

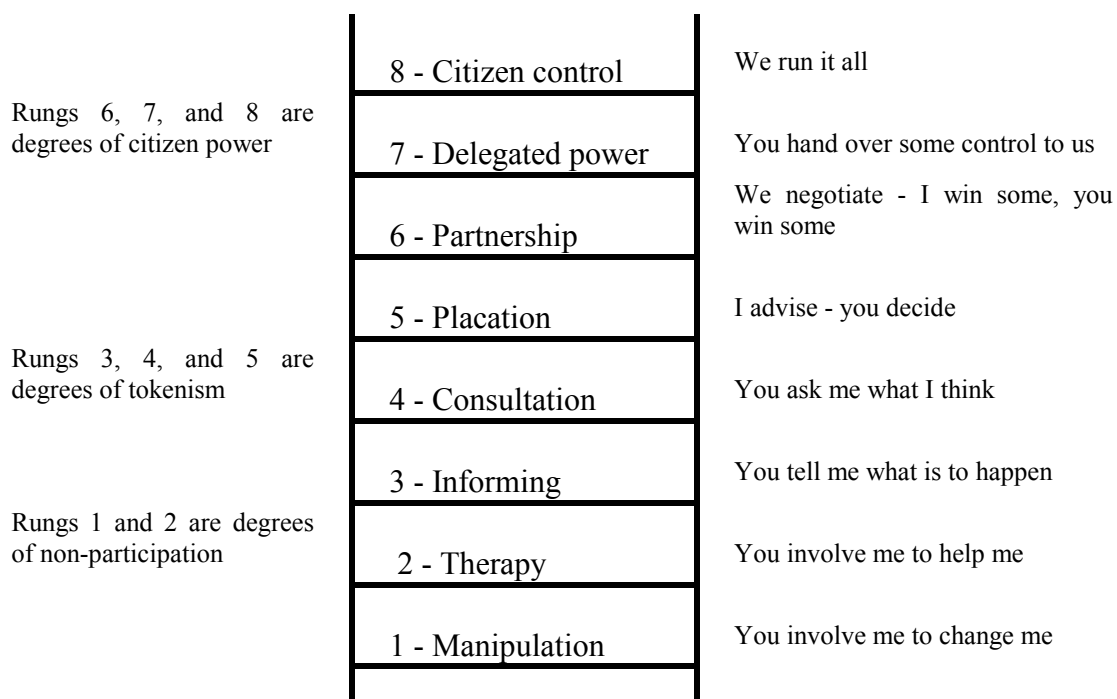
Having your say

By Peter Bates

The word 'empowerment' appears in the description of almost every project these days, so we have come a long way from the old paternalism. It means that the people who use a service should have some power over how it is run and what it does. This is great, but how do people get to participate? For most projects, the answer is to have meetings. So this edition of *Keys to Power* is mostly about meetings, and asks how they can be harnessed to ensure that everyone has a say.

More than twenty five years ago, Sherry Arnstein drew a ladder of citizen participation, which showed how some of the things that are called participation are really ways of manipulating or pacifying people. That ladder is shown in figure 1 below.

Arnstein's ladder of citizen participation.



Arnstein explains, “In the real world of people and programmes, there might be 150 rungs with less sharp and pure distinctions among them”, but I find these eight rungs a helpful framework for thinking about our goals and motives. Underneath the pattern of user involvement and behind the diary of meetings, each project will have some fundamental attitudes to participation. The challenge is set before us - do we have the courage to climb this ladder? Some projects want to move up just one rung from where they are at the moment, while others aim for rung eight where the project is entirely run by service users. The following paragraphs offer some ideas on ladder climbing.

Whilst the right to be involved in care planning is written into the Patient’s Charter, the arrangements for consulting users on the general service are less clear. Ideas for gathering opinions include:

- *New Direction* is a project supported by Wiltshire Social Services Department. They send out a questionnaire to all participants twice a year in order to glean views from people who would not speak out in a crowded meeting.
- At *St James’s House* the results of regular User Satisfaction Surveys are published in the newsletters and annual reports.
- In other projects users meet regularly to share their views with one another in the absence of staff. Sometimes these meetings are supported by a member of the local Patients Council. If the group wish to present their opinions to paid staff, the meeting can also plan how to do this in a way which ensures support for the spokespeople.

Participation in small groups or user-only meetings can provide a safe environment for the development of confidence and skills. By this I mean that traditional power holders need to develop confidence in the value of user views, and skills in listening to them. As staff learn to trust, so users grow in trust, confidence and skill also.

