Sustained Dialogue and Public Deliberation Making the Connection.

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Acknowledgement:

This chapter draws on material from a research project with the New Zealand Institute for Economic Research on how the process of consensus is reached within different cultural groups in response to issues of globalisation and technological change.

Our key concern is to explore the potential contribution of deliberation to building social capital. However, first, what are the underlying issues that we are concerned about in this research?

> * How to deal with a situation where ordinary citizens (let alone those who are disadvantaged or marginalised) have lost the capacity to engage meaningfully in the process of making decisions about issues of concern to them.
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> Many people are isolated from the talk through which it is possible to make sense of the world and to effectively test norms and values and implement (positive and negative) sanctions. They have lost the ability to sanction others (individuals, groups or organisations). This function has largely been moved from citizens into the state sector and to a range of officials and professionals.
>
> * How to respond to increasing diversity (in terms of ethnicity, culture, religion and status) where this disconnection is repeated within each group and where there is also considerable lack of trust between groups.

This disconnection is experienced by fragmented citizenry within an increasingly "organised" and "managed" society where their actions are constrained by two major influences:

(a) The state,
(b) "Professionals".

In a situation of complete (or more complete) social capital these disconnections would tend to disappear. Encouraging a deliberative (and ongoing or sustained) form of discourse within and between groups marks a major step in moving towards more complete systems of social capital in which citizens can engage in meaningful decision making – a form of deliberative democracy.

During the last eights year we have been investigating the nature of social capital in Maori and non-Maori society in New Zealand. Our work has indicated that there are considerable differences in the way in which social capital is configured and used in Maori society. This reflects the different worldviews that exist in different cultural groups.

This has helped us to understand the overall social environment in which people interact and where social capital is created and used.

The "free" space formed by civil society (that third sector researchers are so keen on) within which people interact and where social capital is created is constrained by culture and history. These vary among different cultures even within an apparently

cohesive society such as New Zealand. In this context culture does not just refer to ethnic groups. We are also concerned with the "medical culture" and the culture of "professionals". That is, cultures that create and sustain norms and values that are dominant in particular situations.

Although social capital can appear to be a complex concept, in essence it is simply the outcome of networks of interaction and relationships; the social dividend gained from meeting, talking and acting with others.

There are numerous definitions of social capital – however they all refer to a combination of norms and networks – the brief definition below is that adopted by the OECD, the other is from *Social Capital and Policy Development*, IPS, 1997.

- "networks together with shared norms, values and understandings that facilitate co-operation within or among groups"

- "the collection of resources that an individual or a group has access to through their membership of an ongoing network of mutual acquaintance. Features of this social structure, such as relationships, norms and social trust, help develop co-ordination and co-operation for common benefit"

Much of the initial emphasis by social capital researchers, such as Robert Putnam, on the measurement of social capital has been on levels of membership of voluntary associations and associated networks.

However, as the above definitions indicate it is also important to understand the nature of those networks and how norms (and sanctions) change over time. This is why we have placed our interest in deliberation and sustained dialogue within a broader social capital framework.

These networks cannot function effectively in terms of maintaining, building and making use of social capital without the associated factors of knowledge, trust and certainty of sanctions (certainty that behaviour will be appropriately rewarded or punished.) That is, that people will behave as expected.

Social capital networks provide an opportunity for "checking out" such assumptions and for checking out risk – whether people are likely to act in the way that they promise or that is expected of them.

What degree of risk is involved in taking a particular action? Using a social capital framework can lead to re-defining some apparent externalities as desired outcomes and they can become internalised as intended effects of an action.

Aspects that we have considered within a social capital framework include:

<u>Functions</u> of social capital - the purpose to which it is put.
<u>Activities</u> carried out in maintaining and using social capital - how it is built.
<u>Places</u> where the maintenance and use of social capital happens.
<u>Processes</u> that best enable these actions to take place.

Key **functions** of social capital include:

- Processing information.
- Assessing Risks and opportunities.
- “Checking out” the trustworthiness of others (individuals and agencies) and assessing the legitimacy of their mandate.
- Assessing, maintaining and amending norms and sanctions.

