

Ministry of Budget, Public Finance and Public Services (ed.)

**Co-production in Five European Countries: Evidence
and Supporting Material**

**Dr. Elke Löffler, Prof. Salvador Parrado, Prof. Tony Bovaird and
Prof. Gregg Van Ryzin, Governance International**



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Co-production in Five European Countries: Evidence and Supporting Material

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PREFACE

The current debate on citizen participation in the public domain shows that European citizens are no longer just considered as passive service users. Indeed, increasingly we are seeing greater involvement of citizens in service delivery. Therefore, it is timely to ask citizens a new question. What role do they play and are they prepared to play in the delivery of those public services which matter most to them?

In order to get some quantitative information on the role of citizens in delivering public services, the French Ministry of Budget, Public Finance and Public Services commissioned this

As one participant of a focus group remarked: “*We have no data and information on whether we now eat and drink better than before*”.

scientific report, based on a survey of European citizens undertaken by Governance International and Sofres in 2008. The survey was complemented by focus groups with professionals and representatives of NGOs involved in public service delivery, which allowed us to capture the views of service providers on this issue as well.

The main report, entitled “*If you want to go fast, walk alone. If you want to go far, walk together*”: *citizens and the co-production of public services*, was presented at 5QC in Paris in October 2008. This report presents the research instruments which were used to collect the data, including the template for recruiting focus group members, the Topic Guide for running the focus groups and the survey questionnaire (English version only). It also presents a summary of the focus group discussions in each of the five countries and lists of focus group participants. Finally, it presents a summary of the frequency counts for the responses to the questions in the survey questionnaire.

We welcome your views and suggestions on the issues covered in the report and in this summary of research instruments and look forward to hearing from you. You can contact the research team by email at info@govint.org.

Part 1: Guidelines for the composition of the focus groups

The following template was used to define the overall composition of the participants of the five focus groups. The template was adapted by the local experts to the context of each of the five countries included in the study.

General profile of focus group participants

- Each focus group should include up to 12 participants, including ideally one from each of the groups in the list below. If this is not possible two representatives of some groups may be acceptable to make up the numbers.
- All focus groups will be convened in the capital of the respective country. Therefore, all participants need to be based in the capital in order to minimize travel time.
- All participants need to have long-standing experience in the sector concerned. We certainly do not want newcomers who are not familiar with the issues concerned.

Composition of the focus group on “public safety“

- One senior front-line police officer or local authority community safety officer dealing with communities/neighbourhoods (community beat officer)
- One senior police officer dealing with drug and alcohol issues
- One senior police service manager responsible for strategic planning or resource allocation
- One social worker dealing with youth offenders
- One senior senior civil servant from the Ministry of Interior acting as a policy advisor on crime and safety issues (a person who is involved in drafting laws or advising the minister)
- One senior judge dealing with crime cases
- A senior manager of the court service dealing with victims
- A senior manager of the public prosecution service involved in decisions on which cases to take to court (the equivalent to the district attorney)
- One senior representative of the probation service dealing with prisoners and ex-offenders when they come out of prison
- At least one representative of citizen safety initiatives (e.g. in the UK neighbourhood watch group coordinator, in other countries there may be similar initiatives focussing on specific issues or target groups)
- One senior representative of a private security company (e.g. manager of company which has been commissioned to look after the safety of a train station)
- One emergency planning officer

Composition of the focus group on “local environment”

The issues to be discussed by this group include user-/citizen co-production in:

- Cleanliness of streets
- Managing local parks, rivers, canals and play areas
- Refuse collection
- Waste treatment and disposal
- Water use and sewage
- Use of energy and pollution from households (e.g. heating, electricity, car use)

The focus group should include:

- One senior representative of a local agency (local authority or district) dealing with street cleanliness
- One senior representative of a local agency (local authority or district) or private company dealing with household waste recycling
- One senior representative of a local agency (local authority or district) or private company dealing with refuse collection/refuse disposal
- One senior representative of a local agency (local authority or district) dealing with parks
- Two or three senior civil servants (a person who is involved in drafting laws or advising the minister) from the national government (e.g. Ministry of Environment) acting as policy advisors on environmental issues with a particular focus on energy-saving, recycling and protection of natural resources
- Two or three senior civil servants (a person who is involved in strategic planning or advising the regional minister) from a regional government acting as policy advisors on environmental issues with a particular focus on energy-saving, recycling and protection of natural resources
- At least one representative of a national interest group who is part of the management team
- At least one representative of the national consumer protection agency who is part of the management team
- A representative of a local user-group of a key local service such as transport or parks (an active long-standing member)

Composition of the focus group on “health”

- One senior general practitioner (typically a doctor who is self-employed and provides primary health care for patients at local level)
- One senior nurse who looks after local patients
- A senior manager of the primary health care system at local level
- One senior doctor of a public hospital who deals with patients
- One senior manager of a hospital who makes strategic or resource allocation decisions
- A representative of a user-group of a public hospital (an active long-standing member)
- One senior manager of a health insurance organisation
- One senior civil servant from the Ministry of Health acting as a policy advisor on health issues (a person who is involved in drafting laws or advising the minister)
- One manager of an old people’s home
- One representative of a disability/chronic illness self-help group or national association
- One representative of a national organisation for young people (e.g. national youth parliament)
- One representative of volunteers working in hospitals
- One senior representative of a pharmaceutical company involved in designing patient-friendly drug taking systems or some other patient initiatives
- One senior representative of a nutrition advisory service

Part 2: Guidelines for the focus group facilitators

Each focus group was facilitated by one representative of Governance International and one local expert. In order to assure structured discussions the facilitators were given the guidelines below.

Important issues to consider:

1. Upon arrival participants should be given a **name tag** with their name, which they should set on the table in front of them. If this is not available, they should write their name on a self-sticking address label and stick it on their jacket.
2. Each participant should also be given a **copy of the questionnaire**¹ and be encouraged to start filling it out immediately, as others are arriving.
3. **The discussion must start NO MORE THAN 10 minutes after the time which has been given for the starting time. (This will allow 80 minutes for the discussion – it is not acceptable to leave less time than this).** If some participants have still not finished filling out of the questionnaire by this time, they should be told to complete the questionnaire after the discussion.
4. **Time management is crucial** – the facilitator must ensure that the each of the issues is discussed within the time allocated. The session should end on time.
5. **At the end of the session, everyone should be asked to hand over their completed questionnaire.** (Where some participants have not yet completed their questionnaires, they should be asked to do so at this stage).
6. **BEFORE ANYONE LEAVES, the facilitator should get everyone to sign the list of attendees.**
7. **The facilitators should also identify two participants in the focus groups who are directly involved in issues of citizen engagement and who would be willing to test the Citizen Survey Questionnaire (ideally with a small number of citizens). This should be negotiated bilaterally after the meeting.**

¹ At the beginning of the session, each participant was given a brief questionnaire, which followed the topic guide. The purpose was to get participants prepared for the group discussion but also to ensure that the views of less outspoken participants could be captured.

Pattern of the discussion session:

The facilitator greets the participants and **thanks them for coming**. Then the facilitator **introduces the team of facilitators and briefly explains the objectives of the session:**

- 1) **We are carrying out a European-wide research project on the role of citizens and service users in public services which is financed by the French Ministry of Finance and will be presented at a major conference in October 2008 during the French EU presidency.**
- 2) **The purpose of the session is to help the research team to design a citizen questionnaire with relevant questions for the sector and country concerned.**
- 3) **We also want to learn from experts (“like you”) what kind of experiences they have had with citizen participation in service delivery and what views they have.**

The facilitator can allow brief questions to be asked in relation to the project – but any questions which are time-consuming to answer should be deferred to bilateral discussions at the end of the session.

Part 1: Identifying issues with a high degree of user involvement/citizen participation - duration about 30 min.

The facilitator asks participants to introduce themselves and to explain briefly their activity. If the participants are directly involved with service users/citizens they should briefly explain what they do.

Then the facilitator asks participants to give his/her reaction to Question 1.

Question 1: “In which areas do you think a lot of user involvement/citizen participation already takes place in the sector concerned (safety/health/environment)?”

Question 2: “In which areas would you expect a low degree of user involvement/citizen participation (safety/health/environment)?”

The aim: The facilitators should try to tease out which questions we should ask in the questionnaire in order to identify how much involvement/participation is taking place.

After this round the facilitator tries to make a summary of the statements and checks whether the participants agree with the summary statement. Example: *So, it seems then that most citizen participation is related to recycling? Is that a correct summary of your views?*

Part 2: Effects of user involvement/citizen participation – duration 30 min.

This is essentially about positive and negative effects of user involvement/citizen participation.

Question 2: “What are the benefits of user involvement/citizen participation, and what are the negative effects, in relation to service quality and quality of life?”

The aim: The facilitator should get participants to give concrete examples of how user involvement/citizen participation has affected service quality.

After 15 minutes the facilitator tries to make a summary of the discussion and asks the participants if they agree with the statement.

Part 3: The future of user involvement/citizen participation– duration 20 min.

Question 3: “What will be the main influences on the level of user involvement/citizen participation in this sector in the future?”

The aim: The facilitator should ask the participants to identify obstacles and positive factors.

At the end of this discussion, the facilitator should make a final statement to summarise the discussion of this session.

To end the session the facilitator should

- thank the participants for coming
- ask them whether they agree that the list of participants can be shared with all participants
- ask them to complete the written questionnaire before leaving the room
- encourage them to contact us if they have any further comments/suggestions
- promise them a copy of the report in English (or French) by October 2008.

Part 3: Summary of the focus group sessions and list of focus group participants

3.1. Summary of the focus group sessions in Czech Republic

by Prof. Juraj Nemec, Matej Bel University in Banska Bystrica, Slovakia
Dr. Petr Fanta, Institute for Structural Policy, Prague and Prof. Salvador Parrado,
Governance International

1) Summary of the focus group session on community safety

Forms and areas of user involvement and citizen participation in community safety

Overall the focus group participants suggested that there are many areas and types of institutional and non-institutional forms of co-operation between the police and citizens in order to improve community safety.

In Prague, the local police has been seeking to give citizens a more active role in local community safety issues and to improve the level of protection of their property. For example, citizens are encouraged to pass on important information about actual or potential community safety problems in their neighbourhood to the police. Several channels have been created to support citizen involvement, in particular

- direct personal contact at specific contact points (albeit with limited success)
- free telephone numbers, which also accept anonymous calls
- email

In 2002 the city police created the system of the ‘specific policeman’ who focused on serving a specific group of people – under this system, people know the police officer who deals with their affairs, and this provides the opportunity for a better contact to develop. This system works very effectively in some neighbourhoods of the city but not so well in those areas with many blocks of flats, where everyone is anonymous.

During some natural disasters, such as floods, there have also been instances of when citizens helped directly to watch out for breaches of law and order.

In terms of citizens taking steps to improve the safety of their own houses or other property, the city police representative welcomed the fact that owners are now doing this. In 2007, the Czech Ministry of Interior launched the ‘Safe Locality’ Programme, which encourages citizens to take action to protect their property. This programme is managed

by a partnership consisting of the Czech Ministry of the Interior, the Czech national police force, the metropolitan police of Prague, insurance companies and companies offering security systems. The idea is to offer citizens high-quality advice on what kind of action they need to take in order to protect their property better, so that citizens can avoid buying low-quality technology which is not fit for purpose. In general, most of these security systems are quite affordable but, in cases such as social houses where tenants are not able to cover the costs of security equipment themselves, public grants are made available.

The police in Prague have also started to involve pensioners in the delivery of some community safety services, e.g. supervising street crossings close to schools, but this is still an emerging practice. The pensioners receive some training to undertake this task. In some districts of Prague, local people have established neighbourhood committees, which seek to improve the environment and community safety in their area. In some neighbourhoods, homeless people are considered to be a serious safety problem but so far no effective solution has been found yet.

In general, private security agencies do not play a major role in general safety protection. Private security services protect private property only, while the city police alarm desks are only connected to public buildings. In general, there is relatively good co-operation between the city police and private security agencies and staff, with no major problems yet occurring, although there is no law regulating the status and roles of these agencies.

There are relatively few institutionalized activities connected with the participation of a citizen in the legal process and court system. However, there are some interesting examples of citizen involvement in the court system. A system of “people’s judges” was established during the socialist era and still continues – it involves citizens in judging some types of court cases, together with a professional judge. There were some suggestions in the focus group that the system of “peoples’ judges” should be abolished, since it does not significantly help to improve or speed up the court process.

One judge observed to us that there is no general and institutionalized system of preparing citizens (e.g. victims and other witnesses) to “stand in front of a court”. However, there are some local initiatives to help citizens through the often difficult processes involved in attending court (the quite frequently used ‘White Circle of Safety’ provides a network of advisory bodies to help victims of criminal offences and their families (regardless of age, sex, race, nationality and type of criminal offence) with free-of-charge assistance in ways which emphasise impartiality, confidentiality, and independence. In general, however, the protection of witnesses was considered to be limited and not developed. More widely, students in secondary schools have specific sessions telling them about various aspects of the court process.

The focus group participants thought that the level of trust in the police is still very limited. There have been two main limits to the direct involvement of citizens in working together with the city police at the street level. First, there is the historical obstacle, namely the negative heritage of relationships between citizens and the police in the

former socialist state, where the police were seen to be repressive, rather than helping people. Secondly, there have been limited opportunities to train and prepare non-professionals to act in difficult situations - safety breaches are seen as the sole province of professionals.

