

# **WRITING ABOUT HEALTH ISSUES VOLUME 2**

**A SELECTION OF WRITING FROM THE "HEALTH ISSUES IN THE COMMUNITY" COURSE**

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DECEMBER 2000**

## **ACKNOWLEDGEMENTS**

We are very grateful to the following people whose work has been reproduced in this second selection of writing on health issues in the community.

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Margaret Bell  
Jacqueline Campbell  
Jennifer Costello  
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Christine Hamilton  
Diane Hardie  
Kathleen Irving  
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Lara Morrison  
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Design and Production: Communicable Health  0141 552 0415

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This is the second collection of writing drawn from participants undertaking the course “*Health Issues in the Community*”, funded by the Health Education Board for Scotland (HEBS) and developed by the Department of Community Education at Moray House Institute of Education, Edinburgh University.

The course is designed for local community groups who are interested in health issues. Participants are encouraged to look at their own experience in the light of broader social and political perspectives. The course examines both the factors which determine health and introduces community development as a method of taking action on health inequalities.

The publication of the first collection of writing in 1999 was intended as a resource solely for the tutors and students involved but we found that there was a much wider demand for this type of material. In some measure this was a reflection of the changing political landscape as the current government explicitly acknowledged the social and economic determinants of health inequalities.

As responsibility for health is now a devolved power of the Scottish Parliament, there is a greater imperative as well as more

opportunities, to bring the voice of people who are experiencing health inequalities into the political arena.

This selection of writing shows the necessity for policy makers and politicians to encompass a much wider perspective than service provision and treatment, when they think about health. It provides vivid evidence of the complex way in which social and economic factors affect the lives of people in Scotland at the individual, family, community and societal level, at the beginning of the 21<sup>st</sup> century. The detail is often stark but the bigger picture can be grasped only if the real, lived experience of people is given proper attention. As well as describing and analysing the way in which people’s health is affected, this collection also shows many excellent examples of people taking action and determinedly rebuilding the torn fabric of their communities.

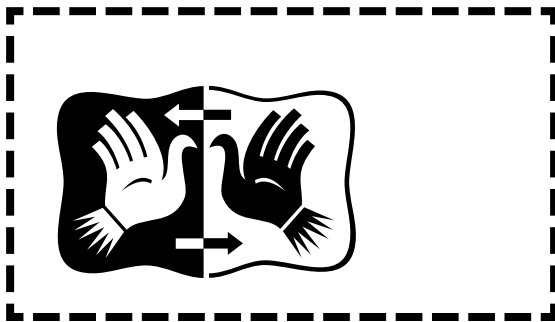
This second volume continues to show that people are well aware of the causes of ill health and this is the voice that has to be heard in finding political solutions to the unacceptable level of health inequalities in Scotland.

**JANE JONES**  
**DECEMBER 2000**

## SECTION 1: COMMUNITIES OF INTEREST

Communities are not always based in a physical location. There are many groups of individual people who have a shared interest or common concern. This first selection of writing contains descriptions from the perspective of three different groups about the way that their health is linked to their position in society - young people, parents and ethnic minority women.

### YOUNG PEOPLE



#### YOUNG CARERS

Many young carers are often excluded from networks of relationships which make up social life because of their 'caring responsibilities'. Often this leads to isolation and a real sense of powerlessness and it has a detrimental impact on their health. Young Carers are defined by the Carers National Association:

*"Children and young people under the age of 18 whose lives are in some way restricted because of the need to take the responsibility for the care of the person who is ill, has a disability, is experiencing mental distress or affected by substance abuse or HIV/AIDS".*  
(Carers National Association)

No-one knows exactly how many young

carers there are in the UK, although estimates from research suggest 40,000. In Dundee, the most recent comprehensive local research identified 50 young people, whom professionals defined as being 'Young Carers' (Smith 1996).

Most of us yearn for a community, yet we live in a world where we are separated by powerful forces such as racism, ableism and sexism. When these false barriers are accepted it often results in people being mistreated and marginalised by those who practice them. I believe the community of young people, which included young carers are often treated in a discriminatory manner due to their age, social or economic status and feel valueless by the medical perspectives on health.

Society has to recognise that presently young carers receive little or no help in their caring roles, despite evidence to suggest their development to adulthood may be severely damaged and distorted. The effects of caring can be many and complex. Some young people often have enough supports, resources in their lives and they cope with the various demands life encounters and they may not suffer ill health affects, however for many young people who are marginalised they often feel powerless.

Being a patient and carer, has allowed me to access the complex and unjust world of disability. I know from personal experience how it feels to be marginalised by society. Often I feel a real sense of powerlessness and it has a detrimental impact on my mental health and social well-being.

The World Health Organisation, definition of health states that:

*“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*

Many young carers are of compulsory school age, and many of them are experiencing educational difficulties or missing school, with consequent effects on future prospects. According to recent research ‘Too Much To Take on’ by The Princess Royal Trust for Carers, most young carers will be bullied during their school career. They are already under enough stress with their caring responsibilities at home, experiencing regular bullying at school could prove unmanageable.

I believe that young carers have a right to have their needs acknowledged and met - on their own terms! The UN Convention on the Rights of a Child supports my belief. Although they are ordinary young people, they do not have an ‘ordinary’ lifestyle. Stigma around being ‘different’ or around some medical conditions of the care receivers or simple lack of opportunities and time to establish and maintain friendships can leave young carers extremely isolated and alone. Inadequate finances certainly cause more isolation and limited outside pursuits. In addition, the care receiver can restrict a

young carer’s social life by not allowing them to leave the caring environment or by making them feel guilty for socialising. This real sense of isolation can lead to complex medical conditions including depression which the medical model of health would treat by prescribing tranquillisers or other prescribed medication.

There are real dangers to young carers physical development when providing physical care to adults, especially duties which involve lifting. Nobody knows the psychological effects of having to carry out intimate nursing tasks such as bathing and toileting their parents. When young carers are isolated by mental health and well-being are at risk. Stresses are also linked to anxiety felt by them about the person whom they are caring for.

Being a young carer is not just about physical tasks, they need information and support in regards to the care receiver and their own health. Appropriate services and support must be provided as the effects of being a young carer may result in health problems in the short and long term.

I read in ‘The Needs of Children’ :

*“Children’s physical, emotional, social and intellectual needs must be met if they are to enjoy life, develop their full potential and grow into participating, contributing adults”*

Professional awareness for young carers was highlighted and challenged in a manner not achievable by adults advocating on their behalf. The young carers who attend Youth Care were asked to consider the definition of ‘Young Carer’ as given to them by Carers National 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, 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)



### **YOUNG PEOPLE AND SEX**

I am a young persons support worker for Dundee Women's Aid and a mother of a teenage son. Unprotected sex is an ongoing health issue affecting young people's life in many ways. Dundee now has the highest rate of teenage pregnancy (Scotsman, 13/12/99) in Europe and has a 50% higher number of lone parents than the Scottish average ( Different Dundee, January 2000). It would appear, from these statistics, that our current form of sexual education is failing our young people.

If society's educators continue to teach sexual health from just a "medical"

perspective, rather than looking at young peoples sexual health from a much wider holistic view point, young people will go on suffering and continue to be wrongly held responsible for the decline of 'decent communities'.

By using a "social model of health", which takes into account the environment of poverty, housing, peer expectations and media influences, a much bigger picture can be viewed. It is then much easier to get below the surface of the very complex issue of risk taking sexual activities.

It is common for health authorities, the media and politicians to practice "victim blaming". If you smoke and get lung cancer then it is your own fault. If you are a teenager and have unprotected sexual intercourse and get pregnant or catch a sexually transmitted infection (STI) then that is seen as your fault too. Contraception and infection avoidance can be taught independently and without reference to relationships, but for young people to translate this into safe sex practice it is important to consider feelings and emotions such as love, trust, anxiety, and secrecy.

Victim blaming is short sighted and shows a disregard for human nature. It is wrong to assume that because the facts of medical health have been announced and published that people, especially young people, will automatically stop their risk behaviour.

It can also be used as an excuse for political bodies to deny responsibility for health policies that are not working, for instance health policies that have been implemented without proper dialogue and consultation with the community.



## LACK OF KNOWLEDGE AND INFORMATION

The young people with whom I have regular contact with are a particularly vulnerable group being predominately of Catholic culture, who attend the local high school where they receive health topics as part of the curriculum, although there is a distinct lack of sexual health information within the school.

I am very angry at the lack of knowledge these young people appear to have. Society assumes young people have access to information about sexual issues which are relevant to them, however, with the increase of teenage pregnancies, drug abuse and sexually transmitted infections in this community, it is apparent that this is not the case.

Health is not just about the absence of disease and illness, it is about achieving human potential. Therefore, the health of our young people cannot be dealt with in isolation. Health is affected by many interlinking social, physical, emotional and cultural factors. Each person's health needs are different. For you to reach your full potential, means increasing self-confidence through choices.

Empowerment allows us to question our health options. However, many of the young people I have contact with, cannot due to their lack of knowledge and

resources available to them, which places them in such a vulnerable situation, particularly when it comes to sexual health needs.

The situation these young people are placed in will undoubtedly have lasting affects. Those in power should recognise the effect the young people's social situation is having on their sexual health.

*“Sex education has become a vitally important part of the positive contribution to young people's social development and health.”*

*(Sexual Feelings and Relationships 1991)*

‘Victim blaming’ by those in power is evident. This further disillusiones the young person and places barriers for them to overcome in order to seek appropriate health and information. Their social and economic situation is very seldom looked at. It is the lack of knowledge and understanding in relation to their sexual health, which makes them vulnerable and not their individual lifestyles. Many are isolated and find it difficult to access service when they are not situated locally. Or alternatively these young people have not been given access to the relevant information to allow them to make informed choices due to their religious culture. Paulo Freire, in “*The Culture of Silence*” states:

*“The oppressed people feel ignorant and they become dependent on the culture of the oppressors, the so called “experts”, specialists in society. The needs of the oppressed and the knowledge gained from their own “experience” are not regarded as important, they are ignored, devalued and considered inferior.”*

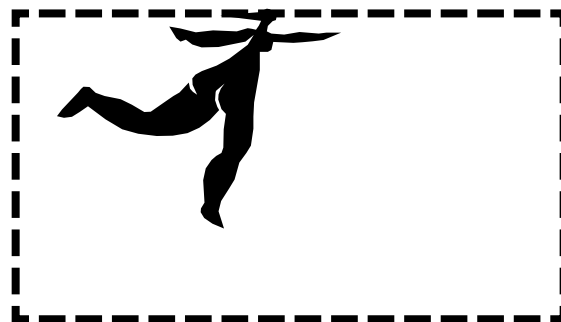
I feel this statement is appropriate for these young people who have to accept what society states or provides. It's unfortunate that young people's voices are not being heard and those who make assumptions regarding their health needs are making the decisions for them. The denial of health services and appropriate information is increasingly leading these young people into early teenage pregnancy.

I had a consultation with my parish priest and discussed with him IK Zola's concept of "Looking Upstream". He was non-judgemental about my concerns, but stated the church's teachings are rooted in scripture. I respect this but feel it's time to move with society's teachings and the realisation that young people need to protect themselves but can only do this by building on what they learn throughout their lives. Building on the knowledge you have is a learning process, but how can a young person build on what they do not have.

The rise of HIV infection within the community adds to the chilling reality of this health issue. Contracting HIV would have a detrimental effect on their whole life. Imagine, the feelings, if you discovered you might have the virus. As an adult you may have the confidence to seek medical advice but young people do not often have the confidence to do this and they wish to keep it confidential so they then have no other support. Many young people have little or no knowledge of how they can contract HIV and are finding themselves in a frightening situation, unable to access help, through not knowing where to go. This is a high price to pay for risk behaviour.