Activities carried out in building social capital include accessing and sharing information, interacting and engaging in dialogue in order to carry out the above functions.

Places where social capital nurturing activities occur include spaces created through formal and informal interaction. The existence of a wide range of networks of association (including voluntary community organisations) is necessary to enable this.

Processes that build and use social capital.

> **The existence of appropriate spaces and the interaction of people within them are not sufficient for the development of social capital. Forms of dialogue are required that enable an equal exchange of information and ideas, that reveal people’s interests and provide the opportunity to build “public knowledge”. That is to move from public opinion (a collection of individual opinions) to public (collective) knowledge.**

In our social capital framework we have identified the key elements or points within a social capital field. What is now required is better understanding of the most effective forms of “connections” between these points.

What kind of communication most effectively enables information to be equally and openly shared and interests and externalities to be revealed?

A system with high levels of social capital provides the potential for the exchange of information and the accompanying dialogue that enables effective sanctioning and testing of norms. At the same time utilising deliberative processes including sustained dialogue provides the essential connections within the social capital field that are needed to enable potential social capital to be actualised.

Our understanding of social capital and the focus of our research has developed during the last eight years as indicated by the following time-line of key areas of interest.

1996 - **Networks** of voluntary associations
High levels of generalised trust
1997 - **Spaces** for discussion and deliberation
1999 - **Relationships** among actors that create a capacity to act.
2000 - **Opportunities** to interact, certainty of sanctions, knowledge of interests.
2003/04 - **Forms of communication**

Our focus has moved from assessing the nature and number of voluntary associations to the way in which people communicate within and between networks. This places a growing emphasis on process rather than structure.

In exploring how people interact the social environment that these interactions take place in can be seen to consist of three key elements.

- The under-pinning worldview (based on culture, religion and history) that influences how people see the world in which they act – their beliefs.

- The over-arching social, legal and political environment which forms a kind of roof or shelter that encloses our interactions and sets and bounds the rules.

- The intermediary processes that takes place (under-pinned by our world views and constrained by the social environment) between them. The form of communication and discourse through which we interact with each other and with our environment – our behaviour.

These elements are inter-connected with each other both historically and in practice.

To build, maintain and use social capital requires input and a response at all three levels of beliefs, rules and behaviour.

In considering the nature and importance of trust (defined as a form of belief and/or certainty) it is important to note that in practice trust is constrained by culture (including history and religion).

While relationships and interactions are constrained within specific sectors of society (or within particular communities) by cultural factors the social environment is likely to be contested both by differing worldviews and through different forms of interaction. So, society is at the same time constrained (within groups) and contested (in terms of the forms of structure and rules).

Our work with Maori and in the health area indicates that society-wide “rules” are determined by the dominant (European) culture which then imposes specific forms of structure (including the appropriate or recognised forms of NGO or community association) on everyone in New Zealand society.

This places the core of social capital (the networks and relationships) in the centre of a struggle between differing worldviews constrained by a dominant set of rules.

How can this social capital space or field provide a way of negotiating between those worldviews and the dominant rules?

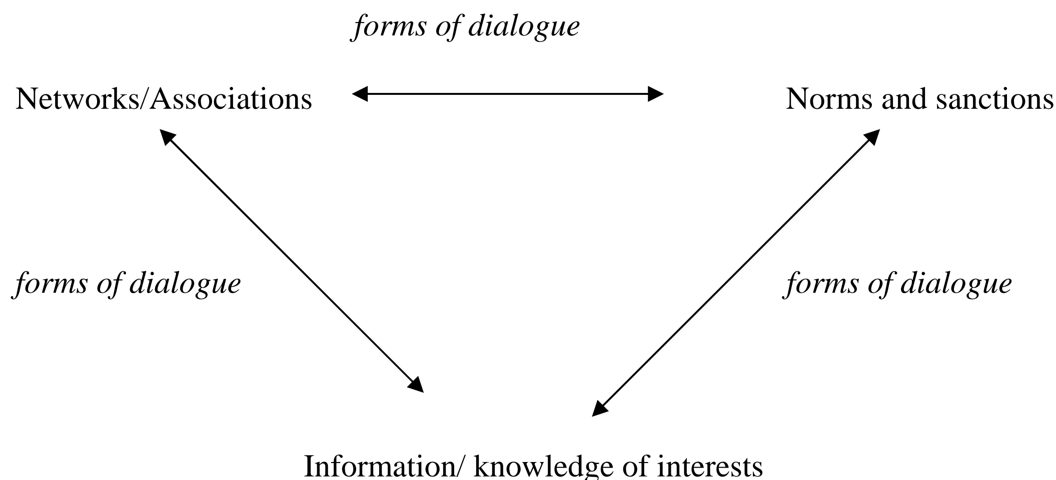
We have tested the use of a deliberative approach as a preferred form of communication and interaction which we suggest is most conducive to the growth of social capital within a system or society in several different localities and communities.

