CO-CREATING PATHWAYS FOR CHANGE: WHO IS OUR ‘COMMUNITY’?

Making Qualitative, Creative Engagement Part of Everyday Practice in the Health & Care Sector

Dr Issie MacPhail
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Background: The aim of this project was to build upon insights from Representing Cromarty case study work with the rural community of Cromarty as part of the Representing Communities project (AH/K003372/1). Our application of ‘deep mapping’ reworks the term community to position health sector and local authority workers as a key part of any effective ‘community,’ assembled in order to co-produce health and wellbeing policies. Dr. MacPhail had identified that a crucial next step in taking her ideas forward would be to facilitate in-depth discussion with appropriate stakeholders on the boundaries of this ‘community’ and the role played by health sector and local authority workers in the generation of an inclusive community narrative. This will help to tailor further knowledge exchange work to best meet the needs of this community. However, a short-term outcome is the provision of a policy briefing and practitioner-focused document suggesting how participants and their co-workers might start enhancing their community engagement work through consideration of creativity and co-production.

The new idea to emerge from the Connected Communities project is that healthcare professionals are already engaged in activity that could be seen as co-created qualitative research or creative community engagement. Dr Munoz proposed this idea as one that could be usefully explored through this grant. As part of the Cromarty case study, Dr. MacPhail was able to explore the implications of this, guided and supported by Dr Munoz, with a small group of health and local authority staff in Highland. Catalyst grant AH/N504518/1 has allowed us to explore the role of healthcare professionals and community members in the co-creation of knowledge on health and wellbeing within wider healthcare settings (rural/urban; Scotland/England) and in relation to research findings from other Connected Communities projects. Dr Munoz and Dr Fazil guided and supported this work. This project was also supported by supported by Dr Mervyn Conroy, Senior Research Fellow, Health Services Management Centre, University of Birmingham, PI on Connected Communities project Connected Health and Social Care Communities (AH/J500069/1).

A co-productive process was used to settle upon the key questions for discussion, and a format for the events, which core participants felt comfortable with. A meeting of the Representing Cromarty ‘Evidencing Health & Wellbeing Challenges in Highland’ Group was held in April to enable an in depth discussion on this matter. It was decided that the basic aims were to bring together a wider selection of healthcare professionals, working within two different healthcare policy contexts (and urban/rural contexts), alongside academics from several Connected Communities projects to debate the following:
to identify barriers to using what is learned from creative practice within health and social care sector policy and work

to better understand the barriers within NHS to staff using creative engagement themselves

to explore to what extent healthcare professionals are already engaged in activity that could be seen as co-created qualitative research or creative community engagement – or ‘deep mapping’.

to find out to what extent health and social care workers are felt to be, and feel themselves to be, part of a ‘community’ involved in making and using creative, qualitative descriptions of the regions, districts and civil parishes in which they work

the role, if any, currently played by health sector and local authority workers in the generation of inclusive community narratives.

Why are we asking these questions?

Could understanding the issues above help to underpin a more successful two-way participation in health services design, development and implementation?

What type of training, work experience or work placements for healthcare professionals could enhance this? Do they want it?... or is this aspect better undertaken by other players in this sector?

Thus, the events were designed in order to allow us to explore these emerging issues with wider selection of healthcare professionals, in different contexts. The original plan involved two events but, in practice, the high numbers of participants required us to deliver 3 whole day events:

- 20th June 2018: Co-creating Pathways for Change Roundtable, Inverness, Scotland (18 participants – full day)
- 21st June 2018: Co-creating Pathways for Change Symposium, Inverness, Scotland (23 participants – half day)
- 28th June 2018: In Conversation & Poetry in The Park: Co-creating Pathways for Change, Hodge Hill, Birmingham, England (32 participants across two sessions, one in the morning and another in the afternoon)

Co-creation Methodologies Used

The principal adhered to in choosing appropriate methods for each event, was that they should:

- Enable a key principal of deep mapping, whereby, instead of insisting upon achieving consensus, we make space for differing views and clashing voices: ‘many voices speak, many, often contradictory, histories are told, and many ideologies cross, coexist, and collide’ (Campbell, 2008, p. 20);
- Avoid channeling participants into normative, linear, flow-chart based forms of storying, analysis and summarising;
• Employ approaches which insist upon chatting and drawing, instead of debate and the written word.

