

Naomi Alexander

The Scarman Trust UK

The Scarman Trust was founded by the former Law Lord Leslie Scarman in 1991 to promote active citizenship. Driven by the experience of alienation, poverty and exclusion of millions of people in Britain today, it pursues the goals of inclusion and social health. This implies the reform of institutions, policy, systems, attitudes, and culture, so as to better realise the potential, the 'Can Do', of all citizens. The Scarman Trust is a leading national organisation supporting grassroots social entrepreneurs, who want to change where they live and work. People are referred to as 'Can Doers'.

The practical approach of the Trust is captured in the phrase 'Can Do'. In an age where human capital is the key engine of growth and change, citizens are much more powerful than they imagine. Therefore, the Scarman Trust adopts a unique approach to social inclusion, where citizens who want to become more active in their community are given the resources, training, and support to enable them to turn their words into action. By promoting a risk-taking ethos and using simple, transparent and accessible procedures, the Trust's programmes involve those most excluded and vulnerable. The Trust works with authorities at all levels to gain recognition of communities' needs, expertise and potential.

Brighton and Hove Rocks was a project undertaken by the Scarman Trust in the cities of Brighton and Hove in the UK. It was a way for local people to be involved in setting priorities for government-provided health services. Poor people in Britain are not usually consulted on their preferences with regard to services or, if they are, their opinions are often ignored.

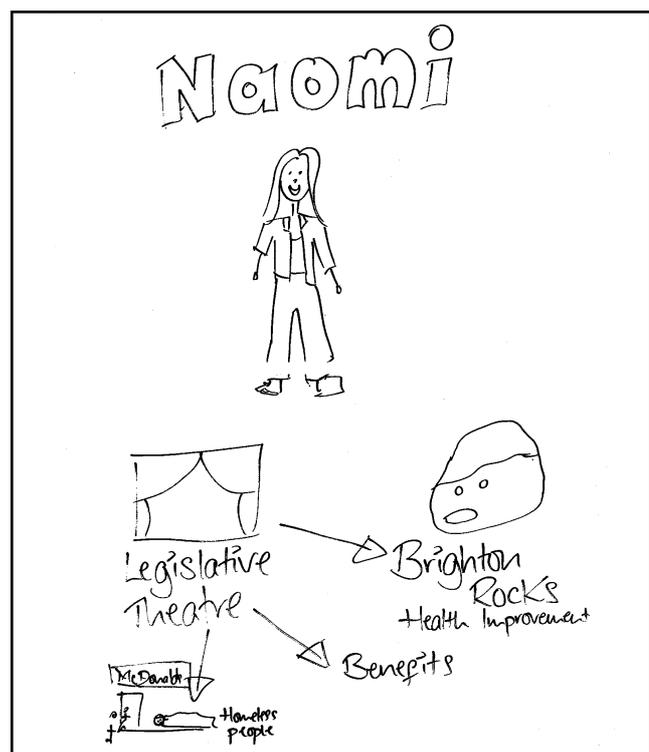
Brighton and Hove Rocks

What's interesting about this process is that it was government-driven and that's a difficulty we all had with it from the word go. The fact was that the government had instructed every single health authority to write something called a 'Health Improvement Programme' or a 'HIMP' as people call it. They said that basically this programme has to address what the root social causes of ill-health in each area are. It is not only concerned with what the Health Authority is going to do to improve public health, what Social Services are going to do, what the Council is going to do, what private business is going to do, what the community is going to do etc., but it's also asking the Health Authority to take a lead on producing a document that shows how people are going to work together in partnership to narrow the gap between rich and poor and their health experience. This is a statutory requirement

that every health authority has to do. In principle, it's a great concept; it's absolutely right.

What happened was that the Health Authority for East Sussex, Brighton & Hove approached us to see whether we would take on the co-ordination for involving the community in identifying priorities for Brighton & Hove. We had a long think about it, because the Scarman Trust is about enabling people at the grassroots to have a voice in shaping policy on a local, regional and national level. We try to do that by getting people's issues on the table in a proactive way, because we believe that statutory authorities should be responding to the needs of local communities, rather than local communities responding to statutory authorities' need to consult, which very often just means ticking a box and saying, 'we've consulted' and then they do what they were going to do anyway. So we were quite sceptical about it, but in the end we decided that because it was a requirement, we would just

Figure 1 Naomi's portrait (from the IDS workshop, May 2000)



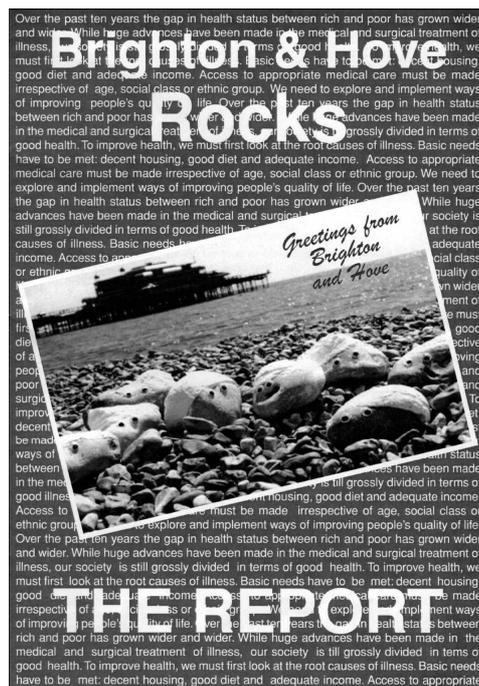
try and set it up as a process which would ensure that as an outcome, the maximum number of initiatives that were suggested by the community would actually be implemented.