Emphasising deliberative communication can build the confidence of participants to create a form of generalised trust. That is, confidence in one's ability (e.g. to have a seat at the economic development table, to give oneself permission to participate) builds belief in the outcome of a process and trust that things will take place as expected.

At the 2002 ISTR conference in Cape Town I suggested that social capital could be envisaged as having the nature of a force field within which actions take place. [1] Such a field requires connectors to enable the flow of social capital as well as nodes or places where it is generated.

Complete social capital using a deliberative form of communication can act as a "super-conductor" providing instantaneous knowledge of others' interests.

There are many ways in which information can be exchanged and through which social capital can be built.



- What is the nature of the "lines" or "wires" that connect the elements of social capital?

- What are the most effective forms of "talk" for each purpose?

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[1] *Possible Aids from Physics and Engineering to Assist Understanding Social Capital* in *Building Social Capital*, Institute of Policy Studies, Wellington, 2002.

As with electrical conductors there are varying forms of efficiency in these "conductors".

With electricity there may be a loss in transmission e.g. through heat build up in an iron or copper wire while a fibre optic cable may provide a more instantaneous form of transmission. An amplifier may be required to boost low levels of energy to the degree that they can be of use or a tuner used to remove static.

> **We can liken a deliberative process to a form of "filter" that carries out these functions in a social capital field.**

In order to move from absolute information (overload) to adequate and appropriate information from which the knowledge required to achieve a particular purpose can be constructed the social capital current needs to pass through a "filter" enabling only useful information to be retained. This "filter" (or tuner that can "tune out" the static and amplify the relevant data) can take the form of a deliberative community. The useful knowledge is extracted/ created through this form of interaction.

> **Therefore we need places, participants and a process for connecting the key social capital factors**

As has been noted, much emphasis has been placed on the "place" where social capital is developed and utilised. Less attention has been given to exploring the nature of the processes through which it is transmitted, through which information is turned into useful knowledge, especially knowledge of others' interests.

We suggest that the preferred form of communication; the most effective form of connector is that of a deliberative form of discourse.

However, although in an ideal (or complete) form of social capital information would flow instantaneously and we would all have accurate knowledge of the interests of those we are working with and consequently would have good reason for trusting or not trusting other individuals or groups, in reality social capital is only present in varying degrees of incompleteness.

These incomplete forms of social capital have been categorised by Michael Woolcock in his work at the World Bank in three forms.

Bonding social capital providing connections to people 'like you'
- (similar to, but not synonymous with, 'strong ties')
- associated with survival ('getting by')

Bridging social capital providing connections to people 'not like you'
- (similar to, but not synonymous with, 'weak ties')
- associated with mobility ('getting ahead')

Linking social capital enabling connections to people in positions of power
- used to leverage resources

I suggest that they each represent different forms of *incomplete social capital* within discrete systems with the incompleteness being revealed when one system comes into connection with another.

That is, the social capital is incomplete in terms of “content” (i.e. some of the factors may be missing) or it is incomplete in terms of “reach” (i.e. the system is incomplete or out of balance in that the system or community in which the social capital is present and where it has been identified is not co-terminus with the system or community in which the actors are engaged).

In his paper *Conceptualising Social Capital – Frameworks*, John Cody raised this concept with reference to James Coleman’s notion of a “perfect social system” in which “social capital is complete: all actors can interact with all others, each has full knowledge of others’ interests in resources and sanctions are certain” (Cody, 2002).