In particular, representatives of the police thought that the conditions in which the city and national police are working have a very limiting effect on the quality of service delivery and also the level of co-production. However, this is being tackled - for example, a lot of resources are currently invested in improving the workplaces of the police and to create a new design of contact points (for example to ensure that criminals and victims do not stay in the same room for hours during the first phase of investigation of a case).

Conclusions: Probably the most important barrier of more active involvement of citizens in protecting the safety is the historical heritage – not only from socialism, but also from pre-1918 regimes. As one participant put it *“most people still feel that the police are not a friend and are not serving the citizen, but rather are a repressive power”*.

Effects of user involvement and citizen participation in community safety

The measurement of outputs, outcomes and impacts is still very limited in the Czech Republic - there is still no system of performance or program budgeting. Nevertheless, a few outputs indicators are measured:

- *number of contacts between citizen and police* (number of calls to police, calls to the emergency line, mails to the police).
- *number of people using advisory services* of the network of advisory bodies

However, there are no data on why and which groups of people contact or do not contact police. It was unclear if there are data on how many victims report crimes.

Other indicators available include:

- the level of trust in city and national police
- the impacts of police cameras systems – the number of crimes or cases of anti-social behaviour in areas supervised by cameras is significantly decreasing.

Conclusions – some few existing output indicators show that the level of co-production is increasing. Although the focus group participants have not given any specific numbers they have agreed that there are visible positive trends for example in number of solved crimes or in the length of the investigation.

The future of co-production in community safety

The city police suggested that co-production is necessary and will help. Indeed, the city and national police already spend and will continue to spend relatively large amounts of resources to involve citizens in co-production.

One core activity is contacts with the younger generation. People, and especially young people, should in future understand where, when and how to call the police and should know what kinds of help are available. Initiatives to promote these services are being organized, especially for young people.

Moreover, crime prevention programmes exist for many areas – drugs, traffic safety, small crime, etc.

The civil sector representative suggested that networking of all involved organisations and individuals should be supported more in the future.

All focus group participants felt that it was crucial to have more education of citizens in the potential for them to co-produce, to participate and to change their attitudes (e.g. to recognize that, as drivers, they should not to break traffic rules) –but they recognized that the education carried out to date had only limited effects so far. For example: the city police had installed radar cameras on some streets, and these cameras are clearly indicated, but the number of breaches of speed limits did not decrease significantly.

2) Summary of the focus group session on local environment

Forms and areas of user involvement and citizen participation in the local environment

The participants of this focus group suggested that Czech citizens now care more about the quality of the local environment than some years ago. Clearly, the area where the increase in environmental awareness is most visible is recycling. As a participant pointed out, a few years ago separating and recycling of household waste was not developed at all, whereas today three separate containers for plastics, glass and paper have become standard. The group thought that this high-level of co-production of citizens is thanks to information campaigns and financial incentives in the form of lower waste collections fees in case of separation and recycling. For households there are basically two main systems of fee for waste collection. The one is a fixed fee per capita; the other is a fixed fee for emptying a trash bin. The trash bins for recyclable waste are operated and financed by the municipality. Obviously, the second system is more motivating towards recycling since the households who recycle need lower frequency of emptying. It should be, however, mentioned that a change in thinking of people towards more

environmentally friendly behaviour contributes significantly to the higher level of recycling. However, there is no fee system yet to support the collection and recycling of plastic bottles (as, for example, in Germany).

However, citizens are also complaining to public agencies more and more about local environmental problems, such as illegal waste dumping (and the filling of domestic refuse containers by local businesses who don't want to pay for their own refuse collection). Some participants thought that some citizens are "already notorious complaint makers". The group agreed that nowadays people have higher expectations concerning the environmental quality – they want nice parks, litter-free streets and clean air.

Moreover, the participatory approaches of some important NGOs dealing with local environmental issues have contributed to make citizen participation in environmental issues for common. For example, Local Agenda 21 is being worked on by many cities. The national network "Health Cities", based on a WHO project, has also been successful in introducing community planning approaches at local level. A focus group participant thought that "cities participating in the WHO project are much more open to consultation with citizens". Yet, one participant thought that citizens are still not sufficiently active. For example, only a few citizens come to public meetings connected with the creation of municipal strategic development plans.

But NGOs may also display non-cooperative behaviour - for example, when they protest and block some public activities such as building of highways. However, in most cases such confrontational situations are created by lack of co-operation during the preparation phase of an investment, when citizens and the NGO sector are not effectively involved. There is still tradition in some cities that municipal assemblies first make a decision and only then try to get support for it. Another issue is that local public services have often been contracted out to private companies, which normally do not directly seek public feedback and do not regularly consult with the public on the quality and delivery methods of services. However, one sceptical participant thought that sometimes, even when there has been a lot of citizen consultation in the planning phase, some people still attack the plans when they are being implemented. The group agreed that there is now more consultation in environmental planning than a few years ago but this is far from being common practice. One participant thought "*at present, large scale investments are not well planned and citizen opinion is not investigated in the early phase*".

The participants thought that there are still areas where citizens are unwilling to change their behaviour because of a lack of financial incentives. This applies, for example, to the air pollution caused by car drivers and to those households using brown coal. Indeed, as traffic pollution increases, positive improvements from declining industrial pollution are undermined. Another problem is the use of natural gas. With the prices of gas and electricity significantly increasing, people return to classic heating approaches, with their pollution consequences, even though the state provides subsidies to households to switch to heating with natural gas.

In some cases, environmental improvement initiatives by citizens have been hindered by ownership rights - for example, where local people want to clean up some parts of their neighborhood but they cannot obtain agreement from the land owner.

Effects of user involvement and citizen participation in the local environment

The group agreed that there are few data available for assessing the effects of user involvement and citizen participation in improving the local environment. A practical methodology for calculating environmental impacts is not available.

Nevertheless, the participants thought that some effects are identifiable and visible:

- the scale of separation and recycling has been increasing significantly
- Czech cities are now cleaner
- air pollution from major industrial sources has decreased, but this positive effect been undermined by pollution from smaller sources
- there are more and more citizens switching from brown coal to gas
- there is less illegal dumping of waste.

The future of co-production in the local environment

The participants suggested that levels of co-production could be increased significantly if “service delivery was based less on red tape but based more on positive and negative sanctions to give citizens incentives to improve the local environment”. Although environmental taxation in the Czech Republic has already been introduced, the group thought that its efficiency and effectiveness is very limited. Administrative costs of this taxation are really high, while fees are too low to motivate real change. In particular, they thought that much more positive motivation and negative sanctions should be in place to encourage reductions in pollution from traffic pollution, domestic homes and small firms. Decentralization of environmental taxation would be valuable to increase its efficiency and effectiveness.

There was less agreement on whether it would be possible to increase citizen participation in environmental planning issues at local level. One participant saw the source of the problem being the many small municipalities in the Czech Republic, many of which lack methodology, guidelines, human and financial capacities for many of their activities, including environmental improvement, and thus cannot act effectively. Other participants thought that it would be useful to have a proper legal and procedural base for consultation, which defined some standards of public consultation for public investment projects, so that local authorities would have a clear legal framework, to which they

would have to adhere. Some also believed that training of local government officers in consultation issues was necessary and that people should be motivated to engage in more participation – with schoolchildren being an especially important target group. Another participant suggested that local government needs to work more with NGOs in order to reach out to new target groups.

3) Summary of the Focus Group Session on Health

Forms and areas of user involvement and citizen participation in health

The discussion on co-production in health issues focused on citizens' care of their own health and citizens' helping to improve the health and well-being of other people.

The participants of the focus group on health issues shared the view that Czech citizens are not sufficiently concerned about a healthy lifestyle. One focus group participant stated that only about 15 to 20 % of citizens undertake a general health check-up every two years even though it is free of charge. Yet, the frequency of visits of patients to their GP is one of the highest in Europe.

However, the group had different views as to what kind of action needs to be taken to increase the number of citizens undergoing a health check. One participant suggested that people need to be better informed about this service. Another suggestion was to make it compulsory to have the health check even though this was controversial. There were also proposals to give citizens financial incentives through insurance bonuses.

The organization of health care also does not motivate citizens to engage more in prevention. For example, it is still difficult to get appointment for a specific time to many doctors. Waiting time serves as a demand regulating tool but many people are not ready to come on spec and wait. Problems with appointments are not only caused by doctors but also by patients who come without appointment and declare themselves as urgent cases. Newly introduced fees/co-payments may help to improve this situation. Although the health care is covered by health insurance companies, in the new system (since 2008) the patients need to pay a small administrative fee of 30 CZK (app. 1,2 EUR) per visit directly to doctor or hospital. The system helps to eliminate some patients who come to the doctor just for a “small talk” and to decrease the average time in previously overcrowded waiting rooms especially at GP.

As far as volunteering activities related to health issues are concerned participants thought that there are not many self-help groups although their number is increasing. The associations receive grants from the Ministry of Health but the amount of such grants has been slightly decreasing in recent years. Furthermore, patients' associations to supervise the quality of health care or hygiene in hospitals or to protect the rights of patients are not really functional yet.

In general, the involvement of citizens in the health sector is not high which results in a high number of deceases and bad health shape of many people which could have been prevented by early health check. There were also strong views that this is because the information gap between professionals and laymen is very wide. It was acknowledged that the use of expert-patients in hospitals could help to bridge the gap between health professionals, patients and their families. Yet, one participant was very sceptical whether such a form of co-production could be introduced in the Czech health sector. In the former communist regime, doctors used to prescribe too many visits after surgery even though a telephone call or informal conversations with ex patients would have been enough. Some focus group participants thought that some kind of training of medical staff would be necessary if patients were given a wider role in health care and prevention. One participant suggested that “most doctors appreciate better informed patients but about one third of doctors prefer to be the only “clever participant in the care process”.

Clearly, the internet will help to facilitate the exchange of information between patients and professionals even though some focus group participants cast some doubts on the quality of advice offered by some websites run by NGOs. One notable example is “social care on-line” website, which provides information about social care. Of course, all internet-based solutions face the challenge that the older generation makes little use of such sources of information (even though they are most likely to have health problems) but participants thought that younger and middle-aged citizens consult the website in order to be informed before the appointment.

All in all, the participants agreed that the current Czech health care system is predominantly treatment and supply side oriented and that co-production by users and citizens is not sufficiently developed. The level of care about their own health in Czech Republic is insufficient. The main barrier to its development in Czech Republic is the tradition of the “passive patient”. The Czech health care system needs large reforms but at present there is no political support to bring about such changes.

Effects of user involvement and citizen participation in health

The participants thought that the impacts of co-production by citizens and service users in the health sector are very difficult to assess. One participant suggested that indicators on the health status of Czech citizens are relatively good in comparison with other Central and Eastern European countries but significantly behind most Western European countries. In particular, the lack of prevention has a negative impact on health status, mortality and morbidity rates.

But there were also views that more opportunities for recreation and sports are now available. According to one participant, the number of sickness leave has decreased for most population groups.

Overall, the group suggested that middle-aged citizens and medium and higher income groups are more health-conscious and take more care of their life-style which means that the health status of this group is better than of others.

The future of co-production in health

The participants attributed a lot of importance to increase the economic incentives for citizens to take better care of their health (general health check-up, for instance). In particular, the insurance system should encourage prevention through a bonus and maluse system). One participant even thought that “*today insurance companies serve as redistributive but not as regulative bodies. If our insurance system would provide more economic rewards and punishments there will be more co-production*”. The system of preventive care should be developed in co-operation with GPs’ association, insurance companies and the Ministry of Health.

The participants also agreed that the future of co-production in health depends on whether we will succeed in reducing the information asymmetry between doctors and patients through modern ICT and more exchange of experience between patients. It was also suggested to improve the exchange of information between doctors to ease the position of a patient. Better information exchange between doctors can result in more customer oriented approach and reduce the current rigid system in which a doctor provides a patient with a printed report to consult a specialist himself.

Another set of proposals focused on increasing grants to self-help groups and other health-related citizen associations.

Last but not least, the participants agreed that education also plays an important role in changing the attitudes of citizens. In particular, more attention should be paid to the education of children on health related issues.

List of focus group participants in Prague

Anderle, Jan	State Police, Czech Republic
Boháčková, Mgr. Veronika	Union of Public Sector Employers
Chalupa, Václav	Town district of Praha-Kunratice
Chalupa, Václav	Town district of Praha-Kunratice
Fanta, Petr	IREAS, Institute for Structural Policy
Hejna, Mgr. Zdeněk	City Police, Prague
Kaplan, JU Dr. Eduard	Elderly Persons Home
Kolářová, Mgr.	Ministry of Health
Korba, Karel	Ministry of Finance
Kroftová, Ph Dr. Andrea	Probyté and mediation service, Czech Republic
Malý, Doc. Ivan, CSc.	Masaryk University, Brno
Novák, JU Dr. Libor	Association of Czech Consumers

Petrová, Ing.arch. Marie
Racek, Jindřich
Šmatlák, MUDr. Václav
Tym, Antonín
Vančura, Ing.
Vetešník, JU Dr. Pavel
Vindyš, Lubomír
Vítek, Ing. Leoš, PhD.
Vočka, JUDr. Vladimír
Wildmannová, Mgr. Mirka

Ministry of Environment
Czech Association of Social Workers
Association of General Practitioners
National Network of Clean Cities
IPODEC – public service company
City Police, Prague
State Police, Czech Republic
University of Economics, Prague
Supreme Court, Czech Republic
Masaryk University, Brno

Prague, 7 February 2008

3.2. Summary of the focus group sessions and list of focus group participants in Denmark

by Prof. Salvador Parrado, Governance International and Mogens Hegnsvad, City Manager of Gribskov Kommune

1) Summary of the focus group session on community safety

Forms and areas of user involvement and citizen participation in community safety

Riots have recently been more severe in many cities and this has been a considerable concern in Denmark. These riots take mostly place in neighbourhoods with a high proportion of immigrants and mainly concern 2nd or 3rd generation immigrants. However, increasingly, other young people are affected as well, which is a particular concern for parents.

