

Long Live Ivan Illich

Why participation rather than consumerism should be the watchword for future public services

By Charles Leadbeater

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A loud crunching sound is about to start reverberating from public services. After several years of plenty, public expenditure will grow only in line with the rest of the economy over the next few years. Years of rising spending have only just managed to dampen public and professional frustration that will quickly reignite once services are cut or reorganised. As spending has risen so too have expectations of quality of service, responsiveness and personalisation.

Additional resources have disguised as well as addressed some of the underlying problems with public services, many of which seem stuck in an organisational time-warp. We are building more shiny new prisons. But they look alarmingly like Strangeways in Manchester, opened a century ago, just with a new lick of paint. The Building Schools for the Future programme is replacing run down schools. But too often these new schools look like slightly better versions of institutions with their roots in Victorian ideas of education.

Systems for holding public service producers to account – targets, inspection regimes, performance frameworks – may improve services for users but at the cost of creating a convoluted bureaucracy that stands between users and producers. Often users feel they do not have a direct say in shaping the service they want so it responds to their needs. They feel no more in control. More and more local authorities are ranked as excellent by the Audit Commission's Comprehensive Performance Assessment but how many service users even know it exists?

Yet most public service professionals feel equally trapped, their room for professional judgement severely constrained. Social workers, for example, complain they increasingly act as gatekeepers, risk managers and form fillers, detached from a sense

of the vocation that drew them into social work in the first place. Once spending gets tighter old reflexes of complaint and will quickly reassert themselves.

Instead of further incremental reforms to public services, a further tightening of the screw of McKinseyite targets and performance management, we need a different vision of how public services could be organised that will allow them to be both higher quality, lower cost and more responsive. The key to that will be to see service users not as consumers but as participants.

Traditional, post-war public services were built around a paternalistic ethic of professional control and expertise. Current reforms are challenging professional power with an ethic of consumerism and choice, overlaid with a heavy dose of top down managerialism. Instead reform and innovation should be guided by an ethic of participation.

The most effective public services in future will be organised around an ethic of participation, contribution and self-management, rather than consumerism. Participative public services in the long run will deliver better results and at lower costs by mobilising service users as contributors to solutions rather than encouraging to see themselves as passive consumers, waiting for a service to be delivered to them. Instead we should encourage people to see themselves as far as possible as participants in creating solutions, for themselves.

And though it may seem unlikely the best guide to why we need participative public services and how they might operate is an iconoclastic former Catholic priest and social visionary who wrote his best work thirty years ago: Ivan Illich.

Illich was a nomadic and iconoclastic Catholic priest and arch critique of industrial society who in a series of polemical short books in the 1970s set about the failings of

¹³ Illich's books have been reprinted many times and are published in the UK by Marion Boyars Publishers, www.marionboyards.co.uk and distributed by Central Books.

modern institutions and the professionals who organise them: *Deschooling Society*, *Limits to Medicine*, *Disabling Professions* and *Tools for Conviviality*.³

Illich was ahead of his time by being behind the times. His critique of industrialisation harked back to pre-industrial, more communal and less hierarchical forms of organisation, in which local, low technology production met most demand. He also foresaw a post-industrial world, using the language of networks and webs long before the Internet was heard of.

Illich was an ideological cross-dresser long before Tony Blair and Bill Clinton made it familiar. He was well equipped for a world in which faith and religion have once more become central to politics. Trained as a priest and rapidly promoted in the Catholic hierarchy Illich never stopped being priest but became a fierce critic of the Vatican. For much of the 1970s he was a darling of the left, sharing intellectual common ground with Herbert Marcuse and the Frankfurt School's critique of a one dimensional society, run by large corporations. He was an environmentalist before the movement had been born.

Yet Illich was also a libertarian and dismayed many of his left-wing fans with a withering attack on Castro's Cuba. He advocated education vouchers and markets in public services long before Sir Keith Joseph. And just to confuse people even more he could be deeply conservative: his defence of the traditional gender roles enraged feminists.

