



Modes of Consumption: citizenship and the welfare state in the UK

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Issues of choice and consumerism have been central in recent policy making and discourse. The overall aim of the project was to examine how policy makers have viewed users of the welfare state in three services (health care, education, and housing) since 1945 in terms of ‘ideal types’ of citizen, consumer and client. We compared the existing conceptual and empirical literature with evidence from policy documents, files from the National Archive and oral testimony from a Witness Seminar. Our findings challenge the conventional understanding of the development of public services in the post-war period. Instead of viewing users largely as citizens, our research suggests their predominant conception has been that of clients, and more recently as consumers.

KEY FINDINGS

- There are different types of citizen, consumer and client, associated with different policy mechanisms.
- Mechanisms are more important than labels: giving choices do not turn users into consumers. Calling users ‘citizens’ does not give them enforceable rights or a voice in the running of the service.
- Context is important. ‘One size does not fit all’ and different combinations of choice and voice may be best suited to different circumstances.
- Roles may conflict: patients may not choose a particular hospital, but then campaign in other roles to prevent the closure of that hospital.
- Until the 1980s the dominant user role in public services was the client.
- Public service users have always had choices (including private provision), but there has certainly been an increase in the availability of consumer mechanisms since the 1980s. However, many users may still wish to be *de facto* clients, and defer to professionals.
- There has also been an expansion of the roles associated with the citizen, which largely sees users in ‘hyphenated’ or hybrid roles of republican, active citizen and individualised, rational-choosers.

HIGHLIGHTS

Our findings challenge the conventional understanding of the development of public services in the post-war period. For much of the period since 1945, users of health care, education and housing have largely been seen as passive clients. The conceptions changed over time, with the main moves from client to consumer or (participating) citizen-consumer. However, conceptions

appear to vary between services with moves towards different models of citizenship and consumerism. Both choice and voice mechanisms exist in most services, but with a clear current policy preference for choice over voice. Policy makers tend to regard users as individual choosers, but also provide mechanisms for both individual (eg complaints) and collective (eg democratic) voice.

Contrary to conventional wisdom, the early years of the welfare state did not represent a ‘golden-age’ of citizenship in public services. Instead services tended to be dominated by professionals in education and housing, and by local authority provision in housing. Service users were more often positioned as clients than citizens, giving them few choices and few participative rights. It is possible to claim that the UK welfare state, far from being based on ‘citizenship’, is based on a thin and partial type of ‘liberal’ citizenship, reflecting the politics of entitlement.

‘...the assumption is that information must be withheld from the general populace because we are too stupid or too ignorant or too wicked to be entrusted with it. The assumption is that the professionals know what is best for us, that though we are both paymasters and consumers, we cannot be allowed to exercise the rights of either’ – Peter Wilby, *New Society*, 1979 (in The National Archive, File ED 207/93)

‘Choice’ and ‘consumerism’ is not entirely new. Some users have always had some choices in some services (eg students having constrained choice of university and

Findings:

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Photo: Brand X Pictures/Alamy



subject in higher education). However, underlying many choices (eg for General Practitioners) was the assumption that they were made on the basis of forming a long term or ‘associational’ relationship rather than being made on a competitive basis.

The increased emphasis on ‘choice’ in public services has been different in each of the services we looked at. In housing, greater choice is meant to lead to a greater stake in society. This is linked with taking greater responsibility either through becoming an owner occupier via the ‘right to buy’, or through taking over the management of private or social housing in estates. In other words, citizenship based on ownership or management both confer responsibilities.

In education, pupils have had choices over courses taken away from them on the grounds they might make the wrong choices, until they reach the age of 16. Choice in education is linked to diversity, with the idea being that choice of school (by parents) should be based on a diverse range of local education provision, which in turn leads back to more choice. Parents have increasingly become citizen-parents; they are required to participate

in the day-to-day running of their school and take responsibility for their children whilst at school. Schools, in turn, have increasingly become businesses, with requirements for leadership and responsibility to their local communities.

In healthcare, patients have gone from choosing their GP to choosing hospital care with their GP, to choosing between GPs on a competitive basis and making decisions about hospital care on the basis of greater information. They have become consumers of care. At the same time, they have been offered more and more ways of participating in the running of health services as either patient representatives or members of their local care providers, or as lay representatives in national organisations concerned with the regulation of healthcare. They are now hyper-active citizens. These differences are shown in figure 1, above.

