ (Karoski, 2011, p. 50). Indeed, male health and wellbeing is being increasingly viewed as complex and multifactorial and, with so many key determinants of health now recognised as lying outside the health sector, collaborative partnerships in intersectoral action are considered vital for male health and wellbeing to be appropriately addressed (Butler, 1996, p. 9; Kakakios, 2001, p. 316; DoHA, 2010, p. 11).

Despite these advances, notions of power and control have maintained their tight grip on what is typically associated with masculinity in the social imagination, with associated, implicit, societal expectations continuing to reinforce the notion that “‘real men” do not feel’ or ‘fear’ (Karoski, 2011, p. 55; Broom, 2005).<sup>8</sup> Carrying the burden of these unrealistic expectations, and driven by some unexplored, masculine values, many men try to ‘prove their manhood by remaining emotionally insular, taking risks and ignoring physical and emotional pain’; ‘soldiering on’ despite the consequences, many men thus distance themselves from their personal experiences and come to see their bodies as machines: to

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<sup>8</sup> Indeed, the dichotomous relationship that certain factors have to male health and wellbeing becomes evident when we consider how a man who experiences a sense of a ‘lack of control over his life also experiences negative effects on his health’ (Kakakios, 2001, p. 316).

‘use and abuse’ to get the job done (Karoski, 2011, p. 55; see also Gizzi & Monaem, 2001, pp. 323-24). Consequently, for many men, their health becomes a priority only when it is ‘under threat from illness or injury’, with some commentators arguing that this perspective is reflected in health policy and the lack of services that are ‘male-specific or overtly sensitive to the issues and needs of men’ (Woods, 2001; Karoski, 2011, p. 53).

Notwithstanding these ongoing concerns, with male health receiving greater attention in Australia in more recent years, some important new insights are being achieved (see, for instance, AIHW, 2011). For instance, in recognising the importance of focusing on prevention, primary prevention in particular, the National Male Health Policy acknowledged the challenges of engaging men in any related activities, whilst underlining the imperative for such preventive health strategies and programs to be designed with the specific needs of men in mind, and delivered in a way that ‘reaches’ men (DoHA, 2010, p. 20). In relation to SA specific policy initiatives related to male health and wellbeing, a SA Men’s Health Strategic Framework was developed in 2007. This eight-page document<sup>9</sup> articulated certain principles and objectives which SA would adopt to take ‘a population and primary health care approach to responding to men’s health issues’; this approach, it was claimed, required ‘a strong emphasis on working with communities and individuals to improve their health and wellbeing’ (SA Health, 2007, pp. 2-5).

With the renewal of this, inaugural, SA Men’s Health Strategic Framework due in 2012, the decision taken by the HPAs to include SA men in deliberations about their health and wellbeing is a timely one. Indeed, many commentators have been insisting for quite some time that if the health status of men is to improve then they must be involved in identifying the concerns they have about their own health (see, for instance, Butler, 1996, p. 317; Fletcher, Higginbotham & Dobson, 2001, pp.327-29; Kakakios, 2001, p. 317; Macdonald, 2001, p. 314). With these points in mind we may well wonder if the SA man, cited earlier, who threatened to self-immolate, had been given earlier opportunity to participate in a mini-public and vocalise his concerns that way, would he not have felt the need to take the drastic action he did to express his concerns? Of course, it is not possible to determine how any alternative scenario might have played out, but when we move into the SA situated activity, social domain, of the next chapter, it will be interesting to note how the

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<sup>9</sup> These eight pages included its cover page, many tabulated ‘facts about men’s health’, and reference list (SA Health, 2007, p. 5).

men who participate in that mini-public feel about having the opportunity to raise their concerns and have their voices heard in such a public arena.

### **SA social setting social domain**

We enter this social setting domain with the HPAs' decision to host a 21<sup>st</sup> Century Town Hall Meeting<sup>10</sup> - a certain type of mini-public - for their 'community engagement activity' in CELP (SA Health, 2011a, p. 1). As applied in Australia, by Professor Janette Hartz-Karp<sup>11</sup>, the methodology for a 21<sup>st</sup> Century Town Hall Meeting is designed to create public deliberation that is: a) inclusive: that is representative of the population and inclusive of groups who are often not heard; b) deliberative: with opportunities for informed discussion, small group dialogue - speaking and listening to all views -, to find alternatives and seek common ground; and c) influential: in that it has the capacity to influence policy development or decision-making (Hartz-Karp, 2011).<sup>12</sup>

A SA Health Steering Group<sup>13</sup> was established to provide oversight in planning for the mini-public. It comprised: 6 SA Health staff members<sup>14</sup>; 2 Academic Partners from the University of Adelaide<sup>15</sup>; and Stephanie, the Executive Director of the Health Consumers Alliance of SA (HCA).<sup>16</sup> The CELP Steering Group also made a significant contribution to the deliberative system surrounding the proposed mini-public.<sup>17</sup> In recognition of the

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<sup>10</sup> Sometimes referred to as a 21<sup>st</sup> Century Dialogue, the methodology utilised has been adapted from 21<sup>st</sup> Century Town Meetings – large-scale public participation processes (Hartz-Karp, 2011). To minimise confusion in this thesis, I will refer to this mini-public as was done on the SA participant's invitation, that is, as a 21<sup>st</sup> Century Town Hall Meeting.

<sup>11</sup> Professor Hartz-Karp is also a Chief Investigator on CELP.

<sup>12</sup> The 21<sup>st</sup> Century Town Hall Meeting methodology - originally developed and trademarked in the United States of America by AmericaSpeaks – is comprised of 'a forum that links technology with small-group, face-to-face dialogue to engage thousands of people at a time (up to 5,000 per meeting) in deliberation about complex public policy issues. Through a combination of keypad polling, groupware computers, large screen projection, teleconferencing and other technologies, 21<sup>st</sup> Century Town Meetings enable participants to simultaneously participate in intimate discussions and contribute to the collective wisdom of a very large group. A 21<sup>st</sup> Century Town Meeting is more than a single event: it is an integrated process of citizen, stakeholder and decision-maker engagement that produces recommendations on public policy in time frames that align with governance cycles and the demands of the media' (Lukensmeyer, 2005, p. 29).

<sup>13</sup> For brevity, in this case study I will hereafter refer to this SA Health Steering Group as the Steering Group, though to help differentiate it from the CELP Steering Group, I will continue to refer to the CELP Steering Group as such.

<sup>14</sup> The most senior of these SA Health staff members was the Manager of their Service Modernisation. This HPA also represented SA Health on the CELP Steering Group.

<sup>15</sup> One of whom was also a Chief Investigator on CELP.

<sup>16</sup> This Executive Director, Stephanie, participated in an interview for my research: please see her Participant portrait in the following discussion for more information on Stephanie and HCA.

<sup>17</sup> The CELP Steering Group convened monthly to discuss overall project developments. SA HPAs also received individualised guidance and support as required, in particular, from project members from Monash

challenges ahead, the SA HPAs soon invited Professor Hartz-Karp to take-on the role of lead-facilitator for this mini-public.<sup>18</sup> In this role she would work closely with the Steering Group, but as Stephanie recalled, the Steering Group [in particular, the HPAs] maintained tight-control over all decision-making regarding the proposed mini-public. Nonetheless, the strategic and experienced oversight provided by Professor Hartz-Karp, coupled with the overall structure of the 21<sup>st</sup> Century Town Hall Meeting methodology, meant that the Steering Group had a coherent process to guide their planning and implementation for their mini-public.<sup>19</sup> A 21<sup>st</sup> Century Town Hall Meeting is a heavily-resource-dependent, deliberative technique, however, and the HPAs, were understandably concerned about diverting finite resources away from other health system-wide initiatives. Still, as evident in the desperate plea from one SA citizen cited in the contextual resources domain, there can also be a very high price to pay for *not* finding a way to more effectively listen to their citizens' views.

### **Participant portrait 1: Stephanie: Table-facilitator and panellist: SA mini-public**

Stephanie described her background as, primarily, 'supporting people' to be 'effectively' involved in community engagement and public participation. After many years work overseas, Stephanie returned to Australia 2 years ago to take-up the role of Executive Director of the Health Consumers Alliance of South Australia (HCA). She described HCA as the 'peak body for health consumers in South Australia. Our role is to facilitate the voice of health consumers in health decision-making processes, and support health consumer advocates to influence what's happening in the health system to make things better for everybody'.

Stephanie has 'done a lot of community engagement work using many different methods' and has a clear understanding of what a democratically-deliberative process entails. She recalled that doing the International Association for Public Participation (IAP2)<sup>20</sup> training a

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University - the leading organisation in the CELP. The SA HPAs were ultimately responsible, though, for the determination of a suitable policy issue [as we learnt earlier, the SA citizens were not involved in any of that decision-making] and the implementation of their chosen deliberative technique. The CELP Steering Group worked alongside and developed a framework to evaluate the efficacy of this mini-public in meeting the CELP aims.

<sup>18</sup> This is a role that Professor Hartz-Karp has performed on many occasions.

<sup>19</sup> The 21<sup>st</sup> Century Town Hall Meeting methodology is not without its limitations though; these become evident in the citizens' experiences in the social domain of situated activity presented in Chapter Five.

<sup>20</sup> According to the IAP2 (2011) website (see: <http://www.iap2.org>): IAP2 'is the preeminent international organization advancing the practice of public participation... IAP2 advocates on behalf of members and is

couple of years ago, when her 'appetite in terms of looking at different ways of engaging with people'. In particular, she 'was very interested in the deliberative models of engagement' because they 'are a different way of doing things, and a much more effective way of doing things, both for the people who want to have a say - who are users of the services and health, the patients and the consumers - but also for the professionals who are providing services. I think they're a much more satisfactory way of engaging people - engaging *with* people' she emphasised, 'because I think they do have the power to raise awareness and understanding, at the same time as...allowing people to voice their views about the system'.

Although Professor Hartz-Karp explained the importance of a longer planning period, the HPAs decided to stage their 21<sup>st</sup> Century Town Hall Meeting on 28 May 2011; this effectively provided a three-month, planning-period. More typically, the structure of the 21<sup>st</sup> Century Town Hall Meeting allocates a six-to-nine month period for the planning-phase. The HPAs involved, who were responsible for the direct planning and implementation of the mini-public, soon found this three-month, planning-period a gross, under-estimation of the time and other resources required: resulting in a great deal of stress and many hours of over-time work for the HPAs involved.

When compared to a traditional consultation process, this extended planning-phase can appear excessive, but as the HPAs involved were discovering, it can take considerable time to enable certain democratically-deliberative features that are vital to the inclusivity, authenticity and legitimacy of a mini-public. For instance, the allocation of more time for this pre-forum planning-period would have provided opportunity for the HPAs to elicit interest about the mini-public from within the broader community, relevant political figures, and media. This extra time can also provide opportunity for the potential deliberators - the citizens - to engage with any pre-reading or other forms of information, as well as, providing opportunity for the relevant HPAs to develop their own deliberative capacities. It would be naïve to suggest that simply time is required for certain, deliberatively-enabling features to be adopted however, and in the discussion that follows some other factors which impacted on the planning for this mini-public are considered.

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building an international reputation for the public participation practice and profession. It supports international research and offers professional development training and services... IAP2 members work in industry, civil society organisations, universities, government and more. They are involved in the public participation process by supporting clients, colleagues and citizens for improved decision-making'.

***Intentionality***

When reflecting on certain decisions made during the mini-public planning-phase, Stephanie incisively pointed to the overall ‘intent’ of the Steering Group; specifically, that of the HPAs.<sup>21</sup> It was Stephanie’s perception that many of the decisions were underpinned by a ‘risk-averse’ intent. To illustrate her point, she recalled being asked by the Steering Group to talk about what she knew of the 21<sup>st</sup> Century Town Hall Meeting process. Stephanie informed the Steering Group members that this particular engagement technique is typically ‘very high-profile: they engage with the media before, during, and after, they have politicians there talking to people, listening to people’, with ‘a clear link to political decision-making’. Stephanie recalled that initially the Steering Group ‘talked about the Minister being involved’ and she was especially keen for them to be ‘strategic’ in the way the forum was used.<sup>22</sup>

As the planning activities progressed, however, Stephanie observed the emergence of an unexplained change in attitude amongst certain Steering Group members. She said it felt like people in SA Health, outside the Steering Group, ‘were making the decisions’ regarding the mini-public. This was especially evident to Stephanie because the HPAs on the Steering Group - one of whom had taken opportunity to develop her deliberative capacities and attended a university-based training-course on deliberative techniques<sup>23</sup> - appeared ‘really open to some of this stuff happening, but every time they went away and spoke to [more senior, middle-managers in SA Health]... there was less-and-less possible involvement for HCA, and less-and-less of this, and less-and-less of that... and, then, a decision’s made that we’re not going to advertise’.

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<sup>21</sup> As indicated earlier, although there were other people constituting the Steering Group, certain decisions were made by the HPAs, alone. When it is clear that the Steering Group, as a whole, was able to exercise their decision-making capacity, then, the Steering Group will be mentioned in relation to that decision-making.

<sup>22</sup> By this, Stephanie meant that she wanted it to be ‘more of a high-profile event, and for the event to be seen as an opportunity to engage more people as consumers in the health system in SA, and to raise awareness and understanding about how they can participate in other ways, also’.

<sup>23</sup> This training was conducted by Prof Janette Hartz-Karp at Curtin University. This training provided a firm grounding in the practice and theory on mini-publics.

It is of course possible that other HPAs may have expressed their epistemic responsibilities in relation to becoming familiar with the theory and practice of democratic deliberation away from what I was able to observe. If they did do so, however, what they might have learnt was either not borne out in their decision-making and practice, or else they were not in positions of enough authority to demonstrate that learning in their decision-making regarding this mini-public.

Of utmost concern to Stephanie about what happened during the planning for the mini-public was the lost opportunity to ‘level-the-playing-field’ for the citizens who would be involved. By this she meant providing the citizens with information to develop their understanding on the topic they would be deliberating over. ‘We certainly discussed it’ Stephanie said, but there was general sentiment amongst the Steering Group ‘that it wasn’t necessary, and that people wouldn’t read it’. These sentiments concerned Stephanie, but she recalled the Steering Group discussing the importance of having a ‘reasonably significant input’ of information for the citizens at the beginning of the mini-public, and it was her understanding that this information provision would occur.

Overall, however, lack of transparency around the decision-making processes during the planning-phase troubled Stephanie. Her perception was that initially there seemed to be ‘good intent but then it just got diluted’ and the HPAs, in particular ‘became more-and-more risk-averse, and more-and-more, I guess, frightened of this as a potential method for unpacking some of the issues’. This intent, Stephanie believed, influenced the way that this mini-public was ‘developed’. For instance, she said, for ‘whatever reason’, there was then a decision made to run the mini-public ‘in-house’: ‘to keep it low-profile’ and ‘to stay underneath the radar’. Consequently, Stephanie said, the most senior person from SA Health who would attend the mini-public was ‘a Director’. This meant there would be ‘no Executive Directors there, no appearance from the Chief Executive’, and nor would they be inviting the SA Health Minister; ‘they didn’t want it to be political at all’, Stephanie emphasised. Summing-up her key concerns over what occurred, Stephanie added, ‘it just kind of kept on shrinking: shrinking in terms of the potential, as though they were frightened of the potential of it and what it might mean’.

Given these factors, it was Stephanie’s assessment that the HPAs, despite their decision to host a 21<sup>st</sup> Century Town Hall Meeting, seemed to be going through the motions without any consideration given to the fundamental differences between this purportedly democratically-deliberative means of engagement and their more typical consultation techniques. This was especially evident in their decision-making during this planning-phase and I will next explore how the consequences of some other decisions made by the HPAs during this planning-phase converged into a critical point for one SA citizen, on the

evening before the mini-public. I then consider the training provided for the people who would be participating as support-staff members during the mini-public.<sup>24</sup>

### ***The power of communication [or lack, thereof]***

The atypical period allocated for planning this mini-public impacted heavily on the participant-recruitment strategy. Without the required time to achieve their desired participant-ratio, the HPAs enlisted the aid of a local recruitment agency.<sup>25</sup> The recruitment agency chosen was given pre-determined, demographic profiles to target.<sup>26</sup> Ultimately, a ratio of 50% random-selection and 50% targeted-stakeholders was achieved, but only after the recruitment strategy was supplemented with a snow-balling technique. As such, quite a few citizens were invited informally, via word-of-mouth, by other citizens who had been contacted directly by either SA Health or the recruitment agency.<sup>27</sup> While not necessarily problematic in itself, one consequence from the way this revised-recruitment strategy unfolded was that some of the citizens, who were recruited via this snow-balling technique, received virtually no information about the mini-public and, therefore, had no understanding of what it was they would be doing when they got there.<sup>28;</sup>

<sup>29</sup> For instance, Malcolm, heard about the forum<sup>30</sup> through people he knew at a SA men's

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<sup>24</sup> These 'people' are of course citizens – as are the HPAs, but to avoid a lack of clarity in my discussion I will refer to the people involved via the role they played in relation to the mini-public.

<sup>25</sup> The recruitment strategy chosen aligned with that of the 21st Century Town Hall Meeting methodology, which was developed specifically with the aim of achieving a participant-ratio of 1/3 from random-selection; 1/3 from stakeholder groups; and 1/3 who have self-selected in response to advertisements in newspapers and other media, including flyers and other types of public-notification. This recruitment strategy was developed by Professor Hartz-Karp in part to help meet the normative requirements of a legitimately, inclusive, democratic ideal. Yet, as the HPAs came to realise, achieving this ratio of participants takes considerable time and effort.

<sup>26</sup> I was not given access to this demographic profile but it was to accord with the profile mentioned in the above footnote.

<sup>27</sup> For example, Matt, one of my interviewees, said his brother had been engaged previously by this recruitment agency. When his brother was contacted by them again, to ask if he would attend the SA mini-public, the recruitment agency staff asked him if he knew of others who may also want to attend. This eventuated in several members of this one family attending the mini-public.

<sup>28</sup> The SA Health participant-invitation stated that it would be 'a one day forum which will be held in a meeting style called '21st Century Town Hall Meeting'. People will sit in small groups and talk through questions on men's health and wellbeing'. The participant invitation also said: 'Everything that you say will be kept confidential and anonymous (it will not be connected to you)' (SA Health. 2011b).

<sup>29</sup> Citizens' motivation to attend a mini-public is a feature that receives attention regarding the legitimacy of a deliberative process. For this mini-public, some interviewees openly acknowledged that the forum-participants' payment - \$150 – was a deciding factor in them agreeing to attend. This participant payment attracted mixed comments from my interviewees: some welcomed it and went home after the mini-public and paid a bill with the money; others felt that it was a useful 'carrot and stick' approach to getting men to the forum. Others though were scathing of the payments and felt that it undermined the legitimacy of the process because some of the participants had no real interest in men's health and wellbeing and were there for ulterior purposes, namely, to receive the payment.

disease-specific support-group, and because he'd not been given any information about the forum, he felt 'a bit iffy' about attending. Expressing an element of bewilderment, he recalled that 'nobody seemed to know exactly what it was'. He candidly explained that he has felt 'uncomfortable' at some other public forums, and that his ultimate decision to attend this one required mustering some courage on his part. 'I'm not as fond of going into unknown situations now as I used to be' he admitted, and this led to him thinking about 'chickening-out'.<sup>31; 32</sup>

## **Participant portrait 2: Malcolm: Citizen-participant: SA mini-public**

Despite having had a 'varied and interesting career', Malcolm recalled spending the first 50 years of his life 'pretty much as a loner'. He attributed his earlier preference to spend time alone to the 'psychological problems' he experienced following 'a motor-bike accident in 1969', which had left him with 'some significant head injuries'. Yet 'during the last 22 years,' Malcolm explained, he 'finally got some of it sorted out' and as a result his life has 'turned' around. 'I've actually started building relationships with people' he said, and 'getting to the point where I actually like myself, as well as, other people'.

Malcolm has been actively 'involved in men's health issues' since about 1998, when he

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Interestingly, too, because of the lack of effective communication in the planning-period for the SA mini-public, some of the people who did attend the forum did not know about the participant-payments until after the forum when they were all asked to 'line-up' to collect it. Even this information by-passed, at least, one citizen, who only learned of the participant's payment when he attended his post-forum interview with me: the SA Health staff-member, who assisted me in organising rooms in the SA Health building to conduct my interviews, noted this person's name and asked me to let him know to follow-up with her to receive his payment: he was pleasantly surprised to learn of it.

These different perspectives present an interesting area for future research: for instance, did the people who participated initially for the payment only, experience any lasting impacts in their attitude to men's health and wellbeing?

<sup>30</sup> In some instances throughout this thesis I use the word 'forum' interchangeably with 'mini-public', particularly when referring to those citizens who did not know that this was a purportedly 'deliberative mini-public'. This is to help avoid confusion by using the word 'mini-public' in relation to their comments about the 'forum' to which they referred.

<sup>31</sup> The citizens who did receive a direct invitation were thus privy to the following information about the aim of the SA forum:

- 'Seek community views about men's health and wellbeing
- Explore how health services for men can be improved
- Provide a safe and comfortable space for people to talk about men's health
- Research how a meeting style called "21st Century Town Hall Meeting" works' (SA Health, 2011b).

<sup>32</sup> There may well have been other people who chose not to participate for similar reasons. For instance, Herb, who worked as table-facilitator at the SA mini-public at a table-group of Aboriginal men, said 5 people who had earlier agreed to attend the SA forum, ultimately, did not arrive on the day. Of course, other factors may explain their lack of attendance but it would be naïve not consider that the ambiguity surrounding this 'forum' also impacted on these people.

helped to establish a men's support/advocacy group in SA. 'It was terrific' Malcolm said, 'because we had anything up to 45 blokes coming every month and it was a case of: they'd walk through the door and all the barriers were dropped. They could say anything that they wanted because they knew it would never go beyond the walls of that room'. He acknowledged that as the first time in his life when he experienced something like that: where he 'felt comfortable about talking to somebody and they felt comfortable talking to me'. By engaging with others in that way, Malcolm felt that he had 'learnt to respect other people's opinions and their right to state their opinions, the same as they respect mine'. He believed that those experiences had made him 'much more of a reflective person'. Or, as his 'wife says every so often: I'm mellowing as I get older'.

Ultimately, Malcolm managed to reconcile his conflicted feelings about attending the forum and the night before it was due to be implemented, decided he would participate. He recollected his thoughts during that decision-making process: 'I really didn't know what the hell I was getting myself into but I was prepared to have a go at it and went in with an open mind - "Bugger-it" he told himself, "it's something new, it's something I need to look into - let's give it a go"'. An important factor in Malcolm's decision to attend was the fact that SA Health was staging it. This led him to think that they were 'interested in doing something. It's the first sign I'd seen that they were substantively thinking of doing something about men's health'.

Having now inquired into what might be considered as unintended consequences of ineffective communicative practices for one citizen prior to the proposed mini-public, let us consider what was experienced by the people who volunteered to assist as support-staff members, during that same period.

### ***Support-staff training***

During the afternoon, prior to the mini-public, a three-hour training-session was held for the people who had agreed to perform a supporting-role: some would act as table-facilitators; others table-scribes. This training-session was designed to familiarise them with the venue, the role they were to play the following day, and the information communication technology (ICT) that forms a crucial component of the 21st Century Town Hall Meeting methodology. Many of these support-staff members had not met each other before this training-session. They came from diverse backgrounds: including non-

government organisations; and private, public, and university sector workers. All of these people gave their time freely.<sup>33</sup> Other than the SA Health staff-members present, these people had been recruited, mainly, by word-of-mouth recommendations, but some had been targeted for their expertise in men's health and wellbeing. During the training-session these people were given a document containing information compiled on the topic of SA men's health and wellbeing.<sup>34</sup> Barbara, who volunteered to perform the role of table-facilitator, remembered doing a 'very quick scan' of the information within the document but didn't have time to read it thoroughly on the evening before the mini-public.<sup>35</sup> This document was not distributed to the citizens, who would be deliberating, prior to the mini-public.

### **Participant portrait 3: Barbara: Table-facilitator: SA mini-public**

Barbara is highly experienced in her role as a table-facilitator; this includes an extensive background in community engagement. She volunteered to assist at the mini-public, largely, because of her interest in the engagement 'process'; like Stephanie, Barbara is a member of the organisation, IAP2.<sup>36</sup> Barbara trained and became licensed to teach the IAP2 model and has since conducted a lot of training with a SA Local Government, including helping the 'the SA Local Government Association develop a community engagement framework'. She spends most of her time, however, 'working with community

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<sup>33</sup> As Stephanie pointed-out, however, the SA Health staff members accrued workplace, time-in-lie leave for their participation at the mini-public.

<sup>34</sup> This 17 page Background Document on 'The State of Men's Health and Wellbeing in South Australia' had been compiled by two members of the SA Steering Group - from the University of SA. Unfortunately, at that late stage, many support-staff did not have time to read the document before the following day's forum. As it eventuated, the information within this report - obtained from sources such as the Australian Bureau of Statistics and the AIHW - had no direct bearing on the questions that the citizens were asked to deliberate on during the mini-public. Nonetheless, this report could have been used as interesting background reading for support-staff had it been made available to them earlier.

As an outsider to the SA jurisdiction, I wanted to familiarise myself with the information in this document just in case it was important for what I would be doing the following day [at that point, I had been asked to act as table-facilitator. As it transpired I performed the role of table-scribe]. I probably had greater opportunity to read the document on the night before the mini-public, than some of the other support-staff members, as I was in Adelaide with the sole purpose of doing fieldwork [that is, away from other life-commitments]. Many of the other people who were to perform the role of support-staff however, like Barbara, were doing so in the midst of their usual day-to-day life demands. As mentioned above, however, the information in this Background Document had no direct relevance to what the citizens were to be asked to deliberate over at the mini-public. In hindsight, instead of staying-up late to read the document, catching more sleep before the following day's intense activity, would have been time better spent.

<sup>35</sup> Barbara relayed these comments to me during an interview conducted in the week following the mini-public.

<sup>36</sup> The International Association for Public Participation: see the footnote to Stephanie's Participant portrait for more information on IAP2.

organisations' and 'individuals in the community'.

Barbara encapsulated her belief in the importance of effective training in community engagement and building the capacity in the community to participate in deliberative processes when she said, 'I believe that for people to be able to participate effectively we need to teach them how to do that because they don't always know how to do that. And we bring them into a process and we expect them to be able to participate and do all these things that a lot of people that are organising it take for granted, because that's what they do on a daily basis'.

During the training-session, support-staff members sat in groups of approximately eight per table as they were led through the following day's agenda by the lead-facilitator, Professor Hartz-Karp. Diarmid, a volunteer support-staff member, allocated to the role of table-scribe<sup>37</sup>, remembered most of the training-session being 'very focussed on the practical': how to input and send data through the computer-system. He recognised the importance of orienting the support-staff to this technology; if this had not been done there would have been 'major issues' the following day, he believed. Yet an unfortunate consequence, of the time required to familiarise the support-staff with the ICT, Diarmid noted, was that there was only 'a very short-session about actual facilitation skills'. This confounded Diarmid, who was experienced in facilitation and understood the challenges of performing such a role.

Considering that there were support-staff members with no experience in table-facilitation who were allocated to the role of table-facilitator for the following day's mini-public, the Steering Group's decision to allocate someone with Diarmid's experience to the role of table-scribe was confounding. He did note, however, that some of the support-staff were 'asked to facilitate because of their experience with the issue of men's health; so as kind of technical-subject-matter experts, rather than because they had particular skills in facilitation'. His summation was that it 'would have been useful to have some more in-depth training around some of the key facilitation skills, or ideally the organisers would have chosen table-facilitators who already have those skills and, then, not needed to go into that detail'. As it stood, he thought the 'training felt a little bit like everyone was under the pump; that it was pulled together at the last minute' and he recalled other support-staff

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<sup>37</sup> Diarmid's interview was conducted in the week following the mini-public.

members telling him that they didn't know there was going to be a training-session, until the day before it was held.

#### **Participant portrait 4: Diarmid: Table-scribe: SA mini-public**

Diarmid described himself as 'a father, and a husband' who returned to live in Adelaide, just over a year ago, having spent two years in the U.K. before that. His background included working as a Corporate Lawyer. 'I practiced law for about seven years' he said, 'then decided that I was far more interested with the way law firms operated and the behaviours of lawyers, than I was actually doing the legal work'. With that realisation, he 'headed over to the U.K. and made a career change' and became involved in 'doing everything from senior leadership development to training, and training around change management, conflict resolution, networking skills, interpersonal skills, all of those kind of soft skill topics, and also a bit of organisational development consulting'. Along with his master's level Certificate in Facilitation, Diarmid has 'spent a lot of time reflecting on the theory and practice of facilitating groups'.

Diarmid's experience with deliberative techniques centres on workplace deliberations, and since returning to Australia has established his own consultancy 'with a focus on organisational development and cultural change, and facilitation of strategic planning, business planning, community engagement processes, team building, and individual coaching both around leadership management and around career transitions'. This work allows him to indulge his 'passion' for 'trying to bring out the best in other people and unleash that potential'.

The support-staff training-session also entailed a brief role-play of a hypothetical-deliberative scenario. This was intended to provide the support-staff members with some insight into the more challenging dynamics they may encounter the following day. From my observation, some support-staff members demonstrated great capacity: their previous table-facilitation experiences clearly evident in the well-developed resourcefulness with which they responded to the variety of scenarios enacted during this session. Others though, were not as confident in their capacity to facilitate; these people in particular would have clearly benefited from a longer training-session to better equip them with the challenging role they were to perform the following day. During a group discussion that

followed this role-play session it became evident, too, that there were some conflicting views on the most appropriate ways to respond to the various hypothetical-scenarios encountered. Unfortunately there was not enough time available during this training-session to adequately work through these opposing views, and the stronger personalities forcefully asserted their views over the less-assertive individuals.<sup>38</sup>

Allocated the role of table-facilitator for the mini-public<sup>39</sup>, Barbara, also expressed doubt over how valuable the training-session would be ‘for anybody who’s not skilled in facilitation’. In particular, she explained ‘it’s such a hard ask, to ask somebody to facilitate when they don’t really know what they’re doing, because it can go in all sorts of directions’. From her past experiences, she knew that this can lead to individuals feeling ‘bad’ if they ‘haven’t managed the process well’. Importantly, too, she said, ‘the participants all go away feeling devalued or unhappy’ and ‘let down’. She reinforced the point she was making by adding, ‘I think when you ask somebody to facilitate who has not had training in facilitation, you’re putting an awful lot on them as a person, but also you’re not getting the best outcomes for the participants’. Barbara felt strongly that if anything ‘lets the process down, it lets the participants down’. She stressed the importance of ‘the process; the planning’ and hoped part of the learning that would emerge from this mini-public would indicate the usefulness of having ‘more planning into the facilitation’; possibly, even a longer training-session for the facilitators.

### ***Interim interpretations***

This chapter has brought to light many perplexing inconsistencies between the direction this mini-public appears to be heading and the normative requirements found in the literature. Indeed, despite going ahead with the decision to implement the mini-public, what has unfolded within these two outer-most, social domains appears to be reproducing many aspects of the status-quo when it comes to the more typical, public consultation activities utilised by government bureaucracies, whereby citizens are not included in any of the substantial decision-making related to such activities. When planning and implementing an ‘innovative’ democratically-deliberative engagement process, however, especially one linked to a large-scale research project such as CELP, opportunity loomed large for things to be done differently, and in the process facilitate one the NHHRC’s key

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<sup>38</sup> In itself, this scenario interestingly demonstrated the challenge of facilitating groups of people with more-or-less well-developed deliberative capacity, but with the added challenge of these people needing to learn how to use the ICT they would be using the following day.

<sup>39</sup> Barbara’s interview was also conducted in the week following the mini-public.

recommendations regarding citizen engagement. Yet, if such ‘robust processes’ of citizen engagement are to be more democratically-deliberative ones in this health policy setting, it is not looking to be a likely outcome at this stage of the process (NHHRC, 2009, p. 123).<sup>40</sup> The obvious irony is - as these HPAs struggled with the competing demands of determining, on one-hand, an appropriate policy issue for the citizens to deliberate over and, on the other, the NHHRC’s reform process - their task may well have been easier, as well as more democratic, if those HPAs had included these citizens in the determination of a relevant topic of public interest.

So, given this context, before moving into the situated activity domain of this case study [in Chapter Five] I will bring to the fore two critical points regarding the way these HPAs are operationalising this mini-public. Firstly, their approach reflects that of a very narrow view of democracy, whereby, citizens are ‘consulted’ only after certain decisions have already been made on their behalf; a far cry from the more expansive view provided by more participatory approaches to democracy, such as that brought to life with a mini-public.<sup>41</sup> Secondly, by not including these SA citizens in the development of this mini-public until it was designed and produced for them to then ‘consume’, these HPAs have extended the product-dominant logic, pervasive in public service delivery, into this mini-public. The reader will recall my discussion in Chapter One on the product-dominant approach within public service delivery and I will consider how a mini-public might be alternatively conceived with a service-dominant approach in the propositions I make in Chapter Nine.

The way that these HPAs are approaching this mini-public can also be attributed to the lack of epistemic agency exhibited by them: only one HPA in this policy setting exercised their epistemic agency in a way that evidently increased their familiarity with the theory and practice of mini-publics.<sup>42</sup> That HPA was not the most senior SA bureaucrat working on CELP and the insights gained by that HPA were probably not as influential as they might have otherwise been if, for instance, that HPA was in a position of greater authority.

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<sup>40</sup> The link between CELP and this NHHRC’s key recommendation is a serendipitous one; CELP was developed and funded a couple of years before the NHHRC report.

<sup>41</sup> Indeed, if for no other reason, after the long, hard battles fought by the disability-movement to have their voices heard, in many social services it is considered axiomatic that nothing is to be decided about the people involved, without those same people involved in any such decision-making.

<sup>42</sup> I am unable to comment on whether, or how effectively, that HPA communicated any learning derived to other HPAs in this health policy jurisdiction. My comment relates to the decision-making and communicative action displayed, as well as my own encounters with and participant-observations on the Steering Group throughout this period.

Coupled with the distinct lack of transparency which manifest, even within the Steering Group about how and why certain decisions were made<sup>43</sup>, important questions have surfaced about HPAs responsibilities and lines of accountability when they work with mini-publics.<sup>44</sup> What is already clear, however, is that the HPAs working on CELP walked a tight-rope between the competing rationalities of the health policy process as they made their way towards ‘producing’ this mini-public. And although there is no evidence to suggest that the HPAs involved in CELP intended to diminish the democratically-deliberative nature of this engagement technique, much of their decision-making runs counter to democratically-deliberative norms.

Clearly in an invidious position, at the confluence of many competing contextual forces, the Steering Group - and the HPAs, in particular - appear to have made many decisions regarding this mini-public with risk-minimisation upper most in mind. Indeed, the decision to implement the mini-public after a comparatively, short planning-period – in light of some other findings from the social domains of this chapter – suggests that the HPAs may have simply wanted to get this mini-public over and done with as soon as possible and, then, return to their ‘real’ work of policy making.

When we consider the incident involving the man who threatened to self-immolate because he did not believe his government was listening to the concerns of his community, it is possible to appreciate why certain people within SA Health might have felt concern, even fear, over the likelihood of a similarly, volatile scenario arising at the mini-public. Yet, the HPAs’ response to these, and other, concerns/fears, however, appears to have contributed to them trying to ‘stay-off the radar’ so to speak, and purposefully not communicate any information about the mini-public to the broader public. Instead of managing a staged process of providing the public with relevant information about the mini-public via the media, all information about the mini-public was withheld and no political figures were engaged. The dearth of publicly available information about the mini-public has already yielded some unfavourable and unintended consequences. Consider, Malcolm, one of the proposed forum-participants<sup>45</sup>, for whom the lack of information about what the mini-public might entail, contributed to him experiencing intense feelings of insecurity and

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<sup>43</sup> Especially, as Stephanie recalled, when those decisions were made away from the scheduled Steering Group meetings.

<sup>44</sup> I will consider these matters further in the propositions of Chapter Nine.

<sup>45</sup> The reader will recall that Malcolm was recruited via word-of-mouth, through his affiliation with a men’s health, community-based organisation.

vulnerability. Those feelings came to a head for Malcolm the evening before the mini-public, when he seriously considered withdrawing his participation.

This is not a trivial matter. In the opening anecdote of this thesis, some contested notions relating to male health and wellbeing were put forward, including the claim by some authors that prevailing, unhelpful stereotypes, and misunderstandings related to male health and wellbeing are compounded by such men's reluctance to participate in such matters. Yet, Malcolm's *Participant portrait* testifies to his deep commitment to, and engagement, with these matters. Whether Malcolm's experience of not having any information about the forum is an isolated incident, we have yet to determine. Irrespective of whether that is the case and, for instances, all the other citizens have been well informed before the forum, if Malcolm had alternatively decided not to attend, then, the contribution he has to make might well have been lost.

Indeed, despite increasing calls to include men in decision-making on matters important to their lives, what has unfolded so far in this case study suggests that these citizens are not sufficiently considered as colearners in the social learning to manifest in relation to this innovative engagement technique (Roberts, 2004). Nor does it seem these citizens are viewed by the HPAs as having an equal right to the developmental opportunities that might ensue by being involved in any of the relevant decision-making (Gould, 1988). For instance, none of these citizens were given an active role in 'producing' this mini-public<sup>46</sup>; nor were they asked if there was any information they might require to effectively deliberate on men's health and wellbeing, let alone, any substantive attempts made to determine what might be in these citizens' best interests to know. With so little consideration given to the epistemic agency of these citizens in the social domains of this chapter we might well wonder how they will experience any effective or meaningful exchanges of knowledge when it comes time for them to 'consume' the mini-public which will be 'produced' for them.

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<sup>46</sup> Although, Stephanie, as the Executive Director of the Health Consumers' Alliance, was on the Steering Group to represent her perspective from that vantage-point, she was not there as an unaffiliated citizen and it is unreasonable and epistemically unjust to expect her to meet the requirements of those different roles, if indeed that was the intent.

On a practical level, giving the citizens a more active role in producing the mini-public could entail their involvement in developing the forum-agenda and questions.

These reflections will be carried through to Chapter Five, where the citizens' experiences of the SA mini-public feature in the situated activity domain. I will provide more interim interpretations on this case study at the end of that chapter, and further discussion on the citizens' experiences, including, what those experiences imply for the theory and practice of mini-publics in health policy settings, will form Part 3 of my thesis.

## Chapter Five: SA Health case study: Situated activity

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Early Saturday morning the 28th May 2011, a serpentine-line of 107 citizens formed outside the Adelaide Entertainment Centre. These people were clearly not an homogenous group; some knew each other but, mostly, they were strangers to one another. Some took the opportunity to chat together; others waited to gain entry to the building standing quietly alone.<sup>1</sup> There was mixed understanding amongst these people about what they would actually be doing when they gained entry to the building. Some understood that they were there to talk about men's health; others were unsure about what they had actually agreed to be part of. For instance, Matt, a citizen-participant, remembered feeling uncertain about what it was he would be doing that day. 'Not a lot had been explained beforehand exactly how it was going to run', he said; adding:

*I really had no expectations going in of what was going to happen and... in the back of my mind I thought there might actually be health-checks or something, as part of this, you know, to get a sample of people at random and doing some basic health-checks. I simply didn't know.<sup>2</sup>*

Matt was recruited via 'word-of-mouth' by a relative, who had been contacted by the recruitment agency employed by the Steering Group to assist in meeting their recruitment strategy. Despite the prevailing lack of clarity, enough interest was piqued within Matt and these other people for them to have earlier agreed to devote one full-day of their weekend to matters related to men's health and wellbeing.

One-by-one these people gradually gained access into the building. It was a large room they entered, with many round-tables covered in white table-clothes distributed

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<sup>1</sup> Some of my interviewees were critical of the lengthy delay in entering the Centre and said that they felt the organisers were fortunate that the weather was favourable. Otherwise, they suggested, half the participants may have retreated back to their homes.

<sup>2</sup> This sentiment contrasts with the anxieties expressed earlier by Malcolm. Matt said that in the absence of any information about the forum he went in with a 'open-mind' explaining further that if you 'put yourself forward for things... you find out as you get into it. You come across interesting things that way in life'. He also unashamedly said that the \$150 participant-payment was a deciding factor in him attending the forum: 'A Saturday's a Saturday' he explained, as a Monday-to-Friday worker, he would otherwise be spending the weekend with his family. Matt was joined at the forum by a couple of relatives, which may have also contributed to him feeling more comfortable about attending a public activity, of which, he knew very little about; although as he later explains, he was pleased not to be seated with these relatives because he was concerned that doing so might have constrained him from expressing himself freely.

throughout. Each table had been set with pens, drinking-glasses, jugs of water, and a computer and keyboard. This clarified for some that they would be working together in groups; for others, it prompted further speculation on what it was they would be doing.<sup>3</sup> Yet, all could see that a lot of preparation had gone into the staging of this activity.

### **Participant portrait 5: Matt: Citizen-participant: SA mini-public**

‘I am 37’ and a Projects Engineer, Matt said. ‘I’ve lived in Adelaide all my life... I live in a house that’s not very far from where I was born... so I’m very much of a settled sort of guy. I’m a family man, I’ve got six kids and I keep myself reasonably busy at work... I’m a little bit of work junkie. I really enjoy what I do and I tend to work hard at the exclusion of all other things, and yeah... that’s my weakness and my strength I guess: it’s good if you’re my employer; it’s not so good if you’re my family’.

‘I started as a tradesman’, Matt explained, on ‘an apprenticeship; as a landscaper; and moved my way up from there into estimating office work; contract management; and then studied engineering through TAFE. Completed that and then sought work in the civil engineering field and did three or four years with a big commercial contractor, and then when that work ran out... I took a break for six months or so and rested, re-established and then re-orientated myself... fortunately I was lucky to find a very good job pretty well straight-up, and yeah that’s where I am now’.

Matt reflected on his previous experiences of public deliberating and felt he had done very little of ‘that sort of thing... for the public good or more esoteric type reasons’ but through his family-life, studies, and work, ‘there’s always been issues where you’ve had to sit-down and plan’ with others, and ‘come-up with solutions to problems’.

With the citizens’ experiences of exchanging knowledge and deliberating the primary focus of my thesis, the citizens’ experiences – including what matters to them as they make sense of their experiences - will be highlighted as we move through this situated activity domain. I provide some interim interpretations at the end of the chapter, with further discussion on

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<sup>3</sup> On entering the venue and seeing the layout of the room, Matt said he realised ‘it was purely a talk-fest’. I didn’t explore Matt’s use of the term ‘talk-fest’ but the term is typically used in the pejorative when referring to traditional consultation processes, with the implication being that there is a lot of inconsequential talk: with no resulting action or decision-making.

what the overall findings imply for the theory and practice of mini-publics in health policy settings carried over to Part 3 of my thesis.

### ***Introductions matter***

On entry, each citizen was greeted by two support-staff members positioned nearby: one of whom registered their attendance and gave them a table-number at which they were to be seated for the day; the other person gave them an ‘information-pack’ to take with them as they made their way to their allocated table-group.<sup>4</sup> This registration process took much longer to complete than had been anticipated by the Steering Group but once all the citizens were seated at their predetermined table-groups, the day’s activity progressed quickly; hurried along by the necessities of a very tightly-packed agenda. The lead-facilitator – positioned on a stage, front and centre in the room - greeted and introduced the forum-participants to a local Aboriginal elder, who, in turn, welcomed them to his country. The citizens were then asked to introduce themselves to their respective, table-group members; table-groups comprised, on average, ten citizen-participants, a table-facilitator and scribe.<sup>5</sup>

The large amount of time required to register and have all these citizens seated, meant that the day’s agenda began later than scheduled. With the proceedings itemised down to the minute, this had repercussions on the first few items on the agenda. Although the lead-facilitator’s skill and obvious experience with this engagement technique allowed her to effectively get the day’s proceedings back on schedule, a consequence of needing to move the proceedings along quickly was that some table-groups’ members did not have enough time to introduce themselves to each other. For some interviewees, this was a ‘disappointing’ feature of the forum<sup>6</sup>: for instance, Russell, felt the introductions were important at this particular forum because, for men, ‘when you engage in conversation with someone for the first time you say, “What do you do, and what’s your occupation: what’s your work?”’, and when deliberating on matters related to health and wellbeing, Russell

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<sup>4</sup> These information packs contained the agenda, a variety of coloured pieces of paper [the different colours effectively coded the activities of the day so it was easy for the citizens and table-facilitators to identify the sheet of paper required for each activity, when required] and a CELP consent form and pre-forum questionnaire.

<sup>5</sup> These numbers varied: for instance, many table-groups had twelve participants, though one table-group only had five. Due to a short-fall in support-staff members, not all table-groups had been allocated a scribe: this is a point to which I will soon return.

<sup>6</sup> As explained in Chapter Four, in some instances I use the word ‘forum’ interchangeably with ‘mini-public’, particularly when referring to those citizens who did not know that this was a purportedly ‘deliberative mini-public’. This is to help avoid confusion by using the word ‘mini-public’ in relation to their comments regarding the ‘forum’ they spoke of.

believed, it was especially important that an introduction ‘needs to go into: “What is your engagement with the healthcare system” and we didn’t get a chance to go into that in any detail’. It was an unfortunate consequence, Russell said, that ‘space wasn’t created for that’ because it ‘was relevant to the way in which people were going to discuss things’. Russell identified that three people at his table-group had pre-existing relationships which allowed them to ‘relate to each other’s experiences. But everyone else, you had to sort of suss-out what brings him here’. Although he felt ‘quite happy to volunteer that sort of thing in a public forum’, he believed ‘other people are less likely to, unless a space is granted for them, that they feel safe in’<sup>7</sup>: ‘Men tend to be a bit aloof’, he added, ‘until they’ve got to know the context that they are in’.<sup>8</sup>

### **Participant portrait 6: Russell: Citizen-participant: SA mini-public**

Russell grew-up in SA and graduated from the University of Adelaide with a politics and psychology degree. After developing a life-threatening condition in the 1990s, he became ‘quite familiar with the health services in Adelaide’. His experience of receiving healthcare ‘converted’ him to health consumer advocacy, he explained, and he has been very active in that role at a national and international level, in myriad ways, since.

Russell currently lives in the ACT but maintains ongoing links to SA through his role as Power of Attorney for his parents, and heard about the SA mini-public via his SA health consumer networks. He is very familiar with many and varied engagement techniques and finds ‘it quite easy to ask questions and in public forums’ and have his ‘ideas put forward’.

### ***Diversity matters***

The representative profile of people attending the forum was a matter of conjecture for several interviewees. Tim, a citizen-participant, for instance, described his table-group as

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<sup>7</sup> Russell contrasted the SA forum to his experiences within the health consumer movement which he described as being ‘all about networking and sharing and building a capacity rather than just a one-off interrogation. So that may have been a reason for me to expect that that networking should have happened’, he added.

<sup>8</sup> Stephanie recalled that at the beginning of the day, she and her table-scribe: ‘were very confused’ about when they were ‘to allow people to introduce themselves to each other’. Stephanie understood the importance of these introductions, too, so ‘took some of the time in the first exercise to allow people to do that’. Doing this, however, then meant that her table-group was late getting their responses to the first question of the day into the computer. Other table-facilitators relayed similar, competing tensions.

comprised of men from ‘all walks of life’; for him, this diversity was important to social equity, and he was impressed with the variety of men present:

*...you didn't have to be a QC or you didn't have to be a doctor to be involved; it was a range of men from, you know, being unemployed, to [those] earning \$200,000 a year - there was a full range of men in the room.*

### **Participant portrait 7: Tim: Citizen-participant: SA mini-public**

Tim is 43 years old, has lived in the same part of rural SA all his life, and works in the community sector: caring for the elderly; in particular, performing the ‘palliative side of the community care’. The slower pace of life in the country is deeply satisfying to Tim; he compared this slower pace to the time constraints of working in the city where those workers need to see ‘many clients in a day and an hour’. In contrast, he said, we ‘go out to people’s homes and we talk to them’; ‘we can sit down and have a cup of tea with an elderly person and discuss the situation, and try to find things... to help’.

Tim’s experience deliberating is, primarily, drawn from his workplaces; prior to his current employment, Tim worked with aboriginal youth.

The lack of apparent, broadly-distributed, cross-cultural diversity at the mini-public was a matter of concern for Dab, however. Although he was impressed with the candour with which his table-group members ‘spoke their heart’, working as table-facilitator he discerned that the information derived was from an insular, mono-cultural perspective on how the subject-matter ‘affects them’. Without greater diversity at his table-group, Dab believed, there was no consideration given to the experiences of people from different cultural and ethnic backgrounds. John-S, a citizen-participant, also saw value in having a ‘better cross-section’ of citizens of all ages at each table-group, with ‘at least one or two women on each table, so that everyone’s going to have that complete view and you’re going to listen to the whole view’. This arrangement, he thought, might encourage people to consider opinions from people with different perspectives.<sup>9</sup>

<sup>9</sup> For instance, John-S elaborated: ‘If you’re in your 30s or in your 20s and you’ve experienced no problems with men’s health, you might suddenly change your mind when you hear someone who’s in their 60s start telling you about all the problems that happen, and if someone had told me when I was 30, I wouldn’t have been in the same position as I am now, they might think, “Well, maybe I should go and find out about it. Maybe I need to learn something. I’m not going to wait ’til I’m 60 to find something which I can find out now and make it better for me when I’m 60”, he exclaimed.

### **Participant portrait 8: John-S: Citizen-participant: SA mini-public**

'I'm retired now' John-S said, but have a 'tertiary' background, including 'a bit of health' and working as a dentist for 34 years. John-S is a long-standing resident of SA. His name has been listed with recruitment agency, employed by SA Health, for quite some time but this forum was the 'first big' engagement technique he has attended.

John-S thought that 'men's health has been in the background or non-existent' and he was pleased to have been invited to attend a forum on men's health because he 'thought, well, maybe they're starting to do something and it'd be quite interesting to see which way they're going and what other people are thinking'.

Indeed, encapsulating the sentiments of many others, Matt expressed disappointed that 'nothing was discussed' regarding how the profile of citizens was determined. The importance of this information, for him, directly related to the legitimacy of the process: in his reasoning, if there was not enough diversity at this forum it would 'bias' or 'skew' the outcomes.<sup>10; 11</sup>

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<sup>10</sup> In particular, Matt stressed the importance of having a mix of people, in particular, those who had direct experiences of existing health services, along with those who did not but who might have thoughts to offer on what they wanted from the health system, when they are exposed to it. On a similar note, Dennis said there was a great deal of knowledge exchanged at his table-group; he attributed this, in large part, to the diverse backgrounds that people at his table-group came from. Equally, George, from another table-group remarked on the 'interesting mix of people' at his table-group.

<sup>11</sup> Lukensmeyer (2005) tells us that the 21st Century Town Meeting typically begins with participants 'answering demographic questions' which is then made apparent to the group overall. Doing this allows the group, as a whole, to 'see who's in the room' (p. 33). This was not a path the Steering Group chose to pursue, and although they did have basic demographic data on each citizen-participant, which they drew upon in attempts to diversify the table-groups' members, this representative information was not shared with the citizen-participants.

According to the data obtained through the ARC Citizen Engagement pre-forum questionnaire, however, we see that the demographic profile of these 107 citizens was: 98% were men, nearly 25 % of them were aged between 55 and 64 years, there was 13% in all the other age groups ranging from below 25 years to above 65 years. 5% of men were over 75 years old. 68% of men were born in Australia while 32% were born overseas. Only 5% of men were from Aboriginal and Torres Strait Islander origin. 16% of men lived outside the Adelaide metropolitan area.

And in regards to their 'Personal experience', the pre-forum questionnaire demonstrated that: 10% of the participants had health professional qualifications. Nearly 15% of them currently worked in the health sector. One-third of the participants have been a member of a health-related support group, while two-thirds of them have been part of a community group (sport, church etc.) 62% of men have never participated in a forum to share their views about health issues, while 8% have taken part once, 17% have taken part more than once and 13% have taken part at least 4 times or more. 74% of the participants have never been a community/consumer representative on a committee for a health service or program, while 4% of them have been such a representative at least once, 11% of them have represented more than once and 11% of them represented in a committee at least 4 times or more. 16% of participants had a great deal of personal experience of the health system while 27% of them had very little experience.

### ***Feeling safe matters***

Matt's assessment of the layout of the room was favourable, however. He thought that sitting amongst people he had not met before evoked 'the sense of being part of a big anonymous pool where you could say whatever you wanted... It was nice to put your two cents in, without fear or favour'.<sup>12</sup> When he first saw the way the room was configured though, he remembered feeling 'quite concerned' that he may be seated with the relatives he had arrived with. He said he knew that he 'wouldn't respond the same way if they were at the same table - it's just a fact. They're people who know me, that'll ask me about stuff later'. It wasn't about hiding 'behind anonymity' he stressed, 'but there's a nice sense of just being able to say what you mean'. The 'social contract does affect what you say and what you think' Matt explained, 'and by removing that from the equation it was certainly more productive for me in that respect'.

After the introductions, the lead-facilitator presented a quick outline of the purpose of the forum. Topics covered during this session were: background information on CELP; the forum's agenda; and how the 21<sup>st</sup> Century Town Hall Meeting progresses, including the roles played by support-staff members. There were eight minutes allocated to this initial information-session; it also included an overview of the 'Discussion ground rules'. Because these citizens had not been explicitly informed of the democratically-deliberative nature of this engagement activity, it was crucial that these 'rules' were effectively communicated and accepted as constituting the basis of how this mini-public would proceed. These discussion-rules were to: Speak openly and honestly; Share the time – Keep comments brief; Focus on what matters – Keep on track; Listen carefully to what others have to say; Treat everyone with respect; Be open to new ideas; If you need to take a break – do so.<sup>13; 14</sup> As the day progressed it was evident that some of citizens had accepted these rules as a legitimate basis for communicating at this forum.

At some table-groups, however, the legitimacy of the discussion-rules was not as readily accepted. Indeed, the diversity of communication styles experienced by Jack-C at his table-

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<sup>12</sup> Matt is not the first to note that people interact differently, in different contexts. See, for instance, Goffman, 1959, 1967; Turner, 1988.

<sup>13</sup> A paper-copy of these 'Discussion ground rules' was included within each citizen's information-pack.

<sup>14</sup> The lead-facilitator then notified the citizens of my presence as a PhD student, and that they had the option to participate in an interview with me to discuss their experience of the forum – this information was also communicated to the citizens via the Explanatory Statement they received about CELP in their information-packs. The lead-facilitator reminded the citizens a couple of times throughout the day of this option. My recruitment strategy is discussed in greater detail in the Chapter Three.

group, prompted him to suggest that a more effective means of ensuring all forum-participants were familiar with, and prepared to adhere to, the discussion-rules was required.<sup>15</sup> Acknowledging his initial ‘misgivings’ about attending the forum, Jack-C explained that as a result of some very traumatic life-experiences, he is not prone to ‘trusting most males’ and for him to feel more relaxed about participating in the forum he had earlier established ‘a safety-net... to fall on, just in case’ he encountered some challenging dynamics.<sup>16; 17</sup> A prescient decision, Jack-C was to discover. For instance, when Jack-C first approached his allocated table-number, he noticed that ‘there was a bit of nudging’ going on between four men already seated there, who were pointing towards him. Although casually-dressed, Jack-C had obvious pride in his appearance; his personal-style was distinctive at this mini-public.

### **Participant portrait 9: Jack-C: Citizen-participant: SA mini-public**

Although born in Scotland, due to his father’s career in the military, Jack-C spent most of his childhood in Yemen which was at the time ‘an active terrorist warzone’. The inner-dimensions of his world were similarly traumatic; aged 15 and while living in Australia, he ‘left school and home on the same day’ to escape a ‘violent alcoholic’ home-life. ‘I didn’t have a voice for many years’ he said, but after much inner-turmoil and soul-searching has now found his peace with the world.

Jack-C has also learnt where to place his trust in society and having overcome many personal obstacles now takes great pride in his sense of personal empowerment; ‘I’ve got a voice’ he said, ‘I’ve got something to say, I’ve got a right to say it and I aim to say it’. This forum was the first of its type Jack-C had ever experienced; he was recruited to the forum by HCA.

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<sup>15</sup> For instance, he explained: “These are the rules under which we are here, and have agreed to be here”; at least, he said, ask ‘them to sign something attesting to the fact that they’d read’ them.

<sup>16</sup> This involved having several people he already knew attending the forum; he could turn to these people for support, if required.

<sup>17</sup> Although a result of different life-circumstances, the ‘misgiving’ expressed by Jack-C, resonates with those mentioned in the social setting domain by Malcolm. In contrast to Malcolm, however, because Jack-C was recruited by HCA, he’d had access to information about the proposed forum prior to its commencement.

On seeing Jack-C and, apparently, identifying a prominent but small Aboriginal land-rights, lapel-badge pinned to his coat, these four men started making some ‘highly offensive’ comments.<sup>18</sup> Jack-C said that when he:

*...queried one of their obnoxious, racist statements, [one of the men] actually raised his voice and started shouting at me. I was surprised that the facilitator didn't close him down...*

Indeed, the role of table-facilitator was an especially challenging one to play at this mini-public, not least, to ensure that the discussion-rules form the basis of how the deliberations were to progress. As Jack-C was to discover, however, not all the table-facilitators had the requisite capacity and/or sensitivity to manage the complex dynamics that played-out within their table-groups.

### ***Understanding the purpose behind what they are doing matters***

After the introductory-session, the citizens were asked to complete a CELP consent form and a pre-forum questionnaire. The citizens engaged compliantly with what they had been asked to do, but the hurried pace meant that some were unable to complete their forms within the designated time and continuing with this task distracted them from devoting their full-attention on the next agenda-item when it commenced.<sup>19</sup> Uncertainties over the intent of the forum were surfacing for some of the citizens, too; as George, a citizen-participant, later commented, he would have liked more information on ‘the purpose of the whole thing’.

### **Participant portrait 10: George: Citizen-participant: SA mini-public**

George described himself as ‘a 64 year old, early retiree’. He had been a school teacher for many years, then, a case-worker. As a result of a car accident 25 years ago, George incurred a permanent ‘head injury’ and recalled feeling ‘shattered’ when he realised that as a

<sup>18</sup> Jack-C said these men were making other statements, too, like “One of the reasons there’s high divorce rate in Australia is the fact that there are such a thing as women’s refuges, where they can run-off without having to stay home and sort the problem out”. Well, if my mother had had a refuge to run off to’ Jack-C replied, he ‘wouldn’t have been listening to her for 10, 12 years shrieking for mercy’ at the hands of his violent father. Jack-C reflected further on the dynamics that developed at his table-group and said: ‘I’m really glad that I’m becoming my own man and not allowing peer group pressure from that type dictate to me what I’m going to think, feel or do’.

He elaborated further, explaining that one of these men at his table-group was the most vocal in expressing ‘the more extreme stuff’; the others, he said, ‘they were just validating him. There were two guys to my left who were approximately my age... they were quiet when these views were being spoken on the other side of the table. Resolutely, Jack-C concluded, ‘bad things happen when good people do nothing’.

<sup>19</sup> Completed-forms were then collected by the table-facilitators, in readiness for an area-support-staff member to collect as they made their way around the room. The area-support-staff member roamed throughout the forum performing a similar role, and assisting as required, throughout the day.

result of his injury he ‘needed to give up work’.

George’s deliberative experiences stem mainly from his professional background, and since his injury he has been heavily involved in ‘making a difference’ on matters related to men’s health and wellbeing, including volunteer work on various committees.