So right from the beginning, we tried to plan ways of making sure that people in the statutory authorities did what they said they were going to do, so we could use the opportunity to model good practice, first by making sure it was enjoyable, relevant and explained to people in clear language and second, that people could understand what the point of it was and knew that they would get feedback about what had been done as a result of their involvement. We had to put in a tender for the work, so we put together a proposal and formed a multi-agency steering group of four or five different organisations that have close links with the communities across Brighton & Hove. The proposal we prepared was a good compromise: what we wanted to do originally was to run a series of events in different geographical areas with different communities or interest groups across Brighton & Hove but we didn't have the time or the funding to do that, so we decided to hold one centralised event. We invited people to the event by targeting around 1000 different grassroots organisations that we saw as 'gatekeepers'. We asked these agencies to invite people and that if they were going to send a member of staff to the event, it had to be a front-line worker and they had to bring one of their 'client' group along, i.e. someone from the communities they worked with.

About 300 people turned up on the day. We called it 'Brighton & Hove Rocks'. One main issue we had to contend with was how to make a Health Improvement Programme attractive to people! Well, you don't call it a 'HIMP' to start with! We tried to make it relevant to people; we made a leaflet and we took pebbles from the beach, stuck eyes on them and put a bandage round their 'heads' (see Figure 2). We tried to market the programme by putting these rocks in community centres and health centres all round Brighton & Hove, to attract attention to the leaflet. For the Regeneration Partnership, the Primary Care group, and the Health Authority and the local council, we gave the chief executives a pebble with a postcard attached to it saying '*Greetings from Brighton and Hove*', and on the back we put statistics from the health report about the gap between the rich and poor in Brighton and Hove and on homelessness in the area, etc. We were trying to raise awareness of, and interest in, what we were doing, by doing it a little bit differently.

On the day, we tried to make the event as interactive as possible. In the morning, we had 10 workshops with about 20 people in each, looking at the root social causes of ill-health in Brighton and Hove, which community initiatives would have an impact on those and what policy measures would have a positive impact on them. Then we

Figure 2 'Brighton and Hove Rocks'



put all the community ideas on the walls down one side of the hall with all the policy ideas down the other side. At lunchtime we had this roving video camera asking people what they thought about the day, what they thought about the Health Improvement Programme as a concept and how optimistic they were about change. We also had an interactive website, with a bank of computers there for people to sit down and type in what they wanted to say.

In the afternoon we did an experiment with legislative theatre with a group of people from different communities who we had worked with for about two months prior to the event. With them we brainstormed what they thought were the root social causes, or the *causes* of the causes of ill-health and, not surprisingly, they identified issues such as poverty, bad housing, lack of education etc. We spent a long time looking at those issues, and the people or characters that would experience those issues. Three people in the group were single mothers, so we ended up devising a play about a week in the life of a single mum who lives on a council estate, anywhere in Brighton & Hove.

The play started with her trying to get to her evening class; she's trying to get herself back on track, to be positive. A number of things happen that stop her from going to the evening class on that night; her childcare falls through, the electricity runs out and she hasn't got any money to charge up her key for the electricity meter, one of her kids is ill... This starts a chain of events over the week and, at the end of the play, the end of the week, she's at the doctor's with her son who's got asthma, and

she's got pains in her legs. The doctor just does what women in our group had experienced – he just said, *'What's wrong? Are you sleeping? Are you happy? Are you this, are you that?'* etc., and ended up prescribing her anti-depressants. At the end of the play, you just see her taking the anti-depressants and bursting into tears.

It was a really powerful piece of theatre because it reflected the group's reality and their experiences. We asked the audience to watch the central character and to think about what they could do collectively, as a community, to stop her ending up this way at the end of the play and what policy makers could do to stop this happening. Some brilliant ideas came out in response to the performance, but what was interesting was that the ideas resulting from the centralised event weren't as good. I think that a lot of the people that came to the centralised event were frontline workers who saw the woman in the play as one of their 'clients' and had a more protective attitude towards her.