Bringing together our work on social capital with that on deliberation and sustained dialogue leads me to suggest that the type of discourse required in each case varies and that these variations are critical to their function.

High levels of **bonding** social capital requires: cohesion, moral trust, shared cultural capital.

- shared norms, values and sanctions
- “keeping together”.

Bonding is internalised and depends on reinforcement of existing cultural and moral norms and values. This requires a discursive internal form of discussion that involves all members of the group; that is not hierarchical but is broad based and deliberative. However, this does not mean that customary, bonded groups are internally static. Customary forms of talk allow for and enable change. The key issue is that that change is internal and is not imposed from outside. The nature of custom is that it is endlessly changeable and adaptable – on its own terms.

Developing higher levels of **bridging** social capital requires: opportunities to interact, generalised trust, understanding of others’ norms and values.

- structures that bring different groups in society together
- **time** to bridge the gap between moral and generalised trust.

The time required to gain generalised understanding of another group means that an ongoing discussion in the form of sustained dialogue is preferable in building bridging social capital.

This may be combined with a deliberative approach that develops and explores a range of views and options. The key is both the range of views and options and the ongoing nature of this dialogue. Bridging social capital requires a generalised connection between groups. Therefore a form of sustained deliberation is suggested.

High levels of **linking** social capital requires: connectors to other levels in society.

- individuals who act as connectors,
- structures that draw the “lower” or isolated levels into positions of participation.

Linking can be accomplished through mandated connectors. It is not necessary that a high number of members of a group connect with members of another group; it is sufficient that key people (with a mandate from their own group) make these connections and that they report/ feed back information in an interactive two-way manner.

This framework highlights the importance of the availability of "time" as well as information, especially in the creation of bridging social capital.

Time not just in order to absorb and analyse information, but also time in order to gain an understanding of the others' norms and values. That is, to come to a shared understanding of who we each are.

Not necessarily to develop "shared norms" but to build "shared understanding" of each other's norms. However, this can lead to the creation of a new, shared norm of "acceptance of difference".

The theory and the practice.

As has been indicated by other authors in this publication; in the exploration of deliberation and sustained dialogue our direction has been that of "this may well work in practice but does it work in theory?"

That is, we are each working directly with communities and building a theory to help us understand their practice in using various forms of deliberative communication.

I would like to turn to three projects in New Zealand that we are currently working with to illustrate the potential value of placing public talk in a social capital framework. These projects are being monitored through ongoing, participative, interactive and reflective research.

These are:

1. An iwi (Maori tribal group) based customary fisheries forum.
2. The Porirua community health cluster.
3. A mental health consumers group.

Activities where we are exploring ways in which these ideas can be put into practice:

1. The Iwi Fisheries Forum is building both bridging and linking social capital. The forum has been running for two years based on a customary Maori form of discussion – the hui. A formal protocol or ceremonial approach is used to enable people to get to know each other, to build respect and to provide opportunity to understand the point of view of others. This builds trust within individual iwi, between iwi and with the Ministry of Fisheries representatives. Participation in this process indicates that participants are in fact ready and willing to talk seriously with each other.

2. The Healthlinks community health group states in their co-ordinator's job description and in their Vision statement that one of the ways in which this vision is to be realised is through "Encouraging and engaging in deliberation". This approach is being implemented in the associated Porirua Health Cluster which brings together people from the local community with hospital officials, GPs and non-profit associations to develop and implement policies and practices to deal with health issues - in the first instance diabetes.

3. A Mental Health Consumers group is using a deliberative process with the goal of changing existing norms in the mental health services and in the wider community. To move from mental health consumers being considered as being subject to the decisions of others to a situation where the norm is that mental health consumers are expected to contribute to, rather than collaborate in, their assessments and treatment.

In each case there is a conscious move to enhance the internal cohesion of a particular group of marginalised people (building their bonding social capital), to connect them with others in the community with similar concerns (bridging social capital) and to provide a link to those in positions of authority (linking social capital).

The actual combination of these factors varies from project to project but in each case there is an emphasis on the most effective form of discussion that will enable their objectives to be met. This has led to the use of deliberative forms of dialogue with a growing interest in evaluating their value and impact.

