

History & Policy-Strategy Unit seminar on the Big Society

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Participation

We observed that participation has changed rather than declined (with the exception of [charitable giving](#)), particularly as horizontal participation, or participation between people in associational life, away from any state or 'official' structures, is still strong. One of the big shifts in [participation](#) has been the move to individualistic, flexible forms of engagement: the idea that engagement has to fit around 'me' (e.g. [micro volunteering](#)), be reciprocal (e.g. through [Time Banking](#)) and that engagement has become a form of 'armchair activism', with many people participating via signing an online petition or giving through a monthly direct debit to their favourite charity.

It would be helpful if the SU were clearer about what the big society and civil society constitutes or what their priorities are: individual giving, community/neighbourhood activism and of the delivery of public services are all mentioned in their briefing. These are very different, with different drivers and definitions. On closer reading, the SU briefing mentions volunteering and charitable giving quite a lot – what of the other areas of civil society are they interested in, e.g. political participation and mutual aid? I recommend reading page 1 of the briefing paper from the NCVO Pathways through Participation literature review – [What is participation?](#)

In response to the question on the drivers of participation, a summary is [here](#).

Much of the focus has been on changes in the supply of engaged citizens, but maybe it is worth exploring changes in demand over the long run: it is already the case that we are expecting more, and more from, 'active citizens'. [Who are these active citizens?](#) Are we talking about the 'usual suspects' (or the 'precious few', perhaps). It is also worth highlighting at this point Nick Deakin's observation that both voluntary action and mutualism has often been convivial in nature: overlaying governance type responsibilities on such activities may misunderstand what people want from participation.

Relative roles of the state and the sector

Questions regarding the relative roles of state and voluntary action, and in particular crowding in/out – underestimate the extent to which the different sectors collaborate and overlap. As Pat Thane noted, there has always been blurring at the boundaries; and as many have noted, contracts between charities and the state for the delivery of services date back to at least 1760 (in that case, the [Foundling Hospital](#)). But this informal [hybridity](#) referred to by David Billis has accelerated fundamentally in the last two decades, with resultant implications primarily being [isomorphism](#) described variously by Lester Salamon and Helmut Anheier.

Notions of complementarity are also difficult to summarise, though a general observation has been the role of voluntary action in identifying new service priorities. Ambulance services provide both a historical and contemporary illustration of these issues. Hospices provide a modern historical example.

It should also be remembered that large parts of the voluntary 'sector' (a concept created circa 1978) remain untouched by the hand of the state. Despite observations regarding the current scale of public service delivery via voluntary organisations, we estimate only 40,000 such organisations have a direct financial relationship with the state.

In summary, there are many examples of service delivery systems where collaboration occurs, but getting the framework for collaboration right has not always been easy.

Resources

The voluntary sector's [resources](#) are arguably bigger than at any point in history. However, there is some evidence of the bifurcation in resources – and roles? – that [Ralf Dahrendorf](#) warned of.

A big voluntary sector has not, however, necessarily translated into a strong voluntary sector, nor even a strong civil society. Resource constraints have clear historical antecedents, with even the largest voluntary hospitals experiencing periodic funding crises in the nineteenth and twentieth centuries. Successful capital appeals may have masked ongoing struggles to fund revenue. There may be interesting historical lessons regarding the role of hospitals as a source of civic pride – and the involvement of local elites in supporting those institutions.

Finally, it is worth highlighting that the sector today still largely reflects an amalgam of both Victorian philanthropy (such as Barnardos) and the post-war campaigning organisations (such as CPAG), the implication being that new initiatives should involve both the small groups and initiatives that constantly emerge at the grassroots, whilst building upon the assets (both tangible and intangible) built by organisations over, in some cases, more than a century.

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