Taking into consideration the social

model of health we find that many of these young people and their families live in isolation. Poverty and very little money leads to poor diet, which leads to poor health, lack of energy and for teenage parents, eventually the inability to cope with the demands from a young family. Isolation from friends and family can affect their mental well being and can lead to the young person suffering frequent periods of depression. Loneliness, through lack of income, no spare money to socialise with their friends, also isolation from family members who may have been able to offer support had there been regular contact. Many of these young people and teenage parents have poor negotiation skills, low self esteem and feel powerless in relation to their situation. Young people will always experiment, as it is part of growing up. Where is the equity and social justice for these young people who are being placed in such a vulnerable situation due to their age or religion?



### **YOUNG PEOPLE AND EATING DISORDERS: 1**

Due to feelings of low self esteem, powerlessness, or experiences of inequality, eating disorders can often be a means used by young people to take charge of their life, and give them the opportunity to make a

choice - whether to eat or not. The young person concerned can use this as an exertion of power, when they feel they have nothing; when caught up in this behaviour they may go to great lengths to keep it hidden, by wearing bulky clothing, hiding food or eating when there is no one around, for instance. Anita Fatchett explains that:

*“Eating disorders are not simply about food; starving and binge eating are symptoms of underlying emotional and psychological disorders. For some people, an eating disorder becomes a means of coping with life when they are faced with seemingly insoluble problems or overwhelming distress.”*

Some young people in the Whitfield area have experienced difficult or traumatic occurrences in their life; moving to the local school from another in a different community, or, as there is a high percentage of single parents in the community, they may have lost a parent through death or divorce. They may feel depressed, isolated and alone becoming vulnerable to an eating disorder to compensate.

These young people could transfer negative, guilty feelings about what is happening onto themselves, that it is somehow their fault and they need to be punished. If this is not noticed, it could lead to a severe eating disorder, whereby the young person, in despair, refuses food, as it is the only means they perceive of having some influence over their life, even though it is not in a positive way.

This has been observed by Dr. Alex Yellowlees who highlighted that:

*“Self hatred and disordered eating appear to have formed an unhealthy alliance and operate against the life affirming creative force of healthy self esteem.”*

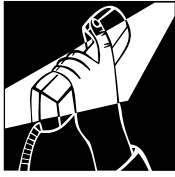
*(Working with Self-esteem and Eating Disorders)*

Due to the socio-economic factors connected to our estate, there are other reasons why young people, again usually females, starve themselves and are pre-occupied with how they look and the image they portray. Some of the young people living in Whitfield can only dream of the lifestyles they see portrayed by others, so they adopt an identity and use ‘designer’ items to create a fantasy world, be accepted and hide the true reality of their situation.

John Murray describes one of these motives:

*“By applying the principles and values of a Community Development Approach to their situations, it can be seen that the issue of eating disorders is complex and not easy to explore. To begin to deal with such an issue, we must get below the surface, share experiences and look upstream to see what is causing this to happen ... . It is apparent that they live in a particular area, they are all young people and they have a health problem relating to the way they view food. To reach them, and other young people in a similar predicament, we could use a general health survey or questionnaire to listen to what the local young people are saying, establish their particular health needs and find out how they wish this to be developed. Local youth workers, who already have a good relationship with the young people in the community, could carry this out”*

*(from “Pressure to be Perfect”)*



## **YOUNG PEOPLE AND EATING DISORDERS: 2**

Our community is a small town. The town has few resources for young people. It's a fairly close knit community where everyone seems to know everyone else. I have only recently become a young person's worker in the town but have lived there all my life. This case study of a person I have called Sally, is an example of a young person who did not get the support and understanding that she should have.

Sally is 14 and lives with her parents and older brother. Her family doesn't take much interest in her; her parents argue a lot and have talked about splitting up. Her dad is a heavy drinker and she is experiencing pressure from her peers to 'fit in' at a particularly crucial time i.e. growing up. Sally has suffered from an eating disorder for about 15 months. She makes herself sick after meals, is very picky about her food, and has little self-confidence. Sally describes food as her enemy - it makes her feel fat and ugly.

Sally has only recently acknowledged that she has a problem with eating. This was due to the physical effects that the eating disorder was having on her. She became very thin, her skin was pale and her hair was in poor condition. Her personality changed and she became very unpredictable. She was obsessive about

exercising. She didn't like that her physical appearance was being compromised.

Her friends had a fair idea that something was up and it was causing them some concern. Sally eventually told them of her problems and they suggested that she went to her doctor to try and get help. She was very concerned that the doctor would tell her mum but she knew she needed professional help. There are very few young people who actually know that they have the right to a confidential consultation from their doctor (even if they are under 16) as stated in the UN Convention on the Rights of the Child. It has been proven that the confusion about young people's rights to confidentiality can often prevent a young person from asking for what they really need. This is an issue concerning culture and inequity. Sally should have been seen as an individual, as a person and not just a young person or patient. As a young person, she is entitled to be treated exactly the same as an adult. Inequity means that things are unnecessary and avoidable, therefore unfair and unjust. If things are unnecessary and avoidable we can begin to work to change them.

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### **SALLY DESCRIBES FOOD AS HER ENEMY - IT MAKES HER FEEL FAT AND UGLY**

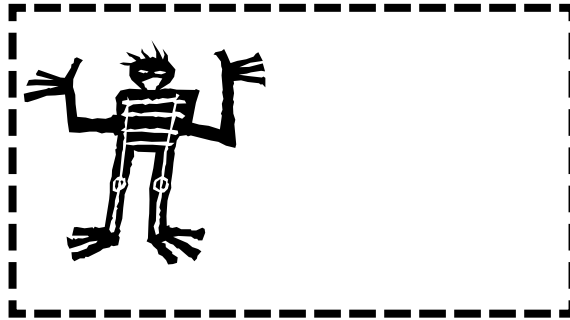
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Sally's doctor gave her very little time and suggested referring her to a specialist. He 'victim blamed' her; told her to start eating properly and made her feel that her eating disorder was her fault. He completely overlooked her lifestyle and situation. If the doctor had looked at Sally's social situation and looked even further at the underlying issues - really getting below the surface of her problem,

he would have got the whole picture. He didn't listen to Sally and take on board her personal experiences and the wider social issues such as home life. Her voice wasn't heard. He should have listened to her and not just assumed. The doctor was the 'gatekeeper', the hierarchy because as the 'professional' he knows 'best'. He made Sally feel powerless because of the way he treated her. This is an example of one-dimensional power, where power can be seen in action. It shows a conflict between the doctor and Sally. Sally left the surgery feeling very let down and emotionally set back.

Groups can help young people dispel the fear of rejection and isolation. Being in a group is about the reassurances and acceptance from others. Through group work we would be using the social model of health and education for social change approaches. The community development approach encourages young people not just to accept their situation but to question it, for example why don't young people know about confidentiality rights? This could turn it around and make young people look at social pressures which cause them distress rather than making them believe that something is wrong with them.

Young people are one such group. By virtue of their youth they are excluded from decision-making processes on the assumption that adults, particularly professionals, know what's best. This is an obvious example of discrimination and inequality, which requires to be addressed. The most effective way to do this is through the empowerment of young people so that they can take control of the aspects of their lives which influence how they develop at a crucial time in their life.



### **POVERTY AND DEPRIVATION - THE EFFECT ON YOUNG PEOPLE**

It is easy to individualise social problems - most organisations in society are guilty of this, psychiatrists, doctors, nurses the church and all too often politicians look at the individual as a site for blame. The focus for cure or rehabilitation is on the individual. Yet poverty, deprivation, lack of facilities, lack of education are all structural problems. The reasons sited for drug and alcohol abuse are structural factors. It is structural factors that need to be addressed if the lives of young people are to be improved. Unemployment, poverty, deprivation, abuse, exclusion, lack of facilities, lack of knowledge are all factors which increase the likelihood of one drinking excessively or taking illegal drugs or smoking. These are therefore some of the main issues that affect young peoples health.

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**... YOUNG PEOPLE FEEL POWERLESS.**

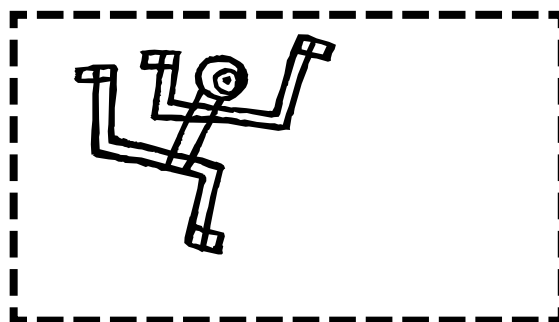
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Making drugs illegal, criminalisation, and scare-mongering have so far done little to stem the flow of drug and alcohol abuse. The fight is being lost This surely tells us something about the tactics employed so far. They are myopic and mask the real issues of

equity and social justice. It is the socio-economic factors which need to be challenged and addressed. It is socio-economic status that determines life chances and state of health. The young people from Whitfield are marginalised because they face poverty and deprivation and so have a low socio-economic status.

In addition young people feel powerless. In addition those on the edges of society, whose who are excluded through poverty and marginalisation feel even less powerful. Their situation means they are excluded from many of the activities and services we take for granted. The unemployed, one parent families, those living in poverty are too often vilified by the popular press, politicians and the powerful institutions in society. The young people from Whitfield suffer disproportionately from unemployment and poverty and are more likely to be part of a one parent family. They are made to feel less worthy. Their dire circumstances results in low self esteem, lack of confidence and feelings of total hopelessness. They believe no one cares and there is little they can do to change their circumstances. They have so little to lose in a society that has no investment in them. Is it surprising that many young people turn to alcohol for comfort when they feel despair and hopeless?

A community development approach allows young people to take more control over their life. We must follow this approach to ensure that future generations do not continue to live in a society where social justice is the norm. Campaigning for change can result in a more equitable society. We all have a responsibility to make this possible.



### **HOMELESSNESS AND YOUNG PEOPLE'S HEALTH**

Homelessness is not easily defined. The Centre for Environment Studies (CES) Report Single and Homeless (1981) definition includes those who will be discharged from institutions of all types, including residential establishments for young people and those living with friends and relatives in overcrowded conditions. Also people living in 'crash pads', reception centres, derelict buildings, unlicensed squats, hostels and boarding houses.

Discussions I have had with the community of young people highlighted some reasons why they found themselves in a homeless position - family breakdown, resulting from the death or divorce of parents or eviction from the family home, as poverty, unemployment and overcrowding put intolerable stresses on family life. As a result of their homeless status, they have been unable to obtain either employment or a training placement. This has had a profound impact on their self confidence and self esteem, resulting in some young people I spent time with, falling into a deep depression, a symptom of which is weight loss due to loss of appetite, which impacts on their physical well being. They have become despondent, apathetic and do not want to get out of bed. Some of them admitted

that, periodically, they have had suicidal thoughts and informed me that, in Dundee a few young homeless males have taken their lives as they have found that the quality of their lives, due to their homeless status, was intolerable. These traumatic incidents highlight that a young person's mental health is affected by the homelessness issue.

Some of the young people have resigned themselves to a life of unemployment and, in an attempt to alleviate feelings of boredom and to escape the realities of their lives, indulge in drug taking and drink excessive amounts of alcohol, which has a detrimental impact on their health and general well-being. In some instances, the young people are playing a game of Russian Roulette regarding drug taking, as they are unsure of consequences of drug they are taking.

Their experience of attending the doctors for advice on ways to combat medical conditions such as depression, panic attacks, anxiety and stress, which I have previously stated can be linked to homelessness, tend to find it to be a very negative experience. They have found doctors to be intimidating and patronising in their approach, stating that doctors use "big words and don't have time to listen" and tend to readily prescribe anti-depressants to alleviate aforementioned medical conditions, rather than explore underlying reasons. The young people have experienced a medical approach to health care, with the doctor not looking at the whole picture and the reasons behind ill health. This approach creates inequity in health care for homeless young people.

In contrast, the social model of health presents a more just approach to health matters. This approach looks at the

underlying reasons for ill-health and pays attention to the social, economic and political systems or structures for an explanation of illness.

