

Lifelines

What can we learn from local life-map health histories which will inform the improvement of local health services in the future?

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Executive Summary

Introduction

The Research Question

Lifelines asks the following question:

What can we learn from local life-map health histories which will inform the improvement of local health services in the future?

The aim of this research is to identify key health and social care issues relating to the ageing population of South Liverpool. The project will involve a level of retrospective assessment of previous health provision alongside forward looking advice from participants.

Context to the research

Lifelines is an arts research project which was part of Culture Liverpool's major annual community participation arts project, Four Corners. Lifelines was based in the South Liverpool NMA and was devised by arts organisation Aspire Trust in partnership with Liverpool City Council and Liverpool PCT. The South Liverpool area was identified as having an ageing population, with a high incidence of life limiting illness.

The groups who took part in the research were:

- Liveability Service - arts group at The Sunflower Centre
- ARCH under the Bridge and Rotters Allotment groups at Chapel Allotments
- Members of the Luncheon Club at Lee Valley Millennium Centre
- Visitors to European Neighbours Day celebrations at Parklands, Speke

Methodology

- Lifelines uses art as a research tool, based on the model of Arts Based Educational Research (ABER) using lived experiences, participatory research and appreciative enquiry through the mediums of Creative Writing and Visual Arts
- Poems, collages, masks and photographs were created by participants responding to considerations of good health.
- Artworks were shared with service providers, leading to discussion
- The artworks were exhibited in local centres and at the Bluecoat arts Centre.
- The data was interpreted and common trends identified.

Main Findings

Society over the individual

Participants were less concerned with individual health issues and more aware of the effect of wider society on their general health similar to the World Health Organisation's

definition of health as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease'.

The older adults' awareness of improvements in medical care over their lifetime accounts for their appreciation of good care that is currently available to them suggesting why the social aspects of life are of more importance than the medical, highlighting how changes in community and society affect their health and well being.

A requirement for community structure

The older adults raise concerns that many of the community structures they enjoyed in the past have been lost; People find few places for them to meet people resulting in less personal contact within communities. Participants in this research are all active in a group and express how these services support their well being.

Participants highlight the need to be with people and how much benefit they personally derive from attending the activities on offer - this allows them to support others in their community.

Personal connections with services

Participants value personal connections with their peers and identify values that they want from professionals, which include; control, trust and local knowledge. Participants were aware of two different approaches to health care - short, sharp appointment based contact and longer term, socially based contact, of which they value the latter in improving their overall health and well being.

Short Term-ness

Short term funding and planning of services affects the stability of community structures and the ability to provide more personalised services. Older adults benefit from the services provided and are aware that the short term nature of projects negatively affects their health and well being when that service is withdrawn.

Many of the services that took part in the research are dependent on funding, some of them have begun to put methods in place that will protect against short term funding availability.

Discussion of the findings

- People feel detached from poor health in the positive environments that we researched, leading to a social response to the research.
- The services involved in the research are successful in their work, but they can only support sections of the community for a proportion of time.
- There are examples where community has developed out of structured services, but this community appears dependent on the service.
- Some methods have been put in place by organisations to develop services long term provision - these methods could be adopted within other services. Other ways of developing confidence within the community could lead to security for longer term projects.

- Professionals with some autonomy and local knowledge are examples of those who can deliver the personal service that participants value
- This research is limited as it has only spoken to people engaged in activity. The participants identify that the services that benefit them, could also benefit others in the community. Innovative methods of bringing isolated members of the community were identified through this research that could be applied elsewhere.

