

UK Report: Reaching Excluded Groups



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Introduction

A central tenet to the Residency project was the involvement of local people in the development and management of both the project and research associated with each Residency.

This report details the way in which local people were engaged in the Residency process and includes details about the participatory appraisal techniques used in the context of the Residency project.

How did we consult: Participatory Consultation Programme?

As an action research project based upon participatory appraisal, it was necessary to find ways to involve people in the management, delivery and evaluation of the project. The project team were conscious that the context of being awarded funding to 'deliver' a community based project could potential jeopardise the potential for community engagement. Thus, from the onset, Staffordshire University adopted the Get Talking participatory appraisal framework to incorporate values and techniques into the Residency process.

The first stage involved mapping and information sharing about the project with people in local communities who had an interest in civic engagement or were involved in civic activities. The university project team was already part of a number of community projects, and through these organisations began to map a network of civic engagement activity in the city. During this process we listened to people to learn more about their experiences of the city, to identify the issues which were of concern to them about how they got involved in civic life and also to learn more about how people engaged with cultural activity

The second stage involved an analysis of the map- with local community representatives to identify possible routes for additional research. We then began to undertake interviews and attend meetings and inviting expressions of interest or recommendations for additional people to contact. Each group we contacted were informed about who else had spoken about and we shared our initial review of the key themes, and people were invited to contribute and to respond to the comments and ideas culminated thus far.

The information from these conversations was cross referenced with the findings we found in local reports about Civic engagement in the city including Quality Streets, The Get Talking Network, Stoke on Trent UniQ Research and Stoke on Trent Governance Commission 2008 (which called for more civic engagement across the city, especially from excluded groups).

We used these conversations and desktop research to help us form the basis of the criteria for 'exclusion' in the context of Residency (and we cross referenced these themes with community workers). The emerging criteria included trying to find

- Communities who are unable to access existing civic engagement activities
- Communities who are not represented by an official organisation

- Communities who have limited access to culture and arts

As themes began to emerge we started to conduct desktop research to cross reference some of the themes, which were emerging through the initial conversations with, research and reports about the area and people's engagement in civic activities. Once the community mapping was completed, the project researcher re engaged with the groups associated with arts and older people for further feedback (although all of the people we contacted were kept informed of how the focus for residency was emerging and any of the community groups and people we spoke to could re engage at any stage in the process. The first two stages of the research took place from October 2013- January 2014. Finally we conducted interviews and invited groups to express an interest in being a host organisation. We reviewed our choices with community organisations and many of those that chose not to host a residency opted to remain as critical friends and advisors to the residency.

In terms of using this data to help identify an excluded group, we could see some themes beginning to emerge. Community members identified that there was a lot of provision targeted at children young people, and in particular the arts were often used in this context. In addition, community members had mobilised themselves in the city to develop projects such as the Appetite Supper Groups involving Community Representatives. We observed that there was a lot of interest in older people, and there was evidence of work with older people such as Ages and Stages at The New Vic Theatre and EngAGE, a local forum to help people fifty plus to give their views on the city. We also met with colleagues within the University associated with social gerontology and they also verified that the engagement of older people in local community life had declined in recent years. We analysed local projects such as "And the Dr Said (<http://www.andthedoctorsaid.org/#!/welcome> ') and the initiative to make Stoke on Trent an Age Friendly City. Janet Hetherington also was invited to attend a Baring Foundation seminar in the region exploring opportunities for older people to explore creativity.

The methods used for all of these scoping activities were participatory. They included informal encounters such as conversations over tea, community meals and informal discussion. However, we also used visual and audio recordings and people were encouraged to share how they wished to participate. We aimed to make all of the consultation accessible and fun, as we knew for many people this would be their first time being associated with the management of something.

Training and community Interviews

Staffordshire University runs a Get Talking course based on participatory appraisal techniques. A result of the course has been a citywide network of community members and organisations trained in AP. In addition, we engaged with a number of organisations which have emerged from the training and which have specific interests in issues associated with civic engagement.

