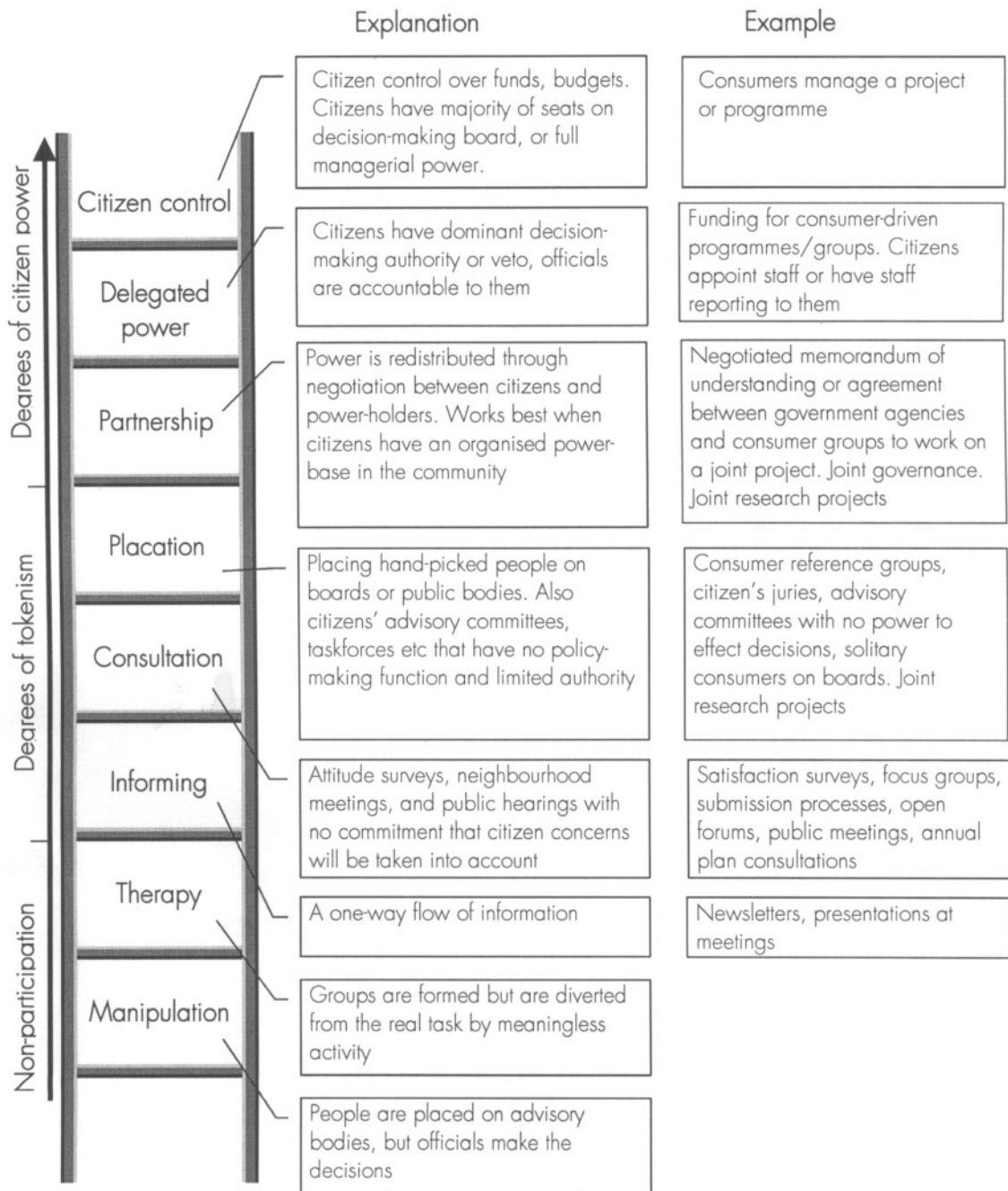


Figure 1: Arnstein's Ladder of Citizen Participation

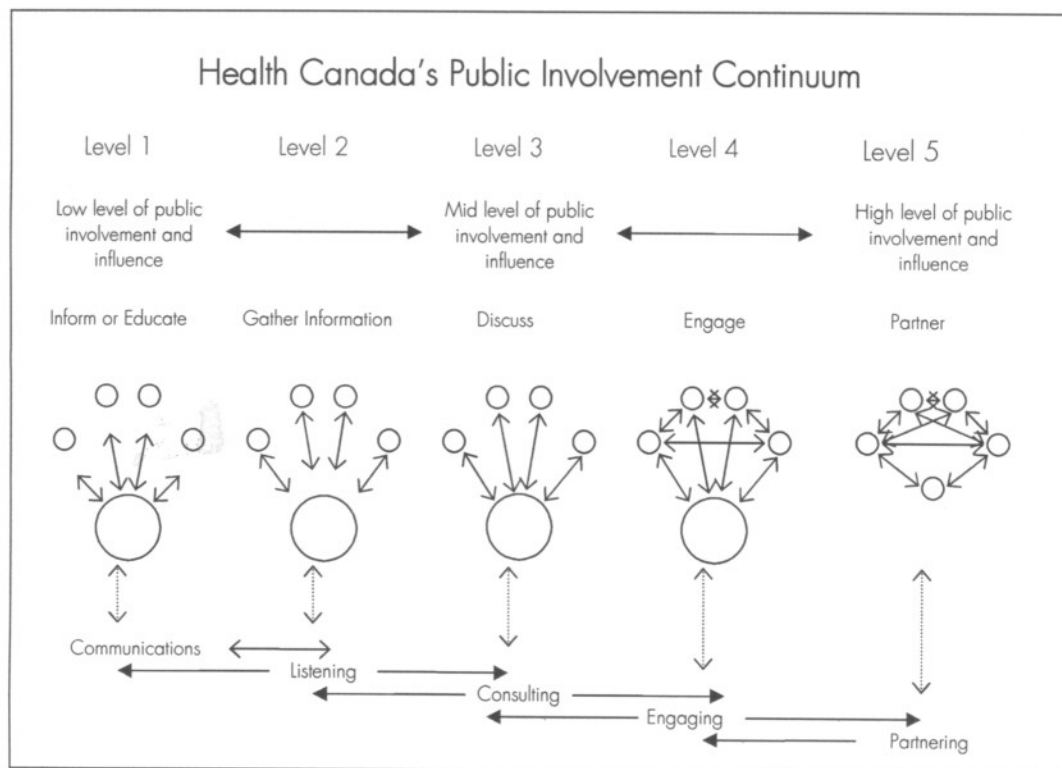


Saltman (1994) expands the bottom rung of manipulation to include customer relations, token consumer representation on committees, emphasising patient satisfaction within the existing resource allocation structure and even formal advisory groups such as community health councils in the UK, and officially appointed 'patient representatives' such as the Swedish ombudsman.

The National Resource Centre for Consumer Participation in 1999 used a modified version of Arnstein's Ladder to conduct a needs assessment of consumer participation throughout Australia. Each agency, from Commonwealth Government, state governments, peak service providers, service providers, peak community and consumer groups, and consumer groups was assessed using the typology of the ladder. This enabled the resource centre to present a kind of status report on what was happening in participation and to identify areas for improvement.

An interesting example of a different way of expressing levels of participation is the example given by Health Canada (Health Canada 2000). It provides five levels from low to high level of public involvement showing the increasing engagement of participants as higher levels of participation are reached. This is shown in Figure 2.

Figure 2: Health Canada's Public Involvement Continuum (Health Canada 2000)



### 1.3 TYPES OF VOICE/PARTICIPATION: INDEPENDENT CONSUMER ADVOCACY

All activities to enhance consumer voice are aimed at influencing decision-makers and influencing and changing the configuration, quality, acceptability and accessibility of services (Lupton et al 1995).

'Voice' or 'participation' activities can be divided into two major types:

- Independent consumer advocacy
- Participation within the health sector.