Conclusions

- Older Adults have noticed a changing sense of community in their lifetime and are aware of how a lack of community can affect their health.
- Services, such as the groups who participated in this research, make a large contribution to the health and social, physical and mental wellbeing of older adults.
- Professionals who have understanding of local situations are professionals that people can trust and respect. Older Adults participating in this research report that these personal connections with services have a positive impact on their health and well being.
- Short Term planning affects the quality of services, and can contribute to lower levels of well being in participants and the staff who deliver these services.
- By attending the services on offer and improving their health and wellbeing, Older Adults feel more able to help others, both within the community that these services provide and in the wider community.
- Older Adults are aware of the effect that changes in society have had on their health, that the services identified in this report are examples of good practice that have improved their health, which could be developed to reach a wider audience.
- There are examples of good practice in attracting hard to reach members of the community that could be adopted by other services.
- There are opportunities for the services to work with their participants to jointly develop the long term prospects of these groups through increasing skills and confidence.

Recommendations

- That statutory organisations increase their awareness of how social issues impact on the health of Older Adults
- Maintain and develop opportunities for frontline staff to develop a personalised service for clients, incorporating the values of local knowledge, trust and control.
- South Liverpool has examples of good practice in services for Older Adults, which could be expanded.
- That the long term sustainability of services be taken into account, with consideration for innovative ways of doing this.
- Building on this work, South Liverpool NPWG, should include the views of the older population in the development and delivery of the new health improvement plans.

1. Introduction

1.1 The Research Question

Lifelines asks the following question:

What can we learn from local life-map health histories which will inform the improvement of local health services in the future?

The aim of this research is to identify key health and social care issues relating to the ageing population of South Liverpool. The project will involve a level of retrospective assessment of previous health provision alongside forward looking advice from participants.

1.2 Context to the research

Lifelines is an arts research project which was part of Culture Liverpool's¹ major annual community participation arts project, Four Corners² which is in its 5th year. The theme for Four Corners 2010 was 'tackling health inequality across the city' and involved Culture Liverpool working in partnership with the Primary Care Trust (PCT), Liverpool City Council Neighbourhood Management Teams (NMT) and Merseyside-based arts organisations in the five Neighbourhood Management Areas (NMA).

Lifelines was based in the South Liverpool NMA and was devised by arts organisation Aspire Trust³ in partnership with Elizabeth Hartley, Assistant Neighbourhood Manager, Liverpool City Council and Irene Mills Public Health Neighbourhood Manager, Liverpool PCT. The South Liverpool area was identified as having an ageing population, with a high incidence of life limiting illness. Because of this, the partners wished to discover ways of improving health provision for this growing sector of the population.

Older adults groups were identified by the NMT and PCT, with the project manager selecting a range of groups to follow up:

- Liveability Service, The Sunflower Centre, a PCT service, where people with an interest in art were identified
- ARCH under the Bridge - a community led organisation who identified their allotment group
- Rotters - a charitable organisation working with communities on composting and growing projects who identified their fork to fork allotment project
- Lee Valley Millennium Centre Luncheon Club - a community run pensioners group where members were invited to attend Lifelines sessions
- South Liverpool Housing (SLH) - who identified European Neighbours Day as an opportunity to work with the community. Sheltered Housing were also approached, but did not wish to participate.
- Sudley Area Residents Association (SARA), who were approached, but did not wish to participate.

The groups who took part in the research were:

- Liveability Service - arts group at The Sunflower Centre
- ARCH under the Bridge and Rotters Allotment groups at Chapel Allotments
- Members of the Luncheon Club at Lee Valley Millennium Centre
- Visitors to European Neighbours Day celebrations at Parklands, Speke

These groups are run by a variety of types of organisations and take part in a variety of regular activities, including exercise, arts, gardening and cooking, and bingo.

Demographic of the participants:

Total Participants: 48

Male: 27%

Female: 73%

Adults over 65 50%

Adults 55-65 25%

Adults 35-55 19%

Adults 16-35 0%

Children under 16 3% (these findings have not been used in this report)

Lifelines Timescale:

May - June: Workshops and research

July: Artwork forms part of Four Corners Exhibition

July - Aug: Follow up research and write up

The project team was led by Nick Owen, Director of Aspire Trust with project manager and artist Claire Weetman. Writers Mandy Coe and Cliff Yates and visual artist Katriona Beales completed the team.