In some projects, the power is held by the project manager in a secretive way and there is no system of accountability to service users. In this situation decisions emerge from the boss’s office, and anyone who asks questions will find that the person in charge will ‘pull rank’. A major step towards making the process of decision making transparent is to create a management committee. There are at least two approaches:

- a small group of ‘trusted’ users can practice running the project. Whilst this approach can persuade the sceptical and allow everyone to learn a few of the early lessons, it can also imply that the people who are excluded at the beginning are inadequate and are only let in later as a concession. Alternatively,

- any interested user can be welcomed on to the committee from the first day, and this group will mature by making a few mistakes together. It has been said that, if you give people a voice, the first thing that they some of them do is shout. So new groups often begin by making ‘unreasonable’ demands. But if both staff and users stick with the process and do not retreat into the old ways, they will learn together. External sponsors of the project can be very anxious about this option.

One day centre has found a compromise by creating a Management Group which is made up of three staff representatives and six user representatives. The user representatives are elected in the user-only meeting. Everyone sits on the group for a limited time, apart from the Day Services Manager, who is a permanent member. Decisions are made by voting, with the staff and users each having a total of three votes. In the event of a deadlock, a senior manager would attend the meeting and take a casting vote - but this has never happened. Perhaps the project sponsors needed the comfort of feeling that the senior manager had the last word, but the deadlock everyone feared has never happened.

Some management committees climb up the ladder by obtaining legal status. Where such management committees involve users two possible prohibitions need to be considered. Firstly, the legal framework of the organisation may prohibit people who are ‘unfit’ from acting as Board members. The law appears to be very vague on the matter, and some have interpreted it to mean those people currently detained under a section of the Mental Health Act 1983 and deemed unfit to serve at that time by the majority of the Board. Secondly, Board members may be prohibited from receiving any personal benefit from the organisation, such as a wage..

Regular meetings can help users to become involved in the day to day decision making of a project, but long term plans and strategies are often developed in a different forum. One way of bringing these into the open is to arrange meetings two or three times a year for participants to reflect on the past few months and formulate plans for the future.

Some issues need the focused attention of a project group or a working party. These meetings are the best kind of place for people who like to dig deep in a single topic, rather than rapidly jump from one issue to another, as people tend to do in a general meeting. Sometimes these working parties are very influential and have both power and responsibility. I have seen groups tackle very complex and sensitive issues - for example, several groups have decided who should receive the profits generated by their employment project. They have come up with solutions that are imaginative, fair and generous. Another example is *St James’s House* where users participate in quality project task groups as a way of achieving constant improvement of the service.

So how do these meetings run? It is important to note that many of the traditional rules of behaviour in committee meetings are disrespectful and diminishing of members, so the search is on for a new way of meeting, rather than simply training people in the old ways. For example, in traditional meetings:

- the common courtesy of greeting one another might be missing,
- women (and men) can feel excluded by competitive interrupting,
- banter can be intimidating, and
- there can be an unspoken rule that the agenda is more important than people's feelings or personal stories.

Ask a group about good meetings and bad meetings, and a much longer list than this will quickly be made, as well as generating some groundrules of conduct. One project I know has twenty-minute meetings every day. The same topic is discussed at each lunchtime meeting for a week, so that everyone can have a say and people can have some thinking time before coming to a settled view.

Whilst we need to learn new ways of meeting, we also need to learn how to contribute to traditional meeting formats. *Islington MIND* believe user involvement is the major key to improving the quality of life for mental health service users, and have taken many initiatives, including the provision of training courses for users on committee procedures.

Finally, there is a link between participation in decision making in the mental health project and exercising democratic rights. An empowering project will be interested in encouraging users to vote and local and national elections, and to participate in other ways. *New Direction* in Wiltshire encourages users to attend local government consultative meetings, possibly as observers, in order to see how other citizens participate and connect the democratisation of mental health services with the wider democratic process.

So how does your project score? How many of these *keys to power* does your project use? Are your motives for participation clear and near the top of the ladder? Do you collect everyone's views, or just hear from the vocal people? Are users on a management committee and working parties? Are users in a majority? Have you reconstructed the rules for meetings? Is everyone trained? Do you attend and contribute to the decision making processes in the wider community? People who are moving towards a substantial amount of delegated power and user control (the top two rungs of Arnstein's ladder) may like to consider whether they are creating a user hierarchy or a democratised system, and refer to Viv Lindow's "Self Help Alternatives to Mental Health Services", published by MIND, for more ideas.

References

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St James's House, 108 Hampstead Road, London NW1 2LS Tel 0171-388-2588 Contact the Director, Roy Cheng.
New Direction, Redlands House, Hungerdown Lane, Chippenham, Wiltshire, SN14 0JP. Tel 0249-443800. Contact Nick Lowe.

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