In this difficult situation, parents (of teenagers mostly) have become involved in some neighbourhoods and patrol the streets at night wearing special uniforms. Furthermore, social workers and police now pay visits to the parents of youngsters at risk and try to raise their concern for their sons: *“We go to the family and ask them, where is your son? Where has he been the whole night? Wouldn’t it be a good idea if you knew more about it? Shouldn’t you get interested in your son?”*

Other examples of citizen engagement identified by the participants relate to prisoners. Some local initiatives involve social workers, offenders and families trying to look at the solution of the issues and not just at the problem. This implies more involvement from both offenders and their families. Most involvement in this area takes place in open prisons which allow inmates to go out to work and give some weekend permits to allow them to go out and enjoy themselves:

- Prison summer camps constitute a joint experience for families, NGOs and the inmates. These camps focus on performing art activities.
- There are also associations of the relatives of inmates. Moreover, the election of a prisoners’ spokesperson, who takes up matters with the public officials, can be seen as a way that prisoners can take part in dealing with their own daily conditions.
- Students help inmates to do their homework or to discuss topics relevant for their University degrees. It is normally students, not older professionals, who have the sessions with inmates on these topics.

However, the general assessment of the focus group was that it is difficult to find volunteers who wish to get engaged in community safety issues, even though many Danes are members of other types of association, such as sports clubs. The focus group shared the view that the reporting of crime to the police is probably increasing, although the participants could not provide any figures. In particular, one participant suggested: *“The use of mobile phones with cameras is starting to make a difference, because in many situations you have people filming things... these pictures often appear in media reports on whether the police did their job properly, when trying to control a riot ... [or] with accusations of police violence... at other times vandalism is reported in this way”*.

Some participants also mentioned a campaign run by the government to make citizens more aware of terrorist dangers after the bombing in London and a new website which allows citizens to report on suspicious matters.

Elderly people are rather concerned about robbery and other offenses. Episodes of robbery with violence (people being at home when theft took place) has probably increased the purchase of alarm system for private properties.

Effects of user involvement/citizen participation in community safety

Anecdotic evidence shows that the attitudes towards safety-related issues changes after having done voluntary work in socially deprived areas. In particular, the participants agreed that patrolling by parents in disadvantaged areas has helped to prevent riots.

The future of co-production in community safety

The focus group agreed that in general Danes do not get much involved and are not very willing to become engaged in NGOs. They mostly feel that the public sector should provide the solutions. As one participant put it: *“...Danish society is a bit different. Somehow we gave all social affairs to the public sector and people do not want to get involved...”*. Another participant agreed *“... as x said, we don't take part in voluntary initiatives as citizens, because the public sector is taking care of that... it is not like in other countries in which the involvement of the state is not high...”*

At the same time, the focus group shared the view that this does not apply to young people from deprived areas. It was thought that they perceive the government to be the problem and not the solution, because they have been excluded from schools, the social welfare system and other institutions and public officials have problems in reaching them. As a result, disadvantaged communities became self-organised and tried to cope without the state. Some focus group participants pointed out possible solutions for helping those young people at risk by involving religious communities: *“...there should be more communication with people who those young offenders respect, like religious leaders... so you can use that in order to influence them... and this could also prevent radicalization... even recruiting people for the public sector with a better understanding of the citizens of their same group...”*.

Other participants would focus more on working with the mothers and sisters (especially older sisters) who have a certain influence on the offenders – it was thought that they could probably be more involved in preventing future crime.

Finally, some participants also suggested that partnership working between public agencies needs to be improved, as riots, stabbings and street fights are becoming more frequent. In these cases, making a coordinated response by the authorities is often a challenge, because every time local authorities have to search hard to find representative from central government in order to build up a crisis team.

However, there were also voices indicating that voluntary initiatives were rising in some places: *“There are some initiatives to support voluntary work in the social sector... and some people of more than fifty or sixty years old are willing to cooperate because they have so much [unused] energy. So it seems that voluntary work is starting to emerge although maybe forty years ago voluntary work was stronger and then it went down...”*.

Another participant suggested that “the closeness to problems makes a difference to the willingness of citizens to become involved: *“People get involved if the problem affects them... if the problem is in the next street or in the next city, they are not bothered... but when it is your street or your own children, then people get involved...”*”.

Another interesting development, which participants thought is likely to encourage more citizen involvement in safety issues in the future, is the current reform of the national police. The national police (there is no local police in Denmark) are creating a community police service, who will walk the streets and be closer to neighbourhoods and citizens. This dialogue has not existed so far and was considered as key to getting citizens more involved in local safety issues.

2) Summary of the focus group session on the local environment

Forms and areas of user involvement and citizen participation in local environment

The discussion mainly focused on the role of citizens in street cleanliness, recycling and ways of saving energy.

There was a general concern that streets are becoming more littered. A participant stated that approximately one third of the complaint letters addressed to the ministry related to litter. The ministry normally replies that this is the responsibility of local authorities. Dirtier cities were variously blamed on new habits of people “eating take-away, on their way to everywhere” and fast food chains providing non-returnable plates, napkins, glasses, etc.; and the distribution of free papers. In general, stores are not obliged to take back disposables.

In the district of Valby, public agencies cooperate extensively with local newspapers on the issue. The media have given a lot of local coverage to the problem of lack of cleanliness. So far, they are still at the stage of awareness raising and actions have not been taken so far. Next steps will include getting people involved.

On this, some public authorities have started a campaign, including different activities for the national day on cleanliness. Such initiatives, none of them systematic across the country or even in a particular municipality, so far include:

- Initiating partnerships with fast food chains and shops in order to alleviate the problem. In this case, there were different views around the table. Someone from the Ministry of Environment implied that “this problem has to be solved by the authorities, and not by the citizens or private enterprises”. However, a local manager in charge of campaigning for clean streets suggested that local authorities had to make efforts to engage and involve private companies to solve the problem, because the local authority is unable to achieve this by itself.
- Encouraging people to take with them waste bags when they go out (e.g. running, walking the dog, having a stroll, etc.) in order to pick up rubbish from the streets or park and garden areas. The project is an idea suggested in a kind of competition for ideas and the people thought that each citizen could volunteer to take care of a specific area.
- Introducing a more civic culture in schools and kindergartens.
- Encouraging schools to visit waste disposal plants – currently, this is done at demand of schools and not systematically.
- Involving kids to clean the nearby beach in a local authority.
- Reporting to the authorities when bins are full of rubbish. Citizens expect that the cleaning staff will act immediately. In order to help citizens make such reports, the city of Copenhagen, for instance, has labelled the bins with a number so that reporting and emptying become easier.

Moving from litter to transport issues, the focus group discussed the concern that people have about car (ab)use in urban areas like Copenhagen. Although it is clear in the streets of Copenhagen that many people of all ages cycle to work, school, etc, it seems that the car culture is more dominant than it used to be. People are not willing to use public transport, either in rural areas or in urban areas. Some focus group participants expressed concern that this brings about the deterioration of public transport, which starts to become non-profitable.

Danes are proud of having incineration plants that solve two problems in a very cost-effective way: heating and waste management. However, individual solutions for saving energy are not that widespread.

The issue of insulation in order to save energy, for instance, has not yet become topical. There is some focus on energy saving windows, but still the awareness is not that high. For new buildings, there are strict regulations and special energy-saving glass is compulsory. According to a local authority participant: *“No... people do not try to insulate... they would rather have a nice kitchen... you can wait another ten years for insulation!”*

Moreover, people use resources (water, for instance) of regardless the price level. They simply do it because they can afford it. So, where the market and price mechanisms do not work, as ways of restricting consumption, other initiatives should be tried out. There has been a recent ministerial campaign to use less energy. Each organization that participated in the campaign got some money for campaigning... “in the train, notices appeared saying: “Now that you use the train, you are saving energy!” Each partner tried to adapt the energy saving campaign to its local situation.

A program in TV with a popular journalist visits houses and discusses different alternatives for saving energy. This has encouraged more people to go to public offices and say “I think we use too much water, energy, or whatever - can you help us?” Awareness and concern about recycling is not very high, as the attitudes of many Danes demonstrate in the case of plastic bag usage. Even though plastic bags at supermarkets are very expensive, (€ 0.50 each), they are heavily used. Again, this is likely to be simply because people can afford to spend money on them.

An interesting initiative from one municipality tried to set the tone for how citizens could be involved in the future. In this municipality, batteries and mobile phones can be easily recycled - citizens simply have to place them in a bag on the top of the normal household waste bin. The refuse collection system gathers those batteries and disposes of them properly. People do not need to take them to special containers, as in other countries. Ease of access, as discussed below, seems to be a key success factor for more citizen involvement.

Effects of user involvement/citizen participation in the local environment

The participants thought that there was no anecdotic or systematic evidence that the initiatives of citizens (reporting or taking waste bags with themselves) have a positive effect in the way in which the service and the quality of cleanliness are viewed.

The future of co-production in the local environment

In general, participants were skeptical about whether it would be possible to change the attitudes of Danish citizens. One participant said: “*It is easy to make people aware of the problem of littering and all that, but it is not easy to make them to do something about it... because most people think it is not their responsibility, that it is the responsibility of the public authorities...*”.

According to participants, citizens will only get involved if solutions are close to them and public authorities put a lot of effort into designing accessible solutions (as in the above example of used batteries on top of waste bins). One participant said that: “*In big cities you cannot get people interested in these things, because they think that it is not affecting their own property... maybe in a more local area you can find people who feel some responsibility for the local area, near their house...*”.

3) Summary of the Focus Group Session on Health

Forms and areas of user involvement and citizen participation in health

The participants identified two areas where user involvement and citizen participation play an important role. First, about one third of Danes suffer of a chronic disease, which is why self-help groups are becoming more important – e.g. to help citizens deal with diabetes, lung disease, borderline diagnosis, incontinency, and other health problems. The national government has supported groups around diabetes to get better treatment. Individuals are responsible for monitoring their blood pressure and they visit the GP for screening twice a year or so. There are different checklists for GPs, patients, families, etc. to use. However, the experiment is still recent and there are no evaluations of it.

Apparently, it is based on international evidence and it is, according to the head of the national health board, sound in clinical terms. Many municipalities are joining this programme, which is designed to give some responsibility to everyone - this seems to be a good way forward for public authorities.

Another example of this is an initiative aimed at people with chronic obstructive pulmonary disease (COPD). COPD patients are building networks (helped by professional staff), which hold meetings (mainly through one hospital, not necessarily all over Denmark) where patients, professionals and families can exchange views and receive specialized information on the disease.

In most cases, self-help groups are initiated by professionals and many receive grants from the relevant municipality, the hospital, the school or the training body in order to get them up and running. In some cases, the patients themselves continue with the initiative, even after the public sector professionals move on, although some financing from the public sector sometimes continues.

Participants also suggested that obesity, smoking, insufficient physical exercise and the like are becoming prominent features of some parts of Danish society. The group thought that disadvantaged people are the group most severely hit by these problems. Data from municipalities, however, show that males, with a job, aged between 35 and 55 are also a target group, because they normally use the car to go to work and their living habits are not healthy. This is also considered as a hard-to-reach group for health professionals, because they do not bring the kids to kindergarten or to schools and they do not necessarily go to places where you would expect to find them or where it is easy for the public sector to access them.

Private insurance has grown steadily in the last two years. Most insurance policies have been bought by companies and not individuals. Two reasons were given for this increase: access to surgery is faster in the private sector and citizens are lost in the public sector, not quite sure where to go. It seems that they do not believe that they receive holistic

health care or that the service is not up to their expectations. The head of the health national board added that the insurance with a company also offers the possibility of a full check-up from a private doctor (although this is also possible in the public sector through one's GP) and this could also be a reason for buying insurance.

This growth shows that companies are more inclined to be proactive regarding the health of their employees, as they try to reduce the number of days spent in sick leave. According to the head of the national health board, it is interesting that the rise in private insurance coincides with a shortening of waiting lists and the guarantee by the government of 2 to 8 weeks to get access to surgery. Also patients will be paid to go to another hospital, if their first hospital does not fulfil their expectations.

People (especially young people) are increasingly using the internet to become better informed about the particular illness they have. This entails several contradictory phenomena: On the one hand, better informed patients are always better patients, as they have a better understanding of the illness they are suffering. While a patient may know a lot about a specific illness, the GP has more general knowledge. This mismatch of information may cause distress (especially when the GP is not up-to-date on information on a specific health condition). The reaction of GPs is very mixed to this part of the co-production cycle. Some GPs have started to use e-mails in advance of consultations, so that, if patients want to question them, they have the chance to check their replies, because, as a head of a hospital said: "they cannot be very knowledgeable about 500 diseases... so the GP has to be prepared by the patient before they talk...".

Further, as there is a dearth of GPs in the system, in some cases nurses will have to take more care of the treatment of patients, which also poses a challenge to them in updating their knowledge.