Low income related to poverty issues, also has an affect on the health of the community of homeless young people I work with. Some of the young people are estranged from their families for various reasons previously outlined. As a result of this estrangement, they are in receipt of 'Severe Hardship' payment (DSS benefit) and receive £81.40 a fortnight. Some of the young people had their own tenancies but, because of their low income, they struggled to budget for food, electricity, toiletries and clothing etc. This daily struggle to try and make ends meet caused stress, anxiety and depression. The young people lacked even the basic standard of living, even though the UN Convention on the Right of the Child, Article 27, states that

*"young people should benefit from a reasonable standard of living".*

The young people who shared their experiences of having a tenancy revealed that they were ill-equipped to manage the responsibilities of having a tenancy. They lacked basic independent living skills, such as cooking and budgeting skills and feel that they were set up to fail as they received no support to manage the tenancy. Symptoms of stress, tension and anxiety became apparent as the young people struggled to cope. Some young people escaped the emotional pressures through drug taking.

The young people I work with could not cope with this level of poverty and lack of support, so terminated their tenancies on a voluntary basis, resulting in them

being deemed by the housing authority as “intentionally homeless”. This label is unjust, as the housing departments do not take into account the underlying reasons why a young person has to give up their tenancy. They blame the individual for circumstances that have led to their homelessness position. Sometimes people refer to this as ‘victim blaming’. The young people felt demoralised and scared as, yet again, they faced uncertainty regarding finding alternative suitable accommodation, so, despite giving up their tenancies, feelings of stress and anxiety prevailed.

Dundee housing authority are quite sympathetic in some instances regarding vulnerable young people aged 16-17 years and tend to provide temporary accommodation for those who have been ‘looked after’ by the local authority, but it is not an equitable service as this is not an option for all young people.

#### **TAKING ACTION!**

There are great benefits to be derived by adopting the community development process, which can help address the health inequalities that homeless young people have to cope with.

Adopting the community development process, I recognise the importance of listening to a young person’s perception on what is going on in their life. Recognising the importance of young people to think why they are dissatisfied with their homeless situation, I adopted Paulo Freire’s ‘Problem-Posing Method’. This method concentrates on showing people that they have the right to ask questions on the hows and whys and that they have the right to find out about causes and influences in their lives.

Through encouraging young people to share their experience of homelessness and

related health issues, I raised awareness that these issues can be tackled collectively and dealt with as a public issue, rather than a private one. This has strengthened the group and I have noticed an increase in confidence in group members. Expressing opinions and viewpoints the young people were beginning to realise that they do have a voice, a valuable contribution to make and that they have a democratic right to have a say on decisions made that affect their lives. Adopting a model of education for social change, I have started the process of assisting the group to analyse their situations, examine society’s structures, which caused homelessness and associated issues. I have asked the young people to think about what changes would result in their needs being met.

In the future, with assistance the group will develop strategies for tackling the problems and take the issue to the wider community, perhaps link with other groups, hold a public meeting about youth homelessness in Dundee or start a campaign, raising awareness of the issue.

#### **PARENTS**



*This extract describes how an issue about parents and their children came out of a local community meeting.*

The people present at the session raised issues about how to manage their children's behaviour. One person gave an example of how people were often advised on how to look after children's teeth, but not how to successfully cope with tantrums. Another felt that the majority of people stumble through parenthood with the emphasis being on the physical need of a child rather than their emotional needs and the demands that they place on their parents. Everyone was aware that they are constantly being tested by their children, but knowing how best to cope with this was another matter.

There were feelings of isolation expressed by mothers of pre-school aged children. These feelings were exacerbated by those of inadequacy. For instance, they felt they were not the so-called perfect parent who had all of the answers. Having children had been a major impact on people's self-esteem and confidence. It left people feeling convinced that if your child misbehaved then it was solely your fault. Nobody present gave a structural explanation for the problems they were experiencing with their children.

The health issue described above is not necessarily one that displays itself physically, but can be predominantly an emotional problem. If parents do not receive the respect, love and support they consider necessary then it impacts on their emotional well-being and has knock-on effects for their children. Feelings of isolation and inadequacy are negative emotions and can have a damaging impact on family life.

People present at the session felt that having the knowledge and confidence to deal with situations that arose was important. This was said alongside the fact

that there was no obvious source of information available. It seemed that things had to reach crisis point before help was either sought or offered. There was a fear that expressing your shortcomings to a health 'professional' would label you as a person with poor parenting abilities.

We were all drawn together by sharing our experiences and it seemed inevitable that we should try to take things a stage further. We decided to do this by meeting regularly with the aim of running a short course to help the group members and others who might want to come along.

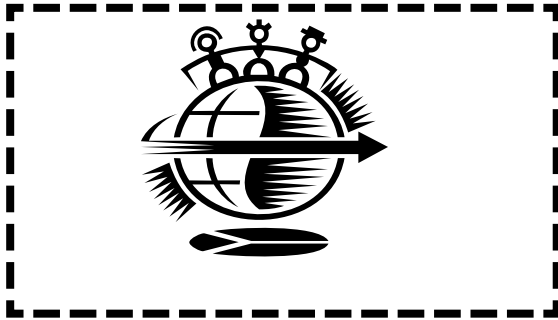
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**"WE AGREED THAT WE ALL FELT MUCH BETTER FOR TALKING AND LISTENING TO ONE ANOTHER..."**

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The health issue in our community is beginning to be tackled. A self-help group has formed as a result of the discussion we had at the original 'taster' session. We have decided to collectively tackle this issue, rather than all going off individually and arranging to see our respective health visitors and doctors, or alternatively doing nothing. We agreed that we all felt much better for talking and listening to one another, even if we had not immediately solved each other's problems.

This is currently a 'live' issue that we are just beginning to deal with. We know we are taking a community development approach as we have already begun to question why resources are not focused on the emotional support of people who are bringing up small children. We could all recall ante and postnatal classes which explained how to sterilise bottles properly or test the temperature of a baby's bath water, but agreed that this was not enough.



## EDUCATION

In my view I believe that education is a marvellous opportunity, which should be grasped by everybody regardless of age, class or colour. The issue is about education being on tap for everyone and everyone choosing to take on education. The other side of the coin on this issue is people not being encouraged to take on education therefore vegetating and just existing in a robot like state, going about their daily routine. This may also have something to do with their attitude, which may stem from their own schooling. This maybe a bad experience or not being able to pick up on a certain subject as quickly as it is being taught, therefore slipping through the net and producing a negative attitude towards education, no matter what shape or form that it is presented in.

People need to be educated to believe that their circumstances can be changed. This has an enormous effect on the health of people, they just exist day after day, they do have a focus in life but this is not to get on and upwards towards a healthier lifestyle. There is still a community spirit but it maybe lying so dormant that the people do not realise that it actually exists, this desperately needs to be revived to enable people to change their perception of life as poverty and decline.

I believe that Paulo Freire got his principles right, these were that people will act on issues that they have strong feelings for, this can move mountains in the right directions. He quite rightly believed that educational projects with the local people and from this stems hope, fear, anger and most important energy and enthusiasm. He and I agree that education is in the middle of the road, on the one side you have the majority thrusting their beliefs on the less dominant people and on the other side you can bring out the best in people bringing out hidden passionate feelings, encouraging them to be more creative and active in the community.

The World Health Organisation Declaration of Alma Ata said,

*“people have the right and duty to participate individually and collectively in the planning and implementation of their health care”.*

How can people do this when ground down by unemployment or poor housing? How can they possibly begin to implement this when they have not been educated on how to do so? This is just not possible, they have to be taught how to. From this people can build on and build up their knowledge and self esteem. These two words are powerful and can create a healthy community.

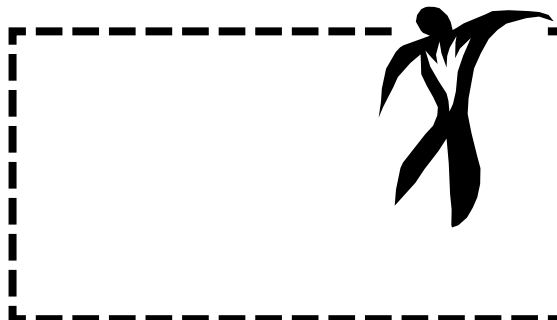
An example of community development recently took place in my area which I was heavily involved in from start to finish. A group of lone parents started a group four years ago to get ourselves and our family out of a rut and to help each other. We got premises, applied for funding, we took part in first aid courses

for children, cookers classes, which involved healthy eating on a budget and committee skills, and to further our education some of us went back to college with the support from the others. We learned from one another and now we have a strong support and learning network. We have picked ourselves up, sometimes from the depths of despair to feeling much healthier, happier and more powerful than where we were four years ago.

We recently held a lone parent conference where we contacted other lone parents in the surrounding areas, we gave them information on their rights, how education could be accessed to suit their needs, met people in the same situation and shared experiences. This is just one approach that could be taken by the community and feedback has shown that it was very well needed and brought people with a great need together in the community.

When I stayed in the rural community I had ideas about education but these areas needed opportunities, these were not to be there to be found in any shape or form. I tried to find educational opportunities but to no avail. Things are improving but very slowly and not at the rate as is happening on the mainland. My ideas remained undiscovered until I moved from rural to town. The only change was that they became bigger and stronger. I was able to see this because I was standing back looking in from the outside. The educational opportunities which I always needed were now present and my opinion grew and became stronger. Now there is no holding back where education is concerned.

## ETHNIC MINORITY WOMEN



### EXTENDED FAMILIES

There is a lot of pressure on women of extended families. A woman with young children looking after the elderly suffers a lot of stress. It is a cultural aspect of ethnic minority communities that it is a responsibility of the family to look after the elders. Husbands have long hours of work from 7am till 9pm, and they can't share household responsibilities. Women do not have time for themselves, looking after young children, providing care such as bathing, dressing and physical help to elderly, looking after husbands coming in late at night. All these jobs are performed by one woman in the house.

*"I forgot myself who I am, because I have to look after him every minute, every second".*

*("No one asked us before, Executive Summary of MECOPP Project)*

This report also showed that three quarters of the carers were women, and the peak age of caring was 31 to 40 years. This was considerably younger than the peak age of 45 -64 yrs found by the General Household Survey on Informal Carers. This may be reflective of the younger age structure of the minority ethnic population and the earlier ones of age related diseases in these

communities. The earlier age at which caring begins suggests that these carers spend more years than other carers.

Only half of the carers were able to speak English. Many carers had considerable responsibilities in addition to caring for an older person, more than a quarter had a minimum of three young children under the age of 16 and a third were in paid employment. Significantly, over a quarter rated their health as quite poor.

#### **LACK OF FACILITIES**

Our area has been neglected and there are no facilities for black ethnic minority community. There is no mother and toddler group where women can take their children in a safe environment and no outdoor educational, sporting and recreational activities for children. Children can't become involved in informal education and environmental activities, neither cultural events and outings. There is no facility for language classes like Urdu, Hindi and Arabic. All these issues are of concern to women because they can't afford to travel - taking children to the other side of the town is more expensive and becomes hectic because of the traffic

#### **LANGUAGE BARRIER**

Women are facing a big problem because of the language barrier. It becomes difficult for them to get to understand the Scottish accent and they don't have enough confidence to speak. Some women have skills and abilities but because of language barriers they can't get access to the work situations. Women suffer more because

they need access to GP's and other health services for themselves, children and other members of the family.

They are hesitant to go to school to discuss children's educational problems. They are not familiar with the education system. They can't help with children's homework, all these things have an effect on emotional, personal and social development of a child. If anybody joined the school board meetings they experience the isolation there. They can't say what they feel. Coping with this kind of environment is very stressful and they suffer from anxiety.