1.3 Methodology

Lifelines uses art as a research tool, based on the model of Arts Based Educational Research (ABER)⁴ using the following values:

- Ethnographic research of lived experiences which inform us about a person's struggles and achievements, allowing people to give instinctive personal answers through natural conversation.
- Non-intrusive, participatory research, which works within the existing structures of participating groups and supplements existing services.
- Appreciative enquiry - recognising past and present strengths and identifying the potential of these positive aspects.

Methods used were:

- Creative Writing which asked people to question what is good health in their past, present and future. Reminiscence work compared experiences in different eras and metaphorical questioning challenged participants and detached them from everyday concerns, to consider their well being in a deeper way.
- Visual Art sessions asked participants to choose imagery that instinctively reflects good health from the artist's collection of collage materials. These were developed into masks which reflect how the person identifies good health. Self portrait photographs were also used to create miniature stage-set environments, allowing participants to detach themselves from the constraints of real life and imagine what they would want for their health in this new environment.



Many poems, from individuals and groups were produced, alongside collages, masks and photographs of the imaginary worlds created. These were shared with service providers, giving them insight into the thoughts of their clients and providing a discussion point for the researchers to discover more about the services offered. The artworks were exhibited in local centres and as part of the Four Corners Exhibition at the Bluecoat arts Centre.

Top: Joseph working with poet Mandy Coe
Bottom: Visual Arts workshop at the Sunflower Centre

The data was interpreted through discussion between the research team and the NMT and PCT partners, and common trends in the artwork were identified. These were incorporated with the interviews with service providers to give the final findings.

2. Main Findings

2.1 Society over the individual

It was expected that participants in the research would be likely to raise concerns over issues affecting them on an individual basis, however, the overall trend of the data collected was that people are less concerned with individual health issues and more aware of the effect of wider society on their general health. This supports the World Health Organisation's 1948 definition of health as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease'.

The trends that stand out from the findings are inherently social - the participants are very aware of how their social situation affects their health. The findings provide some light into why this may be the case; this demographic have seen much change in their lifetime and they discuss these changes in the artwork produced. Their awareness of

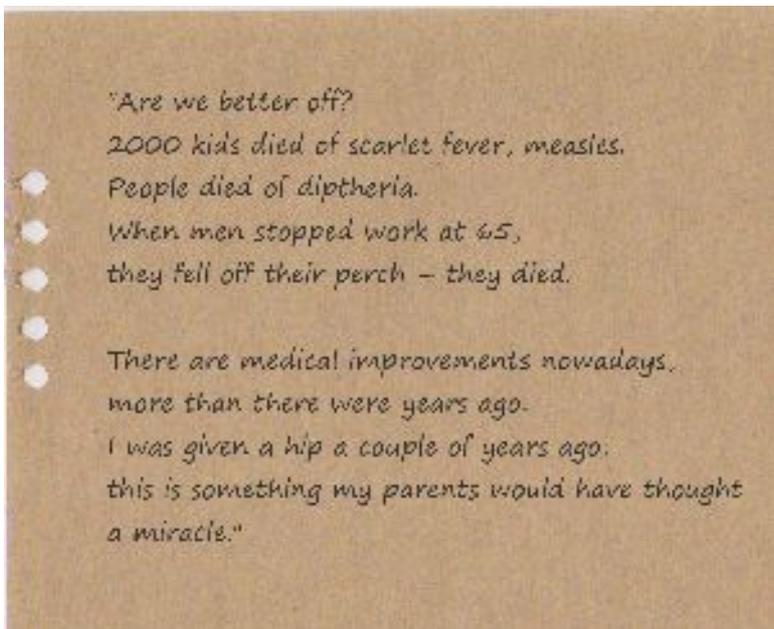


Fig 1. Writing from Sunflower Centre Participants

improvements in medical care over their lifetime accounts for their appreciation of good care that is currently available to them - leading them to provide few suggestions on health care-specific advice. This appreciation for current health care is shown in figure 1.