Besides, patients tend to push for the treatment about which they have read in the internet. As a 'choice' culture has been introduced in the health sector, patients will shop around until the system gives them what they want, whether it is a specific treatment, being sent to a specific specialist, etc., regardless of whether the option the patient proposes is the best (clinical) one or not.

Patients become more demanding: they want the whole package of treatment (as they have seen it in the internet), no matter how appropriate it may be for their specific circumstances. Patients are acquiring more knowledge but they do not necessarily become more qualified to understand the real implications of the illness they have or the treatment they are asking for. The manager of a hospital provided us with an example "... for instance, some Danes go skiing and they come back with a broken leg... because they have read in the internet or know from somebody, they want to have arthroscopy [also called arthroscopic surgery, which is a minimally invasive surgical procedure]... it is proven that this surgery can lead to arthritis... so there is an important issue of communication between professionals and patients". "Further... the GPs and the system are ending up doing what the patient is asking and the patient will not stop, because he can shop around until he gets what he wants... and the professional is following that

track". A person from an insurance company added: "... *Citizens are behaving like users who have the right to such and such a service... just because they have the right to the service they want to have it and you see that especially in the private health sector.*" Someone from a municipality added: "... *yes, some people start to ask themselves, did I get it all [all the possible treatments]? Did I get enough?...when they have a need, they look in the internet and they want it all... even if they don't even know what they really want...*".

At the same time, this issue is becoming very divisive for Danish society, because there are other less informed patients, weaker citizens in the sense of the amount of resources and information they have, who do not know much about health options. As a nurse in charge of programs for educating patients put it: "...*Health is becoming an issue where inequality is being presented in a different way than in the past... some people go to work and they have all type of offers ,like private insurance with faster and better services, special treatments, access to self-aid groups... however, there remain the same disadvantaged group, that is less healthier, has less healthier habits, and contains people who do not work and have not access to these offers... and with these people you have to catch up in a different way and the system is not prepared to do that...*". Someone asserted that the same population is: "*the group that doesn't have a job, doesn't eat properly, doesn't take exercise... and that is the really hard group to get at – but if you want to be successful in prevention you have to get that group, which is not going to be reached by private insurance mechanisms,, because these people do not have a job*".

Municipalities are becoming more concerned about prevention because with the new health reform in Denmark, they have to pay 10 per cent of the costs of their treatment in hospitals. According to participants, municipalities are promoting prevention better than in the past, because they are now reaching people.

Some companies (apart from buying private insurance packages that include health check-ups) are entering the prevention field from a different angle. An example was given of a Norwegian company established in Denmark that offers 2 hours of sport within working hours as long as the employee also commits 2 hours of their leisure time to do sport.

Patients have also been involved in some places to teach other patients how to undertake rehabilitation for certain diseases. However, this practice is not widespread in Denmark. Telemedicine is also providing the means for co-production as patients have to give inputs to the machines and report to the hospital, general practitioners or specialized doctors.

There are also attempts to involve citizens in the users' councils, e.g. in order to help doctors improve the ways they inform patients. In spite all these initiatives, the group agreed that, while most initiatives to overcome health problems revolve around the citizen, the citizen is not directly involved. There is a willingness to involve the citizen, but the 'know-how' is still lacking. There was also agreement on the need to try to shift

some public responsibility on health issues from public sector organizations to individual citizens.

The words of a manager at the local level are telling in respect of this point, and these views were shared by almost everyone: *“We see from the municipalities a lot of services circling around the citizens, providing services around the citizens; it’s not so much yet involving the citizens, although we try to, and this applies [also] to the hospitals... we are trying to set up a dialogue with them, but we do not involve them”*.

Effects of user involvement/citizen participation in health issues

Regarding the knowledge acquired from the internet, knowledgeable patients are likely to be better patients although this can result in some dysfunctional behaviour, as when they are more demanding or where GPs are not well equipped to deal with such patients. Regarding self-help on health issues, a participant argued that improvements in patients’ health could be either psychological or clinical. From this perspective, there seems to be evidence that self-help groups can improve the psychological aspects of health, but it is not so clear that clinical improvements have yet been proven. Another participant, however, said that COPD patients feel better when they take part in these networks with former patients, doctors and so, although it is difficult to ascertain whether this difference is due to the impact of former patients being in the network or is due to doctors paying more attention to these patients because of this special programme.

The future of co-production in health issues

Again, the far-reaching welfare state is blamed for the relatively low involvement by users and citizens in health care. According to participants, citizens are used to a welfare state that should solve all health-related problems. The welfare state (previously a monopoly or quasi-monopoly of the public sector) has been giving way to more competition between private and public care and a free choice of doctors within the national public health system. This competitive pressure is bringing about changes in the way in which health care is provided. However, some health-related problems remain unsolved, due to unhealthy habits or due to chronic diseases. Therefore, the health care system (unlike the situation in local environment or in public safety) is more aware of the need for involving citizens/patients in health care.

It is very likely that users will be more involved in the future in health care. *“We are all starting to agree that if you want to improve health, the citizen has to start taking responsibility for his/her own life and lifestyle. We need an angle to get the most success in doing that...this is the main issue, getting people to take responsibility...”*. Someone added: *“We are facing here a dilemma. Health is receiving a lot of resources and the new reform is also putting pressure on the municipalities... At the same time, we see that the user behaves as a customer, who wants certain things, i.e. the same stuff [from the public sector] with the possibility of choice and all the things implied by a more market-oriented health system and the professionals want another thing: more responsibility from the user...”* .

List of focus group participants in Copenhagen

Andersen, Susanne	Municipality of Gentofte
Ansberg, Jens	Youth Service, Municipality of Broendby
Arnborg, Peter	Department of Environmental Planning
Berrig, Nina	Region Hovedstaden
Dodstup, Marianne	Prisons Directorate
Ejlsiger, Helga	Technical and Environmental Administration, City of Copenhagen
Eskedal, Michael	Project Leader, Municipality of Allerød
Fisker, Jesper	Directør, Health Service
Homilius, Annette M.	Health Services, Municipality of Allerød
Houmark, Steen	Refuse Service, Municipality of Helsingør (Elsinore)
Kjær Madsen, Peter	Hillerød Hospital
Kyst, Anders	Rehabilitation Service, Hillerød Hospital,
Lavesen, Marie	
Most, Jan	
Moth, Marianne	Department of Recycling and Refuse Planning
Nielsen, Flemming	City of Copenhagen, Social Services
Odsbjerg Werner, Rie	Projects & Planning, Health Care & Pensions
Ravn- Nielsen, Søren	Municipality of Allerød
Schütt Larsen, Heidi	Health Care & Pensions
Skordal, Kristina	Prisons Directorate
Unger, Tina	District of Valby in Copenhagen - Bureau on Agenda 21 Issues

Copenhagen, 26 February 2008

3.3. Summary of the focus group sessions and list of focus group participants in France

by Dr. David Capes, University of Bordeaux, Kim Griffin, Ecole National d'Administration and Dr. Elke Löffler, Governance International

1) Summary of the focus group session on community safety

Forms and areas of user involvement and citizen participation in community safety

The focus group participants shared the view that there is not much involvement of individual citizens in community safety issues in France. Nevertheless, the participants thought that there is now more citizen participation in community safety issues at local level through organized forms such as neighbourhood councils (*conseils des quartiers*). One participant said that “*participation is very institutionalized. As an individual citizen, I cannot simply take some initiative - I need to do it through some association or other*”.

All participants thought, however, that community safety partnerships (*contrats locaux de sécurité*) have opened up new opportunities for the police and the local council to involve citizens, even though they do not work well everywhere and they are not obliged to be open to associations (in priority their aim is to coordinate action of public, state and local, institutions. Indeed, as many participants suggested the partnerships can be quite different, depending which institutions buy into the partnership and what kinds of action they take.

Other participants were more pessimistic and thought that there is now a new discourse about citizenship but not much action. To set this right, it would be necessary to encourage young people to become more engaged and to give them public recognition for their engagement.

Nevertheless, the participants mentioned several examples of involving citizens in improving community safety in local areas. One participant demanded “*community safety issues must be framed within a citizen engagement approach and not within a logic of fear*”. The participants acknowledge that involving citizens is a very efficient way to improve their way of thinking safety issues. One participant highlighted that in Issy-les-Moulineaux the local council for six years has been running meetings for housekeepers (the famous Paris institution of the *concierge*) in order to give them the opportunity to get to know local police officers, and also the staff working in social services and education, so “*that they know a name and a face*” in each of these departments. They are considered to be an important source and distributor of information, as they are well aware of

potential or actual conflicts or hot spots in their houses or elsewhere in the street. The police advise them on how to behave and who to get in touch with if they see instances of anti-social behaviour.

Another good practice example mentioned by another participant was the meetings at neighbourhood level in Plaine Lagny, which take place twice a month and tend to be well attended because citizens know each other and they can talk about issues they care about. Furthermore, every two months there are also public meetings for the whole local area, which are often devoted to specific issues. Last but not least, there are also specific meetings for the *concierges*, because they are considered to be an *“important link between the population and the local council”*. As the participant explained: *“typically about 20 gardiens attend such meetings, which is not a bad turnout”*.

One participant highlighted the likelihood that the quality of the local environment can play an important role how safe citizens feel and how much anti-social behaviour they feel subjected to. In this context, the highway cleaning services in the City of Paris have started to work with schools and have produced a film for young people to encourage them not to drop litter in the streets. Several participants thought that the recent establishment of centre of inter-generational meeting (4th arrondissement) had also helped to reduce both the incidence of anti-social behaviour and people’s perception of how threatened they felt by particular behaviours.

The participants agreed that large public meetings are not the right arena for encouraging productive debates on how to find joint solutions to local community safety problems. *“In meetings with 300 people, where the mayor or senator or another high-ranking person is present, a lot of people who would have something to say dare not take the microphone”*. Another participant suggested that *“the problem is that those meetings are not run by professionals in communication, so that there are some people who allowed to confiscate the microphone”*. And one participant said *“I have become very frustrated with such meetings, because they tend to be frequented by citizens who only come to make complaints but who are not interested in thinking about solutions”*.

Effects of user involvement and citizen participation in community safety

Although no participant could offer any hard evidence, there was a shared view that user involvement in community safety issues has had positive effects. One participant said *“we still have crime and prostitution but at least people now know each other and feel safer”*. On a similar theme, one participant suggested that the meetings organized with the *concierges* have at the very least improved the links between them. *“One should not assume that two concierges or gardiens who work in the same street actually know each other or, most importantly, that they know the key actors and local associations and know how to get in touch with them”*.

The future of co-production in community safety

There was a shared view that it is not necessary to draft new laws in order to increase citizen involvement in community safety issues. One participant thought that the biggest obstacle is *“changing the culture of professionals, who often tend to have a narrow minded view and have difficulties working with professionals from other sectors, not so much changing the culture of citizens, who tend to be quite adaptable”*. Another participant agreed that *“often professionals are not prepared to take the perspective of one of their partners but rather insist on their own position”*.

Several participants agreed that it is important to distinguish between citizens who are already well informed and knowledgeable about the institutional set-up (the term used several times was ‘enlightened citizens’) and other citizens who have less knowledge and would have difficulties in finding out how and where to become engaged.

A number of participants regretted that there is now a trend to replace *gardiens* with cheaper ‘electronic solutions’. In fact, as one participant said, in the Paris region in particular, both parents need to work, often until late in the evening, and in practice have no idea where their teenage children are, which can be a problem.

2) Summary of the focus group session on the local environment

Forms and areas of user involvement and citizen participation in local environment

There was a shared view in the French focus group that there is most involvement of citizens in matters which concern the immediate environment. The examples the participants gave concerned the creation and improvement of green spaces, the cleanliness of pavements, local visible pollution and recycling. As one participant remarked *“it is much more difficult to get citizens interested in cleaner drinking water. Typically, most of them are only interested in the bill but they do not care about the underlying policy issues.”* But participants have noticed that this can be because of the lack of technical common knowledge of citizens, once you have made them better informed, for example through public visits of technical places for cleaning water, they get involved in expressing advices on policies. But another participant remarked *“we tried to raise the interest of citizens in sustainable development but without great success. However, people respond much better to information campaigns on buildings with high built-in environmental quality (called HQEs) and are quite interested in learning more about renewable sources of energy”*.

Participants also thought that the behaviour of citizens is very contradictory when it comes to environmental issues. As one participant pointed out *“many citizens like to complain about pollution but then they leave the motor of their car running while they wait at the school to pick up their children, particularly for safety reasons”*.

However, participants also agreed that it is possible to raise the interest of citizens in environmental issues which go beyond their daily life, if there is political willingness to do so. For example, environmental issues are often on the agenda of citizen assemblies in Bobigny, in which more than 3.500 citizens in total had taken part last year. In Nantes, the environmental services department organizes visits for citizens to water installations in order to raise their interest in drinking water issues. Furthermore, the environmental services department organized focus groups of citizens, in order to discuss with them how water bills could be presented in a more user-friendly way. As a result, some participants got interested in pricing issues and raised some questions about water policies. In the 20th borough (*arrondissement*) of Paris, the neighbourhood councils are very engaged in environmental issues, including public transport, and have a good access to staff of the environmental services department of the borough and the city of Paris. However, individual citizens always have to go through the neighbourhood councils “*which imposes a filter on citizen engagement*”.