#### **TRANSPORT**

There is a general education programme for women one morning a week, but women are experiencing a transport problem. The women live in various locations across the South Edinburgh and need to get to Moredun Community wing to attend the group. Coming with young children with a change of buses and a long walk is stressful and energy consuming. Bad weather and icy roads, suffering from isolation and depression and in an area with few facilities creates a lot of stress and pressure, women feel with these difficulties that it is not worth going to the group. It is difficult to get across the area using public transport and a woman may have a small child or children to bring with her tip involves taking two buses and a long walk just to arrive is more stressful and on the return journey it also involves placating tired and hungry children needed to be fed and watered. So all these problems are preventing women going to the group.

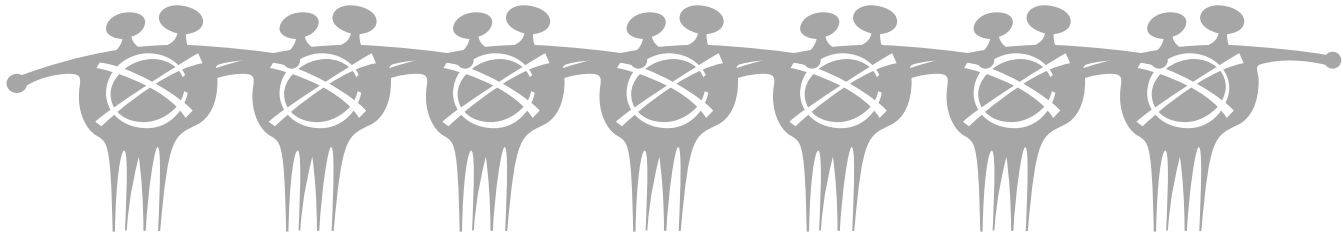
**COMMUNITY DEVELOPMENT**

This is a process which involves identification of ideas for development, problems or issues; an analysis of the causes and the effects of these; and consideration of possible action to achieve change. It was the development approach that brought all won from different ethnic backgrounds together in the area which helped the women to get power in different ways. It has encouraged women from different backgrounds to build relationships, socialise and expand the educational knowledge on health issues through talks and presentation. It also gives an opportunity to come together and share experiences, exchange information, and extend the knowledge of the local area and the various agencies that exist. Women were very positive

about coming, and identified other issues and activities that they would like to look at.

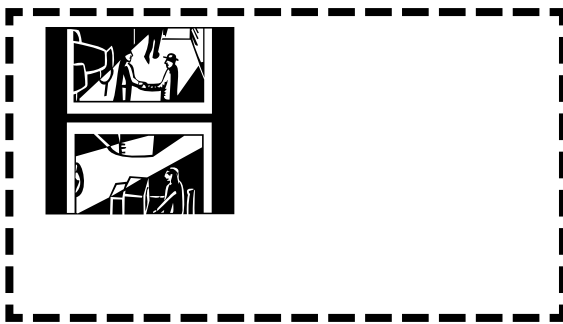
**GETTING RESULTS**

Transport was a big issue for women because Community Education refused the transport money. Women wrote directly a letter to the Community Education Manager of the local area, explaining how it was difficult for them to get there with young children, and they are already isolated and depressed. They also wrote a letter via the organising committee, to the local MSP to raise their voice. It became a community effort and it shows it is not only an individual problem, it is the same for all women and they complained. They were able to get transport for themselves.



## SECTION 2: THE ECONOMY

With a change in Government there has been a welcome move away from individualising health problems. However there is some evidence that the focus has now shifted onto “unhealthy communities”, as though the areas themselves and by implication, the residents of them are the cause of the problems. This selection of writing provides a vigorous rebuttal to “post -code discrimination” .



### **DECLINE IN TRADITIONAL INDUSTRIES**

A hundred years ago industry in the Greenock area was attracted by the ready supply of water which was made available by the building of Loch Thom and the construction of “the cut” which made unlimited cheap water power available to such industries as the woollen mills, distillery and sugar refineries. At one particular time there were more than twenty industrial establishments using the water power coming from the Loch. Shipbuilding was also a large part of our industrial output. The shipyards employed large numbers of time served journeymen who had great pride in their work and in the final product - Clyde built ships. All but one of the shipyards have gone and while at it's peak the sugar refining industry had about fifteen sugar houses, all are gone.

The shipyards were never secure employment but a tradesman had his

indentures to prove he was a skilled tradesman. Many of the jobs in the Electronics Industry are short term contracts in boring repetitive jobs, - soul destroying is a very good description of such work and the effects on lives and happiness of this should never be underestimated.

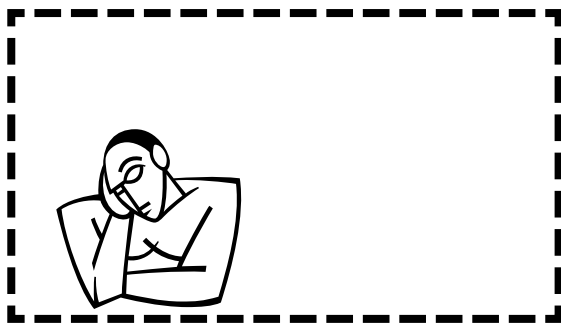
Lack of money is also reflected in the poor diet. Many men have left the district to work and this has lead to many broken marriages. One parent families cannot afford the food required to keep a well balanced diet.

Attitude to education seems to have changed. You either have the parents who are terribly ambitious for their children and nothing but a good degree from a good university is good enough or the parent who thinks “What good does it do, there are no jobs anyway”. Education does not seem to be valued for education's own sake. There does not seem to be any joy in learning or using ones brain in an original way just because this can be an enjoyable experience. I learned a lot from having a living extended family, uncles and aunts who enjoyed children and enjoyed imparting little snippets of information about natural and local history which has stayed with me all my life. Children are the

most precious thing in our life and the most valuable thing we can give them is our time.

Retraining in new industrial practices is essential, but there is no job satisfaction in the dull repetitive work that is now on offer to the majority of the population. A new generation of young people trained in marketing and economics is desperately required that they may bring new ideas and skills in to the economic life of the area. Therefore training should be available in this field. The Local Authority should provide premises and training in the running of good health food co-ops that a good well balanced diet can be available to everyone.

How often do we hear the phrase “They should do something about it” We should consider that the “ they” that is being talked about is ourselves.



## UNEMPLOYMENT

Another cause of unemployment is the end of the more traditional localised industries such as mining, ship building, and steel works. The area to the south of Edinburgh had a thriving mining industry as recently as 1980, with the decline of the coal industry nationally causing 70,000 redundancies. This has devastated local communities such as Newtongrange and Gorebridge. In this case whole communities were socially isolated from

their more affluent neighbours in Edinburgh, many men had no skills to fall back on outside of mining, many suffered ill health from years underground, proving impossible for many to find alternative work. For men who had worked all their lives, the feelings aroused by suddenly being virtually unemployable caused feelings of being social outcasts, with loss of self worth, of not adding to either society or the family, causing friction and putting stress on family life. To once proud hard working men this brought a stigma to unemployment which has taken years to remove as people have been trained in other skills or moved to other communities. However the legacy of the loss of the mining industry has completely changed the traditional social makeup of many communities.

The way that modern companies are organised using modern technology, and the lack of assistance for small businesses from government, has started the trend to shorter working hours for less wages, causing a decline in the number of full time jobs. The lack of such jobs hit school leaver most. School leavers do not get benefit until the age of eighteen. ‘In work’ training schemes are run by government for which ‘trainees’ get £40 a week, but with no guarantees of full time work. Most appear to be a source of cheap labour, workers being paid of after two years as employers replace them with a new intake of school leavers. The lack of income is felt more keenly by the young as they compete with their peers for such things as stylish clothing, sportswear, and the maintaining the social life associated with youth, again feelings of social deprivation are fostered in many young people which in turn can lead to other avenues of social problems. It is a

widely held belief that unemployment is a major contributing factor in crime statistics especially in the youth, and also that employment can be a rehabilitating influence on those who commit crime. We must conclude that unemployment can cause a lack of social well-being, falling short of the standard desired by the World Health Organisation.

#### **PHYSICAL WELL-BEING**

Unemployment places a huge stress burden on the whole family because of the affects of low income. A survey published in 'The Guardian' newspaper in 1994, concluded that the social benefit paid to more than 1.5 million people in Britain, was not enough to pay for a child in a Victorian workhouse. The survey had costed the diet of a child in a workhouse with such food as gruel, pea soup, suet pudding, bread and cheese, and calculated that this would have cost about £5.46 a week at 1994 prices. The income support allowance being a mere £4.15p for a child under 11 years of age, as this benefit has not kept pace with inflation, the situation is in some ways worse today than it was in Victorian times. With all the history of poor public health in Victorian times it is not difficult to conclude that unemployment and low income must have a major impact on health today.

It is likely that unemployed people do not have access to a car and are therefore dependent on local more expensive shops. This cuts down on choice and variety having a direct effect on diet, tending to make the more healthy foods such as fruit and vegetables out of reach of many, being substituted by less expensive 'fillers' such as chips, burgers and pies. These foods are all right in small amounts as part of a healthy

diet, but as the sole content of your staple diet the lack of nutrients leads to unhealthy people, just as in Victorian times.

Poor diet being high in fat content can lead to such illness as heart disease and stroke. Lack of essential vitamins and nutrients can result in tooth decay, skin disorders, anaemia and bone disorders. With no new public housing being built and the long term unemployed tending to be housed in old properties, illness caused by the affects of poor housing is resulting in the return of illnesses such as 'T.B', and a radical increase in the number of cases of asthma especially in the young. A recent survey reported an increase in the number of cases of rickets caused by a lack of calcium and iron.

In recent years government action has had a bearing on diet related illness in children, with the removal of free school milk for the over sevens, which was seen as a provider of calcium in the young population, and the removal of free school meals during holidays has in some cases taken away the only source of healthy diet to the poorest of children for lengthy periods.

We have recognised that low income leads to a lack of choice, which can lead to a break down of physical health, the Guardian survey found that 53% of families on low income surveyed in Scotland said that they did not have enough money for food, 29% said that they regularly miss meals for lack of money.

It can be concluded then that in a lot of cases, that physical ill-health of low income families caused through unemployment, does not meet the standard of that desired by the World Health Organisation.

#### **ATTITUDES TO THE UNEMPLOYED**

Perhaps the area in which the effects of

unemployment has its greatest impact on the whole cross section of the unemployed is in the sphere of social well-being. In my own view a lot of people are of the belief that the unemployed are 'just a lazy bunch of scroungers', this view being fostered by recent government ministers and being given a lot of 'media' coverage. The affects of such headlines as 'Benefit Scroungers - A Drain On Public Resources', cause a lot of heartache to those unfortunate to be out of work through no fault of their own, starting the process of alienation from society.

There are many structural causes of unemployment. With one in three marriages breaking up, a new class of society has been created being labelled 'the one parent family'. A lot of these people would like to work, and indeed many do, but for many with dependent children and few affordable child care facilities available, with the best will in the world this limits options and in some cases makes it impossible to get or hold down a job. In recent years the government have used the one parent family for political gain by seeming to come down heavily on 'lone parents' or to be precise 'single mothers', making them feel a drain on society, pressurising them to find work backed up with threats of reduced benefit. Once again the feeling of alienation is fostered further, socially isolating people from the rest of society.

In recent years government has changed its stance on the 'single unemployed parent' recognising the need to provide more child care places and to supplement costs, however most still feel caught in the 'poverty trap' between the additional costs of supporting this lifestyle and what employment can be found to fit

in with the time required to raise a family on their own. In the twenty years since the World Health Organisation defined health as 'A state of complete physical, social and mental well-being' we can conclude that unemployment hinders these definitions being met. We have seen how unemployment effects the individual robbing them of self esteem, we have seen that whole groups in society have been isolated and made to feel a burden on society, and that the historical character of whole localities have been changed.



### **TRANSPORT IN RURAL AREAS**

The area where I live in is a rural setting and if you do not have your own transport such as a car, motor bike, you have to rely on public transport which can be expensive. It has a high unemployment rate, old people, single parents, disabled people. My area is at least twelve miles from a major city.

