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Scaling up from everyday concerns to territorial politics and constitutional debate: deliberation among women in the Irish border area

Joanne McEvoy a and Jennifer Todd b

ABSTRACT
A gulf between constitutional and everyday perspectives is prevalent, and often overlain by gender divisions. To explore how this gulf can be bridged to allow for the inclusion of everyday concerns in constitutional discussion, we engaged with women in the Irish border area, a region where constitutional difference has striking effects in daily life. We held a series of small-scale deliberative cafés on cross-border health provision, which is linked to dysfunctions of regional governance and contentious constitutional issues. We asked if such open-ended deliberation allows everyday concerns to ‘scale out’ to wider territorial units and ‘scale up’ to the constitutional question. We found that the deliberative café, a radically inclusive method, facilitated a limited scaling up and out from everyday experience: participants collectively and credibly defined systemic dysfunctions on the regional level with policy implications for constitutional discussion. Although participants raised important political issues, they did not easily move from regional to constitutional discussion. We argue that this discursive disjuncture between regionalist policy and constitutional politics derives from a tension between wider regionalist state discourses (which determinedly avoid constitutional contention) and constitutional discourses (which lack a spatial dimension and assume one ‘ideal’ public rather than engage with many existing publics).

KEYWORDS
deliberation; participation; everyday constitutionalism; new regionalism; borders; gender; territorial politics; public policy

1. INTRODUCTION

Scholars have long recognised major disjunctures between categories of everyday practice, and categories of politics. These disjunctures have been explored in the fields of everyday ethnicity, everyday peacebuilding, everyday universalism, everyday cosmopolitanism and everyday constitutionalism (Brubaker et al., 2006; Mac Ginty, 2021; Binnie et al., 2006; Cicchelli, 2019; Curato, 2019; Lamont, 2019).1 Migdal (2001) has shown the radical conceptual divergence between the concerns of the ‘state over society’ (including nationalist symbolism and constitutional
boundaries) and the ‘state in society’ (policy outputs and regional units of administration that are imbricated in everyday experience of family, health, education, work). Less attention has been given to how, if at all, that gulf between everyday and constitutional perspectives might conceptually be bridged. Addressing this puzzle is crucial for the practical questions of inclusion and participation – whether and how everyday perspectives can meaningfully be included in constitutional deliberations.

To explore this question, we ask if and how women’s everyday concerns in the Irish border counties connect with ongoing debates over the British/Irish territorial boundary on the island of Ireland and British or Irish sovereignty over Northern Ireland. Women’s groups have long decried the abstraction of constitutional and nationalist politics, although clearly constitutional arrangements impinge on daily lives. The connection between the everyday and the constitutional is overt on the Irish border area where daily experience and constraints differ on each side of the border, and yet two competing discourses – one on practical issues and policy, and one on constitutional politics and nationalism – have long coexisted there. We ask if and how women in these areas connect issues that impinge directly on their lives, such as health provision, with constitutional arrangements.

Our general aim is to see how the inclusion of diverse perspectives impacts on constitutional discussion. It is well attested that inclusion of people from marginalised clusters of the population does not guarantee that their perspectives will be heard; they may be drowned out by louder and more authoritative voices. The concept of ‘radical inclusion’ grasps the aim of including diverse perspectives as well as diverse clusters of people in constitutional discussion. It does not impose authoritative constitutional concepts in discussion but rather explores the terms by which participants construct their sense of political authority, understand or problematise territorial boundaries, and make connections between fields.2 Radical inclusion in constitutional debate is a process and method, rather than an event or condition: qua process, it involves a series of deliberations with different groups, in principle the more diverse voices the better; qua method, it encourages participants to articulate their everyday concerns and connect them to wider political issues. As we discuss below, it involves correlative refining of constitutional discourse to connect to these concerns. In this paper we explore the method and one step of the process, showing what a radically inclusive deliberative approach reveals about border women’s ways of connecting everyday perspectives with constitutional concepts and concerns, how they ‘scale up’ and ‘scale out’ from their everyday perspectives to wider territorial–political concerns. Our sample is not representative and there is no supposition that the same concerns would be voiced by different types of participants, or that they would ‘scale up and out’ in the same way. We did, however, replicate our experiment with border women in three separate cafés, with very similar results in each. This gives some confidence that we have identified one pattern of scaling up and out.

We contextualise our discussion politically in the post-Brexit context on the island of Ireland, and provide a critical assessment of the assumptions surrounding Irish government policies (in particular those associated with the Shared Island Unit within the Department of the Taoiseach), which prioritise functional issues of socio-economic cooperation over constitutional issues. We highlight the important distinction between a focus on socio-economic issues to the detriment of wider constitutional questions, and as a way of exploring and adjudicating constitutional options. While the former may have immediate political benefits for government, we argue that it does not speak to the interests and deep frustrations that our participants expressed.

We contextualise our discussion theoretically in the literature on constitution-making, where there is a growing expectation that popular participation can enhance the legitimacy and sustainability of constitutional change, and in feminist scholarship where it is argued that a fully inclusive process can shift the process from zero-sum debate to more positive-sum discussion.3
Our research had three overlapping aims:

- **Empirically and substantively**, we investigated the problems research participants face in respect to a contentious trans-state and cross-border policy area (health policy); what obstacles they meet in getting their voices heard; and what frustrations (politically and socially) they experience.

- **Conceptually and theoretically**, we explored how participants respond discursively to these everyday problems: by scaling up to discussion of conflicting constitutional claims; scaling out to more general values and aims common across wider areas; and/or reframing the constitutional question. We asked: What is the epistemic trajectory of everyday concerns? What does this tell us about the role of deliberation in facilitating the scaling up and scaling out from everyday understandings?

- **In political and policy terms**, we assessed some of the assumptions informing Shared Island discussions.

In the next section, we contextualise our research within current post-Brexit politics on the island of Ireland. We go on to frame it theoretically within constitutional and feminist scholarship. We then set out our research design based on a series of participatory deliberative cafés with women in the border area. We report our empirical research findings and we consider their implications for transborder policy and constitutional discussion across the island of Ireland. In conclusion, we highlight the significance of our findings for wider scholarship and policy on participation and constitutional deliberation.