In each case participants build on their considerable internal (bonding) social capital to link with those in decision-making positions. In this they have been successful in gaining specific policy objectives and amendments to working practices.

They are all concerned with increasing the level of equality - defined as equal access to power or decision-making.

However, to change existing community norms a greater degree of bridging social capital, in particular, needs to be developed. This would enable a move from the enclosed space of "shared norms" within a group to that of "shared understanding" of each other's norms and ongoing interaction between groups that may have substantial differences in culture, norms, values, and access to power.

Each of the three cases that I refer to is concerned with bridging the divide between specific groups of citizens and those who make decisions for the intended benefit of those citizens.

In each case the affected group has taken the initiative, they have defined their way of working as being deliberative and they have each gained access to some level of public funding to help carry out their actions.

In some cases they appear to have been successful in changing the norms within their communities of action, or to have established new terms of engagement that have changed the power balance among participants.

With the mental health consumers such a change in norms is an expressed goal of the project. Although it is too soon to judge the degree to which this will be successful the fact that this action is being taken is an indication of increased confidence in their ability to engage with those who have traditionally been in positions of power.

Iwi customary fisheries forum.

The Iwi customary fisheries forum is being conducted through an ongoing series of hui. The forum has been meeting on a monthly basis for two years. The meetings were initiated by iwi, they are organised and run by iwi with Ministry of Fisheries officials and others participating as invited guests.

"Setting the scene" is an important part of the protocol at a Hui.

This process:

- establishes who is present and who they represent or are affiliated with,
- establishes and reaches agreement over the purpose of the meeting,
- allows the opportunity to "let of steam" and express strong views that might otherwise either disrupt the actual discussion or remain hidden and unacknowledged,
- acknowledges the history of the discussions; both the history of the people involved and the history of the issues being discussed,
- establishes this as a reciprocal forum in which a range of views will be put forward and listened to with respect.

This is carried out through:

- Formal introductory speeches from the hosts and the guests.
- Waiata (traditional songs) from each side.
- Together the speeches and waiata link the gathering with the past, bring the past into the present and also link the meeting to "others" who are not present.
- The giving of a koha (or gift) by the visiting group.

This formal welcome may be followed by refreshments prior to any actual discussion.

This serves to cement the agreement to talk (rather than to fight) and is a sign of reciprocity – a response to the "gift of koha" with the "gift of hospitality".

The welcome, the waiata, and the responses establish the situation and the conditions under which people are willing and able to talk with each other. That is, the welcome and response sets the scene and establishes that those present do, in fact, wish to talk with, and listen to, each other and that they are willing to respect an agreed protocol for such a meeting.

Participants in the June 2004 hui emphasised the need for localised organisations so that local people, including hapu (sub-tribe) and iwi, can create their own fisheries policing system. The intention is not just to implement regulations defined by and monitored by government but rather to develop a system of self-management within the broad parameters of a mutually negotiated policy. For example, the encroachment of one rohe moana (tribal fishing ground) on another is up to the iwi forum to resolve, not the Ministry of Fisheries.

A voice from the floor of the meeting said that in the past "the relationship between the Ministry of Fisheries and iwi has consisted of you telling us what you are doing – to me a relationship means sitting down and working together."

Building this kind of relationship is what the forum has been doing.

Porirua Health Cluster.

The Porirua Health Cluster was established following a deliberative forum in February 2002 to identify how community, health providers, community organisations, funders, policy makers, and local government could work together to improve health outcomes for people who live in Porirua City[2].

At this forum the City Council General Manager presented his view that the deliberative process provides an opportunity to:

- ensure that all "voices" are heard,
- clarify what exactly the issues are,
- develop a process of co-operation,
- give the community confidence that they will be listened to for future issues.

Participants recognised that current models of service were not improving health outcomes and it was agreed that improvement must begin with a fundamental change in the way that services are designed and delivered.

> **"Users of services must be able to tell their stories and be involved at all stages of planning and design."**

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[2] Porirua City is a dormitory city on the outskirts of Wellington. The population is 54% European, 41% Maori and Pacific; in Eastern Porirua 80% of housing is public rental and over 80% of the population is Maori and Pacific.

