Making a pledge: exploring the process of coalition building to defend health care rights in a hostile environment

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WORK IN PROGRESS: RESPONSIBILITY FOR INTERPRETATIONS ARE THOSE OF MIKE AIKEN

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The link to the pledge https://pledgeforthenhs.com/

1. Introduction: The Birmingham Pledge

[*no relation?* ☺]

The Birmingham Pledge, authored by Birmingham attorney James E. Rotch, is a statement of principles at the heart of a grassroots movement, started in Birmingham, Alabama, to eliminate racism and prejudice in the Birmingham community and around the world one person at a time. (Launched: 1998).

1.1 The Birmingham (USA) Pledge (for example)

'I believe that every person has worth as an individual.

I believe that every person is entitled to dignity and respect, regardless of race or color.

I believe that every thought and every act of racial prejudice is harmful; if it is my thought or act, then it is harmful to me as well as to others.

Therefore, from this day forward I will strive daily to eliminate racial prejudice from my thoughts and actions.

I will discourage racial prejudice by others at every opportunity.

I will treat all people with dignity and respect; and I will strive daily to honor this pledge, knowing that the world will be a better place because of my effort.'

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1.2 The Role of Pledges, Charters and Petitions

• **Historic role of pledges, charters, demands and petitions for asserting, recouping or defending rights**

• **A few 'grand' examples in UK history:**

> Magna Carta(s) (Vincent, 2012)
> Rights of Men - Thomas Paine (1792)
> Rights of Women - Mary Wollstonecroft (1792)
> The Ulster Covenant and Declaration against home rule (1912)
> And, arguably, Beveridge (1942).

> '… Social insurance fully developed may provide income security; it is an attack upon Want. But Want is one only of five giants on the road of reconstruction ... The others are Disease, Ignorance, Squalor and Idleness Beveridge (1942:2).

• **Internationally:**

From post war anti-colonialism movements, Mexico's Constitution of Querétero (1857); to campaigns against apartheid in South African… etc

1.3 At a modest level, in England: pledges and petitions locally aim to assert, claim or contest

• To combat domestic violence and support those affected (pledge-to-stop rape: https://www.change.org/p/pledge-to-stop-rape)

• To contest: a*gainst* compulsory 'voluntary work' (Keep Volunteering Voluntary, 2017); for independent voluntary action, England (NCIA, 2016)

• Pro-refugees and migrant work; No Hate Speech UK (https://www.facebook.com/NoHateUK/ , 2018), City of Sanctuary charter, UK (2017)

• Pro environmental themes (pledges against fracking in the USA (2017)

• State of supra-state (India's pledges to cut pollution etc)

• UN's Universal Declaration of Human Rights (1948)

• But…. The Compact (England) under Blair?! Or is that a 'de-contestation' process (Kendal, 2010).

    ….[Fill in your favourite causes here…]

1.4 The anatomy of pledges (a beginner's guide)

• A statement or proposal, a political tool (words!)

• An organising or initiating group or coalition (people)

• An object: institution, organisation, policy or people (target)

• An invitation to sign up, agree or publicise the proposal (action)

• An organising tool (a method to get people to sign, agree or support)

• A way to publicise the demand and the action (marketing / outreach)

• A way to revise or end a pledge if the demands are achieved or circumstances change.

*Ssshh: The awkward squad***: 'But do they work?'**

1.5 An example to explore

• This presentation explores an example to examine the process of developing a pledge

• The example: restrictions to access to healthcare in England for certain groups (migrants, immigrants, refugees - the terms are diverse and contested and there is no one term to cover the specific groups affected)

• Policy and political context:
    - Part of the 'hostile environment' rhetoric towards certain groups of people as envisaged by the (now) Prime Minister, T. May (2012)
    - Linked to 'austerity politics' - with cuts in real terms to health budgets
    - Arguably, the groups targeted: hold less 'weight' and are subject to 'easy' populist targeting with less access to challenging
    - The rhetoric of blaming 'freeloaders' (but during drafting: Windrush scandal occurred, 2018!)
    - Picks on specific groups and gradually extends charging to others.

2. The key questions

This presentation explores an example of pledge building to examine:

1. What are the key (internal dimension) organisational challenges faced by local level groups building a pledge against charging marginalised groups in the NHS?

2. How far can pledges influence (external dimension) policy?

3. To what degree do initiatives such as local pledges operate in the expressive and affective realm rather than affecting change in the policy and practice environment?

This presentation aims to make *a contribution* to some of these large areas of social movement research and practice.