The people involved in this process included:

Colleagues at Staffordshire University
Get Talking Network
Local Council officers
Student volunteers
Students Union
100 Lives Community
Appetite Consortium

The Residency researcher communicated with each of these groups and people and worked with them to find out more about

1. The civic engagement work, which they are currently involved in
2. The challenges in delivering civic engagement work in the region
3. Any contacts, which they felt, might want to benefit from an artist residency
4. Their interest in becoming part of the Residency project (as a critical friend, an action learning set member, an artist network participant or a steering group member)

This process was led by the Residency Research and the information was tabled which was shared with each interviewee, as a way to link up the conversations between the people the project involved. A summary of the key themes can be found in the tables below.

Responses and a summary of key emerging themes

The history of Stoke on Trent and Creativity

Initial desktop research revealed that civic engagement in Stoke on Trent is complex. Aside from the fact that the geographical structure and allegiances to the 6 towns which make up Stoke on Trent, the continuing decline in jobs and standard of living has attracted a range of services, initiatives and projects often targeted at addressing some of the issues which occur as a result of exclusion and poor standards of living. In talking to local people we also heard from them, that many were frustrated with the temporary nature of community initiatives and experienced what they felt were empty promises, especially from the local council.

Stoke on Trent is also host to a range of city wide arts initiatives including Appetite, a major creative people and places project (<http://www.appetitestoke.co.uk/>). As well as home to a range of socially

engaged arts organisations including B Arts, Re- Stoke, and Airspace Gallery. We communicated with these organisations, as well as our network of Community and Participatory Arts Alumni to get a better understanding of where and how the arts were being used to address social issues, in particular those, which may be seen to influence issues associated with civic engagement.

Older People and Civic Life

Once these interviews had taken place, then a small group involving community workers and the Residency Manager and Researcher met to engage in some mapping activities to consider whether there were any priority areas to approach regarding the possibility of hosting a Residency project as part of their civic engagement work. This meeting was the start of the Action Learning Set (ALS) – which was a group which we hosted throughout our residency and which was designed to explore key issues and learning, which emerged as the Residency process progressed. Once the project began the ALS became an extension of the steering group meeting involving staff from the care settings, the researcher, the artist, trainee and community practitioner and it met 4 times during the course of the project.

The decision to focus on working with older people arose as a cross cutting issue impacting all of the groups and people. They consistently said that it was more difficult to engage with people living in care settings. We also became aware that older people in the region had suffered the most in terms of changes to employment, housing, poor transport links and often had caring responsibilities and additional needs. We did identify a range of amazing initiatives to support older people, but close analysis revealed that the majority of these initiatives were targeted at older people who were able to be independent and none were focused at older people with significant care needs.

Creating an infrastructure to support civic engagement work for people living in care settings

A consistent theme which emerged from organisations working with older people was that in order for civic engagement activity to be effective with older people- especially those in care then it required specialist support and work needed to be adapted to suit the needs of the participants. In our early research we learned about the importance of identifying the infrastructure for community support organisations – both in terms of identifying who you want to talk to but also to gain specialist knowledge and support to gain advice on the best ways of working in care settings.

Our initial conversations took the form of informal conversations with some community members and staff and community leaders representing specific communities. In particular, we engaged with the 1000 lives team (http://1000lives.org.uk/?page_id=53) and community development workers in the city. We took this approach in order to reach as many people as possible and ensure that we crossed the geographical and emotional boundaries often

associated with the city. Using this approach also enabled us to learn more about what work was already happening in the city and identify any particular groups, which they were struggling to engage with. We worked with people and organisations with who we initially consulted with to appeal for anyone working with older people with significant care needs to submit an expression of interest in developing a Residency.

The challenges facing people in the care sector was brought to our attention following a meeting with Creative Health CIC. They had undertaken some scoping work in the region regarding wellbeing initiatives taking place in health and social care settings. Through this work they identified that there was concern and new standards within the care sector to engage more closely with the local communities within which they were based. They had come across no evidence to suggest that civic engagement needs of older people in these settings were being addressed, Despite the obvious commitment of care managers to try and involve their residents in community life. The care needs, the fragility of many of the people in the care sectors and working practices of care settings restricted how this could be delivered. They had built links with SCARP (Staffordshire Association of Care Providers) and they expressed an interest in finding ways for their members to develop the work. The residency team initially met with SCARP to discuss the possibilities regarding whether a care home might want to host a Civic Engagement residency. Following this meeting an appeal was sent to all care providers registered with SCARP inviting them to participate in the project. Two providers- St Quentin's Residential and Nursing Home and Choices Housing both expressed an interest and attended an initial meeting to explore the possibilities.