As a result, the City Council, Healthlinks, Ngatitoa (the local Maori tribal group) and the District Health Board agreed to work together. The agreed goal was to support Porirua as a 'Centre of Excellence in Healthcare' by:

> *Developing a unique opportunity for coordinated training in innovative models of care, based on cultural leadership and integration between prevention, primary and community care, secondary and specialist services.*

The Cluster provides a forum for discussion on health issues. It has no formal constitution other than agreement by the participants to work together to meet this goal. A crucial point is that it is not a service provider, its role is:

- To provide leadership for the development of the Cluster
- Oversight of coordination across projects to deliver specific outcomes
- Broker access to resources to support projects
- Monitor results of projects and assess priorities for future projects

The cluster facilitates communication, collaboration and access to information, sparks innovation and fosters interaction between sectors such as health, housing, education, and business. The deliberative process used has helped achieve the following emerging themes:

- Mandate based on community and clinical leadership
- A strong commitment to work together
- Putting people first
- Reciprocity
- Values and respect for diversity
- Community and organisational confidence and engagement
- Information sharing and gathering
- Supporting innovation
- Integration and collaboration
- Promoting Continuous Quality Improvement

What has happened as a result?

The cluster agreed to develop a Community Centre of Excellence in Healthcare. It held a further one-day deliberative workshop with users of services, families, community organisations, health providers, and others which identified *diabetes* as its focus. This is the most significant health issue in the City, particularly for Maori and Pacific Island people.

Together the participants of the cluster have developed their own models of care and there have been opportunities to work with other members and to build on each other's strengths. The key community group involved in forming the cluster is Healthlinks which includes local Maori, Pacific Island and community groups as well as health care providers.

Included in the functions identified by Healthlinks to achieve their vision[3] is "encouraging and engaging in deliberation".

- What has proved useful is the opportunity for people to interact within the cluster free of the control of "officials". At the same time, some officials have also been given the opportunity to engage free of the constraints of the formal structures they normally work within.

- Action is only constrained by the will to engage and the acceptance of these actions by the community affected.

Mental health consumers group.

The basis of the mental health project is to work with a recovery focus which means that the consumer will be seen and respected as a person who is (at the very least, potentially) capable and competent, able to learn, make life decisions and act to create life changes - no matter how severe the symptoms of their mental illness. Autonomy describes the status of a person who is the author of his or her own life, and it is this that a recovery approach respects. Self-responsibility is the pre-requisite: autonomy is meaningless if a person cannot be held accountable for actions which they themselves initiate. Additionally, self-responsibility must be granted, awarded: it is not naturally possessed. Hence the priority given to self-responsibility in recovery-based models of care. Self-advocacy and support promote and reinforce self-responsibility.

Two necessary conditions for exercising autonomy are *to be informed* and *to be permitted*.

To adequately *inform* is not just to provide the information considered necessary for appropriate decision-making. It is also crucial to listen; to provide any additional information or opinion requested by the consumer; to respond to any concerns expressed; and to repeat and re-explain if asked, or indicated.

It is to acknowledge that the consumer knows what supports are necessary for them to make their own decisions safely, confidently and credibly.

This describes clearly and concisely key elements in the deliberative process[4].

A key aspect of this form of deliberation is the focus on the importance of "permission". Permission, as a necessary condition of autonomy, implies knowledge of the rules of the negotiation; the *terms-of-engagement*. Additionally, it implies the right to disagree, to question and, if necessary, challenge. It assumes an understanding of the relationship between clinician and consumer: the reason for it; the limits upon it; and, crucially, its intended outcome: what the consumer needs to achieve in order

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[3] That Healthlinks will provide leadership in articulating and realising "health" for the peoples of Porirua.

[4] The statement on the nature of a recovery approach and the description of autonomy, information and permission were provided by Mike Sukolski, an advocate for mental health consumers and former Manager of the Wellington Mental Health Consumers' Union.

for the relationship to end (to be discharged from the service). Importantly, permission requires that the consumer feels self-confident, safe and trusted.