3. The approach to this investigation

• This investigation used an 'insider' approach to gathering evidence in a qualitative way using semi-structured interviews. Key informants from the pledge organising group, or those closely involved, were approached (Herr & Anderson, 2015) which may generate 'co-learning' between researcher and practitioner: familiar in action research (Stringer, 1999)

• The key tools were: brief interviews, collection of materials, analysis with participants. I was also part of the process of building the pledge and so acknowledge partiality as well as point of view

• There are familiar problems with 'insider' accounts but in some circumstances they may provide important knowledge through a context-embedded approach

• The pledge was initiated in Feb 2018 and launched in Nov 2018.

4.1 Voices from the field:

Becky Mitchell is a research officer specialising in conflict, violence and development, and health and nutrition

Madeleine Dickens is a long term campaigner in Sussex Defend NHS

Paolo is an activist involved in the Migrant English Project

Umit Ozturk is a journalist. Linguist, media trainer, co-ordinator of Euro-Mediterranean Resources Network.

Research Note:
Other voices from those involved in the pledge or the issue were used to contextualise the work of the pledge. Quotes provided below are not attributed for reasons of confidentiality.

4.2 Access to health care under threat
The issues at stake

Who is affected by health charges?

• There are differences between 'categories' ('refugees', 'migrants', 'people with indefinite leave to remain', those who are 'undocumented' etc etc)

• For those vulnerable migrants there are very different issues…and also for professionals.

What is the role of professionals (medical staff and front line staff)?

• There are reports that professionals are not giving some of these groups the health care that people need due to budgetary pressures…eg if someone is in chronic pain they may be given pills rather then being referred for investigation or diagnosis

• Asking GPs 'who is entitled', very often they will not know… it is hard (and complex) for them to know, so decisions on entitlement may be taken by practice managers or front line staff = there is high differentiation between GP practices.

What *are* the arrangements for access to health care?

• In theory, you do not need an address to access treatment, however, if you do not have this, it is likely (especially for migrants) that you will not get access

• Decisions and policy appear to be made at local level: cf Lipsky's (1969) 'Street Level Bureaucrats' and based on local interpretations

• NHC 1 forms are highly complex and as long as a book and those that work in advocacy or support roles can also find the questions hard to answer (eg if you share a house/flat share in a multi occupancy block - as is likely for these groups - it appears that you need to know and declare the income and status of all those who live in that house

• The 'hostile environment' policy is also changing the environment beyond these groups too - it creates a lack of understanding among health care professionals instead of a presumed right to access. This has led to a *decrease* in care for those not critically ill (and even those seriously ill have been affected by restrictions).

How are migrants and other vulnerable groups affected?

• People who are new arrivals tend to be 'fearful of anything legal [in nature] in this country…' Their experiences in totalitarian regimes is very ingrained 'people in authority worry them…and questioning by people in authority worries them.'

• Migrants and others are also 'worried about others in the waiting room…will they [the migrant] upset someone…will people think they are just here to exploit the system…so they think 'I will avoid seeking help'…and they will avoid eye contact with people in the queue.'

• The system was seen to create fear or injustices 'and the victims do the rest of it for themselves and self censor' - in other words they opt out of the health system as that feels easier.

• There was seen to be an 'encouragement of hate speech - based on ethnicity, speech, gender, disability, sexual orientation…when it is not tackled.all this toxicity…it is playing the blame game.'

4.3 About the processes of developing a pledge

Purposes

• The pledge was seen as *'getting the information out…this will support the wider processes'*

• The pledge was *'very useful as a campaigning tool'* – as a way into talking about these complicated issues'

• *There were questions about reach so 'whether we take it to the national level or keep it local.'*

Process

• *'The process was interesting for me…the activist approach was interesting…I was pleasantly surprised how the Defend group and other individuals made sure everyone's voice was heard (not just the loudest voices) the process was different - very collaborative.'*

• During the process of developing the pledge *'we became a community with dignity - bringing together activists, collectives, grass roots organisations, religious organisations, a branch of a national organisation, trade unions and academics…this [brought together] activism + academic skill + experience in the bureaucratic knowledge…'*

• There was *'a diverse background and a devotion of people.'*

• *'I like it [the pledge]…it is a good piece of work and lots of different work…there was lots of good organisation involved in it.'*

• The process developed *'a statement with high quality argument and guidelines.'*

• *'I am an activist and I also work with migrants now (with advice, information, support and solidarity)…I heard about some of these issues in Bristol while visiting…so when I got back and heard about this initiative I came along.'*

'The pledge is interesting…the issues have not been publicised very much - so are easy to miss.'

'The NHS changes should be translated...[now] be prepared to share your passport and your information.'

• *'We activists asked organisations to be involved - they were all front line organisations - that was very good practice - very good.'*

• Lack of skills in some of the details and work involved in web design, decisions on the best on-line platform, registering urls etc, and arranging on line sign-up processes and protocols that required specialist help (which was generously offered for free).