George was not alone in these thoughts, and although it was becoming apparent as to how the forum itself would proceed, the fast pace of the day’s agenda deterred several citizens from asking such ‘big-picture’ questions at this time. Still, George said, he could not help but wonder throughout whether the forum ‘was an experiment or whether there was a purpose behind what we were doing’. Quite tellingly, he provided the following metaphor to encapsulate how he felt when deliberating at the forum. Unlike the experience Jack-C relayed above, George’s metaphor also conveys how his table-facilitator supported him in feeling safe throughout this forum.

### **Metaphorically speaking 1: It was only a Hammerhead**

#### **George: Citizen-participant: SA mini-public**

‘Well it was like sitting in a boat, like I can picture this experience of going fishing with [his father-in-law] just off the shore, dead calm, absolutely perfect calm and I decided to go for a swim [laughs] that day... and this experience, I’m using as a metaphor, is of feeling so comfortable that I actually got into the water and, like I said to my father-in-law, “When you’re out here and its hot like this, don’t you ever go for a swim with all this water around?” And he said “No, not normally”. But I did’. After about five minutes, George’s father-in-law said: “Have you had enough?; Perhaps it’s time you got back in” [laughs]. And I said “Oh, I suppose”, and I got back in the boat’. George then realised that his father-in-law had seen ‘a shark approaching me and he hadn’t got at all flustered’. But, George added, ‘he saw it coming... I’ve never been back in the water, like, when we’re off the shore... I’ve never had a shark quite that close before [laughs]... It was only a Hammerhead, like, it wasn’t like it was a great white [laughs]... But’ he explained, it ‘could have given me a bit of a bite’.

George related this experience to represent the ‘unexpected’ for him because he had unanswered questions over the intent of the forum ‘What’s the real reason behind this

experience?: What am I here for, what's likely to happen?' Nonetheless, he said 'the experience was very comfortable' and just as his late father-in-law helped him that day fishing, George recalled the table-group being of help to him at the forum. In particular, George said, the table-facilitator 'made sure you were heard and he wouldn't cut-you-off'. For these reasons, George added, that his table-facilitator represented his father-in-law in his metaphor, likening the table-facilitator's comments to that of his father-in-law: "Why don't you have something to say? What do you think about this, George?" He summed-up by adding, 'Yeah you felt safe... I was comfortable in the environment... you could say what you thought and I could measure what I had to say and not... have too much to say'.

Alex, another citizen-participant, also spoke of his uncertainty over the intent of this forum, including what would be done with the information provided by the citizens. He assumed SA Health was interested in what these citizens had to say, and that 'something will happen' with the information generated. 'But', he added, 'I don't know specifically what'.

#### **Participant portrait 11: Alex: Citizen-participant: SA mini-public**

Alex is under 30 years of age. He has lived in SA most of his life, has a strong and supportive network of friends, and knows a lot of people in the Adelaide community. Alex has an undergraduate degree in psychology and at the time of the forum was at the 'halfway mark' in his PhD: 'I'm looking at depression in men' he said; 'I'm particularly interested in how masculinity conflicts with depression'.

Alex is also heavily involved in a national project, designed to encourage 'men to talk to their friends or... if anyone notices that their male friend is not acting quite normal or something seems up... to just talk to them and ask them if they're OK... just to kind of encourage communication really... with an anti-suicide hope'. His deliberative experiences are derived from his social and professional circumstances.

Also expressing a lack of clarity over what would become of the day's discussions, Matt conveyed the indeterminacy that prevailed for him with the following metaphor. His

metaphor also represents the value with which he perceived his fellow-citizens' contributions at the forum.

**Metaphorically speaking 2: A brick forming part of an important structure, but it's not for the brick to know what its building... it's just there to do its job**

**Matt: Citizen-participant: SA mini-public**

It was like a 'brick', Matt said, to describe his deliberative contributions and he envisaged it as 'part of a wall. There's all these other bricks and they build up and they form some overarching structure, of which, I don't quite know what my little bit is forming, but it's a solid building piece'.

'You can have lots of opinions missing' Matt explained, 'and it'll probably still stay there but it's a solid important piece of that wall and, yeah, it forms some important structure'. Quite tellingly, he added, 'it's not for the brick to know what its building... it's just there to do its job'.

***Information matters***

From her perspective working as a table-facilitator, Barbara picked-up on some of the uncertainties that prevailed for the citizens at this mini-public.<sup>20</sup> In large part, she attributed these uncertainties to the lack of pre-forum information given to the citizens. Barbara stressed how, if people have not been involved in this type of group process before, it is unfamiliar to them. So, if they are 'to be able to participate effectively' she asserted, they must have 'some base-knowledge'. Further, she believed that for the citizens, who were anxious about coming into an unfamiliar process, like this forum, not having any pre-forum information, 'would raise their levels of anxiety. And I know there were people at my table who, it took them a while to feel safe to participate'. Indeed, seated at another table-group was Malcolm; we first met Malcolm in Chapter Four when he explained how the lack of information, before the forum, triggered significant anxieties for him.

Stephanie recalled the Steering Group's decision not to give information to the citizens prior to the forum; at that point, it was intended that contextual-information would be given at the beginning of the forum. But, she lamented, 'in the end that didn't really happen. So I think that kind of got a bit lost in the preparations'. As Stephanie saw it, the

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<sup>20</sup> The reader will recall first meeting Barbara in the social setting domain of Chapter Four, where her Participant portrait is given.

provision of that type of information was a matter of equity to create a 'level-playing-field'; she explained further:

*...people came to this event for all sorts of different reasons, with their own ideas, agendas, about expectations and things that they wanted to get heard, and they wanted to say. And for me the purpose of the bit at the beginning....is supposed to set the context.*

### **Process matters**

Having now explored certain features important to these citizens, before their actual deliberations were scheduled to begin, let us now turn to see how they make sense of their experiences during the process of the deliberative technology employed.

### **21st Century Town Hall Meeting**

The lead-facilitator then introduced the citizens to the first question of the day: *Q1: If you were asked to describe what being healthy means to you, what would you say?* This values-based question provided the citizens with a practical introduction to the 21<sup>st</sup> Century Town Hall Meeting methodology, including its strong emphasis on the use of ICT. The question was also displayed on two projector-screens, erected either side of the stage the lead-facilitator was standing on. Then, working in their individual table-groups, table-facilitators asked their table-group members to reflect quietly on their responses and when ready to write their comments on a worksheet provided: the citizens were explicitly asked *not* to talk with each other during this time to encourage them to reflect on their responses.<sup>21</sup> The completed-worksheets were then handed to the table-scribes, who typed the citizens' comments into their table-group's computer. After entering a few of these written-comments into the computer, table-scribes were instructed to press the send-button on their computer-screen. Sending the data incrementally provided opportunity for the thematic-analysis team to begin their task of collating the responses. This process was repeated as the table-scribes worked towards entering all of the responses into their computers.

Each table-group computer was connected to a central database which comprised several inter-connected computers. Working at this central database was the thematic-analysis team; physically located behind room-dividers but visibly situated within the same large meeting room as the citizens. This proximity added a sense of transparency to the analysis-

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<sup>21</sup> As the day continued, many table-group members could not resist the impulse to discuss their thoughts with their colleagues at these times, and one table-facilitator believed that asking the citizens not to communicate with each other on these occasions, constrained their deliberations.

process. Six support-staff members formed the thematic-analysis team<sup>22</sup>; they were joined by the lead-facilitator as time permitted her to step-away from her overall leading-role. As the thematic-analysis team collated the responses from each table-group, they had the added task of choosing suitable responses to exemplify the key findings/themes as they emerged. These examples would be, later, projected back for the citizens to see.

As this thematic-analysis process continued, the table-facilitators moved-on to the task of eliciting individual comments from each citizen at their table-group to determine what being healthy meant to them. After obtaining a response from each citizen, the table-participants were asked if they had any further ideas/comments to add. The table-scribes were very busy throughout this period too; listening intently to the citizen's comments and liaising with their table-facilitator regarding the specific information to be entered into the computer. 25 minutes were allocated to this first-question.

As the time-limit for each question approached, a two-minute visual-countdown appeared on each of the two, large-projector screens. This was to notify and encourage the table-groups to wind-down their discussions. Some of the citizens liked this 'count-down' and found it to be a helpful guide; for others, it was a source of frustration: confirming that insufficient time was available for their discussion. For instance, Alex noted that it was around the time the count-down began for each question, when everyone had 'had their say' that 'interesting things' were surfacing. He identified that it took nearly the whole time provided for each question for all the 'different opinions' to be expressed, and it was at that point when the citizens had 'heard what we all have to say' that they then wanted to 'add things on'. But once the time-limit had been reached, the computer software at each table-group was programmed to shut-down; effectively, preventing table-scribes from entering any further data.

The rigidly, enforced time constraints placed upon each question at this mini-public required the table-facilitators and scribes to liaise closely and expeditiously as the citizens put their comments forward. The previous day's support-staff training session had explicitly advised these people that table-scribes must only enter their table-facilitator's summation of their table-group's discussions into their computer – that is, table-scribes were not to act autonomously, entering their own summations - with the words of the citizens to be captured as much as possible. Some table-facilitators and scribes managed

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<sup>22</sup> Some of these people were academics; others were SA Health staff members.

this joint-exercise well and within the designated timeframe; their capacity to work as a team developed as the day progressed. At other table-groups, however, this working-relationship did not develop as spontaneously. In some instances, this information-gathering process created competing tensions for the table-facilitators and scribes as they were compelled to divert their attention away from their table-group's current deliberations, so that they might determine which parts of the previous discussion would be sent to the thematic-analysis team. Several citizen-participants commented that when this occurred at their table-group the overall group dynamic fractured: sometimes the whole table-group's deliberations came to a halt; at other times, many side-conversations sprang-up.

### ***Table-scribing matters***

In thinking about the role of scribe at this mini-public too, Dab expressed concern over what he perceived as the potentially, problematic way the citizens' comments went through a 'second' and 'third-filtering process' as it passed through their facilitator to the scribe, then on to the thematic-analysis team, before being displayed back in the room for the citizens to see. His, foremost, concern was that if these comments were not 'recorded and reported properly' with these 'filtering-processes', then, it would distort what was actually said at the tables. From his perspective, filtering-down from the 'big emotional thing that people are talking about' in just a 'few words by the scribes', with the key words then 'filtered-down' again by the thematic-analysis team, was 'a negative-process'.<sup>23</sup>

Reinforcing his point further, Dab spoke of the tension he felt as the men at his table-group 'would try to express their heart; they would try to express what was really happening for them' and then the scribes were to convey that 'within one or two words'. That 'didn't do justice' to what the men had said, he believed. These concerns were further compounded when Dab received feedback from the thematic-analysis team that they were not able to adequately comprehend the comments his table-scribe was sending through to them. After, unsuccessfully, trialling various strategies with his scribe to overcome this challenge, Dab, ultimately took on the dual role of facilitator and scribe for his table-group.

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<sup>23</sup> He explained, 'I sense a lot of money has gone into it, I felt what would have been better outcome' is if a recording-device was placed on each table so the table-participants could 'express themselves a bit better' rather than 'simply bringing it down to one or two phrases'.

### **Participant portrait 12: Dab: Table-facilitator/scribe: SA mini-public**

Dab was born overseas and emigrated to Australia when he was 18. At that point, due to political-conflict within the country he had been living, he'd experienced only eight years of schooling. Since arriving in Australia, he resumed studies and went on to complete both a Master's degree and a PhD. His doctoral thesis explored 'contemporary men's issues and problems' and this background, he said, explained his interest in attending the mini-public.

Dab now works as a teacher and researcher in the tertiary education sector of New South Wales. He'd been contacted directly by SA Health to participate in the forum and volunteered for the role of table-facilitator. Dab was confident and experienced in this role: 'I'm a teacher' he explained, 'I facilitate discussion groups all the time'. He has also conducted many 'focus group discussions' and understands the importance of a process that enables all participants to have the opportunity 'to speak and be heard'.

On receipt of all data from the first-question, the thematic-analysis team worked assiduously to finalise their analysis. Simultaneously, the most senior SA Health staff member present - a Director - addressed the citizens. Speaking in a relaxed and friendly-manner, this man included several personal anecdotes on health and wellbeing. He told the citizens that SA Health recognised the importance of men's health. His comments resonated with one of the key objectives of the SA Men's Health Strategic Framework, although there was no explicit connection made with this for the citizens at the forum; prompting, at least, one citizen, Russell, to wonder why this connection was not made. The SA Director went on to explain that SA Health wanted to hear from the people receiving their services: without that information, he said, SA Health might just blindly go about their work, thinking they were meeting the requirements of the community, but not necessarily doing so (SA Health, 2007, p. 4). The citizens listened attentively to what this person had to say.

After the Director's presentation, a brief DVD was displayed on the projector-screens. Russell recalled that the DVD featured several 'men talking about their experiences with health'. He acknowledged that type of information can be 'useful', but he felt it 'didn't contribute much to [his] overall understanding' because there was no information given to set the 'specific purpose' of why the video was being shown. He believed it would have

been far more beneficial if the citizens had been given opportunity to share their personal-stories at this point because, as the day progressed, it became apparent how ‘there were enough stories around the table that could have contributed that sort of perspective, had that approach been taken’.

Following the DVD, the citizens were asked to work together in their table-groups again for *Q2: What are the most important questions/ideas/clarifications that you have for the panellists?* The citizens were advised that a panel of speakers would convene after morning-tea to address their responses to this question. After a couple of minutes to reflect on this question, the citizens were asked to share their responses with their other table-group members. If several people agreed that a particular key question/idea was also important to them, the scribe entered it into the computer. This process continued until 4-5 key questions/ideas had been derived. Importantly too, if any citizens held a minority-view that was significant to them [although, not shared by others] these views were also to be entered into the computer: the computer program contained a section specifically for minority views, and these were distinct from the majority views obtained.<sup>24</sup> When the 23 minutes allocated to this session had passed, the computer program was again shut-down.

The thematic-findings from the first-question of the day were then projected back into the large-meeting room; with comments identified with the table-group’s number from which they had been sourced. The citizens soon realised that, along with their individual table-group deliberations, this process of thematic-analysis and projection of findings for all to see, was to be their primary means of exchanging knowledge amongst the large number of people at the forum. This means of communication became important to them.

Morning-tea was the next item on the agenda. Food and beverages were provided throughout the day: a breakout-area had been set aside for this purpose and was large enough for the citizens to move around easily and meet people who had been seated at other table-groups.<sup>25</sup> At the beginning of this, and other, breaks throughout the day, the

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<sup>24</sup> Professor Hartz-Karp and colleagues have developed this software, specifically, for use with this deliberative technique; capturing minority-views is important to the integrity and inclusivity of this democratic process. In the section, Unintentionally, disabling consequences as structurally reproductive agency: Reinforcing deliberative inequalities I refer to instances in which the capturing minority views was implemented.

<sup>25</sup> Mingling with each other this way was the only means available for these citizens to gain insight about who their fellow participants were and I observed several people exchanging contact details during the meal/beverage breaks.

table-facilitators had a pre-arranged, brief meeting with the lead-facilitator to discuss any problems they may be encountering within their table-groups.<sup>26</sup> In addition to this strategy, the 21<sup>st</sup> Century Town Hall Meeting methodology incorporates other ways of supporting table-facilitators in their capacity to manage their table-group's deliberations. For instance, if a table-facilitator was having difficulty resolving a problematic group-dynamic during any given session, they were instructed to hold-up a green-sheet of paper [provided within their paperwork], so that an area/roaming-support-staff member would be alerted to come to their aide.<sup>27</sup> Similar to the process described above, a red-sheet of paper was also provided to alert the ICT staff if any ICT difficulties were encountered at the table-groups. I observed these strategies in use throughout the day, with assistance promptly forthcoming. These strategies helped to maintain the flow of activity at each table-group so that, as far as possible, not one table was left to linger behind the others' activities. This was vital with such a tightly-packed agenda and the finite-periods available to enter data for each session.

### ***Thematic analysis matters***

Displaying the table-group numbers with the projected thematic-findings became a contentious point for some of the citizens; primarily, these people were concerned that there was not an appropriate reflection/acknowledgement of the comments from their table-group.<sup>28</sup> During the morning-tea break, some of the table-facilitators raised these

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<sup>26</sup> This meeting was one of several other strategies designed to check-on, and assist if required, how the individual table-groups were progressing; this strategy had been discussed during the previous day's training-session, and table-facilitators were reminded during the mini-public to meet together as the appropriate times approached. Of course, this feedback-process requires that the table-facilitators, themselves, are sensitive to any problematic issue at their table-group; this sensitivity may well have evaded some table-facilitators - especially if that table-facilitator was the source of the problems encountered. Indeed, a similarly explicit, though discreet, process for citizens to provide their feedback on how well the deliberations were progressing at their table-groups is not built into this methodology; that is, if the citizen did not want to voice their concerns directly to their table-facilitator. As we soon see, however, one assertive citizen did pursue the option of taking his complaint about the overall structure of this deliberative methodology directly to the lead-facilitator.

<sup>27</sup> For instance, one table-facilitator/interviewee utilised this option during a session to clarify, what their table-group members had identified as ambiguous wording for one of the questions. This strategy was also to be used if, for instance, a table-facilitator had a participant who insisted on dominating the discussion, inhibiting the participation of others, or any other persistent issue that was disabling their group's progress. If required, the area-support-staff member may have been called on to take over the role of table-facilitation if insurmountable problems were encountered, but I am not aware of that step being taken at this mini-public.

<sup>28</sup> After having participated in another 21<sup>st</sup> Century Town Hall Meeting technique, where the citizens welcomed the displaying of their table-group numbers with their projected comments on screen, I was intrigued as to why this was a concern at the SA mini-public. I was concerned that taking the table-numbers away, took away a level of accountability and transparency to the process. Having this level of accountability, effectively, provides the citizens from any given table-group, if they feel inclined, the opportunity to correct comments displayed if those comments do not adequately reflect what they had originally intended.

During the previous 21<sup>st</sup> Century Town Hall Meeting technique I had attended, there were indeed several occasions on which the citizens requested certain amendments to clarify how their earlier comments were

concerns with the lead-facilitator, who, around midday, decided not to display the table-numbers with the citizens' responses for the remainder of the day. Dennis was one citizen who thought this was a 'wise' decision: 'why was accreditation given to one and not to others' when, as he saw it, other tables had also 'put the same idea forward'. Indeed, at another table-group, it was Dab's observation that having the table-numbers identified with certain comments developed into a competition for 'acknowledgement': these men were 'working hard' he said, and on occasion they were 'actually upset that their comments were not shown'. When the organisers removed the numbers, Dab noted 'the men relaxed a bit'.

### **Participant portrait 13: Dennis: Citizen-participant: SA mini-public**

Dennis described himself as in his 'mid-fifties'; born in Adelaide and has lived there since. He has 'always been very sports minded' and in the last 15-20 years 'also quite health-minded'.

Dennis was recruited to the forum via the recruitment agency. He explained that although he'd been recruited to other engagement techniques by that agency, mostly, and in contrast to the SA forum, those other engagement techniques did not involve 'actual discussions'. The others, Dennis recalled, were 'after ideas or information, not in regards to... an opinion and any justification behind that opinion or... what your reasoning is for those opinions'. Whereas, at a more deliberative forum, like the SA forum, Dennis liked the opportunity it presented to 'learn to express yourself' and 'see what other people are doing'.

Questions over the thematic-analysis process, itself, also surfaced for most interviewees. Barbara, for instance, wondered whether the theme-team was 'looking for something in particular' and whether they were working with 'software' to help 'pull-out themes?'<sup>29</sup> Underpinning these thoughts was her concern that if there was not a systematic process underway in the thematic-analysis then it could be reflecting 'people's biases'. For these reasons Barbara believed it was important to the integrity of this engagement process that

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being relayed. That previous mini-public was about half the size of this SA mini-public, and as a consequence, different table-groups saw their table-number projected alongside certain comments more frequently. So, size possibly does matter when it comes to certain deliberative features: what may be well-received by a smaller forum-group can alternatively strike a different and unfavourable reaction amongst a larger group of citizens.

<sup>29</sup> There was no such thematic-analysis software program in use during this mini-public.

the thematic-analysis process was more effectively communicated to the citizens. Dab also speculated on the possibility of bias in the thematic-analysis process; specifically, his concern was in relation to gender-bias. He noted that the thematic-analysis team was constituted primarily of women, and although he did not observe ‘any prejudice or serious bias’ in the findings put forward, he could not help but wonder if there was any filtering that ‘happened in terms of what was put-out and what wasn’t put-out’.

The ‘level of detail that the theme-team can really explore in those kinds of time-frames’ was another matter raised by Diarmid.<sup>30</sup> He acknowledged that there may well have been an intent to explore the data in greater detail at a later date<sup>31</sup>, but the likelihood of this, too, raised questions for him over the utility of any ‘further detailed analyses’. Diarmid’s concern, primarily, related to the ‘broad nature of the questions in the first place, and therefore the broad nature of the answers: For instance’, he said, ‘How deep can that further analysis go?’ Taking his point further, Diarmid speculated: ‘Are we just going to end up with a whole lot more questions about the data’ when we ‘haven’t got those people to go back to, to clarify?’<sup>32</sup>

### ***The panel-session***

After morning-tea, the SA Health Director joined three other people to form the panel, seated on the stage at the front of the room. This panel-session was allocated thirty-minutes. The panel also included: Stephanie<sup>33</sup>; Herb, a Project Officer in the Aboriginal Health Division at SA Health<sup>34</sup>; and an educator at the SA Mental Health Training Centre.<sup>35; 36</sup> Despite this session being designed to address any concerns/questions from the citizens, most interviewees spoke unfavourably of this session. Their principal criticism

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<sup>30</sup> Diarmid was introduced in the social setting domain of Chapter Four, where his Participant portrait is given.

<sup>31</sup> If this was intended, it was not communicated to the citizens at the mini-public.

<sup>32</sup> The concern raised here by Diarmid, about not having the citizens available at some later time to clarify any points of ambiguity or simply to fill-in the lack of detail obtained, is an important issue of accountability requiring closer scrutiny. Due to time constraints on the timeline of a PhD, however, following-up with citizens who have attended a mini-public, to determine how well they believe the information generated at the forum was transformed into health policy decisions, was not considered a viable option but is certainly an important area for future research.

<sup>33</sup> Stephanie was introduced in Chapter Four, where her Participant portrait is given.

<sup>34</sup> Herb also participated in an interview for this research; his Participant portrait follows shortly.

<sup>35</sup> This person did not nominate for an interview with me, and consistent with what I have done throughout this thesis, I have not to given the names of people who were not part of my own research.

<sup>36</sup> Having people with expertise in relevant matters on hand during a mini-public to ‘clarify issues and answer questions’ from the citizens is considered an important element in creating opportunities for those citizens to develop more informed views (Lukensmeyer, 2005, p. 37).

being: the lost opportunity and ineffective exchange of knowledge that transpired. Dennis captured the thoughts of others when he remarked on how the panel-members ‘only gave an opinion, they didn’t give constructive information’.<sup>37</sup> Others, too, like Geoff, another citizen-participant, perceived that ‘the speech by the panel... was just public service speech writing. They were really saying nothing. Under the Public Service Act they’re not allowed to’, he added, empathetically; ‘so, can't blame the individuals’.

#### **Participant portrait 14: Geoff: Citizen-participant: SA mini-public**

Geoff described himself as ‘retired’ and ‘73 years of age’. He has lived in various places around the world throughout his working career but is now ‘settled in Adelaide’. Geoff’s professional background is ‘legal, finance and general management’.

Geoff’s experience with deliberations is, primarily, derived from his professional background. As he explained, those experiences involved a lot of ‘negotiations with people’: where working things through, with people, was ‘vital to achieve the outcome’. In more recent years, Geoff has been actively engaged in ‘quite a lot of voluntary work’.

Many of my interviewees believed that the panel-discussion would have been more effective if a more-senior SA Health staff member and/or politician were present<sup>38</sup>; the politicians, however, had been intentionally excluded from this mini-public. As the SA Health Director put it when asked by one of the citizens, why there were no politicians present, the politicians had been not invited to avoid any political ‘spin’ at the forum.<sup>39</sup> A few interviewees affirmed that decision; but for many others, it diminished the apparent consequentialness of the whole process.

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<sup>37</sup> Darren did not feel the panel-session was an effective way of exchanging knowledge either, and Alex suggested that the panel-session could have been more constructively used if it was staged earlier in the morning: ‘having those opinions or just some of those ideas in our mind from the beginning of the day might have meant that we got into the questions a bit better, because I did feel like the first couple of question sessions we had, it was more, sort of, getting into that frame of mind’.

<sup>38</sup> And it was Russell’s assessment that a more effective, alternative format might have involved the panellists in a ‘debate’ about ‘the pluses and minuses of doing certain things and then allowing the audience to participate in that debate in some way’.

<sup>39</sup> There may have been other reasons why a politician or more senior bureaucrat were not invited to participate in this public gathering, but no other reasons were communicated to these citizens.

A striking example of how the presence of, for instance, the SA Health Minister or more senior bureaucrat, may have added to the citizens' perception of the consequentialness of the forum was given by Barbara, who recalled a question put to the panellists by one of the citizens at her table-group.<sup>40</sup> This citizen wanted to know why - now that he is employed; in contrast to when he was unemployed - health care for his family is unaffordable. Barbara remembered him as 'very open' in his comments and she felt he was making a plea for help when he asked the panellists: "Isn't there some way that you can help families to be able to afford health care?" This citizen's question was acknowledged by the panel as being "A good question", Barbara said, 'but they didn't give him the answer...they talked around it because...there isn't an answer - a quick answer - to that one'.

Immediately following that scenario, Barbara observed that this man appeared somewhat dejected and slumped down into his seat. He then became 'quiet... He sort of sat like he's got the weight of the world on his shoulders' and did not engage fully with the discussions at his table-group thereafter. This scenario left Barbara thinking that this man may have participated in the forum 'looking for some answers that he didn't get'. Reflecting further on that encounter, Barbara concluded that more 'opportunities' to participate were required; 'we try to bring people together for one session, and try and do everything. It was... an ambitious agenda'. These citizens, she said, are:

*...all brought together for a day, and then they all go away...[and] I think with a person like that [the citizen who asked that question], having to go through some of the questions as quickly as you have to - because you get a short amount of time - are we asking the right questions then for somebody like that?*

*Does there need to be a session where people get to talk about what they want to talk about?*<sup>41</sup>

George clearly agreed; 'you can't do it all in a day', he explained: 'People have got to go away and simmer over it a bit' and have another opportunity 'to look into the areas of their interest'.<sup>42</sup>

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<sup>40</sup> The citizen referred to in this instance did not nominate to an interview for this research.

<sup>41</sup> Clearly, this citizen's question was complex and would require systematic analysis of his and his families health needs to determine how they could be more effectively addressed. Whether the presence of a politician or even a more senior bureaucrat would have made a difference for this man, we can only speculate. It is likely though he would have felt, at least, validated in the knowledge that his concerns had been heard by someone in a position of enough authority to consider his concerns.

<sup>42</sup> Effectively, George regarded the SA forum as necessarily one of two parts: this current forum he described as Part 1. A second, more targeted forum would provide opportunity for participants to contribute their ongoing reflections. The necessity of a Part Two, for George, was also about accountability: 'there's got to be follow-up otherwise it's a waste of money' he reiterated 'You can't put all this energy in and then it just fizzle'.

There was, however, one table-group at the mini-public where substantive measures had been taken to promote opportunities for the citizens at that table-group to address matters of most importance to them. Herb worked as table-facilitator for this table-group.<sup>43</sup> This table-group was distinct in that it comprised only five citizens. During his post-forum interview, Herb expressed disappointment that a few people, who had earlier agreed to participate, did not attend on the day. As the day progressed, however, he noted that instead of this lower-number of table-participants being a constraining factor in their deliberations, it created opportunities that were not available to the larger table-groups: that is, where the same amount of time needed to be shared amongst a greater number of citizens. In particular, Herb noted, that the citizens at his table-group ‘were able to have more discussions on things that we felt really strong about because we had that time’; this produced favourable results for the depth of discussion that his table-group was able to reach too.

Herb’s table-group was distinct also in that it comprised all the Aboriginal men who participated in the forum and Herb had been highly influential in ensuring that their deliberations would be relevant to them.<sup>44</sup> Although responses derived from this table-group were configured so that they would contribute to the whole group’s proceedings, the actual deliberations which ensued at this particular table-group were specific to what was most meaningful in the lives of these men.

### **Participant portrait 15: Herb: Table-facilitator: SA mini-public**

Herb described himself foremost as an Aboriginal person; born in South Australia, and has remained ‘very close to’ and feels ‘really connected with’ his Aboriginal community. Herb has experienced a varied, professional background included 20 years as a soldier in the army: ‘I have an opinion on a lot of things’, he said ‘especially since I’ve got out of the Army. When I was in the army I was very narrow focussed on my career, and my family, and being a soldier in the army. When I got out I was a Manager of a Research Institute’ at a South Australian university, ‘and then... I dived head first into Aboriginal issues, and that opened my eyes – oh, man that opened my eyes to a lot of what was happening, and what

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<sup>43</sup> A SA Health staff-member, whom Herb was familiar with, worked as table-scribe; Herb believed that his table-scribe did a great job at the mini-public.

<sup>44</sup> Herb was well aware that Aboriginal people, in general, are typically ‘harder to reach’ or engage in such public fora. Most other table-groups had 9-12 citizen-participants and Herb planned to follow-up with the people who did not participate to understand what prevented them from attending on the day, but at the time of our interview together he was unaware of the reasons why they did not attend.

was not happening, as far as the Aboriginal community was concerned’.

‘Since that earlier work, Herb worked with a variety of government departments, always placing an emphasis on ways in which he could assist Aboriginal people to ‘be more capable of looking after themselves’. His current work is with the Aboriginal Health Division of SA Health. This work, Herb said, was ‘enormous’ because it involves jurisdictional oversight over Local, State and Federal matters.

Herb was invited on to the panel of speakers at the forum only a couple of days beforehand. He was initially tentative about accepting the role but agreed with the caveat: ‘As long as they understand that I’m not the expert on men’s health, and I’m just there to help’. Once the panel-session began he remembered feeling ‘fine; I was happy to talk about anything’ but added, ‘I would have liked more time to answer some of those questions, because I thought some of those questions were really good’.

As a local Aboriginal man himself, Herb, recognised that his table-participants were initially responding to the forum-questions in a manner consistent with what they had been asked to do when they had been ‘consulted’ or ‘surveyed’ in the past.<sup>45</sup> He recalled how, during that period, his table-participants were only providing ‘dot-point type’ responses, requiring him to focus the group’s attention on ‘trying to fill-it-out, flesh-it-out’ a bit. During his interview, Herb pointed-out the difference this can make when asking Aboriginal people about their health and wellbeing. In particular, he explained that if opportunity is not provided for Aboriginal people to contextualise their responses, then, you are ‘not going to get the information that maybe you would want out of them’. So, although a ‘snapshot’ may be obtained, Herb said that without asking ‘a little bit more’ or going ‘a little bit deeper’ and getting them to ‘qualify’ their responses, Aboriginal men will not talk about, for instance, the ‘chronic problem that they have’. Much to his delight however, as the day progressed and his table-participants became more familiar with the deliberative process, itself, Herb noted their capacity to deliberate flourished.

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<sup>45</sup> Another reason why Herb believed it took a while for his table-participants to speak freely because they did not want to appear ‘[p]lushy’ or ‘dominate’ the discussion, and for a while, he needed to call on each table-group member, individually, to contribute their responses.

### ***Putting yourself in the shoes of the participants matters***

After the panel-session, the citizens worked again in their individual table-groups: progressing in a similar fashion as was done during the earlier forum-questions. This period between morning-tea and lunch had been configured so the citizens would receive their projected-feedback from the first of the next three questions itemised on the agenda before their lunch-break. During the morning-tea break, however, Russell complained to the lead-facilitator that the structure of the day was creating a ‘disconnect’ in the exchange of knowledge that was occurring: for instance, he explained, the citizens were required to move on to a new subject/question before they ‘heard what other tables had said’ about the previous question. He believed that this resulted in the citizens’ responses, when they were displayed back to the larger group, seeming ‘random’ and not relevant to the subsequent question they were working on. Many other interviewees were not as concerned, however, about the time it took for them to receive the group responses from each preceding question; it was their observation that the forum-questions were not structured in a way that was cumulative.<sup>46</sup>

Yet, in response to the expressed concerns from Russell the lead-facilitator modified the agenda so that the citizens would receive their feedback on the projector-screens more closely timed to each subsequent question. Doing this meant that the lunch-break was brought forward and the discussion on Question 5 was carried over until after lunch. As

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<sup>46</sup> That is, the questions were not framed so that the citizens’ responses would necessarily build upon each other, as might otherwise be anticipated at a mini-public when the deliberations are designed to, for instance, converge on a policy-making decision. We must bear in mind that Russell was one of only a few citizens at this mini-public who understood that it was intended to lead to policy development. If the other interviewees had also had this understanding at the forum their impression of the time-lag between questions and responses may have been different; the lead-facilitator was also aware that this mini-public was intended to contribute to policy development.

The differing perceptions on the time-lag between questions and responses may also be accounted for by the different capacities of the table-facilitators at the table-groups. Some clearly had more effective skills in explicitly linking together information derived from earlier discussions with whatever task was next at hand. Without triangulated data on the comments from each of my interviewees, I can only speculate on the difference these things might have made.

Some of the citizens also spoke empathetically about the practical constraints on providing more immediate feedback. For instance, when speaking about the time it took for the thematic-analysis to be conducted, Alex said, ‘I understand the criticism but at the same time I also understand that these things take time and they can’t sort of provide real-time feedback. So it’s a really tough-thing. I mean, yeah... I don’t know if there would be any way that that process could go quicker... Unless there was something like, the scribe at each of the tables chose, sort of, three main things or even just one main thing, whatever, to display to the whole room that could go up on the projector at the end of each session. That might be one way to do that, but... I understand it is a hard process’.

Restructuring the agenda so that the citizens had a break after each question was suggested by Russell, during his interview, as a way of getting around this delay - with the thematic-analysis occurring during each of those breaks and results streamed back to the citizens after each break.

such, Questions 3 and 4 were addressed before the lunch-break; each allocated 23-25minutes:

*Q3: If SA was one of the best places in the world for men's health and wellbeing, describe what it would be like – what would be your experience?*

*Q4: What stops men from achieving better health and wellbeing?*

Many of the citizens were keeping a close-eye on the agenda to help stay on track with the hasty proceedings, and the way things transpired, Barbara believed, the change to the day's agenda was not adequately explained to them. This created some confusion amongst her table-group members. She recalled them saying, "We're right off agenda now" and asking 'a lot of questions about, "So what are we doing now?"' This reinforced to her, the importance, when staging a public-forum, of putting 'yourself in the shoes of the participants': for example, she explained, "What will they need to understand, or do they need to know?" Although the time-lag between the questions and responses was not a major concern for most interviewees many were, however, highly critical of other features relating to the forum-questions. In the narratives that follow we see why these questions were important to these citizens.<sup>47</sup> Most strikingly, the forum-questions provoked a great deal of concern and cynicism over the intent behind the forum.<sup>48</sup>

### ***Wording matters***

While noting that the overall forum 'looked at a lot of issues', Darren, a citizen-participant, picked-up on a shared criticism, when he commented on the way that there was no exploration into 'the causes of the issues. Prevention is always better than cure' he said, 'and that was raised quite a bit on Saturday'.

### **Participant portrait 16: Darren: Citizen-participant: SA mini-public**

Darren described himself as, first and foremost, a single-dad. Due to the demands of raising his children alone he had not been in the paid work-force for over 10 years. His past experiences with deliberations were derived, primarily, from volunteer work at his

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<sup>47</sup> In itself, this is not a particularly surprising finding, especially when considered in light of one of the basic principles of community development: that, such questions will be most effective if they emerge, at least, in part, from within the particular community [or, at least, a representative group of those people]. This is to ensure that such questions are relevant and meaningful, and identified as important to that particular community. See Ife (2002) and Kenny (1999) for greater elaboration on this notion.

<sup>48</sup> The reader will recall that these citizens had not been given any involvement in determining the questions they would be asked to deliberate over.

children's school. This included many years of assisting in the running of the school-canteen and working as a teacher's aide.<sup>49</sup>

Darren's appreciation of the rewards gained by investing time and energy into deliberating on matters of import were deeply personal to him. He recalled the extensive deliberations that went on, in particular, regarding the planning for the teaching and care of children with Asperger's Syndrome he'd been involved with, as a teacher's aide. 'There was a lot of 'trial-and-error and testing different methods' and ways of engaging with this child, he explained. '[W]e'd have to sit down and work it out with the parents or teachers, and sometimes co-ordinating that was pretty difficult. But' he proudly added, 'it was always worth the effort. I had one kid in particular who was just a brilliant success and that just comes from all of that nutting-out and working-it-all-out'.<sup>50</sup>

John-S reiterated these sentiments; with his key concern being that the questions did not address 'what the problems are and what solutions can happen to improve those problems... I don't think they achieved that'. He stressed his point by saying that the forum-questions did not elicit 'any concrete solutions on how to fix the problem, at the end of the day. They just came back with what governments are looking for – "Spend more money; do this, do that" - but it wasn't how to fix the problem of men's health'. Overall, his perception was that the forum-organisers 'had a whole lot of general questions and just threw them all in; put them in a hat and pulled them out, and "Here you go". Whereas, and like several other forum-participants, John-S saw the potential developmental benefits of education and having the participants learning from each other. For instance, he said, 'Why weren't there any specific questions to then turn around and find out what people on the table knew, or what problems they perceived?'.<sup>51; 52</sup>

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<sup>49</sup> Darren was notified about this forum by the school-counsellor, whose discretion Darren had come to trust. That school-counsellor told Darren that his participation would add great value to the forum; other than that, Darren received no prior information about the forum.

<sup>50</sup> Darren explained that because he was 'the only male volunteering' the school tended to give him the 'difficult boys and some of them were a real handful'. It was evident that he enjoyed the challenge of that work, as he recalled recently seeing one of his past students, of whom he said he 'was really proud of... Yeah, I just know that work I did with him in Year 2, 3 and 4 was what made the difference to his life'.

<sup>51</sup> The nature of the forum-questions struck a similarly, frustrated and cynical chord for Geoff, who explained that the 'most effective consultations or negotiations, board meetings, whatever, end up with an actionable outcome'. As a result of the way the forum-questions were framed it was Geoff's assessment that a 'lot of the things that we spoke about... [at the forum] could not give result to any action - by government or anyone'. And although he found interest in many of the participant-responses, from Geoff's perspective they were: 'largely irrelevant as being non-actionable'. Geoff's principal concern was that some of the questions were so 'broad-brush', that they became 'meaningless - because you've got nothing to answer'. For Geoff,

Diarmid understood that this public-forum was intended to be democratically-deliberative. With this understanding in mind, his foremost concern regarding the forum-questions was that they were ‘so big-picture’ that it felt like they ‘could almost be too easily answered by the group’. As he saw it, this then meant that the citizens ‘didn’t have to really do the thinking behind some of those answers’. But, he stressed, that critical thinking could have been obtained if the organisers had been more specific in their use of the forum-questions to prompt the citizen to ‘really think about some of those issues in a kind of deeper level’. Diarmid believed that there is a ‘degree to which you need to supportively challenge a group, to really get them to kind of go that next step, go beyond the first principles, the basic high-level-big-picture stuff, and I don’t feel that we really got the opportunity to do that. And seeing what had come out of all the other tables, I felt like that was generally what was happening at most of the other tables too’. But, he added, these citizens ‘could have brought more value to the process... I personally think there was potential for them to deliver more value’. He was quick to emphasise though, ‘that’s not to say that they felt devalued by the process that they went through’.

Essentially, the point Diarmid was making was ‘everybody there would have felt valued, but... I feel like we perhaps could have expected, and perhaps got more out of them’. He acknowledged that it can sometimes be a ‘balancing-act between providing questions that

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actionable-questions directly related to accountability and he went as far as to suggest that because the forum-questions were so broad-brushed, ‘I think that we gave the politicians the way out’.

Russell was in accord with Geoff on these matters, and remarked that he didn’t think that the forum-organisers had policy recommendations in mind at all; adding ‘and it’s much safer for them to do it that way’.

<sup>52</sup> The lack of shared understanding on the purported, deliberative nature of this mini-public, also led to some of the citizens, including John-S, conceiving of various ways that the forum-questions could be, alternatively, improved. Also influencing John-S’s assessment on the forum-questions was his perception that there were only subtle differences in the information being derived from some of them. He went on to provide a highly nuanced perspective on why a lack of clarity on the deliberative intent of a forum can lead to some citizens, inadvertently, remaining resistant to the deliberative process, itself.

Along with most of my interviewees, the deliberative nature of the forum only became apparent to John-S during our interview together. Without insight into the desirability of citizens having a preparedness to reassess certain pre-existing opinions during the process of reasoning together during a mini-public, it was John-S’ assessment, that if a forum-participant did change their opinion on a topic that was being discussed, it indicated they were not being consistent or ‘thinking correctly’. He suggested that it would have been interesting at the forum to have had ‘the same question asked to you in three different ways - in a series of questions - to find out whether you’ve all got the same ideas and you come back to the same ideas every time. Or, whether by the time you get there, you answer differently’. If each question was structured in these different ways, John-S suggested, then, it would thus be possible to determine if someone was ‘actually not answering the question properly or not following it properly’.

Indeed, this type of ‘inconsistent’ thinking as John-S puts it, correlates with Elster’s (1983, p. 1) ‘thin’ description of rationality. The reader will find more on Elster’s thin and thick descriptions of rationality in Chapter Two.

are safe enough, that men who have never met each other before are happy to talk about, and provides a safe space for those who might choose to disclose, and those who might not want to disclose information about themselves'. Perhaps, he added, it's also 'about how high we set the bar, and the expectations we have of the group'. But, he concluded, he 'didn't feel that the bar was set particularly high' for this group of citizens.

### ***Time matters***

One of the stated aims of this mini-public was to 'Explore how health services for men can be improved' (SA Health, 2011a, b). Yet many interviewees, like George, expressed disappointment that there was not enough time for: 'the process: the business of exploring what needs to be done to improve things'; 'we didn't have a chance to...look at those things', he added.<sup>53</sup> Indeed, most interviewees recognised the pivotal difference that time made to their capacity to discuss the things that were important to them at this forum.

Similarly, unequivocal about the practical constraints of time at his table-group<sup>54</sup>, and like Herb's earlier description of the development of deliberative capacity at his table-group, Matt noticed that it took a while for his table-participants to get into the flow of the deliberative process and to feel safe/comfortable about expressing their viewpoints. In the discussion that follows Matt candidly provides a nuanced account of how time influenced the dynamics at his table-group. He begins by relaying how initially:

*...everyone would just say something and then boom you've moved on to the next question, but you didn't get that sense of a building and communication really happening... Until...I guess we all sort of got the measure of each other.<sup>55</sup>*

He went on to describe this process of 'getting-the-measure-of-each-other', as 'like in an alpha-male-type-thing, not that you defer to one person' but, he added:

*...you work out where you are in the pecking-order. ...the distinctions might be so subtle as to... just to feel comfortable where you are and... I think probably the guy next to me,*

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<sup>53</sup> As an example George referred to one of the questions where the citizens were considering what the government could do to improve men's health. He was concerned that the lack of time to do any in-depth exploration resulted in a glib response from many of the citizens 'like saying put more money in; that's not an answer' he said. Men's health was important to these citizens and as George lamented, 'that disappointed me a bit. We really need to look at those issues'.

<sup>54</sup> Despite these time constraints, many interviewees did not think that smaller table-group numbers would have necessarily enabled more effective deliberation. Primarily, as Geoff indicated, the concern about smaller table-groups numbers was that it would give 'less cross-pollination' of ideas and opinions. Although a valid concern, this was not necessarily borne out; see Herb's comments about the way the smaller number at his table-group enabled his table-participants to explore in great depth the issues that were most important to them.

<sup>55</sup> Russell made a similar point in relation to the citizens at his table-group 'sussing each other out'. There were no women at Matt's table-group.

*if push came to shove, would have been the leader of the group...yeah, I would have deferred to him... If he was starting, I would stop and let him keep talking.*<sup>56; 57</sup>

As the day progressed, however, Matt noticed that his table-group members appeared to ‘just relax in each other’s company’; a feeling which he described as having ‘nothing to fear or nothing to feel threatened about’. And:

*...once that process was got through I was quite happy and... didn’t really care what their perceptions were of me... were of what I said. I was happy to put myself forward and this is what I think - wrong or otherwise.*

But, he emphasised:

*...it’s not something that comes automatically... it takes time to settle into your groove a bit... as it evolved from a group of people talking, into a group working together - but it took time’.*<sup>58</sup>

Around the middle of the day Matt noticed that the dynamic at his table-group had developed into:

*...team working really well. [W]e were coming away with good ideas and there was a bit of patting on the back, and we got ours up on the board – “Yes” - and that sense of teamwork when yeah you saw someone else on the team or even yourself getting... your specific comment up on the board. It was like “Yes, we did [it]; we got that one”... there was definitely a camaraderie that existed.*

But, he added, it took ‘some time for a team to develop’.<sup>59</sup>

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<sup>56</sup> Dab, too, identified the development of a pecking-order within his table-group. He recognised this as a process of ‘group forming-storming’ as his table-participants were ‘positioning themselves in terms of some sort of leadership at the table, or secondary leadership’.

<sup>57</sup> The literature, not directly related to mini-publics, too, talks about the critical importance of the effective use of sufficiently allocated time and proximity - for personal interactions to develop and for participants in dialogue to get to know each other - makes in the building of ‘social, intellectual, and political capital and for developing communication competence’ Wade (2004, p. 370). This, Wade (2004) claims, allows a ‘natural momentum’ to develop as the group coalesces and becomes a ‘whole’.

<sup>58</sup> There was a young man at his table-group, ‘probably early 20s’, whom, Matt observed, unless the table-facilitator ‘dragged a comment out of him’, said very little the whole day. Matt reflected on this and identified that this young man and himself were ‘the only two that hadn’t had [much] exposure to the health system, and probably a younger chap would have had less to say and less... confidence to come in and put his opinions forward. It takes time to develop your position and your feelings about life in general, to get it out there in a group of older men’, Matt said.

<sup>59</sup> Matt provided further insight into his experiences of exchanging knowledge at his table-group; he, then, provided a ‘melting-pot’ metaphor to convey that although many views went into the mix, there was not any detailed examination of them: ‘With ten people and 25 minutes per question or per session you really didn’t get into it very deeply - what you got was a bunch of opinions. And, yeah, sometimes you’d have a bit of time to back those up, but realistically you’d put it out there and it would go around and people would add and argue a little bit about it, but I don’t think things were discussed very much in depth... It was more of a melting-pot... and it was all put in and stirred together... rather than teasing-apart the ingredients’.

### ***Table-facilitation matters***

Mostly, when my interviewees spoke of the deliberations progressing well at their table-group, they also remarked on how effective their table-facilitator was in the role. This was the case for Tim, who explained that his table-facilitator was:

*...a very calm person. He wasn't pushy, he wasn't arrogant or anything like that. He listened to what the group had to say. He prompted a little bit; he sat back a little bit. He didn't put his views across. He asked us our views, and if we would give an answer he would try and look into that answer by asking why we'd come to that decision.<sup>60</sup>*

Alan, another citizen-participant, also spoke favourably of the way his table-facilitator explicitly provided opportunity for every citizen at his table-group to have 'the chance to say something'.

### **Participant portrait 17: Alan: Citizen-participant: SA mini-public**

'I'm 53 years of age', Alan said, 'and I've lived in my local community area here since 1987'. Alan is tertiary educated and spent some years in the army. He has also been involved in the Scouting-movement most of his life. From that involvement he 'developed a desire to stay helping within the community' which has since involved helping children with intellectual disabilities to read and write. He has also been heavily engaged in amateur theatre: on-stage and working as a backstage member; as part of the organising committee; and as the 'official photographer'.

Alan was recruited to the forum by the recruitment agency, describing himself as 'one of their on-tap researchers who's happy to do things like that'.

This was conducive to Alan feeling valued for his contributions; as conveyed by his chosen metaphor, below, this had a deep impact on him.

### **Metaphorically speaking 3: I was valued**

#### **Alan: Citizen-participant: SA mini-public**

To describe how it felt for him when participating in the deliberations, Alan said, 'I felt that my input was valued... And listened to... And taken into consideration with whatever the whole table was talking about'.

<sup>60</sup> Tim added: 'He was very, very good at what he did, yes. I actually went up after the day and shook his hand and told him he did a nice job and it was pleasant to be in his group'.

He contrasted this feeling with some other times when he had ‘been to these types of events and I’ve been with people who know me and they just think of me as a... many people think of me as a joke. They think that I don’t know what I’m talking about; that I really don’t understand what’s going on and stuff like this, but at this one I felt like I was valued... And I was happy to give my opinion at any time when it was needed, when it was wanted... I didn’t get any stress from the day at all... I normally get some stress somewhere along the line [but] it didn’t happen at all at this one’.

### ***Developing empathy and the virtue of good epistemic practice matters***

Other citizens, too, spoke of the powerful insights they derived from experiencing a respectful process of exchanging knowledge. Dennis, for instance, believed this created a space to ‘open your heart’ and transform pre-existing assumptions or beliefs. Explicitly identifying that he ‘developed a little bit’ from his experience of the exchange of knowledge at his table-group, Dennis reflectively added:

*...if you’re an open individual, you can open yourself a lot more than just giving out information: you can give personal experience... you could open up your heart a little bit more and that’s what those groups are about.*

*A) it’s about information, but it’s also about opening your heart so that the person on the other end can open theirs.<sup>61</sup>*

From the perspective at another table-group, too, Darren said, that the conversations he was part of had a ‘powerful’ impact on him. He described the dynamics at his table-group in great detail and drew specific attention to the way the social determinants of health were mentioned, including how heavily they can impact on men’s health and wellbeing.<sup>62</sup> They were all men at Darren’s table-group, some of whom apparently carried a great deal of anger regarding their life-circumstances with them into the forum. Darren felt that his table-facilitator did a great job, letting people go and say what they wanted. ‘It was a good place for people to bring out those feelings and get them out of the way’. ‘You need to do

<sup>61</sup> Stephanie was the table-facilitator at Dennis’ table-group.

<sup>62</sup> When faced with the ‘very hard’, ‘uphill battle’ of trying to bring about change to some of these factors, Darren thought that too many men become ‘frustrated’ very quickly ‘and they just give up, and that breaks my heart’, he said. Particularly, Darren said, when these factors impact on those men’s capacity to ‘gain access to their children’. Darren used the expression ‘it breaks my heart’ several times throughout our interview together and seen in conjunction with his other comments, he clearly experiences life at a deeply emotional level.

that from time to time', he added. As an example, Darren went on to describe the change in demeanour he observed in one of the men at his table-group, as the forum progressed. Darren had met this man many years earlier and recalled:

*...he's always been very angry about his personal situation and he started off that way...he was quite fidgety at first...but after a while you could see him settling-down and becoming more relaxed...he just calmed-down...[and became] more focussed on the objectives.*

*So yeah, you could see that... people calming-down a bit... And contribute more too.*

Darren attributed this favourable change in demeanour to 'being able to talk' with other people who have experienced 'similar situations'. 'You felt understood', he said. His memory was that all of his table-group members 'were listening' to each other: 'As each person spoke everybody was actually listening and there wasn't anybody fumbling or looking away, or watching their watch'. Reflecting further on the powerful exchanges of knowledge at his table-group, Darren remarked on the 'common-ground' which emerged and with an element of intrigue, said that everybody had lived a 'different path, but we all got to the same place - it was just interesting... you could relate to what they had to say'. As a consequence, Darren remembered developing 'a lot of empathy' for his table-group members, and he 'definitely' saw a place for forums, like the SA forum, to help men learn from, and support, each other. From a personal perspective, he said: 'I learnt from it that I'm not the only one' which helped because life 'is quite daunting at times'.

#### **Metaphorically speaking 4: Feeling respected and like a person... not just a number**

##### **Darren: Citizen-participant: SA mini-public**

'Respected' was the word Darren gave to describe how it felt for him when he was expressing his opinion throughout the forum. 'I felt like my opinion was being listened to, and actually noted and respected. Nobody gave anybody any crap on the day', he added.

'It makes me feel like a man [laughs]... It makes me feel more like a man [laughs]', he said, 'Yeah... but that's important'.

When I checked with him, did he mean that he felt valued for who he is, he explained: 'Yeah, for who I am... we can battle all day and if nobody listens then it makes no difference. We can live a really easy life as well, but if nobody actually takes any notice, what difference does it make? ... In one thousand years' time it won't matter what kind of car we drove or what sort of house - we can't leave a legacy of a house [laughs]... It's what

we give our children and our communities... it's the only way you can leave a legacy'.

Darren described this feeling further by saying that it is, 'about feeling respected and like a person'. He referred to the ongoing depression he has struggled with for many years and said 'you don't feel much like a person when you're sitting around feeling sorry for yourself. Whereas at the forum he 'never felt like his opinion was unwanted'. 'Welcoming' was another way he described this feeling, like he was part of the 'community... not just a number'.

### ***Learning from each other matters***

Indeed, most of my interviewees had not been involved in a mini-public before, but soon recognised the opportunity it presented to learn from each other. As Ian noted, the discussions 'raised a lot of issues'; 'I mean there is a lot of it, I've heard it before, and I'm sure others have. But it brought it all together and in one time, one place. So it was good to air it and for the men to have an opportunity to voice their concerns and feelings and thoughts about men's health'.

### **Participant portrait 18: Ian: Citizen-participant: SA mini-public**

Ian was born overseas 65 years ago; moved to Australia as an adult, then, married and raised a family here. He retired from work as a 'professional engineer' in 1998 and in 'finding there is just so much to do and so little time' has developed an extensive and eclectic array of hobbies and volunteer projects. Since being diagnosed with prostate cancer Ian has been heavily involved in raising awareness about that condition and its treatment through volunteer work with related organisations. This volunteer work involves giving 'talks to anyone who'll listen', and assisting on the 'Cancer Helpline'; a telephone-service available to the public if they want 'to talk to somebody who's had particular treatment' for cancer. It's 'reassuring to them to speak to someone that was diagnosed nine years ago and is still alive', Ian added, because for many people, 'diagnosed with cancer', they think, "I'm going to die". But, if they can speak with someone like him, who has had a 'particular treatment', it can help to dispel their fears.

Ian's experience deliberating in the public sphere is derived mainly from his volunteer

work, and myriad meetings and conferences. ‘But’, he added, he had not been to other forums ‘where I’ve been asked for input’.

In particular, Ian said he felt valued for his contribution at the forum because he was able to be ‘pushing-the-barrow of prostate cancer awareness’.<sup>63</sup> He went on to relay one instance which reinforced to him the value of his advocacy and spoke of one of the men at his table-group, who had recently been diagnosed with prostate cancer. But, Ian recalled:

*...he had little awareness... He had not taken responsibility and learned as much as he could about his conditions.*

*I was able to give him some guidance... and I think I convinced him he should become more aware and more informed about it, because he had really little idea about what the options were and whatever.*

*So that was satisfying to be able to at least help this one particular fellow.*

Ian believed that this man changed his mind, in response to the information Ian had given him, because during one of the questions ‘we were talking about men taking responsibility for their own health’, and ‘he looked at me as he said that, so I think he’s intending to become more informed about prostate cancer and all his options and etcetera’.

As the youngest member at another table-group, Alex recognised the value of exchanging knowledge with his older deliberative-peers and referred directly to one of the forum-questions - ‘What can you do yourself to improve your healthcare?’ This question was important, from his perspective, because: ‘everyone has something they can say’ he added, ‘we all know things that we can do’ and he would have appreciated more time to exchange this type of information. And ‘some people on our table were having really interesting ideas that I thought I wanted to, sort of, jot-down and start thinking about myself, for my own life’.

### **Metaphorically speaking 5: Together we were building something unique**

#### **Alex: Citizen-participant: SA mini-public**

‘My metaphor’, Alex said, ‘is that throughout the entire day we were all, sort of, building something and I felt that... when I was talking, engaging in that way I felt that was me sort

<sup>63</sup> The ‘pushing-the-barrow’ metaphor, spontaneously given here by Ian, was given by other interviewees too. I discuss it, and its connotations in relation to a mini-public, in Chapter Eight in the section on Unintentionally, disabling consequences as structurally reproductive agency: Everyone got on their ‘hobby-horse’ and ‘pushed-their-own-barrow’.

of hammering in my nails into the plank that I just added, or something like that. And I guess I felt that way because I felt that everyone, sort of, had - at my table - had something to offer and it was... we all had something different to bring to that process and... I felt that everyone's, sort of, experiences were respected. So I felt that what I was bringing to the table was something unique and that together we were, sort of... like, putting the pieces together...'

Similarly influential exchanges of knowledge occurred at Herb's table-group especially when the older men talked about their experiences with health services. Herb took the opportunity these exchanges of knowledge presented to encourage his table-group members to think back to 'before they were sick' and consider what could have been done differently to 'stop them being in the predicament' they might currently be in. The younger men were highly engaged in this process and wanted to learn from these older men's experiences. Herb recalled, that after hearing of the older men's adverse experiences, the young men remarked on how they "don't want to be in that position".<sup>64; 65</sup>

### ***Experience and training matter***

At some other table-groups, however, the lack of capacity demonstrated by certain table-facilitators was impacting heavily and unfavourably on the discussions. Although acting in the role of table-facilitator provided opportunity for these people to develop their capacity to do so, some interviewees, albeit, sympathetically, remarked on the way their table-facilitator struggled with the challenges they faced. Of primary concern to Diarmid, when it came to the inexperience of this table-facilitator, was the way that a couple of 'reasonably

<sup>64</sup> Diarmid also noted that there were instances when the citizens at his table-group gained new insights on health and wellbeing. He recalled one citizen who 'had some different views' to others in the table-group, but when the group began deliberating on the topic 'it became clear that other people agreed' with the points he was making. One example' that came to mind, Diarmid recalled, was when this man, who was the oldest at his table-group, made a comment during a discussion on what 'being healthy means'. This oldest man said "that being fit doesn't equate to being healthy - that you can be unfit and you can still be healthy, and likewise you can be very fit and you can be very unhealthy". And I think a number of the other people around the table had said 'fit, strong', those were things that...they'd associated with being healthy. And I think when they heard his view, they kind of went "Oh yeah, yeah; I guess".

<sup>65</sup> Dennis presented a different perspective, when speaking of the exchange of information within his table-group; he found the discussions that he was a part of to be affirming and validating of the health behaviours he has already incorporated into his life. For many years now, he said, he'd been making 'a more conscientious effort to focus on' his health, and he believed that the discussions he was part of at the forum 'highlighted' to him that he was 'stepping in the right direction'. He noticed, however, that the forum offered great potential for some other citizens to come to new insights about their health and wellbeing. For instance, it was his assessment that some of the forum-participants would have been able to obtain information from others at this forum that could 'empower' them 'to do more for either them[self] or their own communities in regards to seeking more services or...to help support them or their communities a lot better than... [what] they currently are getting'.

dominant' personalities managed to 'exert their influence' by responding very quickly to each question in a way that 'didn't create space for other people on the table to contribute'. Diarmid observed that his table-facilitator was ill-equipped to manage these dynamics, and on other occasions, he noted that the discussions at this table-group would 'flow through the facilitator'. During these periods, the other people at that table-group seemed, somewhat, 'disengaged'; resulting in a lot of 'side conversations' which were not on-topic.<sup>66</sup>

<sup>67</sup> Similar concerns led Barbara to wonder how valuable the support-staff training-session was for the people who were not already skilled in table-facilitation. She found it perplexing that inexperienced people were placed in this role because 'when you go to the trouble of holding something as significant as this, those logistical things are so important'.