This awareness of change suggests why the social aspects of life are of more importance to the participants than the medical. In many cases participants highlight changes in community and society as issues that affect their health and well being.

2.2 A requirement for community structure

The older adults participating in this research acknowledge change in medical provision and are appreciative for the advancements that they are benefiting from. They raise concerns that many of the community structures they enjoyed in the past have been lost; places to meet such as social/working mens clubs, local cinemas and local high streets - meaning that day to day activity has become a more lonely experience. This is highlighted in figure 2.

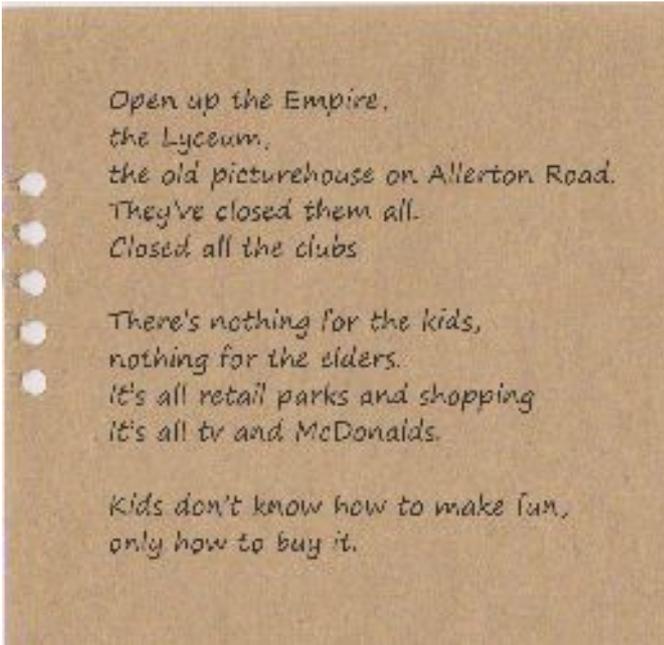


Fig 2. Poem from Garston Allotment Participants

This poem and associated conversations tell us how people find few places for them to meet people any more - whether because of closed local cinemas and clubs or the onset of large retail parks resulting in less personal contact between shopper and their community.

The people we have worked with are all active in at least one group activity, and are very appreciative of the presence of these services to enable them to meet others as exemplified in this quote from Beryl:

"Coming to the Sunflower Centre is very encouraging to us older people – where everyday concerns are aired and talked about so that we become aware of the

points of view of others, and active ageing."

This need for places to meet is further described by Maureen in figure 3.

This highlights not just the important need of being out and being with people, but the benefits that groups, such as those involved in this research, bring to their participants: mental activity through learning, physical activity such as gardening in this case and self esteem in the pride Maureen shows.

Bill highlights these same points in his mask in figure 4.

