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Acting against health inequalities through popular education: A Scottish case-study

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Abstract

This article investigates if health inequalities can be reduced using popular education (PE) methods. It argues that, although ill health may be experienced as a private trouble, it is embedded in broader social and political processes and should be seen as a public issue. It illuminates this concept of health by using student writings from the Health Issues in the Community (HIIC) project. These writings illustrate the impact of unemployment, lack of facilities, food poverty etc. on people's physical and mental health and the action they have taken to challenge and reduce these inequalities. It is argued that PE contributes to human flourishing, but the educator must resist the power they have to steer students in particular directions. It concludes that whilst PE cannot abolish health inequalities, HIIC participants have taken small steps to change existing realities and so have challenged oppressive social relations.

Keywords: power, experiential knowledge, democracy, health, popular education

Introduction

This article investigates if health inequalities can be reduced using popular education methods whereby people identify, challenge, and act against inequalities in their communities. Popular education's ideology has been influenced by Gramsci's (1971) insights into how the state and the ruling class use cultural institutions to maintain power in capitalist societies. This hegemonic power restricts access to 'powerful knowledge'

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and so education's role is to develop experiences that promote critical thinking. This means that the processes it uses should 'situate lived experience within a historic context to understand and acknowledge the experiences, constraints, and privileges of different groups' (Bengle & Sorensen, 2017, p. 320).

As many authors have pointed out (e.g., Jara, 2010) the word 'popular' in popular education does not mean 'populist' but 'of the people' referring to 'poor' or 'ordinary' people as opposed to the well-off. Popular education aims to start from where people are and so responds to specific political, economic, and social contexts that 'foreshadow present and future' (Bengle & Sorensen, 2017, p. 320). Kane (2010) argues that this means its aims can range from very modest changes in contexts where communities are poorly organized and lack political consciousness, to large-scale political issues where progressive states become involved, as in the 'the radicalizing contexts of Venezuela and Bolivia in the late 2000s' (p. 278).

This article is set in Scotland where popular education lies in the middle ground, often acting as a support to social movements already engaged with conventional political issues such as challenging resource inequalities. Popular education in Scotland offers an alternative philosophy and practice to mainstream adult education. For example, rather than having a pre-set curriculum it builds the learning programme from students' lived experiences because these provide rich resources through which to interrogate existing oppressive conditions. Moreover, the ideology is based on 'deepening democracy and improving the quality of life in a post- materialist society, rather than struggling for basic material needs' (Kane, 2013, p. 89). Popular education is mainly delivered by staff working for Scottish state-funded organisations as well as some based in civil society organisations (CSOs). However, as Fragoso and Guimarães (2010, p. 19) argued, most CSOs seem 'trapped in a net of technical and formalised procedures and evaluation obligations' and so there is little to distinguish them from state funded organisations.

There are many ways of conceptualising popular education, and I have found Schugurensky's (2000, p. 517) analysis of its four main features helpful. These are summarised below:

1. a rejection of adult education as neutral, which involves recognizing the relationship between knowledge and power and between structure and agency in ways that challenge oppressive social relations.
2. an explicit political commitment to work with marginalised people, and to assist social movements in fostering progressive social and economic change.
3. a participatory and dialogical pedagogy that focuses on the collective, challenges people's unexamined experiences, and promotes an integration of popular and systematised (scientific) knowledge.
4. an attempt to constantly relate education to social action, linking critical reflection with research, mobilisation, and organisation strategies.

These tenets show how popular education differs from other forms of adult education where the focus is often on the national productivity agendas that are in the interests of industry, leading to a narrow skills-focused curriculum that is expected to deliver employment-ready workers for the neoliberal state (see Allatt & Tett, 2019). On the other hand, practitioners of popular education are attempting to contribute to human flourishing and so must be clear about their values. As Crowther and colleagues (1999, p. 4) point out, this means that they need to have an analysis of the nature of inequality, exploitation, and oppression that 'has nothing to do with helping the "disadvantaged" or the

management of poverty [but] has everything to do with the struggle for a more just and egalitarian social order'.