**2. POLITICAL CONTEXTUALISATION**

The UK’s exit from the European Union (EU), Brexit, has provoked a return to the question of state sovereignty over Northern Ireland and sharply polarised political responses there (Coakley & Todd, 2020, pp. 538–541). In the Republic of Ireland, there is clear majority support for unity but without close knowledge of the other jurisdiction or much thought about the challenges unity may bring (Todd et al., 2023). All parties acknowledge the need for democratic legitimation of any future constitutional process. There is increasing recognition in the Republic of Ireland and Northern Ireland that deliberation is a valuable way of accessing public perspectives. But there is also a tendency by the Irish governments to sideline constitutional debate in part because it may be disturbing to unionists and thus politically destabilising, and in part because it will inevitably highlight existing and create new problems for the state. There has been little deliberation on constitutional issues, and the few deliberative experiments have tested a representative mini-public's willingness to change their views on a set of predetermined constitutional questions (Garry et al., 2020, 2022). Where public participation is explicitly sought by the Irish government, it is on issues of North–South functional cooperation and mutual interest, not on more contentious political and constitutional issues. Thus the Irish government’s ‘Shared Island’ initiative aims to build linkages and deepen communication across the island and bypasses constitutional discussion.

The ‘shared island’ agenda is itself a matter of political contention. There are competing strategic interests within the Irish government and between it and parties and publics outside. There are those who, like some official negotiators of the Good Friday Agreement (GFA) and its predecessors, believe that it is better to sideline constitutional contention for another generation until ‘nobody minds much one way or the other’. There are those – perhaps then-Taoiseach Michéal Martin himself – who believe it is necessary for the Irish government to offer unionists material benefit without constitutional challenge – ‘the hand of friendship without any hidden agenda’. There are those both inside and outside government parties who believe it is necessary to tackle constitutional issues directly to prepare the institutional ground for change.
immediately. Whatever the initial motivations, and actors’ varying perspectives, the ‘shared island’ initiative has won more political support as it has developed. But there are deeply opposed interpretations of how it does and should function. Is it a necessary instrument for investigating institutional and policy disjunctures between Northern Ireland and the Republic of Ireland? Is it a technocratic strategy to achieve functional Irish unity by stealth? Is it a way of circumventing troublesome popular participation after Brexit via large, highly controlled public events that bring citizens from Northern Ireland and the Republic together? Is it a counter to Sinn Féin accusations that the government is ignoring the issue of unity? Or a resource in negotiations with the UK and the EU? Or all of these at once?

We do not engage with these questions of government motivations or with judgements about the actual functioning of the ‘shared island’ initiative. Instead we critically evaluate the assumptions surrounding the ‘shared island’ strategy: we explore whether a focus on shared everyday problems can remain isolated from contentious politics, or if it moves towards political and constitutional questions and if so how. These questions concern the potential pathways between the everyday and the constitutional, rather than the actual practice of ‘shared island’ politics. We ask how far engagement with citizens, North and South, on their experience of socio-economic problems can organically move to wider contentious constitutional issues, and/or make them easier to deal with? Or will it cement the existing disjuncture of the everyday sphere from the constitutional sphere of high politics? Answers require exploring the paths by which everyday discussions may ‘scale up and out’. We do so not by investigating top-down government forums but by generating more open-ended inclusive modes of deliberation. The answers, as we argue below, are of general intellectual relevance. They can and should also inform the direction of future democratic policy and practice.

3. EXPLORING DISJUNCTURES AND FACILITATING INCLUSION – CONSTITUTIONAL AND FEMINIST THEORETICAL PERSPECTIVES

The disconnect between everyday voices and top-down perspectives has been analysed in the context of nationalist politics where elite-level nationalist discourses appear alien to ordinary people’s day-to-day preoccupations (Brubaker et al., 2006). Similarly, recent scholarship on everyday peace shows that ‘many people interpret peace and conflict through extremely local lenses’ (Mac Ginty, 2021, p. 17), and everyday peace-making takes place distinct from, and sometimes at cross purposes to, top-down, elite-driven peacebuilding efforts. Roger Mac Ginty argues that everyday peace has the capacity, under certain circumstances, to scale up (p. 4) to wider dynamics at the substate, state and international levels and hyperlocal everyday peace acts have potential to ‘scale out’, ‘or replicate horizontally and at localised levels’ (p. 5) or to generalise to wider territorial perspectives. They do not often do so. In his classic study, James Scott (Scott, 1985) shows that everyday recategorisations are ‘weapons of the weak’ which do not impinge on the wider processes that determine everyday life. When they do so impinge, and with what effects, is an important and too little analysed question.

It is in this context that the widespread theoretical focus on constitutional participation must be critically assessed. Constitution-making is a field where there is an increasing openness to everyday perspectives (Banks, 2008; Contiades & Fotiadou, 2017; Hudson, 2021). Indeed, people-led constitutional change has become ‘a distinct trend in constitutional theory and practice’ and even ‘a constitutional design aim’ (Contiades & Fotiadou, 2017, p. 2; see also Hudson, 2021). When a new constitution is drafted, or a state’s fundamental laws are redesigned, popular participation becomes an important source of legitimation and can promote a sustainable constitutional order (Hudson, 2021). Public participation in the drafting process can also help educate the public as informed citizens, and help ‘build a shared political identity’ (Choudhry & Tushnet, 2020, p. 173) and democratic culture (Eisenstadt et al., 2015).
However, popular participation in constitutional processes may be limited in practice and subject to what Alexander Hudson describes as ‘the veil of participation’ whereby ‘public participation in a sense creates a veil that separates the citizens from the elites who do the real work of drafting a constitution’ (Hudson, 2021, p. 3). Case study research in places including Fiji (Saati, 2017), Kenya (Cottrell & Ghai, 2007), Iceland (Landemore, 2020; Thorarensen, 2017) and Tunisia (Ginsburg & Bisarya, 2022, p. 27) highlights elite dominance in constitutional processes where popular participation can be sidelined and symbolic.