### ***Networking and time for unstructured discussion matters***

When the forum-participants adjourned for lunch together, many took opportunity to get-to-know their fellow citizens better during this period; with many networking and exchanging contact details. These periods away from the more structured discussions were important, Ian believed, because a lot of the 'more personal information' was exchanged. This prompted him to suggest that it would have been 'useful and helpful' if there 'were more breaks for one-on-one type discussion. Because, really, that's not the kind of thing you want to talk across the table or in a big group about really'. Jack-C agreed. In particular, having experienced some intimidating behaviour from a few of the men at his table-group, he wondered whether such behaviour may have constrained the more reticent men at his table-group from participating more fully in the conversations. He elaborated:

*...there was a lovely young guy and... he looked as soft as a marshmallow this kid. He was about 34, and he was saying how he was so bullied, and so horrifically, at school that it triggered off his schizophrenia.*

*I had the same experience at school and... as we stood up and broke away from the table... I was able to congratulate this young man saying "It's absolutely wonderful what you're doing" and I said I had a confession to make: "I was bullied horrifically at school but later I became the bully".*

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<sup>66</sup> When speaking of the challenges faced by his inexperienced table-facilitator, Diarmid indicated how that also impacted on his role as a table-scribe. In particular, he noted, that there were 'times where two or three people would be talking at once, and as a scribe that was obviously quite difficult, because I was trying to capture everything that was being said'. Although audio-recording the table-group deliberations could help to alleviate some of these immediate scribing challenges, if table-group members are talking over each other the data may be incomprehensible when it comes to transcribing it at a later date. As such, it is important that table-facilitators remain vigilant to these factors; not least, so that each citizen can have the 'space' to express their thoughts and have their comments acknowledged by the other table-group members.

<sup>67</sup> Working as table-scribe at another table-group, I also became acutely aware of the challenges that can present for an inexperienced table-facilitator; I elaborate these in Chapter Eight with an empirical example of structurally reproductive agency: Reinforcing deliberative inequalities.

*And I said “I think it’s just wonderful that you’re putting your recovery into action”. And his face just sort of melted and I think that he got the same buzz as I did when I was being validated by the old guys in AA [Alcoholics Anonymous].*

*...you know life’s a pass-it-on-show and I wanted to make a bit of a difference to that young fellow for the day.<sup>68</sup>*

Ultimately, Jack-C’s experiences throughout the mini-public provided him with the opportunity to affirm, and demonstrate, the sense of autonomy and empowerment he has achieved since his troubled-past. These things are strikingly evident in the metaphor he provides below.

### **Metaphorically speaking 6: Catching a wave and feeling its power**

#### **Jack-C: Citizen-participant: SA mini-public**

Jack-C recalled when he ‘used to do surfing’ in his ‘mid-late teens and it was a hell of a lot of effort to get out the back of the waves and then you turn around, paddle fast, catch a wave and just feel the power of this wave and... my getting out the back of the wave has been a horrific life of violence, alcoholism and addiction to other drugs, and I’ve been diagnosed with five things along the way...’.

So to describe his overall experience of the forum, Jack-C said it was like ‘paddling to get out the back and then with a wee bit of effort, once turning around, you catch the wave and it’s the power of the wave’.

‘I’ve put a lot of hard work into finding out who I am’, Jack-C explained, and ‘just being able to not feel threatened and not have to increase the volume in my voice to be heard, and just to be able to say my truth was just absolutely wonderful... it was immensely empowering. You know’, he reflectively added, ‘the best thing you can be is just be yourself’.

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<sup>68</sup> Jack-C clearly understood the value of meaningful and candid dialogue; this was evident throughout his interview, in particular when he spoke of the support he had found in managing his alcoholism by participating in AA.

It was not uncommon, Jack-C said, for him to experience a situation that involves other men who are ‘not as tall as me, they don’t speak as deeply as me; they seem to want to put me into a position of alpha-male and “We’ll see if we can knock him down”. He remembered thinking at certain points during the forum: “Oh right, that’s right, the Australian schoolyard: whether it comes in the guise of an actual schoolyard; a front-bar; a blue-collar-working-place; the terraces at a football match... oh that’s right, that’s that bunch-of-bastards again”. And then I looked at them and thought “God almighty, did I really let people like you intimidate me for so long?”

After returning from their lunch-break the citizens were led into the remaining forum-questions:

*Q5: Given our ideal and the current reality – what could the health system do, or do differently, to assist men to achieve better health and wellbeing?*

*Q6a: What could men personally do, or do differently, to achieve better health and wellbeing, and b: How could their families and the community help?*

*Q7: Rank the 7 most important things the health system needs to do to assist men to achieve better health and wellbeing.*

*Q8: Rank the 7 most important things that men personally could do, or do differently, to achieve better health and wellbeing.*

Questions 7 and 8 drew upon the citizens' responses to Questions 5 and 6. These responses were collated by the thematic-analysis team, from the ten most dominant themes to emerge from Questions 5 and 6. The citizens were then asked to rank seven of them, in descending order of priority. The ranking/quantitative nature of this process elicited a variety of responses; with some interviewees expressing disappointment because it was not as meaningful to them, as that of the conversational-format of the earlier questions. Dennis, for instance, felt it was too 'cut-and-dry. There [were] the ideas on the paper and all you had to do was rate them. I don't think you got the opportunity to express an idea, let alone an opinion to back it up'. Adding, 'I think it was a little bit more simplistic. That wasn't what I was hoping for'.

The way that these questions were framed also met with criticism. As Russell explained, this resulted in the forum-participants 'valuing' existing structures/workforce arrangements 'without understanding that there were other ways of delivering services'.<sup>69</sup> With similar criticisms, Diarmid noted how some of the questions the citizens were asked to prioritise 'moved from the broad principles to very specific kind of initiatives'. This distorted the 'prioritisation' process, Diarmid believed, and because the priorities were not more effectively framed it created ambiguity and made it much harder for the citizens to be specific about what they were ranking. One notable example of this, he recalled, was a question in which the citizens were asked to rank whether they wanted 'more funding to health care' generally, or 'a very specific initiative around a particular population within men's health'. In this instance, the specific initiative related to Aboriginal men's health, and

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<sup>69</sup> Though, of course, the thematic-analysis team were working with the words that had been sent to them from the table-scribes.

because there was ‘a big difference between the two’, Diarmid said an unfortunate consequence was that ‘Indigenous health scored very low on the priorities’.

### ***Technology matters***

The ranked-priorities were, in turn, displayed back to the citizens in the form of lists and graphs. Many interviewees were impressed with the capabilities of the ICT at this forum. Alan, who, described himself as a ‘computer-geek’, said he felt ‘totally awestruck’ by the use of technology; he believed that it contributed to an ‘outstanding’ exchange of knowledge at the forum. Ian, along with a few others, also found the use of ICT to be a ‘very interesting’ means of seeing the ‘different values’ held by people in the room. The strong emphasis given to the ICT attracted some strong criticisms as well: including comments about how the information and graphs were displayed, at times, in a way that seemed quite meaningless: for instance, graphs were displayed without any explanatory wording/indicators. An overriding concern for Dab, however, was that a disproportionate emphasis was given to ICT at this forum; he believed this impeded the citizens’ deliberations. Far more favourable, from his perspective, would have been to allow ‘greater participation and greater expression of free-flowing discussion’ with ‘information’ provided for that to develop. Dab identified that a lot of the issues discussed at the mini-public were ‘important’ to these men and that ‘they would have liked to just keep on talking about them’.<sup>70</sup> The limited-period that was provided for table-scribes to enter data into their computers, however, made it feel to Dab like there was a ‘product-driven-agenda’ at the forum. And’, he added, ‘that product had to come very quickly’.

Stephanie was in accord with Dab’s remarks and, like him, Stephanie was highly experienced in the role of facilitating group deliberations. Yet from Stephanie’s perspective, the structure of this mini-public created ‘a lot of pressure’ on all involved. As a result, she experienced ‘a real tension between allowing the group, the participants, the time to talk and converse, and deliberate, and come to agreement themselves, and the need to put stuff in and through to the theme-team’.<sup>71</sup> She noted that her table-participants found it very difficult to get ‘agreement about what needed to be put into the computer.

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<sup>70</sup> Audio-recording the discussions, Dab said, would have been his preferred way of capturing the conversations within his table-group.

<sup>71</sup> Stephanie described several strategies that she and her table-scribe employed in attempts to do justice to their table-groups’ comments, whilst working within the time-limit provided for data to be entered into the computer. She remembered that sometimes it worked; ‘and sometimes it didn’t’.

And in a way' she added 'I think that was because they didn't have enough time to talk. It all felt a bit rushed, and that made it difficult'. Stephanie went as far as to say that she:

*...felt a bit deskilled by that, by the emphasis on the technology, rather than the skills, the process of people talking and facilitating, people conversing, and chatting, and deliberating.*

### **Metaphorically speaking 7: A fish out of water**

#### **Stephanie: Table-facilitator: SA mini-public**

Stephanie described her experience of table-facilitating as feeling like: '... a bit like a fish out of water. And I'm thinking about... the image of the penguin, and the suit, the tuxedo, and a penguin possibly being a conductor of an orchestra, but more like... instead of being a really skilled conductor, just kind of flapping about really, and not really achieving what they wanted to achieve. A bit like a ... a fish or something out of water.'

#### ***Feeling part of something matters***

An alternate view on the use of the use of ICTs was put forward by Herb, who found it to have a favourable impact at his table-group. Setting context for his assessment of the use of ICT at this forum, Herb described himself as an 'anomaly' amongst Aboriginal people, in that he felt well capable and unperturbed when given opportunity to stand-up and talk in a group. Yet, he explained, generally, Aboriginal people are 'very shy people, and they won't say anything... it virtually has to explode out of them'. If they want to make a comment, Herb said, it tends to be:

*"I'll say a comment, but please don't point the finger at me" type of thing. "Don't point the finger at us being a group of Aboriginal people. We just want to have our say, and have everything that we've said be taken and listened to, but don't point the finger at us" type of thing.*

With these points in mind, Herb had developed strategies to use at the forum to accommodate the citizens at his table-group.<sup>72</sup> Foremost, he explained:

*We didn't want Aboriginal men put on different tables because I was wary that... they wouldn't say anything, because if they're in a group where other people are just talking about men's health in general, and they want to talk about Aboriginal men's health - which is much more specific - that they might have been not included in the discussion, or they wouldn't have felt included in the discussion.*

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<sup>72</sup> Herb's comments demonstrate the important difference between formal and substantive equality. I talk more about the significance of this important distinction in the third proposition I make in Chapter Nine.

*So we thought well, if we get them there, then, at least they can talk about men's health in general, but [also] much more specifically about what they'd experienced as far as their health was concerned.*

Given that context, Herb believed that the use of ICT provided a more inclusive element at the forum, whilst also enabling the men at his table-group to discuss the issues of greatest importance to their lives. Herb observed that his table-participants were visibly pleased to see their comments displayed onto the projector-screens at various points throughout the forum: 'Like, "That's us. We're up there. Our comments are being taken in"'. Yet he also spoke favourably about the decision not to have the table-group numbers identified with the citizens' comments. He explained that this meant that these men could express their opinions and put them forward, without 'having the finger pointed at them'. When Herb recognised comments from his table-group displayed on the projector-screens, after the table-numbers had been removed, he took the opportunity to bring to his table-participants' attention that they still 'talked about similar subjects... to what other tables are talking about'. These things, Herb believed, provided a sense of 'we are connected with everyone else here, because we're talking about men's health', and it gave a sense of "We're part of something here". So, although these Aboriginal men were seated together as one table-group, Herb believed that 'they felt like that they were included in the whole forum, and that their comments were being heard and it looked good'. This helped to make the forum highly successful from Herb's perspective, who remarked several times throughout his interview: 'I really loved the day'.

From Alan's experience, the use of ICT had a favourable impact at another table-group, too. He explained that half of the men at his table-group were new-migrants, and he recalled the language-barrier which presented for them at certain times throughout the forum. On other occasions, Alan believed that the incorporation of ICT provided opportunity for these men to, at least, partially, transcend that barrier. For instance, he remembered one of the men expressing a great 'sense of pride' when 'his words actually got-up on the screen once or twice'; with this man saying proudly to the others at this table-group: "Look, I did that; I did that". Alan also remarked on the way that the citizens' comments, which had been projected on the screens, were compiled at the end of the forum and printed-off as a 'Participants' Final Report'. These were distributed at the

forum for the citizens to take home with them, if they wished.<sup>73</sup> Alan remembered feeling ‘rather proud’, too, when he saw some of his responses in the Participants’ Report:

*As I’ve gone through the final report, I’ve actually noticed about eleven things that I said, actually written the way that I said it, and I feel very proud of the fact that some of my input was actually considered worthy of putting it into the final report... And I like that.*

### ***A sense of hope matters***

The final session for the day was held as a plenary for the citizens to provide feedback/comments on what they had learnt during the day. Several took this opportunity and, overall, their responses were favourable and encouraging. Malcolm was one to contribute during that session. He remarked on the ‘common-thread’ running through the men’s comments at the forum which, he believed, indicated that ‘men are actually thinking, at least, thinking about taking responsibility for themselves’. Indeed, many of my interviewees later commented on how they thought it was ‘about time’ that their Government was finally doing something about men’s health and they were hopeful that SA Health would, somehow, use the information generated at the forum.<sup>74</sup> Many of these citizens had not participated in any such forum before and the opportunity to publicly discuss matters related to men’s health and wellbeing was important to them. Malcolm encapsulated this in the sense of hope he conveyed: ‘For me I think the overriding feeling I got from the [forum] was that things are looking very positive and hopeful insofar as, not only men, but health departments and all the rest are actually willing now to admit that men do have problems; we’re not the tough he-men types and... there is hope that things in the future for my kids and my grandkids can be a lot better’. Not dismissing such optimism, Darren added a tone of caution regarding the consequentialness of the forum:

*I’m hoping that some of the input that we all put together as a big group is going to not fall on deaf ears. If it’s just thrown into the trash basket, well, it was a waste of time, but it gives you hope that somebody actually cares enough to want to hear these opinions, to try and direct things into the right areas where it’s needed.*

After that plenary, the forum was brought to an end and the citizen-participants were asked to line-up to collect a \$150 reimbursement for their participation. This process took quite

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<sup>73</sup> Lukensmeyer (2005) views the generation of these documents as: ‘not just another report, but rather a living statement about what matters to their constituents, and a listing of those things for which they will be held accountable’ (p. 38). Yet, many citizens did not take their report when they left the forum. Some others, like Ian, thought it was ‘good to have the immediate feedback. Not that I looked at [it] right away but it was good that we got this right away rather than have to wait six months for it, or six weeks for it’.

<sup>74</sup> Some though, spoke directly of the tension between the competing rationalities in health funding. For instance, Geoff recalled answering one of the questions in the post-forum questionnaire, which asked: “Did I feel that it would result in any action?” I have to say I ticked “No” because I don’t know whether it’s a realist, or a bit of a fatalist, in that I think that health funding is so politically driven, that it’s a political decision rather than a logical one’.

some time and provided opportunity for further networking and reflection on the day's activity. Alan recalled his thoughts while waiting; he felt that the information generated within his table-group, particularly, when they talked about what men can do to achieve better health was 'absolutely fantastic' and this had a big impact on him:

*I got to think it over and I thought "This has actually changed me a little bit... Yeah, it's changed my outlook on a few things, particularly when it comes to men knowing about men's health".*

Dennis also spoke of experiencing some transformative insights within the discussions at his table-group, and expressed disappointment over the number of practical constraints on the discussions, in general, at the forum. Given its overall structure, his assessment was that the forum probably 'achieved what it wanted to achieve'. Yet Dennis was clear that he would have preferred 'more time' and opportunity to 'discuss particular areas more in-depth. But that's not why and how the process was set up' he surmised. To exemplify his response, he recalled many instances in which it was only possible to put forward 'an idea and a quick response in regards to why you supported that idea'.<sup>75</sup> Dennis was not alone in these observations. The obvious irony being: despite the framework of the 21<sup>st</sup> Century Town Hall Meeting, because Dennis and most of his fellow-citizens were given no inkling into the intended, democratically-deliberative nature of this forum, they left without any understanding of how different their experiences might have been if the Steering Group had used deliberative norms as their guide in its planning and implementation.

### ***Interim interpretations and the Deliberative pamphlet***

Far from the incendiary-device SA HPAs had feared this mini-public might become, this case study has demonstrated that, when a 'safe and comfortable' (SA Health, 2011a, b) space is purposefully created for citizens to come together and discuss matters that are important to them, an enormous amount of goodwill can be generated. This goodwill appeared to manifest for the HPAs too; with their apprehension regarding the unknowns related to this mini-public - displayed throughout the contextual resources and social setting domains - transforming into a distinctly, more relaxed demeanour as the situated

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<sup>75</sup> Russell expressed similar sentiments, adding that 'from an information point of view and from a knowledge-extraction point of view certain things were achieved... Well, from a very crass political perspective it can be quoted as justification for decisions taken in relation to deployment of resources and models of care'. He was, however, more critical and disappointed that there was no synthesis of the citizens' deliberations at the end of the forum. He recognised the time-constraints though felt it could have been done 'if it had been structured slightly differently and it would have been more useful if that had been expressed'.

While the Participants' Final Report did contain some of the citizens' comments, these were simply compiled with no indication on how these responses might be used or prioritised into any subsequent policy making.

activity domain unfolded.<sup>76</sup> Clearly relieved that the mini-public progressed without any adverse incidents, these HPAs even seemed to enjoy engaging with the citizens this way.

There were glimpses too, of the highly desired, transformative potential of democratic deliberation captured in the experiences of some of these SA citizens. Yet, this is somewhat perplexing, given all the factors which ran counter to deliberative norms; effectively, disabling these citizens from expressing their deliberative capacities more fully. So to bring this case study to a close, I will discuss my primary concerns relating to the way these factors impacted on the citizens' experiences.

Men's health and wellbeing was important to these SA citizens, and there were instances in which some experienced an effective exchange of knowledge that was deeply meaningful and influential to them. Indeed, the opportunity this mini-public presented for these citizens to engage in conversations together on matters of import to their lives was an important democratic development in this health policy jurisdiction; the significance of which did not escape many of the people present. As one of the table-facilitators noted, there were a number of occasions when the men present commented that it was "about time that we actually are being *consulted* about what's happening to us" [my emphasis]. I emphasise the term 'consulted' because although these citizens recognised the novelty and significance of being included in matters of importance to their lives, due to all the factors which prevented them from deliberating more effectively, a large part of what occurred during this mini-public was more like a typical consultation process than that of a democratically-deliberative means of participation.

Given that governments, such as the SA Government, are seeking to demonstrate more authentic means of engaging the public in decision-making on matters important to their lives by, for instance, trialling innovative and democratically-deliberative means of engagement, this is not a favourable development. Nor, would I suggest, was it an intended consequence because, all things considered, this case study raised no doubt over the commitment demonstrated by the HPAs to produce the best public forum they knew how.<sup>77</sup> What it has done, however, is raise questions over their concomitant roles and

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<sup>76</sup> As none of these HPAs participated in a post-forum interview with me, this comment arises from my participant-observations of their behaviour and attitudes.

<sup>77</sup> As indicated earlier, although there were other people on the Steering Group, the HPAs retained veto-capacity for all substantive decisions. For this reason, and consistent with my research aim of creating a fuller

responsibilities because their actions/decision-making did not demonstrate a logical consistency between their agreed positions, as a partner in CELP, to implement a democratically-deliberative means of engagement. By not using democratically-deliberative norms as their guide throughout the unfamiliar terrain of planning and implementing this mini-public, the HPAs expressed their agency in ways which highlight how unfit for purpose their bureaucratic structures and lines of accountability are, when it comes to operationalising a mini-public. With many decisions regarding this mini-public made by the HPAs away from the Steering Group meetings – that is, after conferring with their more senior bureaucrats - the full intent behind those decisions is not clear. What did become evident, however, was that communicating with the citizens about any such decision-making, let alone, including the citizens in the determination of such decisions, was not on these HPAs' horizon at all.

So much so that one of the most persistent themes running through the social domains of this health policy setting was that of ineffective communicative action. Such communication practices resulted in the citizens involved being 'left-in-the-dark' on many matters that they would have benefited from knowing more about. Take, for instance, the fact that these citizens had not been informed of the democratically-deliberative/participatory nature of this public forum. A reasonable question from someone unfamiliar with democratic deliberation might be: does it matter if that sort of information is not communicated to the citizens involved? Well, if this mini-public had exhibited more democratically-deliberative features, my concern over this may not be so great because, through the process of experiencing such democratically-deliberative features, the citizens present would have, at least, had some opportunity to come to new realisations over what a more expansive view of democracy has to offer them. But these citizens were denied that opportunity.

Indeed, despite the goodwill generated at this forum, when viewed from the perspective of deliberative democracy put forward in my earlier review of the literature, this case study contains many contrasting features.<sup>78</sup> In their haste to get this mini-public underway, and,

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understanding on related agency-structural matters, I have focussed attention on the influential role the HPAs played throughout.

<sup>78</sup> I refer here to the current, broader and more inclusive connotations of deliberative democracy which have developed in response to the more recent empirical-turn in deliberative democracy. For greater elaboration please see Chapter One: Sections: What is democratic deliberation? and Democratic deliberation: Authenticity and legitimacy. Also, please see Chapter Two: Sections: Communicative rationality vs instrumental rationalism and objectivism, The contested notion of rationality; and Persistent power asymmetries.

arguably, out of the way, the HPAs clearly struggled to reconcile the competing rationalities they were working within. This was particularly evident in their decision-making, which demonstrated cascading effects with adverse consequences for the citizens' experiences of exchanging knowledge and expressing their deliberative capacities. For instance, the decision to implement their mini-public after a relatively short planning period for such an engagement technique meant that this truncated timeframe created little opportunity for many fundamental constructs within the democratically-deliberative normative framework to be adopted; even if there had been a greater willingness to do so. As we learnt through the review of the literature, that normative framework can provide democratic authenticity and legitimacy to these means of citizen engagement. Without the support of those norms, however, the citizens' experience of this mini-public, including the lack of explicit information communicated to them about what the mini-public was seeking to achieve, provoked questions and cynicism relating to the overall intent behind this engagement process.<sup>79</sup>

Apart from simply not knowing what it was they would be doing, the lack of explanatory information communicated to these citizens, regarding all matters related to this mini-public, gave rise to other unintended consequences. For instance, the lack of clarity over what these citizens would be doing at this mini-public provoked a great deal of anxiety for one interviewee. Considering that several interviewees referred to some sense of anxiety regarding their participation at this mini-public, this may have also been a contributing factor in the number of people who decided, after earlier agreeing to participate, to not attend on the day.

The prevailing uncertainties about what it was these citizens were to be working towards in their small table-group conversations also eventuated in some of them working at competing odds with that of their deliberative-peers: for instance, some focussed on system-level, structural-factors; whereas others, understandably, in thinking that they were there to provide information on men's health and wellbeing, maintained a focus on a more personal, experiential-level. While not necessarily problematic in itself, as, Diarmid, one of the table-scribes noted, the lack of distinction made as to what was being requested of these citizens made it all the more difficult for them to, then, do the task of ranking their

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<sup>79</sup> A couple of my interviewees spoke favourably, though, of a reminder phone-call they had received from a staff-member in SA Health, the day before the forum, to confirm whether they would be attending the forum but this phone-call, apparently, did not contain specifics about what these people would be doing at the forum.

priorities for action amongst the responses provided by their peers.<sup>80</sup> Some other citizens, too, in thinking that their role at this forum was to provide lots of different ideas, did so, without exploring the depth of reason behind why they were putting forward such ideas. And at least one other citizen assumed that the task before the forum-participants was to find a consensus within their table-group conversations, putting that person at odds with what his table-facilitator had been asked to yield from their table-group. All in all, these and other factors described throughout this case study created avoidable barriers, which disabled many of the citizens from more effectively expressing and developing their deliberative capacities.

My foremost concern relating to the ineffective communication practices and their ensuing consequences is that they were not just circumstantial or as a result of the HPAs being ‘too busy’ with other planning requirements to consider the important bearing these things might have on the citizens’ capacity to deliberate. These factors, I shall argue, were underpinned by two particularly pernicious epistemic injustices within this health policy setting. Specifically, the findings of this case study point to the unequal distribution of ‘collective interpretive resources’ in this health policy setting, which has positioned these citizens at a distinct disadvantage when it came to making sense of their experience of this public forum (Fricker, 2007, p. 1). For these reasons, these citizens experienced hermeneutical injustice. Furthermore, this case study has revealed another, insidious, epistemic injustice to have occurred in this health policy setting: pre-emptive testimonial injustice. As explained in my review of the literature, the insidiousness of this particular epistemic injustice relates to the way it takes place in silence – including, the non-decisions – and is purely structural in nature.<sup>81</sup> As such, a pre-emptive testimonial injustice differs from that of a transactional testimonial injustice which arises within the process of interpersonal communication (Fricker, 2007).<sup>82</sup>

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<sup>80</sup> For similar reasons, Davies et al. (2006; 2009) critique the ‘unfocused’ questions put to the Citizens Council of NICE. Careful to distinguish that they were not imply that the deliberations or questions were unimportant to those citizens, or that they were in some way deficient. Instead, they point to the way that the questions and deliberative space was ‘framed and constructed’ and whether this was done in such a way that the Council could actually engage and fulfil their brief (2006, pp. 118-9).

<sup>81</sup> This does not suggest that expressions of personal agency are not implicated in reproducing structural process. On the contrary, and as explained earlier, I consider social structures to be the accumulated outcomes of the actions of many actors enacting their own intentions which are, often, uncoordinated with others (Young, 2013, pp. 59-62). In this instance, too, I would take this distinction further by adding that the reproduction of such social structures to be the accumulated outcomes of the *communicative* actions of many actors, enacting their own intentions which are, often, not coordinated with others.

<sup>82</sup> Although there were instances of transactional testimonial injustice also experienced by some of my research participants, primarily, the transactional testimonial injustice on display was the result of the deliberative inequalities at the mini-public. This transactional testimonial injustice is not inconsequential. I

As tends to be the case with the insidious nature of pre-emptive testimonial injustice and hermeneutical injustice, their occurrence was not apparent to the citizens involved when it was occurring. Indeed, most of my interviewees did not know of the deliberative-intent of the forum until we discussed it during our post-forum interview together. This suggests that many more of the citizens who participated in this mini-public did so without having any insight into its intended democratically-deliberative underpinnings. Given how little was known of citizens' experiences prior to these research findings, too, it is fair to say that, in certain respects, the HPAs involved did not even consider why it was important to communicate these things to the citizens. When juxtaposed with my experiences with the Steering Group in the social setting domain, however - in particular, my experience of certain members of the Steering group advising me to remove the word 'deliberate' from my interview-questions because the citizens would not understand what the term meant - the epistemic injustices on display here appear to affirm Fricker's (2007) claim that all such epistemic injustices are underpinned by prejudicial negative-identity stereotyping. But this does not imply a conscious malintent. On the contrary, this type of thinking tends to be unconscious and within the social imagination (Fricker, 2007); in this instance, seemingly within the collective thinking of, at least, some members of the Steering Group and the bureaucratic structures [including the organisational culture] the HPAs were working within.

At best, HPAs may have assumed that understanding the democratically-deliberative nature of this engagement technique was not important to the citizens. Still, would it not have been more appropriate, if not more democratic, to have shared that information with these citizens, and for those citizens to have been involved in the determination of whatever other information they might require? Moreover, when viewed in light of the paternalistic way that health systems have historically functioned [and in some circumstances still do], keeping this type of information from the citizens appears even more troubling. Indeed, these citizens were not only denied the opportunity to expand their knowledge on what a democratically-deliberative process is and what it might have to offer them, as it seems, they were also considered incapable of doing so.

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mentioned it in my review of the literature and I will discuss it further in Part Three where I consider how the virtue of epistemic justice might be alternatively developed to promote testimonial justice in such circumstances.

Yet, we know from the literature that one of the fundamental aims of a mini-public is that the process works toward enabling citizens to gain a clearer understanding of not only what they might want, but what is, also, in their best interests to know: individually and collectively (Mansbridge, 1999; Bohman, 1996). With this thesis arguing further that it was in these citizens' best interests to have been made aware of what a mini-public actually is and what it has to offer them: including, the opportunity to develop and express their deliberative capacities. Although expressed differently, during her post-forum interview, Stephanie raised similar points when she explained why her uppermost sentiment regarding this mini-public was the sense of 'lost opportunity'. Primarily, she was concerned that the HPAs 'still haven't got-it, or still don't believe in it'; adding:

*...there isn't really a commitment there to engage with people in this way, that's about meaningful engagement... in a way that is transformative and does build the capacity of people to have these conversations, and think about the issues in the way that there needs to, to be able to influence the decision-makers.*

Essentially, it was Stephanie's perception that to a certain extent the HPAs, in particular, 'were just going through the motions' because of their involvement in CELP and that:

*I think they believe in it to the extent that they have to do it' for example, as part of their accreditation processes but really just to believe in your heart that people can understand these really complex issues, can deliberate about them, and can really help you to make decisions to develop policy, to improve systems - I don't think they really believe that in their heart-of-hearts.*

The troubling nature of the epistemic injustices in this health policy setting are accentuated when considered in tandem with the realisation that in the absence of information that is educative, neutral and fair, it will be far more likely that any adaptive preferences (Elster, 1982, 1983; Sen & Williams, 1982; Nussbaum, 2011) these citizens carry with them into this mini-public will be reinforced; that is, not corrected in any substantial manner.<sup>83</sup> The findings of this case study point to two particular ways that adaptive preferences warrant consideration when mini-publics are applied to health policy settings. Firstly, during this mini-public, these SA citizens were asked to describe: what being 'healthy' meant to them; and their 'vision' of SA if it was one of the best places in the world. Yet, in the absence of any contradistinctions or alternate 'visions' presented to these citizens, what might they have to draw on other than what they are already familiar with?<sup>84</sup> Indeed, as Martha Nussbaum has plausibly argued, because 'society has put some things out of reach for some people, they typically learn not to want those things' (Nussbaum, 2011, p. 54).

<sup>83</sup> The notion, adaptive preferences, was introduced in my review of the literature in Chapter Two.

<sup>84</sup> It has been my observation at other fora as well, that if participants are not provided with some alternative visions on the ideal requested of them, they can struggle to imagine an 'ideal'.

I accept that there is a strong case to be made for the argument that it might not be possible to ‘correct the problem of adaptive preferences’ simply by giving citizens information during a mini-public, because adaptive preferences emerge from an individual’s life experiences and mitigating against such factors can require substantive mechanisms of social justice (Nussbaum, 2011, p. 83). Yet, having now explored the citizens’ experiences of this case study, we can see that it is possible for certain adaptive preferences to be transformed during a mini-public. This occurs, as earlier suggested by Elster (1982), through the process of citizens exchanging knowledge in public and rational discussions with each other. Indeed, even within the hurried-pace of this particular deliberative activity, some of my interviewees gained realisations they had not achieved before. These insights provided them with the opportunity to modify their pre-existing adaptive preferences on matters related to their health and wellbeing.<sup>85</sup> Some of these insights were directly relevant to their health and wellbeing, other realisations were indirectly related: for instance, some identified how certain, broader social structures impact on their lives.

When my interviewees remarked on any meaningful and influential exchanges of knowledge at this forum, it was evident that they had also experienced instances of epistemic justice; primarily, brought about by the virtue of epistemic justice displayed and encouraged by their experienced and sensitive table-facilitator. Having been a participant-observer at this mini-public, it is not possible to overstate the pivotally, critical role that table-facilitation plays in creating an environment to promote a meaningful exchange of knowledge. There were also instances relayed where some of the citizens demonstrated the virtue of epistemic justice to their table-group members: for some, this seemed to be their everyday communicative style and way of interacting; others appeared mindful of needing to work within the ‘ground rules’ which had been laid out for them.<sup>86</sup>

The second reason why adaptive preferences require closer scrutiny when citizens are engaged to deliberate on matters related to health and wellbeing relates to the way that these citizens were not informed of the intended democratically-deliberative nature of this

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<sup>85</sup> Whether or not any such transformative insights/correction of adaptive preferences are sustained when the citizens in question return to the habituation of their day-to-day lives is another matter, which will require longitudinal research to determine: such as that which I propose in my *Intentionally enabling* approach in Chapter Nine.

<sup>86</sup> I observed instances of the virtue of epistemic justices in the way certain forum-participants interacted with each-other at the table-group I was working as scribe; other instances were relayed by my interviewees, as I had included an interview-question inquiring about the communication styles of their fellow citizens.

public forum. Indeed, without such information, what benchmark would these citizens have to make sense of their experiences at this forum? The point I am making here is that without any understanding on what they might expect from a deliberatively-democratic engagement technique, how would these citizens know that they have, in the main, been denied the opportunity to more effectively deliberate? If for no other reason, when it comes time for the citizens to complete their post-forum evaluations, is it not reasonable that they have a fuller understanding of the democratically-deliberative intent of the forum? In addition, without these citizens developing such awareness, what impetus might there be for the HPAs to exercise their agency differently next time?

With the citizens' experiences of this mini-public now evident, and having shone some light into the hermeneutical gap and the pre-emptive testimonial injustices of this health policy setting, we are in a better position to consider what HPAs' roles and responsibilities ought to entail when they apply mini-publics: I will do this in the propositions I make in Chapter Nine. To bring my reflections on this SA case study to a close, however, I will next describe how I was able to respond to these findings in a way that impacted in the ACT health policy setting: the ACT case study is presented in the following two chapters.

There was a 10-11 month delay between this SA mini-public and any subsequent deliberative activity related to CELP; this period provided opportunity for me to analyse my SA data.<sup>87</sup> Given the ineffective communication practices on display and my abductive musings on the epistemic injustices discussed above, I became curious as to what more effective communication practices, exhibiting epistemic justice, might display when mini-publics are applied in health policy settings. Those reflections culminated in the development of the Deliberative pamphlet – a copy of which can be found in the front, inside-sleeve of this thesis.<sup>88</sup> The pamphlet comprises some key principles and theoretical insights drawn from the literature on mini-publics, brought to life with relevant quotes from my SA interviewees. It is designed to be part of what a more effective, communicative framework might exhibit when mini-publics are applied to health policy settings: that is, during HPAs' initial point of contact with proposed forum-participants, when expressions of interest and/or forum invitations are distributed. My intention in conveying the information contained within the pamphlet, is for it to promote a shared

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<sup>87</sup> As I explained in Chapter Three, the deliberative pamphlet represents one of the benefits of using adaptive theory for my research as it is a synthesis of relevant quotes from my SA interviewees woven together with some of the key principles and theoretical insights drawn from the literature on mini-publics.

<sup>88</sup> E-readers will find a print-version of the Deliberative pamphlet in Appendix Three.

understanding on what citizens might expect from a mini-public, when they are considering whether or not to participate.

The ACT HPAs expressed interest in the utility of the Deliberative pamphlet and had the required number printed; a hard-copy of it was then distributed to the proposed forum-participants, along with their formal invitations to attend the mini-public. Encouraged that the application of the Deliberative pamphlet in the ACT health policy setting might avert the insidious epistemic injustices seen in the SA case study, I took the opportunity to refocus my post-forum interview-questions. In doing this, I used the information contained within the pamphlet as a reference-point for my ACT interviewees to compare and contrast their experience of their mini-public with what the pamphlet indicates a mini-public might entail. Given this intervening development, and some of the reasoning behind its evolution explained, we can now move on to the ACT health policy setting; the entry point will be the contextual resources social domain.



## Chapter Six: ACT Health case study: Contextual resources and social setting

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### ACT contextual resources social domain

In many respects, the ACT is a significant democratic innovation in and of itself. Having only acquired self-governance in 1988 (Commonwealth of Australia Museum of Democracy, 2011a)<sup>1</sup>, this young and relatively, small jurisdiction has harnessed its youthful exuberance to grow in ways that distinguishes it from its less-progressive counterparts in other Australian State/Territorial jurisdictions.<sup>2</sup> This distinction was most telling when, in 2004, the ACT became the first jurisdiction in Australia to introduce general legislation on human rights (Commonwealth of Australia Museum of Democracy, 2011b) after a community consultation process sought to determine the most effective way to protect the human rights of ACT citizens (University of New South Wales, 2011).<sup>3</sup>

Despite these and other democratic gains, the ACT Government has not been immune to the same 'legitimacy deficit' criticisms levelled at many liberal, democratic governments around the world. These criticisms relate to the way mechanisms of engagement have been used as a ruse to legitimise certain pre-determined decisions (see, for instance, Baum, 2008; Aulich, 2010; Marsh et al., 2010). Such criticisms resonate loudly in the words of Susan, a citizen who agreed to participate in the ACT mini-public, as she reflected on her experiences of engagement with ACT community consultation processes.<sup>4</sup>

*I've had quite a few brushes with the ACT Government in terms of consultation [unrelated to healthcare] and have been left utterly underwhelmed by their ability to listen or hear, or take it seriously.*

*You can participate till you're blue in the face, but if they're got a desired outcome it doesn't matter what you say or do, or the evidence you put before them, if that's the conclusion.*

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<sup>1</sup> Whereas, for instance, the two other health policy jurisdictions working as part of CELP, SA and Q, achieved self-governance when Australia was federated in 1901. The only other mainland Australian territory, the Northern Territory, gained self-governance in 1978.

<sup>2</sup> This is not to discount some of the progressive gains made by previous SA Governments. See Chapter Four for further discussion on those gains.

<sup>3</sup> Along with recognising the civil and political rights embedded within its Human Rights Act, it could be argued that the dialogical model adopted for that Act, is emblematic of the ACT Government's strong interest in staying relevant and responsive to the best interests of its citizens.

<sup>4</sup> Susan relayed these experiences during an interview following that mini-public.

### **Participant portrait 19: Susan: Citizen-participant: ACT mini-public**

'I'm a mother of three children', Susan said, 'two, who have chronic illness'; Susan was invited to attend the mini-public by her children's clinician. She described herself as: 'Fairly articulate... I'm a member of the Paediatric Liaison Board. I have a Masters in Paediatrics and Law and Child Protection... I am a child advocate and have been a Child Protection Officer for 19 years... I'm just finishing my post-grad in counselling, trauma-counselling, focussing on children'.

Susan is 'intensely interested' in 'social justice'; her professional background thrust her directly into 'the effects of social exclusion, and how such things really affect child protection'. She has experienced many deliberative means of engagement, including those run through her various workplaces.

Yet having stood accused of not 'consulting' enough with its citizenry (see, for instance, Twyfords, Straight Talk & ENVision, 2010, p. 3), the ACT Government sought to respond by commissioning various projects to identify ways to 'strengthen its practice of community engagement' including 'how engagement can more effectively contribute to government decision-making' (ACT Government, 2011, p. 3), in line with the 'community's preferences for consultation' (Twyfords, Straight Talk & ENVision, 2010, p. 3).

Many and varied initiatives have subsequently been trialled to purportedly 'make information the ACT Government holds readily available to anyone interested' in its work (ACT Government, 2013b) so as to 'enhance democracy and place the community at the centre of the governance process' (ACT Government, 2013c).<sup>5</sup> With this objective in mind, the community engagement webpage on the Open Government website has been designed to provide information 'to assist members of the community and the government to achieve improved decision-making on policies and programs' (ACT Government, 2013a). Seen in this light, the decision taken by ACT Health senior managers in 2007-8 to include their policy division as a Project Partner in CELP appears consistent with the ACT

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<sup>5</sup> This includes being the first Australian Government to provide a summary of Cabinet outcomes, Freedom of Information documents, and ACT Government datasets publicly available online (ACT Government, 2013b).

Government's stated commitment to a transparent and interactive process of exchanging knowledge with their citizens.

Top-down 'democratic innovations' (Smith, 2005) in the ACT, however, do not enter a democratic-void; they must find a place alongside other, pre-existing and long-standing, grass-roots, democratic innovations.<sup>6</sup> Healthcare decision-making is a perfect case in point, for it has long been the site of another strongly, democratising force within the ACT landscape: specifically, in the form of the ACT Health Care Consumers' Association (HCCA). Established in the 1970's and with the typically, very well-educated, and less-deferential ACT community as its membership-base, this non-government organisation has flourished in its capacity to influence healthcare decision-making in the ACT and, more broadly, contributing significantly to the phenomenon described as the democratisation of health (see, for instance, Löfgren, de Leeuw & Leahy, 2011).<sup>7</sup> The involvement of ACT citizens in the work of HCCA – including many of whom now form membership on senior healthcare decision-making bodies – can also be viewed as vital to the deliberative system that encompasses healthcare decision-making in the ACT.<sup>8</sup>

As planning within CELP gained momentum, ACT Health was already firmly within the grip of another change process. Like other Australian state and territory health departments in the wake of the 2009 National Health and Hospital Reforms Commissions Report, a process of restructuring ACT health services was well and truly underway. Running parallel with these reconfigurations, the ACT HPAs involved in CELP were keeping an attentive-eye on concurrent processes to determine a suitable topic to engage with their citizens in a mini-public for their component in CELP. Time moved quickly and it was evidently a challenging period with many competing tensions for the HPAs involved. The fact that the SA Health Project Partners had implemented their component of CELP almost a year earlier seemed to compound the pressure on the ACT HPAs to expedite their decision-making regarding their mini-public. To their credit, the ACT HPAs demonstrated

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<sup>6</sup> The latter is sometimes conversely referred to being 'bottom-up'.

<sup>7</sup> See, Boswell, Settle & Dugdale (2014) for a more detailed analysis on the role of HCCA within another democratic innovation in the ACT, and Löfgren, de Leeuw & Leahy, 2011 for more analysis and discussion on the democratising influence of health consumer groups internationally.

<sup>8</sup> I first raised the notion of a deliberative system in Chapter Two: Section: A deliberative health system and the democratisation of health, and I discuss it further, in relation to the findings of this research, in Chapter Nine: Proposition Five. The notion of a deliberative system, essentially, refers to processes of decision-making; each component of the system may be more or less deliberative, but is able to be viewed as part of the broader engagement and decision-making initiatives within the democratic contexts from which they emerge. See Mansbridge, 1999; Parkinson, 2003, 2006 for further information.

great commitment in fulfilling their role as Project Partners in CELP, as several potential topics and deliberative techniques waxed-and-waned in their perceived viability as appropriate options.<sup>9; 10</sup>

The HPAs were provided with strong support in their decision-making processes by the CELP Steering Group<sup>11</sup>, and the regular meetings, out-of-session emails and phone-calls amongst relevant members, became an important component of the deliberative system that surrounded the HPAs' ongoing involvement and decision-making regarding their mini-public. Ultimately, the HPAs decided to engage with their citizens to deliberate over the pending update of the ACT Chronic Disease Strategy, with further details and an appropriate deliberative technique yet to be determined. This decision, however, created a short timeframe for the pre-forum planning because the development of the revised Strategy needed to fit in with other ACT Government timelines. Before we move on to explore the consequences of this decision-making let us first consider why chronic ill-health conditions might be a topic of importance for ACT citizens to deliberate over.<sup>12</sup>

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<sup>9</sup> Another topic seriously considered by these HPAs was to engage the public to deliberate over the ways that primary and community health services might interact with the new Hospital Network services. Outcomes from those deliberations, it was proposed, would feed into the development of an ACT Primary Health Care Strategy and the development of the Medicare Local Strategy and the Hospital Network operations. At the time, Medicare Locals were being constituted to work closely with the newly formed Local Hospital Networks, as a key component of the National Health Reform process. These changes were to represent and meet the needs of a new era for health: coordinating health care delivery and identifying service gaps (Australian Medicare Local Alliance, 2012; DoHA, 2012).

This would have been a highly relevant and appropriate topic to engage with the local citizens, but the governing body given oversight of the development of the ACT Medicare Local declined the offer of working with citizens towards that goal. Quite tellingly, and for a variety of reasons – including strong opposition from some powerful vested-interests, such as the Australian Medical Association - Medicare Locals have been accused of not achieving what they were intended to achieve, with many dismantled during 2014. One can only imagine if citizens had been engaged to deliberate on the development of Medicare Locals, more broadly, then, they might have been constituted in a way that more effectively met the needs of any given community in Australia.

<sup>10</sup> Had these HPAs included the ACT citizens in the decision-making process regarding an appropriate and relevant topic for deliberation, the path forward may have become clearer much earlier. But, similar to the SA health policy setting, these citizens were not included in that substantive, decision-making process. Of course, it is not feasible to engage citizens in all government decision-making processes; for a discussion on the types of substantive decisions that warrant the engagement of citizens, see Roberts, 2004.

<sup>11</sup> These CELP Steering Group meetings were conducted mostly as monthly teleconferences, but face-to-face meetings were also held, at least, yearly, and conducted within the various jurisdictions involved in the project. Web-conferences were also performed. The Monash team and relevant Project Partners were also in contact with each other whenever required at other times throughout the active-phases of CELP.

<sup>12</sup> My preference is to use the term 'chronic ill-health conditions' when speaking generally about these 'conditions' as I believe it carries with it a broader understanding than what might be considered the narrower, biomedical term, 'chronic disease'. The term 'ill-health conditions' is also more supportive of a social model, and *new* public health understanding, of ill-health, and health and wellbeing. As such, the term 'chronic ill-health condition' validates the existence of these 'conditions', although they may not yet be formally or medically defined or diagnosed as a 'disease'; a moot point as will be seen when we move on to the situated activity domain of Chapter Seven. For parsimony, I will use the term 'chronic condition' when appropriate.

### ***Chronic conditions***

Chronic ill-health conditions have reached a high profile over the last couple of decades, and prior to the more recent, humanitarian crisis created by the Ebola-virus in West Africa, the exponential rise of chronic diseases was widely acknowledged as the greatest threat to global public health.<sup>13</sup> So much so, that in many, so called, developed countries, the health-burden posed by chronic conditions has overtaken that of infectious diseases, which ran rampant 50-100 years ago (AIHW, 2014).<sup>14</sup> Sometimes referred to as ‘lifestyle diseases’, chronic conditions now comprise the leading cause of death and disability worldwide (WHO, 2002, 2012), with comparably, disturbing, findings in Australia (AIHW, 2014).<sup>15</sup>

In Australia, chronic conditions are known to impact on some population groups more than others: for instance, they occur more often and impact more heavily among socioeconomically disadvantaged people; they are alarmingly prevalent among Aboriginal Australian communities, where these conditions arise at a much younger age than that found in the broader Australian community (AIHW, 2010b, 2014). It is also known that there are significant gender differences in the way chronic conditions are experienced; not only does the impact of chronic conditions impact more heavily on women, these women also live ‘more years of life with a disability’ from chronic conditions than men do (Australian Women's Health Network (AWHN), 2014, p. 9).

Identified as arising with global ‘industrialisation and prosperity’, chronic conditions are a complex intermingling of many structural factors including: ‘social norms and socioeconomic’ forces; ‘individual biological and behavioural determinants’; and ‘living and working conditions’ (Wilkinson & Marmot, 2003; Sassi & Hurst, 2008, p. 7).<sup>16</sup> Complex conditions, including chronic conditions, are known to persist over time, and require carefully coordinated and integrated care. The confluence of these factors presents a formidable challenge to healthcare systems worldwide (WHO, 2002), with Australian health systems no exception to this general trend (AIHW, 2014). These challenging factors contribute to the notorious gaps that people with chronic conditions experience in relation to their health service delivery (AIHW, 2012a); particularly so, for people who have

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<sup>13</sup> See, for instance, WHO, 2002; OECD, 2013 for an international commentary on this phenomenon; AIHW, 2014 for details on the Australian context.

<sup>14</sup> This is not to deny the chronic health impacts that HIV has on affected members of any given community.

<sup>15</sup> In Australia, this statistic is quite staggering, with chronic conditions accounting for 90% of all deaths in 2011 (see, AIHW, 2011b, for more details).

<sup>16</sup> For insight into these factors see Wilkinson & Marmot, 2003; AIHW, 2014.

acquired a complex combination of multiple, chronic conditions. With no sign of the abovementioned challenges abating, there is growing acknowledgement that population health ‘demands proactive thinking’ (MacKean, 2007, p. 2).

The gaps in healthcare that people with chronic conditions experience are now also partly attributed to the ‘wickedness’ of these conditions; with different stakeholders all certain that ‘their version of the problem is correct’ (Conklin, 2006, p. 3). With so many different versions or ‘theories’ relating to the wicked-problem of chronic conditions, it is not surprising that a multifactorial response is now viewed as vital to their prevention and management. Thus, with no silver-bullet remedy or quick-and-easy answers to be found for the wicked-problems these chronic health conditions present, many governments around the world are now seeking innovative and more effective ways of harnessing the broadly dispersed, epistemic powers within their societies to improve the health and well-being of their citizens (Anderson, 2006; OECD, 2013). In addition, opinion is converging on the realisation that when people are included in decision-making about their healthcare, they have better outcomes (Leadbeater, 2004); with shared decision-making increasingly recognised as inextricably positioned at the interface between all health consumer and practitioner interactions (Légaré, Ratté, Stacey, Kryworuchko, Gravel, Graham et al., 2010).<sup>17</sup> Despite these realisations, healthcare professionals often do not involve health consumers in relevant decision-making (Légaré et al., 2010); with the power and communicative asymmetries inherent to the doctor-patient relationship identified as most problematic to any shared decision-making (Judson, Detsky & Press, 2013).<sup>18</sup>

Encouraging citizens/health consumers ‘to ask questions’, during their healthcare interactions, has been attempted as a healthcare quality improvement measure (Judson, Detsky, Press, 2013, p. 1). Other strategies have focussed on ‘interventions that can be used to help healthcare professionals adopt practices to better involve their patients in the process of making decisions about their health’ (Légaré et al., 2010, p. 1; Berwick, 2009). The significance of these types of interventions cannot be understated, because involving people in decision-making related to their healthcare is known to increase their health literacy (AWHN, 2014), and with increased health literacy now considered a ‘key determinant of health’ (AWHN, 2014, p. 13) the question thus becomes: what might the

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<sup>17</sup> Indeed, this shared decision-making sits at the heart of what is now referred to as consumer-centred care.

<sup>18</sup> For instance, patients are known to be constrained by their inability to ‘initiate discourse and to shift topics’ in clinical settings (Bohman, 1996, p. 114); see also, West, 1984; Davis, 1988.

opportunity to deliberate and exchange knowledge on health related topics during a mini-public provide for citizens to develop their decision-making capacities on matters related to health and wellbeing?

In Australia, the response to the challenge posed by chronic ill-health conditions is currently directed towards an overarching framework of an integrated and inter-sectoral approach to their prevention and better management (AIHW, 2014); with the benefits of such an approach espoused in both the National Chronic Disease Strategy and the ACT Chronic Disease Strategy 2008-11 [hereafter, the Strategy] (National Health Priority Action Council (NHPAC), 2006; ACT Health, 2007). This approach comes with the recognition that because of the way modern-day health systems have developed – that is, in response to acute conditions and communicable diseases – they are unable to meet the health requirements of contemporary communities, in particular, those with ‘people at risk of, or living with, a chronic disease’ (ACT Health, 2007, p. 9; NHPAC, 2006).

Given this understanding, the ACT now places great emphasis on improving the health of the ACT community with ‘improved prevention, detection and management... across the population’ through the provision of appropriate programs and supports ‘in a whole of person response, rather than disease specific initiatives’ (ACT Health, 2007, pp. 13-4). Yet, because the Strategy was designed to align with the National Chronic Disease Strategy, it shared a focus on ‘five nationally agreed priority areas: asthma; cancer; diabetes; heart, stroke and vascular disease; and osteoarthritis, rheumatoid arthritis and osteoporosis’ (ACT Health, 2007, p. 10). The implication being that individuals need to have been ‘diagnosed’ with one of the above-stated priority areas, for their chronic condition to be prioritised in the Strategy.

Next, we explore the social setting domain. In this case study, the social setting domain encompasses the period between the HPAs’ decision to engage with the ACT community on a revised Chronic Disease Strategy up until the implementation of their mini-public.

### **ACT social setting social domain**

Unlike the protracted period of time it took for these HPAs to decide on their topic for deliberation, the planning for the proposed mini-public progressed relatively quickly; with a Project Reference Group [hereafter referred to as the Reference Group] established in January 2012 to oversee the planning and implementation of their, yet to be determined,

deliberative technique. The Reference Group comprised representatives from the Policy and Government Relations of ACT Health [three senior HPAs: with assisting junior staff, as required], a HCCA representative, the Executive Director from the ACT Medicare Local representative, an ACT Health Chronic Disease Management Unit representative<sup>19</sup>, and the Executive Director from the ACT Heart Foundation.

The HPAs soon made a decision to contract the assistance of two consultants: one of whom was commissioned to conduct and report on consultations with certain stakeholders regarding the proposed 2012-2017 Chronic Disease Strategy - I will refer to this person as the Strategy-consultant.<sup>20</sup> The second consultant, Max, experienced in facilitating a variety of deliberative techniques<sup>21</sup>, was given the role of assisting the HPAs to structure the agenda and to act as lead-facilitator for the proposed mini-public. Once engaged, these two consultants also became members of the Reference Group. Following the Reference Group's initial meeting, I was also invited by the HPAs to join the group; this more inclusive approach to my involvement was refreshing and stood in stark contrast to the adversarial approach taken by the SA HPAs. My membership on this Reference Group enabled first-hand insight into the machinations within this phase of the policy cycle. As will be seen, this does not mean that I was privy to all decision-making regarding the ACT mini-public; primarily because not all decisions relevant to the mini-public were made during the Reference Group meetings.<sup>22</sup> What was now clear, however, was that with so many different people with different responsibilities contributing to the proposed mini-public, effective communication practices, including that regarding each person's role and responsibilities, would be vital.

Many decisions regarding this mini-public were, however, made during the Reference Group meetings, including which stakeholder organisations and support-groups would be targeted for their interest in chronic conditions and care; with purposeful sampling

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<sup>19</sup> This member, Associate Professor Paul Dugdale, is also a Chief Investigator on CELP, and primary supervisor for my PhD research.

<sup>20</sup> This Strategy-consultant did not consent to an interview, so as was done in the SA case study, I do not give this person's name. After an early Reference Group meeting, during which the Strategy-consultant openly declared that they had no experience or knowledge regarding deliberative methods of engagement, I offered to email a document to them which I had earlier compiled on some of the theory informing deliberative practice. This offer was accepted, but I received no feedback to indicate the utility of the information contained within or whether it was read.

<sup>21</sup> This consultant, Max, participated in a post-forum interview.

<sup>22</sup> This is not unusual practice when researchers are involved in bureaucratic processes, but I was not to lose sight that I was already known to some of these HPAs through my earlier work in health consumer advocacy. This may have further disinclined them from including me in all of their decision-making processes.

employed to recruit representatives from the relevant organisations/groups. Ultimately, the profile of citizens chosen comprised approximately one-third of people living with chronic conditions<sup>23</sup>; one-third from non-government organisations; and one-third were to be clinicians/ACT Health staff. Interest in the ACT mini-public was high amongst these people, as reflected in their response and participation-rate.

### ***Deliberative technique matters***

The Reference Group decided on a World Café deliberative technique for the mini-public. A World Café is a ‘simple, effective, and flexible format for hosting large group dialogue’ (The World Café Community Foundation, 2012), which is founded on the premise that ‘people have the capacity to work together, *no matter who they are*’ (Wheatley, 2005, p. ix [emphasis in original]).<sup>24</sup> The emphasis in a World Café is on group dialogue. This deliberative process bears none of the associated ICT costs with, for instance, a 21<sup>st</sup> Century Town Hall Meeting [as used for the SA mini-public]; instead, pens and paper form the tools for capturing the conversations. Indeed, part of the attraction of a World Café is that it places a, relatively, small demand on financial resources, though venue-hire and catering-costs need to be factored into any resource allocations (The World Café Community Foundation, 2012).

Underpinned by design principles, rather than a rigidly defined, step-by-step structure, another compelling feature of the World Café is that it can be modified to meet, basically, any circumstances in which it is being utilised; with the basic design clearly articulated and freely available on the World Café website.<sup>25</sup> The design principles, essentially, comprise an integrated set of ideas and practices. These principles emphasise such things as: the importance of setting context; creating a safe and hospitable space<sup>26</sup>: the premise here being that when people feel comfortable they do their most creative thinking, speaking, and

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<sup>23</sup> Such citizens Henrik Bang (2004) describes as ‘expert citizens’ compared to those without any particular expertise on the deliberative subject-matter, whom, Bang differentiates as ‘everyday makers’.

<sup>24</sup> The World Café name and logo are protected under international copyright law; with free resources, material, and relevant information on their website available to the public under a Creative Commons Attribution 3 license: for more information on the World Café process see: <http://www.theworldcafe.com>.

<sup>25</sup> For instance, I first became familiar with the World Café process throughout my Master’s Degree in Community and Health Development, as well as experiencing its practical application when our course convenor, Professor Barbara Pamphilon, utilised a World Café as our end-of-semester student-evaluation/feedback process. I went on to apply and modify a World Café process, myself, when conducting an evaluation on a community development project I had been involved in with women with disabilities in the ACT community.

<sup>26</sup> As mentioned earlier in this thesis, there has been little attention given in the literature to the importance of participants ‘feeling safe’ in regards to a mini-public; where it is mentioned, it tends to be by practitioners rather than theorists.

listening; the relevance and meaningfulness of the questions posed: depending on the timeframe, one question only might be explored; encouraging everyone's contribution; connecting diverse perspectives; the quality of listening is seen as the most important factor in determining the success of a World Café, and identifying patterns and themes amongst the various table-groups helps to build a sense of connection to the larger group. Then, the emerging patterns and themes are made visible to all participants through a whole-group conversation, whilst being mindful to capture the ideas generated and shared in this whole-group conversation (The World Café Community Foundation, 2012). Although not stated as such, these principles clearly promote conditions of epistemic justice.<sup>27</sup>

In the final few weeks leading-up to the mini-public, two additional deliberative techniques were included into the proposed mini-public agenda, along with the World Café. The two extra deliberative techniques are: the Turning Point technology; and Open Space Technology [more commonly referred to as simply Open Space]. Turning Point technology uses interactive-polling software to identify citizens' preferences. The use of this technology has myriad applications and proceeds as such: questions/ideas are put to a group of citizens, who are given handheld keypads as a medium to provide their responses. The responses thus obtained are then collated and displayed back to the overall group of participants with the aid of PowerPoint software [or similar program] in the form of detailed graphs, which can later be reproduced in a report (Turning technologies, 2002).<sup>28</sup> A fundamental premise in the use of any such polling in a deliberative setting is that participants have already effectively deliberated and, thus, are ready to cast a vote.

The second, additional, deliberative technique, Open Space Technology, was developed in the mid-1980s by an organisational consultant, Harrison Owen, after discovering that 'people attending his conferences showed more energy and creativity during the coffee breaks than the formal sessions'; the format of Open space is thus structured in a way that aims to 'recreate this informal and open atmosphere combined with a clear sense of purpose' (Involve, 2005, p. 89). This deliberative technique is described as ideal when the work to be done is complex, and when the ideas and participants involved are diverse, but have a shared commitment to reaching creative outcomes (Herman, 1998); an attractive feature given the diversity of citizens/stakeholders invited to the proposed mini-public. In

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<sup>27</sup> The HPAs knew of this World Café website – how much they actively engaged with it, I am unable to comment on.

