

## UNIT 5: HANDOUT A

### EXERCISE 3

#### STATEMENTS ABOUT PARTICIPATION

‘The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.’

Source: 1978 World Health Organisation (WHO) Declaration of Alma Ata

‘For equity policy to be effective we need to encourage people to participate in every stage of the policymaking process.’

‘...plans and actions should be based on what people feel are their own needs, not on solutions imposed from outside.’

Source: WHO: The Concepts and Principles of Equity and Health, 1990

‘The public should have the chance to help identify the key health issues affecting them and the action needed to promote health’

Source: Scottish Office Dept. of Health – Working Together for a Healthier Scotland, 1998

‘Under the banner of social inclusion, the Government is introducing a range of measures which will increase choice and participation in Scottish life for people who are currently marginalised’

Source: Scottish Office Dept. of Health – Towards a Healthier Scotland, 1999

‘...we are providing an opportunity for a wide range of people and organisations to contribute to the development of this Plan and to influence the delivery of policy at a local level’

Source: Scottish Executive – Our National Health -A plan for action, a plan for change, 2000

We heard from the citizens of Scotland about the importance of communication, participation, being listened to and having the opportunity to play a stronger part within the NHS...That vision is based on a shift from the current position where we see people as “patients” or “service users”, to a new ethos for health in Scotland that sees the Scottish people and the staff of the NHS as partners, or co-owners, in the NHS. (Source: Scottish Government, 2007; Better Health, Better Care - Action Plan)



## UNIT 5: HANDOUT B

### EXERCISE 3

#### FEELING POWERLESS

Think of a situation where you have felt completely powerless. Try to remember the exact moment when you felt this. Then answer the following questions:

1. Where and when did this happen?
2. What happened? What was said or done?
3. Can you say exactly how you felt at the time?
4. What would you have liked to have said at the time?
5. Why did you have such little power?
6. Why did someone else have so much power?



## UNIT 5: HANDOUT C

### EXERCISE 4

#### DIFFERENT DIMENSIONS OF POWER

Steven Lukes looked at the different ways people had tried to understand power in *Power - A Radical View* (1974).

#### Summary

A view he called One Dimensional suggests that we can see which people have more power in society, by observing groups making decisions in public - in committees, or in health board meetings, or in parliament. Here we see whose views carry more weight and get passed, despite opposing views being present. The conflict or clash of opinions shows us where power is at work. It is visible.

The view he called Two Dimensional suggested it was more complicated than this and that sometimes it was the way that things did not get dealt with or never reached the agenda of these important meetings. That it was the ability of powerful groups to keep things off the agenda, so they were not so visible, which explained real power.

Stephen Lukes felt that as well as these two types of power operating, there was a third that was even more invisible and complicated. That less powerful people begin to believe that they are not as valuable or worthy as the more powerful, so they do not even try to engage in conflict or put their ideas on the agenda or protest. That they do not deserve a place at the table. They internalise this view of themselves, so the more powerful groups don't even have to do anything to keep their position - they don't have to argue publicly with anyone; they don't even have to bother to keep things off the agenda. The silence of the less powerful is a kind of passive consent and supports their position. This he called the Three Dimensional view of power.

Drawing from your own experiences and ideas, think of examples of each of the following types of power:

#### One dimensional power

When we can see power in action. We can observe conflict between groups or interests.

#### Two dimensional power

When you cannot see any obvious conflict but things are not dealt with - less powerful groups' issues don't reach the agenda.

#### Three dimensional power

When less powerful people have internalised the idea that they are less worthy, less important.



## UNIT 5: HANDOUT D

### EXERCISE 5

#### WHY PEOPLE DON'T GET INVOLVED .....

- Work commitments
- Childcare responsibilities
- Feeling that the issue doesn't concern them
- Feeling that they daren't go along on their own
- Feeling that they might be asked to do more than they want
- A feeling that cliques would be running things
- Lack of information – poor marketing/publicity
- A feeling that decisions have already been made, so there is no point in attending
- Inappropriate venue(s)
- Transport
- Apathy – why should they get involved when such a small group can't do or change anything
- No spare time
- Poor health
- Social exclusion
- Powerlessness and low self-esteem
- Lack of confidence in 'the system'
- Lack of interest

Adapted from 'Building Healthy Communities' – a resource pack for multi-agency health improvement, North Cumbria Health Development Unit.



## UNIT 5: HANDOUT E

### EXERCISE 5

#### LEVELS OF PARTICIPATION

**Manipulation:**

Creating an illusion of participation resulting in disempowerment.

**Information:**

Telling people what is planned.

**Consultation:**

Offering options and listening to feedback.

**Deciding together:**

Encouraging others to provide additional ideas and join in deciding the best way forward.

**Acting together:**

Deciding together and forming partnerships to act.

**Supporting independent community interests:**

Helping others do what they want.

Taken from 'Towards Caring Communities' a Community Development and Community Care Training Pack written by Barr, Drysdale and Henderson in 1997. Joseph Rowntree Foundation/Pavilion Publishing.