Limits on constitutional inclusion have been highlighted in a growing body of feminist research on the gender dynamics of constitutional processes and the benefits and challenges of women’s participation (Ashe, 2022; Ashe et al., 2022; Irving, 2017; Rubio-Marín & Irving, 2019). Some analysis points to the potentially positive impact of women’s formal participation through a range of mechanisms, including participatory tools (consultations, online submissions, opinion polls, referendums) and fora that are more expressly deliberative in nature such as citizens’ assemblies, citizens’ juries, constitutional conventions and deliberative polling. Yet gaps remain between formal participation and substantive inclusion. In deliberative forums, women tend to speak less and thus have less influence than men (Gerber et al., 2019; Harris et al., 2021). Scholarship on these limitations would arguably benefit from a focus on what we call ‘radical inclusion’, not just of marginalised groups but also of marginalised issues: such radical inclusion is only occasionally discussed theoretically (Geissel, 2022) and still less often practiced (but see Curato, 2019).

Our research directly tackles the questions of how radical inclusion of everyday perspectives can be facilitated and what are its outcomes: it lets us explore how and how far the conceptual gulf between everyday, political and constitutional perspectives are bridgeable through radically inclusive deliberation that aims at including everyday perspectives, not simply marginalised groups in the population. There has been very little primary research on this area (but see Giessel, 2022; Curato, 2019; Ashe, 2022; Reuchamps & Suiter, 2016; Suiter, 2021). In what follows, we explore a process by which local women scale up and out their everyday concerns in collective deliberation.

4. RESEARCH DESIGN AND METHOD

The Irish border region has been described as an important ‘cultural space’ where the nationalist and unionist communities have experience of exploring commonalities and differences via cross-community, cross-border contact and exchange (McCall, 2011). We engaged with women’s groups in this area, building on previous research that has shown that there is a strong convergence amongst diverse and marginalised voices that it is important to begin constitutional discussion by focusing on shared experience, for example, on socio-economic ‘bread and butter’ issues, not on ideology or identity politics (Ashe et al., 2022; McEvoy et al., 2022; Todd & McEvoy, 2023). We ask if it is possible and realistic to approach contentious constitutional politics through such experiential issues, and if so, how participants might ‘scale up’ to constitutional issues and ‘scale out’ from local to wider concerns?

4.1. Experimental participatory deliberative method

We addressed these issues by exploring how border women not normally included in constitutional debate talk about health policy on a shared island. Working in partnership with women’s community networks – in particular the umbrella organisation, Women’s Collective Ireland (WCI) and a local branch of WCI in Monaghan, we organised three three-hour small-group local deliberative discussions on a contentious issue close to their everyday experience – public health provision and its cross-border coordination. The choice of topic arose from discussion with our associates in WCI and produced much interest. Public health is at once important to the experiences of individuals, especially those on the Irish border who suffer from the lack of
cross-border coordination, and an extremely complex policy issue with significant political and constitutional implications. We elaborated a ‘deliberative café’ method, as appropriate for grassroots participants in the Irish context, in discussion with experts in deliberative democracy: we built on suggestions by Nicole Curato (Curato, 2019) while focusing on a policy arena – public health – which is not highly emotive but rather highly complex and contentious. After several intensive team meetings and much discussion, we developed a schedule which would provide initial unbiased information and then allow participants to determine the questions – about policy options to tackle the problems they had defined and the political obstacles – for expert discussion on Zoom (Appendices 1 and 2 in the supplemental data online). Our aim was to create a forum that would facilitate deliberation with clusters of the population who have not engaged in constitutional discussion. Not all such disengaged clusters are lower class: women in particular have voiced constitutional disengagement without necessarily being economically marginal. Within the parameters of the chosen theme, we invited our research participants to set the agenda for discussion, while providing them with unbiased information when they required it. The method is replicable: it differs from many other modes of deliberation by encouraging participants to define the problems and the questions that experts need to answer, rather than asking experts to provide statements on a prepared topic. The deliberative café method is designed to facilitate ‘creative deliberation’, where participants can ‘reframe the issues, refocus the terms of the debate and develop new criteria for decision-making based on their lived experiences’ (Curato et al., 2021, p. 12). It is unusual in that it prioritises access and voice over representativeness – it is not a mini-public (Curato et al., 2022, p. 57; Setälä & Smith, 2018). It rather ‘actively recruits’ and ‘oversamples minority views that are likely to be glossed over by pure random selection’ (Curato et al., 2021, p. 4). Unlike focus groups, it involves deliberation understood as a process, where ‘conclusions are reached after receiving information and engaging in a careful and open discussion about the issue or issues before them’ (Curato et al., 2021, p. 17). Following Niemeyer et al. (2023, pp. 3–4) the discussion is intended to reach meta-level agreement ‘on what considerations matter and the implications for how we choose what to do’, with ‘convergence towards the same representational framework’, that is about what counts as relevant or irrelevant information and argumentation. We were interested in the ways participants collectively defined the relevance of everyday narratives, policy concerns, and political and constitutional discourse. Our deliberative café method also shares some features with broader innovations in participatory qualitative research, in particular the World Café methodological approach (Löhr et al., 2020) facilitating ‘open, yet intimate, discussion that accesses the view and knowledge’ of research participants (p. 1). The goal is a ‘structured but conversational’ process in a setting created to resemble a café atmosphere with discussion designed to enable ‘intimate exchange, disciplined inquiry, cross-pollination of ideas, and possibility thinking’ (p. 2). The deliberative cafés brought together participants of different religions, from different parts of the border area, and with different jurisdictions of home and work to engage in discussion on a contentious policy issue. The cafés were, and were presented as, part of the wider Shared Island and constitutional conversations which are ongoing in each Irish jurisdiction. The deliberative cafés were organised as three three-hour recorded sessions in a local hotel, with refreshments provided. In preparation, we created a schedule of open-ended questions around a shared island problematic. We provided participants with information sheets and brief presentations and had a public health expert, Dr Ann Nolan, on Zoom to answer participants’ questions. We suggested participants should begin with their experience and move on to policy and politics. We facilitated the sessions together with two community organisers who helped convene the break-out sessions. The first hour encompassed brief introductions, discussion of ground rules and free-flowing conversation, inviting participants to share experiences of cross-border health-care provision. After an hour, participants had a coffee break before discussing how policy could
and should be organised and the questions to be answered. A 20 min Zoom Q/A session followed with the health policy expert. We returned for the remaining 30–40 min to discuss the political context of the discussion, including constitutional implications. The café was deliberative in providing unbiased information from experts, and also radically participatory in that – within the constraints of the broad North–South arena and substantive health topic – participants could formulate their own concerns, questions and agenda for the future. While no research method or experiment is presupposition free, we started with the assumption – which proved correct – that health policy would be of strong interest to this cluster of border women. We assumed that there might be paths to policy, political and constitutional discussion, and thus our organisation of the cafés included sessions for policy and ‘wider political’ discussion. But we began with minimal assumptions as to what those discursive paths might be: that was what we wanted to explore.