In Scotland, an example of popular education that has such an analysis is the Adult Learning Project (ALP) that operated in Edinburgh for over forty years. The project was underpinned by the ideas of Paulo Freire (1972) and used a 'problem-posing' method of identifying and exploring social issues that were relevant to the community, leading to programmes of learning and cultural action. The process used to investigate and pose problems was based on a participatory dialogical method that had four main stages: investigating social reality; coding and decoding that reality and identifying social problems; developing learning programmes; identifying action outcomes (Reeves, 2020, p. 2). Overall, ALP 'established an action/reflection cycle, and a partnership between the local member participants and the workers who managed and drove it on' (ibid., p. 11). Learning projects included programmes on the family, schooling, Scottish identity, health, women's studies, parenting in other countries and media studies. These in turn led to the creation, funding and management of a photography workshop, writers' workshops, a parents' centre, a skills exchange, and an unemployed workers' centre (ibid., pp. 6-7).

Another important contribution to conceptualising popular education comes from bell hooks. She argued that we should 'teach in a manner that respects and cares for the souls of our students [...] if we are to provide the necessary conditions where learning can most deeply and intimately begin' (hooks, 1994, p. 13) and sees education as 'enabling' and as 'enhancing our capacity to be free' (ibid., p. 4). From her perspective the classroom is 'a location of possibility [where we can] […] labour for freedom' rather than a space that is inimical to popular education as others have argued. She adds that these possibilities will only be realised if we approach this work with 'an openness of mind and heart that allows us to face reality even as we collectively imagine ways to move beyond boundaries, to transgress. This is education as the practice of freedom' (ibid., p. 207). This approach to popular education provides both a vision of what education might achieve and a pedagogy of how it might be undertaken. It also shows the importance of including emotional as well as practical outcomes and demonstrates that classrooms can be a potential site for learning. As Wiklund (2022, p. 2) points out, however, the sites in which programmes take place reflect the 'paradoxes and difficulties of popular educational solidarity work that is made possible by the same world order that is being criticised'.

I will draw on these conceptualisations of popular education to explore a project that prioritises action against inequalities in health called Health Issues in the Community (HIIC). Good health makes a crucial difference to people's quality of life, but those that are poor and oppressed are much more likely to experience ill health (Marmot et al, 2020). How health inequalities are understood, however, lead to very different solutions so in the next section I explore what these competing conceptualisations mean for popular education.

Conceptualising health inequalities

Inequalities in health have been increasing over the last decade in the UK, USA, and many European countries (Forster et al, 2018) and these have been exacerbated by the COVID-19 pandemic (Bambra & Payne, 2021). The common way of conceptualising health inequalities is to assert that they are caused by an individual's lifestyle because, for example, they have an unhealthy diet or do not exercise regularly. Research shows, however, that poor health and premature death is linked to the structural factors of inequality, poverty, and social class that has long-term adverse consequences for physical

and mental health (Segerstrom & Miller, 2004). For example, research has found consistent associations between the type of employment that makes high demands but gives employees little control, and stress. In addition, these work situations cause other conditions such as coronary heart disease, hypertension, obesity, and psychological ill health (Bambra, 2011). Universal medical services also tend to be taken up and used by the more advantaged social groups and so are less available to those who need them most. For example, dental services are very limited in poorer areas. This 'inverse care law' (Tudor Hart, 1971) operates because more advantaged groups have better access to resources of time, finance, and coping skills than those who are poor. It means that advantaged people can avail themselves of advice and help in giving up smoking or eating a healthy diet, and in accessing preventive services such as immunization, dental check-ups, and cervical screening (Macintyre, 2007, p. 8).

The place where people live also has a fundamental impact on the quality and meaning of their day-to-day life and health. These psycho-social conditions include social relations with people, the physical fabric of the locality and the local geographies of services and facilities. Research provides strong evidence that living in disadvantaged environments can produce a sense of powerlessness and collective threat among residents, leading to chronic stressors that damage both physical and mental health (Biondi & Zanndino, 1997).