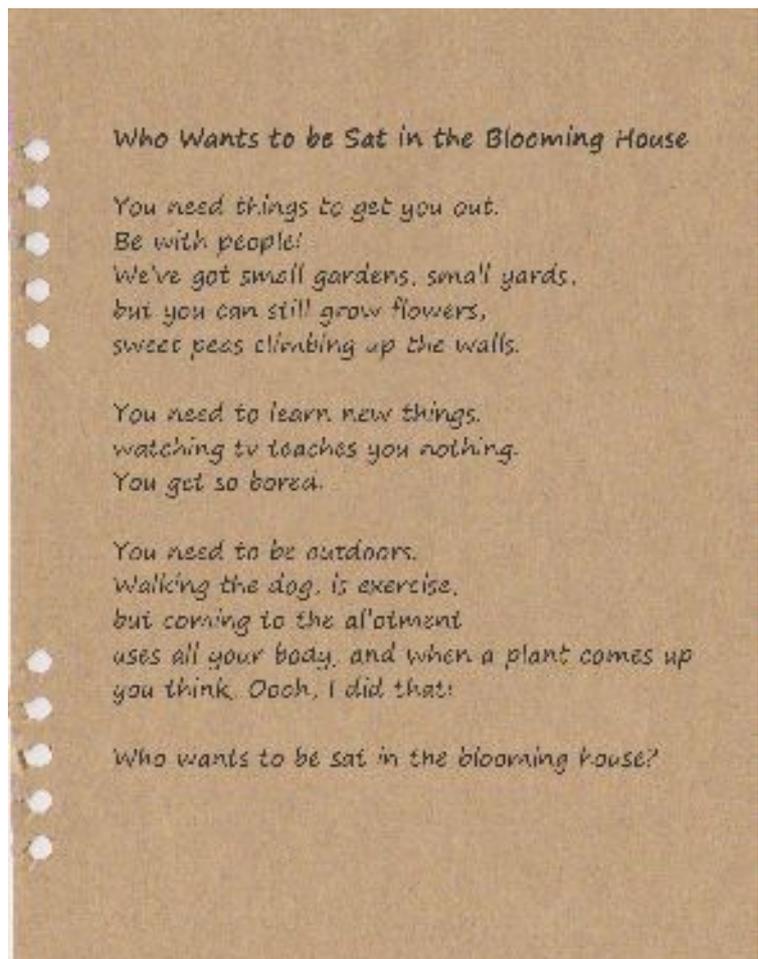


Fig 3. Poem by Maureen, Garston Allotments



The message in my mask,
keep looking, keep learning,
keep interacting with people.

Fig 4. Mask and annotation by Bill, Sunflower Centre

The people involved in this research highlight how much benefit they personally derive from attending the groups and activities on offer - they also tell how being supported by these services helps them to support others - whether that be spouse, parent, child, grandchild or friend.

Pat discusses this wider network of care in her poem, presented as a packet of seeds in figure 5.



Fig 5. Plant us in Sunshine, poem by Pat

She raises the need for a community structure, where the individual is cared for- *'Planted..with love and care'* - but this community structure also tends to wider social needs. The community structure (e.g. an allotment group) supports the individual, but the individual is then more able to care for others, both in that group and in their wider community.

2.3 Personal connections with services

Participants value the close personal connections with their peers through being part of a strong community structure. Alongside this they identify values that they want from the people who provide these services:

- Control
- Trust
- respect
- local/personal knowledge
- understanding

Two different experiences highlight the need for these qualities in figures 6 & 7:

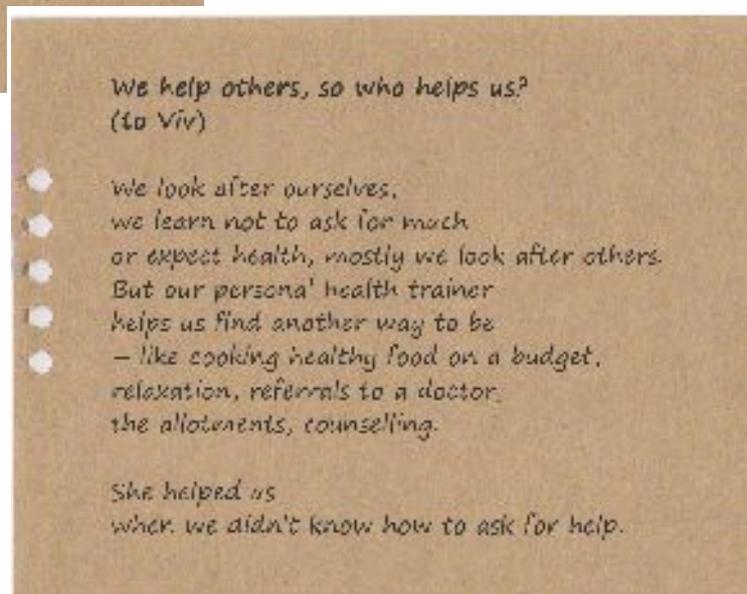
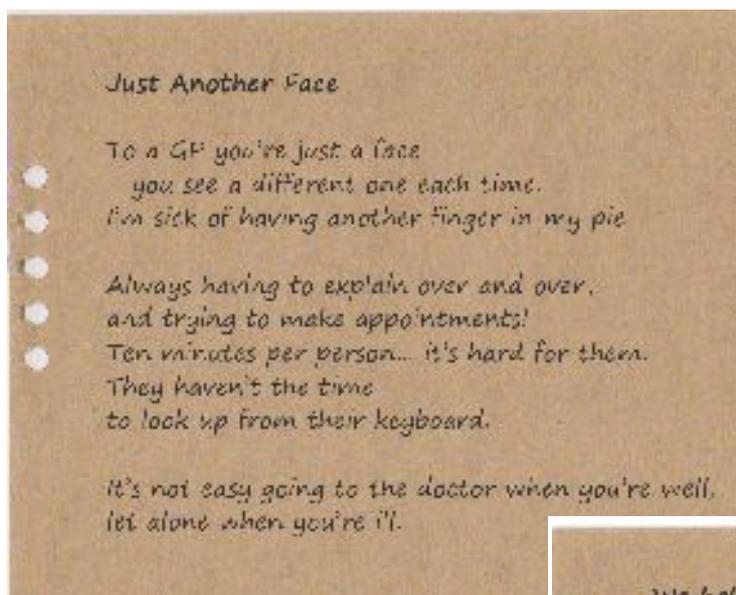


Fig 6. (top) Just Another Face and Fig 7. (right) We help others, so who helps us?, poems by Heather and Jackie at Lee Valley Millennium Centre.

Two very different experiences of health provision are described here; one, the impersonal feeling of visiting a GP who might not be the same person each time, the feeling that this person can not possibly understand all the nuances of one's situation in the short period available; the other a personal health trainer, who suggests ways of improving a situation, that help the individual to improve their situation, giving a valuable feeling of control. There is a feeling of trust in the health trainer, that the professional respects their client, has an understanding of how facilities available in the community can improve their situation. This pair of poems suggests that participants are aware of the two different approaches and value the personal, longer term, socially-engaged contact with professionals over the short, sharp, nature of a GP appointment at a time when a person's social and mental well being is in question.

2.4 Short Term-ness

Participants and service providers identify the issue of short term funding and planning of services that affects the stability of community structures and the ability to provide more personalised services discussed at 2.2 and 2.3 The real-life experience of how this affects participants is discussed:

Pat (66) lives on her own and has no close family in the area - her son now lives in Somerset. She used to go to a Pilates Class at Wavertree Sports Centre on Tues lunchtime - it was free but now closed because of end of funding. Similarly there was a centre on Townsend Lane which used to do meals, short courses on local history etc., had a gym... all closed down. She feels strongly that there is a lack of meeting places for older people.

"Because you're getting older I feel we don't count, ideas are short-term and then they stop. If you are keeping fit you are saving the national health mega-money - I'm no spring chicken but I am healthy. "Don't wipe us out - we've still got a lot to offer... we've got a lot of experience "

This confirms the benefit that older adults receive from these services, and how they are aware that the short term nature of projects negatively affect their health and well being when that service is withdrawn.

The delicate nature of many of the services was also highlighted in the research. The fork to fork project in Garston is a five year lottery funded project, with concerns for its sustainability at the end of its funding. The Avenue, a PSS⁵ project, which has supported participants at Lee Valley Millennium centre, spoke about how they needed to reduce therapies on offer and run their Tai Chi classes without professional support.

Diane Singleton at The Sunflower Centre spoke of how they have put measures in place to protect as many services as possible from funding cuts, by making a member of staff permanent, providing training so that staff can deliver activities in-house, and buying equipment for activities that can be supported by community volunteers. This still leaves some services that require freelance specialists at risk of cuts, but this makes up a lower proportion of services than previously.