Illich was born in Vienna in 1926 and grew up in a comfortable middle class home, the son of a civil engineer. He was expelled from Austria in 1941 by the Nazis because of his mother's Jewish ancestry. From then on he became an itinerant intellectual living with few material possessions. After university in Florence, he studied theology and philosophy at the Gregorian University in Rome and in 1951 completed a PhD from Salzburg University before going to work as a priest in Washington Heights, New York mainly with Puerto Rican immigrants. He went on to hold a university post in Puerto Rico before walking and hitch hiking several thousand miles to create the Centre for Intercultural Documentation in Cuernavaca in Mexico. The Centre, which Illich described as a "free club for the search of surprise"

was eventually closed down by the Catholic hierarchy. By the 1980's Illich's celebrity was on the wane. He taught free wheeling classes at universities in the US and Germany and in the early 1990's he was diagnosed with cancer. True to his principles, set out most powerfully in *Medicial Nemesis*, he refused medical treatment administered by doctors, which would have rendered him unable to work, wrote a history of pain and eventually died, at his desk, in 2002, largely unknown to current generations of young radicals.

Yet in a golden period in the mid-1970s, Illich set out how industrial era institutions might be superseded and reformed that could now serve as a guide to the next generation of public service reformers.

For Illich all modern institutions draw from the Church and all professions in some respect gain legitimacy by becoming a form of priesthood. Illich's argument against the Church was that it turned the mutual charity evident in the tale of the Good Samaritan into a social machine. The Church became a systematic source of care and solace, but at the cost of becoming also a source of power and doctrine, in which the priesthood determined who was holy and who damned. Illich's argument was that this perversion, in which care becomes power, eventually affects all institutions and all caring professions, doctors, teachers and social workers included.

The triumph of modern industrial society, according to Illich, was the creation of institutions on a vast scale, which provide services such as education, health and policing, that were once limited to just a few. These universal systems aspire to deliver services that are fair and reliable. Yet that in turn requires codes, protocols and procedures, which often make them dehumanising.

Professional power is at the heart of this. Professions became dominant professions, according to Illich, with the institutionalisation of their knowledge and power into systems. Dominant professions do not just provide services for people in need, they define what we need and what we lack. They infiltrate how we think: even though most improvements in health have come from changes in lifestyle, the way we work, public health and food, in the public imagination health is indelibly associated with doctors and hospitals, men and women in white coats.

Yet professional institutions become counter-productive: the more resources that are poured into them, the more problems and ill effects they create, often outweighing the benefits. A hospital that provides a cure for a specific medical condition – an elderly person’s broken hip – can quickly disorient the patient and rob them of self-confidence, as they are passed from doctor to doctor, ward to ward. It takes only a few days for an elderly person in hospital to lose their self-confidence in their own capacity to cope. They are likely to emerge with their hip cured but their self-confidence shattered. The apparent omnipotence of doctors, the mystique of the profession, excites people to expect cures that cannot be delivered. When the doctor cannot dispense the expected cure that breeds a sense of frustration and disappointment that leads to a loss of trust.⁴

This counter productivity also afflicts education, Illich argued. The school system is meant to be a route for social mobility and opportunity. Yet any system of ranking and grading is bound to produce failures and drop outs as much as successes. Indeed far from encouraging people to learn, formal school trains many people to turn off. School creates the impression that learning is the product of teaching and something we do only in special places, like schools, at special times in our lives, with the help of special people: accredited teachers. Education is seen as unworldly; to learn is to be cut off from the day-to-day world. By extension the world – where we live most of our lives – cannot be about learning. Education is not seen as a personal project of learning and self-development but a process of certification to show you have learned what the system expects. Perhaps the most counter-productive public institutions are prisons. Even now, we are building more prisons, knowing that many prisoners lack the skills to hold down basic jobs, that prisons breed drug addiction, enforce social disconnection and do little to make people more literate or skilled. Prisons are ostensibly an answer to crime; in truth are another part of the system that re-cycles it.

As people become more dependent on the expert knowledge of professionals so they lose faith in their own capacity to act. The rise of professional power is mirrored by a loss of individual responsibility. We become cases to be processed by the system

⁴ Limits to Medicine, Marion Boyars Publishers, 1995, first published as Medical Nemesis – The expropriation of health, originally published in January 1975.

rather than participants. Education and health come to be commodities to be acquired rather than capabilities we develop in ourselves to live better lives.