<sup>28</sup> The reader can find more information on the Turning-point technology at: <http://www.turningtechnologies.com>.

an Open space, there may be unlimited numbers of participants and they are encouraged to form their own discussions around a central theme of interest. Although timing is flexible, an open space session ‘usually lasts between one and five days’ (Involve, 2005, p. 89).<sup>29</sup>

Given an appropriate context and timeframe each of these two additional deliberative techniques has potential to make a significant contribution to the exchange of knowledge during a mini-public. Yet, only half a day was allocated for staging this mini-public and attempting to incorporate three different deliberative techniques into such a brief timeframe can, at best, be seen as hopeful. At worst, the decision to utilise three deliberative techniques appears inconsistent with the overall aim of promoting effective deliberation and as such, somewhat, irrational. The duration and starting time for the mini-public was chosen by the HPAs in an attempt to straddle the competing tensions around trying to engage as many clinicians and other health-practitioners as possible; with the concern being that a full-day forum would deter them from participating at all.

#### **Participant portrait 20: Emma: Table-facilitator: ACT mini-public**

Emma is a HPA working with ACT Health; she has extensive experience in conducting public consultation but this is the first mini-public Emma has helped to plan and stage.

Why and who actually made the decision to incorporate the additional deliberative techniques was not immediately apparent because these decisions were made outside of the Reference Group meetings.<sup>30</sup> Further insight into these and other decisions relating more broadly to the mini-public was, however, later provided by Max, the consultant contracted to work as lead-facilitator, and Emma, one of the HPAs, during their post-forum interviews. In the assessment of these two people the pressures of time due to the brief planning-period, the conflicting requirements and objectives of the two consultants, the lack of explicitly defined roles and responsibilities, and the lack of critical thinking around

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<sup>29</sup> The reader will find more information on Open space technology at: <http://www.openspaceworld.org/> and [www.involving.org](http://www.involving.org).

I would like to thank Professor Mark Evans for initially bringing the work of the UK-based organisation, Involve, to my attention, and for kindly sharing hard-copies of the material cited here. This material can also be found at the internet address provided.

<sup>30</sup> At least one of these additional techniques was introduced to the mini-public during a period when Emma, the only HPA with real insight into what democratic deliberation entailed, was out of the country on a pre-commitment.

certain decision-making were particularly problematic in this social setting domain. For instance, Max spoke of the competing tensions related to this mini-public being structured around the Strategy, explaining that:

*...when you use a deliberative process to inform a Strategy it's quite a challenge to do that; as opposed to a deliberative process to make a judgement about a particular direction.*

**Participant portrait 21: Max: Lead-facilitator/Deliberative consultant: ACT mini-public**

Max is an external consultant with extensive experience with many and varied means of community engagement, including mini-publics

Indeed, these citizens will not be asked to determine the validity of any such Strategy; instead their task will be to comment on certain decisions already made on their behalf. As a consequence, this mini-public 'wasn't designed' he thought, 'in a way that is conducive to the potential of deliberation' and he was cognisant, too, that in the weeks prior to the mini-public, certain HPAs 'were keen to take advantage of the technology'. Emma agreed and spoke candidly, specifically, referring to the use of the Turning Point technology:

*I don't think that it was a conscious decision... it was more, "This is something that's available; it's interesting technology; this might be something that we could use".*

The constraints of time were also evident as Emma explained how a lot of decisions relating to the mini-public were 'made in extreme haste': 'a lot of decisions about the agenda and that sort of thing were made quite quickly'. She went on to suggest that, what was missing in the planning for this mini-public was some 'clear' thinking 'about whether that would benefit or not' and some 'really robust conversation about these sorts of things'. 'Yeah... to be perfectly honest' Emma continued 'while that sort of decision was left ultimately up to us' if staging another mini-public she believed it was important to have an explicit arrangement between whoever was to perform the role of lead-facilitator [the role Max played] that they had the capacity to indicate to the HPAs things like:

*"No, that's not going to work" or something like that. And I guess we were, particularly... [a policy colleague] and I, once we had an experienced facilitator and we were, sort of, trusting their judgement, we probably didn't think as critically about the agenda as we should have.*

As a member of the Reference Group I was invited to share some of my empirical and theoretical insights from my ongoing research on CELP. This does not mean, however, that those insights were necessarily incorporated into the planning for this mini-public. For

instance, when I learnt that the two extra deliberative techniques were being included in the mini-public agenda, I explained how my SA Health empirical findings indicated that, due to the constraints of time, the use of technology at that mini-public had a strongly negative impact on many of the citizens who spoke with me. Although that information did not seem to make much of a difference to these HPAs, the more tangible Deliberative pamphlet did meet with great enthusiasm; evident in their decision to distribute a copy of it, along with the formal-invitation to attend the mini-public, to the proposed-participants.<sup>31</sup> The forum-invitations also indicated that the proposed-participants could expect ‘an innovative deliberative style of engaging’ (ACT Health, 2012).<sup>32</sup> So, overall, and unlike the SA health policy setting, these ACT citizens would be reasonably well-informed of the proposed deliberative nature of the mini-public.<sup>33</sup> How this information might impact on the citizens’ experience of deliberating at the proposed mini-public will be determined when we move into the situated activity social domain of Chapter Seven. For the remainder of this social setting domain, the pre-forum, support-staff training, and the way this mini-public was communicated to the public will be considered.

### ***Support-staff training***

Members of the Reference Group were invited to be table-facilitators, with a two-hour training-session planned to occur the day prior at the mini-public.<sup>34</sup> As things transpired, however, the constraints of time impacted heavily on this training-session and it became far less than ideal. For instance, one member of the Reference Group advised that they would only be able to attend the training-session for one-hour. With the constraints of time pressing, and only a week left to finalise details for the impending mini-public, the HPAs decided that the whole support-staff training-session would cut-back to one-hour for all support-staff members; it was scheduled for the afternoon prior to the mini-public.

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<sup>31</sup> The reader will recall I developed the Deliberative pamphlet following the analysis of my SA empirical data: more information on the Deliberative pamphlet can be found in Chapters One, Three, and Five. The ANU Multimedia Unit was employed by the HPAs to print 80 pamphlets.

<sup>32</sup> Proposed-participants were also later sent: the ACT/Monash explanatory statement; their consent form [to participate in the CELP evaluation; and a pre-forum questionnaire].

<sup>33</sup> The invitations also stated that the forum aimed to:

- ‘Understand a diverse range of views and collectively explore new ideas for improving chronic disease care in the ACT;
- Assist ACT Health Directorate to develop a new ACT Chronic Disease Strategy which reflects the needs of the ACT community; and
- Contribute to research on deliberative methods for engaging citizens in health policy development’ (ACT Health, 2012).

<sup>34</sup> The World Café process more typically refers to this role as that of a ‘host’, not all Reference Group members accepted the invitation to facilitate.

The HPAs were not experienced in the use of the 'Turning Point' technology and its use at the mini-public presented as an opportunity to develop their capacity in its use. Another ACT Health staff-member, proficient with this technology, was organised to demonstrate the technology to the HPAs in the afternoon of the support-staff training; this person was also contracted to lead the citizens through its use at the mini-public. Yet, for reasons beyond their immediate control, the staff-member proficient with the 'Turning Point' technology arrived late, and only moments prior to the time the support-staff training-session was scheduled to begin. Although this created an opportunity to then familiarise all support-staff members in the use of this technology, as can be the case with technology – in that it does not always perform on-demand – multiple attempts were made to demonstrate the functionality of this technology, before it functioned as required. The outcome from the combination of these factors meant that most of the, already truncated, time that had been set-aside for the support-staff training-session was consumed by other matters.

Having earlier agreed to perform the role of roaming-support-staff member at the mini-public, John, participated in the support-staff training-session and recalled his observations on what transpired. Foremost, he 'was surprised and disappointed by what happened'. The 'disappointing aspect', John explained, was that 'almost the entire meeting was taken-up with boring technical-stuff'. Most problematic, he felt, was that this left 'almost no time' to discuss the mini-public or what it was that these support-staff members were 'actually supposed to do' at the mini-public. He described this as 'extraordinary' and it led him to believe that there was no real understanding on what a mini-public is actually about.

*Some of the people sitting around the table who were to be involved the next day appeared quite dismissive of the validity and value of the event itself, and made snide comments and joked about the utility of it. And there were comments about "How it was surprising you would get people to deliberate for 40 minutes".*

### **Participant portrait 22: John: General support-staff member: ACT mini-public**

John performed the role of a volunteer, roaming-support-staff-member at the mini-public; essentially, assisting with whatever task was required on the day. His involvement in this mini-public commenced in the afternoon before it was scheduled to be conducted. At the time, John was a PhD student at the Australian National University, with research interests sitting at the intersection of deliberative democracy and health policy.<sup>35</sup>

<sup>35</sup> When, in the final week prior to the mini-public, it appeared that there was not enough support-staff to assist at the mini-public, I mentioned John's background to the HPAs, who were keen for him to assist.

Although experienced in table-facilitation, John did not offer to facilitate at the mini-public because of the ‘requirement that you facilitate and scribe’; he recognised the competing demands of that dual-role and chose not to undertake the role.

During the training-session, it was John’s observation that Max, ‘hardly even really had an opportunity at this meeting to address people’ or ‘to explain’ what the following day’s mini-public might require of them. These things concerned John because he knew from his previous experience of mini-publics that facilitating ‘is a much harder job than it looks’. He remembered that during this training-session, too, ‘there were comments thrown around about just needing some pens and a bit of butcher's paper which in my experience, it requires far more than that’. Overall, his key concern relating to the training-session was that it appeared to signify that ‘if that's all that people thought it involved, then... [the mini-public] wasn't going to be all that it could be’.

Six questions had been developed for the citizens to deliberate over during the mini-public; these questions were presented at the training-session in the form of goal-commitments.<sup>36</sup> These goal-commitments were framed as the key stakeholders’ perceived priorities for the new Strategy; they had been derived from the Strategy-consultant’s consultation process with the various stakeholders in the new Strategy. HCCA was an organisational stakeholder for this consultant’s consultation process and Karen, the HCCA Policy Officer, helped to organise a pre-forum meeting between the Strategy-consultant and interested HCCA-members<sup>37</sup>; at which, she recalled there being 7 HCCA-members present.<sup>38</sup>

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<sup>36</sup> Opportunity for minor changes to be made to the wording of these ‘commitment goals’ was given to Reference Group members via email correspondence, prior to the mini-public.

<sup>37</sup> Following my SA fieldwork I had suggested to a few CELP members that in some circumstances a pre-forum session to help develop citizen’s deliberative capacity would be beneficial. The type of preparation I recommended is different to what appears to have occurred at the pre-forum meetings with the Strategy-consultant. My suggestion was that such a pre-forum session might involve setting context for these citizens, but also raising their understanding about what a deliberative method of engagement entails; possibly even some deliberative role-playing.

<sup>38</sup> The Strategy-consultant’s report lists this number as 11; that number appears to include the HCCA staff present.

### **Participant portrait 23: Karen: Citizen-participant: ACT mini-public**

Before moving to Australia from England in 1994, Karen worked with the British Foreign Office. At the time of the ACT mini-public, Karen had been employed as the Policy Officer at HCCA for 18 months. This work required her to be 'responsible for collating the material from consumers to feed into submissions on draft health policies from the ACT Health Directorate... though because we are such a small organisation, we often end up doing all sorts of other jobs'.

Karen recalled that during the pre-forum meeting, the goal-commitments were 'only touched on at the end... just before the Strategy-consultant needed to leave'. At that point, 'because we were wrapping-up the meeting quickly' the goal-commitments were looked at only very briefly; with Karen adding, it was 'not my understanding that they were the final commitments... it was more "Are we on track with these goal-commitments?" not' she said, "Here are the goal-commitments, do you tick them off?" Karen believed it was clear 'that there was a lot more to go into them' but she did think that, 'as a starting point they were good'.

The HPAs decided to use these goal-commitments as the focal point for the citizens' deliberations and during the pre-forum training-session table-facilitators were allocated to a specific goal commitment with which they would work with a group of citizens during the Open Space Technology session. The citizens would be asked to self-nominate to work on which ever goal commitment they felt most strongly about. From John's perceptive, structuring the proposed deliberations around the goal-commitments was highly problematic. He said he'd 'never seen it done like that before', adding:

*I found those goal-commitments themselves to be enormously... vacuous - that's the word I'm looking for - where you could read anything into them that you wanted to, essentially.*

Less-problematic, John felt, would have been structuring the deliberations around a 'basic question' like, "What would you like?" You know, taking it back a little'. Instead, his impression was that the Strategy-consultant had 'already done the work of consulting with people'; 'done everyone's deliberating on their behalf' essentially, but would now have the added burden of synthesising the citizens' deliberations after the mini-public, 'within a

couple of weeks or whenever her report was due'. John went as far as to suggest that it seemed to him like 'the report was actually already written. That was the sense I got'.<sup>39</sup>

### ***Communicating with the public matters***

The HPAs chose not to engage with the media before the mini-public. They did, however, provide information for a media-release about the mini-public to the ACT Chief Minister/Health Minister's Office. Information on the deliberative nature of the mini-public had been conveyed, but that piece of information did not make its way into the final media-release issued on the day of the mini-public by the Minister's office (ACT Government, 2012, n.p):

*Today's forum will provide the Health Directorate with an opportunity to listen to a diverse range of stakeholders, community members, non-government organisations and health care practitioners. The outcomes of today will be used in the development of the new Strategy to ensure that it includes strategies and initiatives that are appropriate, community-focussed and are supported by the ACT community when we are dealing with long term management of chronic health problems.*

*This forum is another example of the ACT Government working closely with the community to ensure that important government policy meets the needs and reflects the views of those it serves.*

How well the proposed mini-public would meet the abovementioned aims will be determined in the situated activity domain of Chapter Seven. Before moving into that domain, I provide some interim interpretations on the findings from the two social domains of this chapter.

### ***Interim interpretations***

Trialling an innovative way of doing citizen engagement, for instance, by being involved in CELP, implies a preparedness to modify some existing practices and there are some encouraging signs displayed in the social domains of this chapter. Indeed, the contextual resources of this health policy setting demonstrates a stated, political commitment to enhancing democracy and determining ways in which the ACT citizens might 'more effectively contribute to government decision-making' according to their preferred ways of doing so (ACT Government, 2011, p. 3; Twyfords et al., 2010). Yet, when we moved into the social setting domain, where the rhetoric of doing things differently confronts the reality of actually doing so, much of the HPAs' decision-making appears to replicate the way they typically go about their business of 'consulting' with the public. For instance, the

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<sup>39</sup> I did ask, during a post-forum Reference Group meeting, whether the deliberative forum had made much of a difference to what the Strategy-consultant and HPAs had been initially planning for the revised Chronic Disease Strategy. Somewhat indignantly, I was told that the mini-public had made a big difference to the final outcome, though specifics were not given.

citizens were not involved in the substantive decision regarding the topic for deliberation, let alone, the agenda or questions that would be presented at the mini-public. Nor were these citizens asked about what information they might require to effectively deliberate.<sup>40</sup> These and other factors mentioned earlier, led one support-staff member, John, to opine that the Strategy-consultant appeared to have done the deliberations in lieu of the citizens, with the report on any such deliberative findings all but written.

Another way that the competing rationalities of this health policy setting were evident was in the sensitivities and lack of clarity that emerged over the roles and responsibilities of the various people working towards the mini-public: in particular, the HPAs, and the paid consultants. For instance, only one HPA with enough authority to impact on certain decision-making processes appeared to become well-versed in the theory and practice of democratic deliberation.<sup>41</sup> Similarly, only one of the consultants was experienced in democratic deliberation; the other openly acknowledged that they had no insight into what democratic deliberation entailed. While it can be the case that for the novice these innovative democratically-deliberative means of engagement can appear as a bewildering array of somewhat ambiguous and highly contested theory and practices<sup>42</sup>, the information given on the three deliberative techniques mentioned in this chapter exemplifies the readily available and accessible information that an interested individual can obtain if exercising their personal agency that way. Yet, instead of this mini-public becoming an opportunity to develop that overall deliberative capacity within this health policy setting, the findings from these outer-most social domains demonstrate how easily the norms of deliberation

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<sup>40</sup> As indicated earlier, there was a HCCA representative on the Reference Group but that individual was not available to attend when many of the meetings were scheduled, nor were they available on the date chosen for the mini-public to be implemented. Thus, the contribution that individual could make, and the learning that they might derive from their involvement in the planning and implementation of this mini-public was limited. It is, however, neither feasible nor desirable that only one citizen speaks on behalf of all citizens.

<sup>41</sup> As indicated earlier, this was Emma, who participated in post-graduate-level training on the theory and practice of democratic deliberation - conducted by Professor Hartz-Karp at Curtin University. Although this was the first deliberative forum Emma had organised, her understanding of the theory and practice of democratic deliberation was clearly evident in my participant-observations and interactions with her. Other HPAs may have expressed their epistemic responsibilities in relation to becoming familiar with the theory and practice of democratic deliberation away from what I was able to observe. If they did do so, however, what they might have learnt was either not borne out in their decision-making and practice, or else they were not in positions of enough authority to demonstrate this learning in their decision-making regarding the mini-public.

I accept that it may not be feasible for all HPAs to physically attend such training but opportunity could be created within policy departments for those who have participated in such training to become 'champions' or leaders in their departments, using their knowledge to promote the development of deliberative capacity within their organisation. This would form an important area of organisational development and facilitate the institutionalisation of these democratically deliberative techniques.

<sup>42</sup> Indeed, my own fledgling experiences on entering this field of inquiry testify to this. In part, the Deliberative pamphlet can be seen as a reflexive response to my own development and experience with the theory and practice of deliberative methods of engagement.

can be cast aside by those in pursuit of other aims. For instance, the Strategy-consultant was focussed on producing the revised Strategy; whereas it was Max's aim to generate effective deliberations on that Strategy. How well these two aims will mesh at the mini-public soon becomes apparent.

Although neither Max nor Emma spoke directly of the power asymmetries relating to their capacity to affect democratically-deliberative decision-making regarding this mini-public, I was able to observe the impact of these factors. Putting aside the most obvious decision-making power asymmetry, in that, the citizens were not involved in any of the substantial decisions for this mini-public, I refer here to the prevailing power asymmetries within the bureaucratic structure of the health policy process. For instance, I later learnt that one of Emma's managers was keen to introduce the Open Space Technology into this mini-public. That middle-manager had previously participated in a forum which had utilised that particular deliberative technique and although that person demonstrated no in-depth understanding of the requirements of authentic democratic deliberation, the decision-making power of their formal authority prevailed. No justifications were given to the Reference Group; this decision was simply taken.<sup>43</sup> Moreover, the lack of broadly distributed deliberative capacity within this policy setting was glaringly evident in the last few weeks prior to the mini-public, when Emma had a longstanding commitment overseas. This circumstantial factor further accentuated the precariousness of having only one HPA with any real understanding of the theory and practice of democratic deliberation when these innovative means of citizen engagement are being utilised.

As occurred in the SA health policy setting, these ACT citizens have not been given any information on the deliberative topic to consider prior to this mini-public. The fact that these citizens are not being randomly-selected - instead they have been purposefully invited because of their expertise in chronic conditions and their interest in the development of the new Strategy - might mean that pre-reading is not of interest to them. Still, these citizens have not been given the option of deciding that for themselves. These ACT citizens will, however, have some understanding of the intended, deliberative nature of this public-forum; the Deliberative pamphlet performed that function. Yet, the HPAs' enthusiasm towards the Deliberative pamphlet, and the information contained within it, makes it is all

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<sup>43</sup> Yet there is no reason to suggest this decision was made with any intent to undermine the deliberative-nature of the forum; rather, it appears to be, as I go on to argue, an unintended consequence of that HPA's ill-informed decision-making.

the more surprising that they decided to incorporate two extra deliberative techniques into their half-day forum. As is by now evident, in the brief synopsis provided on each of those techniques, allocating only half a day for any one of the three techniques chosen is contrary to the norm and barely enough for the potential of any one of them to be realised. We will soon see the impact these factors will have on the citizens' capacity to effectively deliberate and have their voices heard and valued.

With such thoughts in mind, let us now move on to the situated-activity domain, where we will see how well this mini-public provides the 'opportunity to listen to a diverse range of stakeholders' in an attempt to ensure that the proposed Strategy 'meets the needs and reflects the views of those it serves' (ACT Government, 2012, n.p).

## Chapter Seven: ACT Health case study: Situated activity

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A relaxed and friendly feeling of anticipation was in the air at Old Parliament House in Canberra, early in the morning of Friday 16 March 2012; 43 citizens were arriving and they were there with a shared purpose in mind.<sup>1</sup> They were there to deliberate over a revised ACT Chronic Diseases Strategy. These citizens had been targeted for their views as ‘stakeholders’ in that Strategy and their invitation to attend had explicitly informed of the ‘innovative deliberative style’ (ACT Health, 2012) of this forum. Along with those invitations these citizens had also been sent a copy of the Deliberative pamphlet<sup>2</sup>; a couple of citizens later commented that the intended deliberative nature of this forum is what encouraged them to participate.

Although welcoming the opportunity provided by the staging of this mini-public to contribute to the development of the Strategy, David, a health consumer representative, drew attention to the challenges that a person with a chronic health condition faced in their efforts to even attend: ‘It’s a big effort’ he said, ‘for people with chronic conditions to come and be there at 8.30 - that’s an early start’. He understood that the forum was scheduled to begin at that time to maximise the likelihood of engaging the health-practitioners, adding:

*If you really want people who have chronic conditions to participate, you've got to double-check that they've got the supports in place to help them get there on an equal basis with those of the professionals who don't have those problems in the same way. There're imbalances there that have to be supported more on that side for participation practice.*

Indeed, participating in this mini-public was not a straight-forward and easy process for some of these citizens; but the opportunity to participate in these deliberations was important to them; an opportunity they did not want to miss.

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<sup>1</sup> There is some discrepancy in the recorded number of participants: for instance, the Strategy-consultant’s report lists 44 participants; whereas the CELP Evaluation cites 43 participants. Although considered as ‘stakeholders’ for the purposes of the Strategy-consultants consultations, in this case study I refer to the forum-participants as citizens; when appropriate, I mention the different perspective each of these citizens represented at this mini-public.

<sup>2</sup> However, according to the CELP post-forum evaluation, three forum-participants had not read the Deliberative pamphlet before the forum and seven did not provide a response to indicate whether they had read it or not. One of the people, who had not read the pamphlet, Denise, participated in a post-forum interview and explained that she did not read it prior to the forum because she had not received a copy of it: there may well have been others in her situation.

### **Participant portrait 24: David: Citizen-participant: ACT mini-public**

David has been a health consumer advocate for about 9 years; in this role he has been heavily involved with several health consumer and community organisations, and has dealt with various Federal and State governments throughout that time. This has involved 'advocating for a better health system and the importance of thinking systemically... Not just my own personal lived-experience, but getting a sense of the collective lived-experience in terms of how systems treat, or relate to peoples' needs - no matter how diverse or similar they are'. There are a lot of things that people have in common, he said, 'even though they have very diverse health conditions'.

David's invitation to attend the mini-public came via HCCA. 'I'm happy to be involved on a number of levels, particularly because it is exploring how people in the community participate and influence the decision-making process of government around areas of lived-experiences - I think that is very critical - and being able to translate that into a policy and decision-making process'.

On arrival, the citizens had direct entry to the venue. The HPAs in attendance had positioned themselves alongside long tables erected in the foyer, just outside the larger Meeting Room where the mini-public would be conducted. From here they welcomed and registered the forum-participants: the completed consent-forms and pre-forum questionnaires which had earlier been sent to these citizens were collected at this point and meticulously recorded. Once registered the citizens were invited to help themselves at a, nearby, beverages-table and to then make their way to the adjacent Meeting Room, so they could be seated to complete their pre-forum forms, in readiness for the mini-public to begin.<sup>3</sup> The participant-registration process was highly-efficient and proceeded smoothly.

These HPAs were clearly experienced and seemed to enjoy engaging with the public. With the ACT being a relatively small jurisdiction, many of the people who were here to participate in this mini-public, including the HPAs, were already known to each other. A lot of thought and preparation had gone into the planning for this forum, but with the novelty of mini-publics in health policy settings, there is still a great deal to understand

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<sup>3</sup> Support-staff assistance was arranged to assist people with had vision-impairment during this process and as otherwise required throughout the day.

about what is important from citizens' perspectives in these circumstances. As such, this situated activity domain will contribute to raising understanding on the things that matter most to them. What these features imply for the theory and practice of mini-publics in health policy settings will be considered in the third and final part of this thesis.

### ***Information matters***

With all pre-forum forms completed and collected the formal agenda began; there was a lot to cover in the time which had been allocated for this mini-public: 8.30am to 1pm. Approximately two-thirds of the Meeting Room accommodated the citizens' tables and chairs; the remaining one-third was occupied by the speakers when addressing the group of citizens, including a table and chairs for them, and a large projector-screen.<sup>4</sup> This one-third space, effectively, became the front of the meeting-room.

The citizens were officially welcomed by the Executive Director of ACT Policy and Government Relations, ACT Health.<sup>5</sup> Margaret, a health consumer representative, responded favourably to this welcoming session. She found it 'unusually' refreshing; comparing it to her previous consultation experiences in that 'no one from the ACT Government gave a half-hour talk about how they thought things might change or the direction that we're likely to go in, or why we're all here, or anything like'. That 'ground work', Margaret said, 'had already been provided; we knew why we were here'.

### **Participant portrait 25: Margaret: Citizen-participant: ACT mini-public**

I'm a 'retired person', Margaret explained, 'I worked as a teacher, then, in a Commonwealth Public Service, in Education'. About a year after Margaret retired she had a major incident which left her 'in a state of pain, shock and amazement that the health system was lacking in so many ways. As a result, I have become involved with the activities of HCCA in the ACT. That takes up a lot of my interest and time as a retiree, but I'm not exclusively doing that. I find I have more time to spend with friends... I really enjoy that', Margaret said, 'and I can spend more time with my family - which is wonderful'.

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<sup>4</sup> There was no elevated 'stage' for speakers to stand-on at this mini-public, and the configuration of the citizens' table and chairs was later rearranged to accommodate the requirements of the third deliberative technique conducted at this mini-public.

<sup>5</sup> The ACT Chief Minister/Health Minister was not in attendance but did issue the media release given at the end of Chapter Six. The Executive Director also notified the citizens that I was present, as a PhD researcher, and to follow-up with me later if they would like to participate in my research: this information was also given to participants as part of the Monash Explanatory Statement and their invitation to attend this mini-public.

'I have chronic pain', Margaret added, 'and I started up a little chronic-pain support-group in Canberra - which amazingly didn't have such a thing. That's how I became involved in this particular [engagement] process: as a person with a chronic condition'.

The Executive Director concluded his welcoming-address by expressing his disappointment in not being able to stay for the citizens' deliberations. He was, however, very interested in later learning of their deliberative outcomes and then handed the proceedings over to the lead-facilitator, Max.<sup>6</sup> Formal introductions of leading support-staff followed, and the citizens were then taken through an overview of the agenda.

### ***Representativeness matters***

Several interviewees would have preferred more information during this preliminary-session; in particular, regarding the representative profile of citizens present. A few of the citizens were not familiar with many of the others present and Pat, a health consumer representative, recalled her disappointment that what was itemised on the agenda as "Introductions" did not extend to the citizens introducing themselves to the overall group. She felt that this could have been something as simple as: "Hi, we're from the Pain Support, Lung Support or ACT Health... even if they just said "ACT Health, all stand-up; support groups, all stand-up"; just so that you had an idea where people were from'.<sup>7</sup>

### **Participant portrait 26: Pat: Citizen-participant: ACT mini-public**

Pat has lived with 'chronic pain for many years but over the last 5 years it's become a major issue' for her. Indeed, along with many other day-to-day activities, Pat is no longer able to drive a car or participate in the paid-workforce and, as a result, experiences intense periods of social isolation. Pat is involved in the ACT Pain Support Group and relies upon others to transport her to-and-from these, and other, volunteer activities. Pat is under 50 years of age.

The ACT forum 'was probably my first real community deliberation', Pat said, but she had

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<sup>6</sup> As was the case for the SA case study, a name or pseudonym is given only when an individual consented to an interview for this research. Otherwise, the role they performed is given only.

<sup>7</sup> Pat added that although 'you could go around and look at people's badges' in the 15 minutes that was provided for morning-tea, there was not time 'to run around to everyone'.

experienced many 'public consultations' through her earlier work-place experiences in the Commonwealth Public Service.

Some interviewees were also disappointed that there were no unaffiliated citizens present at this mini-public. For instance, Anna, another health consumer representative, said that although she was pleased with the 'cross-section' of professionals from various ACT Health and Allied-Health departments who were present:

*...there didn't seem to be any citizens: just ordinary, plain, common or garden, users of the system.*

*Sure, we're all consumers - and consumer-reps even more so than most of them - I would have been happy if there'd been some other people. And the process as it was described in the [Deliberative] pamphlet could have been inclusive of those people... but it seemed like they wanted people who knew what they were talking about, rather than bringing in people who just use the services... I would have had an even greater mix of people.*

### **Participant portrait 27: Anna: Citizen-participant: ACT mini-public**

Anna is retired from the paid-workforce and has been actively involved as a HCCA consumer representative for many years; she has participated in many and varied senior-level health committees which have required intense deliberative practices to promote learning and 'systemic changes' within the health system.

Anna was invited to the mini-public via an email notification from HCCA, checking if she would like to participate: 'Which of course I was', she said. 'Not just because I have chronic pain and chronic disease, but because I'm interested in the process and it was good that ACT Health were offering, at least, the opportunity to talk about the new Strategy'.

Anna lives with vision-impairment and maintains her independence with the aid of her guide-dog companion.

### ***Constrained by what they consider to be plausible***

John agreed. It was his observation that because there were no randomly-selected citizens participating in this mini-public, it constrained the deliberations that ensued. Essentially, he explained, because the citizens present were 'expert stakeholders' it constrained what

they considered to be plausible.<sup>8</sup> Quite frankly, he said he'd 'expected more fireworks' during a mini-public for a chronic disease strategy, with 'poles of discussion'. For instance, he explained, citizens expressing 'the far-right libertarian type perspective': such as "We shouldn't be providing services to people over a certain age"; and on 'the other-side-of-the-fence' he was 'surprised there wasn't someone there advocating for a more... integrated... universal system: not such a fractured system'.<sup>9</sup> John was aware that these citizens were invited to attend the mini-public for their role as a stakeholder in the new Strategy: not to deliberate over whether or not one was required. But, he added, 'it seemed like the selection of participants had already limited what was going to be discussed'.<sup>10</sup>

Another perspective on the lack of diverse representation was provided by Susan, who believed it was 'incredibly important' to have many different voices heard at this mini-public.<sup>11</sup> Yet, Susan said with disappointment, 'what you ended-up with was the articulate ones, the ones that will most turn up... the representatives of their organisations...the people that are most willing to vocalise that'. Primarily, Susan was concerned that:

*It was a mix of the high-end of people who engage in community consultation... there wasn't a wealth of socially excluded, or the general hoi polloi in there.*

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<sup>8</sup> To elaborate his point, John referred to Carson's (2008) comment regarding the way that at the 2020 Summit, unlike the invited 'experts', the 'non-specialists were 'able to dream their wildest dreams aloud. They are neither hampered by knowing too much nor constrained by what can be enacted immediately' (n.p).

The 2020 Summit was a Rudd, Federal Australian Government, initiative, held in April 2008, only months following the Rudd Government gaining office. The premise behind the 2020 Summit was to 'gather voices outside the usual channels (Davis, 2008, p. 379) and increase citizen participation in policymaking. The Summit targeted the 'brightest and best' with a focus on 'expert' citizens, however [or as pejoratively referred to as 'the usual suspects'], to the exclusion of voices that had, otherwise, not had opportunity to have been heard (Marsh, Lewis and Fawcett, 2010, p. 23). The concerns expressed here point, indirectly, to my argument over adaptive preferences: see Chapter Five's Interim interpretations for that argument in relation to my SA Health case study findings.

<sup>9</sup> In part, John's expectations of greater conflict arose from what he and I had observed during another deliberative technique where 'the entire premise of it was that we had to reduce spending on... we needed to find ways of managing the budget, essentially'.

<sup>10</sup> Max commented on this matter too, as it was his impression that because there were no randomly-selected citizens present at this mini-public, it felt 'more like a workshop' than a deliberative-forum. With all the citizens present invited to attend as stakeholders, it meant that they were all the "usual suspects"; adding, how much he disliked that 'term'. But, he explained, it 'was the people who already have a strong interest in the matter'. He elaborated his thinking on this: 'I think it was appropriate, you know, for what they wanted to do but it wasn't designed to be "Let's actually test the validity of the deliberative process or what's actually going on". There's literature around deliberative process now; you wouldn't actually have those people involved... exclusively. You'd actually have a different mix of people and people who were there who had different interests or points of view, would probably be doing presentations on their view about chronic disease care. And there may be a different group who are actually deliberating about where we should go. And that's more the kind of dynamic'.

<sup>11</sup> We first met Susan, a carer representative, in the contextual resources domain of this case study, in Chapter Six, where her Participant portrait is given.

Following the lead-facilitator's introductions, the Strategy-consultant gave a 20-minute presentation on the 'Chronic disease care principles and goal-commitments' during which corresponding information was displayed onto the large projector-screen.<sup>12</sup> The goal-commitments were presented as being in 'draft' form and the basis of the citizens' deliberations.

### ***Authenticity matters***

During the Strategy-consultant's presentation, one highly assertive citizen inquired about the previous Strategy.<sup>13</sup> This person was not familiar with the previous Strategy and questioned how these citizens could possibly determine what might need to change, or what was important to keep, if they were not aware of the strengths and weaknesses of the previous Strategy. Susan agreed and, as a consequence, believed it was not possible for these citizens to really know if they were 'throwing the baby out with a bath of water'. Most specifically, Susan wanted information on the 'boundaries' which had been set for the mini-public; the scope of which these citizens were feasibly able to contribute. 'You can't tell me that it's all up-for-grab' she said, 'that's nonsense... Both social and economic policy and everything around healthcare policy has a definitive set of must haves... So the boundaries have to be laid out'. Instead of the Strategy-consultant running this session, Susan would have 'preferred to have somebody from Health' who would be making the final decisions regarding what constituted the new Strategy to clarify for these citizens what the 'givens' were; including the 'non-negotiables'.

Essentially, Susan wanted more information about what was the 'the pot of money' that these citizens had to work with in determining the areas they felt were the most 'important'. This, Susan believed, would have been 'a more honest way of approaching it'. Without that sort of information made available to these citizens, questions emerged; for Susan, these things signalled doubts about the authenticity of this mini-public. Compounding her concerns, was the way she observed that the point the other citizen was

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<sup>12</sup> The reader will recall how, in the social setting domain of Chapter Six, two consultants were contracted to work as part of this mini-public. One had the task of developing the updated Chronic Disease Strategy: I refer to this person as the Strategy-consultant. The Strategy-consultant did not consent to an interview with me. The other consultant, Max, performed the role of lead-facilitator at the mini-public: Max participated in a post-forum interview with me.

These goal-commitments had been determined by the Strategy-consultant's consultation process with certain stakeholders in the new Strategy. Some documentation relating to this mini-public labelled these 'goal-commitments' as such, but other documents used the term, 'commitment goals'. For consistency, I will hereafter, refer to them as goal-commitments.

<sup>13</sup> This citizen did not participate in an interview for this research.

making, regarding any evaluative-information on the previous Strategy, was ‘swallowed-up’ and dismissed.

### ***Creating opportunity to be informed and develop deliberative capacity matters***

Pat had read the previous Strategy prior to the mini-public but noted there were a few citizens who ‘were getting a bit angst’ about not having had the opportunity to become informed about it. It was ‘bound to raise questions’, Pat said, and drawing-on her years as a work-place trainer, commented that it would have been more effective if there had been ‘a little summary at the beginning’ of the mini-public, then, to ‘go through what the highlights of the strategy were’, before any of the deliberations were to begin. Doing this, she believed, would have helped to ‘set the scene to move on’. But the way this forum developed, Pat observed, the wording of the goal-commitments became so highly problematic for some of the citizens that they felt unable to proceed with what had been requested of them.<sup>14</sup>

Additional perspectives on the provision of information were provided by David. Whilst acknowledging that some of the citizens may not have read any extra information if it had been distributed beforehand, he explained, that ‘happens because we're all busy people and doing this, basically, as volunteers’. ‘But there are people who would take the time’ he stressed, and even if you had only a ‘few people preparing better’:

*...that would act as little seeds in the deliberation-tables to promote others, perhaps, to do the same on the day and take it to a different level, more consistently.*

It soon became clear that David viewed the provision of preliminary information as a matter of equity and vital in developing the citizens’ capacities to effectively deliberate. He went on to explain that for some health consumers it can be:

*...a real struggle. Especially for some of the chronic conditions that involve energy-levels and effort to give that intellectual effort to reflecting: the more time that you have, the more things start to develop in your mind in ways that can be valuable to this process, rather than having to cram it into a shorter period, or not at all.*

*And it creates better goodwill too: even if just because, at least, people can't say then that they were not... informed well enough beforehand.*

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<sup>14</sup> Distributing the goal-commitments to the citizens with their other pre-forum documents would have been especially helpful, Pat thought, because at the end of the mini-public, it was decided that a total ‘rewrite’ of the goal-commitments was required. ‘People could have had an opportunity to do that before they got there’, Pat said, ‘and that might have helped take away that problem about “We're hung-up on the words” or whatever’. Given that opportunity, Pat said she would have ‘written something down’ to take with her to the mini-public.

### ***Wording matters***

In the absence of any material to inform their deliberations, the citizens soon realised that the goal-commitments were to have a central role in this mini-public; this accentuated their concerns over the wording and content of them. Epitomising concerns expressed by many other citizens, David explained that the way that the mini-public what was ‘structured’ around the goal-commitments limited the way the citizens ‘were then able to function’. He perceived this as a significant ‘limitation’; like a ‘corralling or controlling of how the discussion was basically focussed or channelled’. David went on to use the information contained in the Deliberative pamphlet, as a counterpoint to question why the goal-commitments had not been sent to these citizens prior to the mini-public:

*The pamphlet highlights the importance of reflective practice. Just being dumped with this [the goal-commitments] on the day was a bit annoying and irksome for me...*

*I thought "Gosh, it's not really valuing or taking into account the richness of what people could bring to this if they'd had a bit more time to reflect and prepare on what was going to be the goal-commitments of a new strategy".*

Explaining these sentiments further, David added:

*Deliberation shouldn't just start by being dumped with new material on the day and being expected to deliberate on the spot... on the run. Some people are better at that than others - depending on their experience.*

*But, generally, the more time that people are given to prepare with the very questions and issues that are going to be the stuff of the process, then I think you get a bit richer contribution - a more considered and a thought-through-one.*

Given that the goal-commitments were used as ‘the framework’ for the mini-public, David believed that providing relevant information beforehand would have demonstrated that the organisers were being more ‘upfront and transparent’, and ‘that is important’, he stressed.

### ***Masking conflict matters***

When some of the citizens raised concerns over the wording of the goal-commitments, John noticed that the Strategy-consultant told them not to get ‘hung-up’ on the wording; instead to focus on the goal-commitment itself; ‘she repeated that at the event a couple of times’, he recalled. It was John’s assessment, however, that the goal-commitments restricted the quality of deliberation that was generated. He explained:

*My concern is that there was a little bit of "groupthink" essentially. Well, the expression of groupthink - I don't know that everyone was actually thinking the same thing - I mean, that's one of my concerns about this vague wording...<sup>15</sup>*

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<sup>15</sup> The term ‘Groupthink’ is believed to originate with Janis’ (1982) description of extreme versions of group cohesion.

To counter the possibility of ‘groupthink’, an effectively trained and experienced deliberative-facilitator will be attentive to the power-relations within a mini-public – including the citizens, forum organisers, and

*I see a lot of this vague, apple-pie-stuff as problematic, in terms of: is it bringing people together but also hiding conflict that can be used by powerful groups. You know, an exploitation that happens through the lack of conflict - the appearance of the lack of conflict: the masking of conflict...*

This initial conflict, John explained, ‘actually helps to unpack what people have to say’.

Quite frankly, he said:

*I was surprised, in the sense that the deliberations that I saw didn't get into much depth and I think in part that was because there was no initial conflict...*

*Other processes I've seen, it tends to be more... it starts off, "What do we disagree on?" and ends up "Well then, what can we agree on?" And a process of people pushing their views, sometimes quite extreme views, and then reaching, I wouldn't say consensus, but something in between where they can both put their name to the result... not always agreement.*

Yet, because these citizens ‘didn't have much time to really work through differences’, the conflict generated over the wording of the goal-commitments proved to be especially counter-productive to any quality deliberation, John believed.<sup>16</sup>

### ***Process matters***

We will now explore the citizens’ experiences of the three deliberative techniques employed at this mini-public. As these citizens make sense of their experiences, it soon becomes clear that the way this mini-public is run matters a great deal to them.

### **World Café**

In the face of persistent criticisms over the goal-commitments, the mini-public moved-on to the first deliberative activity: the World Café, which was itemised as ‘Interactive Session 1’ on the agenda. Two questions formed the basis of this session:

- 1) *To what extent do you support each of the goal-commitments?*
- 2) *Which of the goal-commitments, if we made it a reality, would best enable other commitments to be met?*

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presenters - so that certain voices/perspectives are neither privileged nor silenced. A facilitator will also require a well-developed capacity for personal/professional reflexivity to understand and be attentive to the ways their own words/actions can either promote effective deliberation or groupthink. And along with clearly defined questions – to counter the concern expressed over the vague wording of the questions by John, above - a facilitator can also help to avoid ‘groupthink’ by ensuring deliberative good practice in other ways. For instance, by ensuring enough time, opportunity and information is available for citizens to effectively deliberate so that the reasons for any opinions can be shared. Respectfully engaging with others’ reasons and then having opportunity to reflect on those deliberations are other vital factors in helping to avoid the emergence of ‘groupthink’ at a deliberative forum.

Although there were plenty of ‘dissenting’ voices expressed at various points during this ACT mini-public - suggesting that ‘groupthink’ was not a dominant feature – without transcripts of the reasoning during every small-group session at the forum it is not possible to be definitive as to whether ‘groupthink’ did or did not manifest on any occasion throughout.

<sup>16</sup> Some authors go as far as to suggest that the handling of conflict in open, transparent ways is what makes democracy works (See for instance, Pitkin and Shumer, 1982, p. 47; Dryzek, 1990, 2000 ; and Gutmann and Thompson, 1996)

The citizens were asked to work at the individual table-groups at which they were seated. It had been anticipated that they would work in groups of approximately six to a table-group but as it eventuated they had self-allocated unevenly to the table-groups provided. From her perspective as a table-facilitator, Emma spoke of this session and acknowledged that instead of the typical World Café process, ‘the time was quite short’; effectively it ‘only had two rounds’ of deliberation.<sup>17</sup> Emma recognised that this was not conducive to the citizens being able to ‘start talking’ and to be ‘clear’ about what they were talking about. She was disappointed when this first session came to an end and remembered thinking how much she ‘was enjoying the technique and the process’. She particularly enjoyed ‘the enthusiasm of the participants but we didn't really...delve into that in any depth, sort of, what the technique could get into’.

Emma also gained a first-hand perspective on the way that the goal-commitments, and the lack of any evaluation data on the previous Strategy, became highly vexed issues for these citizens. She candidly offered her thoughts on these things:

*We certainly asked an awful lot to: sit down in the morning, “Here's the goal-commitments” and all of this - in ten-minutes - while we're doing the introductions... Probably, in hindsight, we asked an awful lot of the participants, and actually some of the hosts [table-facilitators].<sup>18</sup>*

*And we were, sort of, thinking that the training would have taken care of all of that, but of course that was extremely rushed. So I think for those hosts and the participants, in hindsight, I would have given them a lot more information and give them a chance to prepare themselves a bit too.*

Thinking specifically about the problematic nature of the goal-commitments, Emma recalled how after having earlier participated in training on deliberative theory and practice she:

*...came away thinking that that was one of the most important things that we really needed to spend a lot of time thinking about: how the questions we asked might facilitate the deliberations.*

‘But that didn't really happen’, she said with disappointment. Primarily, Emma attributed these things to the ‘very short’ time given to the planning for the mini-public: ‘we didn't really have a lot of time to very carefully... think about how the discussion would be framed; how you would frame the questions’. David agreed with many of the points expressed by Emma, and lamented that ‘having to rush through a whole lot of things in a

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<sup>17</sup> Emma was one of two ACT HPAs who worked as a table-facilitator during this mini-public.

<sup>18</sup> During a World Café the table-facilitators are often called ‘hosts’.

short-time' was disabling to the deliberations he experienced. He spoke metaphorically when describing how this felt for him<sup>19</sup>:

*It's sort of like speed-dating, in a sense, you know, you wonder how valuable that it is. You can get a certain sense of things but maybe it's more appropriate for speed-dating than it is for this sort of thing.*

*Because the nature of the issues need that drilling-down, being able to get that back-and-forth and building on something, which the nature of that speed rotation system is very limited in providing.*

These factors concerned Pat, too, and contributed to her thinking that the World Café process 'wasn't really done very well at all'. She also observed that, because of the way this first session was run, there was at least one citizen who did not seem to re-engage with the next items on the agenda. Pat had seen that person 'being vocal' at other forums but at this one, they 'didn't actually provide any input whatsoever'.

So what was it about these goal-commitments that was so contentious for these citizens? As we continue on to explore the citizens' reactions to the six goal-commitments we must bear in mind, that these citizens had been targeted to participate because of their expertise in matters related to chronic conditions: be that from the position of health consumer, carer, or health practitioner. Before moving on to those reactions, let us first consider how these goal-commitments were actually framed at the mini-public:

- 1) *Any person with a diagnosed chronic condition does not have to repeat their story unnecessarily*
- 2) *Any person with a diagnosed chronic condition has a management plan, which supports self-management and contains goals for improvement and actions for variations in conditions*
- 3) *Any person with a diagnosed chronic condition is aware of relevant support options and how to access them*
- 4) *Any person with a diagnosed chronic condition understands the benefits of, and adopts secondary prevention*
- 5) *Any person with a diagnosed chronic condition receives the best care, at the best place, at the best time*
- 6) *Any person with a diagnosed chronic condition is supported by a system that is patient-centred, high quality and evidence informed*

A consistent theme to emerge, in response to the goal-commitments was the way each one was prefaced with the stated requirement that a person needed to have a 'diagnosed' condition. For some of my interviewees, this notion ran counter to any emphasis thus given to 'improved prevention' (ACT Health, 2007, pp. 13-4); that is, the way the goal-

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<sup>19</sup> This was a spontaneously given metaphor, not one requested at this point.

commitment was framed suggested attention would only be given to a chronic condition if it had been medically diagnosed as such. For many of these citizens, their response to the word 'diagnosed' in each goal-commitment was deeply personal. For instance, in the following excerpt, Denise, a health consumer representative, conveys the deep sense of injustice she felt by the use of the term. Denise also provides a glimpse into the potential for an exchange of knowledge to make a significant difference when citizens deliberate together; in this instance, the exchange is between a health consumer and a medical-practitioner.

**Participant portrait 28: Denise: Citizen-participant: ACT mini-public**

Denise lives with multiple, highly complex, chronic conditions. Her husband also lived with chronic ill-health conditions; he died about 18 months ago subsequent to a fatal misdiagnosis when he presented to hospital with an acute ill-health episode. Prior to his death, he performed the role of primary carer for Denise, who now lives at home alone.

Denise explained that during a 'self-management' training-session run in the ACT community she learnt about the work of the HCCA and subsequently decided to become actively involved in the work of that organisation as a volunteer health consumer representative. Denise lives with vision-impairment and was invited to attend the mini-public by HCCA.

Having explained some of the reasons for her strong reaction to the inclusion of the word diagnosed in the goal-commitments to her table-group members, Denise recalled that one of the medical-practitioners present remarked: "My god, I never realised how important the word diagnosis [is]... Right" he said in response, "Well before you can tell your story [in a clinical-setting]... you've got to get the diagnosis right". Denise used the opportunity which then presented to further clarify that this interpretation of her reasons was, 'not actually right'. Building on the point she was making to her table-group members, Denise referred to the much-maligned compartmentalisation that can occur in healthcare services as a result of an individual being 'given' a diagnosis. She then explained the importance of not putting "people in boxes of diagnoses: because the diagnosis they give you today will not be what they give you the next year or 15 years later". Equally, problematic, she told them,

was that 'you can go from one doctor to another doctor and they'll all give you a different diagnosis'.<sup>20</sup>

Other reasons were also given to account for why the goal-commitments struck such a strong reaction with these citizens. Susan, for instance, explained that the way the mini-public was structured around the goal-commitments raised questions in her mind about the validity and legitimacy of the overall process. As her 'primary complaint' of this mini-public, Susan said, 'you can't just have one consultation and be given goals. It's almost offensive'. Comparing the premises behind the goal-commitments with her experience of the paediatric healthcare services, Susan exclaimed, 'those goal-commitments were just ridiculous. Out of context of what? Where in the current policy do we not do that?' Explaining how there were already 'systems in place' for what was being espoused within the goal-commitments, Susan's sense of frustration was palpable when asked: 'Who decided that that's all we were there to talk about?'

The goal-commitments needed total 'rewriting' before they could be used as the basis for any such deliberation, Susan believed, and added that this could have been a 'challenge' set for the citizens to do at the mini-public.<sup>21</sup> Yet, it was her experience that some of the table-facilitators constrained any such in-depth and critical discussions from occurring. Susan referred specifically to a couple of table-facilitators, whom she recalled as being 'quite short' in their attitudes. And due to the time-constraints at the forum, when a citizen did try to provide their reasoning or ask further questions about the topic of their discussion, those table-facilitators insisted they 'needed to move-on', effectively, preventing the citizens from pursuing further inquiry on any given point that was being made.<sup>22</sup>

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<sup>20</sup> Denise said that she really tried to bring home her message to her fellow table-group members by emphasising how: "Everybody's got to understand what the diagnosis means: it's the patient behind, with the diagnosis - not the diagnosis... I've got 13 specialists"... "because I've got so many different boxes. I've got to correlate my story 13 times, and every time I see them I've got to either update them or go back to my story again".

<sup>21</sup> Susan went on to refer to the goal-commitments as 'motherhood statements'; and cited a couple of others, where the commitment as given in one undermined the premise and commitment of another, she believed some of them were self-contradictory. So much so that she remembered thinking how the goal-commitments, as given, constrained any potential deliberation on them.

<sup>22</sup> Susan was also deeply concerned that the goal-commitments did not acknowledge that 'self-management isn't always the option of every person with an illness'. She recalled that at the mini-public 'a vast majority of the conversations were about how complex it was to negotiate all the multi-professionals. To give you an example: I am a half-well-educated woman who's fairly articulate; I'm white; I speak English; I have worked in health; and I understand the system. And I find with two sons with multiple issues and needing to negotiate multiple systems and multiple professionals... I find it overwhelming sometimes'. She summed-up the point she was so passionately making by adding, 'I don't have an illness; I don't have a mental health illness. I have a supportive partner, we are fairly well-off and we are articulate and it's our children we are

Similarly impassioned views regarding the goal-commitments were conveyed by all bar one interviewee, Margaret, who said she felt well prepared to engage in deliberations on them at the mini-public. In part, Margaret identified that having participated in the pre-forum meeting, held at the HCCA with the Strategy-consultant, contributed to her feeling prepared to engage in the deliberations in the absence of any further information provided at the mini-public. Subsequent to that pre-forum meeting, too, Margaret had wanted to know what was in the existing Chronic Disease Strategy so downloaded it from the ACT Health website and took the opportunity to read through it prior to the mini-public.<sup>23</sup>

Despite these alternative views, Margaret was, however, in unison with the other interviewees regarding the way the World Café was conducted and went on to clarify why that segment of the forum 'didn't work too well' for her. Margaret's table-group had only 'three people. So we didn't get very many views there' she said. Another factor constraining effective deliberation at that particular table-group, she explained, was that their discussion 'was highly influenced by one person's quite definitive view'. Margaret described this other citizen as 'basically quite negative about the whole thing and we didn't really get past that'.<sup>24</sup> Even before the World Café began, Margaret recalled that during the initial introductory-sessions when this 'oppositional' person first learnt that the citizens would later be voting on the goal-commitments, with the 'Turning Point' technology, he became 'quite riled' and 'negative about the whole process'. This left Margaret feeling at the end of that Interactive session 'that there wasn't enough time to actually deliberate'. Pat was also seated at this table-group and her observations accord with those from Margaret. It was Pat's assessment too, that this oppositional person made it quite clear that he 'thought that there was too much emphasis' on the voting, and she remembered him asserting that:

*...there should have been more deliberation on the actual goal-commitments, as that was what we were supposed to be discussing at the time and deliberating on.*

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negotiating for. Could you imagine not having those benefits and you are trying to negotiate that system, and then you throw-in self-management'.

<sup>23</sup> Adding to this, Margaret attributed her preparedness to engage in the deliberations at the mini-public to the fact that she had a long-running and intense interest in chronic conditions. Margaret suggested, however, that in a situation 'with a topic like chronic disease with citizens who were just plucked out of the air, yes, I think that they would need to gain some knowledge'; she also felt that if the citizens had been randomly-selected they would need more time to deliberate than that provided at this mini-public.

<sup>24</sup> This person did not consent to an interview for this research and for that reason their name is not given. When mentioned, I will refer to this person according to the description provided by my other interviewees; that is, as the 'oppositional' citizen.

Compounding the deliberative constraints at their table-group, Margaret remembered an asymmetry of power playing-out between the table-facilitator and this other ‘oppositional’ citizen. ‘In this case... the vibe I picked up’, Margaret said:

*...was that the person who bogged the first of those discussion groups might have actually been senior to the person who was facilitating the group. I don't know if that is true, but certainly the person facilitating seemed a bit powerless.*

*I mean, really, to bring him into line you'd have had to be quite rude, I think. So, I could understand that she couldn't... [he was] a big challenge.*

Given the lack of any substantial, pre-forum support-staff training, Margaret’s table-facilitator clearly encountered a situation which they were ill-equipped to deal with. There is an irony here too, in that if these citizens had been given adequate opportunity to effectively deliberate on the goal-commitments, the counter-productive stance taken by the ‘oppositional’ person may not have arisen.

### **Turning Point technology**

When the World Café session was brought to a close, the citizens were allocated their individual key-pad, in preparation for the Turning Point technology voting-session. This technology, despite the difficulties experienced in trying to get it to work during the support-staff training-session the day before, ran extremely well during the mini-public. The competence and professionalism of the support-staff member, who led the citizens through this voting-session, was evident as she cheerfully and patiently worked with the obvious lack of enthusiasm displayed by some of the citizens. The questions presented during this session aimed to capture the citizens’ preferences in relation to the goal-commitments and proceeded as such: the citizens were asked to vote on whether they strongly agreed; agreed; were not sure; disagreed; or strongly disagreed with the following question:

- *To what extent do you agree that this goal commitment should be part of the ACT Chronic Disease Strategy?*

This process was repeated for each of the goal-commitments. A second question was then posed:

- *Having discussed these goal-commitments, to what extent do you believe this goal-commitment, if fully achieved, would help other goal-commitments to be achieved more easily?*

A similar Likert-style, preference-allocation process was requested of the citizens and they were asked to nominate which of the goal-commitments was a: very strong enabler; strong enabler; enabler; not sure; more dependent on, other goal-commitments. A third question was then presented:

- *Which three statements do you feel are the most important?*

The options were: not to repeat story [health history] unnecessarily; management plan; support options; secondary prevention; best care, best place, best time; and patient centred. The responses obtained to these questions were displayed on the projector-screen as percentiles and graphical representations. It was an impressive piece of technology which clearly had great potential in an appropriate context. Yet only one of my interviewees responded favourably to this voting-session. In exploring this view, it quickly became evident that being able to cast a vote provided this citizen, Margaret, with the capacity to put forward a view; something which she had felt denied earlier by the deliberative constraints at her table-group during the World Café session. Margaret reiterated her frustrations over the ‘very difficult [oppositional] person’ who had ‘derailed’ the whole of their earlier discussion. For this reason, she explained, she welcomed being given the opportunity to vote because she was ‘still able to put a view, a global view’ on what she thought or how important she thought a particular point was.

This more favourable development was not experienced by Pat, however. Pat was seated at the same table-group as Margaret for the World Café and Turning-point technology sessions. As such, Pat also remained seated beside the ‘oppositional’ citizen, described earlier by Margaret. To more fully understand the competing tensions experienced by Pat, it must be appreciated that the Turning Point technology was capable of providing almost instant feedback; including whether or not all of the citizens had cast a vote. For this reason, Pat said she felt pressured to provide a response - despite not being clear about what she was being asked to do:

*I was confused about the process. I was still trying to look at the goal-commitments and I had this person [the oppositional citizen] in my ear complaining about the technology, and I was trying to have my third-ear and mind on trying to listen to what I was supposed to be doing with the technology.*

*So I was very confused as to what I was supposed to be doing. And I know we had gone through them [the goal-commitments], but we hadn't really looked at them and focussed, and thought about and reflected on the goal-commitments to be able to feel like I was meaningfully showing what I was committing to or supporting, or not.*

*So I didn't really want to count, or provide my support either. And when they said "We've only got X amount and we really need..." I felt like I was obligated to have to provide something. So for some of them I had to put "Not sure" ...because I just didn't know - because I hadn't had time to reflect.*

To participate in the Turning Point technology session, the citizens were required to stop their deliberations and focus on providing a more quantitative-type response. Pat suggested that if the mini-public had been structured differently it would have enabled her

to contribute more effectively during that session. In particular, if it had been used after the citizens had been given time to effectively deliberate she believed 'it would have been interesting to see it and I probably would have been better able to do it, at the end of the day'. But, as things eventuated, Pat thought that 'the technology got in the way... I think that distracted from the actual discussion, the deliberation'.

Along with most other interviewees, Karen, agreed with Pat's assessment on the Turning-point technology; adding that 'it didn't add an awful lot of value'. In fact, Karen said it was 'meaningless really'. Leaving no doubt about her opinion on the use of this technology, too, Susan said she would: '...ditch the whole bloody, "Let's vote on this" nonsense: waste of time and nonsense'. She then outlined her two key objections to its use at this mini-public: firstly, she believed that its use 'heightened peoples' anxiety, especially the older people there. They got quite anxious about doing the wrong thing and pressing the wrong button'. She recalled other citizens around her asking: "What does it mean again?" and "Can somebody explain what that means?"

Susan's second objection to the counting-technology relates to her disagreement with the 'premise' of the goal-commitments. 'It's a meaningless goal' she explained, 'unless it has something that you can validate'; for these reasons Susan said she 'just voted' but felt that it 'was a pointless exercise', and she doubted that anything meaningful could be derived from that voting-session, adding:

*...it's silly to draw any conclusion from any of this. And again, that's the bit where I lose faith in the process; like dumbing-it-down...*

*I defy somebody to show me that they would get something constructive and useful from that. If they did, it's because they had a preconceived idea of what they wanted from it; it wouldn't have come from a totally blank background. They would have recognised it as an issue before the forum and that's what they would get out of it. But I don't think it allowed for anything new.*

When faced with the need to cast a vote, Anna explained that because of the way the goal-commitments were 'worded' and 'structured' it was 'difficult to be really accurate' in the way she could vote on them.<sup>25</sup> Her preference would have been to have had either 'another choice... or a different way of phrasing it so that it more accurately reflected what I was really thinking in response to those goals'. The crux of her concern about the use of the Turning Point technology was that 'you don't get the in-depth stuff with those sorts of

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<sup>25</sup> Anna also said she was 'surprised' by the use of the Turning-point technology at the forum; primarily, because she had read the Deliberative pamphlet and had participated on the understanding that she would be 'deliberating'.

things'.<sup>26</sup> David expressed similar sentiments. He found the voting-session 'rather irksome', and remembered feeling 'corralled and forced into a particular framework of framing questions and issues: "Yes, no or 1, 2, 3, 4, or whatever", because, David stressed, the 'issues were so much more differentiated or nuanced than that and that didn't capture that'.