Over 35 women in total attended our three events; the smallest café had six participants, and the largest around twenty: in addition the two community workers who had helped organise the sessions participated in discussions. As the groups were not intended to be representative, and participation was voluntary, we did not record demographic details. However, we gleaned some of these details from self-introductions: all research participants lived around the Irish border; the majority on the Southern side and some resident in Northern Ireland. Participants came from counties Cavan, Fermanagh, Louth and Monaghan, with two on the Armagh border. Many had frequent (often daily) North–South cross-border movement for work and family reasons, and some had lived for years in the other jurisdiction – in one case ‘half my life’. All three groups had religious diversity: one may surmise, from discussion and names, that at least four, probably five, and possibly up to eight participants were of Protestant background. Only one or two research participants were migrants and the age demographic ranged from the 20s to the late 60s. Only one declared a political position or spoke of past political activity – as a Sinn Féin activist – although several spoke of previous involvement in peace or cross-community organisations. There were no self-declared unionists or loyalists in our sample. For the most part, our research participants were educated, professional (e.g., teachers, community workers, nongovernmental organization (NGO) workers). Most spoke of having private healthcare insurance. We did not attract the most excluded to these meetings. While this is a disadvantage, it also offers a positive aspect as we were able to tap into frustrations and problems that are not simply a result of lack of education or lack of money. These professional women often experienced barriers to health provision and information, and they repeatedly complained that their experiences were not listened to by politicians or parties; if they were consulted, it was without impact. They expressed serious frustration from their experiences and felt politically marginalised. They highlighted problems that are less evident than economic ones, and specific to trans-border regions.

The three deliberative cafés (around nine hours of discussion) were taped, transcribed and anonymised, coded in NVivo and analysed. In this article, we show how themes directly relevant to our research questions – personal narratives of problems in cross-border health provision, analysis of the causes of these problems, policy, political and constitutional ways forward – were prioritised and interrelated. We focus on how these themes were interrelated, rather than on the detailed sequences of deliberation, reasoning and turn-taking in each café.

5. RESEARCH FINDINGS

In their initial self-introductions and early discussions, our research participants welcomed the opportunity to discuss their experience of cross-border health services. They were highly conscious of being from a border region: one woman remarked, when it comes to policy discussions about healthcare provision ‘the actual happens on a daily basis’ for people on the border who
move between the two jurisdictions, ‘surfing the systems’. They were also conscious of gender: there was consensus that the deliberative café sessions would be an opportunity for women’s ‘opinion to be heard and respected’. The exchange of personal narratives was particularly welcome. One woman commented, ‘It is lovely to hear other people's slant on things, you know, everybody has different experiences in life.’

5.1 From personal narratives to systemic problems

The first hour of each café invited personal narratives of experience with the health services in the border area. Discussion was lively, experiences freely shared and there were very many stories of dysfunctions in cross border provision, and frustrations with dealing with the health service. Most emphasised that people living in the border area need to be able to access services on both sides of the border: this was an understood benefit of the GFA and the regional investment in the peace process. But service provision had got worse in recent years. A common thread was that the lack of joined-up bureaucracy, reflected in poor communication between the two jurisdictions, impeded efficient service delivery.

One woman shared her experience of cross border coordination of maternity care:

I worked in the North and lived in the North, so I had two of my kids in the North system and then we moved back to the South but I still worked in the North, so when I was pregnant, I was entitled to free healthcare in the North… because I was working there. So, then I had my baby in xxx Hospital but as soon as we were discharged we were then under no care in the North. So, from you leave the hospital with the baby and go back home to the South, they no longer deal with you. So… like I would have had to fax my documents and all to my GPs and the hospital. (M2)

This case was recurrently mentioned as the discussion proceeded, signalling that the group was thinking about the problem and generalising its significance, for example: ‘You could get left behind very easily there. If English is not your first language…’

Another border dweller noted that life and death (e.g., in the case of a heart attack) might depend on whether an ambulance took one to the acute hospital on the other side of the border only minutes away or to the closest in her jurisdiction, a solid hour away. There appeared to be no pattern, but locals speculated that hospital location was contingent on the phone number (a Northern Ireland or Republic of Ireland mobile phone) used to contact 999.

Radical differences between the two systems were apparent: one woman shared that she and her son have the same medical condition; as her son lives in the North he can avail of free medication and treatment under the UK’s National Health Service (NHS) whereas she has to pay hundreds of euros for the same treatment in the South.