There are three bus service companies running where I stay. They run in competition to each other, charging their own prices and making up their own rules and regulations for members of the public who have to use them. Two are major companies, one run by a local council, one by a worker's co-operative. The last one is a private firm, this only runs a short distance in my area, then diverts to another area of the district.

Some people may think this is a good thing compared to other areas but if you have to stand for at least half an hour, after missing all of the buses, which have a habit of coming all at the same time, in all sorts of weather, when you have some sort of illness, such as asthma, chest complaints, a disability, are old or have a couple of kids who are acting up, or loaded down with bags of shopping you might think twice about it.

As part of the course we did a project about transport. We made up reports, got in contact with the bus companies regarding timetables, fares and also wrote a play, we took part in a display for an Adult's Education Week. Some of the main points we found were:

**Work:** Because there is so little work locally, people have to travel which means rising early. Bus fares which are expensive are unrealistic if wages low. This might put

people off working and looking for a better job.

**Shops:** It costs more to shop locally, prices are higher, choices are limited. If you need to buy clothes, shoes or household goods you have to travel miles to a major city to buy these at affordable prices.

**Medical Facilities:** You have to travel to reach the hospital, claiming back fares is embarrassing. Visiting relatives or friends is expensive and not refundable if you have a low wage.

**Leisure:** Lack of facilities in the area means you have to travel to get to swimming pools, cinemas, lack of money means if you wish to take up a hobby and wish to continue you might have to give this up because you can't afford the cost of public transport.

#### TRAVEL COSTS FOR DIFFERENT PEOPLE AND HOW IT WOULD AFFECT THEM:



To travel to Chamber Street Museum in the city with her four grandchildren and her daughter would cost Ina a total of £8.40 on the Scottish Motor Transport system and £7.40 on the Lothian Regional Transport system.



To take her 3 yr old grandson to Leith Waterworld would cost Fay a total of £2.20 on Lothian Regional and £4.00 on Scottish Motor Transport.



Travelling to her night shift job costs her £11.60 a week to cover four night shifts, to be at work for 8.30pm, Yvonne has to leave her house at 6.30pm. This journey would take her twenty minutes if she travelled by car. She uses at least ten percent of her wages to cover travel costs. The same journey by car for five days would cost £6 per week.

The nearest job centre to where I live in Dalkeith which is about five miles. The adult return fare costs £1.70. This is refundable if the unemployed person is a member of the job club. You can only join if you are six months unemployed. To visit the job centre three times a week would cost a newly unemployed person £5.10. The cost of travelling by bus can prevent local people from obtaining jobs, affordable clothes and household goods and other needed facilities. This is why I think that transport affects people's health in my following examples it can cause depression, isolation, frustration and loneliness.

The unemployed, many on job seekers allowance who have difficulty finding jobs due to the fact of living in a rural area and having to travel to the nearest major city for interviews and to find a decent job. Single parents have the added burden of children to cope with. Young people get less money if they sign on, their benefit has to cover all their needs, or they have to take low paid jobs or go on a training scheme, this can be expensive for them living in a rural area. Many resorting to take drugs or turn to crime to solve their feelings. The elderly, many on state benefit, feel that due to the infrequency of bus times find it intimidating, annoying and irritating, especially when they have to wait at a cold bus shelter restricting them to making a choice between going to visit relations who often live miles away, or a much needed hospital appointment. The disabled have greater problems, they sometimes have to make arrangements for special transport which can cost more, causing greater worries. Single women who travel at night, out from the major city, feel frightened,

stressful if they are approached by undesirable members of the public, such as nurses, nightshift workers etc, having to face them on their own.

All this making the cost of travelling by bus, by local people expensive, preventing them from travelling to work, employment services, leisure facilities, to shops and to many other important services.

#### **COMMUNITY DEVELOPMENT**

This is one approach that people can take to help them tackle the issue:

*"Its principles and values are, to identify ideas for development, problems and issues, analysing the causes and effects of these, considering possible action to achieve change and organising learning, development, and change at individual, group and community level. This can lead to a greater understanding of social issues in their political context, and of participative and democratic decision making processing."*

*The Community Education Service Working Group  
Lothian Regional Council 1992*

The Community development is different to a medical approach because a doctor might talk to people individually and ask what their problems are, then he or she would then either describe some sort of course of drugs or suggest they could see a counsellor, this he or she would be treating the symptoms individually. Community Development works collectively too, look at the underlying issues e.g. of transport, by trying to get people to take action, by organising groups where they can contact others, through the likes of health visitors, community education workers who can lead them in the right direction to where

they can make the decision, where they can organise such things as a plan of action, and a campaign. Making leaflets, posters, advertising in local papers, visiting other areas within a rural setting to see how they tackle the issue of transport, and using all the information they have to make the public aware of their findings. Other methods which are important are going to see local councillors at your local council office and putting pressure on your Member of Parliament, hoping that for the future we could have cleaner, warmer, comfortable, reliable, friendly, easier, safer accessible buses, bringing back conductors and better maintained shelters, better information and easier available timetables. The re-opening of the local railways could be of benefit and make a huge difference to the rural community.



## SECTION 3: POVERTY

The key link between poverty and ill-health is demonstrated vividly in these extracts. The chronic, gnawing worry and helplessness that comes from having an insufficient and insecure income is compounded by the growing gap between rich and poor and the social stigma of poverty.



### WHAT IS POVERTY?

Poverty! What is poverty? Is it being unable to buy a new pair of trainers at £70. No! It is a way of life for many people in our Modern Society and our communities. It is the fear of not being able to put a meal on the table, to heat a house, the fear of another day with no income. It's feelings of hopelessness and powerlessness, a feeling that things will never change. It gives rise to feelings of guilt, apathy and lethargy. It can bring on depression and negative thinking. "What is the point" or "Being dead would be better than this". Is there no hope? Can nothing be done? The government give out benefits, but the way it is done, the questions asked, the attitude taken and the amounts given, can make poverty stricken, ill people and incapacitated people feel very worthless, feeding their low self esteem.

**Poverty breeds ill health.** With no meal choices, whether food is nutritious is not the main criteria. The price and the bulk is the main concern, just being able to buy food, of any description, is the first priority.

**Poverty is powerlessness.** There is no choice as to where you live. Poor people, mentally ill people and uneducated people are herded into modern day "Ghettos". Mostly large soulless housing schemes, where the address alone can stigmatise them.

**Poverty is not being able to keep a warm comfortable home,** thereby being unable to combat dampness and condensation. This can bring on the vicious circle of bronchitis, asthma and perpetual colds in the children and adults. I know of a person who when complaining of dampness to his landlord, was told that he breathed too much!

**Poverty is defeat.** The feelings of hopelessness and worthlessness can lead to the downward spiral of drug taking and alcoholism, which are ways of escaping from miserable surroundings and the awful day to day living and isolation.

I experienced most of these feelings when I was a young mother trying to raise three children on a very low income. It was

a struggle to pay the rent, feed them and try to clothe them. It would have been all too easy to have said “To hell with it” to escape into oblivion with drinks or drugs. I knew the feelings of helplessness, but also of guilt. I thought it was all my fault. The feelings of worthlessness and depression set in, though at that time I didn’t realise how ill I was. I would never have gone to a doctor anyway, as I felt so ashamed and thought that I would be blamed and lectured to. I became very isolated, hardly going out. Most of the day was spent crying and trying to make meals out of nothing! If there was help available I knew nothing of it and was probably too depressed to do anything about it.

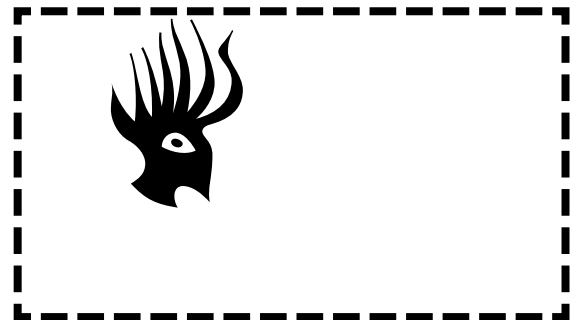
#### **THE GOVERNMENT APPROACH**

The government’s goal is for a healthier Scotland. Health topics are a priority, but the underlying factors of ill health, such as poverty and helplessness must be addressed. In “*Working together for a Healthier Scotland*”, they put forward the following:

*“A key factor must be to help strengthen people and communities in need by promoting a sense of belonging, hope and self esteem and confidence. There is more need to help communities, groups and individuals to have more influence in their day to day lives. Strong partnerships are required between local authorities, voluntary organisations and private sectors to reach out to their local communities to work together to help achieve this aim”.*

We are all the people, each and every one of us. We are the community. We must help ourselves. Taking part in community development is a way forward. It is the

coming together, it is striving to get a better way of life, a healthier life for everyone. It is feeling a part of the whole. it opens the door onto society. It can help to make a better world for our children. It can end isolation and hopelessness. It can give us a part to play in our environment and how we would like it. It can give us a chance to decide how our own lives will be. It can be done together.



#### **POVERTY AND FINANCIAL STRESS**

The 2nd European Poverty Programme defines people as poor when:

*“...their material, cultural and social resources are so limited as to exclude them from the minimal acceptable way of life in the member state in which they live ....”*

This declaration means that we should all be able to:

- Keep ourselves well-fed
- Dress well
- Keep our homes warm
- Own a TV and household goods
- Visit relatives and give presents

And we must be able to live in a way which ensures that public officials and professionals treat us with the courtesy due to every member of the community.

Financial stress is caused by

- i) lack of income
- ii) credit facilities
- iii) higher % of income spent on fuel
- iv) materialistic trappings.

**i) LACK OF INCOME**

The Social Fund which is designed to help people with special one-off needs discriminates against the very poor. Those who cannot afford to repay the loan are not given one and therefore, have to continue coping without basic necessities such as refrigerators, washing machines, transport and even economical heaters all which allow their owners to get better value for money but involve a large initial outlay. Low ownership of these items among those on low incomes reduces their opportunity to make savings simply because they lack the financial resources available to everyone else. They cannot, for example, cut out on laundrettes charges or travel to discount stores inaccessible by public transport. This automatically excludes them from special offers and bulk buying. Budgeting on a low income often means budgeting on a day to day or week to week basis. The savings that can be made by monthly shopping at large supermarkets cannot be enjoyed by those who can only afford to buy in small amounts. Lack of money not only means those on low incomes have to budget on a short-term basis, it also means they may not be able to afford some things at all.

Being unable to pay outright for essential larger items leads those on low incomes to borrow money to pay for them and the type of credit available is often expensive.

**ii) CREDIT FACILITIES**

You can't get a loan through a reputable source such as a bank if you do not have a bank account and you cannot get a bank account unless you have a regular income. Some banks now even require a minimum balance of £50 kept in the account and bank charges are also prohibitive to those on low incomes. Companies like Crazy George's "a department store with a difference" are targeted at those on low incomes. You don't even have to be credit-checked or pay a deposit. A set of bunk beds costs £605.76 in cash at £6.99 per week an APR of 29.9%. The same set of bunk beds in Argos for instance, would only cost £299.99 a saving of £305.77. Provident cheques are another source of credit for those on low incomes and similarly do not offer good value for money. Get £100.00 in cash to pay for items such as Christmas presents, pay back £155.00 after Christmas in 12 monthly instalments.