Residencies normally occur in one setting over a prolonged period of time, so the Residency team had initial concerns about how a 2 centre Residency could operate. A key-learning outcome emerged during these discussions, in regards to the extent to which care settings are seen as people's homes. In community settings people normally have the choice to participate in activities- or not, we learned early on the working in a care environment is the equivalent of working in someone's home. Therefore, the idea that the artist worked across two sites is advantageous in this context, as the intensity of a 'full time artist' and the perceived idea that you have to participate in activity programmes, enabled the Residencies to minimise any disruption to the routine and respected privacy and dignity arrangements in each setting.

Current Civic Engagement Activities in North Staffordshire

Environmental- urban vision

Park friends group- the region is home to a number of independent park friend's groups which were set up to preserve the status and develop facilities and usage in local parks.

Locality teams were established within communities as part of this community development programme.

Health- Public health team has a long standing programme of public engagement work and every trust has a member's scheme to engage people in decision making processes. This is particularly poignant in light of the issues at Stafford Hospital, and as such there are a number of independent scrutiny and campaigning groups specifically concerned with care. These include groups such as:

North Staffs User group campaigns for better health services in North Staffordshire.

Patient Congress led by the local Clinical Commissioning Group.

North Staffs Carers Association campaigns for the rights of carers in the region.

LGBT groups, including specific focused groups such as older and younger people.

Local authority- range of initiatives including national Taking Part programme to engage more people to engage with and work in local politics.

Children and Young people's services under review and have adopted a participatory programme of activity to engage people in decision-making.

Interest groups- There are a range of groups affiliated to organisations representing specific groups in the region. These include

The YMCA- representing young people

Brighter Futures- which works with people living with mental health issues.

North Staffordshire Pensioners Association

Age UK

ARCH- working with people who are impacted by domestic violence

Engage- championing the engagement of older people in decision making in the region.

Challenges to Civic Engagement in North Staffordshire

Transport- and the difficulty moving between areas

Reliance on support staff being present to help support activities

Language – there is a large Pakistani population, but this could always change.

Participants reported that occasional it felt like an Overload of civic engagement activities so - it can be difficult to choose

Low levels of literacy

Sustainability and opportunities to develop citizen led projects

Poor relationship / trust between local council and citizens

Often 'campaign focused' and there are limited opportunities to gain the skills

and experience needed to effectively engage with decision making processes. Lack of independent initiatives- most approaches are developed by institutions (possibly with vested interest other than civic engagement).

Involvement in co- creation and management of the project

We faced two challenges associated with identifying older people in care settings as the key focus of our residency. Firstly, our research taught us that many organisations for older people felt stretched and under resourced. Staff at EngAGE spoke about how despite representing many older people in the city they faced continual challenges in terms of funding and capacity to deliver their work. Secondly, Community workers explained the challenges in working across the city and encouraging people to think beyond their local town, so therefore this was something we began to think the UK Residency could start to address. We also decided that it was important to not use geography as a tool to identify a community, as this could potentially reinforce some of the geographic barriers, which exist in the region. Thirdly, we learned more about the need for care and dignity in older age, and the significance of this for older people in care settings. The result of this was there were rightly a range of safeguards in place, such as advocates and care structures to help improve care- but which often made it difficult to external agencies to have direct contact with people living in care settings. Finally, people in care settings- including residency and families told us that they were happy with many of the arrangements in care homes and felt they did not have the capacity or will to regular contribute towards the management of a project.

We therefore faced a challenge in our Residency, in terms of involving participants directly in the co creation and management of the project. In response to this we sought professional advice from the groups which we had been working with – this included families of people living in care settings, advocacy organisations, nursing and social care staff and with older people living in the community. We also asked activity coordinators in care settings to discuss the situation in their settings directly with potential participants.