COVID was mentioned in all three of the cafés as a case where the difference in policies on each side of the border produced multiple local tensions. Even minor policy differences gave rise to differential risk and led to antagonism against those on the other side of the border: one Southern participant noted that Northerners came to her town ‘like cowboys’ without masks (M3). COVID was said to be ‘a missed opportunity for north and south to work together’ (M1) and there was considerable discussion why. In part, it was lack of political will. On one account ‘There was no leadership from the south to reach out a hand and say what can we do to work together’ (M1). On another account, the fault lay with the Democratic Unionist Party (DUP) in government in Northern Ireland:

We had October in 2020, when we… looked for a break, you know a breaker, a circuit break for two weeks, but Arlene Foster was absolutely adamant: ‘That’s not happening. It’s not happening. We’re going along with what is happening in England, and what Boris Johnson is saying,’ … and things went rampant through the nursing homes. I actually lost my own mother with Covid at that time… it was
just such a helpless situation to be in, and you had no control over it, and you had no control over it because the political party in the DUP said, ‘We’re not listening ….’ (M3)

The perceived ‘missed opportunity’ to cooperate effectively on COVID was also said to reflect deeper differences that have grown up between the jurisdictions despite their proximity. One Southern participant commented:

But I think we are an obedient community. Compliant. The South more so than the North because of the trauma that people have lived in and all of that; it’s a very different environment … you wear your mask, you do this, you do that. They don’t comply … and again border mentalities don’t comply.’ (M2)

As discussion developed and experiences were shared, the description of the problems changed from individual narratives to credible policy-relevant definitions of the problems faced along the border area. There was recognition that some areas – for example, children’s heart surgery – were well catered for on a cross-border basis. But this relative success simply made the remaining disconnects the more frustrating.

Like I work in a cross-border programme, in the organisation that I work with … it’s a financial arrangement. You know what I mean? And like when we do have events, it’s like literally two cultures clashing. It’s completely different. (M1)

The narratives were additive, and pointed to systemic problems of coordination that were deeply frustrating and sometimes life-threatening for those in the border region. For example, the participants questioned why some services are mainstreamed on a cross-border basis and others not. As one woman explained:

my daughter at the minute, she has a brace on, she’s getting it done in the North, through a cross-border directive, so you know I have paid for that treatment and I’ll be able to claim I think it’s about two-thirds of it back. But I don’t know why a lot more services can’t be mainstreamed like that, even if you had to pay something. (M3)

Other examples of cross-border cooperation were mentioned: policing, foot and mouth disease in cattle, and if these policy areas could work effectively the women asked why health cooperation could not.

There was a demand for information on the ways existing cooperation was set up and how it worked: ‘Just looking at that line down there about existing cooperation and the children’s heart surgery and the cancer services, I mean, is there a way of looking at how that is working North–South?’ (M3). Much of the discussion focused on concerns about how the two-tier system in the South (a public healthcare system and a private system for those with private health insurance), leads to healthcare inequalities and impacts on service delivery. The discussions analysed the parallel dysfunctions North and South: participants commented that the different health systems ‘don’t speak to each other’ and ‘use each other as an excuse’ for problems in service delivery. While much criticism was directed at the Southern health system, it was acknowledged that both systems were ‘stretched … and ready to snap’ (M3).

Individual experiences were interconnected in a problem-solving way. The difficulties of communication between health professionals North and South were related to the lack of digitisation in Southern hospitals. Equally emphasised was the reliance by the state on community organisations and volunteers to deliver health and social services: ‘the pressure that’s put on volunteers to deliver professional services in this country is scandalous’ (M2). Discussions wound
back to the points made by others earlier in a deliberative and dialogical way: for example, one participant commented that the tasks are handed back to the public:

a bit like doing all your research about your health condition, going to your doctor and saying, ‘Here’s the research I’ve done on my own while I was sick, and here’s what would help me. Can you help me?’ [reference to previous personal story]. And it’s a bit like that with our politicians who have been elected to do a job, who are being paid vast sums of money, way more than your 30,000 that you spread around the people in your community [reference to previous story of how NGOs give real value for money].

In effect, she argued, ‘they’re not doing their job’ (M2).

5.2. From problems to policy answers and constitutional options: scaling up to policy and constitutional issues and ways forward

In the second and third hours of each deliberative café, we moved to policy and to wider political topics. These issues were often mingled in break-out discussions, in plenaries and in the ‘question and answer’ session with the policy expert.

Participants spoke of the wider political context of the GFA, and the funding and organisational apparatus for cross-border work: several of them worked in cross-border organisations. But they felt this framework had not succeeded in the area of healthcare provision. There was dissatisfaction with regional organisations set up to coordinate: participants suggested that cross-border health partnership Cooperation and Working Together (CAWT) was ‘overcome with bureaucracy’, ‘so caught up with box-ticking, harvesting of numbers that the essence of what recovery education is about gets lost’; ‘It’s not actually working. In theory and on paper it looks wonderful but ….18’ Issues of mental health and suicide, highlighted as particularly important in the border area, were not being tackled (M3). There was agreement that the problems were ‘brushed under the carpet’, and that there was no will among the ‘suits’ (politicians and officials) to listen to what ordinary people experienced.

Part of the problem was bureaucracy and lack of technical coordination, and the groups outlined these in considerable detail. But that these remained insuperable problems was a matter of political choice: ‘There’s no small groups there delivering health programmes, it’s all going through CAWT. The same way as the peace [funding] going through the Councils’ (M3).

When a major cross-border venture is set up there was political buy-in’ because these are areas that … well in the North we didn’t have … or the [children’s] heart surgeon who worked in The Royal [Victoria Hospital] left. They couldn’t get a replacement. There was no alternative, but you had to go for an all-Ireland. (M3)

But that buy-in was exceptional: more usually politicians lacked ‘political will’ to try to solve the problems. The political incentives especially for unionists was to oppose health coordination since the NHS, free at point of delivery, ‘will hold people on to the six counties’ (M3).

Our research participants strongly advocated ‘streamlined healthcare’ which could be achieved by addressing poor communication across health boards, and across the two jurisdictions. There was a general consensus that in advance of any political or constitutional change that would necessitate greater policy coordination on the island, the health agencies first ‘need to get their act together’. Within each system there was little clarification of roles and responsibilities across different health agencies: this would ‘need to be ironed out before they start talking about coordination with another system because it’s not like with like’. As one woman living south of the border said, ‘until we get our system right how can we collaborate with another system and get that to integrate with ours when it’s such a mess?’ But the major problems outlined meant that they saw the task as almost impossible to resolve.
There was some discussion of successful cross-border cooperation as a model for healthcare cooperation. Participants noted that communication between the two police services on the island had a better record than that between the two health systems. They also noted intermittent cross-border success, for example, effective coordination in the past against foot and mouth disease in cattle (Clark, 2002). The GFA was mentioned as a frame for present politics, including health cooperation, with potential for normalisation rather than securitisation of cross-border relations.