This means that, as Marmot and colleagues (2020, p. 5) have pointed out, the health of the population is not just about how well health services function but is closely linked to the conditions in which people are born, grow, live, work and age and the resulting inequities in power, money, and resources. These social determinants of health are also associated with feelings of lack of control over one's life leading to greater levels of stress and anxiety at the individual level and lack of social cohesion and trust at the community level. Ill health is strongly related to poverty because the poorer someone is, the less likely they are to live in good quality housing, have time and money for leisure activities, feel secure at home or work, be employed, or afford to eat healthy food (Bambra & Payne, 2021, p. 266). So, although ill health may be experienced as a private trouble, it is embedded in broader social and political processes and should be seen instead as a public issue (Mills, 1959).

It appears to be difficult for policymakers to recognise the political and social determinants of health, and to make the connections between the psychosocial effects of people's lack of control over the social and material conditions of their lives, and poor health (Tett, 2010). However, if health is conceptualised as a public issue, then contesting official definitions of health through popular education can help communities to define and address their own health issues. In the next section I examine a particular project – Health Issues in the Community (HIIC) – to show what can be achieved using this conceptualisation of health inequalities.

Health issues in the community

Health Issues in the Community (HIIC) is a pack of materials that comprise a sixteen-week student programme together with a tutor-training course that identifies how the materials could be used. It is run by tutors across Scotland who are mostly community education practitioners that are experienced in working within and for communities and are familiar with the model of popular education developed by the ALP project outlined above (Reeves, 2020). This was because the ALP project had created a number of self-sustaining programmes that had empowered community members to tackle the issues that concerned them and so provided a powerful model for other popular education projects.

HIIC was particularly influenced by the participatory dialogical method adopted by ALP and the resulting learning and cultural action cycle. The HIIC programme is underpinned by a model of health that assumes that damaging social experiences produce ill-health so remedial action needs to be social. This view of health focuses on the socio-economic risk conditions such as poverty, unemployment, pollution, poor housing, and power imbalances that cause ill-health.

The programme materials help tutors to guide participants' understanding of what affects their health and the health of their communities (see Community Health Exchange, 2022). Its objectives are to help participants understand the social model of health, the causes of health inequalities, the relationship between knowledge, power, participation, and decision making. Its didactic strategies are to use popular education approaches that draw on the philosophy and approach of Paulo Freire. Freire (1972) argues that it is not enough for people to come together in dialogue to gain knowledge of their social reality. Rather they must act together to reflect upon that reality and so transform it through further action and critical reflection. The HIIC programme is focused on helping participants to widen and deepen awareness of health issues and challenge their causes using dialogical, problem-posing methods. It also discusses a variety of strategies through which participants can communicate the action outcomes that they have identified to their communities. These include using presentations, discussions, or other creative methods such as art, drama or song to disseminate their findings to a variety of audiences. HIIC also encourages students to discuss the social problems they have unearthed and take action through engaging with their elected representatives and others to push for change.

The perspective taken by HIIC is that an important way that inequalities in health can be tackled is to find ways of strengthening individuals and communities so that they can join together for mutual support. Moving from an individual solution to one that comes from collective action is the next step in the process of analysis, but this usually needs the intervention of 'skilled helpers' (see Brookfield, 2000). This is the role that the HIIC tutor plays by helping participating students work out what they wish to change, identifying the problems, finding the root causes of these problems, and practical ways in which they can change the situation. This involves the tutor developing a strong relationship with the students so that the design of the programme takes account of the influences that impact on them. The tutor then provides opportunities for the participants to express their own views, and to question everyday assumptions and explanations, particularly where they differ from their own experience. This critical approach is focused on developing participants' skills for examining their lived environment in order 'to realize the root causes of inequality' (Bengle & Sorensen, 2017, p. 320). The HIIC approach recognizes that it is important to challenge people's experiences otherwise it is difficult for them to see the potential that effective social action has in exposing the health inequalities they experience. The programme uses a participatory and dialogical strategy that focuses on the collective, helps develop critical consciousness and promotes investigations that draw on both experiential and scientific knowledge to promote action. If people can take action about their circumstances and recognise that their problems are not their individual responsibility, then much can change.