Effects of user involvement and citizen participation in environmental issues

Participants quickly stated that they are not aware of any evaluations of the effects of citizen engagement. However, most participants were able to give some pieces of evidence about the effects of citizen involvement in environmental issues. One participant explained from her own experience that “*often when citizens attend meetings for the first time they are quite selfish and only think of the pavement in front of their own house. Once they have listened to the views of others, they start to think of their own agenda in the context of their neighbourhood or even the whole borough. Therefore, citizen involvement is a learning process, which helps citizens to see the ‘general interest’ but also helps professionals to see their own service through the eyes of citizens*”.

The participants also thought that in France there is the strange phenomenon that the mayor is seen to be - and to some extent is legally - responsible for every problem, even when it concerns environmental issues which are actually beyond the responsibility of the local council. However, the mayor is the most visible and direct interface between the public sector and citizens, which is why he/she has an important role in citizen participation. Also, the French tradition since the Revolution is to define the Mayor as the “*premier magistrat*”, the local representative of the ‘indivisible republican State’.

But there was also agreement that citizen participation can have negative effects, if citizens invest their time but are not given the feedback that indicates to them that it has been worthwhile. As one participant said “*there is nothing worse than starting a participation process without taking it to the end. ... It is better to give a negative answer to citizens as long as it is explained ... people are perfectly able to understand. Otherwise citizen participation can become a form of demagogy*”. Another negative effect identified by the participants is that citizens rarely have the patience and interest to work on long-term issues such as urban planning. It was suggested that the existing neighbourhood

committees are not the ideal vehicle for dealing with long-term issues - these would require other approaches if the involvement of citizens is really desired.

The future of co-production in environmental issues

The participants suggested that one key barrier to more citizen involvement in environmental issues is the reluctance of professionals to accept suggestions and advice from citizens. *“If I am the director of some technical service, how come that citizens know better than I do how to repair pavements? ... There are still professionals who regard feedback from citizens as a waste of time”* in the words of one participant. However, one participant also pointed out that citizen participation takes professionals more time, because they need to explain their actions and invest more time in coordination – consequently, they will only do it if they see some pay-offs. The best pay-off would be feedback that there is increased satisfaction with their services.

There was a shared view that professionals need to make extra efforts and become more imaginative to encourage more citizen involvement. So far, most initiatives have focused on general information campaigns but the challenge is to show citizens the impact of their behaviour at a more personal level. As one participant explained, a visit to a waste management site had increased his awareness about waste and made him much more inclined to recycle his household waste. The participants agreed that, in general, the policy of trying to making people feel guilty does not work and that more positive approaches would be much more effective.

The participants also agreed with the view that in order to have more citizen participation *“it is necessary that it produces some effect. At the very least, citizens need to be given some feed-back that their input has been taken seriously”*. Some participants thought that more education and information would be necessary to change the behaviour of citizens. Others highlighted that sometimes political leadership is also needed because not all environmental policies are popular. One example mentioned by a participant is the shift by one local authority from collecting recycling waste at household level to asking citizens to bring their recycling waste to the local rubbish tip in their home town, a shift which was extremely unpopular at first. In general, citizens thought that they already paid enough taxes and were not willing to make extra efforts to separate their waste and take it to the rubbish tip. But today 10,000 out of 14,000 households use the rubbish tip, while socially disadvantaged people and people with disabilities can still ask the local council to pick up their recycling waste from their homes.

Finally a number of participants thought that new laws on citizen involvement would be needed, which might create, on the one hand, new forms of citizen involvement such as citizen panels, but also ‘force’ public agencies to work together better. As one participant said *“if this is left to the good will of professionals or politicians, our ability to deal with those environmental issues which matter to citizens will remain very limited”*.

3) Summary of the focus group session on health issues

Forms and areas of user involvement and citizen participation in health issues

Participants shared the view that there is not much co-production of citizens in health issues even though there is now a lot of discourse about public health and involving citizens, at least at national level, as a result of a new legal framework concerning the Rights of Patients (law of 4 March 2002). However, they thought that the reality is very different from this discourse. As one participant said *“in hospitals the amount of consultation with patients is zero. Typically they are told what to do but doctors do not necessarily listen to what they say. ... One can very well establish a network on health issues without involving a single service user”*. However, if they wish, users can avoid the doctors’ influence. As one participant remarked: *“We as physicians are proposing to patients some type of health care regimes but patients make up their minds about those regimes according to their life style and the two do not necessarily correspond, so patients stop visiting us”*. Another participant added *“We are still focusing on the supply side of health but not considering the other side of the equation and involving service users. A key issue here is ‘health care education’ (éducation thérapeutique), which sees the patient as a co-producer of public health decisions, processes and expenses.”*

As participants acknowledged, there are associations of people suffering from severe diseases such as kidney failure or heart transplants but they have very small memberships, compared to the number of people suffering from such conditions. Furthermore, doctors and other professionals do not work with them much.

Nevertheless, some participants were able to bring up a few examples of citizen involvement in health issues. One participant thought that in Créteil [a suburb of Paris] there has been a strong focus on bringing health issues to the neighbourhood level for more than 15 years, with the objective of informing citizens about health issues and encouraging them to take action to look after their health better. Several participants suggested that such initiatives may work in urban areas such as Paris but not necessarily in other more rural regions in France (that were not represented).

One recent initiative was targeted at women with cancer, who were asked to describe the obstacles they faced in their daily life, using participatory methods. But all these initiatives raise the key issue of the intelligence set in the control policies of public costs of health care systems. France institutional tradition is not used to consider health care education and prevention as a key expense, that allow to minimize some irrelevant costs of our health care system.

Effects of user involvement and citizen participation in health issues

The participants did not have much to say on this issue, given that they considered that there is not much user involvement in health issues in the first place. They agreed that there are no evaluations on this issue. However, one participant was able to present some evidence that without user involvement there will always be a gap between what the

medical profession thinks is best for the patient, compared to the very different expectations of the patient. For example, some elderly patients may have to undergo kidney dialysis which they do not want, even though it will not extend their life span very much. In fact this issue lead back to the question of the effectiveness of the new legal framework concerning the Rights of Patients (law of 4 March 2002).

The future of co-production in health issues

Several participants thought that user involvement in health issues is a special case, since the energy and ability of sick people is quite limited and it is often not sufficient to allow them to work with others. However, most participants suggested that it would be possible for professionals to strengthen relationships with the families and friends of patients. In particular, one participant emphasized that the current health system is too sectoralised and does not consider sufficiently the social context of patients. For example, while it is medically advisable for patients with paralysis to engage in some sports therapy, most hospitals have no sports professionals and, given problems of access of such patients to appropriate facilities, such therapies can often not be implemented. Good examples are given by associations of patients in Paris that became involved in developing specific fitness services.

However, other participants thought that this is changing and that there is now an emerging trend to give patients a say in the design of their own therapy. There are also hospitals which now subscribe to quality policies and check the satisfaction of their users. However, the big challenge will be to change the training of the medical profession and to put a stronger emphasis on prevention issues, which will require a different set of skills than ‘classical medicine’.

There was a lot of discussion as to whether there is a real political will to change health policies from dealing with sickness towards more preventative approaches to health. There was a shared view that it is a problem that local authorities have no responsibility for health issues, because they are closest to the citizens. Other participants mentioned that there is insufficient funding for prevention activities. *“In order to fight AIDS, we engage in prevention work in prostitution areas but we only have the right to give 10 condoms per person per week”*.

Other participants suggested that more information about preventative approaches to health improvement need to be provided in schools and that these preventative approaches should be firmly integrated into school curricula. In particular, one participant emphasized that sport may have an important function in this respect but so far *“there is no evidence that French citizens are doing more sports to look after their health and prevent health problems”*. But this implies changes in the habits of budgeting expenses in our health care programs.

List of focus group participants in Paris

Cécile Arches, Community Safety and Crime Prevention Partnership, Issy-les-Moulineaux

Prof. Corinne Isnard Bagnis, Hospital Trust Pitié Salpêtrière

Clémence Bedu, Water Agency, Nantes Metropolitan

Antoine Blochier, Department of Neighbourhood Management, Bobigny Council

Marina Boulet, Department of Neighbourhood Management, 20th District (*Arrondissement*) of Paris

Laurant Cenard, Onco 94

Serge Collin, Neighbourhood Council, Plaine Lagny

Nicolas Deverre, Department of Parks and Open Spaces, Issy-les-Moulineaux

Catherine Donohue-Weill, College de La Paix, Issy-les-Moulineaux

Docteur Bernard Elghozi, Intercommunal Hospital Centre of Créteil

Emmanuelle Gilliand, Department of Neighbourhood Management, Issy-les-Moulineaux

Dr Guy Gozlan, PREPSY Network

Anne Guerin, ARCAT Association

Florence de Massol, Neighbourhood Council, Réunion Père Lachaise

Suzanne Parrot-Schadeck, Ministry for Youth and Sports

Richard Thery, Police Service, Issy-les-Moulineaux

Dominique Verdon, Water Agency, Nantes Metropolitan

Paris, 6 February 2008

3.4. Summary of the focus group sessions and list of focus group participants in Germany

**by Prof. Dr. Sabine Kuhlmann, Humboldt-University in Berlin and
Dr. Elke Löffler, Governance International**

1) Summary of the focus group session on community safety

Forms and areas of user involvement and citizen participation in community safety

The focus group participants identified several areas of user-involvement and citizen participation in safety issues, even though the overall view was that *“people only get engaged when they are concerned personally”* as one participant stated.

First, the willingness of citizens to report potential or actual incidents of crime to the police was considered as an important form of co-production in community safety. Most focus group participants thought that citizens have become more willing to provide important information to the police. As one participant pointed out this is a remarkable change of attitudes in Germany where *“citizens used to be afraid of people in positions of power but now have become much more self-confident”*. Another participant suggested that this was also the result of improved cooperation with the local press. One “good practice“ mentioned in this context was a project of the *Polizeidirektion 1* (local police station) in Berlin Reinickendorf/Pankow which encourages children to report crime and, at the same time, raises the awareness of the public about the need to cooperate with the police in order to combat crime. In particular, children who report crime or help the police to find criminals get a reward between 50-100 Euro and a certificate for their “courage”. Furthermore, the police use the local press to make sure that these positive examples are reported to the public. It is hoped that this project promotes civic courage in the population and encourages citizens to contribute to public safety and order.

However, when it comes to showing civic courage to stop anti-social behaviour or to help victims of crime by intervening personally and getting help, the situation has become worse, particularly in Berlin. One participant suggested that *“this was because citizens are afraid to become victims of crime so that people have become more cautious”*.

A second important area where the Berlin police work actively with citizens is in schools. In particular, the police inform pupils at school how to behave as a witness of crime and what they can do to prevent crime, e.g. when walking to school, and who to report anti-social activities to, e.g. mobbing of a schoolmate. In particular, the police are trying to strengthen the trust relationship between police, teachers and pupils by encouraging pupils to report criminal incidents to a teacher they trust, so that the teacher can intervene

in time or inform the police if necessary. Furthermore, the police encourage head teachers to cooperate better with them. Two participants thought that this is an area where co-production clearly needs to be improved, since head teachers are still reluctant to engage in crime prevention and actively report crime at their school, out of fear of image loss and stigmatization.

The Berlin police also involve citizens in crime prevention at neighbourhood level, sometimes within neighbourhood meetings, where representatives of the police, associations and public agencies come together to discuss crime issues and how to address them – often when something has happened. Safety partnerships have also been set up in specific disadvantaged areas, in order to improve community safety and public order. One particularly well-functioning safety partnership is the *Märkisches Viertel* partnership between the police, borough, individual citizens, associations and private security companies which have defined objectives and targets to reduce crime and increase the safety of local citizens. One participant suggested that this example shows that “*if prevention includes specific actions in order to tackle a given problem, citizens are more interested in participating than in abstract round tables*”.

The level of citizen engagement in crime prevention is much lower when it comes to preventing burglary through technical and architectural safety devices in flats and buildings - citizens do not make much use of the free police offer to undertake a risk assessment and to give professional advice on what kind of actions should be taken.

Another area with low levels of volunteering is the coaching and re-integration of prison inmates and young offenders. This is a task which has always been considered to be a classic responsibility of the non-profit sector in Germany. However, as two participants pointed out, associations who are active in this field find it difficult to attract volunteers. “*Typically, citizens are only ready to deal with offenders or ex-offenders if they are personally concerned*” as one participant pointed out. Another participant added “*citizens show little empathy, let alone interest in helping ex-offenders and prison inmates who are often considered as “troublemakers” in the neighbourhood*”. For example, there are only 130 active members in the NGO *Freie Hilfe Berlin e.V.* which helps German and foreign offenders, ex-prisoners and their families. .

The participants thought that it is easier to attract volunteers for NGOs which help victims of crime. In particular, one participant thought that citizen engagement in this area has been established for a long time and works well. Typically, such NGOs also receive support from public agencies. An example, mentioned by one participant, is the establishment of a “Quiet Room” in the police headquarters of the *Polizeidirektion 1*, in which victims of violence can receive help from trained volunteers.

Effects of user involvement and citizen participation in community safety

One positive effect of user involvement and citizen participation in community safety issues, mentioned by several participants, is reduced cost for public agencies. As one participant put it:

“If citizens and associations undertake certain activities in crime prevention, the police have less work to do. Even more importantly, if crime and other anti-social activities are reduced, the police have less work to do” ... “the more citizen engagement, the less public administration is needed”.