• Inclusivity in drafting and decision making on content was high, nevertheless, drafting across successive meetings with many iterative changes was complex and time consuming (but also a strength in relation to high ownership).

Challenges in developing the pledge

• It was felt that, with activists, there is a tendency towards *pushing the most inflammatory way of something...when you are very involved in perspectives that others don't agree with...there is a tendency to be inflammatory rather than gentle and persuasive...people [can] switch off to activists' language.'*

• The pledge was useful but could not be a stand alone device *'we can have all the pledges we like, but without other processes and a mix of support from other groups and organisations'* it would be hard to create effects.

• There was perceived to be a high level of public indifference to the issue.
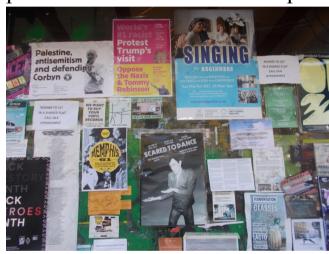
Dissemination and marketing

• *'Getting press coverage or press support'* as was marketing was seen as hard. Community Radio was the exception here in being supportive and easy to access.

• *'With the on-line…it limits who hears about things.'*

• Gaining U-tube coverage was *'important but this was time consuming'* and required skills in production and dissemination.

• On influence, the pledge was seen as *'…like music. Good music is when you write [that] you inspire others…the pledge is only one song in the charts but will inspire more music - so more research and more manifestations will be produced from this.'*

4.4 Marketing pledge: constrained political spaces

• **Spaces for 'political' debate and publicity are limited:**

Local cafes & shops rarely take 'political' leaflets; libraries (and similar public, private and charitable organisations) have policies to remove or ban such literature (the shop window in Hackney shown below provides a rare counter-example.

• **In the town where the pledge was developed:**
  of the 2 main newspapers - 50% (!) - above right - do not even have a letters page.

• **News contacts and (scarce) local journalists are interested**
  BUT issues of charging and definitional issues of 'migrants', 'refugees', ' indefinite leave to return' etc are complex and don't readily comprise an easy news article or an 'event' to cover.

• **Flyposting is highly constrained**

• **Digital outreach appears easy *but*: high skill/time and expense to achieve reach.**

5. Preliminary Conclusions: Summary

Conclusions (1): A pledge was written & published!

Conclusions (2): Medium level challenges to construct it!

Conclusions (3): Challenges to influence *but* local linkages built and (some) public realm influence

Conclusion (4): An initiative such as local pledges:
- can operate in the expressive and affective realm and can aid coalition building
- it is harder to affect change in the policy and practice environment
- it offers concrete action (sign it) and encourage further initiatives
- provides provides support for those affected; provides an
alert for the issue to reach the public domain.

The link to the pledge https://pledgeforthenhs.com/

Preliminary Conclusions (1):
Achieved: A pledge was written & published

1.. Key organisational (internal dimension) achievements
   • A pledge was written, agreed and launched
   • Signing up to the pledge - this process has started (Hint: *yes you too!)*
   • Founding members ranged from campaign groups, grass roots service organisations of and with migrants, a charity, trade unions
   • Coalition building and some trust building between groups on a single specific issue
   • Inclusive approach to design and drafting
   • Provides a context and a platform for further work
   • Provides a public statement in the expressive realm and a statement of solidarity that may contribute
   • A document that combines researched areas of policy with action that can be taken and signposting directions for support
   • Provides some support for people facing the 'hostile environment.'

Preliminary Conclusions (2):
Process: Challenges to construct

2. Key organisational challenges faced by local level groups building a pledge against charging for health for marginalised groups in the NHS:

   • Activist's time constraints amid other life and work priorities - hence a staggered process
   • Some steps moved slowly over some period (eg drafting, web design and platform decisions)
   • Drafting across successive meetings with many iterative changes (but also a strength in ownership)
   • Marketing/ outreach can be hard (restricted spaces for publicity).

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Preliminary conclusions (3):
Challenges: to influence policy but local linkages built and (some) public realm visibility

3. How far can pledges influence (external dimension) policy?

- Policy in this field can be vague and illusive but also moves rapidly
- In some cases, policy is being made by 'street level bureaucrats'
- Some policy is national but local decisions are made
- Alerting and providing information to people affected - as well as to others who might soon be affected - provides an alert and knowledge.
- Linkage with other local campaigns may provide additional 'weight'.

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Preliminary Conclusions (4):
Provides some support/ signalling for those affected, encourages and provides an alert for the issue to reach the public domain

4. To what degree do initiatives such as local pledges operate in the expressive and affective realm rather than affecting change in the policy and practice environment?

- Highly important role for the affective realm and for coalition building
- Offers action to take and can seed further initiatives.

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