As the lead-facilitator at this mini-public, Max became acutely aware of the citizens' reaction to the Turning Point technology. His assessment was that 'although the technology produced some findings and feedback which was somewhat useful', in many ways 'it was a distraction' and became a 'stressor' for some of the citizens. 'It's one of those things where... the technology's driving the process more than anything else' and with the 'focus on the technology' at this mini-public, Max felt 'for some of the people there wasn't sufficient bonding and connecting with each other'. In addition, he explained:

*I think things went a lot better after we got that out of the way...*

*In retrospect, I may well have not used that technology until right at the end... In that way it would also have been a little more considered in that deliberative process because they would have had the time to discuss, explore, converse and then having explored the questions and thought about... got to the point where they could make some well-informed judgements...*

*The fact that it was very early in the process did not probably help many people to settle into the whole thing... I was glad that we actually got it out of the way.*

When the voting-session finished, the table-groups adjourned to an adjacent-room for morning-tea. Margaret observed that during this break 'a lot of discussion' about the goal-commitments continued-on. She was pleased to have had this opportunity to think further about the goal-commitments because it allowed her to better determine which of them were most 'important' to her.

### **Open space technology**

After morning-tea, the citizens returned to the Meeting Room where their table and chairs had been reconfigured to accommodate seven table-groups in preparation for the next 'Interactive session' on the agenda: the Open Space Technology. At the end of each table-group was a large butcher's-paper-pad, supported upright on a stand. This session was again structured around the six goal-commitments: a different goal-commitment was allocated to each table-group. The staging of a seventh table-group was decided-upon by

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<sup>26</sup> We also need to bear in mind that with Anna's vision impairment she was not able to see the Turning Point technology-enabled visual feedback, projected on the screens and there were limitations on how a support-staff member sitting beside her could convey in the short amount of time available what was being displayed: there was another vision impaired person at the mini-public too who struggled with the same issues.

Max, during the morning-tea break, in response to expressed criticisms over the wording of the goal-commitments. Indeed, many of the citizens wanted the option of deliberating without the imposed structure of any of the goal-commitments and this seventh-table-group was a welcome addition.

The citizens were asked to self-nominate to a table-group at which they wanted to contribute further; with a significant number of them choosing to be seated at the seventh table-group. One interviewee said she wanted to participate at the seventh table-group but felt obliged to go to another table-group where fewer people were seated; there may well have been other citizens in a similar predicament. John was especially pleased that the seventh-table-group was available at the mini-public because for him it represented a glimmer of hope in that it might create opportunity for some authentic deliberation to emerge. The Strategy-consultant who had formulated the goal-commitments facilitated at that seventh-table; John thought that was a 'good' decision because she would be writing-up the revised Strategy.<sup>27</sup>

This Open-space session comprised three questions which the citizens were to discuss at their nominated table-group. The questions were:

- 1) *What would it look like if this goal-commitment was being achieved?*
- 2) *What ideas can the group generate towards achieving this?*
- 3) *What resources already exist toward implementing such ideas?*

The contention over the wording of the goal-commitments soon flooded into this Open-space session, and along with a few other interviewees, Anna explained that one way she tried to work around the constraints of the wording of the goal-commitments was by 'deliberatively' choosing to participate at a table-group where she 'had less problems with how... [the goal-commitment] was worded'.

The way this Open-space technique was structured for this mini-public, created another set of barriers to overcome for any effective exchange of knowledge and deliberation to occur. Foremost of these, I experienced first-hand in the dual-role of table-facilitator and scribe.<sup>28</sup>

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<sup>27</sup> John said he'd have liked to have sat-in to listen to the deliberations at that table-group but he was disinclined to because of the Strategy-consultant's 'dismissive attitude the day before'.

<sup>28</sup> Some of my interviewees also identified the problematic nature of this dual-role during this particular session. For instance, Anna was confident that the use of audio-recording technology would have more effectively enabled this session to be a more deliberative process. She was adamant that it would have been much better for the table-facilitators to sit-down amongst the table-group and to have the conversations audio-recorded. She elaborated her reasoning: 'people automatically look at the scribe and what they were

Performing this dual-role meant that when it came to writing the citizens' comments on the butcher's-paper, which was suspended vertically on a stand at the end of the table, I needed to turn my back on my table-group members. Although the butcher's-paper was strategically positioned to optimise the table-group members' view of what was being written, this configuration proved severely disabling to the development of the table-group's coherence and overall deliberative capacity. Despite trying several strategies to encourage the table-group to maintain their deliberations, when I was writing-up their comments, side-conversations inevitably sprang-up amongst a few of the table-participants [typically, the more assertive]; whilst the person who had provided the latest comment worked with me to ensure that the wording I was using accurately captured the point they were making.

At times, I was able to encourage the table-group to work together on determining the wording they were each most happy with, for any given comment. But, overall, there was no in-depth deliberation happening. Instead, the structure of this session was more like a typical 'consultation' process or workshop, whereby the citizens put-forward their individual comments, and turning my back on the table-group members to write-up their comments repeatedly fractured the overall group-dynamic that did intermittently emerge.<sup>29</sup> So how did other table-facilitators manage the competing tensions of the structure of this 'interactive' session? And how did the dual functioning of these two roles impact on the citizen's experiences of deliberating and exchanging knowledge?<sup>30</sup>

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writing and not engaging so much with people around the table... looking to see how they could better word whatever was being written-up. So, I think that it would have been a better, more free-ranging, deeper process, had it been recorded. Because you don't listen nearly as well if you are looking at something that is being written-up', Anna said. 'Speaking as someone who was sighted, I know that perfectly well - you immediately look to see what is being put-up'.

<sup>29</sup> Quite literally, I was exhausted at the end of this mini-public, having tried to balance out those competing tensions throughout the day. With mixed feelings, I subsequently received unsolicited comments from some of the citizens who were at the table-groups I had facilitated, telling me that it was at the table-groups I had facilitated they felt their voices were most effectively 'heard' and their comments were recorded to their satisfaction. Whilst reassuring on one level, that I was able to over-ride some of the deliberative constraints, these comments were also concerning, in that they indicated that some other table-facilitators were having even greater difficulty reconciling the competing tensions of facilitating and scribing within the structure of the day.

<sup>30</sup> In conveying these findings I am mindful that there were only a few people performing the role of table-facilitator/scribe at this mini-public. I have, thus, tried to de-identify individuals: whether the comment received about them was good, bad or ugly. This might not read as flowingly as if, for example, I used male/female pronouns instead of, for instance, 'they'. With the ACT being such a small jurisdiction, this was an extra measure taken to avoid the identification of any one individual.

### ***Facilitation matters***

Reflecting on instances when she experienced the deliberations to have ‘worked very well’, Margaret believed a key determining factor was effective table-facilitation. For instance, she said, when a citizen was ‘stuck’ on an issue, at a well-functioning table-group, the table-facilitator ‘very cleverly moved it on so that other people got a chance to have their say’.

### **Metaphorically speaking 8: A car surging forward towards its destination**

#### **Margaret: Citizen-participant: ACT mini-public**

‘Energised’ was Margaret’s chosen metaphor to describe her feelings for when she was engaged in effective deliberations: ‘like a car surging forward towards its destination:

I think it's a sign that that kind of deliberation process can be quite empowering and energising and can basically allow people to feel that they're really involved and getting somewhere and going somewhere’. It was ‘different’ she said, ‘from how I felt at many processes of consultation in the past - very different from those’.

Susan also recognised the vital role that effective table-facilitation played at this mini-public. In the following excerpt she recounts a scenario to demonstrate how the words of one citizen were not adequately captured by the table-facilitator; instead the words of that citizen were interpreted the ‘through the lens’ of the table-facilitator before they were written onto the butcher’s-paper. Susan began by explaining that at this table-group ‘there was a young girl’ next to her who had experienced ‘a series of chronic illnesses’: ‘She was 23 years old’, Susan said, and ‘she was an articulate, intelligent and a high, chronic services user’. Susan described this young woman as having ‘a very balanced perspective’ to contribute which was ‘valuable to hear’, but as the deliberations at that table-group progressed Susan believed this young woman ‘was largely ignored’ by their table-facilitator.

As this situation persisted and Susan could see that this young woman’s words were not being captured by the table-facilitator – instead, the table-facilitator repeatedly wrote-up ‘something completely different’ - Susan felt a strong impulse to intervene and told the table-facilitator, "That is not what she said... can you please rewrite that to what she said?" Susan remembered the table-facilitator then becoming ‘quite cross’ at her. Then, after making an amendment to the initial wording, the table-facilitator said to Susan: "Oh, god...

is that what she said?" At that point Susan gestured towards the young woman to say, "Well, why don't you ask [the young woman] if that is what she said?" The young woman then 'corrected' the table-facilitator again. 'So', Susan remarked with exasperation, 'it was three goes' before the table-facilitator actually wrote-up what the young woman 'wanted to say'.<sup>31</sup>

### **Metaphorically speaking 9: Connections made but dropped far too quickly**

#### **Susan: Citizen-participant: ACT mini-public**

Susan described her experience of deliberating with others at the mini-public with, what she called, 'The usual metaphor: when I'm in a conversation with somebody and it starts to make sense and you start to ask questions that you have, you actually connect with somebody. It's like being in a tunnel and you have a rope between you which is the conversation and all of a sudden, between the pair of you on the rope, you come into the light of understanding. So you're in a tunnel you're holding the rope and the rope is the conversation and the more that you pull on the rope, the more that you guide each other with the rope you can lead each other into a tunnel that is lit. Suddenly there's this big cave and it's lit and you both understand what you were both aiming for. That's what a conversation, an equal conversation, usually is. When you're reflecting, and you're listening, and you're open, and you're hearing'.

'I may have had flashes of that' Susan said, 'but generally my experience was "I've held the rope; I'm holding your rope. It's still very dark in here and we're moving on to the next topic. But I would have liked to stay holding your rope and listening and asking you "What do you mean? How does that make you feel? Where do you see that going?" So you can guide me into the cavern, the... well-lit, beautiful, interesting cavern which we could work out together to make sense of that. But no, that didn't happen.

There was lots of rope there; there was potential, but not enough time. There was not

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<sup>31</sup> Reflecting further on this scenario, Susan expressed concern over the efficacy of the next phase in the transfer of knowledge from the mini-public into policy outcomes. This, she said, was because she had been 'very sharply reminded' that regardless of the data obtained, whoever goes on to write the Strategy, 'it's their interpretation they put on it'.

The concerns expressed here by Susan can be mitigated somewhat by providing opportunity for interested citizens to contribute further to the development of the ultimate Strategy. Audio-recording the table-participants' deliberations is another way of optimising testimonial justice for them so that any interpretation of their words can be counter-checked with the original comments.

enough connection too. I go back again: this was a highly emotive topic and the few that were professionals there, recognised it. But I think it was largely ignored, even in the planning of the day: it was never acknowledged. There were... very emotive things for people to throw a rope at... very personal things to actually talk about: their life-long pain, or how they are no longer able to go to work. Or how they have since they were whatever age, let's say, they were 30, they had to rely on somebody to bathe them. That's a very powerful connection to make with somebody and to have that not [acknowledged]... I don't know how they felt.

If you were throwing a rope out and somebody was catching it, then dropping it... I found that difficult... I would not have done that. I found that very difficult to let-go and not acknowledge that they had allowed the group to share that. So, yes, in terms of the whole connection, yes, the connections were made and they were just dropped... far too quickly'.

From Susan's observations, the requisite empathy and insight for the role was lacking in that table-facilitator. She contextualised her point by again referring to the young woman introduced above, who, Susan said:

*... was literally surrounded by people who were easily in their seventies who were talking about having their chronic illnesses... having arthritis.*<sup>32</sup>

The young woman had told the table-group that, due to pre-existing ill-health conditions, she had required a 'liver-transplant when she was 12, which gave her Type 1 diabetes'. Susan remembered that when this young woman announced that at the table 'it was utterly dismissed' and the conversation was continued without any acknowledgement of this young woman's contribution. Susan said this prompted her to look at the table-facilitator in an attempt to express her concern that:

*"This young lady has told you that her life expectancy is max, the next 15 years. She will reach 35 if she is lucky. She's already had transplants... what are you going to do with that?"*

When I suggested to Susan that it was possible the table-facilitator did not know how to respond to that, Susan responded:

*I don't think [the table-facilitator] even thought about it. [The table-facilitator's] background was [a non-health position], because I asked [the table-facilitator]*

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<sup>32</sup> This is an important point raised by Susan and while it is true that it is older Australians, generally, most affected by chronic conditions (AIHW, 2014), as this young woman's story indicates, some young people also carry a heavy burden when it comes to chronic conditions.

*what it was. I don't think it ever occurred to [the table-facilitator] to respond. It wasn't something that [the table-facilitator] acknowledged as needing a response.*

*I watched [the table-facilitator] very closely and [the table-facilitator] was not grappling with a response. [The table-facilitator] was focussing on the next bit, and who was telling her piece...*

*The only person who showed any reaction [was] from the Ambulance ACT, who leaned over and touched her and said "You're very brave to be here". She recognised and acknowledged her contribution... But by that point the conversation had moved on.*

Susan was confident that the table-facilitator had heard the young woman's comments, but 'had literally let all these other people talk and had... not acknowledged that girl'. Susan said she spoke to the young woman after this scenario and asked "How do you feel; how do you feel it went?" to which the young woman replied: "I wasn't listened to". Susan then asked the young woman, "Do you feel it was worth your while being here?" The young woman replied: "Nah". These, and other experiences of the mini-public, prompted Susan to reflect on how some situations could have been more effectively managed by certain table-facilitators. Adding to the constraints of one person performing the dual-role of table-facilitation and scribe already identified by others, Susan believed that the role of table-facilitation also implicitly required the capacity to 'monitor the mood of the people...because it's quite an emotive thing' she said 'you know, you've got people talking about their illnesses, their experiences of being excluded, their experiences of how to deal with chronic illnesses?.

Recalling the different ways that various table-facilitators/scribes functioned during this session, Pat also pointed to the varying capacities they exhibited in managing the challenges that arose. She began by saying:

*When I sat in on [one] group I felt that was very good because... [the table-facilitator was] very good in eliciting what we were trying to say, and making sure that whatever we said [was] actually captured... And [the table-facilitator] made sure that it was our words and made sure that everyone had a say, in our group.*

*Whereas, when I moved on to the second group for our deliberation it was totally different. It changed, like, there was no checking that everyone had a say, things were just written on the board that may not necessarily have been our words and the person that then had to type up what was written on the board, I don't think would get the right message because the words there didn't really reflect - I don't think - what we were actually saying. So, I'm not confident that our message would have got across in that second part.<sup>33</sup>*

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<sup>33</sup> Similar concerns were raised by John, who said at one table-group he observed, the discussion centred on two people. This meant that 'anyone else in that group didn't even get much of a chance to speak. Whereas, at another group, the table-facilitator did a good job: as good a job as could be expected' given the time and other constraining factors.

Pat said that while she could ‘understand why some of the hosts [table-facilitators] were chosen - because they were ACT Health... [staff] - and it's good to have them at the table because they were going to be working on the strategy’ she believed the deliberations she participated in would have been far more effective if a ‘trained facilitator’ had performed the role; with the untrained support-staff members more effectively employed working as scribes at the table-groups.

### ***Being able to ‘plug-into’ the conversation matters***

Although feeling frustrated at times when the table-group discussions were ‘just a whole lot of little fragmented inputs’, overall, David said that what really encouraged him, at this mini-public, was that:

*...once people started to talk... and build on each other's comments, and see that there is a pattern there and a commonality of experiences - despite the diversity of individual experiences - people then started to plug-into that... they feel, "Oh, I can contribute to this as well".*

He noticed at these times, that the conversations then started to be ‘self-generating’; especially when it was ‘encouraged’ by the table-facilitator and ‘given the space and time to do that’. As he continued, David described why being able to ‘plug-into’ such conversations was so important:

*...it gives another dimension to their personal experience that perhaps they haven't been able to see or experience before, because they are sharing with others in very different, but like experiences, in different sectors.*

These insights led David to express disappointment that due to the ‘the variability of facilitators’ and ‘restraints of time’, these favourable features were ‘somehow cut short or not allowed to be developed’ to their potential at this mini-public. ‘Because how many opportunities or processes do you get to do that in? They're very few and far between’, he maintained.

### **Metaphorically speaking 10: A jigsaw puzzle that's interlinking and forming a coherent picture rather than a table full of unconnected little pieces**

#### **David: Citizen-participant: ACT mini-public**

At times during the mini-publics, David experienced the deliberations as ‘really frustrating’ where he ‘felt there was no way in, and it was all just fragmented and a bit ad-hoc’. There were also times when he felt ‘straitjacketed or corralled through the structure or the goal wording’. But, he added, ‘it was good seeing how the freedom of individuals and collectively sought to undo all that restrictive stuff. And it was a really freeing, sort of,

liberating experience to the extent that we were able to do that... just feeling part of the potential power of when the little insights were starting to develop, and of being part of a bigger thing that was happening'. At these times, he could see the deliberations 'really developing' with the citizens 'coming to some really radically new positions or seeing things from a very different perspective because it was a shared-getting-there'.

To represent these contrasting feelings, David said that 'at the risk of raising old biblical metaphors', when the 'people were really receptive' to him expressing his viewpoint, it felt like 'it's a seed being dropped into fertile ground: building on something that was said before, picking out, highlighting the good things of what a couple of other people had said and building on that. And other times it felt like seed falling on a rock: just sliding off... it hit the arid ground and nothing happened with it'.

He continued, metaphorically, to explain that when the 'deliberative process' worked well, he could see it 'forming a jigsaw puzzle that's actually interlinking and forming a whole...a coherent sort-of view, or picture. Rather than just having a whole lot of bits and pieces, or puzzles on there, and everyone's moving it around but in the end you've still got a table full of unconnected little pieces'.

### ***Accessibility matters***

The matter of accessibility was raised by several interviewees, including the way that certain factors diminished their capacity, and those of others, to effectively deliberate. Indeed, a vital component in being able to 'plug-into' the conversations, as described by David above, is the relatively, straightforward matter of being able to hear the conversations. Several interviewees, however, said that they had great difficulties, at times, hearing the conversations they were trying to participate in. For instance, the physical layout of the room, with the table-groups positioned closely to each other, was especially problematic for Pat, who found herself 'trying to listen but the loud voices from the next table kept coming-in' and she had 'trouble trying to focus'. Part of the problem, she explained, was associated with the chronic pain she lives with 'like, I have a lot of trouble concentrating and listening. But all those voices coming through' was so 'distracting'.

Anna experienced similar difficulties with the close proximity of the table-groups. At times, she found that the ambient noise made it impossible to hear and she had to keep saying: "Could you please speak-up? For this reason, she believed 'the noise-levels took away from the possibilities': if you want to sit down and have a deep and meaningful' she said, 'you don't want a noisy-space to do it... it's not so conducive to do it'. Whereas, if you want to get more 'in-depth about things', Anna emphasised, you want to be able to 'relax and not be straining to hear people'.<sup>34</sup>

Despite the lack of attention given to the noise-levels, when a person with certain disabilities was already known to the HPAs, consideration was given to how they might participate more fully at the mini-public. For instance, support-staff were available to sit beside a citizen with vision-impairment, read the pre and post-forum questionnaire questions to them and write the citizen's responses on it.<sup>35</sup> This assistance was greatly appreciated by the citizens involved; the table-facilitators certainly did not have the requisite time to dedicate individual attention to these people.

### ***Time to digest information matters***

Indeed, the pressure of time was an unrelenting, competing tension for the table-facilitators to manage at this mini-public. This competing tension manifest in myriad ways in the citizens' experiences: for instance, in describing the mini-public as simply too 'rushed', Karen said, as a consequence, 'we didn't have enough time to digest exactly what it was we were asked to think about' and in some instances 'people were not sure if they were discussing things that were being asked of us'. Recalling how at some points during the mini-public the citizens barely had time to 'hear' comments provided by others, Karen was unambiguous that 'a lot more valuable input' would have been obtained if there had been the provision of more time for these citizens to work with.

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<sup>34</sup> Like Pat, Anna attributed this difficulty to the way the table-groups had been positioned so closely together, yet it was her perception that there was much more space available within the Meeting Room they were in, for the table-groups to be distributed more broadly throughout: the reader will recall that Anna lives with vision-impairment and maintains her independence with the aid of a guide-dog companion.

<sup>35</sup> Such a process requires more time than that required by a citizen without vision-impairment. With so little available time at this mini-public, this compounded the disadvantage experienced by those citizens. Even with this assistance, however, the citizens with vision-impairment were significantly disadvantaged by not being given prior access to any written material, including the goal-commitments, in a format that was accessible to them: for example, if done with vision-enhancing computer technology.

Quite tellingly, one of these citizens with vision-impairment, Anna, suggested that one way of heightening awareness of how more effective communication practices might ensue at a mini-public would be to blind-fold people during a pre-forum, training-session so they could experience the difference it makes not being able to see the proceedings.

### ***Having enough time to see the whole picture matters***

Denise was very clear about why she would have liked more time at the mini-public: for ‘the simple reason...I would have loved to have listened to...a lot more people in the room’.

### **Metaphorically speaking 11: A beautiful carving - everyone does their bit and when it's finished you see the whole picture**

#### **Denise: Citizen-participant: ACT mini-public**

Denise prefaced her metaphor by explaining how frustrated she was to learn, during her deliberations, that a lot of the information on the services that are available for people with chronic conditions is not ‘getting out to the general public’. For this reason, she said that she wanted to ‘package’ all the information that emerged during the mini-public ‘into a parcel as a gift’ to give to other people in the community so they, too, could have access to the information that they ‘wanted for their particular disease’.

‘We were the creators’ Denise continued; we were the craftspeople, ‘putting the gift together... It's like a beautiful carving and everyone does their bit and when it's finished you see the whole picture... that represents to you, exactly your feelings, your frustration and you know that for some reason that piece of art or sculpture or painting has reflected every mood, every frustration and it's given you the key to open the door to know what to do next’.

Denise then explained why she believed this ‘gift’ was so valuable: ‘Because living with a chronic disease is fear: fear of not knowing; fear of being frightened to know too much; fear of "Is anybody out there listening to me"; fear of "Can anybody help me"; fear of "Can I afford this, or that drug; how am I going to manage; or how am I going to get from A to B to do that course or have that therapy..." it's a never ending perception’.

In detailing how some of the table-group conversations changed her thinking on certain matters, Denise explained that hearing what other citizens had to say, enabled her to ‘pick-up things’ and ‘understand’ where those people were ‘coming from’. This, Denise believed, gave opportunity to put certain things in ‘context’ giving her another way of thinking about the things that were discussed. She felt ‘it was important to hear’ what another person’s ‘perception’ of a situation was, and personally felt ‘awoken’ by some of the things that were

said: ‘hearing all these different problems’, Denise said, ‘not just one perspective’ can help to see the ‘whole picture’ in that it ‘brings it all together’.

### ***Power differentials and creating a level-playing-field matters***

Another factor found to impact on the deliberations was the power differential embodied in the social roles of the various stakeholders invited to this mini-public. Although several interviewees commented on the ‘outwardly respectful’ manner with which they observed the people at this mini-public interact with each other, the power differentials impacted in subtle ways. Enabling improved reciprocity<sup>36</sup> and creating a level-playing-field in deliberative-situations like this one, requires careful management; a challenge which can leave even experienced table-facilitators floundering. Not all the table-facilitators at this mini-public had the requisite skills or experience to draw-on to manage these power differentials; their training-session certainly did not extend to such matters.

To help understand why the power differentials mattered at this mini-public, let us consider Denise’s experiences at one particular table-group. The various stakeholder positions represented at this table-group were: health consumers and several health professionals - including two medical practitioners, one of whom was part of Denise’s treating-team.<sup>37</sup> Denise set the scene by relaying a discussion, which followed on from her comment regarding the way that certain changes to a particular health service would promote better co-ordinated healthcare. The clinicians at this table-group apparently listened to Denise’s comments then responded by explaining how unfavourably the proposed changes would impact in their workplaces. But, Denise recalled, ‘they were talking amongst themselves, the brainos’ – that is, two medical-practitioners who were talking together about the issue, as it related to their work, ‘and they were working it out’. Although Denise said that she did not feel excluded from the conversation the ‘brainos’ were having, the following excerpts suggest that she did not feel included either.

Denise earlier conveyed the importance which she placed on having the opportunity to exchange knowledge with her fellow citizens. But, it seems, she was also acutely aware of

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<sup>36</sup> The term reciprocity, as used here, refers to the way that ideas/reasons ought to be expressed in mutually acceptable and understandable terms during democratic deliberation (see, for instance, Gutmann and Thompson, 1996).

<sup>37</sup> Denise explained that because of the number of chronic conditions she lives with, she has 13 medical specialists as part of her treating-team. With the ACT being a relatively, small jurisdiction it is, thus, not surprising that Denise would encounter, at least, one member of her treating-team at this mini-public. This may have been the case for many other participating citizens, as well.

the implicit boundaries within which certain information would flow at this mini-public. For instance, Denise did not feel she had the opportunity to ‘pick-the-brains’ of the medical practitioners present - the ‘brainos’, as she referred to them. ‘No, I didn’t’, she continued:

*I just picked-up the conversation of what they were on about when they were talking to each other... they had the knowledge of it, but they were deliberating in their group as a main.*

*But you couldn't tap them on the shoulder and say, "That was an interesting point you made, can you tell me what that'd be in relation to?", or... "Would that work with so-and-so, and so-and-so".*

The implicit boundaries laid-out in Denise’s recollection of this scenario, may be partly explained by the constraints imposed by the lack of available time to explore the matters under discussion. Yet, one must wonder what the table-facilitator was thinking when, as Denise described: the ‘brainos were talking amongst themselves’, leaving the other table-group members to ‘pick-up’ pieces of their conversation as best they knew how. Was this table-facilitator feeling the constraints of the same implicit boundaries apparent to Denise?<sup>38</sup> Without any attention given to this, or any such matter, during the support-staff training-session, it is possible that the table-facilitator was not even aware that it was a requirement of their role to create circumstances of greater reciprocity within their table-group deliberations.

The way this mini-public developed, however, the lack of effective table-facilitation at some table-groups, compelled some of the citizens to step into the void thus created, in an attempt to correct the epistemic injustices they were seeing. Such an example was provided earlier by Susan, when she explained how a young woman’s contribution was largely ignored by the table-facilitator at that table-group. Here, Denise relays another encounter where a citizen felt compelled to step-up to correct the epistemic injustice they were observing. As this scenario unfolds, it becomes apparent that a deliberative space was, thus, created at this table-group for some effective exchanges of knowledge to occur.<sup>39</sup> Picking-up on her earlier comments, regarding the way that healthcare could be more effectively co-ordinated, in a patient-centred way, Denise said to her table-group members: “Wouldn't it be good if you have three or four doctors participating in your health... all in

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<sup>38</sup> Indeed, it was my understanding that all of the table-facilitators at this mini-public resided in the ACT, and with the ACT being such a small jurisdiction, it is possible that one or more of the medical and other health practitioners present at this table-group may have also been a health practitioner to the table-facilitator.

<sup>39</sup> The scenario conveyed here by Denise also highlights the value of visual and/or audio-recording the deliberations during a mini-public to determine the myriad and subtle ways that power can and does manifest to enable or disable certain citizens from exchanging knowledge and expressing their deliberative capacities.

the one room.<sup>40</sup> If one clinician was based in another capital-city, ‘Skype’ could be used, she suggested, so that they could all ‘deliberate’ together, and all be part of the one ‘conversation’. This, Denise, believed, would be much more effective and avoid the need for them all to be ‘writing’ to each other because, from her experience, sometimes important information was missed. Denise recalled the medical-practitioners responding, “Yes, that would work only if” he didn't get a knock at the door by a resident telling him “that a patient's gone downhill or there's a question about medication”. One of the medical practitioners at her table-group then outlined how problematic it might be if all the doctors in the “Skype” conversation all got the same interruption. In appreciating the challenges that present when attempting to co-ordinate all of the relevant health-practitioners at one time, Denise replied, “Couldn't it just be 10mins... for everybody to listen... to say what they have to say and then leave the room - do it that way?” To this comment, a medical-practitioner remarked “It's going to be awkward”.

At this point another table-group member commented to that medical-practitioner, “You are missing the point, it's about the patient; it's not about you and your boxes... If the three of you were all in the room, the dietician, or the physiotherapist, and you were listening to what was said... about the patient, and the patient's in the room and you all asking and listening to the questions... that's for the benefit of the patient”. This other table-group member then described what he believed to be the problem with the way chronic healthcare is currently organised, in that all the different practitioners have their own “individual boxes”/specialities which they “don't want to share”. As a consequence, he added, “You've all missed out on the one thing - the patient in the room... and maybe if you had a think-tank with the three of you with the patient in the room and the bloke on the Skype... you may have picked-up a point that you missed” and avoid “some of the misdiagnosis” that occurs’. This was a highly pertinent matter to Denise<sup>41</sup>, but her sensitivity to any possible ramifications if she had pressed this point further, herself, was evident when she remarked how this medical-practitioner would ‘hate’ this other person for his comments. Denise was grateful to have had this other citizen at her table-group, however, and was most impressed with the way that he had brought the conversation ‘back to the patient’. Whether Denise might have felt more inclined to assert her point, if the

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<sup>40</sup> Bearing in mind that Denise earlier relayed that she has 13 different specialists to co-ordinate for her complex mix of chronic conditions, simply having 3-4 of them in the one room is a significant compromise on what would be required to manage her care in a more holistic way.

<sup>41</sup> Denise had earlier told these table-participants of her husband's death, subsequent to being given treatment for a mis-diagnosis; see Denise's Participant portrait for more details.

clinicians present had not been part of her treating-team is not possible to determine. The scenario described above does however highlight why it is important to find ways of managing the sensitivities and asymmetries of power, when citizens and health professionals deliberate together on health policy. Had the 'assertive' citizen, Denise referred to, not been present, the perspectives he voiced might have been lost.

### ***Synthesising matters***

When the 'Interactive' items on the forum-agenda were finished, there was a brief final-session conducted by the lead-facilitator, Max. This session was held as a plenary for the citizens to provide any further thoughts they might have in relation to the subject-matter. It 'was good that that opportunity was given', David thought, but he felt 'it was, perhaps, a bit tacked-on. A last minute thing, rather than something that could be seen as an important integral point to fill-gaps that weren't seen in what was being done at the tables, or in what was being reported'.<sup>42</sup> Susan agreed; she felt the final session could have been more effectively used for 'making sense' of the forum-proceedings and 'tying' it 'altogether'. Instead, this session was so brief it only allowed the citizens to provide a 'few words'; for Susan, this took away from 'all the hard-work and the emotion' that had gone into the citizens' time together. As a consequence, she believed 'everybody left the room with a different understanding of what had been said; what had been validated; and what had been understood by that'. This point was, indirectly, picked-up by Max, when identifying the competing tensions that arose from having the mini-public structured around a Strategy. Effectively, Max explained, what these citizens were asked to do was more 'exploratory', and in the timeframe allocated for the mini-public, the deliberations remained in a 'divergent mode' rather than progressing on to a more typical 'convergent mode' with, for instance, a much more 'focussed question' to guide the deliberations. He believed this was one of a 'few drivers' which 'constrained' the deliberations.<sup>43</sup>

More typically, Max elaborated, citizens would 'deliberate at length over that question and take on board all sorts of different information from various perspectives and process... to

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<sup>42</sup> David well-understood the power of public deliberation, and believed that these things 'could have been teased out and there would have been more common understandings, even a consensus, around things if it was more systematically geared in that way to consciously do that. But', he felt, 'it was left a bit to chance, a bit ad-hoc' at this mini-public. This concerned David, primarily, because it was his 'experience with consultations and information exchanges that governments often have', that they tend to be 'tokenistic or they play-up the diversity of it so they can pick-and-choose whatever suits their self-understanding of what their needs are'.

<sup>43</sup> Two other prominent constraints from Max's perspective were the 'lack of time to really deliberate at length' and the lack of diversity amongst these citizens.

actually form a view about it'. Because this mini-public 'wasn't that typical deliberative process' Max said, 'we didn't see that quality of deliberation'. For these reasons, Max believed the mini-public was conducive to a 'more conventional workshop to actually explore a topic, being chronic disease care and ways that ACT Health Directorate and the health community can actually improve the management of that' and that, he said, is 'a fairly broad question... you know: can we do this better?' All things considered though, Max felt that the way the mini-public was structured 'was appropriate for the purposes of the day... it was a useful, constructive workshop', but, he reiterated, 'Was there the high-quality deliberation?'; 'Would it actually tick-the-box for me about what a high-level deliberative process might look like? I would say, well, no - if using that standard - I would say probably not'.

So, what were the citizens' overall assessments of this mini-public, and how did their experiences align with the information presented in the Deliberative pamphlet? When considering these citizens' experiences we must bear in mind that the pamphlet emphasised that when deliberating at a mini-public, citizens are not simply asked to provide an opinion, but that they are given opportunity to reason together by explaining their opinions; respectfully listen to people with different perspectives; and ask questions that arise.

Anna recalled reading the Deliberative pamphlet with enthusiasm and was looking forward to experiencing the 'process' of deliberating. But, in her assessment:

*It did seem similar to forums that I've been to before... I don't think that there was sufficient time to get into the actual deliberative process: to really listen to what other people had to say... It was more-or-less, "You've only got 20 mins" so it was, you say your 1, 2, 3 things or whatever... each person says what their hobby-horse is.*

*There was a little bit of it, but at one of the tables I was at, I asked one of the people to expand on something and I was more-or-less told that there wasn't time. It was nicely done, but I would have liked to have heard more about what that particular person was saying... I don't think that he was that anxious to pursue it... but I thought it was an interesting thing and I wanted to hear more.*

Others, too, had embraced the idea of deliberating as articulated in the Deliberative pamphlet, but when compared with their experience of the mini-public they felt frustrated and disappointed. The disjunction between the actual experience of, and the idea of, deliberating was compounded for Susan because she 'felt listened to' at only one table-group during the whole mini-public. For these reasons she said:

*Now whether anything comes of that or if there is any capacity to do anything with what I said, or that I felt in any way that I contributed to the delivery of this new policy remains to be seen, and I leave that out there.*

*Because my experience in the other two tables was that I was not listened to; the views of people were not interpreted correctly.*<sup>44</sup>

As indicated by Susan, maintaining communication pathways for these citizens to observe how the revised Strategy develops after the mini-public or, indeed, for them to contribute further to it, was important to them. And although the HPAs had envisaged that this mini-public would be followed-up with another opportunity for these citizens to contribute to the next round of ‘consultations’, this was not communicated to the citizens in a way which left them feeling like they could be part of its ongoing development. Even if just a ‘timeline’ for the ongoing development of the Strategy was provided, Pat said, it would have demonstrated a commitment to the citizens that they were not simply being dismissed: ‘Like... "Bad luck - we've done our bit"’. Specifically, Pat said, ‘it would be nice to know if there is going to be another follow-up session about the wording’ of the goal-commitments.

When reflecting on her overall experience of the mini-public, foremost, Pat was ‘surprised’ that the deliberations at the forum ‘didn't quite happen the way that I thought it was going to happen’. Although Pat could see that this mini-public had potential to be different to the more traditional consultation processes she had experienced, her biggest concern was the ‘timing issue; the time constraint: being rushed to move on... to get it done in the timeframe that they gave’. Even when completing her post-forum questionnaire, Pat felt rushed. Yet she knew from her time as a ‘trainer’ the importance of the evaluation process, and felt compelled to put-in the time required to ‘fill-it-in properly’. ‘If I was organising’ it, she said:

*I would have not tried to pack so much in. I know they're trying to get as much as they can done, but there's also the problem that by putting too much in, you're not going to get the deliberations you want. Which then annoys some people and then you may not get*

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<sup>44</sup> Drawing on her past experiences with ACT Government consultation processes, Susan went further to express concerns relating to the authenticity and legitimacy of a mini-public, in general. From ‘a PR perspective’ she said, ‘I would strongly suggest...that there would be more of an emphasis around explaining in very direct and simplistic terms that, “Your views will be listened to; we have not concluded anything; we are looking for ideas; you will be given options”’. She explained her reasoning: ‘Because part of meaningful consultation is that there are options: if there is no option don't consult. If you are going in to, it's disingenuous to bring people to a table in which you are going to say “We're going to consult; we're going to talk about this” if there is no other option. If you've got, literally, a fixed concept of what you are going to come out with at the end, don't consult. Just tell them, and call it “We're telling you what's going to happen”’.

Similarly, David believed, ‘the process needs to really emphasise that devolving of power’ so that the citizens are included in ‘the decision-making, itself, because of the force of that collective power’; and, he continued: ‘...that's, perhaps, unpacking that democratic thing a bit more... because democracy doesn't just mean that people are exchanging that information, but that they are also more involved in the decision-making’.

*them on board for the next part of the process - if they don't feel they've been heard properly.*

## **Metaphorically speaking 12: Being back in the workforce**

### **Pat: Citizen-participant: ACT mini-public**

Pat said that despite her concerns over the way the deliberations were constrained, when contributing her view-point during the mini-public 'it felt like being back in the workforce - my comments were valid and valued'.

As someone who needed to withdraw from the paid workforce due to her chronic pain, Pat agreed that, overall, her experience of the mini-public was favourable because she had felt 'included, and felt valued; felt listened to'; as though she had 'made a contribution that was recognised'.

Emma was aware of these overall assessments of this mini-public; she also understood that having read the Deliberative pamphlet, these citizens were looking forward to this opportunity to deliberate. This led her to surmise 'that's one of the interesting things about providing some information - that information through... [the Deliberative] pamphlet - that's something that raises expectations that this is going to be a very different process'. On the whole, Emma said that if she regarded the mini-public as 'a consultation', then, she 'was really pleased with the outcomes for lots of reasons: I think it was a really constructive vibe in the room and it was well planned and well-paced, and there were lots of reasons why I considered it successful in that way'. 'But' when viewed from 'the perspective of the participants coming after having read that pamphlet and expecting something really different with regard to consultation and really deliberative' Emma could 'certainly see why they would feel a little bit disappointed in that way. And I'm not really sure that, whether you're the participants or the organisers, the differences between what we might call regular consultation were overly apparent'. Indeed.

### ***Interim interpretations***

Having now moved through the social domains of this ACT case study, it is possible to appreciate why the ACT Government was keen to conduct a mini-public as part of an overall, concerted attempt to improve the authenticity and legitimacy of their policy decision-making processes. Indeed, part of the appeal of these innovative and more

democratic means of health policy development is their inherent potential to counteract community cynicism towards historical consultation techniques. Yet this case study has demonstrated how, despite the ‘best intentions’ of all involved, such aspirations can fall short of any such aim.

When the revised ACT Chronic Disease Strategy was first mooted as the deliberative subject-matter for the ACT component of CELP, it appeared as a beacon of light after many months of indecision over what would be the most appropriate way forward in this health policy setting. When the mini-public began, however, it became increasingly evident that the HPAs’ decision to engage these ACT citizens in deliberations on the revised Strategy, at that particular point in its development, was an extremely, vexatious issue. Specifically, and as demonstrated throughout the situated domain, many of the citizens were, to say the least, not happy that the goal-commitments – both the wording and the premises behind them - were used in a way which, essentially, circumscribed their deliberations. This matter elicited such a strong reaction from some of these citizens, and compounded by other factors which disabled the deliberative nature of this mini-public, the goal-commitments became an insurmountable barrier to them participating in the deliberations. Indeed, for some of the participating citizens their experience of such factors reinforced their cynicism and frustration over ACT ‘consultation processes’. This is clearly not a desirable outcome.

In many ways, the citizens’ experiences of this mini-public have juxtaposed the HPAs’ stated aim of operationalising a mini-public with how they went about achieving it. In light of the many incongruities found, between the HPAs decision-making and subsequent actions, the agency they expressed can be seen as irrational – foremost, I will later argue, communicatively irrational. Although their decision-making and communicative actions were consistent with the ways the HPAs more typically ‘consult’ the public, the irrationality of it comes into play when considered with what the theory and norms of deliberative practice indicate citizens ought to be experiencing when they engage in a mini-public.<sup>45</sup>

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<sup>45</sup> Although I use the term, communicatively rational/irrational, which has a strong association with Jürgen Habermas’ theorising, the theory of deliberative practice I am referring to here is the current, broader and more inclusive connotations of deliberative democracy which have developed in response to the more recent empirical-turn in deliberative democracy. For my discussion on these matters, please see Chapter One: Sections: What is democratic deliberation? and Democratic deliberation: Authenticity and legitimacy. Also, Chapter Two: Sections: Communicative rationality vs instrumental rationalism and objectivism, The contested notion of rationality; and Persistent power asymmetries. Indeed, the Deliberative pamphlet clearly exemplifies the ‘standards’ of deliberation I propose in this thesis. And what the findings of this research

Indeed, having now followed the HPAs decision-making regarding this mini-public throughout to the social domains of this health policy setting to the consequences these decisions had on the citizens' experiences, we have real-world examples of how the competing rationalities of the health policy process can present significant challenges for the institutionalisation of mini-publics; even in an, ostensibly, enabling political environment.

What these challenges imply for the theory and practice of mini-publics in health policy settings, more broadly, will be brought together with the findings from the SA Health case study and explored more fully in Part 3. To conclude this chapter, however, I will focus on my key concerns regarding the epistemic practices which ensued in this policy setting, and the impact these things had on the citizens' experiences of exchanging knowledge and expressing their deliberative capacities. My foremost concern is in relation to the way that the product-dominant logic – in this instance, on producing the revised Strategy – compromised any comparable consideration being given to how the democratically-deliberative features of this mini-public might be enabled. Furthermore, the disproportionate emphasis given to producing the Strategy resulted in diminished emphasis given to the less-tangible, public service these HPAs might have, otherwise, provided; specifically, in developing the democratically-deliberative nature of this mini-public. Overall, these things contributed to these citizens experiencing avoidable epistemic injustices; with pre-emptive testimonial injustice, transactional testimonial injustice, and hermeneutical injustice being my primary concerns. I will discuss each in turn.

The development of the revised Strategy was important to the authenticity of this mini-public and it will add significantly to the consequentialness of the mini-public.<sup>46</sup> It was also deeply meaningful to these citizens that they were there to contribute to the revised Strategy; as targeted 'stakeholders' they had a particular interest in its development. Of comparable importance to these citizens, however, was the understanding that they were there to actually deliberate. Unlike the SA mini-public, these ACT citizens had been informed of the purported, democratically-deliberative nature of this public-forum: that

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imply for the theory and practice of deliberation detailed in the Intentionally Enabling Approach presented in Chapter Nine of this thesis.

<sup>46</sup> As has been discussed earlier in this thesis, consequentialness is not a trivial feature in the overall development of deliberative capacity for a mini-public (see, for instance, Dryzek, 2009).

information was within their invitations and the Deliberative pamphlet.<sup>47</sup> Yet, because their experience of this mini-public did not accord with what they were led to believe they would experience those citizens experienced a cognitive dissonance between their expectation and experience of this mini-public. Indeed, the fact that the HPAs welcomed the utility of the Deliberative pamphlet is all the more surprising now that we have followed the consequences of their decision-making regarding the deliberative features of this mini-public, throughout the social domains of this case study.

When my interviewees read the Deliberative pamphlet, prior to attending this mini-public, they recalled a sense of hope that this engagement technique might bring about a more democratic means of decision-making on these matters of importance to their lives. Some of them said that the intended deliberative nature of this public-forum was a motivating-factor in their decision to attend: it represented a more meaningful form of engagement and they were prepared to put aside their cynicism of other government decision-making processes and participate with an open-mind in this innovative engagement technique. Margaret, for instance, when explaining how she had become ‘jaded’ by her previous experiences of ‘consultation processes’ said that when she read the Deliberative pamphlet she was: ‘very encouraged that this was going to be a really serious attempt to engage people, to get everyone's views’. But this sense of anticipation turned to discontent, for many of my interviewees, when the mini-public was implemented and they did not get the opportunity to effectively deliberate.<sup>48</sup> As Anna explained, she ‘would have relished the process but it didn't happen’; adding, ‘I don't think that we got to the crux of what the process should have been’. Similarly, Susan remarked that although she ‘saw the theory’, she ‘didn't see the practice’.<sup>49</sup>

Had these citizens been engaged to deliberate earlier in the policy cycle of the revised Strategy – for instance, in an uncircumscribed manner, with *their* deliberative outcomes, then, used by the Strategy-consultant to inform her consultations with other stakeholders/citizens in the ACT community - a very different deliberative-experience

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<sup>47</sup> For these reasons, the hermeneutical injustice experienced by the SA citizens – who were kept-in-the-dark on this matter - is not a key concern in this ACT health policy setting. There were, however, other hermeneutical injustices at play in this health policy setting, of which, I will soon discuss.

<sup>48</sup> Despite Margaret's overall favourable experience of this mini-public she did, nonetheless, express her concern over certain deliberative constraints: in particular, see the discussion on the World Café component of this mini-public for those comments.

<sup>49</sup> This point from Susan is elaborated in her Metaphorically speaking, boxed-entry presented in Chapter Eight.

might have unfolded during this mini-public.<sup>50</sup> Equally, had the goal-commitments been presented as the deliberative subject matter – whereby, the citizens were given opportunity to deliberate/contest/justify the premises within them, instead of the deliberations being framed around, for instance, how to meet the goal-commitments, as given – then, this mini-public might have exhibited the virtue of epistemic justice, along with yielding a more favourable response from the citizens involved. Yet, because most of these citizens were not involved in any such preliminary deliberations, what they experienced at this mini-public amounts to pre-emptive testimonial injustice.<sup>51</sup> Indeed, the strong sense of injustice these citizens felt was nowhere more palpable than in the outrage and indignation expressed by Susan when she exclaimed: ‘Who decided that that's all we were there to talk about?’

Importantly, too, Karen illustrated another way that citizens can experience pre-emptive testimonial injustice when societal relationships of power – in this instance, the social status given to certain health practitioners - infiltrate the public space of reasoning, when citizens deliberate with health professionals on health policy. As Karen explains, even at a mini-public, when citizens are supposedly on an ‘equal-footing’ with each other:

*...it can be a bit intimidating if you are sitting at a table with, you know, an endocrinologist and you're, you know, me, or whatever.*

*I think that some people... well, I actually felt uncomfortable - maybe slightly. Intimidating is not the right word... reticent, because you're with the “experts”.*

So, although this type of testimonial injustice is structural in nature – with no individual to be held directly accountable for its manifestation – when citizens deliberate on health policy with health practitioners, clearly greater attention to these relationships of power is warranted. In light of the earlier discussion on chronic conditions, too<sup>52</sup> if circumstances of epistemic justice are facilitated, whereby citizens feel less ‘reticent’ or, indeed, silenced, when deliberating on health policy with health practitioners, might it also develop their capacity to ask questions and be more engaged in the decision-making of their own healthcare? These types of questions add further nuance to the claim that mini-publics

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<sup>50</sup> These forum-participants could have then been re-engaged to follow-up and help make some final decisions on the final Strategy.

<sup>51</sup> As indicated earlier, the Strategy-consultant did, however, attend a meeting at HCCA with a few health consumers. Yet, as Karen pointed-out, the goal-commitments were only touched on at the end of that meeting, just prior to when the Strategy-consultant needed to leave.

<sup>52</sup> That discussion indicated that one of the strategies designed to close the gaps in health service delivery experienced by people with chronic conditions, is to encourage them to ask more questions of their health-practitioners and to be involved in the decision-making regarding their health. Please see Chapter Six: Section: Chronic conditions for more of that discussion.

offer reciprocal benefits when citizens engage in health policy deliberations<sup>53</sup>, and along with other thoughts for future research on the use of mini-publics in health policy settings, I pursue this line of thinking in Proposition Five in Chapter Nine.

Another way that these citizens experienced pre-emptive testimonial injustice relates to the predefined boundaries of the diseases within the existing Strategy. Some of my interviewees said that the terminology of the goal-commitments implied that ill-health conditions which had not been already diagnosed within a 'disease' framework or listed as an area of action in the existing Strategy, were to be excluded from their deliberative remit. In the absence of any explicit communication and clarification on such matters, ambiguity prevailed for some of the citizens and their attempts to have these matters clarified, during their table-group conversations, took valuable time away from the very brief time that they had to actually deliberate on the questions at hand.

The HPAs involved in the development of this mini-public were highly skilled professionals who were very familiar with, and experienced in, many consultation processes. And from my participant-observations of the ACT HPAs involved in CELP, in the main, they really understood the imperative to engage citizens in decisions on matters that are important to their lives.<sup>54</sup> So what were these HPAs thinking when they exercised their agency in a way where their decision-making powers brought forth a structure for this mini-public which, effectively, resulted in only one hour of deliberation during the entire mini-public?<sup>55</sup>

Primarily, Emma believed that the 'rushed' planning-period compromised the time available for any real consideration to be given to the deliberatively-enabling features of the mini-public.<sup>56</sup> The timeframe for the planning-period was chosen so that the revised Strategy would be 'produced' in time to align with other ACT government policy timelines.

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<sup>53</sup> See, for instance, my discussion on Re-aligning priorities and changing perceptions in healthcare decision-making, in Chapter Two.

<sup>54</sup> Indeed, on several occasions I heard the ACT Director of the Health Policy Unit paraphrase the mantra: 'nothing about them, without them' when discussing matters related to citizen engagement.

<sup>55</sup> Likewise, Davies et al. (2006) found that the amount of actual deliberation that occurred during the Citizen Council of NICE's so called deliberative sessions was only 10% of the total sum of overall interactions. Even this 10% was comprised of interactions which included the 'most minimal of measures': for instance, any back-and-forth interactions which might not have even been on topic (p. 96).

<sup>56</sup> Again, further commonalities are to be found in the research from Davies et al. (2006), who identified '*speed*' as the main culprit in regards to the problematic nature of the questions put the Citizen Council of NICE (p. 175, emphasis in original).

But this competing tension resulted in an inadequate planning-period. There were other consequences to arise from that decision-making, too: for instance, Karen, the policy officer at HCCA, who had the task of recruiting health consumers to the mini-public, found that the short time she had to do so, made her task all that much harder. As Karen pointed-out, her criticism over this was not unique to the planning-period for this mini-public; in effect, she believed the HPAs were reproducing the way that they more typically went about the process of 'consulting' with health consumers. The brief timeframe allocated to the revised Strategy created competing tensions for Max, the deliberative-consultant, too. This was clearly evident when he noted, sympathetically, that the Strategy-consultant's 'time frame was pretty tough': so, upper most in his mind, generating 'a whole lot of material that she could use' became important.

Despite my concerns over the pre-emptive testimonial injustice created by the structure of this mini-public, what the Turning Point technology voting did provide, from one interviewee's perspective, however, was the opportunity to have an equal chance of determining the deliberative-outcomes (Estlund, 2008, p. 94); an opportunity she had felt denied within the deliberative constraints at her table-group during the World Café process. Of course, if this citizen, Margaret, had experienced the opportunity to effectively deliberate during the World Café process her assessment on this matter may have been quite different. Along with insufficient time for the citizens to deliberate prior to the introduction of the Turning Point technology, Margaret identified two other key factors which disabled her table-group from progressing with their deliberations: one citizen was not able to overcome their outrage over the upcoming counting-exercise [Turning Point technology]; and her table-facilitator seemed powerless to manage the dynamics at that table-group.

The overall structure of this mini-public, and the great disparities in the capacity of the various table-facilitators to manage the competing tensions inherent to their role, meant that the citizens' experiences of transactional testimonial injustice were also quite widespread. Most problematic was the competing demand to yield the citizens' comments on the questions provided, within the constrained time available. Other factors, too, such as the pressure to move on to another deliberative technique when the citizens were just becoming familiar with and gaining momentum with their deliberations in the preceding deliberative technique. Such observations did not escape Emma either; being the only HPA involved in this mini-public who had any real understanding of democratic

deliberation. In particular, Emma remarked on her ‘disappointment’ that the deliberations generated by the World Café process were brought to an abrupt end with the contrasting requirements of the Turning Point technology.

The confluence of these factors meant that because there was so little time within the structure of this mini-public for the citizens to deliberate over the goal-commitments, many of them felt ill-prepared to vote on them when they were asked to do so. As a few of my interviewees noted, not being given the opportunity to adequately reflect on the goal-commitments, prior to voting on them, demonstrated the little value given to the richer contributions these citizens could have otherwise made. Had the structure of the mini-public been reconfigured – with the voting conducted *after* authentic deliberation – and allocated a longer timeframe, my interviewees believed that these citizens could have contributed more effectively to what they had been asked to do. Such concerns are borne out in the literature too, where it is made quite clear that ‘communicative processes of opinion and will-formation’ are to *precede* voting, when used as part of a deliberative method of engagement (Chambers, 2003, p. 308).

All of my ACT interviewees spoke of the pivotal role that the table-facilitators played in the exchange of knowledge during this mini-public. Given that it is virtually impossible to have symmetrical relations of power in any social interaction (Warren, 1993), a formidable challenge faces table-facilitators during a deliberative mini-public.<sup>57</sup> And after all the time, energy, and other resources these HPAs put into planning for this mini-public, the lack of time and consideration ultimately given to what would be required of the table-facilitators is striking. In light of these factors it is possibly not surprising that some citizens also experienced transactional testimonial injustice as a direct consequence of their table-facilitator not being mindful of, or having the capacity to manage, the asymmetries of power which can manifest. This includes a lack of responsiveness to the inherent asymmetries of power when healthcare consumers are engaged to deliberate with healthcare practitioners; with some of the more assertive citizens stepping-up to correct the asymmetries and epistemic injustice they observed. For instance, Denise spoke of a citizen at her table-group, who, after hearing of Denise’s lived-experience with the health system, expressed his grave concern over the adverse consequences which can ensue for patients

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<sup>57</sup> Davies et al., (2006) agree. ‘Deliberative’ facilitation, they explain, is much more demanding than ‘inclusive’ facilitation: for instance, not only do equal opportunities need to be maintained, but close attention is required to the conversation to judge when the dialogue is productive, when it is complete, and when another question is needed (pp. 130-2).

when they are put into diagnostic ‘boxes’ at the convenience of their treating health practitioners. With one of the health practitioners at Denise’s table-group being a member of her treating-team, when she commented that the health practitioners at her table-group would ‘hate’ that outspoken person for what he was saying, it was clear that Denise felt too vulnerable to press the point she was making, despite it being one she felt very strongly about. Although there are clearly instances of transactional testimonial injustices conveyed in Denise’s experiences at this table-group, it is not possible to totally separate those experiences from the structural type of pre-emptive testimonial injustice, evident in Karen’s experience: for instance, when she felt ‘reticent’ to express her opinion when deliberating with the ‘expert’ health professionals. Clearly, these epistemic phenomena are complex; isolating them, as done for the purposes of this discussion, is not intended to imply that there is no interconnectedness or compounding relationship between them.<sup>58</sup>

I will next consider the hermeneutical injustice experienced by these ACT citizens which, in many ways, is not unique to this setting. Indeed, in many respects, this injustice speaks to the lack of evaluation conducted on government services and policies, more broadly, including the small amount of any evaluative-data that is filtered through to citizens, in general. As such, this hermeneutical injustice relates to a broader, structural and bureaucratic lack of accountability within government services and policies. I develop the notion of accountability when I discuss HPA’s roles and responsibilities in Chapter Nine, but it is worth noting here, however, that the previous Chronic Disease Strategy was designed with a clearly stated aim, with several key principles intended to direct attention to distinct areas of ‘action’; these ‘action’ items provided clear mechanisms which could have been evaluated (ACT Health, 2007, p. 13).<sup>59</sup> Yet, no such evaluative-data was obtained and, as such, none was available to provide to these citizens. As seen in this case study, the lack of information provided to the citizens about the previous strategy, let alone, any evaluative-data, became a white-hot point of contention for many of them.<sup>60</sup> This

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<sup>58</sup> Susan also described a scenario in which she observed a young woman’s testimony not being given the same amount of respect as that given to the older citizens in that group. The table-facilitator at the centre of that experience, it seems, was oblivious to the epistemic injustice created by not acknowledging the contribution that younger woman had to make; demonstrating an inversely ageist bias, perhaps, and an experience which contributed to that young woman, later, telling Susan that she did not feel it had been worth her while attending this public-forum.

<sup>59</sup> These action areas included: prevention and risk reduction; early detection and treatment; integration and continuity of prevention and care; self-management; and research and surveillance (ACT Health, 2007, p. 13).

<sup>60</sup> As indicated, this speaks to a broader point, beyond the scope of this PhD research: the small number of evaluations performed on government policies, strategies and services. As an interesting aside, the original ACT Chronic Disease Strategy had the notion of evaluation listed twice within it; neither in direct relation to evaluating that Strategy itself. Whereas, the revised ACT Strategy has the notion of evaluation given five

hermeneutical injustice could have been averted with, as suggested by several interviewees, even a brief overview of the existing Strategy at the beginning of the forum, and/or the availability of someone familiar with that Strategy to address any remaining questions the citizens might have had.

Having now focussed detailed attention on these citizens' experiences we know much more about what actually happens when mini-publics are applied to health policy. Many new insights for institutional learning have arisen and what these insights have to offer for the theory and practice of mini-publics in health policy settings will be emphasised further in Chapter Nine. To conclude my interim interpretations on this ACT case study, however, I will point to a paradox which also appeared in the SA case study. That is: despite the epistemic injustices and other factors which prevented their deliberations from flourishing, these citizens also experienced instances of epistemic justice. These instances provided opportunities – albeit fleetingly – for the citizens to exercise their deliberative capacities and, in doing so, experience the inherent potential for democratic deliberation to bring about transformative insights.

As discussed in my interim interpretations of the SA case study, the data from this ACT jurisdiction also suggests that as a consequence of instances of epistemic justice, certain adaptive preferences, which the citizens had carried with them into this mini-public, have also been corrected.<sup>61</sup> Like the SA mini-public, some of these instances of epistemic justice can be attributed to the efforts of certain table-facilitators and the spontaneous interactions which emerged between the citizens, themselves. The most pronounced epistemic justice experienced by the ACT citizens, however, – in contrast to their SA compatriots – is that the ACT HPAs made concerted effort to familiarise these citizens to the intended deliberative nature of the forum they were to attend. In large part, this was achieved through the distribution of the Deliberative pamphlet. The information contained within that pamphlet, opened those citizens eyes to how different a more democratic means of engagement could be, when compared to the traditional consultative practices they were more familiar with. So, although these citizens had not been given information to inform

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times; three of which are in direct relationship to an evaluation of that updated Strategy, with the draft revised Strategy explicitly stating that it will be accompanied by an evaluation framework to monitor the management of chronic conditions. This will include a mid-term review of the Strategy (ACT Health, 2013).

<sup>61</sup> As I explained in the SA case study, too, whether or not any such transformative insights/correction of adaptive preferences are sustained when the citizens in question return to the habituation of their day-to-day lives is another matter; determining this will require dedicated, longitudinal research.

their actual deliberations, and the deliberations they experienced were compromised by many factors outside of their control, the fact that these citizens were informed of the intended deliberative-nature of this forum appears to have helped level-the-playing-field for some of them. As described by David, this information provided a ‘springboard’ from which some of the citizens could ‘spring’ off when they felt their epistemic powers were being otherwise constrained at this mini-public. Similarly, there were gains made in the health literacy for, at least, some of the participating citizens, and exchanging knowledge with their peers, in circumstances of epistemic justice, enabled certain insights which these people had not otherwise gained. All of my interviewees wanted more time to exchange more of this knowledge with their peers.