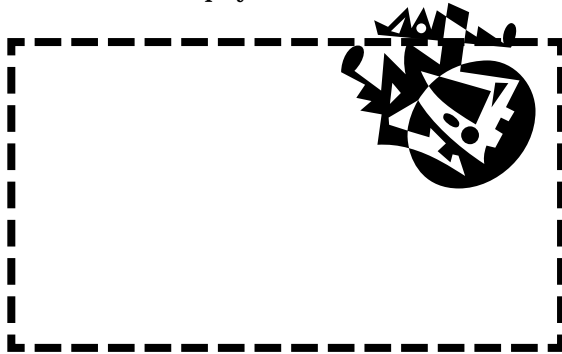
**iii) HIGHER % OF INCOME SPENT ON FUEL**

Which bill to pay first is an often asked question in many impoverished households. Pre-payment meters do not address this problem in any way. The only service they provide is to the company supplying the fuel as it is effectively save the company from disconnecting you as you do this for yourself when the meter runs out. Watching fuel usage can also affect the range of meals cooked and how often or how long heating and hot water are used, making what most people in a developed country take for granted, a luxury if you're on a low income. Uneconomical heating alternatives, for example paraffin heaters which can cause

respiratory problems, electric bar fires and blankets which can sometimes be the only source of warmth available, are often used instead of expensive central heating systems.

#### **iv) MATERIALISTIC TRAPPINGS**

Families in poverty can often only afford poor quality goods that are badly designed, wear out quickly or even fail to meet safety standards. Clothing is another issue for families on low incomes as they are often unable to clothe themselves suitably for the climate and society that we live in. They are often under immense pressure to dress in accordance with their peers and the stigma of not being able to only adds to the daily stresses with which they live their lives. They also cannot afford family outings that make life more bearable and are important for mental and physical health.



#### **POVERTY SICKENED**

An issue of concern in West Lothian are the growing numbers of families living in poverty. Although this can be difficult to see, there are pockets of deprivation including Blackburn. Poverty is very hard to define in today's society, but it is normally done in one of two ways, household income below national average or receipt of means tested benefits. Either definition results in a family income which allows for basic needs to be met, but "basic needs" in a modern affluent consumer society are difficult to

define. Families in poverty are forced to make choices between items which others take for granted, heating lights or a nutritionally balanced meal, to make ends meet families buy all the cheap brands of items so that they can pay for heating lights. Managing on a low income is a constant worry for parents, they cannot afford to take part in anything social like Gala days, school fetes, day trips to the beach or even school uniforms for the children. The social fund which is supposed to help people who need a loan to buy more expensive items like a new bed or wardrobe, if you get a loan it is usually half of what you asked for and means you need to buy second hand ones. The loan system was designed to help stop loan sharks taking child benefit books from parents, or stop parents getting into too much debt, but it still exists. You cannot get a loan through a reputable bank if you do not have a bank account, and you cannot get a bank account unless you have a regular income. The number of people living in poverty has doubled, with one in three people claiming means tested benefits in West Lothian. Benefits of higher incomes and employment are by no means equal, towns, villages and neighbourhoods are still in poverty. Poverty is like a cancer it develops and spreads it's hard to get out of and so far there is no cure.

#### **TAKING ACTION**

Ignoring the issue hoping it goes away, and the media blaming people for their own deprivation. The poor are powerless, what chance is there for one individual to help make it work? I had to involve the community, by getting them to be aware of the problems that we all faced. I went along to the local newspaper to put an advert, asking people for their experiences and their problems that they had to live with everyday

due to poverty. The response was huge, people who were unemployed, made redundant, mentally ill, homeless and some parents who were worried for their children's future. I had to call a public meeting, and try to get the community involved. We had to take action to reduce the poverty for the future. Everyone who turned up at the meeting, was firstly told that everything would be in total confidence, which made it easier for everyone to talk. There was a lot of shared experiences, views and opinions. I could see a group forming as I listened.

We arranged another meeting in which we spoke of the effects poverty had on the community. Since we needed information and advice on being a group to tackle issues, we needed support so we got in touch with the community education service working group, Lothian Regional Council. They helped get us organised. Sorting out issues to see what were the greatest and work from there. Healthy diet, was a big issue and it was priority. Pregnant mums and children are those who needed most help. The shopping centre is the only place in Blackburn where you can buy fresh fruit and vegetables and the prices are aware out of most family's budget. The group that was formed, decided to take action. We targeted all the areas that lacked knowledge of this issue, we were not sure on how to go about this so we visited other food co-ops to give us a better idea. We looked at different

venues, the school would be a good place, children would be more aware what healthy foods really are and going to the health centre on antenatal day. We went to our local farmer to buy our fruit and vegetables cheaper, so that we could sell them at affordable prices only adding the cost of petrol. The group sent out leaflets giving information on where to go to buy cheaper fruit and vegetables, the response was staggering, everyone knows what a healthy diet they just cant afford it.

We started a self help group in the most deprived areas and saw that they received funding. Because we do not want to die prematurely of cancers, heart disease or strokes. We targeted the health board for information, we had to get information from the council, the local health centre and mental health services as there was a majority on tranquillisers through depression because they had no money to buy their children what they needed. As this was going to cost money we had to look for funding, we went to Blackburn development, they would help us and the European trust fund were interested in what we were doing for the community. Our aims are healthier diets, reducing the big 3, better housing, adequate heating, mental illnesses, depression and to expose the rich government's lies on dealing with these issues. We all agreed they had a classic case of verbal diarrhoea and it was them who needed help.

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**COMPANIES ... TARGET THOSE ON LOW INCOMES. YOU DON'T EVEN HAVE TO BE CREDIT-CHECKED OR PAY A DEPOSIT. A SET OF BUNK BEDS COSTS £605.76 IN CASH AT £6.99 PER WEEK AN APR OF 29.9%. THE SAME SET OF BUNK BEDS IN ARGOS FOR INSTANCE, WOULD ONLY COST £299.99 A SAVING OF £305.77. PROVIDENT CHEQUES ARE ANOTHER SOURCE OF CREDIT FOR THOSE ON LOW INCOMES AND SIMILARLY DO NOT OFFER GOOD VALUE FOR MONEY. GET £100.00 IN CASH TO PAY FOR ITEMS SUCH AS CHRISTMAS PRESENTS, PAY BACK £155.00 AFTER CHRISTMAS IN 12 MONTHLY INSTALMENTS.**

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## TRYING TO GET BY

How are we supposed to make ends meet  
The bairns continually under our feet  
Work long hours to pay for this and for that  
When Dad comes home they ask “Who’s that?”

Families are cracking under the stresses  
While politicians wives buy fancy dresses  
So the New Parliament with your MSP’s  
Please take note we’re down on our knees

We want to see our girls and our boys  
Play with their friends and their fancy toys  
We want to see them at University  
We want to see them with a “job in the city”

We don’t want for our children the life that we’ve got  
We want them to have work and achieve a lot  
So when you’re making up your Constitution  
Don’t sentence us to a life of destitution

The bairns are crying, they’re wantin’ their dinner  
I can’t feed them cos’ I’m not a winner  
I’m so worn down with the bills and such-like  
Christmas is on us, the bairns want a bike

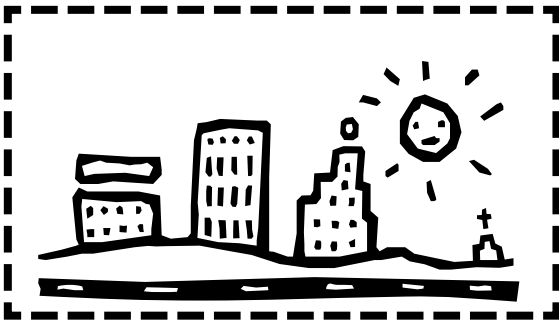
How am I meant to find the will to survive  
When the whole world is happy and I live in a dive  
The wallpaper’s hanging not on the wall  
but down the back of the sofa - dampness made it fall  
The carpet is tatty, it’s worn and it’s thin  
The whole place is not fit for a tramp to live in

But this is the place me and the bairns call home  
Let’s hope in the next century we can get in the phone

**So First Minister with your policies and hype  
Let me make a living so ma bairns get a bike!**

## SECTION 4: COMMUNITIES - MORE THAN BRICKS AND MORTAR

*Improving the physical conditions that people are forced to live in, will go a long way in reducing health inequalities but this section also touches on the other elements which enable a community, and a society, to thrive.*



### **NOT JUST A ROOF OVER OUR HEADS**

Poor and inadequate housing has many effects on our life and mental well being. Housing is a major problem worldwide. It needs to make a proper contribution to the way we live and shouldn't just be regarded as merely a roof over our heads.

Poor housing is not a new phenomenon, it has been with us a long time. Industrialisation was probably the beginning of the problem. Houses were built back to back with no baths, no water and no inside lavatories. Streets bred vermin, communicable diseases including tuberculosis and venereal disease including disease due to water pollution were commonplace. Just a need to cram as many people, workers as possible in the least amount of space.

Urban expansion was dealt with by creating blocks of flats in cities and housing estates in the suburbs. There is an ever increasing demand for more and more houses, people wanting to move into the city to be nearer their jobs, students wanting to go to universities which are more often than not situated in major city centres. Today's teenagers are wanting to be independent, most of them wanting a place of their own by the time they are 16 whilst others are neglected or abused at home or prefer running away rather than stay at home.

I feel these flats which were built with no consideration to community spirit, are often characterless. Where someone on the first floor doesn't know the person living on the second floor never mind the 14th floor. This lack of consideration has led to discontentment and disenchantment. Some housing estate and areas are acquiring a reputation as bad areas where only thieves and drug addicts live and you enter at your own peril. It can be a huge task for the council to shake off that kind of reputation. Even passing by that area there are visible signs of graffiti and vandalism.

Poor housing can aggravate or cause illness eg, dampness will bring on more frequent and severe asthma attacks on a sufferer. Dampness exists in many council owned properties where your furniture, wallpaper, shoes, clothes are infected with smell and mould.

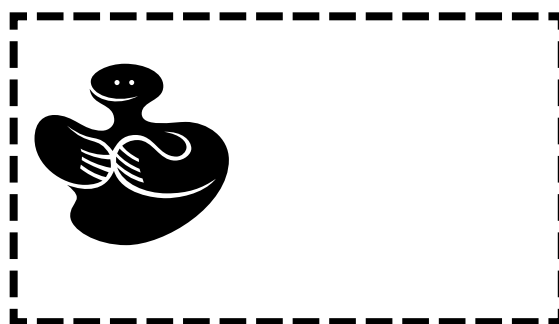
It is worse for many on low incomes as they don't often have the money to replace these items. As well as affecting you or your children's health eg, these getting cold, cough, and infections on a regular basis has. Heating a damp and poorly insulated home is very expensive, it can literally be like throwing money down the gutter. Often their becomes a stark choice between feeding the family, heating the house or replacing the furniture, that leads to a hands on effect on other things. The councils perception is often that dampness is really condensation and should be the problem of the occupiers.

Single parents can feel even lonelier or isolated stuck on the upper floor with a child. What happens if the lift breaks down? Getting to the shops can be a struggle, rodents eg, mice are another common problem with flats. I was told that they like to climb up drainpipes so the higher you are the worse the problem. Rats often visit sewers and carry diseases and are destructive to food, furniture, carpets and wood, not to mention the scare you get when you see one.

I myself live in a tenement flat on the second floor in the city centre. My husband went to visit his family in Pakistan and I felt very much alone. You just seem to see people coming or going out or hear doors banging sometimes. Empty flats become a vandalism target for kids, joy riders, house breakers, homeless and even a haven for drug dealers who often profit in the middle

of despair. These factors can become a nightmare for the remaining residents which can lead to a feeling of powerlessness, frustration and anger. Like a vicious circle that seems to have no way out.

Due to the knock on effects and consequences eg anxiety and stress, sufferers will go to the doctors, who through lack of knowledge or time would probably prescribe pills. It's not very often the doctors will ask in what conditions you live. What is needed are venues that the residents can go to that are accessible to complain and be listened to, that is just the start of the process.



### **A NORMAL ENVIRONMENT ?**

In the past many tenants have chosen to live in High Rise Flats. These homes were once seen as positive and safe environments and actively promoted by the Council and Government as an alternative to the housing stock of the day which was run down, many having dampness, lack of space, lack of relevant facilities and outside amenities. The high rise flat contained modern amenities and were considered secure. New flats were a boost to those who had come from the run down conditions of some council housing.