As Illich put it in *Deschooling Society* : “The pupil is “schooled” to confuse teaching with learning, grade advancement with education, a diploma with competence, and fluency with the ability to say something new. His imagination is “schooled” to accept service in place of value. Medical treatment is mistaken for health care, social work for the improvement of community life, police protection for safety, military poise for national security, the rat race for productive work. Health, learning, dignity, independence and creative endeavour are defined as little more than the performance of the institutions which claim to serve these ends, and their improvement is made to depend on allocating more resources to the management of hospitals, schools and other agencies in question.”⁵

Health is a classic example of where employing many more professionals and paying them more does not guarantee satisfaction. Much of the doubling of health spending since 1997 has gone to employ and pay for more nurses and doctors. The 2002 Wanless Review of the future of the NHS, commissioned by the Treasury, suggested on current trends health spending would have to double again in the next 20 years to keep pace with demand. That is inconceivable.

A health system, built around hospitals, is working efficiently when the beds are full as much of the time as possible. Yet a healthy society is one in which people do not need to go to hospital. Hospitals increasingly aim to produce high quality, mass customised treatment, along a more or less linear patient pathway which looks something like a production line: the patient goes in at one end ill, is worked on by doctors and nurses, and emerges out the other, like a finished product, well again.

The hospital focussed health care system emerged in response to the spread of contagious and acute disease born by urbanisation and industrialisation in the late 19th century. The aim was to provide a place where specially trained people – doctors and nurses – could repair people who were ill, a bit like a garage repairs a broken down

⁵ *Deschooling Society*, Marion Boyars, first published 1970, reissued 2002

car. Now this system of professional diagnosis, prescription and monitoring, has to face a challenge for which it was not designed: an epidemic of chronic disease, in a society in which people live for longer.

In the UK, 45% of the adult population have one or more long-standing medical condition. Amongst those 75 years old, the fastest growing group of the population, the figure is 75%. Many long term conditions such as diabetes can be prevented and managed by intelligent self-management. But a health system in which expertise is inside clinics and hospitals does not allow us to diagnose diabetes early enough. Between 40% and 50% of diabetes is not diagnosed until it is too late. Then people become dependent upon regular insulin injections, which in the UK involves repeat visits to the doctor and difficult changes to what they eat, how they cook and the rest of their lifestyle. As a result the centralised hospital system is clogged up with dealing with diabetes – to the cost of £5m a day – when in truth long term conditions of this kind really need to be tackled outside hospital by changing people’s lifestyles. The hospital based health system, designed around professional expertise to treat contagious disease and cure people, is ill-designed to prevent and manage chronic long-term conditions among a population living far longer.⁶ No matter how many targets and additional resources hospitals are given, they are not designed to meet this pervasive, social challenge.

For Illich, professionalised public institutions are nightmares forged out of good intentions. Professions that serve us also disable us. As Charles Taylor, the philosopher, puts it in the introduction to *The Rivers North of the Future*, a collection of Illich’s last writings : “Ours is a civilisation conceived to relieve suffering and enhance human well-being on a universal scale, unprecedented in human history. It’s what we think we ought to be able to do and yet we also feel that very systems can imprison us in forms that turn alien and dehumanising.”⁷

⁶ Co-creating Health, Red Paper 1, Hilary Cottam and Charles Leadbeater, The Design Council, 2004; xxxx, Robin MurrayPape 2005

⁷ The Rivers North of the Future, The Testament of Ivan Illich, as told to David Cayley, foreword by Charles Taylor, House of Anansi Press, Inc, 2005

It is not difficult to parody Illich's critique as utopian and naive. Some of his ideas for the reinvention of pre-industrial forms of family life and community seem dotty. His ideas for deschooling society may make more sense for adults and older children than say for five year olds in a society obsessed by risk. His own attempts to put his ideas into action at CIDOC may have ended in chaos had not the Church brought them to an abrupt end. The self-help movement Illich helped to spark has spread like a contagion of mumbo-jumbo.

However Illich was prepared to question fundamentally how public services should be organised around people as producers and participants not dependent consumers. As a result his ideas open up possibilities for innovation unthought of by conventional managers and management consultants.

As he put it in his most optimistic book, *Tools for Conviviality* : "I believe a desirable future depends on our deliberately choosing a life of action over a life of consumption, on our engendering a lifestyle which will enable us to be spontaneous, independent, yet related to each other, rather than maintaining a lifestyle which only allows us to produce and consume."⁸ Post-industrial, convivial institutions would work through conversation rather than instruction; co-creation between users and producers, learners and teachers, rather than delivery from professionals to clients; mutual support among peers as much as professional service, he argued.