However, some participants also pointed out that some forms of citizen engagement in community safety may have negative effects, in particular when groups of citizens try to take the role of the police and make appeals for local militia or armed self-defence. Another dysfunctional effect of citizen participation in community safety issues are the fights between NGOs for scarce resources which reduces their overall effectiveness.

The future of co-production in community safety

The group shared the view that user involvement and citizen engagement in community safety issues depend on several success factors, one being that offers for co-operation have to be specific and that the co-operation with citizens must be long-term, so that trust relationships can be built up.

Long-term rather than ad-hoc funding was mentioned as another success factor. In particular, recent budget cuts in children and young people’s services and social services in Berlin were criticized by some focus group participants. One participant thought that this not only means less money for NGOs to engage in crime prevention, re-integration of offenders and support for victims of crime but that it also *“may bring about the ‘de-professionalisation’ of support provided for young people at risk”*. Other participants also thought that the reduction of ‘social infrastructure’ through the closure of community centres, cultural and sports facilities and reduction of street workers is likely to make it more difficult in the future to reach out to citizens and to motivate them to get engaged. Without investments in social and environmental infrastructure there cannot be a change of values of citizens. According to one participant, citizens in future should be told: *“do not ask what the state can do for you but ask what you can do for the state”*.

While it was acknowledged that improved cooperation with the local press has borne fruit and increased awareness of citizens of local safety issues and increased voluntary engagement in some areas, some participants thought that the quality of public relations needs to be improved in order to make sure that citizen engagement goes in the right direction.

Last but not least, the participants suggested that cooperation between NGOs and public agencies needs to be improved. One participant mentioned the example of the a Berlin NGO helping people in crisis - NGO members found that their activities were often hindered or blocked by the “exaggerated correctness” of Berlin public agencies. One participant thought that effective citizen participation can only work if more responsibility is given to ‘street-level bureaucrats’ within public agencies.

2) Summary of the focus group session on the local environment

Forms and areas of user involvement and citizen participation in local environment

In the discussion, the focus group participants identified three main forms of user involvement and citizen participation in local environment issues.

There are various degrees of citizen participation in specific environmental projects and environmental planning. In particular, the more an environmental issue has a direct impact on the quality of life of citizens, the more likely they are to get involved. One participant used the image of the “*windmill in the front garden*” to illustrate this point.

Examples of citizen participation in environmental issues mentioned by the group included the consultation of citizens in planning issues and the involvement of citizens in the maintenance of playgrounds, parks and school courts. One good practice suggested by a participant was the consultation of citizens in the planning of the *Landschaftspark Berlin-Adlershof*. Another example of successful citizen participation is the citizen-led project ‘Do Not Deconnect Brieselang’ where citizens engaged to improve the road network of the small-sized local authority to Berlin.

The group shared the view that it is much more difficult to engage citizens in formalized public planning procedures, which is a long-standing practice in Germany and regulated by law. For example, it is obligatory to consult with citizens when new big investment or infrastructure projects are planned, where these can be expected to have a significant environmental impact. Typically, these procedures are highly formalized and standardized, which makes it unattractive for most citizens to make their voices heard. As one participant pointed out “you are already content if eight people participate”. As a result, investment projects are often initiated without reaching out to those citizens who will be negatively affected by the projects afterwards, which brings about a lot of frustration.

As a result, citizen participation in environmental issues often takes the form of a protest movement, in particular when citizens only wake up to the environmental impact of big infrastructure at a late stage in the planning or implementation process. The participants thought that this applies in particular to genetically modified food and traffic planning.

The participants also suggested that citizen participation in planning procedures is stronger in urban than in rural areas and stronger in West than in East Germany. The participants also thought that demographic variables mattered and suggested that young and well-educated citizens are more likely to get engaged than elderly and less educated citizens. This is also reflected in the fact that some neighbourhoods have more citizen participation than others.

Effects of user involvement and citizen participation in environmental issues

Participants mentioned a whole range of examples showing some positive effects of citizen participation. In particular, one participant explained the successful involvement of citizens in the planning of a major park in Berlin. *“At the beginning of the planning process there were a lot of complaints by citizens, so that the architects in charge of the project decided to get in touch with the complaint-makers and to invite them to take part in theme-specific working groups (e.g. on the issue of playgrounds, green space, bike paths, etc.). The ideas of the citizens not only improved the planning of the overall park project but also brought a strong identification of citizens with ‘their’ park so that they still take care of the maintenance and fabric of the park”*.

Other participants confirmed that citizen participation in planning issues may help to develop some form of social capital and turn citizens into true ‘co-producers’ who take care of public infrastructure and facilities. Indeed, one participant even thought that the contributions of engaged citizens to the liveable environment produces “a social added-value which public agencies could neither produce nor finance”.

Another positive effect may come from citizens acting as watch dogs in environmental issues. One participant thought that: *“citizen participation in environmental issues may work as a kind of radar system. ... for example, due to the pressure exerted on industry by citizens, interest groups and environmental associations pollution emission values are much lower than if public agencies and industry dealt with this issue by themselves”*.

But the participants also identified negative effects of citizen participation in environmental issues. There may be higher costs for public agencies which have to deal with citizens making complaints, give citizens access to documents, and coordinate and facilitate participation processes. The fact that citizen participation through formalized and standardized legal procedures is very expensive but has little effect, in particular in highly complex issues such as genetic technology, was highly criticised by participants.

The future of co-production in environmental issues

Most participants were rather skeptical about whether it would be possible to trigger more co-production in environmental issues in future. In particular several participants suggested that *“due to the strong legal tradition, German public agencies only take citizen participation seriously when it is based on legal norms – this means that participation procedures tend to get more formalized and standardized which makes them less attractive for citizens”*.

All in all, there was a shared view that German public administration was insufficiently prepared for wider citizen participation. One participant saw the key problem in the fact that vertical sectoralisation of public agencies was inadequate to deal with the cross-cutting quality of life perspective of citizens. Another participant criticized the lack of staff to facilitate and coordinate participatory processes. At present, such processes are ‘contracted-out’ to planners or architects. There was also a comment that *“often public agencies do not want to have others looking over their shoulders”* and therefore make

citizen involvement difficult. A final comment was that the abolition of citizen consultation in specific procedures under the flag of ‘debureaucratisation’ would reduce the opportunities for citizens to have a say in environmental planning issues.

3) Summary of the focus group session on health issues

Forms and areas of user involvement and citizen participation in health issues

The focus group shared the view that health prevention is an increasingly important area which requires the involvement of citizens. In Germany there are a number of legal regulations that the health sector must offer specific free health-checks, e.g. health-checks for newly born babies and young people. In spite of many information campaigns, e.g. encouraging parents to bring their child to kindergarten, not all parents make use of this offer. One participant suggested that socially disadvantaged parents especially do not take their children to such check-ups, so that the risk of ill health increases for their children. Furthermore, additional check-ups and advice on prevention are offered by associations such as sports clubs which may give lectures on how to eat more healthy diets, etc.

Another important area of citizen participation in health issues is social services for the elderly and people with disabilities, which have always been regarded as the responsibility of third sector organizations in Germany. Not only is there a large range of NGOs working in this area but increasingly private companies also now offer services, particularly for mobile care. For example, the interests of residents of homes for the elderly and people requiring care are usually represented by social workers who are employed by NGOs or private companies. They take care of all administrative issues for the ‘clients’. The participants thought that this group has become a new important ‘co-producer’ in the health sector. A more recent working area for NGOs is palliative care for the dying, which is strongly regulated by law and has “*grown into the legal system of social security*”. Another recent development, giving NGOs a new role in social area for people with disabilities, is the introduction of the ‘personal budget’ which makes people with disabilities legally entitled to specific services, including a ‘*volunteer companion*’ who has the task of helping people with disabilities to lead an autonomous life.

A more political form of citizen participation can be found in homes for the elderly in Berlin, where a law prescribes that each home elects a spokesperson, who represents the interest of the elderly residents of the home on the management board. In some boroughs of Berlin, such as in Berlin-Lichtenberg, there are also councils for the elderly who are consulted by the local council on issues concerning the elderly, typically made up of family members of elderly people. One participant suggested that customer surveys, which have now become very common in homes for the elderly, can also be seen as a way to engage service users more in improving services and outcomes.

The participants thought that volunteering and citizen participation have also become an important part of the functioning of public hospitals. Indeed, since 1960 each public hospital in Berlin needs to have a ‘patient representative’, who is elected by the local

council in each Berlin borough, following a proposal of the hospital, and who must not have any institutional links to the respective hospital. Furthermore, no doctor may become a patient representative, in order to assure that the interests of patients are represented independently of medical staff, the hospital management and the health trusts. The key responsibility of the patient representative is to act as an independent third party between patient and doctor. As one focus group participant explained, issues typically discussed by the patient representatives focus on complaints about the behaviour of doctors, lack of confidence in therapies recommended by the doctors, and increasingly, social and financial issues resulting from specific treatments.

The participants also mentioned self-help groups for severe and chronic diseases which play an important role during and after treatment in hospital. A more controversial area of citizen engagement is the so-called Baby-Hospices, which take in and care for babies from mothers who unwillingly give birth, so that the babies are not abandoned or neglected. Such facilities now exist in most big cities in Germany but not in Berlin, where churches and public agencies have shown a lot of resistance against such facilities.

Finally, the participants expected a new law on Care Support Centres to open up new opportunities for NGOs to become engaged. The purpose of this new social service is to provide independent and professional advice to people who need care, and to their families, on the range of post-hospital rehabilitation and care offers.

Effects of user involvement and citizen participation in health issues

The focus group shared the view that citizens and service users have become more influential in the health sector. In particular, one participant suggested that patients are no longer regarded as ‘dumb customers’ by doctors and other medical experts but have a say in determining their therapy and that “more active involvement of patients in the treatment of diseases improves the success of the treatment”.

Other participants thought that many initiatives which were originally citizen-led have now become part of the social welfare system, such as palliative care, women’s hospices and baby hospices, although this has not always improved the quality of the service.

But there are also negative effects of giving citizens more responsibility in taking care of their health. In particular, socially disadvantaged families do not make good use of available free health checks, which increases their health risks. There are now also more sources of information about medical conditions and possible treatments but the quality of the information cannot always be trusted. A result of this development is that patients trust their GPs less, which may have bad consequences for their health.

Some participants also suggested that patient surveys are sometimes only carried out in hospitals in order for them to get a quality badge, not really to give patients a voice.

The future of co-production in health issues

The participants were rather sceptical about whether there would be more involvement of patients and citizens in health issues in the future. In particular, the focus group highlighted three factors:

- Cut-backs in the health sector, which mean that screenings which used to be free of charge (for example for cancer prevention) now cost a fee and have to be requested explicitly by patients. Moreover, there have also been cuts in staff working in hospitals, which mean that services previously produced by professionals (such as psychological counselling or the organisation of social services after the treatment) now have to be provided by volunteers like the patients' spokespersons. However, the existing number of volunteers working in the health sector is likely to be insufficient to deal with this new demand, which may demotivate existing volunteers. One participant mentioned that the staff capacity of the voluntary visitor service in hospitals, the so-called 'green ladies', is already insufficient to deal with the demand, in spite of a grant of 600.000 Euro from the state of Berlin. Another participant went even further, suggesting that the current legislation in health is based only on economic and financial considerations, which makes citizen involvement much harder.
- The bureaucratization of the health sector has made cooperation between patients and agencies dealing with health care issues (hospitals, health insurance companies, etc.) difficult, because service users are often not even able any more to understand what their entitlements are and what kind of choices are available to them. This has made citizens more dependent on the advice of professionals and has demotivated citizens from acting as volunteers in health issues.
- The willingness of families to take care of sick family members has decreased, which means that more people are put into institutional care. Even then, families often behave selfishly. As one participant said "*there is always enough money to buy a new flat screen television but, when it comes to paying for some extra treatment for their sick mother in care, this seems beyond the financial means of the family*".

Nevertheless, some participants thought that citizens might be incentivised to do more for their health or become more active as volunteers in helping other people with diseases or disabilities, if there were more monetary rewards. There was a shared view that the divide between East and West Germany concerning user involvement is likely to persist.

List of focus group participants in Berlin

Buhk, Dr. Hans-Jörg	Department of Genetic Technology, Federal Agency for Consumer Protection and Food Safety
Becker, Dr. Carlo W.	Landscape architect
Ebel, Tilman	Pfefferwerk – Stadt Kultur GmbH

Geppert, Frank	Freie Hilfe Berlin e.V. (NGO)
Keese, Klaus	Police Service, Reinickendorf, Pankow
Koch, Erika	Friedrich W. Büttner GmbH (provides social care)
Kohlert, Yvonne	Agency for Environment and Nature in Pankow
Krebs, Rainer	Diakonisches Werk, Berlin-Brandenburg-Schlesische Oberlausitz e. V. (NGO)
Kühne, Kati	Home for Elderly People (Verbund Lichtenberger Seniorenheim)
Minten, Martin	St. Joseph Hospital
Obermeier, Thomas	German Society for Waste Management (DGAW)
Plathe, Elke	Department for Interior and Sports, State of Berlin
Rauhut, Torsten	Pfefferwerk – Stadt Kultur gGmbH
Schütze, Bernd	Agency for Environment and Nature in Berlin Borough of Marzahn-Hellersdorf
Somnitz, Gudrun von	Hospital Charité in Steglitz-Zehlendorf
Wähmann, Friedrich-Christian	Reinickendorf, Pankow
Werth, Klaus	Citizen initiative „Brieselang nicht abhängen“, Federal Ministry of the Interior
Winters, Theodor	Stern GmbH
Zschiesche, Michael	Independent Institute for Environmental Issues

Berlin, 7 and 25 February 2008

3.5. Summary of the focus group sessions and list of focus group participants in the United Kingdom

by Prof. Tony Bovaird and Dr. Elke Löffler, Governance International

Forms and areas of user involvement and citizen participation in community safety

The UK has developed a quite powerful network of associations which encourage citizen participation in community safety – these are the local Neighbourhood Watch groups. According to the latest British crime survey, there are about 160,000 Neighbourhood Watch groups in the UK, although “*coverage is patchy*” as a representative of Neighbourhood Watch.Net, the national website, pointed out at the focus group session. Membership figures suggest that about 10m individuals from about 6m households are involved in these groups but, of course, some neighbourhood watchgroups are more active and others are less so - the national website estimates that probably only about one-sixth of the groups are really active. Very often “*small groups tend to achieve a lot whereas big groups do little*”, as a focus group participant suggested.