HIIC is a good example of how popular education can create useful resources for giving people back control over their lives by building the capacity and expertise of people that are experiencing health inequalities. At the end of each programme students investigate and write about a health issue in their community that they believe is important and a selection of their writings has been published in three books edited by Jane Jones (1999, 2001, 2021). I am going to use this student writing to illustrate how participants attempted to change their circumstances and to investigate if health inequalities can be

reduced using popular education methods. I use the words of the students to demonstrate the impact of the health issues they identified and the action they took to bring about change. The names of the students are pseudonyms.

Findings from student writings

The HIIC programme starts by students identifying a common vision about the issue that they wish to address. As Bengle and Sorensen (2017, p. 334) point out, once this is agreed it is a 'precursor for collective action'. The participants in one HIIC programme in a city on the West Coast of Scotland identified poor housing and its impact on health as the issue they wanted to tackle. From this general vision they identified noise, lack of soundproofing and poor insulation as the issues they wanted to change and were able to stand together on. They then went on to examine the reasons behind the problem and identified action outcomes that they could come together to tackle. 'Our strategy was aimed at forcing the housing department to address the problem of poor housing and developing effective procedures in dealing with noisy neighbours' [Alan] (Jones, 1999, p. 35). The group next took these issues to the wider community and their positive response helped the group to grow in confidence. It then further developed the outcomes it wanted to achieve and was consequently able to take to policymakers well thought out solutions that were supported by the whole community. One group eventually gained better insulation, soundproofing and heating for their houses through a long campaign of local and wider action. This drew on the original solutions but also involved demonstrations, a petition to the Council, analysis of the responses to a questionnaire sent to all the tenants and a public meeting. The result was that:

> The [better housing] had an instant effect on improving people's health both directly and indirectly by reducing people's stress and anxiety levels. Your home should be a place where you can relax, unwind, and escape from the outside world [Jimmy] (Jones, 1999, p. 35).

Jimmy's words demonstrate the impact of poor housing on individuals' mental health as well as the importance that acting to change their living conditions has on people's confidence.

Another example came from a HIIC group of women with young children that had come together because of issues about providing a healthy diet for their children. After discussing the way in which poverty impacts on health the students agreed that the media played a big part in blaming people for their own poverty. This led them to investigate the consequences of internalising this discourse where they blamed themselves for not being able to feed their children properly. As a result, the group acted to find what they could change that would be a collective solution rather than an individual one. One of the students explained:

> Healthy diet was a big issue, and it was the priority. The shopping centre was the only place in our town that you could get fresh fruit and vegetables, but the prices were way above most people's budgets. So, we went to our local farmer to buy our fruit and vegetables so that we could sell them cheaper, only adding on 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 is, but they just can't afford it [Hetty] (Jones, 2001, p. 33).

This last comment shows the difference between blaming individuals for eating an unhealthy diet as if it was a personal problem and the alternative of taking action to address the issue collectively.

Poor people often blame themselves for the burdens that they carry and hide their feelings of guilt and inadequacy (Marmot et al, 2020). One way of countering this is to validate local knowledge by taking as the starting point individuals' lived experiences. Participants in another programme that comprised young single mothers described their worries about going to the doctor with their symptoms of mental ill-health and their fears about the impact this would have on their children. The HIIC programme helped to challenge the stigma associated with mental health and the medical solutions that are offered by asking the students to talk about their fears so that they could think more critically about how society had foisted these feelings on them. For example, one student said, 'It is really frightening to say what you feel. You think, if I tell them that, the bairns [children] will get taken away. You're frightened of being labelled a bad mother' [Joan] (Jones, 1999, p. 91). Talking through this issue using problem-posing methods led to a changed perspective as this student illustrates:

> I had been on tranquillisers, but I felt so ashamed about it that I hid it from everyone. Then this young woman spoke up about her experience in the HIIC group and I realised that lots of women had had the same feelings. You have to learn that it isn't your fault, but you need people to talk to about it first [Laura] (Jones, 1999, p. 130).

This illustrates how coming together with others to discuss issues enables people to share experiences, fosters a more in-depth understanding of the issue, and encourages collective action against oppressive views of mental health issues.