So what do these research findings imply for the theory and practice of democratic-deliberation in health policy settings? And how might we make greater sense of these citizens’ experiences? Clearly more work is required to understand these things more fully and these questions will form the basis of the next, and final, section of my thesis.

**Part Three: Turning theory and empirical research into reflective practice**

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## Chapter Eight: Theoretical insights

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This section of the thesis brings together the empirical and theoretical findings of my research to understand the citizens' experiences more fully and determine what they imply for the theory and practice of mini-publics in health policy settings. We now know that the mini-publics examined for this thesis form part of a growing international trend, amongst democratic governments, to engage citizens in decisions of importance to their lives. It is also now clear that mini-publics are heralded for their capacity to attain a more democratic and meaningful form of citizen engagement, and in the preceding chapters we have considered many reasons for why that is the case. But as the case studies of this thesis attest, the transferability of these claims when mini-publics are applied to Australian health policy settings cannot be taken for granted. So much so that with the citizens' experiences now richly illustrated, the prevailing gap between the theory and practice of deliberative democracy has become prominent, and the capacity and apparent preparedness of certain health policy departments to operationalise mini-publics, in an authentically democratic and more meaningful way, looks uncertain.

Although the divide between the theory and practice of deliberative democracy is considered narrower than in most other conceptions of democracy (Gutmann & Thompson, 1996), this thesis finds the residual gap to be so great, when mini-publics are used in certain health policy settings, that citizens [and observers] can experience a cognitive dissonance between what they expected of their participation and what actually occurred (Blaug, 1999).<sup>1</sup> This cognitive dissonance was most apparent for citizens when they had some insight into what they might expect of a mini-public, as was the case for the ACT citizens. The SA citizens had not been informed of the democratically-deliberative intent of the public forum they attended. As I have explained in my interim interpretations

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<sup>1</sup> My application of the term, cognitive dissonance, is somewhat different to Blaug's (1999). Blaug uses the term in relation to his description of the gulf between the normative belief that all those affected by decisions have 'participated in its making' and the inherently contradictory reality of this empirical assertion, which precludes the 'possibility of complete participation' (p. xi). My use of the term relates to the inconsistencies between what the participating citizens understood would be happening when they were engaged to deliberate on health policy and what they actually experienced.

of that case study, this compounded the hermeneutical injustice of that health policy setting.

Most striking are the unintentional consequences which disabled the citizens' experiences of exchanging knowledge and expressing their deliberative capacities. The principal reason why these features were so disabling is that they occurred in an absence of effective communicative action. Earlier in this thesis I referred to Lin's Competing Rationalities model of the health policy process (2003). Within this model, Lin (2003) highlights a fundamental premise: that the health policy process relies upon good communication practices. Yet, as the empirical data of this research attests, this 'prerequisite' is not always present in 'sufficient or optimal quantity or quality' (Lin, 2003, p. 15), especially when citizens are granted access to this contested process.

Ineffective communication practices are not unique to the health policy process however: for instance, when discussing the science of policy-making, Lasswell (1948) distinguished how the 'advance of knowledge about human relations was held back by the astonishing lack of communication among the many specialists' engaged in the various fields of the vast policy-making terrain (p. 121). A similarly, astounding lack of communication still prevails, this thesis demonstrates; vividly evident when HPAs attempt to strike a balance between the competing rationalities of the health policy process when operationalising mini-publics. So much so, that in many instances, what the citizens experienced was communicatively irrational. Using Elster's (1983) theorising on rationality as a counterpoint, we can specify even further that what these HPAs displayed was communicatively irrational in a thin sense: that is, these people did not demonstrate a logical consistency between their stated desire/aim and actions, as they worked towards implementing their respective mini-public.<sup>2</sup> Troubling too, is that the way these mini-publics were applied in the health policy settings examined, culminated in the citizens experiencing epistemic injustices: both testimonial and hermeneutical injustices were identified.

Yet, despite the prevalence of the findings mentioned above, a paradox lies within the case studies of this thesis. Indeed, there were instances when, at least, some of the citizens experienced a transformative exchange of knowledge. With so many factors found to disable the citizens from effectively exchanging knowledge and deliberating, at all, what

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<sup>2</sup> Elster's (1983) thick and thin notion of rationality was presented in Chapter Two.

accounts for such transformative exchanges? Principally, when my interviewees said that they had gained any transformative insights, they had also experienced instances of epistemic justice and effective table-facilitation. Such table-facilitation, it seems, was able to mitigate some of the deliberatively-disabling factors, though none were able to circumvent all of these deliberative constraints: for instance, all faced a shortage of time and information.

What became abundantly clear as I explored this paradox in the data was that a mini-public can provide opportunity for citizens to make realisations they had otherwise not acquired. This was evident in such things as improved self-esteem and a greater sense of personal and community empowerment. Increased social capital and health literacy were also evident: these factors are known to contribute to people being healthier (Baum, 2002: 2008; AIHW, 2011).<sup>3</sup> <sup>4</sup> Some interviewees realised how the personal can be a deeply political matter (Mills, 1959; Freire, 1970: 1993, 1992, 1998; Ife, 2002; Galbally, 2004). Others developed a heightened sense of empathy when they learnt of others' experiences, and spoke of the collective wisdom they were able to tap into during their deliberations which gave them an empowered sense of hope that they could learn from these other people's experiences and make changes to their own lives and behaviour in a way that would favourably impact on others' and their own health and wellbeing. Some interviewees suggested that participating in such a forum can provide citizens with a connection to others in their community in a way that helps to overcome feelings of social isolation. For a few others, their participation in their respective mini-public, affirmed who they are as a person – not because of any formal authority given to them by their identity/status in the broader society, but simply and importantly as a citizen – with a voice and experiences to contribute, whilst further learning from the embodied experiences of their fellow citizens as they deliberated together on matters which were important to their lives.

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<sup>3</sup> Health literacy refers to the 'knowledge and skills required by people to access, understand and apply information in order to promote and maintain good health. Being health literate involves knowing what constitutes good quality advice, how and where to seek further information and how to translate information into healthy behaviours (Nutbeam, 2000; AIHW, 2010a; 2011a, p. 94).

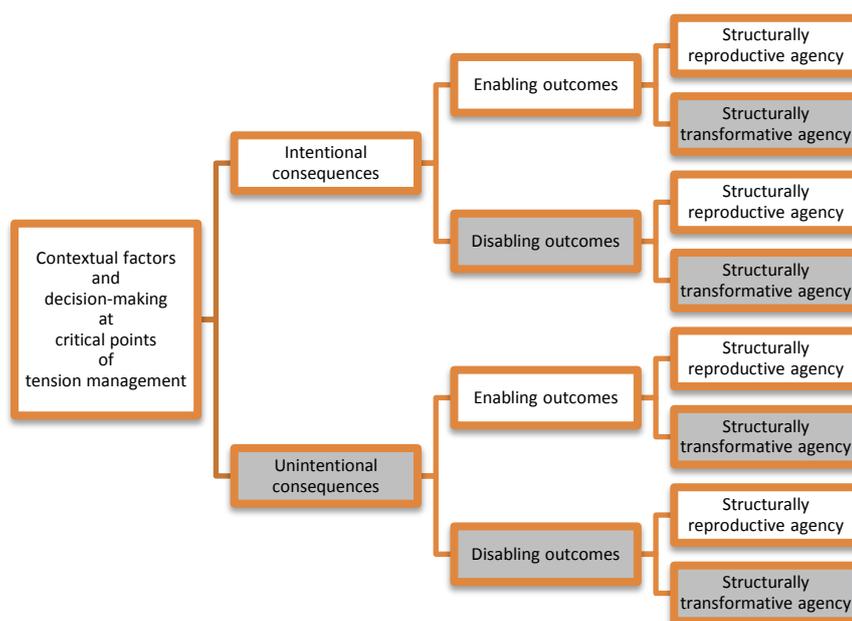
<sup>4</sup> Another way of looking at what is occurring within the intersubjective space when citizens deliberate together is provided by research from Barbara Fredrickson (2013). Although not derived from mini-public settings, Fredrickson (2013) finds that the positive emotions arising from micro-moments of connection between people, even between strangers, literally changing our minds: expanding our awareness of our surroundings, even our sense of self is changed and a 'transcendence' is promoted that 'makes you feel part of something far larger than yourself' (p. 16). Fredrickson labels the phenomenon occurring in these micro-moments as 'love', not romantic love but a 'positivity resonance' (p. 16).

The literature informs that the transformative capacity of democratic deliberation sits at the crux of what is hoped to be achieved with a mini-public; with citizens' willingness to consider preference transformation regarded as one of the defining features of these engagement techniques. When viewed with the awareness that it is far more likely that existing values and structures, including bodies of knowledge, are reproduced rather than transformed (Hays, 1994), it is not surprising that the desired transformative potential of deliberative methods of engagement has sparked a great deal of attention (see, for instance, Dewey, 1927: 1954; Pateman, 1970; Warren, 1992, 1993; Dryzek, 1990, 2000; Roberts, 2004). What is now very clear is that if we are to understand these citizens' experiences more fully, then relevant manifestations of power - that is, the agency-structural factors - also require explicit attention; this task forms the basis of this penultimate chapter of my thesis.

### **Conceptual model of empirical findings and theoretical insights**

When earlier referring to the complex and myriad ways that power can manifest, I explained that one of the reasons I used Layder's Theory of Social Domains (Layder, 1998, 2006, 2013) in the development of my two case studies was to enable a means of understanding more fully the various ways that power can manifest on individuals, their interactions, their social settings, and the broader social contexts of the health policy jurisdictions they are situated within. This has been a highly fruitful endeavour and reflecting on the relationships of power, within the nuanced and holistic view of social reality thus obtained, has revealed the combined effects of power within the different domains (Layder, 2006). Supported by relevant cross-disciplinary theoretical insights, this oversight has illuminated a pattern running through my data; a visual overview of which is sketched into the conceptual model given in Figure 8.1.

The logic of this conceptual model is then discussed, after which I follow the theoretical-threads and emergent empirical themes running through that model. This begins with an explanation of the notion of agency-structure that I am working with. The emergent theme of safety is then considered before moving on to other notions arising from this, and related concepts, to explicate the agency-structural pattern thus displayed. What these findings imply for the theory and practice of mini-publics in health policy settings is then considered more fully in my final chapter.



**Figure: 8: 1: Conceptual model of empirical findings and theoretical insights**

This model provides a visual overview of the various pathways found between contextual factors and decisions taken at critical points of tension management, and the intentional and/or unintentional, enabling and/or disabling consequences for citizens' experiences of deliberating and exchanging knowledge when mini-publics are applied to health policy settings. These consequences are viewed as expressions of either structurally reproductive agency or structurally transformative agency. Grey-shading is used to help differentiate the different pathways.

### ***The logic of the conceptual model***

The conceptual model given above outlines the pathway between certain decisions taken at critical points of tension management, within the contextual factors of the respective health policy jurisdictions examined, to their intentional and/or unintentional, enabling and/or disabling, consequences for citizens' experiences of exchanging knowledge and expressing their deliberative capacities. The logic of this model was enhanced by the iterative process of working as an adaptive theorist: moving between my theoretically-informed, deductive analysis; my data-based, inductive analysis; and the combination of both forms of reasoning with the logical underpinnings of my abductive interpretations (Denzin, 1978; Patton, 2002; Layder, 1998, 2006, 2013, 2015 [personal communication, 22 July]; Schwartz-Shea & Yanow, 2012).

Viewed from the vantage-point obtained by these citizens' experiences, I refer to the decision-making power expressed within the critical points of tension management

examined, as manifestations of either structurally reproductive agency: where the recreation of existing structures, including bodies of knowledge, was apparent; or structurally transformative agency: where the opportunity for making a structural difference, including to bodies of knowledge, was enabled. As was made clear during the two case studies, there were other people, other than HPAs, involved in the planning for each mini-public. What also became evident, however, was that the HPAs retained veto-capacity for any substantial decision-making regarding the respective mini-publics. With such influential, decision-making power granted simply by the formal, bureaucratic authority vested in their roles as HPAs - that is, such decision-making authority was not necessarily derived from their experience and understanding of the theory and practice of mini-publics – the findings from this research highlight the imperative to bring HPAs' roles and responsibilities to a more explicit level of awareness when individuals in those roles operationalise mini-publics.

The consequential pathways, highlighted in the model, have been traced to and from critical points of tension management and were applicable, at times, in both HPAs' and citizens' decision-making processes. Citizens' critical points of tension management in this context, however, were found to ensue from earlier decisions made by relevant HPAs, whose own decision-making was made within the enabling and/or disabling structural processes those HPAs, themselves, were situated within.<sup>5</sup> Structures clearly matter (Layder, 1998, 1985, 2006; O'Flynn, 2010; Tiernan, 2016)<sup>6</sup> and this was affirmed throughout the machinations of the case studies of this research; reinforcing how crucial it is that we bring greater transparency and understanding to relevant contextual factors when mini-publics are applied to health policy settings.

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<sup>5</sup> For instance, the reader will recall Malcolm, a citizen-participant at the SA forum, who reached a critical point of tension management, the evening prior to the forum, because he was not able to access any information on what his involvement in that forum might entail. Ultimately Malcolm decided to attend the SA mini-public, but, it could be argued, another individual, without the same personal resources that Malcolm was able to draw-on, may have decided differently - during a similar point of tension management - and withdrawn from the forum.

There were indeed people who had earlier committed to attending the SA mini-public and who did not show-up on the day. Without data on the factors that contributed to their decisions to withdraw from the forum, I am not able to comment on whether the provision of information would have made a difference in their circumstances. Following-up with the 'no-showers', to determine if, and what type of, information may have encouraged them to decide to participate at the forum would be a useful avenue of inquiry and could be used to bring further meaning to the information already contained in the Deliberative pamphlet.

<sup>6</sup> See O'Flynn (2010) for further discussion on the structural enablers and barriers to policy implementation when a 'cross-boundary' approach is pursued. Indeed, as Hays (1994) earlier noted, structures can constrain us ideologically by what we believe to be conceivable or acceptable as well as providing us with a range of ways to think and behave. Relationally, too, structures influence by limiting the impact or efficacy of our choices. Whilst at the same time, ironically, structures make human thought and action possible (pp. 65-6).

HPAs' decisions 'do not necessarily imply intentionality' (Hays, 1994, p. 64) and it is important for me to clarify that I am not suggesting that the HPAs involved in CELP purposefully undermined the deliberations at their respective mini-public. Nor does my empirical data suggest that the relevant HPAs were intent on 'producing' anything other than the most effective 'forum' they felt capable of, within the contexts they were working.

What these research findings do highlight, however, is that a significant component of the gap found between the theory and practice of mini-publics in the health policy settings examined, can be traced to the HPAs' lack of familiarity with the theory relating to a mini-public. In large part, this helps to understand why those HPAs did not prioritise the normative requirements of democratic deliberation to guide their decision-making and subsequent actions, especially during their critical points of tension management. As a result, the predominant path taken by the HPAs examined was that of the 'unintentional' trajectory with 'disabling outcomes' for the citizens' experiences of exchanging knowledge and expressing their deliberative capacities; effectively, demonstrating the HPAs' propensity towards reproducing – rather than transforming – their more familiar, traditional ways of consulting with citizens. But the purpose of my conceptual overview is not simply to direct attention to the decision-making *outcomes* from critical points of tension management - as important as doing that is. This conceptual model is also designed to encourage critical reflection on the contextual factors that contribute to relevant decision-making within these inherently opaque decision-making processes.

### ***Agency and structure***

Having now explained the logic behind some of the concepts in my conceptual model, in the following section I will elaborate the notion of agency-structure I am working with because it lays the theoretical groundwork for the claims made regarding the agency expressed by the HPAs examined in this thesis. Firstly, I will point-out that fundamental to my understanding of agency-structure is that structure is not necessarily a negative force (Germov, 2005) because structures 'not only limit us, they also lend us our sense of self and the tools for creative and transformative action' (Hays, 1994, pp. 61-5). Indeed, this realisation was reinforced in the findings of this research. For instance, the structure of the 21st Century Town Hall Meeting deliberative technique provided a supportive framework for the SA HPAs in the development of their mini-public. Although there are features of that deliberative technique which were problematic for some of my interviewees, the

overall structure of that deliberative technique provided the skeleton, so to speak, which effective table-facilitators were able to flesh-out into some semblance of meaningful deliberative practice within their table-groups. Had the SA HPAs not exercised their agency [and decision-making] within the structure of that deliberative technique in a way that was more likely to reproduce their more familiar means of engaging with the public and, alternatively, expressed their agency in a way that more effectively aligned with deliberative norms, then, many more instances of transformative exchanges of knowledge may have manifest during that mini-public.

Sitting in direct contrast to the enabling structure of the SA deliberative technique, is the way the ACT HPAs chose, not one, but, three deliberative techniques to be conducted within the half day they allocated for their mini-public. Had they remained with their initial decision to simply stage a World Café, and not introduce other techniques into this limited timeframe, then the structure of that technique may have successfully promoted authentic deliberative practice. But, as the ACT case study demonstrated, the consequences of that structural decision-making eventuated in those citizens being disabled from effectively exchanging knowledge and expressing their deliberative capacities. We must bear in mind, too, that the ACT citizens had been advised that they would be given opportunity to ‘deliberate’ during their mini-public; not being able to effectively do so, became a source of great frustration and cynicism for many of them.

Most salient to my conceptual model is Sharon Hays’ (1994) refined conceptualisation of agency-structure because it helps to draw explicit attention to the way that individuals exercise their ‘agency explains the creation, recreation [or reproduction] and transformation of social structures’ (pp. 61-5).<sup>7</sup> Although not the only theorist to develop a conceptual framework for understanding the interdependencies of agency and structure<sup>8</sup>; the intrinsic value of Hays’ (1994) framework to my thesis is that it views agency according to four

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<sup>7</sup> Further, that the capacity of agents to affect social structures sits in direct relationship to the ‘accessibility, power, and durability’ of relevant structures (Hays, 1994, pp. 61-5). I will not be elaborating in detail on all of Hays’ (1994) conceptualisations, but I will note that Hays argues for greater attention to be given to the terms structure, agency, and culture. Claiming that this is crucial in ‘structuring’ the way we understand and behave in the world, Hays (1994) states that structure can be conceived of having two central, interconnected elements: systems of social relations - patterns of roles, relationships, forms of domination (class, gender, race, education, religion etc); and systems of meaning - (often described as culture) for instance, beliefs, values, forms of knowledge, language, common sense, rituals and ways of life. Indeed, I agree with Hays (1994) in that to understand the resilient patterns that shape behaviour of any individual or group, both the cultural and relational milieu require consideration (pp 65-6).

<sup>8</sup> See, for instance, Layder, 1985; 1998; 2006; 2013; Giddens, 1976, 1986, 1993; Young, 1990; 2011; and Germov, 2005 considers the agency-structure debate into a health sociological perspective.

levels, within an ascending order of the relative choices considered available in any given social setting. With the relative choices available – for the citizens and HPAs - in the social settings examined for this research neither totally deterministic [with people as carriers or instruments of social structure] nor voluntaristic [with people in total control of the social world] the first and fourth levels, respectively, in Hays' (1994) framework are not applicable to the arguments I make here.

The second and third levels described by Hays are, however, highly relevant to this research. For instance, Hays' second level considers social life as fundamentally structured, within which the choices that we make [as agents] usually tend to reproduce those structures.<sup>9</sup> This level therefore exhibits structurally reproductive agency with seemingly trivial consequences for change at deeper structural levels; yet, and of significance to the transformative potential of mini-publics, such agency may go on to have transformative implications. Hays' third level views people as agents with the power to produce social change and with non-trivial consequences for change at deeper levels. These consequences may arise from intended or unintended actions, and can be seen on a broad continuum as structurally transformative agency (Hays, 1994, pp. 62-3). As such, these two levels of agency provide a vital link in understanding citizens' experiences of mini-publics more fully; they are also where we find the resources to promote a fuller realisation of the transformative potential of democratic deliberation, and I will next explain how these perspectives and resources have advanced my research.

It is now widely accepted amongst deliberative scholars and practitioners that democratic decision-making requires dedicated time for citizens to become 'the engaged and informed public' (Fishkin and Luskin, 2000, p. 18), through the provision of clear and comprehensive information relevant to their deliberative subject-matter (see, for instance, Gutmann & Thompson, 1996; Goodin, 2000; Carson, 2004; Lukensmeyer, 2005; Gregory, 2007, 2008a, b; Gregory et al., 2008; Pateman, 2012).<sup>10</sup> Complemented with adequate time

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<sup>9</sup> Young (1990: 2011) also refers to the recursive nature of social structures (p. 61); similarly, Schön (1971) describes such a process as 'dynamic conservatism' (see, in particular, Ch 2: pp.31-60), whereby we 'undertake a continuous and active program to maintain the system in which we are involved' (Schön, 1971, p. 15). Hays' framework, however, provided me with the most effective structure to generate my own theoretical musings – that is, my own expression of structurally transformative agency – at this point, for this piece of research.

<sup>10</sup> Yet, in their recent mapping exercise conducted on the use of public deliberation in health policy and bioethics, Abelson et al. (2013) found that although information provision is now being attended 'to quite carefully', these applications 'have not been supported by rigorous evaluation to determine the most effective

to reflect on that information, this, effectively, provides citizens the opportunity to work out what they might think about the deliberative subject-matter when they have as much information to-hand as the ‘experts’ (Davies et al., 2006, pp. 116-7; 129).

Yet, the HPAs examined in this thesis did not provide the citizens with any material to inform their deliberations; nor was enough time allocated for the citizens to effectively deliberate or reflect.<sup>11</sup> In effect, these HPAs were recreating the way they more typically ‘consult’ with citizens. When viewed through the lens of Hays’ conception of agency and structure, such action is perceived as structurally reproductive agency – with the status-quo far more likely to be maintained. This view also aligns with an understanding put forward earlier in this thesis that: social structures are the accumulated outcomes of the actions of many actors enacting their own intentions which are, often, uncoordinated with others (Young, 2013, pp. 59-62). And many of my interviewees lamented the lack of information and inadequate amount of time provided at their respective fora, indicating how this deficit constrained their capacities to deliberate and diminished the exchange of knowledge they experienced. So what explains the powerful insights derived by some of the citizens at the mini-publics examined?

The source of powerful learning, according to these citizens, was the embodied experiences of their fellow citizens; with some questioning why there was not more opportunity provided, within in society, for them to exchange knowledge with each other this way. Indeed, had it not been for the ‘structure’ of the overarching CELP creating conditions for, at least, some deliberative practice to grow, the opportunity for these citizens to deliberate at all on these policy matters would not have existed. So, although the HPAs examined did not, in the main, exercise structurally transformative agency – by, for instance, becoming familiar with the theory supporting mini-publics - the structurally reproductive agency they did express, within the structure of CELP, created some opportunity for some deliberative practice and transformative insights to develop. Had the HPAs involved in CELP exercised structurally transformative agency, it is conceivable that far more of the desired

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or efficient combination of information dissemination modalities’ (p. 7); this points to another area in need of further research.

<sup>11</sup> As was evident in the SA and ACT case studies, there were many contextual factors impacting on the HPAs decision-making. Equally, we saw that the HPAs directly involved with the Citizen Engagement Project, were not the only people within their health policy departments making decisions which would impact on their the respective mini-publics. Yet, in relation to any of the people, directly involved in the Citizen Engagement Project, the HPAs retained veto-capacity in any decisions relating to their respective mini-public. For this reason, the agency and decision-making power expressed by those HPAs is most relevant to the arguments I put forward in this third part of my thesis.

transformative potential inherent to democratic deliberation, may have manifest in the citizens' experiences.<sup>12</sup>

In the same way that the structurally reproductive agency demonstrated by relevant HPAs disabled the citizens' experiences of the transformative potential of the mini-publics from flourishing, but still created opportunity for some transformative insights to manifest, similar gains were made by, at least, one of the participating HPAs. For instance, Emma, an ACT HPA, candidly acknowledged the way that some decisions taken during the planning-phase of the ACT mini-public, albeit, unintentionally, 'constrained' the citizens' capacities to deliberate at that mini-public. Reinforcing Hays' claim that structurally reproductive agency may seem trivial in its consequences, but might go on to have transformative implications, Emma believed that part of 'value' to be derived from the ACT mini-public was the opportunity it provided for the HPAs involved to change their 'expectations of consultation'. Because a lot of the time, Emma remarked, consultation:

*...can be just something that you've got to tick-off. But those of us who were involved in that, I'm sure that at a minimum, would next time we're doing consultation, would aim a lot higher than we have in previous exercises.*

*And that's a good thing even if we don't necessarily achieve it all at once. It's a good thing to think about how we might do these things differently and better.*

As one of only two HPAs who actively engaged with the theory on mini-publics examined in my case studies, Emma was well aware of how a mini-public could have been operationalised 'differently and better'.<sup>13</sup> The uphill-challenge that each of these HPAs probably experienced in their planning for their mini-public, given that neither of these two HPAs were the most senior decision-maker in their respective policy departments, must

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<sup>12</sup> Any such determination will, however, require further research to explore citizens' experiences under those conditions.

<sup>13</sup> The other HPA to actively engage with relevant theory was from the SA Health policy jurisdiction. While I accept that it may not be feasible for all HPAs to physically attend such training, it is reasonable that opportunity is created for those who have participated in such training to become 'champions' or leaders in their departments, using their knowledge to promote the development of deliberative capacity within their organisation, more broadly. This could be viewed as an important area of organisational development to build the deliberative capacity and facilitate the institutionalisation of these democratically deliberative techniques. I also accept that other, more senior, policy administrators may have expressed their interest in the theory of deliberative practice away from what I was able to observe. But if they did do so, what they might have learnt was not borne out in practice: I elaborate further how I was able to conduct participant-observations on the participating HPAs in Chapter Three: Section: Participant-observations, and in Chapter Nine: Section: Limitations of this research, where I explain how, although I was not a member of the SA Steering Group, relevant and rich insights were obtained from a member of that Steering Group who did participate in an interview for this research.

not be underestimated.<sup>14</sup> And the collective insights obtained for my thesis – including that from my interviewees and my own participant-observations – form a picture that vividly displays how the lack of distributed deliberative capacity in the respective health policy departments was a significantly disabling factor for the mini-publics examined.

When HPAs engage citizens to democratically-deliberate a significant opportunity presents for the development of deliberative capacity. This development not only relates to the citizens involved, but also the adaptation of processes those HPAs work within and their own individual deliberative capacities. Yet, as the case studies have demonstrated, the competing rationalities of the health policy process and the product-dominant logic within health systems, more broadly, create an environment in which HPAs exhibit a propensity towards structurally reproductive agency. These expressions of agency have been shown to significantly disable the overall deliberative capacity within the health policy settings examined.

Some deliberative theorists have gone as far as to argue that the bureaucratic/structural processes within government institutions prohibit them from effectively incorporating democratically-deliberative designs into their *modus-operandi*.<sup>15</sup> Although I accept the validity of such a claim in other instances, I alternatively propose that the highly nuanced perspectives obtained from this research, provide opportunity to learn from the obdurate nature of the institutional counter-forces in a way not done before. And in Chapter Nine, I take these insights forward, in an inversely-instructive way, to propose that the factors found to disable the democratically-deliberative nature of the mini-publics examined can be channelled into a more systematic and less ad-hoc approach to mini-publics: to *intentionally enable* the exchange of knowledge and allow deliberative capacity to flourish. Before moving on to those propositions, and having elaborated on the epistemic practices at the end of each case study, I will next discuss the emergent empirical and theoretical insights which contributed to me making such interpretations on the data obtained. I begin with the emergent theme of the importance of feeling safe.

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<sup>14</sup> Emma was the only HPA to participate in an interview with me, so I do not have the perspectives of the other HPAs to present. And accentuating the lack of more broadly distributed deliberative capacity in the ACT case study, was the fact that Emma had a longstanding commitment overseas a couple of weeks prior to that mini-public. It was my observation that during her absence the decision to incorporate three deliberative techniques into their half-day forum was made; this decision proved to be a significantly deliberatively-disabling one.

<sup>15</sup> See, for instance, Dryzek, 2000 for a considered analysis of the arguments for and against such a contention.

### *The importance of feeling safe*

The issue of safety is seldom, explicitly, addressed in the theory on deliberative democracy, and unlike that of my deductive findings, for instance, the epistemic practices, I had not embarked on my empirical work specifically looking for manifestations of it.<sup>16</sup> Many of my interviewees, including a HPA, however, referred to the need to feel safe during these means of engagement: some directly; others referred to safety indirectly with expressions of relief, such as ‘it’s not scary’. For a couple of the citizens, their comments related to feelings of physical safety, given their appreciation of the sensitive and volatile nature of the issues that were being deliberated over.<sup>17</sup> For others, the theme of safety was in reference to the tension provoked by the emotional nature of deliberating on health related matters<sup>18</sup>; others, too, expressed feelings of vulnerability around their own deliberative capacity. ‘Not wanting any surprises’ was another way that people made reference to safety: basically, these people wanted, or could see that others wanted, to know more about what they could expect when they participate in these novel means of engagement. Possibly unsurprisingly, too, some participants commented on not feeling comfortable entering into an activity, about which they knew very little or, in some instances, nothing at all.

Reflecting on these findings led me to the concept, ontological security: a term which, essentially, refers to the sociological processes that help maintain our basic sense of security in the world (Laing, 1960; Schön, 1971; Giddens, 1976, 1993; Turner, 1988): ‘People need to feel and sense that “things are as they seem”’ Jonathon Turner (1988, p. 206) explains. Anthony Giddens (1993) agrees, explaining that feeling ontologically secure is necessary to our sense of wellbeing. Maintaining this perception underlies all our activities: routine interactions - where the knowledge required for the interaction is ‘unproblematic’ and

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<sup>16</sup> The norms of deliberation could, however, be seen as implicit means of creating ‘safer’ conditions for citizens to argue within, and some practitioners of deliberative techniques do make mention of the importance of citizens feeling safe during such a forum (see, for instance, Lukensmeyer, 2005, p. 37, and the online material referring to the World Café engagement technique, see: <http://www.theworldcafe.com/principles.html>). And in their in-depth examination of the Citizen Council of NICE, Davies et al. (2006; 2009) also highlight the importance of constructing a safe space for citizens to deliberate.

<sup>17</sup> This was especially pertinent in SA, as explained in the contextual resources domain of that case study.

<sup>18</sup> The emotional nature of deliberating on matters related to health and wellbeing was mentioned by many interviewees and supports the view that table-facilitators must be chosen for their existing sensibilities and capacity to work sensitively in such an environment. An ‘emotional investment in the issue oils the wheels of deliberation’, Davies et al. (2006, p. 129) believe, and if for no other reason, and contrasting with any idealised version of deliberation as purely rational, understanding this will help table-facilitators to be prepared for what actually happens during deliberation in the real-world.

‘taken for granted’ - reinforce our sense of ontological security; when faced with situations that take us out of this routine grounding of our ‘security of being’, however, ‘critical situations’ of tension management arise in our attempts to reconcile these feelings (Giddens, 1993, pp. 122-5).

Developing a sense of ontological security, like other processes of socialisation, is an ongoing process of learning to manage the tensions and ambivalences of social life (Giddens, 1993). We develop in our capacity for managing these tensions and uncertainties during our earliest experiences of socialisation as we actively learn to accommodate our ‘wants’ to the demands or expectations of others (Giddens 1993, p. 124). With the novelty of mini-publics in health policy settings, however, this research finds that the capacity for tension management at these times is still inchoate and in need of development. As it stands, many instances of what Giddens might call ‘critical situations’ manifest for HPAs and citizens.

### ***Critical points of tension management***

We can ‘do things with words’ (Austin, 1962), however, and I have chosen to use the term critical *point* of tension management for my application of this concept in my thesis, as the word, point, more evocatively captures the notion I wish to convey here.<sup>19</sup> Similar to that which Fritjof Capra (1982) so eloquently expressed with his use of the term, ‘turning point’, I am arguing that critical points of tension management not only present opportunity to reflect on a current situation or confluence of circumstances, these points of tension management also present opportunity for a different course of action to be created, with transformative learning enabled as citizens and HPAs become socialised into these innovative and democratically-deliberative means of policy development.<sup>20</sup>

And yet, because the critical points of tension management were not viewed as turning points, in the health policy settings examined, many decisions and subsequent actions taken by relevant HPAs reproduced the way they usually engage with the public. Such decision

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<sup>19</sup> In particular, this relates to the literal use of the word, point, as a ‘critical position in a course of affairs’ and as ‘a decisive state of circumstances’ (Macquarie University, 1998, p. 889).

<sup>20</sup> Others, too, have identified the tension-filled nature of engaging citizens in deliberations. For instance, Carolyn Hendriks (2011) found a ‘zone of productive tension’ to exist when organisations with an interest in the outcomes, interact with public deliberation. Hendriks’ (2011) research identified that with too little tension a deliberative ‘process becomes apolitical and insignificant to interest advocates’; whereas, if too much tension exists, the process can become ‘overly politicized and threatening to interest advocates’ (p. 204-5). While Hendriks’ (2011) conceptualisation of the zone of tension differs in some regards to the critical points of tension identified in this thesis, I would suggest that the understandings gained from her work support the theory generating capacity of this work.

making, it seems, was an attempt to minimise, rather than manage, the ontological insecurities associated with the more democratic nature of their mini-public. For instance, SA HPAs made a decision not to engage with the media regarding their mini-public. Although the structure of the deliberative technique they utilised places an emphasis on engaging with the media during its planning phase - in an attempt to elicit interest and build legitimacy of the process in the eyes of the public, more broadly - the SA HPAs' fears and ontological insecurities over the possibility of attracting unfavourable interest from members of their public stopped them from engaging with relevant media-outlets at all.

The ontological insecurities noted above accord with earlier observations made by Meredith Edwards (2001), who discerned the significant challenges that government representatives face in the redefinition of their roles and responsibilities when they are exposed to forms of governance that move them beyond their more familiar, though 'limited consultation' models (p. 79). Edwards (2001) perceptively identified these challenges as 'fears' which, she maintains, are exhibited bilaterally in these changing relationships and relate to issues around accountability and control over policy outcomes; a lack of trust between the parties was also identified (2001, p. 79).<sup>21</sup> These insights were confirmed by Emma, who suggested that from an ACT HPA's perspective, being involved in a mini-public is 'probably, the most effective way of breaking down any sort of fear or disinclination'.

I would go further still to suggest that when HPAs engage with citizens as part of operationalising mini-publics, a significant opportunity is created for them to step out of the alienating 'needs of strangers' model of modern bureaucratic human service delivery, in which they currently work – such as that described by Ferdinand Tönnies (1955: 1988) as *gesellschaft*. In doing so, they have an opportunity to bridge the social distance promoted by their current service delivery approach and, thereby, experience a more interpersonal way of working with the citizens/recipients of the services those HPAs provide – more like that described by Tönnies (1955; 1988) as *gemeinschaft*. Once experiencing this more meaningful way of working, it is indeed possible that HPAs could modify their adaptive

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<sup>21</sup> Prior to this work from Edwards' (2001), scant attention had been given to the dynamics of the relationships between the players in these changing governance structures, and in this instance, Edwards' argument pertained to the changing relationships between 'public and community sector players' (pp. 78-79).

See Maxwell (1998) for similar insights gained from experiences with the Canadian Policy Research Networks Inc.

preferences/propensities for reproducing the way that they have historically ‘consulted’ with the public.<sup>22</sup>

Yet, with all things considered, what transpired in this research evokes an image of the ‘risk society’ identified by Ulrich Beck (1986: 1992). Essentially, Beck (1986:1992) described anxieties arising from competing rationalities, which can drive people to irrationalism; this is evidenced when the intent to attain the ‘good’ is supplanted by the intent to prevent the ‘worst’ (p. 49). Striking examples were evident in the SA HPA’s decision-making processes in the lead-up to their mini-public. Despite many opportunities presenting for them to *manage* their way through the competing tensions of staging a mini-public, primarily, decisions were clearly taken to *minimise* the ‘worst’ foreseeable risks or associated political fall-out; effectively, stifling the innovative and democratically-deliberative nature of that mini-public.<sup>23</sup>

Underscoring the importance of achieving clarity between risk minimisation and risk management, Osborne and Brown (2011) highlight the difference between managing the risks associated with innovation but, they stress, not stifling its achievement. The premise here being that risk minimisation strategies are more likely to suppress rather than facilitate innovative responses to public service delivery (Osborne and Brown, 2011, p. 1345)<sup>24</sup>; a germane point considering the innovative nature of mini-publics in health policy settings, the fears and insecurities identified above, and the way that the decision-making and ineffective communication practices exhibited by the HPAs impacted on the citizens’ experiences of the mini-publics examined. There is evidently a need for differentiation of

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<sup>22</sup> See also Jim Ife (2002, pp. 15-20) for arguments against the superiority of the ‘needs of strangers’ model in bureaucratic structure of human services.

<sup>23</sup> Of direct relevance to this point, too, are my experiences with the Steering Group in the planning-phase of this SA mini-public. I elaborated these experiences in Chapter Three, when I discussed the politics of health policy research, where I suggest that the Steering Group viewed my research as yet another risk they needed to minimise. Instead of working collaboratively with me to try and understand the citizens’ experiences more fully, certain members of that Steering Group tried to prohibit me from conducting any research in their policy jurisdiction.

<sup>24</sup> Consistent with their claim in relation to the product-dominant logic, these authors have identified the distinctly different way that innovation has been dealt with in the literature of public management theory and service management. For instance, in the services management literature, innovation is viewed as an ‘incremental change process’, whereas public management theory persists with a ‘product design’ approach to innovation (Osborne & Brown, 2011, pp. 1344-5).

Indeed, Osborne and Brown (2011) call for the differentiation of risk and uncertainty in studies on innovation in public service management more broadly, including research that facilitates greater understanding into ‘where and how innovation risk lies’ within public services and which strategies might promote its ‘effective management’ but, crucially, these authors add, not constraining ‘the innovative impetus or the potential for individual, organizational and policy learning’ (pp. 1345-6).

risk and uncertainty amongst HPAs when they work with mini-publics (Osborne and Brown, 2011); a vital component of which will be clarifying the uncertainties associated with HPAs' role and responsibilities - including their epistemic responsibilities - in relation to the more democratic nature of a mini-public.

Changing the way HPAs respond to the uncertainties and perceived risks associated with a mini-public will, however, be a complex and dedicated process of researching and working with the culture and ethos within health systems; not least because 'culturally-driven norms and beliefs' discourage individuals from taking any perceived risks in their decision-making (Booth, Cardona Sosa & Nolen, 2011, p. 19; Booth & Nolen, 2011).<sup>25</sup> To shed more light on these matters, I turn to an influential contributor to the literature on organisational culture, professional learning and decision-making during times of change and uncertainty: Donald Schön (1971). Schön's prescient insights led him to argue that what is needed at such times is to 'develop institutional structures, ways of knowing, and an ethic, for the process of change itself' (1971, p. 11). Although speaking in relation to public policy, more broadly, Schön (1971) opined that:

*If government is to learn to solve new public problems, it must also learn to create the systems for doing so and to discard the structure and mechanisms grown up around old problems (p. 116).*

Yet, Schön (1983) was not blind to the reality that 'transforming' existing structures and systems requires professionals to pass through 'zones of uncertainty' in their work (p. 12); reinforcing my earlier claim that HPAs require support for their ontological security in relation to the unfamiliar nature of a mini-public. Indeed, if professionals are to respond favourably to any such process of change and uncertainty, then, they must 'on some basis, feel secure' because 'a sense of personal security is essential to our ability to come to grips with change' (Schön, 1971, p. 12). In addition, reflective practice is vital. Principally, Schön believed that organisations needed to promote professional reflexivity, to help their practitioners develop the capacity for 'reflection-in-action' (Schön, 1983, p. 279). Such

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<sup>25</sup> Specifically, these authors are referring to gendered differences in decision-making and although presenting an interesting area for future research, gendered differences in risk-averse decision-making are not the focus of this thesis. For the interested reader, research does exist which demonstrates the difference that gender identity and societal norms play in risk-averse decision-making – albeit, outside the health policy context, for example: Booth, A., Cardona Sosa, L. & Nolen, P. 2011. Gender Differences in Risk Aversion: Do Single-Sex Environments Affect Their Development? Canberra. The Australian National University Centre For Economic Policy Research. Discussion Paper No. 654; and Booth, A. & Nolen, P. 2011. Gender Differences in Risk Behaviour: Does Nurture Matter? In *The Economic Journal*. 122: February: 56-78; Booth, A. & Nolen, P. 2012. Salience, Risky Choices and Gender. In *Economics Letters*. 117: 517-520.

reflective practice, Schön believed, can generate the ‘capacity to cope with the unique, uncertain, and conflicted situations of practice’ (1983, p. ix). There have been some favourable developments in promoting more reflective practice for certain professionals since Schön offered these insights<sup>26</sup>, but according to the ACT HPA, Emma, the competing demands of the policy-process still leave little time for reflective practice; with Emma welcoming the opportunity provided by her post-forum interview to reflect on that mini-public.

Another consequence of the little time available for policy administrators to adopt reflective practice is a concomitant, lack of engagement with relevant theory.<sup>27</sup> This is not a unique phenomenon to the HPAs of this research: a similar lack of engagement with theory has been identified elsewhere when policy administrators are involved in research projects which have very practical aims or a ‘policy-oriented focus’, and arise in response to a ‘social problem’ (see, for instance, Layder, 1998, p. 11). In such circumstances, a lack of interest in theory can be viewed as an ‘unintended consequence’ of the competing demands that policy administrators work within (Layder, 1998, p. 11). My experience on this research project and in other policy settings, too, suggests that it is not uncommon for certain policy administrators to refer to ‘theory’ in the pejorative; something to eschew or wilfully ignore as they go about the practical details of their ‘real’ work. Yet, theory and practice are important, especially when it is an innovative initiative, like a mini-public, that is being introduced into an institution and the philosophical underpinnings of that initiative are not already embedded within that institution’s culture and ethos. Finding the right balance between theory and practice, it seems, is yet another competing tension for HPAs to manage amidst the instrumental objectives described above.

Considering the ‘fears’ that HPAs confront as they approach the task of working with more democratic means of citizen engagement (Edwards, 2001), there is value in recalling Schön’s (1971) critique on the ways that we seek to protect ourselves from the apprehension created by the threats and tensions inherent to any process of change. This provides another perspective on the paradoxical way many of the HPAs involved in CELP appeared to almost wilfully ignore the theory on deliberative mini-publics. Specifically, Schön (1971) argued that the way we [as humans, generally] go about resisting such

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<sup>26</sup> Most notably, in educational theory and practice; see, for instance, Mezirow (1991; 1997; 2003) and Moon (2004).

<sup>27</sup> As an advocate of the merging of theory into practice, Schön called for an ‘epistemology of practice’ asking: ‘What is the kind of knowing in which competent practitioners engage?’ (1983, p. viii).

processes inherent to change is not necessarily passive; instead he identified ‘active and more or less systematic resistance which employs a variety of strategies’, including a process of selective inattention to data that might upset our current way of looking at things (p. 14). This understanding reinforces my claim that the HPAs predominantly expressed their agency in a way that actively perpetuated the structural processes they were working within – that is, with structurally reproductive agency.

Effectively, the way the HPAs approached their task of producing their respective mini-public brought forth a standard-liberal view of democracy. This view conceives of democracy as, primarily, a means of ‘aggregating prepolitical interests’ through competitive elections, or any such means of acquiring the public’s preformed preferences (Warren, 1992, p. 8). From a historical perspective, seeking citizens’ views on any given policy has tended only to be at the largesse of certain government decision-making bodies and then, typically, only to obtain citizens’ opinions on certain matters, *after* any given policy or service had already been planned and developed on their behalf. Such a perspective on the role of citizens contrasts markedly with that from a more expansive view of democracy, for instance, that encompassed within participatory approaches to democracy, such as deliberative democracy, whereby, citizens are considered integral to the whole policy process: from its conception, inception, and ongoing implementation and evaluation.<sup>28</sup>

This alternate, more expansive view considers democracy beyond its instrumental value. Indeed, democracy, itself, is seen as generating the ‘values that are intrinsic to political interaction’ which are ‘closely related to self-development’ through the process of interaction, dialogue and empowerment (Warren, 1992, p. 9); pointing to the inherent transformative potential mentioned earlier. In this way, an expansive view of democracy accepts the notion that a broadening and deepening of democracy offers transformative potential at the level of the individual. With the institutional-uptake of mini-publics, those institutions and their constitutive members thus have a responsibility to exercise structurally transformative agency in a way that enables the democratically-deliberative process and, thereby, give citizens the opportunity to increase their control over ‘self-

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<sup>28</sup> As explained earlier in this thesis when setting out the normative foundations of my research, my research is underpinned with an expansive view of democracy. As such, my critique of the mini-publics examined arises from that, albeit largely aspirational, perspective.

determination and self-development' (Warren, 1992, p. 9).<sup>29</sup> And in certain respects, the structural transformative agency which did manifest in the mini-publics examined for this thesis, provide practical examples of how citizens can experience 'self-determination and self-development' (Warren, 1992, p. 9) by virtue of being given opportunity to participate in democratic conversations together.

### **Understanding the inherent power of public reasoning**

Despite the predominance of structurally reproductive agency evidenced in this research, the empirical findings do, paradoxically, also point to the inherent power of public reasoning. A power that shone through, despite all of the disabling features which prevented the, overall, deliberations from being more fully realised. So, how are we to understand this inherent power in relation to citizens deliberating on matters relevant to health and wellbeing? What generates this power? And what might it have to offer?

What became evident was that when citizens have an opportunity to exchange knowledge this way they can learn from the 'contextualized narratives' (Young, 1997, p. 342) and embodied experiences of their peers. In effect, this allows citizens to make sense of matters related to their health and wellbeing, and situate their 'personal troubles' (Mills, 1959, p. 15) within the context of their broader societal realm. The deliberative process of citizens reasoning together has been described by Seyla Benhabib (1996) as enabling participants to reach 'certain coherence' in their views (p. 72). This description was reflected in the comments of many interviewees who spoke metaphorically to explain their experience of deliberating as 'filling-gaps' in what they already knew; being able to connect-the-dots, so to speak, enabled these people to make realisations that they had, otherwise, not gained. Some referred to this as a process of 'building' something together, or like putting a 'jigsaw puzzle' together; most typically, this manifest in circumstances where effective table-facilitation and epistemic justice was evident.<sup>30</sup> Akin to having their sociological imaginations awoken, I will argue next, the realisations thereby obtained provided some of these people with opportunity to make realisations they had otherwise

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<sup>29</sup> Not all HPAs will want to engage with the public this way. As this research suggests also; not all HPAs accept that citizens truly have the capacity to effectively contribute to health policy. Findings from ongoing research into the transformative impacts of democratic deliberation may convince those HPAs that mini-publics are worthy of their attention but at risk of undermining the democratically-deliberative nature of any given mini-public, those individuals ought not have the veto-capacity in any substantive decision-making related to a mini-public.

<sup>30</sup> In some instances, the metaphors given were used spontaneously throughout our interview-conversation together; in others, the metaphors were in response to my explicit request for one to describe certain experiences. See Chapter Three for more information on the use of metaphor analysis in this research.

not acquired. They were, thus, able to more fully understand the broader context of their lives in a way not achieved through other democratic means available to them (Mills, 1959).

### ***Cultivating the sociological imagination***

C Wright Mills long since recognised how individuals' 'visions and their powers' might otherwise be constrained by the personal 'troubles' of their lives (Mills, 1959, p. 9); amounting to hermeneutical injustices, I argue, including the formation of their adaptive preferences. It may not be apparent to an individual that their 'vision' and 'power' is thus constrained (Mills, 1959), but given what we have learnt about epistemic injustices, adaptive preferences, and the transformative potential of deliberative practice, expanding the public's vision and power over their health and wellbeing appears tantamount to having their sociological imaginations awoken (Mills, 1959). Cultivating the sociological imagination has an 'unexpected quality' to it; perhaps, Mills (1959) ventured, because it requires the use of a receptive mind with a willingness to combine, seemingly, unrelated ideas which may not have been considered in tandem before. The socially-situated nature of these factors will of course vary with any given deliberative/social setting. Once nurtured, however, the 'quality of mind' created by using the sociological imagination allows individuals:

*...to use information and to develop reason in order to achieve lucid summations of what is going on in the world and of what may be happening within themselves (Mills, 1959, p. 11).*

Further described by Mills (1959) as adopting a 'playfulness of mind' (pp. 22-33); using our sociological imagination involves exercising the 'capacity to shift from one perspective to another' and in the process building-up a view of society – including, the structures and individuals contained therein - in a way not considered before (p. 232). The analogies with what is understood about the process of individuals expressing their deliberative capacities and obtaining transformative insights are evident.<sup>31</sup>

It is now well-established that the personal troubles health consumers bring to their healthcare providers are grounded in social issues beyond the remit of bio-medicinal

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<sup>31</sup> In a similar vein, someone working in the discipline of community and health development may refer to the process of having our sociological imaginations awoken as that of consciousness/awareness raising. Indeed, Mills, acknowledged that depending on the discipline/perspective one views the phenomenon of a sociological imagination, someone from another discipline, for instance, an anthropologist, might equally adopt the term an anthropological imagination; given he was a sociologist, Mills explained, the term 'sociological imagination' was most apt (1959, Footnote p. 26).

answers (for instance, Waitzkin, 1989; Wilkinson & Marmot, 2003; WHO, 2007a, b). Yet, examining the roots of these personal troubles seldom receives the critical attention it deserves in the structures of modern health systems; especially that of the, typically, brief doctor-patient consultation-process. This deficit occurs even though these personal troubles are known to be ‘almost always interconnected with structures in society’ even when these ‘links’ may not be obvious on the surface (Waitzkin, 1989, p. 220). Instead, all too often, attention is given to finding ways that individuals can ‘adjust’ to their ‘troubling social conditions’ (Waitzkin, 1989, p. 220); with the insidiously, perpetuating relationship this has to the notions of hermeneutical injustice and adaptive preferences, disturbingly apparent. The important role that mini-publics have to play in enabling transformative insights on matters related to health and wellbeing, including the meaningful way with which knowledge is intersubjectively exchanged is, thus, reinforced. Hanna Pitkin & Sara Shumer (1982) agree; although speaking more broadly about conflict needing to be dealt with in open and transparent ways, they believe that public deliberation is imperative to citizens being able to become aware of and realise ‘their dignity and powers as responsible agents and judges’ (p. 44).

### **Grounding the conceptual model in empirical examples**

Having now tied together the theoretical-threads running through the conceptual model, the remainder of this chapter will ground the model in some empirical examples. The contribution that metaphor analysis has to make in conveying the citizens’ experiences is again displayed in the *Metaphorically speaking* entries provided throughout this section. With the contextual factors, relevant to decision-making at critical points of tension management, already discussed in the social domains of contextual resources and social setting of each case study, I will not focus attention on those matters here. Instead, emphasis will be given to how the citizens made sense of their experiences of the ensuing consequences from any such earlier decision-making.

As the most dominant pattern to emerge from the empirical data, I will first provide and explain the trajectory of unintentional consequences which had disabling outcomes for the citizens’ experiences of the exchange of knowledge and their deliberative capacity. This trajectory is interpreted as an expression of structurally reproductive agency. I then bring to life the second most dominant pathway with empirical examples to demonstrate why this trajectory can be seen as exhibiting unintentional consequences with enabling outcomes, effectively, becoming an expression of structurally transformative agency. In

descending order of the dominance with which they were evident, I then provide empirical examples to demonstrate the way that each remaining trajectory appeared in this research.

### **Reinforcing deliberative inequalities**

This first empirical example of the most dominant trajectory traced throughout my empirical data is drawn from the complex dynamics which unfolded at the table-group where I worked as scribe during the SA mini-public. Demonstrating unintentional consequences with disabling outcomes as an expression of structurally reproductive agency, this trajectory is highlighted in Figure 8:2. Many of the factors which disabled the citizens from exchanging knowledge and expressing their deliberative capacities, throughout the SA case study, converged at this table-group, generating a great deal of competing tension and, ultimately, reproducing/reinforcing the deliberative inequalities amongst the table-group members. Compounded by the inexperience of the table-facilitator, who had not performed the role before, and the lack of common understanding amongst these table-group members over what it was they were actually working towards, with their responses to the forum-questions, many occasions arose where members of this table-group seemed to be working at cross-purposes.<sup>32</sup> I will describe what transpired with the assistance of several citizen-participants from this table-group who participated in a post-forum interview.

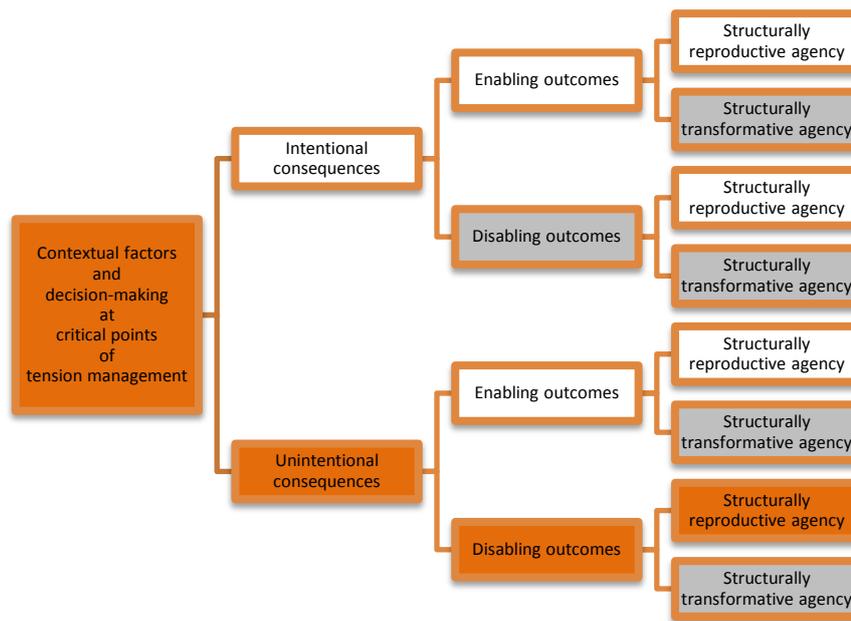
For the first few forum-questions, this table-group worked respectfully with each other's different deliberative capacities. They appeared to enjoy interacting with each other as they became familiar with each other's communication style. As the day wore-on, however, and the unrelenting pressure to answer each forum-question within the limited time-frame, their patience towards one particular table-group member wore very thin: I will call this citizen, Martin.<sup>33</sup> Although this table-group's members still spoke respectfully to each other, they were clearly frustrated in their attempts to progress with the task-at-hand.<sup>34</sup>

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<sup>32</sup> Indeed, as has been established already in this thesis, these citizens were not explicitly informed that it was even a *deliberative* means of engagement they were involved in, let alone, whether they were to achieve consensus, meta-consensus, or any variation thereof (see, Niemeyer & Dryzek, 2007, for a discussion on meta-consensus).

<sup>33</sup> This person did not participate in an interview for this research.

<sup>34</sup> This is in stark contrast to Matt's earlier observation that his table-group developed in their capacity to work as a 'team'.

***Unintentional, disabling consequences: Structurally reproductive agency*****Figure 8: 2: Unintentional, disabling consequences: Structurally reproductive agency**

This version of the Conceptual model of empirical findings and theoretical insights illuminates [in orange] the pathway of the most dominant trajectory found in this research: that of unintentional consequences with disabling outcomes as expressions of structurally reproductive agency. Grey-shading is used to help differentiate the different pathways.

Essentially, Martin did not ‘frame’ his responses in a way that was conducive to the table-group as a whole making progress with each forum-question. For instance, Alex recognised that Martin’s comments throughout the forum were probably ‘valid’ because he drew-upon his ‘his personal experience’ of not being able to get the health services he wanted. Alex’s increasing frustration, however, related to the way that Martin ‘tied’ all his complaints about the health system to, ‘politicians taking money: fees and things that the police or other people impose [and how] that money then got funnelled into the government or politicians’. These were the reasons, Alex recalled Martin giving, as to why money ‘wasn’t getting put through to health services’. Alex elaborated:

*...he got his message across in... almost an aggressive way, in the sense that he had his opinion and it was quite a negative opinion throughout most of the discussions we were having, and he didn’t really want to hear any other opinions. Whereas I think most of the other people on the table were interested to hear what each other had to say.<sup>35</sup>*

<sup>35</sup> Alex explained the overall impact of having been exposed to the views of other citizens at the SA mini-public as having ‘opened’ his eyes: ‘to realise that there’s other views out there that may be quite different from mine and just to be a bit more mindful of that’.

Recalling similar sentiments, George described Martin as ‘very negative’, in particular, the way that he persisted in ‘blaming the politicians’ for most of his complaints. Geoff agreed. It was his observation that Martin ‘just wanted to have a grizzle’ but, Geoff explained, if ‘everybody gets in that mode, the thing goes nowhere - it just spins its wheels’.

George was seated beside Martin at the forum, providing opportunity for them to exchange information about each other that was not openly discussed with the other table-group members.<sup>36</sup> This gave George deeper insight into the origins of some of Martin’s views, and as a result, George developed a great sense of empathy for him. Although George believed that ‘everybody’ at this table-group wanted to help Martin, as the day wore on he could see that they ‘were getting a little tired of what he was saying’ because ‘he couldn’t, sort of, answer the questions’.<sup>37</sup> Indeed, Alex confessed that he became inclined to ‘ignore’ Martin: ‘because it was so negative... I didn’t feel like anything that I could possibly say would add anything to that’. Alex contrasted Martin’s communication style to that of another citizen-participant at this table-group whom, he believed, was more ‘diplomatic’ in the way he identified that if Martin’s comments were, ‘framed in another way it could be valuable information. And so I thought that was a good way of looking at it’, Alex remarked.

The ‘diplomatic’ table-group member Alex referred to above was Russell.<sup>38</sup> As the mini-public progressed, Martin became increasingly intransigent throughout the table-groups discussions and Russell no less persistent in challenging and reframing Martin’s comments.<sup>39</sup> Recognising that his fellow, table-group’s members ‘wouldn’t have necessarily challenged what... [Martin] said, but wouldn’t have agreed with it either’, Russell acknowledged that his tendency to try and ‘reframe’ Martin’s ‘complaint in a way that could be channelled into something constructive’ created competing tensions between himself

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<sup>36</sup> George recalled Martin telling him that he experiences ‘post-traumatic stress’ since ‘an injury where he’d been abused, physically abused’. George believed that Martin was responding the way he was because he was ‘depressed. And I knew about that because I’ve been depressed’, George said.

<sup>37</sup> For instance, Geoff added, ‘I don’t think we influenced his basic tenets at all. I’d like to have thought we might have, but I don’t think we did. Whereas if he’d listened, there were a couple of people there that could have given him the where-to-go to get what he needed, or part way to what he needed’.

<sup>38</sup> Russell’s Participant portrait was given in Chapter Five, where Russell’s extensive experience in health consumer advocacy was highlighted.