Information was fed back to the Residency project team and we used this to model future involvement in the co creation and management of the project. The main premise of all of the recommendations was to create a participatory process which was manageable and achievable for older people with additional needs to participate in. Interestingly, our research into participatory appraisal implied that very little had been undertaken to adapt the process for people with additional needs. We therefore had to experiment with the structure and techniques associated with participatory appraisal to make it suitable for the groups which we were working with.

The main recommendations were:

- Whenever possible to incorporate decision making and governance issues into the content of each workshop
- To implement a briefing and de brief meeting after each session involving the artist and the care staff.
- To support and listen to activity coordinators and they will get feedback on the sessions from participants as part of their general work reviewing how people are feeling about the service.
- To widely disseminate information about the project to families, and enable them to discuss the project by attending sessions, meeting with staff or as part of their general feedback to the home.
- To work with organisations involving older people in the community as reference groups to informally review practice and progress on the project
- For any major decision, hold bespoke workshops focusing on ways to involve participants in making choices (for example this was done as part of the process to agree upon the content and style of the final exhibition)

- **The Residency partners**

We knew from our initial research that a number of older people's groups already existed in Stoke on Trent, and from our initial conversations we knew that they were working to full capacity. In these early stages, we also learned how hard it was to gain direct contact with older people, and often communication took place via an intermediary such as a community worker or health professional.

We felt it was important to get a professional insight into how we made the choice of organisation for Residency, so we met with Dr. Jackie Reynolds, a social gerontologist with a particular interest in the arts and older people. Janet Hetherington also joined Staffordshire University's Research in Aging Group. This helped us get an understanding of the various sub groups which exist within communities of older people but it also gave us practical guidance regarding the feasibility of co developing a civic engagement project with older people.

We developed a checklist for potential organisations which included assessing their desire to use creativity for civic engagement purposes as well as the practicalities regarding their capacity to host an Artist and a trainee.

Through the same channels of communication, which we had conducted on our initial research to find an excluded group, we initially sent out an email call out asking people to contact us if they were interested in developing the proposal. Through this process, five organisations emerged:

- Janet Henson at The Workers Educational Association who run classes and fitness sessions for older women
- Zoe Best at Brighter Futures
- The Cultural Sisters
- Staffordshire Libraries
- Staffordshire Association of Registered Care providers

Our initial groundwork had revealed that it was necessary to work with an organisation representing older people than work with an organisation that was led by older people. There were many practical reasons for this, notably that some older people found it difficult to access provision in the city and sometimes due to health needs could not commit to leading community activities. However, we also learned that older people were satisfied with how they were being represented by the organisations, which served them. The organisations we approached all use a 'bottom up approach' in terms of trying to support older people to co plan, design and contribute to the services, which they offer.

During the period January 2014 and August 2014, we met and spoke to each of the organisations. We developed a criteria checklist, which helped organisations understand what was required from the project, and there were also opportunities to talk to us about the project. This period of research proved very useful not only in terms of helping select a host organisation, but also to further our understanding of the needs and interests of older people living in the area. In some cases, (Brighter Futures and the Cultural Sisters)

we concluded that these services already provided community arts opportunities to groups of older people and it was unclear how Residency would operate in these circumstances. In the case of the WEA and the library, these services were being established, and whilst they are interesting projects it was uncertain whether there would be an appropriate infrastructure to support the artists. All were invited to submit an expression of interest in taking part in Residency.

As previously mentioned, the process enabled us to learn more about older people's involvement in arts and civic engagement (albeit they were not necessarily interlinked), and we began to see a group of older people who weren't being engaged through this work. A lot of work with older people was concerned with making things more accessible and campaigning for support for some of the most vulnerable older people in the community. Yet, when we looked at the profile of organisations representing older people, we saw that they tended to be more active older people who were living independently. The older people that many of these groups campaigned for were seldom involved in community activities nor accessed cultural services- and indeed, our observations when attending community events suggested that older people with greater health needs were not getting engaged in community activities.