Roundtable

After the opening remarks, the Roundtable day started with One Minute Intros from every participant. Each participant had one Powerpoint slide, or an object, to give an account of their interests and motivations. Activities throughout the day were structured around the Participatory Rural Appraisal method of group drawing activities, as a means of recording and communicating the discussion and key points agreed, or disagreed upon, in small group work. Large (c. 2.5 m x 1.5m) sheets of heavy paper were provided on the walls, with our key headings. The rules of engagement were to provide a visual account of your group discussion, by drawing it onto the walls, and to give a verbal account of those drawings and diagrams, to the full company. Ingold makes useful observations about the bodily and intellectual differences between speaking, drawing and writing lines (Ingold, 2007). MacPhail’s previous deep mapping work has borne out the importance of attending to these differences, and the different kinds of knowledge generated by different methods. Of critical importance in this project is striving to facilitate the production of new forms of knowledge about the health sector, in order to try to facilitate fresh approaches to embedding creative processes into the health and social care sectors. It has become clear, through this work, that flow-chart forms of knowledge production, analysis and policy planning are dominant in this sector. This has the unfortunate effect of rendering other forms of relevant knowledge and experience invisible or inadmissible within this sector’s internal planning processes.
Why does it matter?

Safety

Physical Health

Mental Health

Social Cohesion

Economic Prosperity

Good communities can breed good health

Local knowledge, skills

Community is the foundation for health and well-being

Community engagement helps give people a sense of “bought in” and ownership of their lives, futures

Conditions and health support services are needed to ensure people have the chance to contribute

Egalitarian approach

Inclusion, diversity, difference

Personal development, learning

Rain, change, etc.

All voices to be heeded
The Roundtable activities were:

*The State of Play - Quick Draw – roughly 30 mins*

As a group, using the nice big A1 cartridge paper, make a drawing of the current state of play, focusing on current use of creative engagement in everyday practice.

No words – be quick – try to have something in everyone’s ‘hand’, on the page

Things to consider…

- Barriers - Good examples - Disasters & Disappointments - Models of adoption & mainstreaming?
- Words, meanings, jargon - Answers to ‘why bother’? - Insights on ‘How’?

Wall Displays Detail

These are for filling with things and thoughts – these are the headings:

- The State of Play (your Quick Draw)
- Why does it matter?
- Barriers
- Delivery Structures in Transition
- Who is our community?
- Actions & Next Steps

*Who is our community?*

- Who needs convinced? - Who needs to learn how? – How do we do that?
- Who needs involved as a co-creator and why?

*Co-create Actions & Next Steps*

- how to embed creative engagement - how to learn methods – who needs to learn them?
- how to access, or share, skills and use methods - What can we each do?

The Symposium mirrored this format, and invited participants, working in groups, to add the drawings made by Roundtable participants the day before. Just under half of the Roundtable participants also attended the Symposium, providing continuity of conversation and exploration, across the two Scottish events. In the interests of regional inclusiveness, working in a rural and island dominated region, the Symposium could
also be accessed by Video Conference. However the participants who sought to join that way had technical difficulties with this, on account of many community based participants having old OS versions on their Pcs and macs. In addition to group work, the Symposium included these lectures:

10.00am Welcome & Introduction Dr Sarah-Anne Munoz, UHI Rural Health & Wellbeing

10.10 Rural Lives: Do Creative Forms of Engagement Matter? Dr Issie MacPhail, UHI Rural Health & Wellbeing

10.25 Incoming Voices: Readings from the work of Raman Mundair, Artist & Poet, Shetland & the late Jo Skelt, Representing Hodgehill & other stories

10.40 Rural Voices: Insights from Catalyst Roundtable (2 reporters NHS & Third Sector)

11.00 Urban Voices: Creating spaces for engaging the voices of minorities - Learnings from Representing Hodge Hill: Dr Qulsom Fazil, University of Birmingham

11.30 Coffee & ‘Making’ Break

12.30 Enabling Change: Developing Phronesis & Drawing Upon Narrative in the Healthcare Sector Dr Mervyn Conway, University of Birmingham

‘Phronesis or practical wisdom is a concept which advocates a way to make ethical decisions that are grounded in an accumulated wisdom gained through previous practice dilemmas and decisions.’

13.00 Q&A, Making Break Feedback and Discussion: Pathways for Change

- Who needs & wants creative engagement in policy development & delivery?
- What are the barriers & opportunities?
- Who needs to be involved – who is ‘our community’?
- What needs to happen next?