By contrast, our research found that mechanisms are more important than labels: calling users ‘citizens’ does not give them enforceable rights or a voice in the running of the service, and terming users ‘consumers’ does not necessarily make them act as consumers. Users

Figure 1:
Hyper-active citizens

Housing choice → responsibility

To establish a sector in which tenants have real **choice** over their housing, where they can take **responsibility** for their homes in the same way that **owner-occupiers** can (*Quality and Choice: a Decent Home for All*, 2000, 6.15)

Education choice → diversity

To respond to parental demand, we need to expand **choice**, create real **diversity** of provision and to ensure that the benefits of **choice** are available to **all** (*Higher Standards, Better Schools For All*, 2005, 1.29)

Healthcare choice → responsiveness

If the public has a **choice** of practicers, then those that offer the most appropriate and **responsive** services will attract more patients (*Our Health, Our Care, Our Say*, 2006, 3.65)

generally employ a mix of 'choice' and 'voice' mechanisms, but 'one size does not fit all' and different combinations of choice and voice may be best suited to different circumstances. Moreover, roles may conflict: we may be consumers of public services, choosing schools and hospitals, which leads to providers perceived as being poorly regarded being threatened with closure, but then participate in citizen roles to prevent these closures. The 'choices' we make may contradict the 'voice' we express in public service. It is not easy being a 'citizen-consumer'.

MESSAGES FOR POLICY AND PRACTICE

The first message for policy and practice concerns the potential gap between labels and mechanisms. Terming someone a 'consumer' is not helpful if they do not wish to act as a consumer, or if there are no consumer/choice mechanisms available for them to use. There are different types of citizen, consumer and client, associated with different policy mechanisms. Context matters. 'One size does not fit all'. Different combinations of choice and voice may be best suited to different circumstances.

For example, voice may be better in cases where the sum of individual choices leads to profound collective consequences such as school or hospital closure.

Second, the possible contradictions of the 'choice' and 'voice' roles suggested above carry with them problems for policy. Individual choices may lead to one particular outcome (the closure of a hospital perceived to be poorly performing) but the use of 'voice' might lead to campaigns to try and prevent these outcomes from happening. Far greater care is therefore needed in examining the interactions between 'choice' and 'voice' in any particular policy to examine the potential contradictions and problems that might emerge.

Third, many of the initiatives present in current policy are not as new as governments and commentators often appear to assume. The past is a rich source of data in terms of attempts to increase participation in service provision through both consumerist and citizen-driven ideas. Far from being new, some people have always had some types of choice for certain types of service. What has changed is the type of choices available to users, and the justification for providing them.

BACKGROUND TO THE STUDY

Modes of Consumption and Citizenship and the Welfare State in the UK (grant number RES-154-25-0002) ran from October 2004 to December 2006. The researchers Martin Powell and Shane Doheny were based at Stirling University and Ian Greener and Nick Mills at the University of Manchester. The overall aim of the project was to examine how policy makers viewed users of the welfare state in three services (health care, education, and housing) since 1945 in terms of 'ideal types' of citizen, consumer and client. It collected data from policy documents, files at the National Archives, and a Witness Seminar, and analysed these with respect to the ideal types.

PUBLICATIONS INCLUDE

Greener I., Powell M., Mills N. and Doheny S. 'How Did Consumerism Get Into the NHS?' Cultures of Consumption Working Paper No.29, (2006), see: <http://www.consume.bbk.ac.uk/publications.html>.

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Contemporary Politics (Basingstoke: Palgrave Macmillan, forthcoming, 2007).

Greener I., 'Markets in the Public Sector: When Do They Work, and What Do We Do When They Don't?', *Policy and Politics* (forthcoming, 2007).

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CULTURES OF CONSUMPTION RESEARCH PROGRAMME

The Cultures of Consumption Programme funds research on the changing nature of consumption in a global context. The Programme investigates the different forms, development and consequences of consumption, past and present. Research projects cover a wide range of subjects, from UK public services to drugs in east Africa, London's fashionable West End to global consumer politics. The £5 million Cultures of Consumption Programme is the first to bring together experts from the social sciences and the arts and humanities. It is co-funded by the ESRC and the AHRC.

The aims of the Cultures of Consumption Programme are:

- to understand the practice, ethics and knowledge of consumption
- to assess the changing relationship between consumption and citizenship
- to explain the shifting local, metropolitan and transnational boundaries of cultures of consumption
- to explore consumption in the domestic sphere
- to investigate alternative and sustainable consumption
- to develop an interface between cutting edge academic research and public debate.

For further details take a look at our website www.consume.bbk.ac.uk

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