Region: South Denmark

Scenario Planning / Creating Dilemmas

Methods:

University College South Denmark used the scenario planning model in relation to the Municipality of Esbjerg in order to develop a citizen model.

We chose the scenario planning model as it is a very democratic tool that allows you to think beyond your usual thinking horizon. By using this tool we thought that we were able to get a model which we would not otherwise be able to develop. For many reasons, we did not further develop the tool in cooperation with the Municipality of Esbjerg (they were too ambitious at the time and the project was broken don into smaller projects). One of those projects was the training of health ambassadors. The scenario planning was the starting point for that.

From the scenario planning we had a model for strategic planning and for understanding different approaches to health and health promotion. As the health policy in Esbjerg was build on the WHO health definition, the model from the scenario planning did this as well. It was therefore easily transferred to social work, and it had been used in the training of social workers and in further education.

The model will be attached in the Power Point slides.

Targets/Stakeholders:

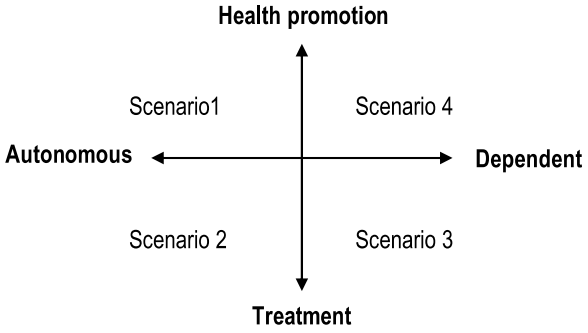
The original target group was a working group in the Municipality of Esbjerg who had the task of developing a citizen model. This group never came to exist in practice. The model became our own tool in understanding different approaches and developing the model has served as training for the scenario planning

Results:

Description of the model:

We used the health policy as a natural agenda and identified the critical uncertainties for the matrix – here in the form of the core ideas which emerged from using a desk research.

We worked with opposite poles, although this is questioned in the manual ,as we wanted to investigate as broadly as possible. The price was that the scenarios may be too schematic, albeit we considered this suitable as strategic guide.



Descriptions of the scenarios:

Scenario 1:

Society is characterised by great flexibility: in working life, where it is possible to flex according to life stages; within housing, where it is possible to choose between a lot of different kinds of housing; and within leisure, where businesses participate as partners. More activities are farmed out, a lot of private schools and private pre-schools are established, and a big difference between rich and poor arises. The individual himself designs his future and the action to be taken. The poor and the weak are supported through network, i.e. the local community, the internet or volunteers. A great deal of citizen involvement is practiced in all cases.

Scenario 2:
The citizens define the services they want and make their own treatment plan maybe in cooperation with a consultant. People have a personal responsibility for their own illness and the amount of “second opinion” advising and alternative therapists in the private field will increase. The citizens consult experts of their own choice, both at home and abroad, supported by private insurances. Everybody has a chip attacched to their case notes enabling them to shop between therapists. You will see a load of networks with patients who have the same problems, e.g., former addicts support each other. You have a free choice and the responsibility for your illness and its treatment is yours. What is to be paid by the state, and what is to be paid for by the individual is not clear, nor what happens to weak and poor groups of people.

Scenario 3:
Illnesses are individual problems which require individual treatment. Therapists and patients are focused on symptoms and defects. Professionals are experts in diagnoses and treatment. The economy is under a constant pressure because of the requirements of existing treatments, new treatment and knowledge of new illnesses. Citizens are categorized and defined on the basis of their difficulties and their treatment (i.e. deaf, blind, KOL and so on), tests and visitation are big working fields for professionals, of whom there will be shortage
We will see the development of hierarchies and a priority of categories as not all are equally prestigious. The field of education will be characterised by sorting. You will see more clientised and patientised individuals and a great pressure from privileged groups of patients and their siblings for treatment.

Scenario 4:
Is constructed after the actual scenario planning, as we did not have the time for finishing it off.
Here ther is a focus on general actions, either for specific groups or the population as a whole, like limited smoking in public, or exercise on prescription. Research knowledge will be transformed into rules and regulations towards citizens, who are dependent on guidance from the state. This concerns rules for use of various ingredients in food and other goods, consumer guidance and so on.

The scenarios represent different tendencies in the development of society. We will here go further into scenario 1 and 3:
Scenario 1 represents basically 2 ideologies which compete within the scenario with comon such values as democracy and citizens' influence .
One ideology is characterized by comunities taking care of individuals, including the poor and weak, the dialectic between individuality and solidarity, as it faces diversity and local decision making – empowerment processes (will be defined later)
The other ideology is characterized by individualism, free competition, individual choice – and individual responsibility for one's own life – and one's own disasters.
The forst ideology represents a decentralized state in an inclusive approach and the other ideology represents a minimal state in a liberalistic aproach.

Scenario 3 represents an individual aproach where the treatment-oriented way of thinking leads to central management and the creation of huge, powerful institutions for diagnosing, visitation, treatment and research. This will result in an enormous pressure on the economy – and it wil be very difficult to fullfil everybody's needs.

Health services today are primary governed within the framework of 3. A health strategy building primarily on this scenario will thus be very expensive – and maybe inappropriate as a solution. The task will be how to lower the level of costs in the health sector. Will you go left in the model and individualize treatment, lower state control and increase health insurances, unauthourized and private treatment and let the individual navigate in a free market with different choices? Will you go diagonally and go for more collective and local solutions with local control – that is, well-being and action in other fields such as housing, environment, etc., or individual choises, farming out, etc., or will you see major centralised actions towards health broadly

speaking as in scenario 4

The WHO health definition has its main focus close to scenario 3, especially the inclusive aproach, but it contains elements from other scenarios as well.

Guidelines to the use of the tool:
You can use the tool for smaller scenario planning operations with a prefabricated natural agenda as we did or you can use it in a bigger scale. I think it is strength of the model that you are able to adapt it to deferent situations.
It is important, no matter on how small a scale you make it, that the scenario planning process is chaired by a person not involved in the process. One person should have the general view of the process and what is going on in order to optimize and guide the process – and the others should concentrate on being in process assuring that the process is taken care of.