A different example comes from a group of older people. This group identified the health issue that most affected them as the difficulties they had in travelling by public transport to the Chiropody Clinic in the next town. They developed and circulated a questionnaire (with the help of their tutor) that provided examples of how this issue impacted on older people in their town and then presented their findings to their local councillors and health board. They also generated a lot of local media interest in their plight by holding a protest 'hobble' to show how difficult it was for them to walk without local chiropody services (Jones, 2001). Eventually a clinic was established in their town with the result that not only were health resources deployed more appropriately but also the participants in the group felt empowered to act against other issues.

Another way in which possibilities for change can be opened up is through the use of creative approaches such as drama. One HIIC group that were concerned with food poverty in their rural area performed a play, based on their own experiences of trying to get healthy food cheaply and the loss of dignity encountered in having to apply for free food. Using the medium of the play helped local councillors understand the social and emotional impact of living in poverty and what were acceptable solutions for the community (Jones, 2021, p. 15). This action also enabled the group to present the realities of their community as a team that was actively fighting for change that could inspire others to pursue alternative visions of possibilities for their future.

A more detailed example comes from a programme that took place in a disadvantaged community in a town in the Central Belt of Scotland. The health issues initially identified by the group were those they had personal experience of such as the impact of losing a job, but these acted as triggers for wider discussion of the bigger issues at the root of their individual, family, and community concerns. The students then enriched and extended this by interrogating the issues using local surveys, interviews, meetings, and visits to groups and organisations. Through this ongoing dialogue between

themselves and the wider community, the detailed way in which issues were impacting locally, and the causes of them, were brought to light. The students reported that:

> What we learned about our community came first from other community members and then we researched various sources to find out if the local statistics supported their views. The methods we used included face to face surveys, finding local health and employment statistics, and small group discussions. We also questioned some organisations that we invited to come and talk to us [Rose] (Jones, 2021, p. 13).

The health issue the group unearthed was the shame people felt about being unemployed or unable to earn enough to live on. The group thought that the shame arose from the labelling of people who become unemployed as 'shirkers' by sections of the media and politicians over the last decade. The effect of this was stigma, loss of dignity and shame, and this damaging emotional and social impact on their community was uncovered in their critical enquiry. One student said that 'this culture of silence in the community means that the issues are not being addressed and as such people are suffering' [Mary] (Jones, 2021, p. 14).

The group then worked with the tutor to identify how this issue might be tackled in the local community and this provided an opportunity to increase their self-determination through collective organisation and action. This led to them creating a more public debate and discussion about this previously unaddressed issue that not only enabled them to find their voice as active citizens but also to formulate a proposal that had the backing of the whole community. As a result, a proposal to establish a Community Hub in the local Community Centre was made to local politicians, the Health Board, and regional welfare organisations. The HIIC group argued that having the Hub would give the community access to the services they needed and the privacy they wanted. After a great deal of discussion, it was agreed by the Council that an advice worker would be based in the Hub as this would help to ensure individuals could discuss their financial issues and be advised about their entitlement to financial and socio-emotional support in ways that protected their right to privacy. As one HIIC participant pointed out, 'The right to privacy protects you against intrusion into your personal life – including unnecessary, heavy-handed state surveillance' [Kevin] (Jones, 2021, p. 14). This meant that the group achieved real changes to the way local services were provided and created dialogues with local, regional, and national decision-makers.

Overall, these illustrations from HIIC show the actions that have been taken against a wide range of health inequalities that have ensured that community voices are heard. Rather that feeling powerless, participants have been able to make critical connections with the political dimensions of health and developed their skills for understanding and critiquing the root causes of inequality. As a result, they have contributed to social transformation by standing up for change through employing new energies derived from their collective power.