The desire to find functioning models was clear: one break-out group discussed German unification, and asked how the health systems there were coordinated. In each café the positive models (children’s cardiology, cancer treatment) were mentioned and – in retrospect – this can be seen as an attempt to connect the scales of local health provision and inter-state cooperation. On several occasions a commission or a citizens’ assembly on the question was suggested:

If we had a commission or some kind of a body looking into how you could have a whole, an all-Ireland health service would that not be the place to start, what’s already going on? Where is the headquarters of all this going to be, like, is it going to be North–South, how do we get together? (M3)

During these sessions we stated that research had shown that political will and determination were important in the reform and coordination of another policy area, policing and in the successes of the GFA more generally. But the women did not take up our suggestions, and did not volunteer ideas of how greater political will and determination could be encouraged in this policy area, or whether constitutional change would make a difference.

In the Q/A session, participants questioned our policy expert, Dr Ann Nolan, on why cross-border health worked in some circumstances (children’s heart surgery) and not others, and how coordination was achieved in other societies, for example, German unification. She emphasised that reliable comparative information was lacking because of different measures between the jurisdictions. She suggested that successes across the Irish border were due to strong action by doctors and lobbying by citizens. Yet participants were not convinced that citizen mobilisation would effect change. Concerns were raised about the resources and energy required of grassroots and whether their voices would be listened to as decision-making is a ‘very closed club’. One woman recalled that though women’s groups had done so much cross-border work over the years, there was ‘very little recognition for it’. She emphasised the need for policymakers to talk to women on the border, to the people most affected as ‘things we want to keep, we should be allowed to say. It’s nobody else telling our story’ (M1).

As no solutions appeared, discussion began to falter and some voiced frustration: they were clear that the systems needed to be coordinated, that this could not be done until each was first fixed, and they did not expect government would be proactive. There was a general consensus that in advance of any political or constitutional change that would necessitate greater policy coordination, the health agencies first need to address their own deficiencies. It was a trap that was beyond their expertise or capacity to resolve. Yet again it was the voluntary sector having to deal with issues that the state (or states) neglected: there was a ‘constant battle to be heard, to make a difference and the voluntary sector is plugging all of the gaps’. In effect, having worked to define the regional problems in the meeting, the groups could not find answers.

These discussions ended without resolution. They repeatedly touched on politics but they did not focus on radical political or constitutional change. At no point was the question of a united Ireland discussed as a possible remedy to health dysfunctions, nor were the sorts of constitutional questions on the form of a united Ireland or the timing of referenda, highlighted in recent surveys, even mentioned. The GFA was seen as relevant, and as leading to a major improvement in life on the border, but inefficacious with respect to health. It was as if further constitutional
discussion was simply seen as irrelevant: change in the state-over-society did not, in their experience, touch these dysfunctions of the state-in-society.

Our research participants made some suggestions on potential ways forward: participatory forums, citizens' assemblies, commissions. What was clear, in addition, was a strong desire that their experience as border dwellers and as women be taken into account in any possible reconfiguration of healthcare provision on the island. One woman said that while governments in Belfast, Dublin and London will have a role in shaping the future, the process needs to take account of the 'lived experience' of people on the Irish border who often find themselves 'piggy in the middle'. Despite the challenges and uncertainties, participants spoke of the need to have a vision for the future. They were keen to take the process one step farther and engage with policymakers.20

5.3. Political significance: shared island and constitutional discussion in Ireland

All our participants had experienced major problems of cross-border healthcare coordination. Those living farther away from the border might notice coordination, or its lack, only occasionally, for example, when a new island-wide centre for child heart surgery is opened, or when differing COVID policies in each jurisdiction are discussed in the news. Our participants collectively sketched systemic problems of coordination and transfer of information between healthcare providers North and South, major imbalances of resources and cost, and perceived lack of political will to change.

Our respondents were effective, credible and analytically clear in generalising beyond their local areas, using their discussion to delineate the regional, not simply the individual or local problems, and relating them to other problems in the health services in each jurisdiction. They showed that there was no effective regional coordination, despite the funding for the border region. They provided a policy-relevant list of problems – from mental health to ambulance provision to coordination across medical sites across the border to the need to mainstream cross-border health provision across all relevant areas. This in turn provided a benchmark for future political or constitutional discussion: for example a model of a united Ireland with devolution for Northern Ireland that did not take account of these problems would lose all credibility. For the future, our research shows how the Shared Island initiative would benefit by digging deeper to local analysis which can define the actual functioning and dysfunctions of institutions, especially on a cross-border level where little usable data exist.

Participants were less systematic in relating these problems to politics in either jurisdiction. They pointed to the lack of political will, and the tendency not to listen, to brush problems ‘under the carpet’. Then they stopped short. They problematised the systemic aspects of policy dysfunction, but appeared to take the systemic aspects of political division and partition as given. They became frustrated when they considered the difficulties of fixing the problems. When they spoke of constitutional change, they said it was contingent on first fixing the problems they identified. They did not see such change as a means of focusing on and fixing such coordination problems. The fluent discussion of shared island issues did not easily flow into discussion of potential constitutional change. The deliberative arena allowed the participants to scale their individual experience up and out into an analysis of the regional level (the border region). They did not generalise to the constitutional level, but rather got stuck on difficult regional policy issues that would require resolute intervention by each state. In effect, our participants articulated a trap: though policy change had to take place in each jurisdiction, there was no apparent political will to do so. That discussion stopped here, provoking significant frustration among participants, shows the limits of the Shared Island agenda.