Building on these concepts and his involvement in discussions on deliberation and sustained dialogue, Mike Sukolski proposed, following a survey of mental health consumer groups in the Hutt Valley, that, "working groups of consumers be established and, working together with the Upper and Lower Hutt Community Mental Health Teams, develop and define a reciprocal understanding of and guidelines for the building of relationships which promote, protect and permit autonomy. This deliberative process will link into the current service-wide Models of Care and Clinical Pathways Projects."

> **That is, the use of a deliberative process is proposed to "change" the existing norms in the mental health services and in the wider community. To move from a situation where mental health consumers are considered as being subject to the decisions of others to where the norm is that mental health consumers are expected to engage with and collaborate in, rather than just contribute to, their assessments and treatment.**

This is a major step towards becoming "autonomous".

Unresolved issues in each of the community actions.

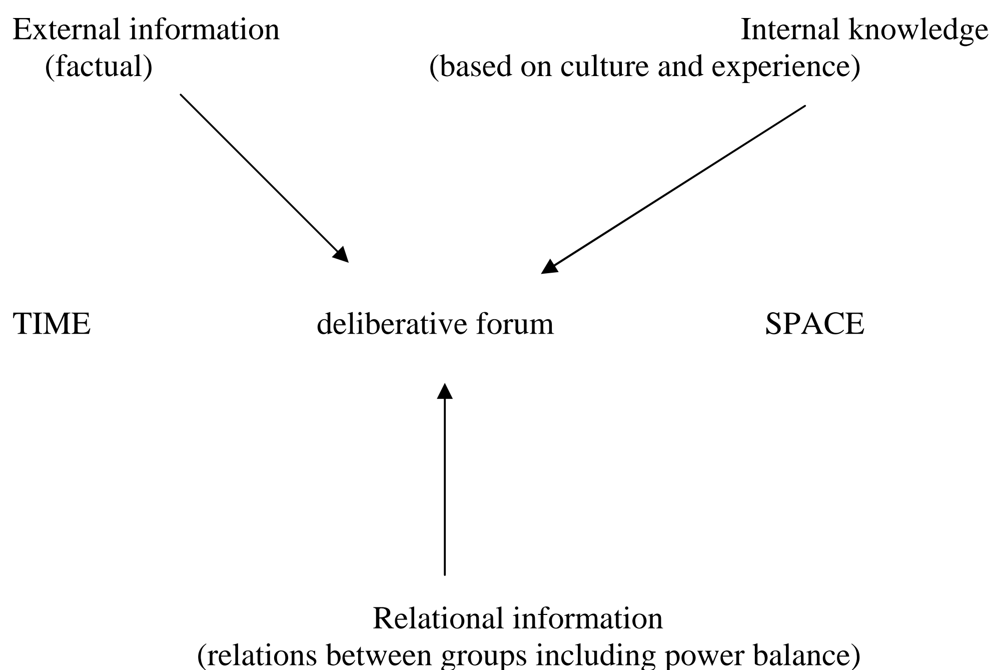
- High among the unresolved issues is the reluctance of professionals and Government agencies to take the voices of the disadvantaged and marginalised seriously. There is a tendency to get a "second opinion" from a "professional" policy analyst. To take these voices from the community and get them "reprocessed" into an acceptable form.

- Government (local and central) agencies also have a habit of "noting" concerns but not acting. They often act in a self-satisfied and congratulatory manner for having "listened" without "hearing" what is being said, or as one forum participant said "they have not **felt** what we are saying".

Identifying and developing the forms of dialogue that are most effective in building social capital requires a space for deliberation defined in terms of time rather just by space. Within this time/space the discourse should be:

Open to all views,
Provide opportunity for people to share their internal information and experiences and,
Explore underlying relationships as well as to accessing external "factual' information.

In these circumstances the environment is conducive to deliberation and social capital building.



Space marked by extended time to enable all interactions to take place

As a result of putting this process into practice there is the likelihood of a dual outcome:

(a) Building collective opinion and action on an issue.

and also the potential for,

(b) A change in the norms of the power structure.

In each of the cases reviewed the intended outcome has been to move decision making power from Government officials, medical practitioners and clinicians to a shared process where these "technicians" respond to and collaborate with those affected by the decisions. The ongoing engagement of actors from different sectors of the community indicates that these changes are, in fact, taking place.

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