<sup>39</sup> It was Alex’s observation also that towards the end of the conversations Martin would ‘say, “oh, yeah, yeah...”’, like... not that he’d say that he’d agree necessarily with any other point of view, but... he’d sort of resigned himself almost to saying “yeah, OK”. Not, “I agree”... I don’t think he would have gone home thinking that... like, reassessing his ideas about healthcare and government in particular’.

and the table-facilitator. Russell was one of only a few people at this mini-public who understood that this forum was intended to be deliberative. He described himself as ‘usually an active participant in debates about health issues rather than a responder – I’m a challenger’, and Russell demonstrated this strong sense of personal agency and deliberative capacity on many occasions throughout the mini-public; challenging any comments made by his fellow table-participants if he did not agree with them.<sup>40</sup>

One of the competing tensions which arose at this table-group did so because the citizens and support-staff had been told during the morning’s introductions that there were no ‘right or wrong’ answers. A strategy designed to encourage the citizens to speak freely in their responses to the forum-questions. Yet, a significant part of the competing tension which arose at this table-group did so because, as Russell saw it, ‘unfortunately, there is right or wrong’, he said, and ‘that was what I was struggling against, that I felt that some of the dissident views were uninformed rather than rightfully held views’. Russell identified his own ‘expectations’ or ‘intent was clearly different from... [the table-facilitator’s]’. He had his writing instructions and what I was trying to do was something other than what he was empowered to do, so they were in conflict’. Russell explained that if he’d ‘been clearer on how the information [at the mini-public] was to be assembled and then used... maybe I would have been less insistent on trying to correct uninformed statements by people at the table’: for instance, Russell said that he had come to the conclusion that the mini-public was consensus-driven by ‘the way in which things were reported-back’. He explained that because ‘an individual was reporting-back on what the table had discussed rather than what individuals had discussed at that table. So to me that implies a consensus-view - maybe a misinterpretation from me, of what was intended’.<sup>41; 42</sup>

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<sup>40</sup> The reader will recall how Russell earlier complained to the lead-facilitator about the structure of the mini-public.

<sup>41</sup> The lack of clarity over what it was these citizens were to achieve through their deliberations was identified as problematic at other table-groups as well. For instance, Diarmid went as far as to suggest that this was one of the greatest deliberative constraints at his table-group. Most problematic he believed was the lack of distinction made to the forum-participants between the ‘quantity-of-answers versus the quality-of-answers’. In what appears to be an unintended consequence from this lack of clarity, he observed that his table-group members ‘felt that their value was in the quantity – that “I’ve got a new idea, I’ve got something to add here”; rather than perhaps building on some of the ideas that had already been expressed. So everyone was kind of thinking on their own, within their own frame of reference, rather than trying to apply their frame of reference to somebody else’s’.

Diarmid noted also that there were times when his table-group members would provide glib responses to the forum-questions, and when he or the table-facilitator tried to ‘explore them a little bit deeper there wasn’t a lot of substance to them... Often when we tried to delve deeper they would make broad big-picture statements about how the world operates and, then say “Oh no, we’re getting too deep and too philosophical here”. Diarmid was concerned that ‘there didn’t seem to be a lot of building on what other people were

It is true that many of the comments expressed by Martin were not as thought-through or as succinctly made as those from some others at this table-group but, despite the unaccommodating time constraints, the table-facilitator remained steadfast in ensuring that Martin had enough 'space' to contribute his views.<sup>43</sup> Creating the extra space required for this one individual, however, exacerbated the competing tensions at this table-group: for instance, the limited time available to discuss each question, then, needed to be spread even more thinly amongst the other citizens at this table-group. This, in turn, added further frustration and discontent into the mix: the other table-group members, understandably, also wanted sufficient opportunity to express their views. When appropriate, as table-scribe, I utilised the option of capturing the 'minority views' Martin was putting forward; bringing this to his attention each time I did so. From his responses, this process did appear to validate his comments at times but this strategy, alone, was not enough to help Martin to engage more effectively in the overall deliberations at this table-group. This man's life circumstances were highly complex and although he did maintain a strong and persistent voice in putting his comments forward throughout the day, he clearly required more time and dedicated, individual attention, than that available during this one-day forum.

Geoff commented on some of the tensions he observed within this table-group and, although unambiguous in his overall assessment that it was ineffective table-facilitation that principally impeded his table-group's deliberative progress, he believed there were times

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saying. It was more: there was a comment, or an input, and then somebody else had an idea that was different and not particularly associated with the first idea'.

<sup>42</sup> There were instances at other table-groups, however, where the deliberations progressed on to a more critical level, with the citizens involved questioning the validity of each other's comments. John-S, for instance, remarked that there were a few occasions when one of his table-participants did push a particular agenda, prompting others at his table to 'turn around and say, "No, I think you're pushing-that-barrel too much, sort of thing, and it's not quite that way, you've got to look at this part here as well" sort of thing. He identified the importance of whether citizens can back-up their comments 'with the kind of facts that you can find or do sound plausible, because some people come up with facts that are not there, you know what I mean, are not quite right - they exaggerate the facts'. Unlike the table-group commented on above, however, the questioning of the validity behind certain comments made at John-S's table-group does not appear to have been framed as the interlocutor being 'wrong', and the table-facilitator appears to have exercised a greater sense of autonomy, recognising the process of citizens questioning each other as part of the process of deliberation. .

<sup>43</sup> Interestingly, too, Davis et al. (2006; 2009) found some unintended consequences arising from an inclusive facilitation style compared to a deliberative facilitation style during a mini-public. In short, it was found that as important as it is for facilitators to be inclusive by making sure, for instance, all participants have opportunity to contribute, this can actually stifle 'deliberation and debate' ((2006, pp. 97-9).

when Russell was ‘a bit too black-and-white’ in the way he would tell others they were ‘wrong’ in something they might have just said. As a result of Russell telling some of the citizens at this table-group they were wrong in what they may have said, Geoff believed, that after a while a few people at this table-group ‘didn't talk much’. He attributed this to ‘cause-and-effect’; it was Geoff’s assessment that, ‘it just got too hard’ for some of the other citizens at this table-group ‘to get traction’.

### **Metaphorically speaking 13: Trying to drag a cow through mud**

#### **Geoff: Citizen-participant: SA mini-public**

Geoff spoke of the ‘critical role’ table-facilitation plays in any type of deliberative process. Although referring to his table-facilitator as a ‘pleasant young man’, Geoff did not think he was ‘equal to the task’; with his main criticism being that his table-facilitator, ‘didn’t keep people focussed on the matter under discussion or, indeed, relevant to the question’.<sup>44</sup> He conveyed the impact this had on the exchange of knowledge and deliberations he experienced with the following metaphor.

‘As the day wore on, I found it was a bit like trying to drag a cow through mud. We seemed to get more and more bogged-down. We seemed to get much less focussed on the question, in fact, one wonders... whether the facilitator and anyone else had read the question... Trying to then drag that discussion back to the question - and I'm not saying I was trying to do that singlehanded - was difficult.’

Geoff was also on the receiving-end of being told by Russell that he was ‘wrong’ on a legal matter related to health care: a matter in which Geoff had professional experience and one in which Russell also had experience from his extensive health consumer advocacy. Working as table-scribe, I noted that Geoff did not pursue this matter at the time it arose. During his post-forum interview, Geoff explained why he did not:

*...well, one must develop a sense of instant assessments as to whether it's worth pursuing or not. Pursuing that particular question was going to destroy the dynamic on the table; for the sake of my pedanticism in getting the point across: is it worthwhile? And I decided in that case, no, it wasn't.*

<sup>44</sup> Geoff wondered if the contributing factor in his table-facilitator not being able to manage the task at hand was because, he ‘was not, either adequately briefed, or had enough experience, or just lacked the personality to deal with people’.

*I could have gone all legal on him and told him the Section of the Act and the precedents and so on, but what would it have achieved? Nothing. Might have been good for my ego or something, but... [that] information was not relevant, directly relevant, for the question.*

Had the matter been directly relevant, Geoff said he'd have 'probably pursued it... Now, how far, I don't know. Because, if it had started to... really upset him, I'd have had to then make another judgement as to whether the outcome was likely to be worthwhile'. Like Alex's earlier assessment of Martin being genuine, Geoff said that he 'judged' Russell as 'being genuine, and whether he's right or whether he's wrong, I think he genuinely believed what he was saying. I don't think he was just postulating'.

Indeed, the epistemic practices which occurred within this table-group were highly nuanced and it became glaringly evident that the disparities in their capacity to effectively deliberate were not adequately accommodated before or during this mini-public. Specifically, the lack of information given to these citizens about what was the 'intention' of the forum, the lack of a shared understanding on what the citizens were meant to be achieving with their discussions, the inexperience of the table-facilitator, and the lack of opportunity - including time - for each of the table-participants to develop in their capacity to effectively deliberate, accentuated - indeed, reinforced - any pre-existing deliberative inequalities. It was not coincidental, I suspect, that there were no transformative insights recounted by any interviewee from this table-group.

With the consequences of the deliberative inequalities at this table-group vividly displayed, it is clear that, at least, one of these citizens [and the table-facilitator] would have benefited from more support than that which can be mustered from an objective understanding of the principle of equality. Indeed, notwithstanding Habermas' attempt to construct communicative 'symmetry' with his ideal speech situation (McCarthy, 1978), it is now well-established that pre-existing social inequalities pervade public deliberation, not least, in the form of the deliberative inequalities mentioned above (Benhabib, 1996; Bohman, 1996; Young, 1996; Sanders, 1997). For these reasons, as Bohman (1996) explains, mini-publics ought to be designed to help correct deliberative inequalities:

*More often, ineffective and disadvantaged participants lack public voice rather than procedural opportunities; that is, they lack a vocabulary in which to express their needs and perspectives publicly (p. 121).<sup>45</sup>*

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<sup>45</sup> Bohman (1996) goes on to make a strong case for a capacity-based approach to the use of mini-publics, and acknowledges the similarities and disparities that his capacity-based argument has with the *capabilities*

As demonstrated by this trajectory of unintentional consequences with disabling outcomes as expressions of structurally reproductive agency, if citizens are to participate on an equal-footing when deliberating for health policy, they require more support than simply their democratic right to be there. I will elaborate further on what these findings imply for the theory and practice of mini-publics in health policy settings in my third proposition in Chapter Nine, where I propose that a more subjective understanding of equality is required.

### **‘I saw the theory; I didn’t see the practice’**

Next in this section, on unintentional consequences with disabling outcomes as structurally reproductive agency, I draw on an empirical example from the ACT mini-public. Here Susan describes how the HPAs’ decision-making in the lead-up to that mini-public, especially, regarding the way in which it would be structured, diminished the opportunities available for the citizens to effectively exchange knowledge and deliberate. Susan had participated in many consultation techniques with the ACT Government before – not related to health care – which had left her frustrated and cynical about what she believed had been tokenistic forms of engagement. Having read the Deliberative pamphlet, Susan felt encouraged to attend the mini-public but, as she demonstrates with her chosen metaphor, her experience of what transpired did not align with her prior understanding of what it would entail.

### **Metaphorically speaking 14: A conversation under water**

#### **Susan: Citizen-participant: ACT mini-public**

When expressing her viewpoint at the ACT mini-public, Susan said it felt like she was: ‘Talking with my head under water... I felt that this was too huge a topic; it was too big a remit for the system... for the half-day and for the way it was organised and the speed with

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approach to human development put forward by Sen (1993) and Nussbaum (2011). A capacity-based account, Bohman (1996) claims, provides the best explanation of the political consequences of social inequalities and has three main advantages for deliberative theories of democracy: firstly, ‘highly developed capacities for communication’ are crucial for successful deliberation; secondly, the ‘notion of political equality admits by degrees and is not an all or nothing concept’; and thirdly, in circumstances of formal political inclusion – but ‘without effective participation or voice’ – politically impoverished citizens often have ‘no real alternative but to comply with political decisions’ (p. 112).

Neither approach is mutually-exclusive, I believe – instead, valuable insights for this thesis can be derived from each. With insights drawn from my experiences in the practice of community development [from within which a capacity/strengths-based approach is well recognised] I am inclined towards using the term, capacity; it is also consistent with Dryzek’s well-established structural critique of deliberative capacity. Accordingly, I maintain use of the term, capacity – although I recognise that some people may prefer the application of the term, capabilities, in such instances.

which it was dealt with and the goals [questions] we were given.

I saw the theory; I didn't see the practice.

So, I felt when I was talking I had my head in a bucket of water... maybe one or two words were coming out, and they were so loaded... the sentences were so loaded with so much more meaning than I could articulate, or had time to articulate. Or reasonably could be expected to articulate given that everybody else did need to have their say. And all the million and one questions that I wanted to ask of the other people to really understand what they were saying - that I think it was a conversation under water.

Clearly, Susan's experience of the mini-public was not transformative; instead it reproduced and reinforced the frustrations and cynicism she'd experienced with previous 'consultation' techniques. Specifically, her description of her chosen metaphor suggests that she experienced both testimonial injustice and hermeneutical injustice at the ACT mini-public.

### **Everyone got on their 'hobby-horse' and 'pushed-their-own-barrow'**

The next example of unintentional consequences with disabling outcomes as structurally reproductive agency is provided by Anna, who she spoke metaphorically when recounting her experiences of exchanging knowledge and deliberating at the ACT mini-public. Anna had read the Deliberative pamphlet and was looking forward to the opportunity to deliberate and hear from a diversity of perspectives. However, she perceived that the structure of that mini-public disabled the citizens from more effectively deliberating. In particular, she noted how this resulted in instances of citizens getting on their 'hobby-horse' and 'pushing-their-barrow' out of concern that they may, otherwise, not have the opportunity at the mini-public to raise the points which were important to them.

The 'hobby-horse' and 'pushing-their-barrow' metaphors tend to be used to represent an intransigence and lack of preparedness to consider preference transformations, but we know from the literature review that this is the opposite of what is aimed for with a mini-public.<sup>46</sup> Not only was Anna disappointed that there were no unaffiliated citizens invited to

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<sup>46</sup> Indeed, these metaphors were given by citizens at the SA mini-public, as well, to describe fellow table-group members who seemed 'stuck' on a particular issue.

participate in the mini-public<sup>47</sup>, she wondered throughout the forum, ‘when it was going to happen... that real, sort of, deliberation about things; rather than everyone pushing-their-own-barrow’. Given the time constraints, Anna said, there was not opportunity ‘to really flesh-things-out’, and she was clear that more time would have allowed people to ‘talk a bit more and get more insight into what other people were thinking’. In summing-up, Anna added, ‘it just seemed very similar to forums that I’d been to before’.

My post-forum interview with Emma, an ACT HPA, demonstrated the capacity for metaphor analysis to generate reflective practice and learning. Given other enabling factors, this reflective practice can go on to manifest in expressions of structurally transformative agency. Specifically, as one of only two HPAs involved in CELP to actively engage with the theory and practice of mini-publics, Emma well-understood that the norms of deliberative practice aim to obviate the need for people to assert their interests in a way that evokes the ‘pushing-their-barrow’ metaphor: specifically, the norms of reciprocity and a preparedness to consider others’ preferences. Indeed, without knowing the sources from which the metaphors such as those given by Susan and Anna were derived, on hearing them, Emma candidly remarked, ‘Yeah, and that’s probably what we didn’t want to encourage’. Reflecting further, Emma said, ‘Yeah, it was very much... constrained... maybe we were just asking too many questions and it would have been better to simplify exactly what we wanted to get out of the day’. She continued to demonstrate this learning by commenting on how:

*The sort of questions that would have been more useful to ask are the more wide-open questions [instead of the goal commitments] and if we’d amplified it and focussed on those questions we might have got a more interesting discussion going... with a bit more time to just think a bit deeply.*

In a similar way that Emma demonstrates how metaphor analysis can generate transformative learning, the conceptual model highlighted throughout this chapter, could usefully form part of professional development to promote reflective practice for HPAs when they are operationalising mini-publics for health policy decision-making. If for no other reason, illuminating the various trajectories found in this model will help to provide

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It is my experience too, that when the term ‘pushing-their-barrow’ is used, more broadly, in health policy settings, it tends to be used in the pejorative to describe citizens, who are further described as the ‘usual suspects’ – that is, those who more typically attend consultation practices. These ‘usual suspects’, it is claimed, show-up with one purpose only: to express the point they wish to make, from which they refuse to budge.

<sup>47</sup> As Anna earlier expressed: ‘just ordinary, plain, common or garden, users of the [health] system’.

‘[b]etter evidence about the consequences of’ this particular policy instrument and, as such, assist HPAs ‘to make better policy decisions’ in the future (Kay, 2011, p. 242).

### **Feeling safe and levelling-the-playing-field with information matters**

This final example of unintentional consequences with disabling outcomes as structurally reproductive agency is derived from Denise’s experience of the ACT mini-public. This example speaks to the capacity for information to ‘level-the-playing-field’ when citizens from diverse backgrounds are engaged to deliberate on health policy. Specifically, at this mini-public, Denise was invited for her expertise in chronic ill-health conditions from her perspective as a health-consumer. Other citizens were invited for their stakeholder position as a health professional; at least one of whom was a health practitioner on Denise’s treating-team.<sup>48</sup> Although empowered by the authenticity of her lived-experience as a health consumer, Denise relayed her insecurities about deliberating with the health professionals present:

*...we had people from the ambulance; we had a paramedic mob there. There were doctors and they were all so qualified... at first I was intimidated and I thought "What can I give that will make sense to all these people because I'm only a small fraction of this group and they're all so qualified... more so than me.*

*And I had the apprehension that I couldn't contribute to the group.... I thought I had all this in me to contribute, but I thought "I'll never get it out" - what I wanted to get out.*

Denise was one of four citizens who, either did not receive, or read, a copy of the Deliberative pamphlet prior to the ACT mini-public.<sup>49</sup> When Denise did read the Deliberative pamphlet [immediately prior to our interview together] she explained why she believed the information contained within it might have made a difference to how she had felt about her capacity to contribute at the mini-public:

*I don't think I would've been apprehensive if I'd read that pamphlet before I'd gone there. Because I would've realised that I, a citizen, had a voice to give over, as well.*

*And being in the Parliament House... the power of that: just in that old room. I don't think I would have been confronted as much as I was with all the people that were there, that knew more and did more than what I ever did.*

*I think I would have been a little bit more at ease after reading that - not so apprehensive.*

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<sup>48</sup> Denise earlier explained that because she has 13 diagnosed chronic conditions she has, at least, 13 different health practitioners on her treating-team.

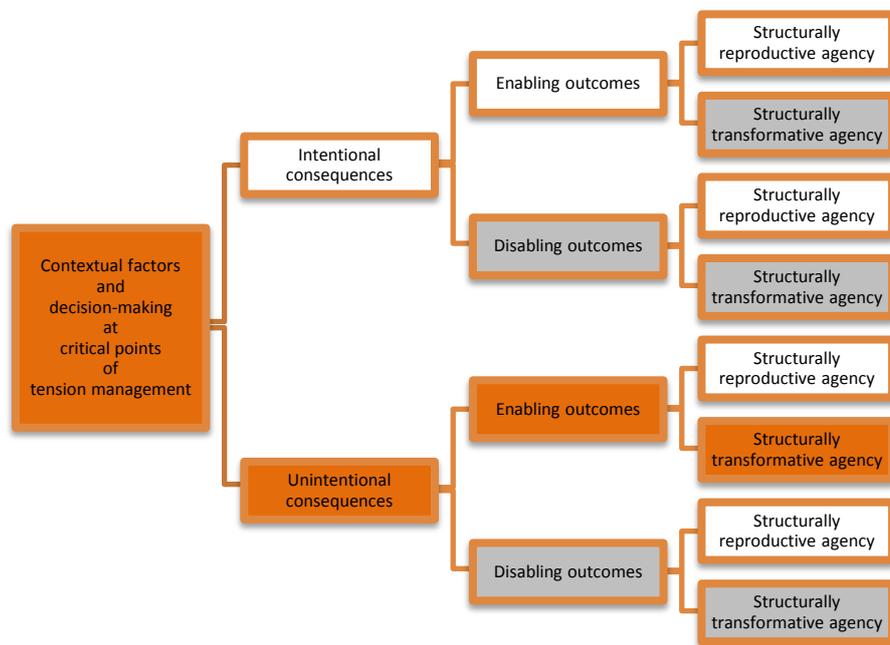
<sup>49</sup> As indicated in my discussion on the Deliberative pamphlet, in Chapter Three, of the 43 people who participated in the deliberative meeting. 32 had read the pamphlet; four people answered that they did not read the pamphlet; and seven people did not provide answers as to whether they had read it or not.

***Unintentional, enabling consequences: Structurally transformative agency***

As the second most dominant trajectory outlined in the findings from this research, I will next elaborate some examples of unintentional consequences with enabling outcomes as expressions of structurally transformative agency: this pathway is highlighted in Figure 8:3.

**The irony of constraint**

This empirical example from the ACT case study demonstrates how, despite the predominance of disabling factors present at this mini-public, certain unintentional consequences with enabling outcomes manifest, ironically, as expressions of structurally transformative agency. This excerpt is drawn from David’s experience of the ACT mini-public.



**Figure 8: 3: Unintentional, enabling consequences: Structurally transformative agency**

This version of the Conceptual model of empirical findings and theoretical insights illuminates [in orange] the pathway of the second most dominant trajectory found in this research: that of unintentional consequences with enabling outcomes as expressions of structurally transformative agency. Grey-shading is used to help differentiate the different pathways.

As evident in David’s Participant portrait, he is a highly experienced health consumer advocate. Unlike Denise, above, he had read the Deliberative pamphlet prior to attending the ACT mini-public. Hence, he well-understood the innovative nature of this mini-public and empathised with how the HPAs ‘were feeling their way’ through the process of staging it. But, he added:

*When you read this pamphlet, you come with expectations that may or may not be met. And I guess I'd come knowing how government and bureaucracies often - even with good intentions - sort of, frame these things, or steer these things, or try to control them.*

*But even though I've been used to those sorts of things, I was a little bit surprised with how... I felt - what's the word for it - a little bit corralled by this, or straitjacketed, in terms of how that was then designed with the goal-commitments.*

David contrasted this feeling of constraint with how the Deliberative pamphlet describes the process as ‘more open-ended sort of... allowing for the dynamic itself to be the prominent thing. Whereas,’ what happened at the forum, he said, seemed to be ‘very much shrunk or narrowed’ and as a consequence, he added, it felt like he was one of ‘sheep being herded through different little channels’. He then referred specifically to the ‘goal commitments’, which he identified:

*...seemed to be given as the only thing you could think of. Even in terms of how they defined chronic conditions, or chronic disease; that was very much narrowed to what a lot of people think of that, and that was a common, consensus criticism: that their understanding of even a "diagnosed" chronic condition was too narrow; let alone, that the word "diagnose" shouldn't really be there.*

*It almost set-up... by attempting to focus it, perhaps, in a restrictive way, it actually allowed people to think "Hang-on, this doesn't really meet my understanding, or expectations, of what this was going to be about".*

Reflecting further on the point he was making, David added:

*In a sense, by being so corraling, so limiting, it sparked... it gave a good springboard, ironically, which was probably not intended.*

*It was the opposite of actually seeing "Well, this is too limiting, too narrow" in terms of what people's experience was of the system or in getting the care they need... people were springing out of that.*

### **Framing health policy with citizens’ lived-experiences as the salient features**

The next example of unintentionally enabling consequences as structurally transformative agency is derived from an outcome, subsequent to the ACT mini-public. In certain respects, that mini-public illustrated how the epistemic labours of many, especially those directly impacted by any given policy, can help to reframe a policy so that it more effectively – as well as more democratically - meets its objectives. So, although disabled from more broadly expressing their deliberative capacities at the ACT mini-public, there were instances where these citizens were empowered to exercise their communicative action in a way that became structurally transformative agency: for instance, their reactions to the use of the term, ‘diagnosed’ in the goal-commitments. The most striking example of this relates to the change in title of the revised Strategy, from the 2008-2011 ACT Chronic

Disease Strategy to the ACT Chronic Conditions Strategy – Improving Care and Support: 2013-18.<sup>50</sup>

I accept that the different understandings implied within such a name-change might seem subtle. Yet when considered alongside the awareness that the difficulties in handling complex social problems can have more to do with problem-setting than with problem-solving, then, such a name change is powerful. Foremost, because when it comes to seemingly intractable problems, like chronic diseases/conditions, a ‘frame restructuring’ (Schön, 1993, p. 139; Schön and Rein, 1994) can enable a new problem-setting story to be constructed by integrating ‘conflicting frames’ of reference from ‘salient features and relations’ taken from earlier stories (Schön, 1993, pp. 146–52).<sup>51</sup> Indeed, although disabled from realising its full potential, it does appear that the epistemic powers of these citizens have become the appropriate ‘salient features’ to coalesce conflicting frames of reference and transform the understanding of the wickedness of chronic ‘diseases’ into something more apt: namely, chronic conditions, and their care and support in the ACT.

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<sup>50</sup> This is also in line with a broader, push away from the pathogenic model of care for chronic conditions – discussed in Chapter Two, Section: Re-aligning priorities and changing perceptions in healthcare decision-making – yet prior to the ACT mini-public, there was no indication other than that the renewed Strategy would be labelled: the 2013-18 ACT Chronic Disease Strategy.

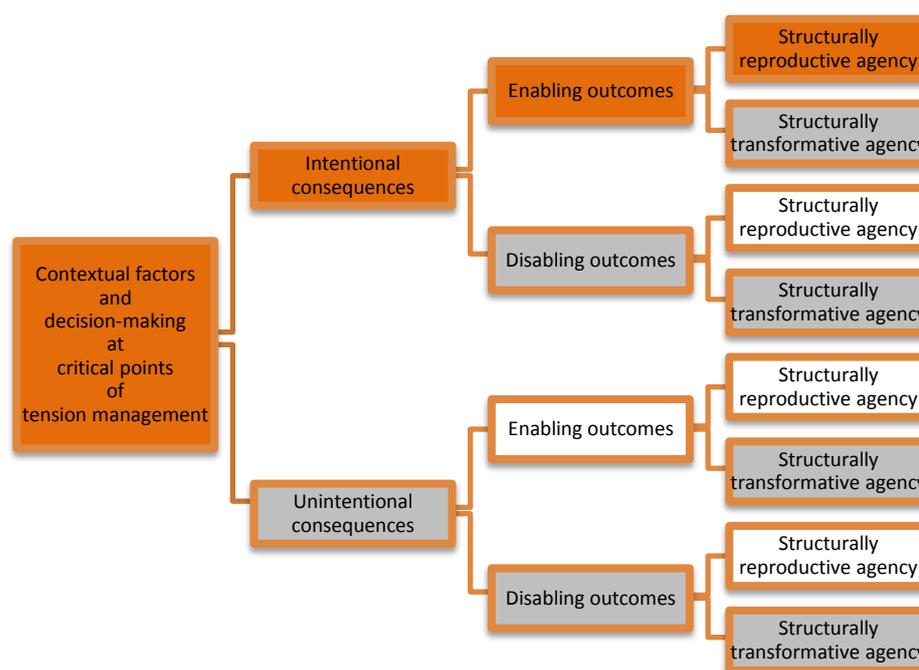
<sup>51</sup> Often, problem-setting and problem-solving/restructuring is contingent upon metaphors – generative and bridging – which help elicit new ways of acting and thinking about certain phenomena (Schön, 1971; 1993; Schön and Rein, 1994): to both set the scene of the problem and the path to be followed in solving it (Kay, 2014). As a stark example of how metaphors can be used to problem-set, consider the generative capacity of the ubiquitous use of the word ‘epidemic’ in association with obesity.

The word, epidemic, has a Greek origin with *epi* –meaning ‘upon’ and *-demic* from *demos* meaning ‘people’ and historically has been used literally in relation to an infectious disease spreading through a locality or demographic segment of a population. In the interests of academic inquiry I conducted a small-scale inquiry [not with my PhD interviewees] into the way that people understood the word, epidemic. They all spoke of the literal use of the word – consistent with the meaning given above. I then asked them about the feelings that the word epidemic evoked for them. Some of these responses demonstrated that the word epidemic can generate a sense of fear and vulnerability – for instance, evoking the need to isolate the infectious person to prevent catching it oneself or spreading the contagion more broadly. Others remarked on a feeling of a loss of a sense of control, for instance: ‘Who is it going to hit next?’ Another feeling expressed was of being reliant on ‘experts’, for example, in needing to come-up with a cure, for instance, in the form of a vaccination, pill, or some other such, magic-bullet.

When we consider how having a sense of control in our lives can impact on our health and wellbeing, including our motivation to act towards health producing outcomes, we must question whether the use of the word epidemic in relation to obesity and chronic conditions is counter-productive to attempts to raise awareness of the social and cultural determinants on health or obesity, undermining attempts to encourage people to be actively involved in stopping this so-called ‘epidemic’. Of course, it is only a word, but we know that we can do things with words (Austin, 1962). And while it could also be argued that the use of epidemic in relation to obesity conjures a helpful sense of urgency to respond to a condition with the exponential rate of obesity –I would suggest that engaging citizens to deliberate on how to ‘reframe’ the discussion on obesity – versus that currently portrayed in the media and much of the health literature –may well derive a more apt, productive, and empowering way forward.

### ***Intentional, enabling consequences: Structurally reproductive agency***

The third most dominant trajectory is displayed in Figure 8: 4, as intentional consequences with enabling outcomes as structurally reproductive agency. This pathway is illustrated with examples from the SA case study. What the following interviewees also demonstrate is how expressions of structurally reproductive agency at a mini-public are not necessarily insignificant, especially because they have the potential, over time, to manifest in expressions of structurally transformative agency (Hays, 1994).



**Figure 8: 4: Intentional, enabling consequences: Structurally reproductive agency**

This version of the Conceptual model of empirical findings and theoretical insights illuminates [in orange] the pathway of third most dominant trajectory found in this research: that of intentional consequences with enabling outcomes as structurally reproductive agency. Grey-shading is used to help differentiate the different pathways.

Like many SA interviewees, Ian recognised the value of health-related information being shared by citizens at the mini-public; it was influential because it brought it all together ‘in one time, one place’. But, along with many of his SA compatriots, Ian did not believe he experienced any transformative insights at the mini-public, basically, because he had heard it all before. Geoff agreed, and spoke metaphorically to explain how he could not think of any particular instance of transformative insights occurring for him at the forum: essentially, he did not feel like he had ‘been on the road to Damascus’. But, Geoff emphasised, he was also ‘certain’ that: ‘you can’t sit for six or seven hours and listen to

people without it having some effect. And I'm certain it will, whether consciously - probably even unconsciously - something will pop out that I probably learnt there or heard there'.

Further nuance on the impact of being exposed to many different views, at a mini-public, was provided by Matt. He explained that as a result of his participation, he had 'expanded' in his thinking - as distinct from 'changing' his mind on any particular issue.<sup>52</sup> He described this experience as more like his thinking 'grew' and as a consequence his opinions became 'less black-and-white'. 'Yeah that's probably a good way of putting it' he added, 'things became greyer for me'. Having now been exposed 'to people that had radically different life experiences' to that of his own, Matt was left with the 'overall feeling' that he needed 'to be more aware and sensitive to other people's experiences' that were unlike his own. To have had the opportunity 'to sit down and talk to a bunch of guys' and hear about their life journeys, Matt said, 'sort of fleshes-it-in a bit... It sort of fills in the jigsaw puzzle a bit... of how other people's lives work'.

The latent potential of this 'growth' in his thinking did not escape Matt either. For instance, he remarked, 'life is not right or wrong or black or white, it's a whole series of greys [laughs] and... yeah, without exposure to other things, well, what else do you judge your opinions on? Nothing beats face-to-face contact', he said, adding:

*Without exposure to that how do you empathise and understand other people's lives. And I guess as a member of a democracy someone has to make decisions; if I can't empathise with those people how am I going to make good decisions when it comes to my... once every few years at the ballot-box?*

For Matt, when his table-group members 'put their thoughts out on a particular subject':

*It wasn't a case of whether you agreed with someone, it was a case of: you listened and you heard their opinion. I didn't agree with quite a few things that were said, that's my memory of it, but it didn't mean they were any less right or wrong than I was - they were just opinions...*

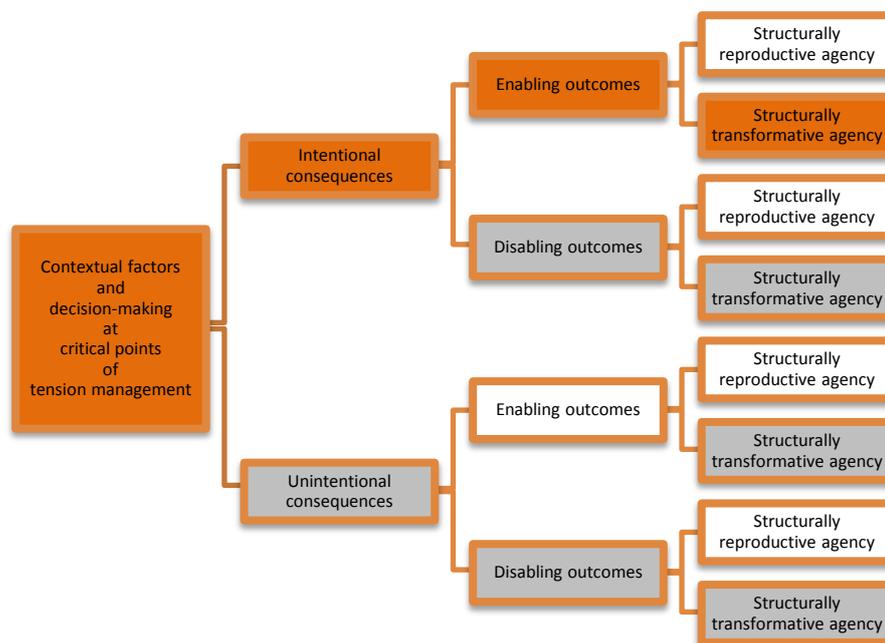
*It's almost a democratic process, is what I picture at the end... That by its nature 49 per cent of the people will be unhappy and 51 per cent of the people will be happy, but that's how it works... everyone puts their vote in.*

Before our interview together, and along with most other interviewees from the SA mini-public, Matt was not aware of the purportedly, democratically-deliberative design of that public forum.

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<sup>52</sup> This comment from Matt resonates with Arendt's (1961) description of 'enlarged thinking' as a process of rising above individual/personal experiences/perspectives as ones accommodates others' perspectives when forming a judgement on a related matter (p. 220).

***Intentional, enabling consequences: Structurally transformative agency***



**Figure 8: 5: Intentional, enabling consequences: Structurally transformative agency**

This version of the Conceptual model of empirical findings and theoretical insights illuminates [in orange] the pathway of fourth most dominant trajectory found in this research: that of intentional consequences with enabling outcomes as an expression of structurally transformative agency. This trajectory shares equal dominance in fourth place with that shown in Figure 8: 6. Grey-shading is used to help differentiate the different pathways.

Identified as sitting in equal place with the next trajectory described in this section, as the fourth most dominant findings in this research, is the trajectory of intentional consequences with enabling outcomes as an expression of structurally transformative agency; this is shown in Figure 8: 5.

Despite the lack of more broadly distributed expressions of structurally transformative agency at each mini-public examined for this thesis, there were instances of transformative insights derived. This is well demonstrated by, Alan, whose *Metaphorically speaking* entry in Chapter Five shows how, when people experience circumstances of epistemic justice, the knowledge that is shared can be transformative. Indeed, Alan felt sufficiently empowered by what he heard of the experiences of some of the citizens at his table-group, he enacted structurally transformative agency in the week subsequent to the mini-public. Alan reflected on his experience of being seated at a table-group with several new migrants. Throughout the day's discussions, Alan gained insight into some of the unfortunate life-

circumstances recounted by these people. On hearing their experiences, Alan felt moved to see what positive difference he could make to their lives. And within a couple of days, Alan had made an appointment with his mayor to put forward some ideas on what could be done to help these people transition into their new country. Alan explained how he'd:

*...learnt an awful lot from the migrants, particularly, in the way that when they come to Australia, [and] how they are dealt with these days.*

*Because I'm a British migrant myself and when I came in 1968 it was the White-Australia policy and treating migrants back then was very different to how they treat migrants now...*

*I was surprised at the little amount of information officially that comes through to these guys... [and] I want the Council to inform the men of what's available...*

In fact, he added, 'I've made it my pledge to make sure that new arrivals will be told in future that there is [for instance] features A, B, C, D for men...?'

### **'I felt comfortable... not pressured or threatened'**

Another example of this trajectory is provided by Malcolm, also from the SA mini-public. One of the four stated aims of that mini-public was to 'Provide a safe and comfortable space for people to talk about men's health' (SA Health, 2011b), and Malcolm believes this intention was met. Yet, as demonstrated Chapter Five, Section: The power of communication [or lack, thereof], Malcolm had almost withdrawn from the SA mini-public because he had no access to information on what his participation would involve. Ultimately, Malcolm chose to participate.<sup>53</sup> His decision to do so, I have interpreted as made during a critical point of tension management for him the night before that mini-public. Given subsequent enabling factors, which he describes below, Malcolm's decision to attend the forum, went on to be an expression of structurally transformative agency.

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<sup>53</sup> Malcolm's decision to participate in the SA mini-public was made by drawing on his personal resources, derived from his deep commitment to raising the profile of men's health; these personal resources had been strengthened by his years of health consumer advocacy. As such, it is possible to appreciate how another citizen, without Malcolm's personal resources, may choose not to attend a mini-public. Indeed, a few citizens, from mini-publics other than the two case studies presented in this thesis, have also mentioned how they almost withdrew their participation, during the days leading-up to their public forum. In two striking instances, which were recalled by women, each had enormous experience with the health system, yet they still doubted the contribution they had to offer.

These types of insights contributed to my decision to promote the information within the Deliberative pamphlet, in such an accessible and unthreatening way. For instance: 'You don't need any particular qualifications to deliberate. Rather, the value and expertise that each person has to offer comes from their own life experiences. You have probably even deliberated in the past – at school, in a workplace, or at home – when you were working with others to understand an issue or make a decision on something that was important to you?'

## Metaphorically speaking 15: Working with the best bunch of men I've ever worked with

### Malcolm: Citizen-participant: SA mini-public

Malcolm said his experience of the mini-public felt 'embracing, welcoming and comfortable'. He explained how the SA mini-public evoked the same feeling for him as when he is working with colleagues on a men's health support-group committee, which he had been involved with for many years. Malcolm described his colleagues on that committee as 'probably the best bunch of eight other men that I've ever worked with'.

When reflecting on the similarities between his feelings at the SA mini-public and the support-group committee, Malcolm was puzzled by this because he is 'not often very comfortable in things like that. I'm pretty much a loner a lot of the times and I don't mix easily'. But, he stressed, at the SA mini-public he 'felt perfectly comfortable and welcomed'.

Despite his uncertainties and anxieties in relation to attending the SA mini-public, Malcolm recalled that as soon as he reached his designated table-group, his feelings were transformed. He attributed this to the interpersonal-skills of his table-facilitator. Indeed, Malcolm's table-facilitator was Dab, who brought great sensitivity and experience to the role.<sup>54</sup> Malcolm remembered that almost as soon as he met his table-facilitator and they 'started talking': 'strangely enough right from the beginning I felt comfortable', Malcolm said, 'I didn't feel pressured or threatened –something, which in a lot of situations I actually can'. Malcolm was the oldest member of his table-group and felt:

*...included in everything that was going and as all the other young blokes came along it was like we were just a bunch of mates out together, having a talk and being quite comfortable with one another, and that's something you don't always find in a group of men.*

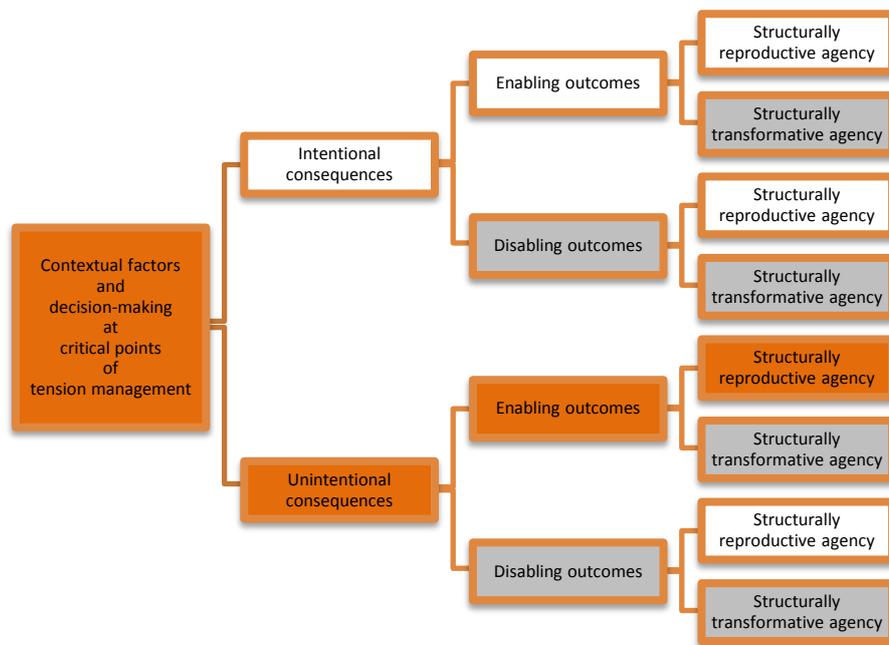
'It's actually a fairly rare thing', Malcolm reiterated. Indeed, when Malcolm's experiences are compared with those recalled by Jack-C [discussed in the 'Feeling safe matters' section of Chapter Five], they become even more pronounced. In particular, the active way that Malcolm's table-facilitator, Dab, expressed his own personal agency at the SA mini-public

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<sup>54</sup> Dab also participated in a post-forum interview; see his Participant portrait in Chapter Five for more information on the insight and experience he brought to the role of table-facilitator for the SA mini-public.

appears pivotal in the development of social capital and sense of ontological security Malcolm experienced at that table-group. As Malcolm relayed in Chapter Five, too, these favourable developments were highly influential to the exchange of knowledge and deliberations which ensued at his table-group.

***Unintentional, enabling consequences: Structurally reproductive agency***



**Figure 8: 6: Unintentional, enabling consequences: Structurally reproductive agency**

This version of the Conceptual model of empirical findings and theoretical insights illuminates [in orange] the pathway of fourth most dominant trajectory found in this research: that of unintentional consequences with enabling outcomes as structurally reproductive agency. This trajectory shares equal dominance in fourth place with that shown in Figure 8: 5. Grey-shading is used to help differentiate the different pathways.

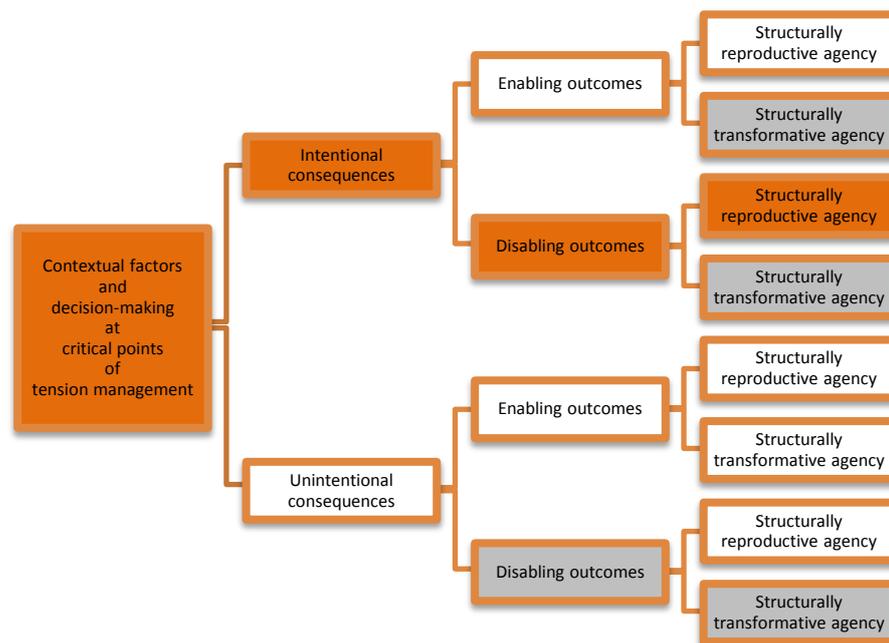
Equally dominant with the preceding trajectory, is that of unintentional consequences with enabling outcomes as structurally reproductive agency. This pathway is shown in Figure 8: 6, and is interpreted as unintentional because the outcomes, as conveyed by an interviewee from each of the mini-publics examined, were clearly not desirable for a mini-public. Indeed, the way that each of these two citizens experienced the exchange of knowledge and deliberations affirmed their pre-existing, unfavourable views on the health systems under discussion. For instance, having heard the views expressed at the SA mini-public, Russell opined:

*...the thing that resonates for me is that the health system still doesn't work for people who are not self-empowered, and we need to be much better at selling the possibilities of the way in which health services are provided to those people, so that they are not*

*disaffected in the way that our friend [Martin<sup>55</sup>] at the table was. You know, I really felt for the fact that he wasn't getting what he needed out of the health care system, even though some of his expectations were unreasonable.'*

These comments from Russell resonate with those from Susan, who expressed frustration and disappointment in her experience of the ACT mini-public. As a consequence, Susan was resolute in her assessment that: 'it confirmed for me the very ad-hoc way that [health] services are delivered in this country'.

***Intentional, disabling consequences: Structurally reproductive agency***



**Figure 8: 7: Intentional, disabling consequences: Structurally reproductive agency**

This version of the Conceptual model of empirical findings and theoretical insights illuminates [in orange] the pathway of fifth [and least] most dominant trajectory found in this research: that of intentional consequences with disabling outcomes as expressions of structurally reproductive agency. Grey-shading is used to help differentiate the different pathways.

As the fifth [and least] most dominant and final trajectory to be demonstrated in this chapter, I will next provide an example of intentional consequences with disabling outcomes as expressions of structurally reproductive agency drawn from the ACT case study.

<sup>55</sup> Martin was mentioned earlier when I discussed the way that certain unintentional consequences with disabling outcomes reinforced deliberative inequalities at the SA mini-public: see the trajectory of Unintentional consequences with disabling outcomes as structurally reproductive agency for that discussion. Martin did not participate in an interview for this research; the name given is a pseudonym.

The reader will recall how many interviewees from that jurisdiction were condemnatory of the way the goal-commitments/forum-questions disabled/circumscribed the deliberations at that mini-public. As such, chronic ill-health conditions other than those mentioned in the existing Strategy, irrespective of their importance to these citizens, were intentionally excluded from the deliberative subject-matter for that mini-public.<sup>56</sup> One chronic condition, thus, excluded from the goal-commitments/forum-questions was mental ill-health. Primarily, this is a direct consequence of mental ill-health conditions in the ACT, being placed under the remit of a separate policy – despite the chronicity of many mental ill-health conditions. This became a moot point at the ACT mini-public, which Susan picked-up on:

*...you can't divorce chronic illnesses from mental health because people with chronic illnesses generally get depression and... depression is a mental health issue...*

She continued emphatically, highlighting why she believed:

*It had to be, there is no way... let's face it, the vast majority of people there who were representing their own chronic illness all recognised that mental health was a major part of it. So, mental health was not off the table.*

*To begin, it skews your whole direction of where you are going when people are talking through a lens of having a depression... and they were vocalising "I just need somebody to help me walk up the stairs", [and], "because sometimes I just can't get out of bed in the morning because I just feel so low".*

Despite the strong sense of agency expressed by Susan and the 'vast majority' of other citizens, she refers to above, who earnestly provided their reasons for why mental ill-health must not be artificially separated from any strategy designed to address chronic ill-health conditions, this trajectory is interpreted as structurally reproductive agency because, subsequent to these citizens' deliberations, mental health is still not 'addressed' anywhere within the revised Strategy (ACT Health, 2013, p. 6).<sup>57</sup> Indeed, the bureaucratic status-quo prevailed and mental ill-health remains compartmentalised within a discrete 'Mental Health Service Plan: 2009-2014' (ACT Health, 2013, p. 6). Effectively, reproducing the siloisation/structure of health service delivery so passionately railed against by many of the citizens during the ACT mini-public. As such, the final product that the revised Strategy was to become had been clearly demarcated *before* these citizens would even begin their deliberations on it, with this trajectory also demonstrating how a product-dominant logic

<sup>56</sup> For these same reasons, neither were citizens with expertise in any other chronic condition, than that listed in the existing Strategy, invited to the ACT mini-public.

<sup>57</sup> Indeed, it is listed as an 'Exclusion' from the revised Strategy (ACT Chronic Conditions Strategy – Improving Care and Support, 2013, p. 6).

can disable structurally transformative agency when mini-publics are used in health policy settings.

### ***Concluding reflections***

A much fuller picture of what citizens actually experience when mini-publics are applied in certain Australian health policy settings has now been displayed; illuminating, most prominently, the challenge of institutionalising mini-publics into health policy settings. Although the democratisation of institutions has attracted some attention in the literature<sup>58</sup>, with so many rich insights to be found in the citizens' experiences of exchanging knowledge and deliberating we must wonder whether a large part of the gap between the theory and practice of mini-publics prevails because so little qualitative and cross-disciplinary attention has been paid to the citizens' experiences before.

To harness the research insights derived from exploring the various trajectories outlined in the Conceptual model, the next and final chapter of my thesis puts forward five propositions; each composed with the ambition of promoting an environment that more intentionally enables the citizens' experiences of exchanging knowledge and expressing their deliberative capacities. Effecting change in some of the factors found to disable the citizens' experiences will be, relatively, a straight-forward process: for instance, the allocation of more time for citizens to deliberate and exchange knowledge together. Yet, facilitating change to some of the other disabling factors - for instance, the credibility given to citizens' capacities to contribute to health policy - will be far more complex. Not least, because it will, by necessity, disrupt the organisational cultural forces HPAs work within, and in my final chapter, I will argue that fundamental to any such cultural change is the establishment of a more expansive view of HPAs' roles and responsibilities when they work with mini-publics.

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<sup>58</sup> For instance, and along with the Dewey, 1927: 1954 and Lasswell, 1948, quotes cited in the opening pages of my thesis, see more recent examples by Roberts, 2004; Aulich, 2010; Marsh, Lewis & Fawcett, 2010; Marsh & McConnell, 2010; and in the health context specifically see Löfgren, de Leeuw & Leahy, 2011.



## **Chapter Nine: Concluding with an intentionally enabling approach**

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This thesis has gone a long way towards establishing a much clearer understanding of what actually happens when mini-publics are operationalised in Australian health policy settings. With the citizens' experiences being the central concern of my thesis, I have been guided by two research questions. The first inquired directly into citizens' experiences of deliberating and exchanging knowledge – the epistemic practices - when mini-publics are applied in health policy settings. In the main, this question was addressed in the case studies of Chapters Four to Seven, but as the principal concern of my inquiry, the citizens' experiences are displayed at relevant points throughout my thesis; not least, Chapter Eight, which linked my empirical data to the emergent theory of this thesis. Thinking about the emergent theory leads directly into my second research question: what do these citizens' experiences imply for the theory and practice of mini-publics in health policy settings? Working as an adaptive theorist was no more important to my research than it was in addressing this second question. Moving back and forth between the theoretical insights and empirical findings, I was able to compare and contrast the citizens' experiences with what my review of the literature suggested citizens ought to be experiencing when they deliberate in policy settings. This iterative process of researching was important to my ability to make sense of my emergent findings and vital to any subsequent theoretical developments.

As such, by maintaining my cross-disciplinary lens on these citizens' experiences many novel insights have been derived; culminating in the propositions I put forward in this final chapter. Before turning to those propositions, I will point-out that this final chapter has a dual function: it will demonstrate what my research has achieved, as well as the contribution to knowledge it hopes to have made. When considering any contribution to knowledge which may have been gained, it is important to be clear about the limitations of any such research: I will do this before concluding the chapter.

Foremost, the findings from this thesis illustrate the significant challenges facing the institutionalisation of mini-publics into the health policy process. This includes the

competing rationalities of the health policy process and the product-dominant logic within health service delivery, which were found to exacerbate the more immediate demands facing HPAs as they grapple with the unfamiliar nature of mini-publics. Many unintentional consequences ensued, which disabled the citizens' experiences of exchanging knowledge and expressing their deliberative capacities. For instance, the competing rationalities – in particular, the political rationality - impacted heavily and unfavourably on relevant HPAs' decision-making regarding their mini-public. The main reason why these competing rationalities were so problematic for the mini-publics is that they manifest in an absence of a communicative rationality. In practical terms, what this meant was that HPAs, when confronted with the challenge of working with these novel, more democratic techniques, exhibited many instances of ineffective communication practices – reflecting an overarching communicative irrationality and emblematic of the asymmetry of power within the health policy process.<sup>1</sup>

In part, I would suggest that this communicative irrationality prevails because HPAs have not yet learnt to trust in the deliberative process, itself. Learning to trust in the deliberative process can take time and may require a leap of faith on the part of those more familiar with the sense of control and security that accompanies the HPAs' use of their historical 'consultation' techniques (Martin, 2008). Yet this leap of faith would be made somewhat easier for HPAs if they exercised a broader sense of their accountabilities and responsibilities – including their epistemic responsibilities (Code, 1987) - and became better versed in the theory and practice related to deliberative techniques, rather than simply 'muddling through' (Lindblom, 1979, 1959).

As it stands, far from stepping-up to the democratically-deliberative paradigm, HPAs tried to reconcile their fears and insecurities with a propensity towards reproducing their more familiar ways of 'consulting' with the public. Of greatest concern is that this was expressed in a way that was detrimental to the citizens' experiences of deliberating and exchanging knowledge; it also diminished the quality of information thus obtained. The confluence of these factors casts doubt upon the validity of any claims that can be made of the democratic authenticity and legitimacy of mini-publics when applied in health policy

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<sup>1</sup> Indeed, the behavioural economist, Dan Ariely (2009) demonstrates how fundamentally and systematically irrational all people can be in their decision-making. Even when acting with good intentions, this irrationality can over-ride reason. His thesis, essentially, is that we tend to follow our past behaviour, developing our own theories and beliefs without sufficiently questioning or making sense of it. Ariely (2009) goes on to encourage us to think about how we could do things differently; as earlier indicated, this is not as easy as it sounds (see, for instance, Arendt, 1958).

settings under such conditions.<sup>2</sup> For instance, the citizens involved in the mini-publics examined were not involved in the agenda-setting for their mini-public; some of the participating citizens were not even aware that the ‘forum’ they participated in was ostensibly a democratically-deliberative one; and not enough information or time was provided for the citizens to effectively exchange knowledge and deliberate. When we compare these citizens’ experiences with what the literature suggests they ought to be experiencing, the findings of this research come into sharper distinction.

Another factor found to unfavourably impact on the citizens’ experiences was the prevailing emphasis on a product-dominant logic within health systems, in general. My claim that a product-dominant logic is problematic may seem counter-intuitive if we also accept – as I do – the importance of deliberative outputs. The thrust of my argument, however, is not that the emphasis was on what the overall mini-public might achieve, as the product; rather that the emphasis was on HPAs being able to tick-the-box, so to speak, to confirm that they had ‘produced’ a mini-public regardless of how more or less democratically-legitimate that product may have been derived.

Viewed together, these contextual features create an environment within which HPAs’ decision-making, regarding their mini-public, converges into critical points of tension management which impact unfavourably on citizens’ deliberative capacities; as well as being detrimental to their exchange of knowledge. I describe the power expressed within these critical points of tension management, as manifestations of either structurally reproductive agency – where the recreation of existing structures, including bodies of knowledge was apparent and the status-quo far more likely to be maintained; or that of structurally transformative agency – where the opportunity for making a structural difference, including to bodies of knowledge, was enabled.

Troubling instances of epistemic injustice also became apparent. Two types of epistemic injustices were evidenced: testimonial injustice, whereby the citizens were not given credibility in their capacity to convey information; and hermeneutical injustice whereby the citizens were not given credibility in their capacity to understand certain things that would be in their best interests to understand. All things considered, these citizens were not

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<sup>2</sup> When referring to democratic legitimacy I concur with Estlund’s (2008) conception as ‘the moral permissibility of the state’s issuing and enforcing its commands owing to the process by which they were produced’ (p. 2).

viewed as colearners in these mini-publics (Roberts, 2004) and due to all the disabling factors, in many instances, what occurred was not much more than an aggregation of pre-formed preferences - whereby any pre-existing opinions and adaptive preferences (Elster, 1982, 1983; Sen & Williams, 1982; Nussbaum, 2011) were far more likely to be reinforced. That is, not transformed or corrected in any substantial manner. So what does this matter when citizens deliberate on health related topics? Well, it matters a great deal, not least, if we accept that one of the fundamental aims of a mini-public is that the process works toward enabling citizens to gain a clearer understanding of not only what they might want, but what is also in their best interests to know.

All was not lost, however, and exploring a paradox in my empirical data pointed my research towards the intrinsic potential for public reasoning to create an intersubjective space that facilitates a transformative exchange of knowledge. Despite the predominance of deliberatively-disabling factors recounted, there were indeed instances of transformative exchanges of knowledge. With the predominance of disabling factors, however, only glimpses of this phenomenon were evidenced. Yet, those that were seen are encouraging and lead me to argue that mini-publics offer a powerful, though currently untapped, resource in public health and wellbeing.

Having drawn attention to the competing interests and disabling factors at play in the health policy process, it is reasonable that the reader might now be wondering: what chance citizens have of making a difference in this highly contested, expert-knowledge based, arena? Indeed, apart from effective table-facilitation, what might enable citizens to experience maximum benefit from exchanging knowledge and deliberating over health related matters? For instance, what might bring about a change in HPAs' communication practices? And what might encourage HPAs, and the governments they serve, to adopt the norms of democratic deliberation when they operationalise mini-publics? It is to this type of consideration I now turn.

### **An intentionally enabling approach**

In response to the factors found to have unintentionally disabling consequences for citizens' experiences when mini-publics are used for health policy, this thesis presents a strong case in support of why HPAs ought to adopt an approach that intentionally enables participating citizens to more effectively exchange knowledge and express their deliberative capacities. To bring this research project to a close, and using some of the unintentionally

disabling factors found in an inversely-instructive way, I will outline five propositions designed as fundamental principles and premises for what an intentionally enabling approach might entail. The interlocking set of ideas running through these propositions becomes evident as we progress through them.

With a large part of the reasoning behind these propositions already established in the arguments and findings from this thesis, only where a point has not been explained earlier will I do so here. Importantly, these propositions are not meant to be prescriptive, not least, because an intentionally enabling approach will be, by necessity, context-bound to the social situation of any given health policy setting. Instead, these propositions are designed with the intent to create a more democratically-deliberative environment where epistemic justice and deliberative capacity can flourish: institutionally, collectively, and individually.

### **Proposition One: Expanding the view of HPAs' responsibilities**

*An explicit and expanded understanding of what HPAs' responsibilities entail is required when mini-publics are applied to health policy settings. This includes a requirement that HPAs take active steps towards understanding and exercising their epistemic responsibilities in relation to the norms of democratic deliberation, so that these norms become their critical guide when operationalising mini-publics.*

Bearing in mind that deliberative democratic theory is a 'normative theory that suggests ways in which we can enhance democracy and criticize institutions that do not live up to the normative standard' (Chambers, 2003, p. 308), this proposition places that standard as a centre-point in determining HPAs' responsibilities, including their epistemic responsibilities, when they use mini-publics for health policy.<sup>3</sup> So, to explore the ways that HPAs' responsibilities might thus be reconsidered, this proposition taps deeply into the culture and ethos of health systems as it brings explicit attention to the way rationalistic forms of thinking have taken control of all facets of our lives, including bureaucratic

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<sup>3</sup> Along with Lorraine Code (1987), I consider 'knowing well' to be as much a 'moral as it is an epistemological matter' (p.252). Consistent with this view is the understanding that the essential human characteristic of 'cognitive interdependence' carries with it concomitant 'expectations and responsibilities' (Code, 1987, p. 2). One generalised and readily understandable example of what an epistemic responsibility might entail is that which accompanies a motorist who, when in his or her country of origin, drives, let's say, on the left-side of the road. When visiting another country where motorists drive on the right-side of the road, the left-side-of-the-road-driver has a responsibility to know the road-rules of the country she or he is visiting – ignorance of such rules does exonerate him or her in the event of a traffic-accident or violation (Code, 1987).