Discussion

This case study has shown that health inequalities can be reduced using popular education methods because the participants have identified, challenged, and acted against inequalities in their communities. The dynamic curriculum used by HIIC, where students and tutors are actively engaged with the world around them, has developed capacity, knowledge and skills that have been utilized in their local and wider communities (see Duckworth & Smith, 2019). As a result, people have had their voices listened to about the health issues that are important to them. At the individual level this has raised their

self-esteem and confidence and enabled them collectively to have an impact on decision-making and the use and distribution of resources in relation to health and wellbeing. The people in these groups have been involved in decisions that affect them, and that decision-making has been improved by drawing on their lived experience of inequality. Although these improvements have not led to transformative systemic changes, they have enabled local communities to act on the issues that matter to them, and this has inspired them to be more proactive about contesting solutions that are imposed. It has involved seeing education as a co-operative activity involving respect and trust and giving parity to both 'scientific' and 'experiential' knowledge.

However, it is also important to consider the issues that this approach raises. One is that the aims of popular educators - to inspire people to look at their world from new perspectives, to think for themselves, and enable them to create change - can be unconsciously manipulated by the educator. As Kane (2013, p. 83) has pointed out, 'while popular educators problematise issues rather than provide answers, the problems they see and questions they ask inevitably spring from their particular view of the world'. Challenging students' views is built into popular education's way of working but students' ability to challenge the tutor's view is more limited. Moreover, while the tutor will not be dictating what people should think, s/he will 'direct what people will be thinking *about'* (Kane, 2013, p. 83). In the case of HIIC they are directed to think about health inequalities when they might have prioritised other issues in their communities such as unemployment or housing. This shows, as Fejes and Dahlstedt (2017, p. 225) point out, how the dominant discourse can prescribe ways of doing things and means that spaces need to be 'created for asking questions about how things can be done differently'.

Starhawk (1987) has provided a useful framework for analysing the power of the educator and argues that there are three kinds of power: power-over, power-with and power-within. *Power-over* is defined as the situation where people have power over others, and this is sustained by social, economic, and political systems and by policies and assumptions about which groups have a right to hold power. Although the HIIC tutors are alert to all these factors they must be very aware of the power they hold due to their role, especially when participants in the programmes may feel they should defer to the tutor's knowledge. *Power-with* is about influence in a group and is based on respect for the tutor as an individual who can make suggestions, and be listened to, as one amongst equals. Getting to this position requires the tutor to really listen to the group, acknowledge the influence they have as a tutor and find ways to minimise it. The space in which the programme takes place can also make a difference, so a local community centre that is familiar to the students but not the tutor, is more likely to lead to feelings of equality. As Starhawk (1987) argues, the tutor has the 'power not to command, but to suggest and be listened to' (p. 10). *Power-from-within* comes from a belief that different people have different kinds of knowledges but that all can contribute equally to the achievement of the project. The method of melding experiential knowledge of the key health issues in a community with more systematised knowledge of how to, for example, construct a questionnaire is a good use of the different kind of knowledges that the tutor and the students can bring to an investigation. Overall, popular educators must be aware of all these types of power if they are to really help to challenge social oppression.

A related issue is that the tutor's ideological outlook is also going to influence the dialogue about the knowledges that are brought into the discussion. For example, the tutor may regard the Scottish Index of Multiple Deprivation (SIMD) statistics (Scottish Government, 2020) as a key source of knowledge of the extent to which an area is deprived in terms of income, employment, education, health, access to services, crime, and housing. S/he may privilege this 'scientific' knowledge over participants' views of

the benefits of living in this community especially when they are part of families that have lived there for several generations. So, participants may see this index as irrelevant to their experience because they are proud of the community that they live in and do not see it as 'deprived'. Both parties will have to engage in a genuinely participatory dialogue that combines these two types of knowledge – the 'scientific' and the 'experiential' – by focusing on their collective views and this dialogue is more likely to result in more progressive social and economic change.

Another problem is that sometimes the changes that popular education can make are overclaimed. Whilst several advocates for popular education have argued that it can lead to transformational social change, this needs to be seen in context. Jara (2010), writing about Latin America, argues that this type of education can enable people to:

> imagine and create new spaces and relations between human beings at home, in their communities, jobs, countries and regions, and have the capacity to generate a vital sympathetic disposition towards the social and environmental surroundings as a daily affirmation (Jara, 2010, p. 295).