In *Deschooling Society*, first published in the UK in 1971, he provided some principles for how a more convivial education system would work, for example, by providing all that want to learn with access to resources at any time, in airports, factories, offices, museums and libraries as well as schools; making it easy for those who want to share knowledge to connect with those who want to learn from them through skills exchanges and directories of classes that people could choose from; allowing those who want to propose an issue for discussion and learning to do so easily. In 1971 that sounded radical and far-fetched. In the era of Wikipedia and eBay, Meet Up and MySpace, it sounds like the conventional wisdom of online social networks. (The young social entrepreneur, Paul Miller, for example, is about to put

⁸ *Tools for Conviviality*, Harper Row, 1973

Illich's ideas into action with an online School of Everything, backed by Geoff Mulgan's Young Foundation, to bring together people who have a skill to teach – how to use the Sibelius music software programme – and those who want to learn.)

Illich's proposals scattered across his main books - *Tools for Conviviality*, *Deschooling Society* and *Limits to Medicine* - yield a set of design principles for post-industrial public services which will have to deal with citizens brought up with MySpace and Google.

Public institutions and professional should educate us towards self-help and self-reliance as much as possible. Modern society trains us to be workers and consumers. Post-industrial institutions should train us for self-management and self-assessment. As Illich put it in *Deschooling Society* : “Good institutions encourage self-assembly, re-use and repair. They do not just serve people but create capabilities in people, support initiative rather than supplant it.” In the *Limits to Medicine*, he argued: “Better health care will depend not on some new therapeutic standard but on a level of willingness and competence to engage in self-care.” Illich's golden rule was that formal instruction must never outweigh opportunities for independent learning.

That means public services need to build our capacity for self-assessment and self-evaluation, starting with education. The modern, professional state spends massive sums on assessing need, especially in social care, where perhaps a third of the budget goes on assessment of need by professionals. Professionals assess what we need, whether we are entitled to state support and then determine how that should be delivered. Then more professionals, in the form of inspectors, come along to check it has all been done properly. We need much greater emphasis on intelligent self-assessment and self-evaluation. That is already the lynchpin of the tax system and should play a greater role in education and health. Experiments with self-assessment in social care show that people generally do not over-claim benefits and are more likely to see how they could address their needs without turning to the state. The education system schools us to think of assessments as exams, something we do at the end of the pipeline, checked by a professional. We need an education system that builds up capacity for intelligent self-evaluation, so that we are better equipped to

assess and solve problems under our own steam, with the help of our peers and professionals if needed.

As an example take a thrombosis prevention service in north London, which has 5,000 patients taking drugs to reduce the risk of clotting. They have weekly blood tests, which are administered by nurses and GPs and sent to a centrally for assessment. The unit writes to anyone who needs to change their dosage; if it is urgent they call them on the phone. The system works efficiently: tests are done by 11am and the results are back by 1.30pm.

But in Germany the patients do this all themselves with a small machine that costs about £400. They do the test whenever they like. They analyse the results and change their dosage accordingly. In north London only 10 of the 5,000 patients use this machine. The unit employs scores of nurses to do tests at industrial scale which could easily be done by the patients themselves if they had the tools, the skills and the self-confidence.

But to make that kind of shift possible public services would have to promote motivation and cultural change. Motivation is the new medicine: motivating and equipping people to better look after themselves. Motivating children to want to continue exploring and learning should be one of the chief aims of the education system. Schools instil a deference to professionals and experts from an early age.

Whenever someone comes into contact with a public service it should not just deliver a service to them, but also try to create the motivation for them to look after themselves more effectively. For Illich this meant that instead of having, acquiring, possessing, we should want a society that encourages action, doing, being. As he put it in *Limits to Medicine* : “In an intensely industrialised society, people are conditioned to get things rather than to do them; they are trained to value what can be purchased rather than what they themselves can create. They want to be taught, moved, treated or guided, rather than to learn, to heal and to find their own way.”

Professionals in future would act as persuaders, counsellors and campaigners, occasionally delivering a service, but often encouraging people to acquire the skills to

look after themselves more effectively. In *Limits to Medicine*, Illich described the health as a personal task, which people must take responsibility for: “Success in this personal task is in large part the result of the self-awareness, self-discipline, and inner resources by which each person regulates his own daily rhythm and actions, his diet and sexual activity... The level of public health corresponds to the degree to which the means and responsibility for coping with illness are distributed among the total population.” Professionals should be serve people in a way that helps to build up this distributed capacity for coping.