Paradoxically, Neighbourhood Watch groups tend to exist more often in areas where crime is low and people know each other. However, once residents have set up a neighbourhood watch group, they quickly identify other local issues of concern and often take steps to tackle those, too. On the other hand, in deprived areas where crime is high it is more difficult to mobilise residents to form and join in Neighbourhood Watch groups.

Typically, the co-operation between Neighbourhood Watch groups and the police works well but not always with other public agencies – one focus group member thought that agencies such as social services needed to cooperate more with Neighbourhood Watch schemes. Another suggested that Drug Action Teams rarely attempt to use citizen involvement to further their work with drug users and rarely interface with local groups such as Neighbourhood Watch.

Apart from this nationwide network of Neighbourhood Watch schemes, people generally feel uneasy about getting involved in specific issues around community safety. For example, a one focus group participant drew attention to the difficulty of attracting volunteers to mentor offenders – although there are interesting experiments in some parts of England, the coverage is still sporadic and the major effort involved often produces only small numbers of qualified mentors, partly because of the rigour and bureaucracy involved in the police checking procedures to screen potential mentors.

The group shared the view that the general reluctance of people to get involved in community safety issues only changes when citizens are directly affected by some crime. For example, when a teenager is shot, as has been happening recently in London and

some other major cities, mothers get together to take actions against youth gangs and to help other young people at risk. Other single issues that sometimes trigger local citizen action are street prostitution and domestic violence. In all of these single issue cases, the key thing has been to give local people information on what to do if they come across any evidence related to these issues – most people don't know what action to take, so don't do anything, but this can be changed if they are briefed on the kinds of response they can make.

An important recent initiative has involved the justice system in working more closely with citizens, e.g through 'restorative justice' approaches. Eleven community court pilots have been running nationally since 2006. Another example of this approach has been the 'peer courts' in Preston where young offenders aged 10 to 17 who commit low-level crime or anti-social behaviour have come face to face with their victims and panels of children of a similar age to agree a penalty and stop them from offending in the future.

Citizens also become involved as volunteers in the Magistrates and Youth Court systems – Referral Order Panels, in particular, have volunteer members (apart from the chair) who help in negotiating a contract of reparation (payback) by the offender and a programme of work to enable the offender to address their behaviour, often involving the victim. The panel members often act as mentors for those given a referral order. Of course, these panels do not always reflect the make-up of the local community, particularly in areas of high deprivation – there are 13 projects nationally in areas of high deprivation but none of the magistrates presiding at these panels actually come from the local areas concerned. A number of local authorities have trained local young people to act as mentors and advocates for young offenders in their areas – after all, a number of gangs have great leadership, so the challenge is to harness some of this leadership to convince local young people to behave in more positive ways and to help those offenders (or potential offenders) who need support.

There are also victim and witness support services and offender advice desks at many, but not all, courts – these are usually staffed partly by volunteers.

Effects of user involvement/citizen participation in community safety

The focus group participants agreed that citizen involvement in community safety issues builds trust in the community concerned. Even the existence of a Neighbourhood Watch group, which may in practice only have one or a few active people in it, can increase local people's feelings about how safe they are in their area. One participant said that, although there is very limited evidence of crime falling when there is an active Neighbourhood Watch group, "*it is well evidenced that the fear of crime goes down when there is a well-coordinated group*". Some Neighbourhood Watch groups have been very effective in their campaigns. An example is given by the village of Street in Somerset, which has managed to reduce old people's feeling of being vulnerable by making the

town a 'No Cold Calling' zone, encouraging sales representatives to contact residents before turning up at their doors. Moreover, specific initiatives such as the Peace Alliance in Haringey, have been very effective in dealing with major issues of local concern such as gun crime.

Finally, the Sutton initiative on restorative justice for young people took a similar approach to the 'community justice circles' programme in London, Ontario, gives young offenders charged with minor offences the opportunity to make amends for their behavior outside of the formal court process (adopted from aboriginal practices), with the participation of members from the young person's own community and the victim in all aspects of the programme. As one participant observed "*This has the effect that young boys leave the programme saying 'I don't have to grow up just like my father'*".

The future of co-production in community safety

There was considerably less agreement as to whether there will be more co-production in community safety issues in the future. The more sceptical participants considered the lack of social capital in specific communities and fewer inter-generational bonds as key obstacles for more citizen engagement. For example, it was suggested that people are now more mobile and move house a lot more, which particularly affects the stability of communities in inner cities. This also means that more people do not live where they grew up.

Another obstacle which was mentioned applies in particular to deprived areas where young people have low expectations of finding work. One participant suggested that many such young people think along the lines "*if you want to have a car you need to become a drug dealer*". Another participant thought that "*that many young gang leaders in deprived areas actually show great leadership skills but unfortunately in the wrong direction*".

Nevertheless there were also some more optimistic participants who thought that "*professionals across all sectors have woken up to the fact that they need to do things with people rather than for people*". In particular one participant suggested that the justice system will work even more closely with communities in the future. Also Neighbourhood Watch groups were thought likely to remain as an important local movement in the future, although it was recognized that there was a need to diversify members more in the future, particularly where current members are mainly white middle class. One optimistic signal was that the national Neighbourhood Watch website has recently reported the first 16 year old to have become a group co-ordinator. It was also suggested that the rest of the criminal justice system needs to wake up to the potential which Neighbourhood Watch offers, for example as a recruiting ground for volunteers – up to now it has only really been the police which has made use of this potential.

Moreover, one participant saw significant scope for more private sector involvement, although all participants agreed that this was very low at the moment.

However, the private sector could do much more – e.g. crime prevention in deprived areas could be improved if local businesses would contribute through social responsibility initiatives, such as encouraging voluntary work by their staff or financial contributions, which could be used to provide crime prevention advice to households or physical security advice to women and other vulnerable groups. At a simpler level, where offenders have to ‘hang around’ waiting to be seen by panels or professional services, local café owners sometimes provide cheap refreshments (and one even provides transport to firms offering jobs!). More private firms could be encouraged to help in this way, or by providing things like cheap ‘mosquito machines’ for vulnerable staff (or customers).

However, the issue of community involvement can be complex - as one participant concluded, maybe we should not strive for more citizen participation in community safety in the future. “*If we are successful in crime prevention there will be fewer volunteers because everybody feels safe*”.

Forms and areas of user involvement and citizen participation in health

The UK focus group on health agreed that there are now many consultation activities in the health sector. There is, for example, a requirement to consult on major issues such as hospital closures, which have affected London in particular in recent years. Moreover, the recent Local Government and Public Involvement in Health Act 2007 has introduced a general ‘duty to consult’ health users on any planning or operational decisions which would have a significant impact upon the range of services available and how they are delivered.

Examples of best practice raised by participants included:

- *Condition Management Programmes* – which are part of the national initiative to enable a wider range of people with Incapacity Benefit to get back to work through becoming involved in a wide range of activities, which included fitness-oriented activities (e.g. joining a walking group or gym).
- *the Year of Healthy Communities*, where there were 50+ examples of public participation, with local authorities and PCTs acting together. One particular example highlighted was Aspley Women’s Health Group, for women with mild mental health problems, who ran a number of successful arts and crafts initiatives to help people such as themselves.
- Some major one-off consultation exercises, such as ‘Health Care for London’ have achieved wider and more open participation, reaching groups which previously had little say in decision making.
- *Lewisham PCT Community Development Team*, working with its local authority colleagues, developed a community development strategy for all 5 areas in the borough, each of them including a health dimension.

- The *expert patient* approach in many UK hospitals means that chronically ill patients can volunteer to take part in a training programme to advise other patients what to do before and after a surgery and how to best cope with their disease in everyday life.

Focus group participants felt that the leading role in user involvement around health issues was played by local government, since PCTs have only started to develop appropriate relationships with service users. This might partly be because local government has more services related to health and wellness than the NHS, which deals more directly in illness and pain management.

As a result of such initiatives, the language around local authority services has changed, giving a greater emphasis to user involvement, particularly in adult services (e.g. the ‘Carers – Have Your Say’ initiative). Individual budgets for people with disabilities (building on the previous initiative of direct payments) have meant more choice and responsibility for users of health and social care services. The approach of self-directed services was now spreading to more client groups, including potentially in health. Moreover, UK local authorities have had to undertake a citizens survey every three years (in future, this will be called the Place Survey and will take place every two years), which also includes questions about health issues. In practice, many local authorities go beyond this legal requirement and run such surveys more often.

Nevertheless, some participants were critical of local authority approaches – there was a feeling that elected members were disengaged from the public, whose “*voice gets lost in the sausage machine of the democratic process*”. In terms of Arnstein’s ladder of participation, several participants suggested that even local authorities were far down the ladder, although health agencies were even lower. The examples of good practice, though, showed that it could be done. As one participant observed “*I feel lucky to be in a provider organisation where we fulfil more than the minimum requirement – e.g. service users are involved in the appointments for every post in the organisation*”.

Primary Care Trusts (PCTs) in the National Health Service also have to consult now with patients and other users of the health system as well. A participant pointed out that most of the workforce in the NHS are also citizens and therefore should be involved from this perspective, too. In Lewisham, for example, ward assemblies have attempted to involve NHS employees through the PCT for which they work. However, this did not seem to be common. In some PCTs, patients have been involved in the selection of GPs – they even have a vote on which applicants should be selected.

Nevertheless, it was often perceived that “*they do it only because they have to do it*”, as one participant remarked critically. One participant said that “*PCT strategies are now more about health and illness prevention, rather than illness treatment, which should increase the emphasis on user involvement*”. However, the government’s current agenda is about saving money in acute and primary care, which gives the user less of a role.

Another participant observed that practice in PCTs tends to be mixed – in their commissioning role, they often have only weak involvement with the public but they are better at the service delivery end.

Why do health agencies lag behind local government in engagement? One participant suggested that PCTs may have fewer resources for such activities and another suggested that they also have less time. Another added “... *and fewer skills*”. This latter point was taken up by a participant who suggested “*It’s not a lack of willingness - clinicians want to involve users but don’t know how. But being required to do it actually frightens people and makes them less confident*”. Another agreed that the issue now is not whether to involve patients but how to do it. Nevertheless, the constant churn of organizational structures on the PCT side was suggested as a hindrance towards building on good practice, even in those places where a start had been made. Moreover, another participant suggested, communications were often poor – the NHS and Department of Health didn’t talk to each other, government policy was very divorced from users as well as from the NHS, and neither government nor the NHS used the mass media well.

It was suggested that the only group in the NHS still showing resistance were doctors in general practice (GPs). At present, there are few requirements on them to work with patients. Although “*some do brilliantly*”, most GPs only have an annual meeting with a group of their patients, to discuss the survey results, which is the legal minimum. This is becoming a critically important area, now that 80% of commissioning is devolved to GP practice groups, giving rise to real concerns about how these practice groups will engage and survey the public - just at a time when as their predecessor PCTs were becoming better at this.

In general, and in spite of the specific examples given above, most focus group participants found it quite challenging to come up with many good practice examples of user involvement in health care. In particular, it was suggested that, in spite of ‘pockets of excellence’, public agencies in the health care sector have not developed many practices for involving patients and their families and relatives in strategic decisions or resource allocation or in the regulatory process, e.g. inspections of health care providers.. Rather it has focused mainly on the service delivery process, where people tend to feel more confident about engaging on things they know about.

Effects of user involvement/citizen participation in health

One participant suggested that, although there are now lots of consultations with citizens and service users but *what happens to it at the end is a complete mystery*”.

Participants agreed that there has been no evaluation of the long-term effects of co-production in health care. While they were aware of a lot of discussion about ‘prevention’ in relation to health issues, it was unclear how much citizens actually did to take care of

their health and what effects might be produced by increased responsibility and pro-health activities on the part of citizens. As one participant remarked: “*We have no data and information on whether we now eat and drink better than before*”.

The same applies to other initiatives which aim at involving patients and other stakeholders more fully in the health care delivery chain. Again, there is only anecdotal evidence about the benefits of such stakeholder involvement.

Nevertheless, a small number of examples were given of potential benefits and impacts of user engagement. The example of ‘focused implementation’ in mental health services in Hampshire showed how a service could be radically changed, from a situation where users were confined to hospitals and excluded from ‘mainstream’ services to one where they were offered more choice, with a culturally appropriate assessment system.