## UNIT 5: HANDOUT F

### EXERCISE 5

#### LEVELS OF PARTICIPATION: REAL EXAMPLES FROM REAL EXPERIENCES

##### Example 1: Young Carers

Young carers who attended Youth Care were asked to consider the definition of 'Young Carer' as given to them by the National Carers Association. They responded and provided a surprising and refreshing insight into their unique understanding and acceptance of their caring role.

"We are a group of ordinary teenagers whose lives are affected, not restricted, because we want to care for a family member – we can still do everything we want, it just takes more organisation. We like to party; to socialise with others in a similar situation – we are friendly, caring, enthusiastic, and we all have individual interests, like sport, movies and dancing. We are not different to anyone else". (Youth Care 1999)

(Source: Adapted from "Young Carers" in "Writing about Health Issues" Volume 2, University of Edinburgh, 2001)

##### Example 2: Motherwell Baths

In early 1989, Motherwell baths closed its doors for a final time. The planned new leisure centre, it was reported, would excel in its facilities and be able to compete with any leisure centre in the West of Scotland. When the Aquatec opened in 1989, it provided a leisure pool with flume, health suite and a cafeteria with a poolside view. It also had an ice rink, gym and sun bed facilities.

The new leisure pool has been abandoned by most of the regulars of the old baths, who consider the pool area, with a maximum depth of 12 metres and no swimming area, to be a play area really. The pool's freeform design, with stepping stones, stairs and descending access into the pool area, combined with its strong current, proved to be barriers to many older and disabled users. Schools no longer attended as the pool did not meet the requirements for the school curriculum.

(Source: Adapted from "Access to Recreation: Motherwell Baths" in "Writing about Health Issues" Volume 2, University of Edinburgh 2001)

##### Example 3: Children's Play in Blackburn

The reason this became an issue for me is because the only two play areas my community has to offer are in dark unsafe areas. Through general conversations with other parents at the school gates, we decided to get together and form a working party. It was decided that as adults we wouldn't exactly understand what a child would class as decent play equipment and that the best people to ask would be the children themselves. The results were astounding. The majority of children did not use the play parks – they were unsafe and dirty. Their reason for wanting a new play park ranged from better modern play equipment to somewhere to play with ALL their friends where they would feel safe.



## UNIT 5: HANDOUT F (CONT)

Getting involved in the new play park gave the children in our town the chance to work together. I felt it helped break down barriers in religion as they were all working toward one goal – a new play park. It also let the children show their enthusiasm and contribution to their community.

The working party formed more than a campaign for a new play park; it gave parents a chance to combine all their skills and learn new ones. With their new found skills and confidence, the working party was able to move on to look at other areas for improvement in their community.

(Source: Adapted from “Children’s Play in Blackburn” in “Writing about Health Issues” Volume 3, NHS Health Scotland 2005)

### Example 4: High Rise Flats

At the moment I am trying to tackle the problems we are having in the flats. Most of the vandalism is done by teenagers. I feel this is because there is not a lot for them to do. I met with and then joined the Tenants Association. I also spoke to the local community worker based at the YMCA. She would like to get together with everybody involved and so we can try to find solutions to our concerns.

My dream for a number of years has been to have a youth café in the community, somewhere for the young people to hang out. What we really need to keep the flats clean and tidy is an effective caretaker. Really this is a case of getting more people involved within the community.

(Source: Adapted from “Dealing with Health Issues in High Rise Flats” in “Writing about Health Issues” Volume 1, University of Edinburgh 1998)

### Example 5: Patient Representation Group

“We would like to invite you to join our Hospital Patient Representation group” said the voice at the end of the ‘phone.

“Well,” I hesitated, “I don’t actually live in the catchment area and I’m not too sure what or who I would be representing”.

“Oh!” the voice sounded surprise. “It’s just that we do not have any minority ethnic members on our group and we thought you could fill the gap”.

“Only thing is,” I replied. “I have no means of gathering the experiences of minority ethnic patients at your hospital and so, I don’t think I’ll be able to do the position justice. It’s very kind of you to ask, though.”

“That’s Ok; we just need to fill the gap in our group. There won’t be a lot for you to do”.

(Source: HIIC Tutors personal experience)



## UNIT 5: HANDOUT F (CONT)

### Example 6: Health Inequalities, Mental Health and Young Men

Mental health and suicide touch the lives of many people. It is refreshing that in recent years the issue of young men and their mental health has been put on the agenda.

Access to services is important but there are barriers e.g. geography, attitudes, and relationships with professionals. Then there is the way young men are socialised to 'tough it out' because 'big boys don't cry'. Many young men are unfamiliar with positive mental health. Socially, words such as 'loony', 'psycho', 'nutter' do much to perpetuate the stigma of mental illnesses.

Shared concerns and commitment to supporting young people affected by mental health problems in the family resulted in the Youth in Mind Initiative. Workshops with a community arts worker explored stigmatisation and self esteem; young people's understanding and experiences of mental health and illness and translating thoughts, feelings and experiences into a visual medium.

Improving the mental well-being of our communities and the young men who live in them requires long term joined up thinking. Taking a collective approach across government and local agencies, together with communities and local people is the sensible way forward.

(Source: Adapted from "Dealing with Inequalities, Mental Health and Young Men", "Writing about Health Issues" Volume 3, NHS Health Scotland 2005)