Invoking the Socratic injunction that one must know well so as to act well, Code (1987) maintains that an individual 'who has not been scrupulous in knowing cannot be scrupulous in doing' (p. 95). Indeed, when we consider HPAs' epistemic responsibility in the context of the health policy settings examined for this research, and in light of the well-established theory and norms of deliberative practice, questions emerge over whether what those HPAs displayed in relation to their work for these mini-publics was, in fact, 'epistemically irresponsible' (Code, 1987, p. 61).

processes, throughout the last 200 years. I also draw heavily on Michael Harmon's (1995) critique on the ills of public administration; of which, he attributes to the paradoxes and pathologies associated with the notion of responsibility.<sup>4</sup>

The thrust of Harmon's (1995) argument is that the paradoxical nature of responsibility originates in the sense that it 'embodies opposing principles and terms, namely, subjective and objective, personal and institutional, moral agency and moral answerability'; with the pathologies traced to the unreconciled and contradictory features of each (Harmon, 1995, p. 70). Compounding the pathological nature of these features is rationalism's sole focus on instrumental objectives, which has embedded the inability to comprehend the paradoxical character of responsibility within bureaucracies. Through the prism of a multi-faceted understanding of responsibility, however, we see three core meanings of responsibility: agency, accountability, and obligation; amplifying the contradictory forces within the notion of responsibility itself, is the 'internally paradoxical character' of each of these meanings taken separately (Harmon, 1995, p. 32).

I argued earlier that greater transparency and scrutiny is required for a more comprehensive understanding of the agency-structural factors at play when mini-publics are used for health policy; particularly pertinent, is HPAs' decision-making at critical points of tension management. Building on the view provided by Harmon's (1995) three-dimensional notion of what responsibility entails, an ideal vantage point is created to examine the unreconciled and contradictory ways that agency, accountability and obligation impact on HPAs in their decision-making and, subsequent, actions at these times. With this in sight, I will tether a multi-faceted and 'forward-looking' view of responsibility (Baier, 1986, p. 190)<sup>5</sup> to some ways in which HPAs might more effectively demonstrate epistemic responsibility when they use mini-publics, and consider alternative ways in which they might meet their responsibilities in this innovative field of work.<sup>6 7</sup>

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<sup>4</sup> These paradoxical features are not isolated to bureaucratic structures; they can be identified as underlying the ever-present 'struggle for and against responsibility' which 'plays out both consciously and unconsciously in our inner lives, in intimate relations with others' as well as, 'social institutions that enable and regulate public conduct' (Harmon, 1995, p. 5).

<sup>5</sup> Kurt Baier (1986) introduced a forward-looking dimension to the notion of an agent's-responsibility which might be considered as a less-threatening way of thinking about responsibility when incorporated into the intentionally-enabling approach I propose for the use of mini-publics in health policy. As such, a forward-looking view sits in contrast to a backward-looking dimension, which is more typically used to determine causality and apportion blame (p. 190).

<sup>6</sup> Indeed, this more nuanced understanding of responsibility may well be vital to public officials and administrators' capacity to work towards reform, and intelligently and creatively manage the confusion and

Given that accountability and obligation both ‘presuppose the idea of agency’ I will begin with a reframed view of that facet of responsibility (Harmon, 1995, p. 25). In seeking to avoid the buck-passing and scapegoating, identified by Harmon (1995) as pathologies of agency, HPAs might instead act as ‘intentional’ and ‘self-aware’ agents expressing their free will by exercising their agency in a structurally transformative way (pp. 9, 20, 25). In doing this, HPAs would be empowered to, for instance, choose from among alternative courses of action, and become more informed on the theory and practice relevant mini-publics. Indeed, if HPAs are to be considered practitioners in the ‘sciences of democracy’ (Lasswell, 1948, p. 132) it is crucial that they exercise these epistemic responsibilities.

Turning to the notion of obligation, we see the explicitly moral meaning of responsibility; derived from a source external to an agent and with implications for what particular action one should, or should not, perform (Harmon, 1995, pp. 26-7). Reframing obligation enables HPAs to reconsider their epistemic responsibilities beyond the perspective of a ‘purely private and self-interested activity’ to one that conceives of their ‘active participation’ in a deliberative system within which there is a ‘mutual creation of interests and obligations’ (Harmon, 1995, p. 7). Then, when accountability is also reframed it reunites opposing views of HPAs as ‘*makers*’ who are held accountable for their actions through an ongoing and critically-reflective dialogue in a strong and effective deliberative system – which extends beyond the authoritative edicts of the bureaucratic structures they work within - with a view of HPAs as ‘*answerers*’: explicitly accountable to citizens (Harmon, 1995, pp. 186-7 [emphasis in original]). This would be evident in such things as providing citizens with opportunity to be involved in certain decision-making, for instance, the topic for deliberation and the mini-public’s agenda, as well as the determination of whatever information those citizens might require to effectively deliberate.

When HPAs accept their responsibilities and exercise structurally transformative agency this way, they can effectively transform questions regarding what might be considered ‘correct’ for them to be doing at such times of uncertainty ‘from the standpoint of an

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competing tensions that are provoked by the ‘contradictory motives and forces’ that comprise organisational and political life (Harmon, 1995, pp. 3; 19).

<sup>7</sup> As an example of how HPAs might, alternatively, instantiate their epistemic responsibilities, Lyn Carson (2004) suggests that an agreement towards certain outcomes would encourage all parties to take the process seriously. This could even take the form of a contractual-type arrangement between the participants and relevant policy practitioners or other decision-makers.

abstract criterion of the good or the right' (Harmon, 1995, p. 160) – for instance, that of a risk-minimisation perspective - to an alternate line of questioning, derived from a clear and informed view of the socially-situated context they are working within; or indeed, any other circumstance filled with ambiguity and doubt (Harmon, 1995, p. 209). HPAs can thus work towards purposeful goals, along with exercising their responsibilities, in a way that sees responsibility as a shared and relational construct, reframing their capacity to shape, reshape, and transform themselves and their practice of citizen engagement; whilst further, reinstating personal responsibility 'to its rightful place in the moral discourse on government' (Harmon, 1995, p. 5).

It is not my claim that the paradoxical factors within responsibility can be totally eliminated.<sup>8</sup> Alternatively, what I am proposing is that the pathologies associated with the unreconciled, contradictory features of responsibility can be mitigated by critical reflection and deliberation on the way they intersect with HPAs' beliefs, values, fears, and insecurities when working towards the normative requirements of a mini-public.<sup>9</sup> When thinking about the way that mini-publics connect to the overarching deliberative systems of any given health policy settings, we can appreciate how a more appropriate understanding of what responsibility entails would be a necessary component in the ongoing, professional training of all HPAs, not just those who are immediately involved in the operationalisation of mini-publics.<sup>10; 11</sup> It is conceivable, too, that the critically-reflective practice considered

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<sup>8</sup> Nor does Harmon (1995) claim to be able to eliminate these paradoxes, and although Harmon's critique on responsibility does not directly relate to situations when public administrators are working with deliberative mini-publics, he does advocate a dialogical-process for public administration to be able to manage the prevailing tension and confusion over what constitutes responsibility.

To be clear, Harmon is advocating a dialogical process, whereas the communicative rationality I propose would not only incorporate dialogue in these instances; it also includes other ways of exchanging knowledge with citizens. For example, other means of communication and exchanging knowledge might include, providing citizens with written material on what a deliberative method of engagement entails; involving them in decisions about what type of deliberative method to utilise in addressing matters of public interest, forum agenda-setting, and the provision of relevant material, in various audio-visual formats, to develop their information-base on relevant matters.

<sup>9</sup> Furthermore, I would argue, that not acknowledging these factors does not diminish their effects; on the contrary, allowing these paradoxes and pathologies to remain inexplicit simply creates an environment where their insidious effects can prevail more perniciously.

<sup>10</sup> For instance, conducting professional development sessions to facilitate a 'safe-place' for HPAs to articulate the tensions they confront regarding the contradictory responsibilities of working with the more democratic-nature of mini-publics.

<sup>11</sup> I indicated earlier that HPAs have been at the front-line of another strongly democratising force, in the form of the health consumer movement; mutual insights on the enabling and disabling factors in that parallel democratising process could also be harnessed to assist in the development of HPAs' and citizens' capacities when they are involved with mini-publics. Examples of what such insights might provide can be found in: (West, 1984; Davis, K., 1988; Gregory, 2008b; Gregory et al., 2008; Judson et al., 2013; Boswell, Settle & Dugdale, 2014), and I pick-up on this point when discussing Proposition Five.

here would have the added benefit of strengthening the overarching deliberative system of any given health system/department, as it simultaneously develops the deliberative capacities of its constitutive individuals.

Nor is this proposition oblivious to the legal obligations and lines of accountability which HPAs are subject to within the structures they are employed.<sup>12</sup> Such historical obligations and conceptions of responsibility, however, were not able to ‘anticipate the varied and subtle meanings of responsibility as they emerge’ (Harmon, 1995, p. 209) within the innovative and more democratic nature of mini-publics.<sup>13</sup> Indeed, if the critical reflection and deliberation I propose here is to promote authentically democratic practice, it must extend to sharing substantive decision-making power with the citizens of any given community (Roberts, 2004).<sup>14</sup> Hence, HPAs’ responsible action becomes an ‘irreducibly social activity’; an interaction which entails ‘continuous reciprocal interpretations’ of each other’s intentions through a process of critically-reflective dialogue (Harmon, 1995, pp. 160-1); a far cry from some of the opaque decision-making processes recounted in this research.

I am not naïve to the fact either that what I am proposing in terms of HPAs’ responsibilities involves reversing some strong trends in bureaucratic structures [and contemporary societies, more broadly]. As such, this proposition must be viewed as part of a longer-term developmental process (Ife, 2002); including the scaling-up and genuine institutionalisation of mini-publics in health policy settings (Grönlund et al., 2014; Niemeyer, 2014). As part of this process of change, this research has established an

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<sup>12</sup> Indeed, ‘public officials have a moral as well as a legal obligation to fulfil authoritative edicts and to achieve authoritative ends’ (Harmon, 1995, p. 8).

<sup>13</sup> Indeed, Harmon believes that what is needed ‘is a reframed understanding of the vital role of authority in public institutions’ (Harmon, 1995, p. 9).

<sup>14</sup> I am not implying that all citizens will want to or, indeed, ought to be involved into every decision made throughout the policy process; it is neither practical nor likely that all citizens would have the time or inclination to do so. In relation to this matter, Roberts (2004) proposes that citizens are to be involved in the ‘substantive decisions’ affecting a community; with substantive decisions ‘defined as those that are important and critical in community life as defined by the members of [that] community’ (p. 320). In the context of this research, a ‘substantive decision’ would involve the decision over such things as, which health topic/policy is to be deliberated over.

It is important to bear in mind, also, that ‘substantive’ decisions can have a cascading-effect on many other important factors which, then, require further decision-making. For instance, after the decision is made on which policy to engage the citizens to deliberate over, further choices need to be made - on such things as: what point in the policy process citizens will be engaged; what information will be given to inform participants’ deliberations; how long will the engagement process run for; what features of the engagement process will be evaluated; and whether the process will be internally or externally evaluated. The citizens in each policy jurisdiction examined for this research, were not given any opportunity to contribute to any of those ‘substantive’ decisions.

empirically-grounded, theoretical basis for responsibility, including epistemic responsibility, to be viewed as a ‘pivotal normative concept’ (Code, 1987, p. 26) when mini-publics are used in health policy settings. The critically-reflective practice highlighted here is also essential to the development of the communicative rationality I propose next.

### **Proposition Two: Develop a communicatively rational approach**

*An explicit communicative rationality is required when HPAs apply mini-publics. This requires the development of an intersubjective approach to their communicative competence to facilitate an understanding of the ways that communicative irrationality can disable the democratically-deliberative nature of a mini-public. This communicative rationality is to have epistemic justice at its core, with structures in place to help correct any epistemic injustices identified.*

This proposition addresses another cumulative argument of this research: that certain HPAs exhibit ineffective communicative action – what I refer to as a communicative irrationality - in the way they operationalise a mini-public. Indeed, having explored the negative-space of communicative irrationality in the citizens’ experiences of this research, it is evident that more explicit attention must be given to the critical importance of HPAs adopting a communicative rationality when they operationalise mini-publics.<sup>15</sup> Although communicative rationality has a long and respectable lineage – as far back as Aristotle – it has since been eroded by the instrumental rationality considered in Proposition One. So much so that privileging instrumental rationality and objectivist ways of thinking is known to systematically distort communicative competence and create problems of domination and power; with deliberative theorists, such as Habermas (1984, 1987, 1996) and Dryzek (2000, 1990), claiming that instrumental rationality is antidemocratic because it can repress individuals.

Countering the predominance of instrumental rationality and communicative distortions requires a shift in emphasis; one more towards a communicative rationality. Within this context, intersubjectivity and communicative competence can emerge, facilitating a mutual understanding between individuals, whereby there is an expectation that their real concerns ‘will be taken seriously, if not shared’ (Dryzek, 2000, pp. 8-22)<sup>16</sup>; in Habermasian terms, this

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<sup>15</sup> For instance, we earlier considered Lin’s (2003) Competing rationalities model of the health policy process. In view of the findings of this research, such a model would explicitly include a communicative rationality, encompassing the technical, political and cultural rationalities, instead of assuming that an effective communication rationality is already in situ.

<sup>16</sup> By promoting and facilitating intersubjective understandings, communicatively competent individuals, ‘hear and respect different voices’: with mutual recognition the crux of the matter (Dryzek, 1990, p. 17; see also, Habermas, 1970b; 1984, 1987; Benhabib, 1990; Schlosberg, 1995).

as a process of moral development: both individually and socially (1979).<sup>17; 18</sup> Despite notable efforts in theorising the ways in which a communicative ethic and rationality might be expressed in an ideal speech situation<sup>19</sup> - little consideration has previously been given to HPAs' requisite communicative rationality or how any such rationality might promote and exhibit the virtue of epistemic justice.<sup>20</sup> So, in effect, this proposition [and my Intentionally Enabling Approach, more broadly] adds further nuance and justice to an ideal speech situation, and builds on the work of other authors who argue for greater attention to be given to the way persistent power asymmetries in society, in general, enter into the public space of deliberative practice.<sup>21</sup>

With these points in mind, and drawing on the intersubjective understandings of this research, we can conceive of what a communicative rationality with epistemic justice at its

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<sup>17</sup> In particular, see Habermas (1979 [particularly Chapters 2, 3 and 4]). Although it has not been an intentional aim of this research, in many ways, it validates Habermas' assertion that institutional/structural factors can distort and disable communicative competence (1970a, b), and while never explicitly stated by Habermas, I would suggest that he might approve of epistemic justice being added to his communicative ethics.

<sup>18</sup> Habermas argued that 'pure intersubjectivity exists only where there is complete symmetry' (Habermas, 1970b, p. 371). Although it is possible to derive practical insights from Habermas' work, he does acknowledge that his theory of communicative action is 'intended to solve problems that are rather of a philosophical nature' (1979, pp. 95-6); whilst further acknowledging that a 'speech situation determined by pure intersubjectivity is an idealization'. Still, he defines how 'pure dialogue-constitutive universals' can be used to analyse the ideal speech situation, and he elaborates on what constitutes pure intersubjectivity: for instance, 'complete symmetry in the distribution of assertion and dispute, revelation and concealment, prescription and conformity, among the partners of communication' (Habermas, 1970b, pp. 369-72).

Habermas believes that only an 'interlacing of perspectives makes an intersubjectively valid meaning, and thus identity of meaning, possible' (Habermas, 1970b, pp. 369-70) and he goes on to explain the role that the 'system of personal pronouns' plays in the ideal speech situation (1970b, pp. 369-71).

Indeed, an interesting avenue of inquiry which has not received attention in the literature on mini-publics emerges from cultural and cross-cultural research on how the selective use of pronouns can promote collectivist thinking – as opposed to individualist thinking. These insights offer potential benefits in facilitating collectivistic thinking during a mini-public, for instance, when highly divisive issues are being deliberated over. The process is known as priming and demonstrates how small interventions could promote important changes in the development of deliberative capacity; in this instance, by facilitating citizens to transition from their individual to collective perspectives (see, Oyserman & Lee, 2008; Oyserman, Sorensen, Reber & Chen, 2009 for more information on that research).

<sup>19</sup> See, for instance, Dryzek, 1990; 2000; Schlosberg, 1995; and Habermas' own prolific body of work on associated matters: 1970a; 1970b; 1975; 1984; 1987; 1996. Most notably, the notion of the ideal speech situation in the public sphere - in which more symmetrical power relations might be exercised - is identified with Jurgen Habermas. This notion is proposed as an attempt to create a public discourse in which the only force present would be his much cited, forceless force of the better argument (1975, p. 108).

<sup>20</sup> And to extend on the public health metaphor introduced in Footnote 55 of Chapter Two [when discussing how epistemic injustices might be corrected], we might also consider the virtue of epistemic justice in terms of it how it might facilitate and promote citizens' epistemic health and wellbeing at such times.

<sup>21</sup> In particular, see Chapter Two: Section: Persistent power asymmetries for those arguments.

core, might entail – at an individual and structural-level - when HPAs work with mini-publics.<sup>22</sup> For instance, this would manifest:

**Before a mini-public:** with HPAs approaching their application of a mini-public with more than an instrumental rationality in mind [that is, the desired policy output/product]<sup>23</sup>, and involving citizens in the substantive decisions relating to that mini-public, such as, the policy matter to be deliberated on and the development of questions/agenda items/evaluation criteria for the mini-public; the allocation of an appropriate, pre-forum planning period, including adequate time for information-sharing with citizens: for instance, well-balanced and accessible information on the deliberative-subject matter<sup>24</sup>, and information about deliberative practice<sup>25</sup>; consideration also to be given to the ontological security requirements of citizens and HPAs, including tension management skills and resources; effective training for support-staff that encompasses awareness-raising of the disablers and enablers of deliberative capacity and epistemic justice; creating opportunities for citizens and support-staff to be involved in pre-forum workshops/deliberative role-playing to help develop their capacity to do so at the mini-public.

**During a mini-public:** with consideration given to the ontological security [feeling safe] requirements of all in attendance, including tension management skills and resources; mechanisms of recourse if citizens are experiencing factors which disable them from

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<sup>22</sup> With similar intent and in response to the many factors found to have stifled deliberation during the Citizen Council of NICE's meetings, Davies et al. (2006; 2009) propose an 'expertise space' where the citizens can be 'empowered and competent' (2006, p. 113). Framed this way, Davies et al., believe that a more realistic view might be taken of the amount of complex new information and qualifying aspects which can be covered in the time available; as such, one which makes the best use of the citizens' time and knowledge base. Equally, they suggest, framing the deliberations in terms of social and ethical issue/dilemma instead of a technical rationality is another important consideration, with thought also to be given to how the citizens' contributions are subsequently used and assessed.

According to Davies et al. an appropriate expertise space never fully emerged during the Citizen Council's meetings, but when changes were made to create more of an expertise space for the citizens there was a perceptible rise in the amount of deliberation that occurred. 'The value of what citizens can offer will depend crucially on the kind of expertise space that is put together', Davies et al., conclude (2006, pp. 113, 166-69, 214).

<sup>23</sup> See Chapter Two, Section: Communicative rationality vs instrumental rationalism and objectivism, for more discussion on related matters.

<sup>24</sup> This information can be provided in various formats, for example, in audio-visual formats with the aid of ICTs, as well as written material. Many factors will determine what might constitute 'adequate time' for citizens to engage with any preparatory information: for instance, the subject-matter and the citizens' prior understanding of that subject-matter. For this reason, it is not possible, nor desirable, to be definitive about how much time this will take. As research into citizens' experiences of deliberating on health policy develops, however, it will be possible to draw on previous examples/case studies [such as this thesis] to make more informed decisions on such things as what might constitute 'adequate time', given the socially-situated context of any given mini-public.

<sup>25</sup> As demonstrated by the information within the Deliberative pamphlet.

effectively exchanging knowledge or expressing their deliberative capacities; well-balanced, accessible information given to citizens<sup>26</sup>; appropriate time for critical reflection and more information-sharing, if required by those citizens; explicit networking time; and appropriately trained, effective table-facilitators who understand and exhibit the virtue of good epistemic practice.<sup>27; 28</sup>

**After a mini-public:** by building in collaborative evaluation on the process and outcome of the deliberations as part of ongoing professional and community/citizen development; keeping citizens informed of progress and new ways of staying involved/connected to the policy process and decision-making.

To reiterate an abovementioned point, raising awareness of what might constitute testimonial and hermeneutical injustice, and having mechanisms/structures in place to correct any epistemic injustices identified, is of utmost importance. Although specifics will vary depending on the context and deliberative technique being utilised, this will necessitate explicitly defined processes for citizens to pursue if they encounter certain disabling features. That is, other than taking their concerns directly to their table-facilitator, who may well be the source of their problems. It also requires that HPAs involve the citizens, prior to a mini-public, in determining what is in the ‘best interests’ of those citizens to know so that they can effectively deliberate. Creating opportunity for a responsiveness and continuous improvement when planning and implementing a mini-public is also vital, for instance, if it is more time and/or information citizens require, then, HPAs can act on

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<sup>26</sup> In relation to the presentation of well-balanced information during a mini-public, it is interesting to note a successful innovation implemented to assist the citizens deliberate during the Citizen Council of NICE meetings. As Davies et al. (2006) report, when a presenter/witness/expert was transparently positioned either for or against the issue/dilemma they were presenting to the Citizen Council, the citizens found it much easier to develop their own position – either for or against - on the relevant issue/dilemma. Of course, the imperative, then, is to ensure that all perspectives on the issue/dilemma are presented to the citizens in the same way by different people.

<sup>27</sup> Picking-up on the point regarding table-facilitators, this research shows that if those individuals do not model epistemic justice, nor have the capacity to call upon personal resources drawn from experience and awareness of the myriad ways that ‘privilege and prejudice’ can manifest during a mini-public (Sanders, 1997), then, citizens are more likely to experience instantiations of epistemic injustice.

I must be clear at this point: I am not advocating for table-facilitators to take ‘control’ of the discussion, as I have seen done in many fora; on the contrary, the intentionally enabling approach I propose is consistent with the norms of deliberation – in that such a role facilitates a genuine and shared sense of value and respect for each table-group member’s deliberative capacity.

<sup>28</sup> Another important consideration, in relation to deliberative facilitation, to counter hermeneutical injustice and help citizens identify any further information they might require in their deliberations - but that which they had not known to ask for - is provided by Davies et al. (2006;2009) who found that when one of the facilitators took the role of ‘devil’s advocate’ it appeared to open the horizon of thinking for some citizens, challenging them to think differently by searching for alternate formulations and teasing-out implications (2009, pp. 134-5).

these things without them being delimited by predetermined and inflexible policy timelines. Providing citizens with these opportunities to effectively exchange knowledge and express their deliberative capacities can also be seen as a matter of substantive equality; in the words of one interviewee, this is required to: ‘level-the-playing-field’ and this point leads directly into my next proposition.

### **Proposition Three: Substantive equality as a guiding deliberative norm**

*That the principle of substantive equality is used to guide development of the requisite and more equitable opportunities that enable citizens to exchange knowledge and deliberate when mini-publics are used in health policy settings.*

Although the principle of equality underpins the basic democratic right we all have, as citizens, to attend a mini-public for health policy, the imperative behind this third proposition came to the fore with the realisation that the principle of equality – as it is formally and objectively understood – does not adequately support citizen’s capacities to effectively participate in a mini-public. Indeed, if we use Dryzek’s (2009) tripartite for democratic legitimacy as a benchmark, we can see that these citizens’ experiences of exchanging knowledge and deliberating fall well below the line.<sup>29</sup> This realisation is consistent, too, with the understanding that a narrow and objectivist conception of equality tends to focus on formal equality, alone: that is on our ‘equality’ before the law (Facio & Morgan, 2009, pp. 2-7).

If citizens are to participate on an equal-footing when exchanging knowledge and deliberating on health policy and have an ‘equal chance’ at changing the deliberative outcome (Estlund, 2008, p. 6) however, an intersubjective understanding of equality is required: that which is found in the notion of substantive equality. Understanding the difference between what formal and substantive equality entails, allows us to see that substantive equality focuses on equality of results (Facio & Morgan, 2009); thereby, creating equitable opportunities that provide for the diversity of deliberative capacities that citizens carry with them into these deliberative-fora. Clearly, we cannot make all people

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<sup>29</sup> The reader will recall that Dryzek (2009) maintains that democratic legitimacy is now seen to reside in the ‘right, ability, and opportunity of those subject to a collective decision to participate in deliberation about the content of that decision’ (p. 1381). In Bohman’s (1996) terms, too, the basic threshold for political equality is determined by whether or not citizens are able to initiate public deliberation about their concerns; with democratic legitimacy sitting above such a threshold (Bohman, 1996, pp. 113-4). Bohman posits this threshold as an empirical indicator of deliberative inequality; according to such a standard the mini-publics examined in this thesis also sit well below Bohman’s threshold of democratic legitimacy.

equal but, this proposition asserts, we can more equitably allow for their differences (Benhabib, 1996; Bohman, 1996; Young, 1996; Sanders, 1997; Baum, 2002: 2008).

While I may not be the first to propose that policy administrators ‘*intentionally* seek to level the playing field among the participating social actors during the deliberations’ (see, for instance, Roberts, 2004, p. 343 [my emphasis]; Bohman, 1966), the consequences which ensue for citizens when HPAs’ decision-making is *not underpinned* with substantive equality have not been examined with such detailed and explicit attention before. With the benefit of insights now obtained, it is possible to envisage how the principle of substantive equality will guide the operationalisation of mini-publics in many and varied ways, depending on the individual participants, the subject-matter of their deliberations and where in the policy-cycle, itself, that citizens are engaged to deliberate.<sup>30</sup>

For instance, we know from the literature that informed dialogue must be supported by the provision of material that is ‘educational... neutral and fair’ to all perspectives; this is vital to citizens being able to expand and transform their existing bodies of knowledge (see, for instance, Lukensmeyer, 2005, p. 37). When this is considered in light of the way that many interviewees were disabled in their capacity to deliberate, due to the lack of relevant information, then the provision of information must be seen a matter of substantive equality. In addition, citizens require sufficient time to effectively deliberate over any such information; to express their opinions and ask questions of their fellow citizens, and, then, to reflect on that information; not least, so that opportunity might be created for any adaptive preferences to be corrected (Elster, 1982; 1983; Sen & Williams, 1982; Nussbaum, 2011). Seen in conjunction with the understanding that citizens do not require any

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<sup>30</sup> Drawing on the findings of this research, however, it is possible to suggest that the principle of substantive equality, in relation to the exchange of knowledge in these circumstances, would be evidenced by the creation of opportunities for participants to acquire, at least, a baseline-level of knowledge about the policy issues they will be deliberating over. This would require that the organisers of a mini-public compile and provide access to relevant information, before a deliberative forum, to all forum participants. Importantly participants will then require plenty of time to read-over and assimilate that information, as well as having the opportunity to request any further information they might require. While not all citizens may choose to, or have time to, read material compiled for them, the principle of substantive equality would mean that, at least, reasonable opportunity has been created for them to do so.

Crucially, too, the principle of substantive equality would guide HPAs decision-making regarding the structure of their mini-public. For instance, citizens require sufficient time to effectively deliberate; to express their opinions and ask questions of their fellow participants, and, then, to reflect on that information. To a similar aim, a pre-deliberative forum could be conducted with the proposed-participants encouraging them to attend if they would like more information on the subject matter or practice in deliberating. Again, not everyone might take the opportunity, or indeed have the time to attend. A pre-deliberative-forum would also create opportunity for relevant individuals to help transform their understanding of their own experiences into narratives/arguments that they could, later, contribute to the deliberative process.

particular qualifications to contribute to health policy deliberations, it becomes clear that the value of their participation rests upon what they have the opportunity to provide (Ife, 2002; Gregory et al., 2008; Davies et al., 2006; Kreindler, 2009). For these reasons, the significance of the principle of substantive equality to the democratic authenticity and legitimacy of mini-publics in such circumstances cannot be over emphasised.

#### **Proposition Four: Mini-publics are a public service**

*To counter the prevailing product-dominant logic, an active reframing of the way HPAs approach mini-publics is required so that their approach to mini-publics is more akin to it being a public ‘service’ than a ‘product’.*

This research finds that the prevailing emphasis on a ‘tick-the-box’ type, product-dominant logic when mini-publics are used for health policy tends to obscure citizens’ experiences of the deliberative process, itself. Having now rendered citizens’ experiences apparent, and working in conjunction with some of the other ways that HPAs might more effectively fulfil their roles and responsibilities when utilising mini-publics, this proposition seeks to explicitly reframe the use of mini-publics so that it is more akin to a public ‘service’: that is, as opposed to a ‘product’. Framed this way, engaging with citizens is seen as an ‘essential’ and ‘inalienable’ element in the public service delivery process – not an optional ‘add-in’ - with a ‘fundamental shift in power’ that affirms the worth and dignity of citizens as it validates their ‘voice, choice and knowledge’ (Walker, 2002, p. 8; Osborne et al, 2013, pp.136-47, 145-6).<sup>31</sup>

What also seems to evade HPAs, within their current view of mini-publics as a product, is the way mini-publics might, more appropriately, be considered as an investment in, not a drain on, resources. An investment which can generate enormous goodwill and trust between citizens and government decision-makers; indeed, ‘real opportunities for rebuilding trust come not from what the state does, but the way that it does it’ (Mayo & Moore, 2002, p. 3).<sup>32</sup> Insights drawn from the theory on service management will be important when reconsidering how HPAs might develop a more service-dominant

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<sup>31</sup> More precisely, these authors are referring to a particular type of citizen engagement: that of coproduction. Although the literature on mini-publics and co-production is not explicitly linked, there are clearly mutual beneficial insights to be derived. I clarified the distinction between these terms in the section Participation vs consultation of Chapter Two.

<sup>32</sup> This is also borne out in the retrospective research conducted, by Jones & Einsiedel (2011), subsequent to a Canadian health policy related, citizen engagement activity. I discuss this research further in Proposition Five.

approach to mini-public<sup>33</sup>; as will further research and evaluation designed to build an evidence-base for any claims made of mini-publics - leading me to my final proposition.

### **Proposition Five: Mini-publics warrant further research and development**

*That a structured process of longitudinal research into the use of mini-publics on matters related to health and wellbeing is established.*

Given that the findings from this research indicate how a mini-public in a health policy setting can provide citizens with an opportunity to experience transformative exchanges of knowledge, this proposition seeks to promote further research into the implications arising from any such effective exchanges of knowledge. Having determined that no material was given to these citizens to inform their deliberations, the source of this shared-learning was found in the narratives and embodied experiences of their deliberative-peers. For instance, some of the older men who spoke with me remarked on how they enjoyed sharing their experiences and information relating to health and wellbeing with younger forum-participants. Younger forum-participants, too, spoke of how valuable it was to be able to learn from the older forum-participants' experiences. All of these people said they would have liked more time and opportunity to have explored that information together. Other interviewees, also, spoke of the collective wisdom they were able to tap into during their deliberations which gave them an empowered sense of hope that they could learn from these other people's experiences and make changes to their own lives and behaviour in a way that would favourably impact on their own health and wellbeing.

While further research is required to demonstrate any lasting impact on the development of citizens' health-promoting, decision-making capacities or, indeed, their health and wellbeing, these findings are encouraging and worthy of further exploration. Not least, because they are consistent with the claim that reciprocal benefits can arise when citizens

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<sup>33</sup> For instance, and from such literature, Richard Normann's (2000) 'moments of truth' metaphor focuses attention on the quality of the moments of interaction between a service-user/customer and service-provider in the service-delivery process. 'Moments of truth' can be of magic or misery/dissatisfaction depending on the way the service user's expectation of a service interfaces with their subjective experience of that service delivery process. The information derived from 'moments of truth' can thus serve as an important resource in helping the relevant organisation to better meet the interests of its service-user/customer (see, for instance, pp. 20-1,68-9, 201-5)

From this perspective, and transposing citizens and HPAs into the respective roles of service-user and service-provider, the salience of the citizens' experiences when mini-publics are used in health policy settings become even more prominent; with, effectively, the citizens' experiences counting as revealing 'moments of truth' in the determination of the democratic authenticity and legitimacy of any given mini-public. Thus, by functioning as the medium between citizens and HPAs, mini-publics serve as barometers in helping to assess the democratic-nature of any overarching deliberative system.

become involved in health initiatives.<sup>34</sup> For instance, along with an improvement in the quality, relevance and effectiveness of any given health policy, further research could focus on whether it is possible for an effective exchange of knowledge and development of the capacity to deliberate on matters related health and wellbeing to provide a sustained sense of hope and alleviation of feelings of powerlessness for the citizens and communities involved. The process of empowerment is known to develop along various trajectories, including that arising from improved social networks and supports; it is believed that these developments, ultimately, can lead to people being healthier (Baum, 2002: 2008). Indeed; opinion is converging on the realisation that when people are included in healthcare decision-making they have better outcomes (Leadbeater, 2004; Dunston et al, 2009). Behind this claim, too, is the premise that because the capacity to make certain healthcare decisions is unequally distributed, so too have been health outcomes (Leadbeater, 2004, p. 77).<sup>35</sup>

Furthermore, involving people in decision-making related to their healthcare is known to increase their health literacy, and increased health literacy is now considered a 'key determinant of health' (AWHN, 2014, p. 13; AIHW, 2011a; Nutbeam, 2000). Equally, if we consider how, at the other end of the health literacy spectrum, low health literacy is regarded as a 'primary risk factor' for chronic health conditions, as well as being much more common among the same socially disadvantaged groups who experience higher levels of chronic conditions (AWHN, 2014, p. 13; AIHW, 2011), a compelling case presents for the establishment of a longitudinal evidence-base into the potential benefits to be derived from the public exchanging health related knowledge this way, including the circumstances from which maximum benefits can be derived.

With the potential benefits to be derived from placing citizens at the centre of healthcare decision-making, like health policy, still 'greatly underestimated' and supported by the transformative insights cited above from this piece of research, mini-publics clearly present as opportunities worthy of further exploration (Bovaird, 2007, pp. 846-7; Leadbeater, 2004;

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<sup>34</sup> See the section on Re-aligning priorities and changing perceptions in healthcare decision-making, in Chapter Two, for more details.

<sup>35</sup> Leadbeater (2004) believes that people who are more likely to make certain health-promoting behaviours are those who have the information, incentives and resources to change their lives: with 'public values and norms infiltrating private decision-making', those who are well educated and informed are already well prepared to take advantage of change-producing choices (Leadbeater, 2004, p. 76-86). Interest in the educative effects of public deliberation is not new, however; in particular, I pointed to John Dewey's (1927: 1954) work earlier in my thesis.

Dunston et al., 2009).<sup>36</sup> For instance, what difference might it make to learning outcomes if citizens are involved as active participants in any such learning, instead of passive recipients of whatever information HPAs decide to distribute? And what might be the lasting impact of citizens/health consumers and practitioners developing their capacity to deliberate together?<sup>37</sup> Notwithstanding the challenges that such longstanding societal relationships of power present when citizens/consumers deliberate with health practitioners on health policy<sup>38</sup>, if citizens experience epistemic justice at such times – with the aid of, for instance, an effectively trained table-facilitator, who has a well-developed sensitivity to these relationships of power – might those citizens feel more empowered to voice their opinions/questions when in a clinical setting with health practitioners? And what difference might it make to citizens' experiences of the exchange of knowledge if a health consumer advocate is positioned at each table-group? Not as a technical 'expert', but as someone with a developed capacity to deliberate and an oversight of the machinations of any given health system - including how any such health system might be alternatively configured to better meet the requirements of that community.<sup>39</sup> Might this person's capacity synergise and help develop the deliberative capacity of that table-group as a whole?

Earlier in this thesis, in my review of the literature, I discussed the notion of a deliberative health system and the democratisation of health. I argued in that discussion that the health consumer movement performed a vital role in any conception of a health deliberative system. Indeed, the history of the health consumer movement offers important insight into the different roles and ways any deliberative system can function – not least, in

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<sup>36</sup> On a similar note, Niemeyer (2014) considers the developmental capacity of mini-publics when used as 'knowledge-shapers' and 'myth-busters', though not in the health specific context (p. 193). Niemeyer's (2014) consideration of mini-publics' transformative capacity is in relation to the potential contribution that mini-publics have to make to their scaling-up within a broader deliberative system. His exploration into the situations 'where the public will is formed discursively' and the emancipatory effects thereof, supports my view on the potential benefits to be derived from the use of mini-publics in relation to public health and wellbeing (Niemeyer, 2011, p. 110).

<sup>37</sup> Some attempts at health care quality improvement have been directed towards encouraging health consumers 'to ask questions' during their healthcare (Judson, Detsky, Press, 2013, p. 1); while others have focussed on 'interventions that can be used to help healthcare professionals adopt practices to better involve their patients in the process of making decisions about their health' (Légaré et al, 2010, p. 1; Berwick, 2009).

<sup>38</sup> Such challenges were addressed when discussing my Interim interpretations in Chapter Seven.

<sup>39</sup> In much the same way that the citizen seated at Denise's table-group, in the ACT case study [Chapter Seven] did, when his empowered advocacy took those deliberations to a point Denise felt unable to do herself.

democratising health.<sup>40</sup> But the gains made by the health consumer movement, towards the democratisation of health, have not occurred as one giant leap forward. Instead, the health consumer movement has transitioned, over many years and myriad interactions, to-and-fro along a spectrum within their overarching health deliberative systems: with some of those interactions signifying greater democratic gains than others.

Viewing the democratic gains made by the health consumer movement along a spectrum, over many years of development, provides a helpful exemplar to consider the findings of this research into the use of mini-publics for health policy. Indeed it may only be after mini-publics have been applied to health policy for a number of years that we might be able to assess the full implications of the role they have to play in democratising health. For instance, the citizens' experiences of the mini-publics examined for this research showed a predominance of unintentionally disabling consequences which I have interpreted as expressions of structurally reproductive agency. Although such findings place those citizens' experiences within the less democratically-deliberative part of the spectrum of interactions within a deliberative system, there were also expressions of transformative agency found which would sit proudly within the more favourably, democratically-deliberative part of any such spectrum. And as discussed earlier, some expressions of reproductive agency found in this research may also, over the passage of time, develop into expressions of transformative agency.

For these reasons, the overall democratic gains to be made by the use of mini-publics in health policy may only be determined with longitudinal research into the many and varied implications that evolve through the passage of time. Along these lines, there are encouraging signs from research conducted on the application of mini-publics outside of Australia. For instance, in their retrospective analysis of the institutional lessons learned from a participatory initiative conducted by Health Canada in 2001,<sup>41</sup> Jones & Einsiedel (2011) found that although that participatory initiative attracted strong criticism, at the time it was implemented, because of such things as its methodology, the limits of its representativeness and its ambiguous findings, there is now strong evidence of more favourable long term impacts. Specifically, an overall trend within the organisation towards 'innovative' participatory activities has emerged, alongside other 'cultural and structural

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<sup>40</sup> See Chapter Two: Section: A deliberative system and the democratisation of health for that discussion and references for further reading.

<sup>41</sup> Citizen Juries were conducted in six different cities across Canada as part of that participatory initiative (see Jones & Einsiedel, 2011, for more details).

changes' such as the establishment of new mechanisms for government accountability' and 'greater openness' and 'transparency' (pp. 655-61). These are indeed hopeful signs that, like the health consumer movement, the broader role that mini-publics will play, within the spectrum of a health deliberative system and the democratisation of health, in general, may not be apparent in each and every deliberative activity but will become more fully realised with their passage in time.

Before leaving this proposition, I will make a final point. Given all of the factors which disabled effective deliberation in the mini-publics examined, we must ask whether mini-publics for health policy might be better placed if staged by State/Territory-based, health consumer movements instead of health policy departments.<sup>42</sup> This alternate scenario, for the staging of a mini-public, does not discount the viability of the preceding propositions, but it does take into account the current, constraints on a mini-public from reaching its potential. So, in the absence of the Intentionally Enabling approach I have just put forward, and to enable a public space for citizens to effectively deliberate together - in circumstances of epistemic justice - then serious consideration must be given to the funding of State/Territory-based, health consumer movements to build their capacity to stage legitimately, democratically-deliberative mini-publics.

A persistent counter-argument, in relation to the relocation of a mini-public from a health policy department to any group outside of a government policy department, is that the consequentialness – in terms of policy developments – of any such mini-public might be diminished. But after examining the real-world challenges of engaging the public in health policy decision-making, Boswell et al. (2014) argue that even when a mini-public is implemented as a direct request from a health minister, there is still no guarantee that the deliberative-outcomes will be adhered to – let alone, implemented according to deliberative norms. Another way forward, envisages a mini-public being co-produced by the respective health policy department and health consumer association.<sup>43</sup> This would, of course, require explicitly negotiated and defined roles and responsibilities, with all relevant decision-making power distributed democratically amongst the participating bodies. Co-producing a

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<sup>42</sup> I raised this notion in Chapter Eight: Section: Agency and structure, when I mentioned how some deliberative theorists argue that the bureaucratic/structural processes within government institutions prohibit them from effectively incorporating democratically-deliberative designs into their modus-operandi (see, for instance, Dryzek, 2000).

<sup>43</sup> See Boswell, Settle & Dugdale (2014) for other suggestions on how a mini-public might be alternatively staged in health policy settings.

mini-public this way is appealing because it may avoid some of the unintentionally disabling factors found by this research. For instance, more broadly distributed and transparent decision-making amongst the co-producers, guided by the Conceptual model developed in this thesis, could promote collaborative reflection and communication on the enabling and disabling consequences of any such decisions in advance of those decisions being made. How well any such alternate configuration is borne out in practice will require dedicated research and, like this research, that research ought to have the citizens' experiences and the relationships of power at the heart of its inquiry.

### ***Limitations of this research***

Having devoted several years of intense work to a research project, it is easy to be carried-away with thoughts on what contribution such work might have to make. As encouraging as such thoughts might be, it is equally important to stay mindful of any limitations in that work; not least, so that these insights may contribute constructively to future research endeavours. With these cautions in mind, my first point pertains to my having only two case studies in this thesis. Although these two case studies have been examined and presented in great detail, providing many rich and highly nuanced insights on the citizens' experiences, I recognise that this may be viewed as both one of the greatest strengths and weaknesses of my thesis. The opportunity to examine other policy settings with the same detail I have given to these two social settings would, undoubtedly, yield further rich and interesting findings relevant to those socially-situated contexts.<sup>44</sup> Yet, given the detail with which I have explicated the citizens' experiences of this research, it is possible for a reader to derive their own interpretations regarding the transferability of my findings to other jurisdictions of interest (Simons, 2009).<sup>45</sup>

Another factor to consider is that only one HPA and deliberative-consultant/lead-facilitator were interviewed for this research. Although I did not set-out to interview any

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<sup>44</sup> Had it been known when I was planning my empirical research for this thesis that the Q Health Policy Partners in CELP would not be implementing their mini-public in time for me to conduct fieldwork in that jurisdiction, I could have conducted interviews with citizens from two of the other mini-publics I attended as a participant-observer, prior to the implementation of the CELP mini-publics. Although unrelated to CELP, two of those mini-publics were focussed on health policy. If there is a lesson there, I suspect it is: fully embrace every opportunity when it comes your way – do not wait for other plans which may or may not eventuate.

<sup>45</sup> Indeed, throughout the years of communicating my research within many and varied fora, I have been encouraged by comments from members of the public, deliberative theorists and researchers, and deliberative practitioners as to the transferability and relevance of my research findings to other public policy settings. In particular, I would like to thank John Dryzek and Carolyn Hendriks for their encouraging comments on the potential transferability of my findings. Still, empirical substantiation of this transferability will hinge upon dedicated research in other contexts.

HPAs or either deliberative-consultant, in my exploration into the *citizens'* experiences, the insights obtained from both of these people have strengthened the arguments and theory generation I put forward in this thesis. That said, and as explained in my methodological discussion in Chapter Three, my participant-observations at each mini-public have been complemented by my participant-observations and myriad interactions with all of the people involved in the overarching ARC Citizen Engagement Project, over several years. This includes all of the HPAs with the direct responsibility for making decisions relevant to their mini-public. My membership on the ACT Reference Group also gave me first-hand insight into a great deal of the decision-making specific to that jurisdiction.<sup>46</sup> And although my interactions with, and participant-observations on, the SA Steering Group were more limited<sup>47</sup>, one of the members of that SA Steering Group did participate in my research and contributed many valuable insights which would have, otherwise, not been available to this research.<sup>48</sup>

Along similar lines I am mindful that, in relation to the ACT jurisdiction, in particular, none of the citizens, who agreed to an interview for this research, participate in their mini-public representing the view of a health professional.<sup>49</sup> Without those perspectives we are left to wonder, for instance, how might my research findings have differed if the deliberative experiences of citizens, representing the views of health professionals, were obtained? And what might their experiences have contributed to the propositions I make in my *Intentionally enabling* approach? I would anticipate that, at a minimum, those citizens' experiences would add further, nuanced perspectives and theoretical insights into the competing tensions/rationalities facing HPAs when they apply mini-publics. The insights gained from any participating health professional might also raise further questions regarding the normative requirements, including HPAs' responsibilities, when and how mini-publics are operationalised in health policy settings. These types of questions clearly provide grist-for-the-mill in future research endeavours.

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<sup>46</sup> Yet it is only when someone has agreed to an interview for this research are they identified, through their chosen pseudonym, with the data provided. Indeed, as explained in my methodological discussion in Chapter Three: Section: Interviews, I have taken every foreseeable precaution to maintain the confidentiality of all individuals, at all times, throughout my thesis.

<sup>47</sup> For reasons explained in Chapter Three: The politics of health policy research and in Chapter Four.

<sup>48</sup> As discussed in Chapter Four, this interviewee was Stephanie.

<sup>49</sup> As a reminder of the different citizen profiles at the SA and ACT mini-publics, please see Footnote 11 in Chapter Five, and Chapter Six: Section: ACT social setting domain, respectively:

Given that my interviewees randomly, self-nominated, too, it could be argued that they did so because they had a particular point to make, were more articulate, or had more time available to them. I cannot discount these possibilities.<sup>50</sup> Still, if it was the case that any of my interviewees demonstrated a particular bias in their views, such claims would be no more, or less, valid, than that of any other research in which participants self-nominate. Equally, and as I explained in my methodology chapter, an alternate perspective considers the self-nomination of interviewees as contributing to the validity of research findings.<sup>51</sup> On related matters, it is worth noting that I had initially planned to counter-balance the experiences/comments conveyed by any one interviewee with the experiences/comments from other citizens, and the table-facilitator and scribe, at their shared table-group. For reasons explained in Chapter Three, my capacity to triangulate my data collection that way was thwarted when members of the SA Steering Group insisted that I amend my recruitment-strategy, if I was to do fieldwork in their policy jurisdiction. As a consequence of those amendments, some of my interviewees were the only member from their table-group to nominate for a post-forum interview.

Although the validity of any of my interviewees' comments/experiences was not compromised by those amendments to my recruitment-strategy, to obtain a fuller understanding of citizens' experiences within the individual table-groups, I still consider the original recruitment-strategy worthy of consideration in future research. Indeed, the value of gaining several perspectives on the dynamics at any given table-group was reinforced to me when, per chance, several people from one table-group at the SA mini-public nominated for a post-forum interview for this research.<sup>52</sup> Ideally, and with consent of all forum-participants, in future research I would like to video and/or audio-record the deliberative-proceedings at individual table-groups, so that when individual participants nominate for an interview, another vantage point is available for me to explore their experiences more fully.<sup>53</sup>

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<sup>50</sup> I had attempted to manage its likelihood with my earlier, planned recruitment-strategy by observing the dynamics as played-out within the table-groups from which my interviewees would be sourced.

<sup>51</sup> See Chapter Three: Section: Research Validity and substantive significance, for that discussion.

<sup>52</sup> A vivid demonstration of the value of such triangulated data is provided in the Reinforcing deliberative inequalities section of Chapter Eight.

<sup>53</sup> Indeed, as mentioned when discussing the way that imagining my case studies as 'documentary films' assisted in their development, I see great value and, I believe, public interest, in making either a visual or audio-recorded documentary of the process of public deliberation on health policy.

### ***Concluding reflections***

This research has vividly brought to life many reasons why it is important to pay attention to citizens' experiences when mini-publics are operationalised for Australian health policy. Behind the façade of a more democratic means of engagement, these citizens' experiences have shown that many of the normative requirements of democratic deliberation were not used in the planning and implementation of the mini-publics. Compounded by the competing rationalities and product-dominant logic within health service delivery, many critical points of tension-management subsequently arose. It was at these critical points that certain HPAs were found to have made decisions regarding their proposed mini-public that went on to have unintentional consequences with disabling outcomes for the citizens' experiences of exchanging knowledge and expressing their deliberative capacities. Indeed, far from stepping-up to the deliberative-paradigm, certain HPAs were shown to exhibit decision-making that was more likely to reproduce the status-quo, prompting questions over the democratic authenticity and legitimacy of mini-publics when applied to health policy settings.

Paradoxically, this research also highlighted the intrinsic potential for public reasoning to create an intersubjective space that facilitates a transformative exchange of knowledge. To promote circumstances more conducive to any such transformative exchanges of knowledge, and in the process making mini-publics a powerfully, favourable resource in public health and wellbeing, I have proposed an *Intentionally enabling* approach to the exchange of knowledge and development of deliberative capacity. With its empirically-grounded, bold steps towards re-imagining the use of mini-publics in the health policy process, my *Intentionally enabling* approach offers many avenues for institutional learning and development. Overall, it is designed to leverage this policy instrument into becoming a more substantively equal, empowering, egalitarian, educative, and epistemically just means of health policy development.



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## **Appendix One: Responses to Deliberative pamphlet obtained from CELP questionnaires**

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Firstly, I would like to thank Ben Xue, Vajira Nanayakkara, and Catherine Joyce, as members of the Monash team participating in CELP for their work in compiling and providing me with this data.

The citizens' responses yielded from the question I entered into the CELP ACT Post-forum Evaluation Questionnaires, regarding the utility of the Deliberative pamphlet are as follows:

'43 people participated in the deliberative meeting. 32 participants read the pamphlet (74.4%). 4 participants answered that they did not read the pamphlet. 7 participants did not provide answers to this question' (Xue, Nanayakkara & Joyce, 2012).

In response to these findings, the overall assessment from the Monash team of researchers working on CELP was that 'The pamphlet was quite helpful for participants to get a brief overview of the rationale, general rules and processes of the deliberative meeting and what are expected, therefore better prepared for the deliberative meeting'.

Some forum-participants commented that it 'clarified their ideas about this type of meeting' and other responded that 'I had previously no understanding of what a deliberative meeting would be like so provided information of how it would run and the role we had in the forum' (Xue, Nanayakkara & Joyce, 2012).

As it eventuated, Q Health progressed rapidly with the planning of their deliberative forum which was implemented in July, 2012. At that time, with my impending completion date for my PhD, and further consultation with my supervisory panel, I did not conduct fieldwork related to that event. Similar to ACT Health, however, Q Health expressed interested in the Deliberative pamphlet and distributed it to all of their proposed forum-participants. Those citizens were also asked to respond to a question relating to the Deliberative pamphlet in their post-forum evaluation questionnaire. I was not involved in the wording of the Q question regarding the Deliberative pamphlet. The Q Health policy

administrators entered the following question: ‘The pamphlet about citizen deliberations sent before the forum was useful’.

Forum-participants were asked to respond accordingly to: strongly agree, agree, disagree, or strongly disagree. Responses obtained indicated that: 25.4% of Q participants strongly agreed that the Deliberative pamphlet was helpful to them; 65.7% agreed that the Deliberative pamphlet was helpful to them; 1.5% responded that they disagreed that the Deliberative pamphlet was helpful to them; and 1.5% responded that they strongly disagreed that the Deliberative pamphlet was helpful to them (Xue, Nanayakkara & Joyce, 2012).

Had I attended the Q, and/or interviewed participants from that forum, I may have been able to more effectively determine if other factors were impacting on the questionnaire responses obtained [as I was able to do in the ACT]. And although the information obtained from Q encouragingly suggested that the Deliberative pamphlet was indeed of assistance to those forum-participants, because of the closed-nature of the question asked, and in the absence of any further [triangulated] data, I am unable to offer any further interpretations on the responses thus obtained.

## Appendix Two: Publications and conference/seminar presentations

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### Publications:

Boswell, J., Settle, C. & Dugdale, A. 2014. Who speaks, and in what voice? The challenge of engaging 'the public' in health policy decision making. In *Public Management Review*. 17: 9: 1358-1374.

Settle, C. 2016. 'Turning theory and empirical research into reflective practice. Paper published in the *Australian Consortium for Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference Proceedings*. University of Sydney. 19-22 July.

### Conference presentations based on refereed abstract and/or paper:

Settle, C. 2010. Knowledge transfer when citizens are engaged in deliberative processes on health policy development: A socially-situated critique. At the *Australian Consortium for Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference*. University of Sydney. 1-3 December.

Settle, C. 2015. Engaging citizens in deliberations for health policy development: Democratising health policy? At the *Deliberative Democracy Summer School, Centre for Deliberative and Global Governance Institute for Governance and Policy analysis*. University of Canberra. 16-18 February.

Settle, C. 2015. Engaging citizens in deliberations for health policy development: Democratising health policy? At the *European Consortium of Political Research (ECPR) General Conference*. University of Montreal, Canada. 26-29 August.

Settle, C. 2015. Reconsidering the potential of deliberative mini-publics in health policy settings. At *The Future of Politics and Political Science, Australian Political Studies Association (APSA) Annual Conference*. University of Canberra. 28-30 September.

Settle, C. 2016. Turning theory and empirical research into reflective practice. At the *Australian Consortium for Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference*. University of Sydney. 19-22 July.

**Other presentations [non-referred]:**

Settle, C. 2010. Citizen Engagement: A socially-situated critique of epistemic practices. At the *Emerging Health Policy Research Conference 2010*. Menzies Centre for Health Policy. University of Sydney. 11 August.

Settle, C. 2010. Knowledge transfer when citizens are engaged in deliberative processes on health policy development: A socially-situated critique. At the *Eddison Day Club*, Western Creek, Canberra. 15 October.

Settle, C. 2010. Knowledge transfer when citizens are engaged in deliberative processes on health policy development: A socially-situated critique. At the *Centre for Health Stewardship Seminar Series, The Future of Health Policy: New Directions and Approaches*. The Australian National University. 16 November.

Settle, C. 2012. Developing deliberative capacity: Linking theory to practice. At the *Deliberative Democracy and Global Governance Seminar Series*. The Australian National University 2 October.

Settle, C. 2013. Developing deliberative capacity: Engaging citizens in deliberative method of health policy development. At the *Health Activism Workshop*. The University of Canberra. 5 April.

Settle, C. 2013. Democratising health policy: Engaging citizens in health policy development. At the *Contemporary Issues in Public Health Seminar*. The Australian National University. 26 September.

Settle, C. 2013. Democratising health policy: Engaging citizens in health policy development. At the *Emerging Health Policy Research Conference 2010*. Menzies Centre for Health Policy. University of Sydney. 14 October.

Settle, C. 2015. What does research suggest active democratic participation might have to offer citizens? At the *Progressive Canberra Summit*. The National Gallery of Australia. 14 November.

**Chair and Discussant:**

Chair and Discussant for the Panel: Experts, Knowledge and Legitimation. At the *European Consortium of Political Research (ECPR) General Conference*. University of Montreal, Canada. 26-29 August.

**Journal reviews conducted:**

Social Science and Medicine: 2013

Public Management Review: 2015; 2016



### **Appendix Three: Deliberative pamphlet**

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A print-version of the Deliberative pamphlet is provided on the following pages. It is designed to be printed double-sided and tri-folded to be read in-hand [for ideal results, adjust printer settings to 'Borderless printing'].

With due acknowledgement, please use this Deliberative pamphlet as required.



## What is a deliberative meeting like?

There are different types of deliberative meetings. Some focus on participants achieving a consensus, while others aim to reach a common understanding amongst participants - not necessarily, agreement - about the topics they have been deliberating on.

*'You could relate to what they had to say'*  
(Past participant's comment)

It is important that participants understand what they are aiming to achieve through their deliberations. This allows them to work together effectively. The aim of the deliberative meeting you would be attending will be clearly explained to you on the day of the meeting.

*'I felt welcome, I felt as though I was included in everything that was going on'*  
(Past participant's comment)

Often a large number of people will come together for these types of meetings. These people would be seated at tables in small group numbers to deliberate – possibly 6–10 people per table group.

And, typically, trained table-facilitators work with each table group. This helps to ensure that each participant has the opportunity to effectively deliberate and feel comfortable to contribute.

*'Your opinion is valued because (a) you're allowed to voice it; and (b) other people listen to it... You have respect and you value the other person's opinion'*

*'Without exposure to that how do you empathise and understand other people's lives...without exposure to other things, well what else do you judge your opinions on?'*

*'This has actually changed me a little bit...yeah, it's changed my outlook on a few things'*  
(Past participants' comments)

This pamphlet has been produced by Catherine Settle in the Australian National University, Centre for Health Stewardship, with support from an Australian Research Council Grant No: LP0989429



**MONASH** University

# Making a Difference with **CITIZEN DELIBERATIONS**



Do you want to influence health policy by being part of a deliberative meeting?

## What is a deliberative meeting?

A deliberative meeting is a particular way of bringing people in a community together so they can exchange information with their government or other decision-making body.

These meetings may also be part of a larger engagement process that is designed to learn from many different people in a community.

This pamphlet highlights what you can expect when you participate in one of these deliberative meetings.



## What happens when people deliberate?

In a deliberative meeting participants are not simply asked to provide an opinion – they are given opportunity to reason together.

To do this, you would be given time to reflect on information and think critically about it. You would then be asked to discuss your thoughts on this information and engage with some different ideas.

This would involve: explaining your opinions; respectfully listening to people with different perspectives; and asking questions that arise for you.

*'It's about information, but it's also about opening your heart so that the person on the other end can open theirs'*  
(Past participant's comment)

You don't need any particular qualifications to deliberate. Rather, the value and expertise that each person has to offer, comes from their own life experiences.

You have probably even deliberated in the past - at school, in a workplace, or at home - when you were working with others to understand an issue or make a decision on something that was important to you.

## Why deliberate?

Many people believe deliberative meetings offer a more democratic and meaningful way for members of the community to exchange information with their governments.

This is because deliberative meetings capture diverse perspectives in a community to influence policy in a dynamic, open and transparent way.

*'I found it a very encouraging sort of thing from a government department – one of the most encouraging I've ever struck'*

*'Everybody's opinion is valued... You felt understood'*

*'It wasn't just tokenism... you were being valued'*  
(Past participants' comments)

Research shows also that using deliberative meetings to obtain a community's views on issues and policies that affect their lives, leads to better-informed and more legitimate decisions.

*'I feel very proud of the fact that some of my input was actually considered worthy of putting it into the final report... I was proud to be part of it'*

*'It opened my eyes a little bit to think about what... other experiences people out there have... just to realise that there's other views out there that may be quite different from mine and just to be a bit more mindful of that'*  
(Past participants' comments)

Deliberative meetings are being used around the world to make many important decisions - including policy development – though the use of these methods of engagement in health policy is still quite new.