2.5 Discussion of the findings

Our research question asks what can we learn to inform the improvement of local health provision in future - we have started from the perspective of good health and health provision, however the projects and people that we worked with are community based - in locations where it could be argued that people feel detached from poor health, they are in positive environments, and combined with the open approach that arts-based research provides, this appears to have given the findings a wider, more social, scope than 'pure' health concerns.

The services involved in this research are successful in the work that they do - reinforced through the positive reflections in the poetry and visual art. The participants are aware of the benefits to their health and wellbeing - for example the Sunflower Centre users value the social aspect, achievable physical exercise and personalised service that the well informed staff provide for them. Participants at the Fork to Fork/ARCH allotment group value the opportunity to work outdoors with others, whilst learning about growing and cooking healthy food. However, there should be a realisation that these services can only support people for a proportion of time - when participants are not accessing these services are they supported by the wider community?

There are identified cases within the research, where community has developed as a result of the services provided. Staff at the Sunflower Centre spoke about groups of users continuing their friendships beyond the centre, supporting each other if one is poorly or by going on holidays together. Similar stories of support stem from the groups in Lee Valley Millennium Centre and Garston. These accounts of community growing from the services are heartening, but it appears that the strength of this community is dependent on the continuing structure of the group. As the discussion with Pat exemplifies, "*Don't wipe us out - we've still got a lot to offer*" these groups provide self esteem and well being that allows them to support a wider community.

What can be done to help the long term prospects of these services? The Sunflower Centre has implemented methods that are working to support longer term provision of these community structures, such as in-house training and using volunteers to support the delivery of activities such as indoor bowls. The luncheon club at Lee Valley Millennium Centre is run by actively involved volunteers, whose tasks include day to day organisation, applying for grants etc. These are big jobs that are often undertaken by the dedicated few. The arts group at Sunflower Centre wished to continue with arts activity at the centre. At that point, there was no funding available to bring in freelance arts professionals. The participants were asked whether they would be interested in forming their own, self sufficient group, where they could share skills that each person has. The group members were not sufficiently confident to do this, nor skilled in the ways of running a constituted group, which would allow them to apply for funds to bring in freelancers. One method of supporting these groups would be for professionals to assist them in setting up or developing their group, giving more people the skills to confidently

develop activities with the support of the larger community structures. By working together with their participants, funded community structures such as those involved here could expand the services on offer in the long term resulting in a stronger, wider-reaching community.

Why do people value the personal touch from professionals? Further discussion with Vivien Graham, Senior Personal Health Trainer gave some insight into what she does that caused the participants to dedicate their poem to her. Vivien works in the community, identifying health messages that people are missing out on, passing on local knowledge of services available - it appeared that Vivien had autonomy in her methods, tailoring how she advised people, specific to their situation - linking with other organisations in the area, such as churches and the Millennium Centre Luncheon Club. Diane Singleton spoke about the personal service that clients experience when they are being introduced to the liveability service and the active ageing programme, which gives opportunity for clients to get to know staff and the services on offer at the Sunflower Centre. These examples show that clients of these services receive care that gives them control and confidence over their health in a managed way between professional and client.

One of the limitations of the findings discussed above is that the people who have taken part in the research are engaged in activities and services available and we have not been able to engage with harder to reach people. However, it was noted in 2.1 that people were not individually focused in their responses, and recognise the benefits that others could take from the same services. In some cases the language used instructs others to take advantage of the services they derive so much benefit from - *You need things to get you out...You need to learn new things...You need to be outdoors.* Whilst we have not been able to work with people who are not engaged, the people who are have no doubt that others would benefit from similar experiences. Methods of doing this have been identified through the research; Rotters discussed how they promote their groups using leaflets and posters in key locations, but that in many cases participants come on the recommendation of a friend attending the group. The Lee Valley Millennium Centre group also attracts participants in this way and has a waiting list to join the group. This method of word of mouth only really reaches people engaged in their community, The Sunflower Centre have tried to reach those who feel little sense of community through a referral system. Doctors are asked to consider patients who may benefit from the Liveability service, for example patients who have their repeat prescriptions collected and delivered by the Pharmacy may never leave the house - these isolated people will likely improve their social, mental and physical well being through the personalised services that these community structures offer.