The following week we carried out the events in Hodge Hill in Birmingham. These were:

10.30am Asian Elders Centre

Our ‘Crofts’: Pakistani and Highland Rural Memories / Life Today: Urban Stories – chats with tea

11.30 Tea & Biccies

1200 Walk to The Park

1230 Women in Conversation at The Dolphin Centre, Hodgehill Park

1230-1pm Introductions

1-2pm lunch at Dolphin Centre with guests
2-3.00pm **Poetry in the Park** – women’s conversation session

- Read Jo Skelt’s Poems
- Read Raman Mundair’s Incoming Voices work (rural Shetland), and other Scottish selections including Hannah Lavery and Jackie Kay
- The Representing Hodgehill schools poems
- Other songs and poems, chosen by women at Dolphin Centre
- Discussion about life today, and future hopes

1500 – 1600 – Reflections in the Park (audio recorded)

6pm -8pm **Alum Rock Road Walk & Dinner** – A guided walk with Dr Qulsom Fazil & friends
Participant Feedback

Feedback forms which enabled drawing or writing were provided. Several, like the one above, stress how important participants felt the experience of being obliged to record all debates through drawing was.

‘I just wanted to thank you for a great Symposium - a really amazing combination of people and focus. I’ve already heard from/been in touch with a few of the delegates - to continue conversations and ideas.’

‘I just wanted to say thanks again for inviting me last week. I really enjoyed meeting like minded people from so many different backgrounds. I definitely left with plenty food for thought about how we engage community, regardless of what angle people come from. It was a great networking opportunity for me too, both for my NHS and Community Land roles.’

‘The Catalyst event was such a fantastic opportunity to network and particularly invaluable to me as a ‘newcomer’ in the Highlands! It’s been great to experience this energy and creativity and share this all with like-minded people.’

‘Thanks so much for the brilliant conference last week; it was an invaluable networking opportunity and it was great to hear about the work around community engagement.’
Poems and Songs Recited in Inverness and Birmingham

White Washed Lands
After Tania Kovats’ ‘Oceans’

I am not part of these white-washed lands, washed white but for the names of ports and seaside towns.

I am all at sea, in the expanse, in the absence, in the rough and the still.

I have brown backs pulling on ropes, squat strength, muscle rippling on waves crossing and criss-crossing, re-crossing again and again the blue which is in fact violet, grey, black.

A single white gull, a roar of white surf and I cannot think beyond name followed by nothing, giving you a line of history that is not one of blood but commerce and I hear you say in deep beats behind beats, behind beats, behind beats of my blood, come to the edge to the port town, to the seaside, to break on rocks by land, by maps bleached white of home, of history, washed white, show up in blue, in this white clean gallery, to me? They show you. Faceless you.

A beat beneath a beat beneath a beat beneath a sound of a gull heard.

Hannah Lavery - a writer and performer experienced in delivering creative writing and poetry workshops. The Drift, her spoken word theatre show, previewed at the Tron theatre in October 2018, as part of Black History Month, produced by The National Theatre of Scotland. She is currently Scottish Poetry Library's Engagement Coordinator as well as the Creative Director of CoastWord.

www.hannahlavery.com

Raman Mundair is an Indian born, Black British Asian intersectional feminist. She is the award winning author of *Lovers, Liars, Conjurers and Thieves*, *A Choreographer’s Cartography*, *The Algebra of Freedom* and is the editor of *Incoming: Some Shetland Voices*. 

A Choreographer’s Cartography

These are not tentative steps on terra in firma, this woman feels the ground beneath her feet. Read this as a new dance. Improvise – find free ways to flow, stretch and claim terrain, inhabit all regions of your body, set forth and stride with natural grace.

Mark this ascent in 16-beat time: *Ek, do, teen, char, panch, che, satt, ath,*

*no, dus, gyarh, barah, terra,*

*chaudah, pandrah, sola* – solar rhythms spin,

disrupt tectonic plates. Rethink, re-scale, re-form, re-shape cultural boundaries to create physiques full with emotional geography. You need no passport for pliant limbs loose with joy. No visa,

no nationality needed for loving kindness; claim your right for asylum here – this earth – everyone’s sanctuary.
She is the co-founder of the online FB space: SAORSA – Arts and Intersectional Dialogue for Women. She regards herself as a writer and educator who writes, makes art, film and installation.

shetlandamenity.org/the-artist

facebook.com/ramanmundair/

facebook.com/ramanmundairEducation/


from Lochaline Stores

Nothing can be hidden from Lochaline Stores,
Supposing the Grocer’s has eyes and ears:
Not an addiction to scratch cards or whisky,
Not a partiality to a bottle of Chianti.
Not a dickey heart, not an icky stomach,
Not a forty-a-day habit, not a weakness for crumpets,
Not a feverish love of the Guardian newspaper,
Not you dashing in for Alka-Seltzer.
Not the book of first class stamps for your love letters
Not you turning back from margarine to butter
Not a stain on your laundry—coffee, wine?—
Not your shaky I’m fine to the daily how are you?