Explanations of the blockage are not immediately evident. Did our participants simply avoid topics that might generate conflict (cf. Ugarriza et al., 2022)? It does not seem so, because they were willing and able to voice discontent and even anger when they disagreed with analyses, or
were frustrated at lack of progress. Was it that they preferred ‘bread and butter’ to ‘ideological’
discussions (McEvoy et al., 2022)? No doubt, but we note their deep frustration when they
could not find a way forward in regional policy. We conclude that there was no epistemic gulf
that kept the respondents locked in everyday categories, for they clearly scaled up and out to
regional and policy levels. It was moving from here to the constitutional level (in Migdal’s
terms from the state-in-society to the state-over-society) that posed the problem.

The difficulty of bridging this gap also reflects a wider political division: the gulf between
regionalist policy as articulated in EU and Shared Island bodies (which resolutely refuse conten-
tious constitutional discussion) and constitutional discourse (conducted in abstraction from
regional and spatial difference, and with relatively little grassroots input). Our participants did
not go beyond this division.

Could a different form of deliberation have bridged the gap? Perhaps a sequence of cafés,
allowing time between to think out the issues, and alternating ‘health’ and political themes
might have shown how the women would have constructed paths towards constitutional discus-
sion and what sorts of questions and concepts they would have prioritised. If the discourse of con-
stitution-making were amended to include a greater spatial awareness, its relevance might have
been differently perceived. For example, any potential model of a united Ireland should be tested
against the issues identified in the deliberative cafés: would it improve coordination and efficacy
in healthcare, and how? Such amendment of constitutional discourse would allow the issues
identified at the local level to be fed into wider constitutional discussion and planning, which
in turn could offer real choices to those living with dysfunctional health provision.

In policy terms, our findings confirm public interest in the ‘Shared Island’ focus on cross-bor-
der ‘bread and butter’ issues (cf. McEvoy et al., 2022). Our findings have further implications for
officials tasked to progress such public consultations. First, they show that small scale-focused
deliberation and discussion with specific grassroots clusters of the population – in this case border
women – can deliver policy relevant analysis. Deliberation need not be confined to large set piece
discussions. Second, the findings show that these grassroots deliberative discussions go far
beyond formal inclusion: they can map areas where real political resources and commitment
need to be focused. Third, this local, small-scale deliberation is not an alternative to consti-
tutional discussion but complementary to it. Our findings suggest that such deliberative shared
island events need to be sequenced with constitutional deliberation, rather than – as is present
Irish government policy – kept separate from it and prior to it.

5.4. Theoretical significance: the role of deliberation in scaling up and scaling
out from everyday experience

Our findings have wider significance for the literature on participatory and deliberative
constitutionalism.

The research has implications for the growing scholarly interest in the ways deliberative
reasoning proceeds, and the dynamics of different modes of deliberation. Unlike focus groups,
deliberative forums are designed to facilitate a process of reflection and revision of views to
reach what Niemeyer et al. (2023, p. 3) call ‘higher-level agreement on what considerations mat-
ter and the implications for how we choose what to do’. Expert information is used to help articu-
late problems and rule out possible ways forward. In the deliberative cafés, we witnessed
cooperative and collaborative modes of reasoning, where participants worked together to show
the more general relevance of individual stories. Iteratively, participants came back to the stories
and articulated their general relevance. Each of the cafés achieved a collective definition of social
problems, and – with expert information – went some way to defining policy choices. There was a
collaborative development of a ‘representational frame’ in which the different stories could fit,
and which would allow an increasingly thick understanding of the feedback effects and systemic
causes of widely experienced dysfunctions. Participants agreed that political considerations were
highly relevant; fully defining the choices that followed would require a longer and differently structured sequel.

Such participation and creative deliberation is, as Nicole Curato argues, particularly important in situations of suffering and (as in our case) conflict where there are multiple democratic ‘publics’ (Curato, 2019, p. 10) whose voices are not easily connected to the existing political arenas and political parties and where a collective political space has still to be created. This is indeed a properly constitutional project and process: our cafés sought to initiate such a discussion that was integrally connected to the diverse experiences of different clusters of the population. Our participants did not consider that constitutional considerations of a united Ireland were highly relevant. It remains an open question why not. What is, however, clear is that this was not an equilibrium that kept the participants happy or showed a way to resolve the serious problems identified. Follow-up research is necessary to see how and when constitutional issues are broached, and within which ‘representational frame’.

In subsequent methodological analysis we plan to look more closely at the extent of participation and turn-taking, the discursive and argumentative ways the representational framework was reached, the forms of iterative curling back to include earlier points, the ways some consensus emerged, and other views were not followed up, and how this compares to other deliberative methods (Suiter et al., 2022). Our research shows that the café method is good at defining problems and building a sense of what has to be done. The method is somewhat less good at defining policy alternatives and least of all, thus far, of considering constitutional options. But it does define the relevant criteria to be satisfied by any policy or constitutional option, and is therefore of direct policy relevance.

6. CONCLUSIONS

In this article we investigated whether and how the gulf between everyday and constitutional perspectives can be bridged to harness the policy relevance of the everyday for wider constitutional debate. Focusing on a cluster of the population relatively disengaged from mainstream constitutional politics, we explored whether and how women connect everyday experiences – in this case healthcare provision – to wider constitutional questions of state sovereignty, territorial boundaries and ethno-religious division. Working with women’s groups on the Irish border, we adopted a radically inclusive deliberative method – the deliberative café – which we used in three three-hour deliberative sessions. We found that our method generates a distinctive although limited outcome – a clear and credible definition of problems to be resolved and a beginning articulation of policy choices. It encouraged participants to go considerably beyond their everyday experience to delineate systemic regional problems that could not be resolved on a regional level alone. They scaled up and out, facilitated by the deliberative process and there were no radical epistemic disjunctures between everyday categories and more general ones. However, the deliberative discussions hit a blockage: they scaled up to the regional level but not to constitutional discussion. The disjuncture, we argued, lay not in the participants’ emphasis on lived experience but in wider political discourses: the constitutional and state emphasis on formal provisions that does not dig deep into the regional impact of different proposals, and in the regionalist policy paradigm which bypasses contentious political issues.