The national evaluation of the Condition Management Programmes for people on Incapacity Benefit (mentioned earlier) reported a full spectrum of progress by those involved in it, from those who made rapid and extensive progress, to those who made only a little. “Improved confidence, self-esteem, physical appearance and stamina were all noted as immediately observable effects of participation”. Although a return to paid work of over 16 hours was ‘*the gold standard*’ from the point of view of the government, the project staff also reported progress by some people on important outcome measures such as reduced need for medication (e.g. lower doses of painkillers or anti-depressants), increased functioning (e.g. being able to leave the house after tackling agoraphobia) and improved quality of life (e.g. joining a walking group or gym). While this initiative covered only a narrow spectrum of health issues, the evaluation demonstrated how health impacts might be more systematically researched in the future.

The future of co-production in health

There was no consensus as to whether citizens in general, and patients in particular, will play a more active role in health prevention and health care in the future. Some participants thought that responding to patients’ needs in a more personalized way requires more resources but given the pressures to reduce costs in the health sector this is unlikely to happen.

However, other participants thought that increasing cost pressures in the health sector would probably encourage co-production because this would imply less work has to be done by professionals – “*we can’t continue to provide or staff our services in the existing way – cost and the availability of resources simply rule this out*”.

Aside from these cost pressures, there were demand pressures to achieve more user engagement. One social services representative identified a growing lobby of users who want to get involved in commissioning, but who first need to be trained in co-delivery, as one step along the pathway towards becoming ‘expert citizens’.

Another factor increasing the demand for co-production was e-health. Some participants considered this a way forward in co-production by enabling patients to have some treatments at home rather than at hospital and to get medical advice through the internet and phone. The Haringey Libraries initiative showed how people could and would email their GPs, look up the prescriptions they needed on the internet, access healthy eating recipes, and receive personal fitness training instructions. However, other participants emphasized that this could not be a blanket solution, especially as such approaches required computer literacy on the part of citizens. Moreover, generalized access systems such as NHS Direct and Walk-in Clinics could have the effect of ‘medicalising’ conditions which previously had been seen by most people as less serious – “*creating the worried well*”, as one participant put it.

Another participant countered that the current health system was possibly actually worse at dealing with alcohol abuse and poor diets than in dealing with acute conditions. However, some participants pointed out that initiatives such as Health Observatories were very useful in getting relevant information to people who needed it. One participant suggested that good campaigns had worked really well but this had tended to be the case in relation to small scale initiatives rather than the big challenges, such as obesity and alcohol abuse. The biggest barrier, according to one respondent was that: “*If people could see that what they say and do actually makes a difference! But this is not the case!*”

Many participants thought that we are evolving towards a ‘two-class’ society when it comes to health: the educated middle-class has higher and higher expectations in respect of medical treatments and is able to consult different sources of expert advice on medical issues. However, people from disadvantaged areas, who would stand to benefit most from improved access to health services, are not those who are using the new channels for health information, such as NHS Direct or the internet. It was acknowledged that there is a need to reach out to hard-to-reach groups but this will take a lot of resources and it is not evident that such resources will be available in the future.

Forms and areas of user involvement and citizen participation in environment

One participant suggested that there were several levels at which co-production in environmental issues needed to be considered. At the personal level, people were concerned to have their bins emptied, their streets cleaned, etc. and might get involved in monitoring whether these things happened. At the level of their townscape, people wanted it to change in an environment-friendly way, and might take action to make sure that parks near them were kept nice, etc. Finally, issues of air quality, energy use and climate change were seen as more global but even here people might get involved if they are given proper incentives, e.g. to change their energy supply to a more environmentally-friendly energy source (e.g. solar heating systems promoted by the council in Woking).

All focus group participants thought that the environmental issue in which citizens get most involved is recycling. For one participant citizen participation ends there: “*When*

people recycle they think they have done their bit". And another commented "*Waste management is seen as just recycling, whatever else it does*".

The LB of Bexley has the highest level of recycling in London, even though it has a very complicated approach. It takes the view that 'one size does not fit all'. There are four different types of container in the 'waste transfer stations'. The very high participation in recycling is because of how the council engages the public. For example, Thameside Social Housing issued a 'Committed Recycler Survey' to test 'how far would you go?' with its residents. As a result of its findings, it issued residents with a 'bag for life', into which they can throw all recyclable waste, which they then sort out when they get to the communal containers – even though this was not an approach which the professionals thought would be popular with residents, because it is a bit messy. The survey also picked up that a proportion of residents didn't even know where the communal bins were, while other residents were concerned that these areas should be made as safe as possible.

Other participants were more positive and suggested that, beyond topical issues like recycling, citizens generally get engaged when they think that they can make an impact. This particularly favoured the kinds of actions that could be taken at local level, e.g. by school groups or parks groups.

Another example where local people saw how they could make a difference, this time through volunteering, was given by the 'street pastor' initiative several years ago in LB of Kingston. 'Street pastors' were recruited to tackle the problems arising from the night-time economy – e.g. this is the time when most litter is generated. The street pastors talked to people coming out of or going into the local bars, gave them carrier bags to put their litter in and collected litter around the worst offending places for half an hour. People generally responded very favourably. The town centre now has a permanent time night-time manager, who works with bar doormen and club managers, not only on burning local issues like knife or gun crime but also on environmental issues. According to another participant, a similar initiative was launched in Cheshire, where voluntary street wardens help to remove graffiti in the town centre.

However, other participants picked up the fact that interest in environmental issues appears to be a life cycle phenomenon. "*After the age of 14, for some reason environmental concern no longer seems a nice, trendy thing*".

The focus group participants agreed that there is little public involvement in land use planning, as this tends to be too abstract for citizens. Typically, citizens can only be motivated to get involved when planning issues becomes very specific. One example given related to a Combined Heat and Power scheme in Woking – there was virtually no feedback from the public until the application was subject to a detailed planning inquiry.

Furthermore, the participants acknowledged that most citizens are not willing to change their lifestyle to behave in a way that is more sustainable. For example, one participant suggested that, even though most citizens know that it is necessary to reduce carbon dioxide, they are not willing to use public transport more often. Another suggested that,

where transport is concerned, the public is generally unwilling to accept any restrictions on their behaviour, whatever the wider benefit may be – this could be seen in the widespread willingness to collect airmiles. Another suggested that this is why consultation on the London congestion charge had been quite limited.

There are also some contradictory public attitudes on environmental issues – people may be strongly in favour of recycling facilities and waste incinerators – but on no account do they want these to be located near them – the NIMBY (Not In My Back Yard) syndrome.

Several participants agreed that environmental issues are raised by politicians to engage voters at local level – although one argued that they should not be, since often they are not actually local in character.

Effects of user involvement/citizen participation in environmental issues

A key issue is what feedback people expect. In climate change, no-one expects direct feedback on what difference their actions make. However, in issues of waste management it is possible to design feedback systems so that there is some feedback even for the people in their own street about what has been achieved, a little more feedback can be made available in the neighbourhood or to the local religious group which is running the initiative across a wider area, and the fullest level of feedback can usually be made available at the level of the whole town, etc.

Performance statistics for UK local government show that the amount of recycled waste has tripled or even quadrupled in the last 3 or 4 years, which provides clear evidence of increased co-production of citizens in waste management. This happened after a performance indicator for recycling was introduced into the Comprehensive Performance Assessment (CPA) which is carried out and reported annually for each local area by the Audit Commission. Interestingly, this achievement actually required very little input from local authorities – once they took some steps to encourage recycling, the public responded very positively and very quickly.

However, when it comes to the effect of campaigns which aim at changing the behaviour of citizens, there is little evidence on their effectiveness. For example, ENCAMS (an environmental NGO in the UK) ran a campaign about climate change 8 years ago, in order to persuade citizens to take small positive steps, e.g. turning off the tap when brushing their teeth, etc. However, ENCAMS was not able to undertake any evaluation to find out how citizens responded to the campaign.

Nevertheless, most participants could come up with scattered evidence on how some local initiatives have made citizens take more actions to protect the environment. One example was from Woking Council, which has become strongly committed to environmental sustainability and used the pricing system to give citizens economic incentives to change old patterns of behaviour – in particular, it has set high charges in its

car parks, varying with car tax bands – but electric cars can park for free. This is gradually changing the behaviour of local motorists.

The London Borough of Greenwich has been taking a similar economic approach towards encouraging residents to reduce the consumption of energy. In particular, the borough set up ‘environmental stands’ in 12 different neighbourhoods and gave away a free low-energy-using light bulbs. As the focus group participant involved in this initiative found out: “*it does not have to make a lot of difference in order to change behaviours – saving 1 penny is enough*”. The Mayor of London has cottoned onto this idea, running a campaign in conjunction with a private sector firm (B&Q) to give away energy-efficient light bulbs. Another added that it is similarly possible to get people interested in the ‘green-rating’ (and fireproof rating) of household white goods (such as fridges, washing machines, etc.) – and this is something which tends to interest to all social groups. (However, there was no evaluation of the impacts of this initiative).

All participants agreed that such local initiatives not only help local authorities to lower costs – which is clearly an important aim of moving to Alternate Weekly Collection and other such waste management initiatives - and to meet national targets but also to improve the social cohesion of local communities. As one participant put it: “*Lack of a good local environment is a symptom of lack of social cohesion*”. Another participant suggested that a key benefit of coproduction in environmental improvement was to increase the sustainability of other council policies, e.g. housing quality, which could in turn improve the council’s ability to improve other services.

The focus group also thought that one reason for the reduction in dog fouling has probably been the rise in social pressure on dog owners. However, social pressures are not always positive. A new challenge is that new community groups can bring in different norms into the local area. One participant mentioned that students were particularly likely to have low standards of behaviour in relation to environmental issues. Another participant had had the experience that grants in Muslim areas are often refused because it is regarded as shameful to accept ‘charity’. Therefore, incentive systems and campaigns need to be tailored to a segregated audience – in this instance, the local imam was enlisted to persuade local people to apply for the grants for which they were eligible.

The future of co-production in environmental issues

There was an overall view that there is now more awareness of both local and global environmental issues than some years ago. As one participant stated “*It is now trendier to be green*”.

However, participants had different views as to what kind of actions need to be taken to give citizens a more active role in taking care of the environment. One participant felt very strongly that this change can only be brought about by market forces. In his words “*When people can save money by protecting the environment, they will go for it*”. One example is how supermarkets are moving to ‘green’ and ‘organic’ brands, as they realize

that the days of ‘cheapest it best’ are now drawing to a close. However, ENCAMS is wary of purely monetary incentives as a means to improve the local environment – some of its experiments have indicated that teenagers would need to be given £20 to pick up any litter at all! Another participant put a different gloss on this: “Give people a relevant incentive and they will co-produce a better environment”. The challenge then is to find the relevant incentives for different groups.

Another participant suggested that more needs to be done at school in order to raise the environmental awareness of young people. However, at present “*environmental projects are no longer part of the curriculum once pupils are more than 14 years old*”. School-based clean-up campaigns can be very popular with parents, as it gives their kids something positive to do – but other parents resent their children being used as ‘free labour’.

It was also suggested that local government should play a stronger enabling role and encourage citizens to do more for the environment in their neighbourhoods – for example, the LB of Wandsworth has tried to get local residents to make pledges to take steps to improve the environment. However, ENCAMS reported that when they did this in their ‘Planet Pledge – Do Your Bit’ campaign, based on encouraging people to sign up to small steps in environmental improvement, they decided to drop it because they couldn’t police it.

For some people, engagement with environmental issues arises as a side-effect of other concerns – e.g. the environmental improvements made in an initiative such as Extra Care Housing have arisen partly as a way of providing better health outcomes – an environment which is regarded by residents as more ‘liveable’ produces more enjoyable spaces and reduces mental health problems, and this leads in turn to more user involvement in respect of other aspects of their quality of life.

This led one participant to suggest that some groups, such as people with disabilities, are more concerned with the quality of the local environment than other groups of the population, because the environment has a direct impact on their health. They are therefore more likely to be sympathetic to the idea of coproduction of environmental improvement.

List of focus group participants in London

Tina Benfield, The Chartered Institution of Wastes Management

Ruth Dixon, Adult Mental Health Service, Hampshire County Council

Tony Earl, London Borough of Richmond

Katharine Ellicott, ENCAMS (the Keep Britain Tidy national NGO)

Ruth Finlay, Healthy Croydon Partnership

Paul Gardner, Picker Institute Europe

Lee Harbord, ENCAMS (the Keep Britain Tidy national NGO)

Leslie Herbert, Adult Mental Health Advisory Service, Hampshire Strategic Health Partnership

Alison Hopkins, National Consumer Council

Mark Jam, Waste and Recycling Service, London Borough of Bexley

Sue Johnson, IDeA (Local Government Improvement and Development Agency)

Jonathan Landsberg, UK Neighbourhood Watch Trust

Mariam Manneh, IDeA (Local Government Improvement and Development Agency)

Hilary McCollum, Association of London Councils

Sarah Smith, Courts Service (Government Agency)

Jay Stickland, Older People's Services, London Borough of Greenwich

John Thorp, Energy Advisor, Woking District Council

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Contact

Dr. Elke Löffler
Chief Executive

Governance International
2nd Floor, 3 Brindley Place
Birmingham B1 2JB
United Kingdom

Phone: (0044) (0)121 698 8743
Mobile: (0044) (0)750 236 6702
Fax: (0044) (0)121 698 8600
E-Mail: elke.loeffler@govint.org
Web: www.govint.org

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