At this point, we began to focus our conversation with Staffordshire Association of Registered Care Providers. As part of our Artist networking activities we had discussed issues impacting older people's participation in the community and in cultural activities with Creative Health CIC. Many other organisations and artists told us that they tended to focus on working with older people in the community, often because it was challenging to gain access to working in care settings. Creative Health CIC had done some initial scoping work to look into the possibilities of working in older people's residential settings and had identified that many care settings did not have the capacity to help support the delivery of creative work- despite there being a level of interest in it and a recognition from health and care professionals that it would benefit the participants. Creative Health CIC introduced the UK residency team to SARCP, as they had begun to discuss some options with them and had heard that one of the new priorities for care home was to improve (and in many cases) establish a better relationship between residential care settings and the communities within which they are based.

During the period January 2014 and May 2014, we began to meet with SARCP to explore some of the issues. We met at the homes and met some residents and we also met with the owners, carers and activity coordinators. Our initial research revealed that despite the association representing most residential care provision in the region, none of the settings were engaged in any of the cultural activities for older people being offered in the wider community. In addition, a new care quality commission objective was being introduced to encourage more collaboration between the settings and the wider community, as there was very little engagement beyond the occasional school visit to sing carols at Christmas. The conversations we had indicated that people missed the connection with the wider community, and they felt

they still had a lot to share and contribute to community life. Practically, the older people and the staff were unsure about how to get people involved and issues such as transportation and health issues prevented them from getting engaged. The settings also recognised that there was an institutional culture which often closed down communication with the wider community on entry to a residential setting. This was not done purposely, but establishing appropriate and meaningful engagement takes time. The settings themselves said they lacked capacity and experience in doing this- but they also acknowledged that older people residing in these settings would benefit from forming more of a collaborative community both within the care setting but also by engaging with people in the local community.

SARCP suggested that if we were to work with them, then they could invite all of the care homes in their association to express their interest and they would help select the setting(s) where they felt the project would be beneficial and where participants were interested in getting involved. This was advertised via their meetings and newsletter. Working in partnership with SARCP, we selected St Quentin's care and Residential Home and The Cambrian Care Hotel. Two settings were chosen, as the research suggested that the intensity of a residency in one setting might be impractical in most care settings as the daily routine and staff capacity would struggle to accommodate it (for example, frail residents in the nursing setting could only participate for very short periods of time). The two settings were familiar with each other's provision and able to work together to propose a working timetable for Residency. They also designed a timetable which would engage a range of people using their services, including an art group run by Choices Housing, residents attending activity sessions at St Quentin's.

Wider impact, how contribute to the greater involvement of excluded groups

As previously mentioned, there is limited documentation concerning using participatory appraisal- both the process and practices associated with it, with older people or people with additional needs. We therefore were experimenting with using a structure and techniques to see whether we could advance older people in care homes engagement in developing their own projects. We do not claim to have perfected the process, however the evaluation revealed that both participants and care staff felt they had control and felt empowered in terms of developing the project.

This is significant for 2 reasons. Firstly, families, participants and staff reported that for many participants this was the first time they had seen them engaged and able to contribute to decisions. We learned this meant different things for different people, for example some participants who do not normally participate in activity groups began to attend sessions and discuss options for the project. Secondly, the care homes said it changed how they worked with participants to develop their services and work. The care sector has a duty to consult and engage with people using their services, however staff reported this was the first time they had seen a full engagement process adapted to suit the needs and interests of participants. The success of this was

We were also able to disseminate our way of working to other organisations involving older people in the region. The intention of this was to encourage these groups to think more about involving care homes in work for older people. Staffordshire Association for Registered Care Providers invited the project team to share the process at their Annual General Meeting, and feedback from other care providers suggests that the residency project has given them confidence to use more participatory forms of decision making with older people.

Another output was that groups in the community thanked the project for helping them profile and publicise their work to a wider audience. Many of the external organisations we worked with used participatory appraisal techniques, but said they often felt as if they worked in isolation or were not recognised for the work they do. Both care settings and external groups reported that their awareness of other groups and services had increased as a result of the Residency process and they felt in a better position to try and work together more in the future.