Jackie Kay

from ‘Lochaline Stores’ in The Empathetic Store (Mariscat Press, 2015)

Jo Skelt, 1968 - 2018

Dr Eva Elliott and Professor Gareth Williams – thoughts about Jo….

Jo was a researcher on an Arts and Humanities Research Council project entitled Representing Communities: developing the creative power of people to improve health and wellbeing. Using arts and delving into people’s ordinary everyday cultural practices we worked with community representations of place that could challenge some hurtful and misleading policy and media narratives. Jo was the researcher in Hodge Hill (particularly Alum Rock), a place that she soon grew to love and where people responded to her ability to use poetic narratives to say something different, illuminating and creative about place. Jo was not the only person to be affected by serious illness in our project and we reflected on what we might say about the wellbeing of the producers of the research within a project that concerned itself with the wellbeing of others.

My wassail
For the Jewish holiday “Rosh HaShanah La’Ilanot” which starts on January 30 and ends at nightfall on January 31. It is also called literally “New Year of the Trees”

Let us toast the many trees lining the streets of Birmingham plaited into parks and waysides,
with spiced ciders, well, for me, non-alcohol versions,
let us make spiced winter warmers and bake apples
in honour of our fantastical rooted companions
who bud, flower, burgeon and leaf
turn spectacularly into fire and fall around us,
on whom we read the seasons,
depend and delight for our city’s health.
Let us revel in these trees: apple trees in community orchards where they are bringing back the old traditions: to wear funny hats and shout, shake keys to scare away the bad spirits that may harm the apple crop and appease the good ones with toast and cider vinegar. Let us stand in front and celebrate the great monkey puzzle tree too along the Yardley Wood road, its substratum still connected to Chile and to Argentina yet like Birmingham’s migrants it has learned to acculturate.

And let us not forget the now spindly cherry blossom trees lining the pavement on Eileen road outside, enduring the reversing vans across their soil and near roots the occasional dumped rubbish and taxi driver emptying his ashtray. In a month or two, Eileen road will be transformed to wedding promenade of pink, peaches and white blossom, the trees triumphant with confetti falling across pavements and the crazily parked cars when Akiko comes to visit she will want to have a tea ceremony around our tree.

I used to draw intricate pencil drawings of them, make family trees, I feel compelled now to plant new trees, I wear the tree of life, its intricate silver symbol sits next to my skin as a reminder of ongoing life, energy and renewed health, it is the essence, the seed and it is strong, reminds me of nature’s ever turning wheel and where our roots draw from, our succour...

**Binary Stars**

How can I even conceive of leaving my daughter when we two are binary stars

**Christmas Decorations**

The box of slightly random un-matching Christmas decorations manages to undo me – they won’t be part of my daughter’s life but be replaced by another family’s tradition.

I can’t fold up everything into a memory box or take instant photos of each decoration – each one joyful telling the story of our years.
They call me a wanderer,
Wherever I roam,
And yet my thoughts linger
In my old Highland home.
It’s the home of my childhood,
The land of my birth,
It’s a wee place in Scotland
On the Cromarty Firth.

Of the world’s seven wonders,
There’s none can compare
The view from the Sutor;
It really is rare.
As you stand midst the heather,
Far below you can see
All the beauty of Scotland
In my Cromarty.

Now the people are happy,
So friendly and kind.
It really does grieve you
To leave them behind.
But young folk must grow up
And they must depart,
But the home of their childhood
Lies deep in their heart.

And now I must leave you,
And bid you adieu.
My feet they will lead me
To pastures anew.
But my heart’s in the Highlands,
In the town by the sea,
In the home of my childhood,
My own Cromarty.

This song, written by Jane Mackay and Margaret Ritchie in 1966, is fast becoming part of the age-old tradition of sea songs. Especially popular with the Fourways Club (for the over 60s), young people are now carrying on the tradition.
Insights and Observations

Our aspiration was to:

- to identify barriers to using what is learned from creative practice within health and social care sector policy and work;
- to better understand the barriers within NHS to staff using creative engagement themselves.