High rise flats were a result of 1960's Social Policy which at the time seem to solved the short term housing needs of the

community, but in retrospect this has not been the case. The population has continued to rise and people's needs are very different from then. This was a short term measure.

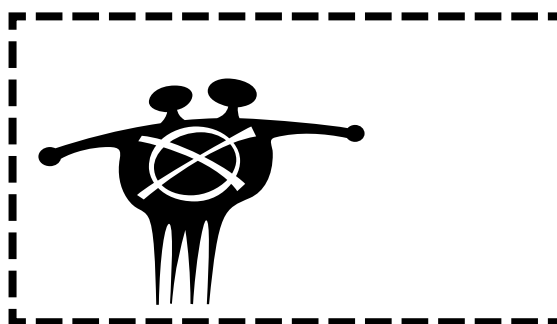
As we approach the year 2000 sadly the opposite has become the case. Many people are now feeling isolated, anxious, socially excluded and would gladly leave the flats to have a home where the problems they faced do not exist or are far less serious than in the flats. There are many social problems in the country but the social problems that exist in many high rise flats include: Drugs and Alcohol misuse, anti-social neighbours, isolation etc. Health issues has risen and health conditions have deteriorated as a consequence. Many tenants are living in a state of fear of having their homes broken into, being robbed and this causes their health to suffer as a result of the stress and anxiety. Tenants do not have a normal environment to live in as there seems to be no communal areas and focal points for them.

Many of the tenants came from housing schemes which had a sense of community, where neighbours knew each other, shared day to day life and activities, and looked out for one another, whereas in a high flat this is often not the case. Sometimes days may go by without seeing anyone, and especially for those living along it can become a lonely world.

In 1999 in Greenock there are a number of high rise flats and throughout the district and country. These flats have been up for over 30 years and through time and wear the physical structure has become similar to the housing stock that these flats have replaced, conditions of dampness and structural problems are common place. There are many families living with water

coming down the walls of their homes, wallpaper peeling off due to the dampness. Children develop chest problems like asthma, sore throats and fever caused by living in these conditions, which has an adverse effect on their health and well-being. This has caused much conflict with the tenants and the Council. The stress of this within a family can be extreme as they battle with the authorities in convincing them that their homes are not worthy in these conditions, then on the other hand trying to meet the growing heating bills to keep the place warm and free of dampness, is a constant worry and drain on the family budget. Being continuously ground down by issues like these makes them more liable to illnesses that are not obviously or physically seen, like depression.

## **DRUGS AND COMMUNITY LIFE**



### **THE DRUG PROBLEM**

The drug problems within Inverclyde have escalated over the past few years. No one who lives in the area can say that drugs do not affect their lives in some way. The health and social problems suffered by addicts, their families and the communities in which they live can be horrendous. Feelings that nothing can be done about the whole situation has become widespread. Acceptance of all the problems

related to drug use has become part of life.

We now have to tackle these problems but how and where do we start? How do we get people motivated enough to address the situations which now exist? First we must identify the problems, where they are and what we can do about them. There are major health problems related to drug use both for the addicts and their families. How do we address these issues?

#### **WHY DO PEOPLE START TO TAKE DRUGS?**

There must be a multitude of reasons! Could it be boredom or are they just stupid enough to think that no matter what they take it is not going to affect them and they will not become addicts. Many addicts start with recreational drugs. This can be a common rave drug such as Ecstasy. It is used only at weekends and people seem to have few problems controlling their usage. Cannabis is another illegal drug that has become the norm to many people. Against here is very little proof that this becomes problematic and is usually classed as a non-addictive drug.

The drug that brings the maximum of problems in Inverclyde seems to be Heroin. Why do people start taking Heroin when the problems it causes are so evident all around them? If this question could be answered the problem would not exist. Many think that they will be able to control their usage but unfortunately this is not always true.

Heroin addiction can cause tremendous problems to a large amount of people. Obviously the addict themselves have both health and social problems. The families of addicts can find that the problems overflow into their own lives and the lives of their friends. Whole communities can find themselves

overwhelmed by the problems caused by drugs and the crime that surrounds the addicts.

What problems do addicts themselves have? The health of the addict is at risk because of their chaotic lifestyle. Many have problems caused because their sleeping patterns are disturbed and they find it difficult to sleep at what we would call 'the normal times'. Another main problem is they tend to forget meals. They causes them to lose weight and because their bodies are denied the benefits that food gives they become run down and lethargic.

Money will always be the addicts number one concern. Their addiction can cost upwards of one hundred pounds per day. How can they keep their supply of money and therefore drugs available.

The usually first way of getting money is to borrow and then eventually steal from their families. Once their families are aware that this is happening they then have to find an alternative way to fund their habit. Unfortunately there is no easy way to do this. Shop lifting, house breaking, muggings and of course they can eventually end up dealing in drugs to maintain their supply.

#### **HOW ARE THE FAMILIES AFFECTED?**

The first feeling of the family is that "This cannot be happening to us". Parents can blame themselves initially thinking that they have done something wrong. This can mean that they do not ask for help and find that they just cannot cope with the situation. It cannot be easy to think that your child is stealing from its own families.

The health of the whole family can be affected. Stress and anxiety is usually the first signs but this can lead on to

depression. Anger about their situation can bring on many other associated illnesses such as high blood pressure. The main feelings are of helplessness at the situation because they have no control over what is happening. The only think they can do is get as much information and help for themselves and other family members affected by the problem.

#### **WHAT EFFECT CAN DRUGS BRING TO COMMUNITIES?**

Many drug users find themselves homeless because their families have had enough and end up asking them to leave the family home. They have to live somewhere. What happens if an addict moves into a housing scheme. Many manage to live a fairly normal life but unfortunately some can cause chaos within the area they live. Having a safe place to take their drug is essential. This can mean that one house can be used by many addicts. This can cause disruption if this safe house is within a tenement.

People who sell drugs can cause even more problems. Addicts coming and going at all hours of day and night. Taxi doors slamming. People coming into the area because drugs are available. Families who try to lead a normal life in these circumstances can find it impossible. Used needles can sometimes be found in play areas used by young children. This can cause fears of infection like Hep C, which are blood borne viruses. Parents also have fears about older children becoming involved in the drug scene either as a user or helping dealers.

Another aspect of drug users in an area is the crime. House breaking means that people are afraid to leave their houses

empty. They are also afraid to walk along the streets in which they live. Many muggings are done with very little hope of large sums of money. No one can feel safe even in daylight. The need for money to feed their addiction is stronger than the fear of being apprehended and imprisoned.

Many people involved in the problems surrounding drugs can feel isolated. The drug user themselves have very few if any friends. They may have people who they meet and share drugs with but these same people can change and steal from them if their need is strong enough. Families of drug users can also feel alone. Unable to share their concerns with anyone. Unable to ask advice in case they incriminate their sons or daughters in crimes which surround drug use. It is maybe easier to associate inequality with the families of drug users. Admitting that you have a family member with a drug problem can mean that people turn against you. Children at school can be taunted by other pupils about the actions of brothers or sisters. Families can be ostracised because of the actions of a drug user. If your child becomes involved in crime because of drug use the whole family can be affected although it is not their fault and they have no personal knowledge of the crimes committed.

Communities can also suffer inequalities. If an area gets identified with drugs it can mean that people want to leave. This can lead to empty houses, shops closing and the general run down of the area. The stigma connected to drugs can affect the reputation of families not involved. A few people involved in the drug scene can lead to the deprivation of a whole community.



### **TAKING ACTION: 1**

Drug use and the effect of drugs in my local area are more often becoming topics of discussion within my neighbourhood. Drugs are both used and sold quite blatantly and openly in my community, as there seems to be no fear of being caught using or selling drugs. It seems to be more accepted in today's society and is not looked upon as extraordinary. There are environmental issues as well as health issues to be deeply concerned about also.

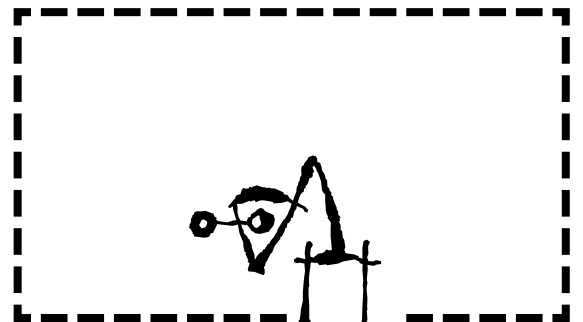
If, for example, a group of drug users openly taking their drugs, discard their needles indiscriminately, then other more vulnerable members of society are in severe danger. A prime example of this in my area, is the vacant play areas being used as haunts for both drug users and alcoholics. These areas are strewn with litter and discarded needles, thus putting vulnerable members of society such as young children and older people in danger as well as animals. In the main, these areas are both unsupervised and unlit acting like a magnet attracting undesirables from all walks of life. The issue of drug use also affects the health of the user and their own immediate family and living environment also. Stress, low or no self esteem, relationship and marriage breakdowns could also be an effect of drug use. All of the aforementioned are related in one way

or another. They can all have a knock-on effect.

What effect does all of this have on the children within these situations? Do they reach adulthood under the impression that this behaviour they have witnessed within their environment is normal? All of us learn by example, and young people can be very impressionable particularly.

In my opinion, communities do and can have influence on the decision making process, but they are unaware of how powerful they can be. When your local environment is drastically going downhill, that is the time to get together, form a group and start challenging authorities.

I have been a member of my local group for three years and recently we managed to have new street lights put into a local park. Now, it was a long hard struggle and a lengthy process but we managed it. However, the local authority would tell you a different story. They would say that they installed the lights, and this is true, but our councillors were told in no uncertain terms that people speak with the vote. It is only a small thing but we now realise that we do have power and if we stick to our guns and do not get apathetic then things will change.



### **TAKING ACTION: 2**

Many communities know that there are drugs in use but tend to hope that it

doesn't touch them or their families. With this outlook on the subject the problem will not go away. The help for this problem I feel has to come from within the community. There is one option that communities can take and that is a community development approach.

To do this I had to find out if the community felt the same way as I did. I did this by speaking to my friends and family first who live in the same community as I do. When I got a positive response the next step was to speak with as many community members as I could. The best place to do this was at the school gates where I knew that there would be substantial feedback from the school children's parents. With the response from the parents I realised that I had the support to form a working party. We talked and listened to each other's views on the drug situation in our community. The information on drugs that our community needed was non-existent.

With our working group we decided to go further a field. We drew up a questionnaire to post through the neighbourhood doors. It was also suggested that we introduce our group in the community by putting posters of who we were and what our common purpose was. The response from the questionnaire was very positive because we found that the questions that we asked were hitting certain notes with the people in our community. Do you feel there is a need for drug information in your community? Would you be willing to share your knowledge and time to help others in your community? Would you be willing to learn? We finished the questionnaire by saying "If you have answered yes to one or all of these questions than you are invited to attend our opening meeting on the " and we put

the time and venue on the questionnaire.

To this meeting we invited some professional people for information support - the local police representatives to give their knowledge on drugs, one of the doctors from our community health centre to give us a health perspective on drugs, members from other external agencies who were running the same sort of initiatives in their communities, to give us the knowledge of how to keep the group alive. Throughout the meeting there were many different opinions to be listened to and respected and there was a common purpose. This was that there was a lack of information in our community on drugs. This was a brilliant outcome as that meant that there was something to work towards achieving and this was going to involve many members from the community. The support given to each other and from the invited guests meant that we were able to start educating ourselves with the knowledge needed about drugs. Inviting the professional people and the external agencies turned out to be a very positive move to make, as they offered their ongoing support to our group. We were also invited along to the external community groups to see initiatives that were similar to ours in practice. My conclusion is that when one misjudgement in life ends up being a life sentence of addiction, then it is up to us the people to make sure that we are fully aware of what dangers our children are in, and educate ourselves as a community because it is a true saying that there is strength in numbers but also support as well.