Participative public services would not just provide professionals to be consulted but mobilise knowledge and expertise from a wide variety of sources. Professionals will still be the most knowledgeable players in any field. But they will increasingly find themselves playing alongside alternative practitioners, para-professionals, peer learners and Pro-Ams. Enlightened professionals will realise their jobs are made a lot easier if they relinquish their claim to a monopoly on knowledge and encourage people to turn to other, reliable sources. Thanks to the Internet and new generations of search engines, people will increasingly find their way to the sources of news and information they trust. Professional monopolies on knowledge, painstakingly established in the 20th century, will erode rapidly in the 21st century. Professionals will still provide expertise and judgement but they will also encourage exchange and encounter between peers.

The rise of mass peer-to-peer systems for sifting information and ideas such as Wikipedia, the online encyclopaedia, have huge potential to transform the public sector. At Lipson Community college in Plymouth, for example, the visionary head teacher Steve Baker has created a semi-formal system of lead-learners: children who are ahead in a subject often mentor those lagging behind; morning tutor groups are organised by older children, looking after younger peers. By turning just a small number of the children in the school into para-teachers, Baker has multiplied the resources available. This is the economic logic of computer games applied to education. Computer games such as the Sims and Second Life increasingly rely on the players creating much of the action themselves. A computer game with a million players only needs 1% of them to be player-developers and it will have an unpaid

development workforce of 10,000 players feeding back content to enrich the game. Imagine for a moment an education system that did that.

Schools are still by and large factories for education, which operate to the sound of a bell, with experiences chunked into 45 minute lessons and classes organised into rigid year groups. Yet more and more children will learn outside school, peer-to-peer through these informal collaboratives. Put it this way: how would you design an education system for a generation that started on Bebo at the age of seven?

Resources, skills and tools for public services will have to be more distributed. *Tools for Conviviality* is a defence of simple, easy to use, vernacular tools that help people achieve things more easily, as opposed to complex tools that only professionals can understand and operate. Illich mainly wrote before the advent of the personal computer, the Internet and the mobile phone. In later life he was no great fan of them. Yet in many ways these are becoming great examples of the convivial, easy to access tools that allow people to collaborate and communicate. We have only just begun to tap their potential. Kent County Council is just starting trials of new home based sensors to allow remote monitoring of the movements and health of elderly people, that should allow more to live in their own homes rather than moving into care homes. In Korea a mobile phone came onto the market in 2006 that allows a diabetic to check their blood sugar levels and communicate the results to a doctor.

It is not just tools that need to be distributed but finance as well. In the autumn of 2005 I spent an afternoon with a group of inspiring parents in Wigan who were all participating in the Department of Health's In Control pilots to allow families caring for young people with learning disabilities to have individualised budgets. The group said that when they had been consumers of public services, they tended to complain to get things changed; they were often at odds with service providers and rarely shared ideas and resources among themselves. Once they became budget holders they started to look for ways to make the money go further, they worked more collaboratively with their care workers and with one another. Individualised budgets turned them from passive, often disempowered and discontented consumers into participants and players, they took responsibility for how their budget was spent.

Even now three decades after Illich first sketched these design principles they can sound utopian. It is certainly far-fetched to hope that public services could be reformed, in a single bound, to adopt this highly distributed approach. Nor are these ideas appropriate to every aspect of public services. People in need of urgent and acute surgery do not generally want to be participants in the process: they want a good service, delivered by professionals. Too often the ethic of self-help can be used to get us, the users, to do more of the work ourselves. Self-service is not the same as participation.

The point is that the range of ways we can create public goods is expanding. In energy, for example, nuclear power might provide part of the solution to global warming but so too could highly distributed, domestic micro generation. Schools and hospitals will continue to exist but in an environment where more learning and health care can be delivered, informally and at home. People will want to be consumers some of time, participants at other times, when it makes sense for them..

Ivan Illich's genius was that thirty years ago he could already see this would not just be desirable but it would become a necessity. A tax funded public sector built around consumerism cannot hope to keep meeting people's rising expectations for tailored services. The only way to personalise services to different needs at scale and low cost is to motivate and equip the users to become participants, players not spectators, to self-provide not just rely on the professionals. In future we will need public services produced by the masses, not just for the masses.

Charles Leadbeater's next book *We-think: the power of mass creativity* will be published next year by Profile and is available in draft for download and comment at his website www.charlesleadbeater.net and as a wiki at wikia.com.