This work has made it clear that awareness of creative practice, as a method, is very uneven within the health and social care sector. Amongst participants it was clear that practitioners in mental health are aware of, and call upon, creative practice as a method and as a therapy. This has two facets. One is in efforts to promote and educate people about ways in which they can care for themselves, or others, with regard to achieving better mental wellness. In these cases, creative practice is being used as means of communication, education and engagement. In short it is being used as a method. One successful examples of this approach, within Highland Region, this year is discussed here. It is the Community Conversation Café, hosted by Choose Life, in Fortrose Academy in June 2018. Partners include Highland Council Care and Learning Department, Black Isle Youth Development, Black Isles Cares and Fortrose Academy itself. This event had lots of cakes and a huge turnout. It was organised in the wake of a six month period in which this school catchment area experienced one suicide per month, amongst young adults resident in the area. The pivotal importance of this event was the large turnout, the attendance and participation of the bereaved and others affected by these bereavements and the fact that suicide was being discussed amongst such large numbers of people instead of being muttered about, shamefaced, in quiet corners.

Many Catalyst event participants were from the arts sector. They are more usually involved in using creative practice as a therapeutic medium. Discussions with the Arora Dementia Project, created and delivered by arts staff at An Lanntair Arts Centre, Stornoway illuminated the necessity to overcome this dualistic way of thinking. During the Representing Communities project it was necessary to persistently make the point that, in the case of that project, our focus was on creative practice as method. However, during conversations enabled by the Catalyst project, it has become clear that some activities function well as both research method and therapeutic practice simultaneously. An excellent example is the hand memory work undertaken by the Arora Project. This bilingual, Gaelic-English, work supports people in the Western Isles with dementia to undertake activities such as grass weaving and herring gutting. This sort of activity was an everyday thing for participants, in their younger years. It has been found that this hand memory based activity provokes story telling, amongst participants, about their lives. In some cases, participants with very advanced dementia, who had ceased to communicate, have begun speaking again, as a result of this work. This example has caused us to reflect on ways in which we might try to better identify which activities would best function as both research method and therapeutic experience? The answer would necessitate careful crafting of the activity to the practices and interests in each place based, or interest based community.
The principal barriers to adoption of these approaches in the health and social care sectors, beyond the mental health, local authority, third sector and arts sector uses were found to be that clinical and hospital staff, outwith mental health and participatory research orientated fields, find creative practice based methods, and findings derived from them, very difficult to understand, to trust and to use. They are quite resistant to their use in their own practice. Every other sector in Scotland is very well advanced in developing staff skill sets and calling upon such methods for evaluations, consultations and co-produced service and project planning and implementation. Other sectors hence find the health sector difficult to work with because of this mismatch in ways of working and ways of producing knowledge. Every other involved sector is accustomed to embracing creative practice, as a form of community engagement. The state of play, in this regard, varies, but the awareness, know-how and appetite for continuous improvement in creative forms of community engagement is strong in these other sectors. In this regard we need to make a distinction between the social care sector and the health sector because the social care sector, having been run under the auspices of the local authority, and drawing its personnel from a very different disciplinary background from health employees, has a network of people whose educational and professional experience enables them to employ and value creative practice as a research method, form of engagement and therapeutic practice. Unlike other sectors, the health sector has very little experience of operating as a public facing organisation, and is hence also, as yet, less adept at power sharing. Healthcare professionals in primary care, social care and other functions which involve visiting homes and communities are already engaged in activity that could be seen as co-created qualitative research or creative community engagement. Secondary care staff, beyond the minority who are community engaged research and policy staff are not exposed to these ways of working, or the methods which enable them. In their situation, particular forms of professional practice, aimed at achieving patient safety, creates a barrier to understanding other forms of knowledge or ‘evidence’. The extent to which health and social care workers are felt to be, and feel themselves to be, part of a ‘community’ involved in making and using creative, qualitative descriptions of the regions, districts and civil parishes in which they work is very uneven, across the sector. In Scotland the emergence of Community Planning Partnerships, and the implementation of the Community Empowerment Act 2015 is driving staff towards roles which enable them become deep mappers and play a role in the generation of inclusive community narratives. The experience of this and exposure to these activities is far higher in local authority circles than in the health sector. Further knowledge exchange work is needed to help embed creative practice as a means of enabling a more successful two-way participation in health services design, development and implementation. It appears that informal exposure to creative forms of engagement, through events such as these, is more effective and accessible to staff that more formal options such as training, expect where training is linked to specific, imminent projects and can be quickly put into practice. In Birmingham communities and health and social care sector workers have far less access to direct conversations with policy makers at different scales of operation.
References


Contact
Dr Issie MacPhail
Post Doctoral Researcher, Rural Health & Wellbeing
University of the Highlands and Islands
Issie.macphail@uhi.ac.uk

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Find out more about the programme at:

www.connected-communities.org
@ahrcconnect