3. Conclusions

- Older Adults have noticed a changing sense of community in their lifetime and are aware of how a lack of community can affect their health.
- Services, such as the groups who participated in this research, make a large contribution to the health and social, physical and mental wellbeing of older adults.
- Professionals who have understanding of local situations are professionals that people can trust and respect. Older Adults participating in this research report that these personal connections with services have a positive impact on their health and well being.
- Short Term planning affects the quality of services, and can contribute to lower levels of well being in participants and the staff who deliver these services.
- By attending the services on offer and improving their health and wellbeing, Older Adults feel more able to help others, both within the community that these services provide and in the wider community.
- Older Adults are aware of the effect that changes in society have had on their health, that the services identified in this report are examples of good practice that have improved their health, which could be developed to reach a wider audience.
- There are examples of good practice in attracting hard to reach members of the community that could be adopted by other services.
- There are opportunities for the services to work with their participants to jointly develop the long term prospects of these groups through increasing skills and confidence.

3.1 Recommendations

- That statutory organisations increase their awareness of how social issues impact on the health of Older Adults
- Maintain and develop opportunities for frontline staff to develop a personalised service for clients, incorporating the values of local knowledge, trust and control.
- South Liverpool has examples of good practice in services for Older Adults, which could be expanded.
- That the long term sustainability of services be taken into account, with consideration for innovative ways of doing this.
- Building on this work, South Liverpool NPWG, should include the views of the older population in the development and delivery of the new health improvement plans.

4. Notes

1. 'Culture Liverpool' is Liverpool City Council's new Business Unit which funds and delivers culture and events in the city and manages international relations. Our aim is to help Liverpool build on the success of '08 by creating a dynamic programme that reflects the character and creativity of the city, placing citizens at its heart and inspiring all who participate and spectate.

2. Four Corners is now in its 5th year and it is Culture Liverpool's major community participation arts based project. It is a city wide creative participation regeneration programme working with residents, cultural organisations and the City Council's Neighbourhood Management Service. It seeks to examine the quality of life of Liverpool's communities by helping people to reflect on the significant changes occurring across the city and in their neighbourhood. Four Corners is also about promoting community cohesion and upholding positive messages about the city and its people.

3. The Aspire Trust provides arts and creative knowledge, services and expertise to a range of clients and customers from Merseyside to Delhi. Operating as a social enterprise and registered charity, Aspire works in six business areas, Research, Young Peoples Learning, Adult Learning, Production, Presentation and Evaluation

4. ABER aims to generate learning through arts based concepts, techniques and practice. Practitioners use a variety of arts-based methodologies to undertake their research and / or to communicate their understanding through such diverse genres as photography, autobiography, narrative, poetry, visual arts, drama, dance, music and performance. This is an approach that can work across all Partners and produce stimulating material which assists the elicitation of meaning, for example through researcher and participant generated artefacts, 'mental maps' and compositional mapping diagrams and activities. Such material is also important in identifying trends and themes as well as being a compelling mode of dissemination and sharing.

The approach that flows from an ABER framework is essentially ethnographic in nature in that it aims to understand the lived experiences of those who are participating in the research. It has the benefit of being highly accessible to professionals, volunteers and other members of the public: it is a non-intrusive, participatory form of research which encourages participants to feel at ease with the process and capable of establishing a good rapport with the researchers.

5. PSS is an innovative and dynamic charity that has found pioneering new ways to support people within their community since it was established in 1919. PSS has developed internationally acclaimed innovations in social care to help tens of thousands of people across the United Kingdom and beyond.