However, in the Scottish context, it is a big step to think that any form of education can, by itself, bring about this type of transformative change in society. On the other hand, popular education can enable people to become more aware of how their personal experiences are connected to larger societal problems and historical and global processes and question existing ideological and ethical stereotypes and patterns which are presented as absolute truths (for example, neoliberalism, competition, the market as the regulator of human relations). Nevertheless, sometimes popular education could be seen as involving too many compromises about the health inequalities that are addressed in order to find a solution that is acceptable to those in power and so result in little challenge to oppressive social relations.

A final issue arises when tutors and students are participating in Local Government funded programmes while, simultaneously, arguing against the lack of services that this same branch of Government provides. This means that students are operating both in, and against, the state in what Thériault (2019) describes as a situation of 'conflictual cooperation' where organisations receive funding from the state but also retain a critical stance towards it to advocate for the actions that they are prioritising. Then the state becomes a 'site of struggle', where the role of educators is to push the limits imposed to the maximum whilst still retaining a foot in the door of state-funded education (Kane, 2013, p. 94). This is a difficult role for the educator, but the inspiration provided by the struggle for a more just and egalitarian social order and the support of like-minded others can help tutors to come up with creative solutions.

Conclusion

As Freire (1972) argued, the aim of popular education is not to integrate people that are oppressed into the system but instead to transform the existing structures so that 'they become beings for themselves' (p. 71). He also highlights the link between critical awareness and social transformation because popular education enables people to recognize the oppressive social forces shaping society and to act against them. The philosophy and methodological practice of popular education illustrated in this article also enabled people to see connections between their own lives and wider political structures. In this way it helps individuals, groups, organizations, and social movements to understand problems, reflect on their practice and become more empowered agents of change. It can also help to develop a critical consciousness that fosters an in-depth

understanding of the world and encourages collective action against oppressive elements in a struggle for human dignity and liberation. Through this type of learning, the production of knowledge is put back into the hands of people, competing values can be thought through and their relevance to people's lives can be assessed. It can also re-energise people 'from the inside to re-stimulate hope, development and growth' (Duckworth & Smith, 2019, p. 56) so that they can take action about the issues that are important to them.

Clearly, whilst popular education cannot abolish social divisions, it can make a useful contribution to combating them by challenging the ways in which discrimination is reinforced through the very processes and outcomes of education. This will involve the nurturing of an education system whose function is to foster robust debate and encourage critical questioning. It is also about supporting confrontation that enables the pursuit of alternative visions for the future and 'enhances our capacity to be free' (hooks, 1994, p. 4).

Currently, however, the dominant myth of meritocracy is based on the 'common sense' assumption that one can succeed economically if one just tries hard enough. As Gramsci (1971) pointed out through his concept of cultural hegemony, this form of 'common sense' fosters the belief that success and social mobility are strictly the responsibility of the individual. This obscures the hardships imposed by poverty, classism, sexism, homophobia, and racism and the class, racial, and gender inequalities that are built into the capitalist system. If there is a belief that all it takes to succeed is hard work and dedication, then it follows that the system of capitalism and the social structure that is organised around it is just and valid. This myth permeates common-sense understandings of what change is possible because it assumes that those who struggle educationally and economically deserve their impoverished state and ignores education's role in preserving the status quo.

As Mohanty (1994, p. 147) points out:

> Education represents both a struggle for meaning and a struggle over power relations. Thus, education becomes a central terrain where power and politics operate out of the lived culture of individuals and groups situated in asymmetrical social and political positions.

The HIIC project has enabled the participants to take some small steps in addressing these power relations through their action to address health inequalities that are based on their desire to change existing realities and so have begun to challenge oppressive social relations. Rather than having their communities positioned as failures, they have instead challenged these individually based, deficit views in ways that have enabled their voices to be heard. It has also given them a seat at the table when decisions are taken and so meant that they can hold decision-makers to account. These may be small steps but, as the renowned poet Antonio Machado put it, 'your footsteps are the road, and nothing more; […] there is no road, the road is made by walking' (2004, p. 56, translated) so these small steps can make a broad path as we walk towards a more democratically just society.

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