Most people who are dependent on drugs only socialise within their own peer group as they share a common interest and have a sense of community spirit within

this setting. Young women can go as far as selling themselves on the streets with the blessing of their partners because she is able to bring in an income to feed both their habits. They lose their identity, such is the need to feed this habit.

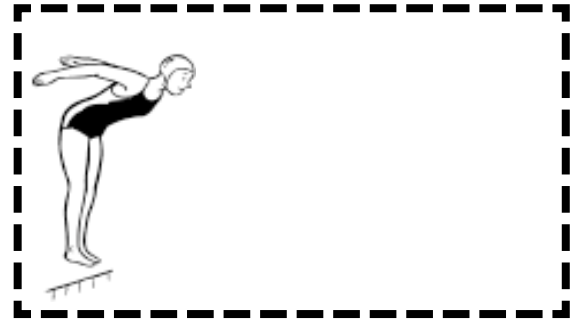
Relationships can break down as a result of this, parents can feel ashamed of their children being drug dependent as there is a stigma attached to the title. The myth is that they are the “scourge of society” and are shunned by the community.

Housing association policies state that they will not tolerate less desirable tenants such as drug addicts because of the fear of the drug addicts becoming drug dealers, tenants don't want drug dealers living next door to them. Drug dealing is viewed by housing authorities as being anti social behaviour and there is a Bill going through parliament at the moment. Crime and Disorder Act 1998 section 19-21 pertaining to anti social behaviour - this gives local authorities the power to evict such tenants, moving the problem on. This is not the answer.

It does not make people any less human because they are drug dependent. I think we, as a community should look at the person first and the habit second, help the person and this in turn may eradicate the problem. When a person is on a heavy downer and their body is crying out for a fix then the person will beg steal or borrow to get money. The most common and easiest way is to steal because if they get caught, which they rarely do because they become good at it, they only get charged then let go until the trial date which can take weeks or months. But the person is only interested in the immediate future they don't see beyond their next fix. The knock on effect is that we have an

overworked police force and overcrowded prisons, which are only built for containment not for rehabilitation, adding to the problem

## ACCESS TO RECREATION



*The provision of public and local facilities have the potential for enhancing or destroying the life of a community. These two extracts describe in some detail the crucial issues of accessibility; the amount of community control over decision making; and the way in which such facilities such as swimming baths or play areas can benefit not only the physical health of individuals, but the social and community life of an area.*

### MOTHERWELL BATHS

Motherwell Baths opened in 1916 and became a well-used and popular establishment serving the whole community. Comprising a 23 metre swimming pool, gym, Turkish suite and slipper baths. It provided suitable facilities for all ages. In particular, the swimming pool proved beneficial for the elderly, those disabled or nursing medical conditions. They found the exercise, combined with the natural buoyancy of water very therapeutic. Local schools attended weekly, and this allowed the children a chance to swim. This was at no cost to their parents -

some of them would have been denied the chance otherwise. Regular coaching became important, because it allowed the potential swimmers to realise their ability and gave them an opportunity to improve their skills. This often led to competitive swimming. Ladies' groups attended regularly, as much for gossip as the exercise. They looked forward to some time away from 'the weans' and believed that their sessions benefited them in many ways.

Motherwell Baths has a proud history. It boasted the most influential teams in Scotland - and we had more champions than elsewhere in Britain. In 1984, 7 members of the British Team came from Motherwell, and they competed at the Olympic Games. The water polo team also gained national recognition - winning the Scottish Championship many times.

In early 1989, Motherwell Baths closed its doors for the final time. This left the complaining community with no option but to travel to another district for a swim. The swim clubs were moved also, this was not only inconvenient, but also impossible for a lot of people. Reports in the local papers were very favourable towards a newly planned leisure centre - the new building would excel in its facilities, and be able to compete with any leisure centre in the west of Scotland. When the 'Aquatec' opened in September 1989, it provided a leisure pool with flume, Health Suite and cafeteria enjoying a poolside view. It also had an ice rink, gym and sunbed facilities. Immediately, the pool was condemned by the locals. Essentially a leisure pool, with a maximum depth of 12 metres and no swimming area. The majority were of the opinion that the new pool certainly did not replace or improve on the facilities offered at the old Baths.

The elderly and disabled particularly found the pool inaccessible, experiencing great difficulty manoeuvring around the pool's free form design. The stepping stones, stairs and descending access into the pool proved impossible for many. In addition to these obstacles, there is also a strong water current in operation a great deal of the time - this discourages unconfident swimmers and the less mobile. The leisure pool was abandoned by a lot of regulars from the old Baths who considered the pool a play area really, only suitable for a portion of the community. Many of them who cannot travel to another district feel that they have had their swimming facilities unfairly stolen from them.

The disgust and disappointment in the new leisure centre was soon reported in the papers, with many locals boycotting the building. A man began his campaign to re-open the old Baths. This involved petitions signed by the community and letters published in the local papers. These complaints were soon brushed aside by the authorities when the old Baths caught fire and was damaged beyond repair. Feeling became very low in the community, with feelings of disbelief that the authorities should choose to ignore the town's needs and, in effect, abandon Motherwell's swimming success.

At present, 10 years after opening, the public's opinion has not altered towards the Aquatec. Neither have the authorities addressed complaints. It is true that the ice rink now has limited opening hours and the cafeteria has now closed completely. This must be indicative that the public do not use the building as was expected. The residents of North Motherwell do not have a public transport service after 6pm, and

this leaves a lot of people unable to travel the centre. The locals feel that being denied a swimming pool affects their health significantly.

A few months ago I undertook a Local Investigations module at college. I decided to research the suitability of the Aquatec. My work included surveys from local schools, and individual questionnaires from residents in the North Motherwell area. These results showed overwhelmingly that the health of the community is affected by the absence of a swimming pool.

The schools say they do not attend because of the inadequate swimming area, and that it does not meet the teaching requirements of the school curriculum. In fact, I believe that the schools have become passive that there is not future for swimming in Motherwell, they do not keep progress reports on individuals and did not express any real desire for swimming coaching to be included in school activities. The schools do visit other towns to swim, but due to the high cost, they can only manage a few visits per year. The result of being denied a swimming pool means that a lot of schoolchildren cannot swim. A lot of parents in our area are dependent on benefit, therefore they cannot afford to take their children to a pool. The children who do swim have only parental encouragement in improving their skills and they have no role models to guide them, or goals to beat. Their fitness and motivation must surely be repressed by this situation. Therefore, it may be reasonable to suggest that one effect on their health could be apathy, a condition that is caused by lifestyle and often continues into adulthood. Many young adults complain of boredom and it is totally unjust to suggest

that they travel to another pool. Many children in nearby towns are able to enjoy the health benefits that swimming can provide. We only have to compare the swimming progress between our area and nearby Hamilton. It is no wonder that morale is very low in the Motherwell area and it seems that the very children who should be receiving health opportunities are being denied them. This is an example of the health divide, and it could also be suggested that the absence of a pool contributes towards some of the problems prevailing in our area today:- vandalism, stress, isolation, lack of confidence, crime, drink and drug problems, gangs, graffiti, violence and very importantly, lack of community identity.

My conclusion in analysing the questionnaires is that there exists a great deal of inequity within our town, and the issue of not having a swimming baths has a large impact on our community. I feel that it is a very relevant argument indeed. On the one hand we have the financially well-off. They do not rely on community provision. They are not isolated in their own homes in the evening. They can afford to travel out of the locality and enjoy the facilities of their own choice. Some can even choose to join the well-equipped nearby Sport Centre. ***They Have A Choice.***

The less well-off have no choice. They have to deal with living in impoverished communities. They have to accept the facilities the authorities provide. They cannot afford to escape their immediate environment and find it more difficult to lead a healthy lifestyle. They feel powerless because a section of the community only look out for themselves. The remainder of 'the community' fight a constant battle to gain recognition. But due to lack of public

support they often face defeat. *They Have No Choice.*



### **CHILDREN'S PLAY IN BLACKBURN**

The reason this became an issue for me is the two play areas my community has to offer are in dark unsafe areas. The first is situated behind a derelict block of flats surrounded by tall shrubbery and the other park is in the middle of a field behind a row of houses with no street lighting, definitely not a safe place for children to play day or night. The council also stated that there were 3 other play areas in our town but these consisted of 1 piece of play equipment stuck in among blocks of flats and in housing schemes, and were found to be unsafe when we went to look over them as they had been neglected over the years, but the council didn't want to remove them because that would leave nothing at all for the children to play on. Their theory is something is better than nothing.

### **TAKING ACTION**

Through general conversation with other parents at the school gates, we decided to get together and form a working party. We were motivated by a perception amongst parents that, play facilities in our town were far from the standard our children needed and deserved. It was decided that as adults we wouldn't exactly understand what a child would class as decent quality play

equipment and that the best people to ask would be the children themselves.

Firstly we decided to ask people in the town what they thought of the existing play areas and if they had any thoughts and ideas about how to go about either improving the existing ones or building a new one. A survey was put together then we went out and about in the community gathering information.

From this survey came the conclusion that parents weren't happy. Almost half of them didn't use the play parks at all because parents felt them to be unsafe, dirty with no seating areas for adults whilst the children were playing. What happened was they tended to restrict the children to playing at home either in the garden or out in the streets where there was always the danger's from oncoming traffic. By doing this the parent also gets restricted. Not only can this bring on isolation and depression but this can also affect people's mental and physical health by being stuck at home all day.

The working party formed more than a campaign for a new play park, it gave parents a chance to combine all their skills and lean new ones. Also it gave them a reason to come out of the house and meet other people but most of all it started to give them confidence back, something which they had lost through time spent sitting at home with children.

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**"MUCH OF THE CHILDREN'S PLAY ENVIRONMENT WAS RUN DOWN, UNSAFE AND DEPRESSING AND IN A TOWN OF OVER 5,000 INHABITANTS THERE WASN'T EVEN A SINGLE SWING."**

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There was an overwhelming majority of parents who decided that a new safe, clean play area was needed. Not only would it be a place for children to play but also a place for parents to meet others whilst their children learn how to socialise with other children and help them build up an understanding of communication through play.

Once the survey was complete and an evaluation done we decided it was time to ask the children themselves. This time we had to be more careful because we were dealing with children so it was decided that we would involve the schools for help. Again a survey was drawn up and distributed amongst the schools for the children to take home and go over with, with their parents. Questions this time were - where are the five play areas in our town? What do you think of them? If you could pick any piece of play equipment for a park what would it be? Where do you play at present and why? Why would you like a new play park?

The results were astounding. The majority of children never used any of the parks whatsoever. They felt them to be unsafe and dirt, feelings echoed by their parents. The reasons that they would like a new play park were for a number of reasons ranging from better modern play equipment to somewhere they could go and play with ALL their friends where they felt safe. Not many parents allow their children to bring home ALL their friends because this alone can be stressful on a parent. Now we have the support from all 3 primary schools involving over 400 children and all their parent's.

The overall survey concluded that much of the children's play environment

was run down, unsafe and depressing and in a town of over 5,000 inhabitants there wasn't even a single swing. There was a definite need for more play facilities.

Doing this also gave the children in our town a chance to work together. By getting them all involved in the project I felt it also helped break down barriers in religion because at the end of the day they were all working towards one goal. A new play park ... It also let the children show the community that they were taking a keen active interest in the development of the town through the enthusiasm, which they showed.

This didn't end the need for community action. Once the working party got established in the community, using the new-found skills and confidence they had gained they were able to move on to do other things, but most importantly it made them look at other areas of the community and to see if other improvements could be made elsewhere. Now children have a safe well lit play area with a lot of modern equipment, somewhere to meet up and socialise with all their friends and also a place for parents to meet up and chat with others who would otherwise would be stuck at home with their children, isolated from others and enduring another day of loneliness.

I think it's quite clear here that a community development approach has been used. Without the support of almost all the adults and all the children, today we would still be campaigning, but because the whole community got involved in the campaign it turned into a huge success.