Though our study is not representative, that we repeated the method three times with a common outcome gives some confidence that we have found one pattern of deliberative scaling up and out from experience. One would expect different patterns among different sorts of groups with different immediate concerns. The task for further research is to delineate these patterns, not in order to reduce constitutional discourse to them, but so that constitutional discussion can itself be adapted to ‘reach down’ to socio-spatial variation.
We conclude with three points with relevance for scholarship and policy. First, deliberation that uncovers the complex discursive paths between everyday, policy and political levels has to take place over an extended period, in a sequence of meetings. Future research on participatory deliberation should build in sequences of engagement, to make this worthwhile for participants, and to include policy-listening by officials.

Second, our research showed the clear capacity of everyday participants to scale up and scale out, as facilitated in the deliberative cafés. It also showed the limitations of this – the gulfs between regionalist and constitutional discourse. One way to resolve the gaps between the everyday and the constitutional is for constitutional modelling to take account of its impact in different regions and spaces.

Third, our findings have implications for feminist and constitutional theory by demonstrating that women’s experience – as articulated in our cafés – gives a corrective, not an alternative to constitutional theory. Constitutional theorists therefore need to look at the spatial functioning of their proposed models, not simply their formal structure. More dialogue and deliberation between grassroots and constitutional experts are needed, particularly so early in a constitutional process. Participation and radical inclusion of different clusters of the population is crucial: our research showed a very strong feeling that participation and deliberation must happen in ways that are taken on board by policymakers and secure a meaningful outcome.

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DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

ETHICS STATEMENT

Exemption from full ethics review was granted by UCD Research Ethics, HS-E-21-173-Todd. Informed consent was sought from all participants through an information and consent form attached to an initial email giving details of the deliberative café (time and place). This email was sent by our community partners and also included details of the authors and the procedures to be followed at the café. We made it clear that participants would not be identifiable – transcripts would be anonymised – but that we might use anonymised short sections of the transcript in future academic publications and reports to funders. For those participants who did not sign the form before attending (only some did), extra copies of the form were available and distributed at the café and the signed copies collected and collated by the authors.

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NOTES

1. The literature on everyday constitutionalism is less developed (but see Carolan, 2020; Geissel, 2022; and emerging work by Ashe, 2022; McEvoy et al., 2022; McEvoy & Todd, 2023; and Todd & McEvoy, 2023).

2. Thus, like ethnographic interviewing, radically inclusive methods structure discussion minimally, within a broad theme that speaks to participants’ interests and priorities, and give maximal leeway for participants to define the questions they want to ask and the issues they want to explain. In our research, we explicitly invited everyday perspectives on a cross-border social issue: health provision, and explored how participants articulated these perspectives and connected them to policy and political issues.


4. Brexit has also adversely impacted the Irish government, for the prospect of a hard border around the EU’s single market would present the government with the destabilising choice either of staying in the single market or of retaining freedom of movement with Northern Ireland. Avoiding this dilemma, much more than any thought of unity, has preoccupied successive Irish governments whose abiding interest has been to keep both North–South and EU relations as close as possible to what they were before Brexit.

5. The Good Friday Agreement provides that any constitutional change to a united Ireland be legitimated through concurrent referenda in both Irish jurisdictions (Working Group, 2021).

6. The positive benefits of Citizens’ Assemblies and other mini-publics, such as those that preceded the referenda on marriage equality (2015) and abortion (2018), are now recognised throughout the island (Farrell & Suiter, 2019).


9. As Taoiseach, Martin initiated the Shared Island policy; see https://www.irishtimes.com/politics/2023/06/20/micheal-martins-shared-island-concrete-cross-border-co-operation-from-an-unlikely-republican/. The quotation is from Mary Robinson, former President of Ireland.

10. Sinn Féin but also politicians within each of the main parties have expressed this view in public statements (e.g., Breen, 2022; Manley, 2021).

11. Interviews with political and civil servants. Some suggest that such a unit would be necessary in any constitutional future. Some suggest that a constitutionally more assertive government, perhaps led by Sinn Féin, would need to expand the ‘shared island’ unit to explore modes of socio-economic harmonisation between North and South.

12. This is particularly evident in the process of writing the constitutional text and ratification in a referendum where much discussion focuses (Carolan, 2020; Levy et al., 2021; Tierney, 2012); in fact, participation may have most impact in the important ‘upstream’ early period when the parameters of the constitution are still being decided (Eisenstadt et al., 2017; Hudson, 2021).

13. In the ARINS/Irish Times survey, healthcare was prioritised by respondents in both jurisdictions (Garry & O’Leary, 2023).

14. For the schedule, see Appendix 1 in the supplemental data online; and for the information sheet, see Appendix 2, also in the supplemental data online.

15. They initially advertised the meeting and communicated with participants, who signed an informed consent form. We had planned that a third academic participant, experienced in deliberative methods, would chair the sessions, while the authors would evaluate and intervene where relevant: but at the last minute illness made this impossible and the authors chaired. This meant that some tasks remained undone: some people arrived late or left early, and we did not keep exact count of numbers in the larger workshops.

16. This is very common in the Republic of Ireland and increasingly so in Northern Ireland.

17. This was presented very much as a cross-border (rather than an ethnic, sectarian or political) perception by a self-defined Republican about the young men crossing the border from (Republican) South Armagh.

18. CAWT is a partnership between the Health and Social Care Services in Northern Ireland and the Republic of Ireland; https://cawt.hscni.net/. All three cafes were critical of CAWT. See also the related analysis of EU Peace funding in Knox (2023).
For details on the ARINS/Irish Times surveys, with links to articles published in the Irish Times and associated podcasts, see Royal Irish Academy (2023).

A subsequent phase in our research brought together some of these women from border community organisations with policymakers and academics at a workshop on North/South relations and constitutional discussion in Dublin, June 2022.

For example, our wider research has included a deliberative café with disadvantaged young people on a cross-border basis, exploring the issue of migration as an issue of shared concern; scaling up and out also occurred here, also bypassing formal politics, but using different repertoires than did the border women.

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