We also did this play as a trial run in a pub on one of the council estates about two weeks earlier and the ideas that people came out with there were incredible, really spot on. People totally identified with this woman, ...it was really bizarre, and I wasn't quite sure how I felt about it. It was a big learning experience. At this pub, when the play finished and the music that the group had chosen, which was intended to be quite emotive, was playing, I walked out in front of the audience and there were four women in the front row who were in floods of tears. Before I started giving instructions about what to do next, I crouched down to talk to them, and they said *"that's my life – you've just shown us"*. But even though it had upset them, it was as if they also got strength from seeing it, it reflected their reality back to them. Then they sat and chatted about it, and started thinking about things that they could do. These were fairly active people from the community anyway. There were also some men at the back, propped up against the bar, who came into the social club every night for a pint after work. When we first walked in and started setting up they were going *"oh god, what's this, bloody theatre"* but by the end of it, they were going *"stop, this shouldn't happen! They should employ a local person to work on the front desk of a doctor's surgery"* etc, and were really engaging with the play. That was one of the most important moments for me, seeing the way people were engaging with it, people who might not go along to a normal public meeting, or even vote in an election, but just because they happened to be there, they engaged with what they saw as being quite real.

The workshop, and the theatre, were really brilliant – even a year on people still talk about them as being different and the people involved in the play said it had had a massive impact on them personally and had made them

stronger. They also had people they didn't know who had seen the play, stopping them on the streets and on the bus and outside the school gates, talking about what they'd seen and what they thought of it. But then we realised that we had to write a report, and we hadn't thought through precisely how we were going to do it. We had all these community and policy suggestions stuck all over the walls, and we'd asked people to stick red dots on those they thought were most important, so we started by counting all these dots. We wrote the report, but people have found it quite difficult to respond to, because there were issues around how many people do you have to get to a participatory event for it to be representative in some way, particularly if you are going to vote and prioritise issues. How many people from the general population have to be involved in that prioritisation before the people in power are going to say *'Well, OK, we accept your priorities'*. In fact, the response has been *'there are only 250 of you there and these priorities don't reflect ours, so we'll pick the ones that we think should be acted on'*.

The report has been received positively – it went to everyone who attended the event, and everyone on the steering group boards as well as all the local authorities. They've set up a 'Brighton and Hove Rocks' follow-up meeting, which happens every three months and which brings together the chief executive and the directors of the Primary Care group, the Health Authority, Social Services, the Regeneration Partnership board – in fact, all the agencies that have a duty to respond to the Health Improvement Programme. All these meetings are minuted (documented), and the results of the discussions go out to the 250 people on the mailing list that attended the Brighton and Hove Rocks event. We used this as a lever to encourage people to act on some of the suggestions.

Some significant things have been achieved since the event; it's encouraging. One thing is that £25,000 has been released as a fund to distribute small grants to community groups to set up some of the initiatives identified through the legislative theatre, such as for example, an organic food delivery scheme, or community organic farming in areas where the local shop is poorly stocked and overpriced. The £25,000 fund came about through these quarterly meetings and we pushed for it and told the other agencies what people in the communities were saying. The intention is for this fund to be increased and to use this as an annual budget for the project.

The highest policy recommendation was that community development should be recognised as the primary method or process of engaging with communities and some progress is being made. However it feels like it's taken a year to get £25,000, to get some small pots of money for communities to do things that they are doing anyway. Of course, £25,000 will help, but it's a drop in the ocean.

When you're working with communities that have been consulted to death and they never see any change, it's difficult not to be disheartened. There's a lot of cynicism out there. When you're working with that all the time, it's hard not to be sucked into it, but it's important to be positive, because there are so many amazing people in communities achieving so much against all the odds as well as some excellent individuals working within these monstrous big institutions who are committed to making things work. Someone said to me, "*they'll just tick the 'consulted' box and do what they were going to do anyway*" and in a sense, that's what happened. The Primary Care group announced that its priority for this year was 'Accident Prevention' and nowhere in the Brighton and Hove Rocks priorities has accident prevention been identified as a key issue. It is, however, one of the Government's top priorities so the Primary Care group had little choice. That was one of the really difficult things. What hadn't been made clear at the beginning of the process was that the government had already told the health authorities that they had to address heart disease, cancer and accidents and reach established targets, without any extra funds. Also that they had to involve communities in identifying their own priorities, but without any guarantee that there would be extra resources to address those priorities.

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Lessons learnt

An important lesson I learnt, if I ever get involved in a top-down process again, was that we didn't get the authorities to clearly set the boundaries before we started. It is more effective in a top-down process if they can say, 'this is the issue, these are the powers that you have, and this is the amount of resources you have available'. I don't think we had that information and I would demand that information before embarking on a project like this in the future. Without the information, you're just raising expectations and enabling people to create a 'wish-list' of how the world should be, which can be nice and 'fluffy' but doesn't produce results in terms of a set of identified priorities within the given constraints. I think people are quite realistic and know that the world can't be the way they'd like it to be overnight, but if you give them a really clear set of boundaries and tell them, 'this is the bit we can change, because we have x amount of resources', in my experience, people are happy to accept or work within these constraints. We didn't have this and generated a huge amount of excitement. The government has responsibility for that, as well as us, because they initiated the process without allocating additional resources to implement the community-identified initiatives, which is a bit of an oversight on their part. I was part of that process too and I didn't identify it until afterwards, but then everyone involved in this is learning as they go along. I know I've learnt enough to know what I'd do differently in the future.