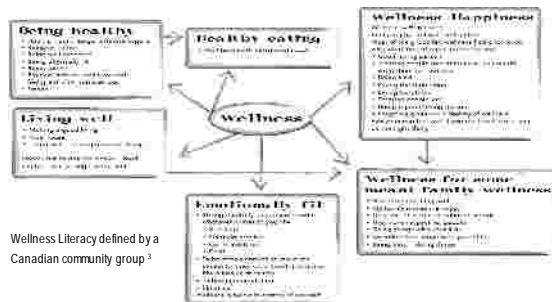


Welcome to Your Library

Exploring the role of libraries as promoters of health literacy and community cohesion

Introduction

The 2004 'Wanless report'¹ cited improving health literacy as a core factor in achieving sustainability for health services in the UK. In Hillingdon, health literacy work began by extending information provision in primary care to include libraries and pharmacies. The programme also initiated partnership working between Healthy Hillingdon, the boroughs Health Promotion programme, and the Library Outreach Team. Both services were concerned that focussing health literacy on information provision and comprehension² did not address the range of known factors involved in health communication. Libraries themselves, as community resources, already appeared to enhance many people's active enjoyment of healthier lifestyles, by enabling Wellness Literacy³.



One exception to this was under-use of libraries by marginalised communities, despite provision of specialist staff and resources. Library services were not meeting their potential for reducing health inequalities. In contrast, primary care pilot work had established effective links with refugees, but lacked capacity to address needs over and above health care. Feedback from groups suggested that their real needs related to 'Wellness Skills' for social engagement.

To address this need an action learning programme was set up. It aimed to enable people to use libraries as a starting point for journeys of discovery and wider community involvement. In 2005 the programme joined the 'Welcome to your Library' (WTYL) learning collaborative run by the London Library Development Agency (LLDA) and the Paul Hamlyn Foundation

WTYL

Aims: To explore the potential for connecting public libraries and refugee communities to nurture learning, well-being, and a sense of belonging.

Programme methodology: The programme used Plan, Do, Study, Act (PDSA)⁴ learning cycles, with five libraries in Hillingdon,

Peer learning was also supported through involvement in action learning meetings with the LLDA and four other areas in the UK*.

Examples of PDSA cycles

PDSA Cycle 1: Yeading Library: 2006

Context: Yeading Library and Yeading Junior School serve a community where 85% of children are from minority ethnic communities and 74% speak English as an Additional Language.

Yeading library wanted improved links with minority groups. The school wanted parental involvement, particularly from Tamil and Somali communities, to enable a shared learning journey with their children.

Proposed change in working practice

Develop cultural engagement with families and Yeading Junior School

Actions

1. Initial staff briefing
2. Invited school head to library
3. Invited Tamil group to coffee morning
4. Established parents library service in partnership with school – loosely focussed on making it easy for families to get involved with children's homework
5. Organisation of an 'International Week' with the school and library service that culminated in a community celebration day
6. Outcome review

Initial outcomes: Yeading

1. Approximately 60 new library users and Over 150 people involved in 'International Week'



2. Tamil group continuing to meet in the library. Monthly attendance 10-15 for socialising, visits, cultural events and health visitor input
3. Links made between school library and Somali community
4. Example observation by head teacher: 'Previously the community needed to be reached; now the community is in with us. It grew from demonstrating we wanted to involve everyone, to engage with different parts of the community and wanted to understand and value their skills and talents.'

PDSA Cycle 2: Harlington Library and Harlington Community School: 2006-2007

Context: Harlington Library and Harlington Community School share premises. 42% of the community are from minority ethnic backgrounds, 24% are aged under 18. Despite being relatively new the library was under used.

Proposed change in working practice

Develop joint working between the library, school and community groups to promote intergenerational learning and inform strategic vision of the area.

Actions

- 1. Adapt learning from cycle 1 focussing on organisation of 3 arts workshops for 14-19 year olds involving use of the library to research the theme of family: past, present and future



Initial outcomes: Harlington

- 1. 7 staff trained and 14 new library members
- 2. 20 young people involved in 3 arts workshops and 600 residents involved in related library events
- 3. Development of an Afghan women's group
- 4. Received London University of the Arts, '2007 Young at Art Award
- 5. Example observation by art teacher: 'The workshop attracted two boys that had just joined the school. Both were excluded from previous schools and had limited knowledge of their cultural backgrounds. The workshops helped them to value their backgrounds and achieve GCSE Art and Design.
- 6. Although the programme was not linked to GCSE course work 7 participants went on to gain grade 'A' in GCSE Art and Design with work done as part of the programme



Longer term evaluation

Indicators of impact on health and wellbeing identified through semi structured interviews in Feb 2008, with participants involved in programme activities in 2006.

Yeading Tamil Group: 10 participants. They had been in the UK for 2 yrs to 9 yrs.

- 1. Seven felt their health had improved since coming to the UK and that the group had a positive effect on their health and wellbeing
- 2. Nine felt that they were better equipped to talk to health professionals now

Examples of project influence on health and well being

- 1. I have been on trips, I have never travelled on my own before
- 2. Now I am trying to get a job, it has helped me look outside
- 3. I can discuss and ask questions. It helps clarify GPs info and women's issues. I share with others and make friends. I have time to talk and more open relationships

Harlington youth arts group: 5 participants were asked: In what ways do you feel the workshop influenced your sense of wellbeing?

Examples of responses:

- 1. It gave me something to feel proud of: achieving the work, getting it displayed
- 2. I became more at home with different cultures. It gave me more empathy and an understanding of other cultural perspectives
- 3. It created the awareness of the combination of British culture with my own culture



Sustainability indicators

- 1. Two years after the initial input, Yeading Junior School and Yeading Library now plan and deliver joint work. The range of community activities has continued to expand
- 2. The youth arts programme has expanded with the methodology being adapted for link work with a school in China
- 3. Programme findings influenced Hillingdon's Community Cohesion Strategy and a formal Cabinet decision to 'Ensure that the Council is proactive in tackling negative perceptions of Hayes (Harlington)'
- 4. Seven library managers plan to use the WTYL methodology to develop local community engagement programmes

Exploring links between wellness and culture led to relatively complex PDSA cycles. This made it difficult to evaluate exactly which factors shaped observed outcomes. The evidence review element of PDSA helped inform understanding of the positive effects that the programme seemed to have. Research from cultural anthropology, economics and learning theory in particular helped understanding of protective health and wellbeing benefits associated with cultural experience⁵ and libraries⁶. Qualitative evaluation that has been done suggested the programme was also addressing factors linking community cohesion and health, for example, reduction of social isolation and segregation. Outcomes also indicated that planning to culturally engage whole groups had benefits that epidemiologically focussed research has tended to neglect⁷.



Aim to engage groups

Inviting minority communities to participate collectively and interactively as people, instead of engaging with them because they have health problems, appeared to play an important part in the outcomes. This observation led to the hypothesis that possibly, in common with public water supplies, public libraries contribute to wellbeing when they connect everyone. For public libraries the core question might be: does the community invest in everyone being able to have open access to information and cultural experience?

This does not reduce the need for clear, consistent and accurate health information in libraries or the need for research to validate anecdotal evidence of the health benefits of the arts⁸. However, it would probably be a mistake to see libraries simply as information providers in competition with new electronic information systems. Libraries may have a cultural function that is valuable to community health.

Recognise the health promoting role of Public Libraries

The evolutionary links between health and culture have only relatively recently been defined by anthropologists and geneticists⁹. There is evidence however, that the ancient world recognised a link between libraries, culture and health. In 300 BC libraries in Egypt were titled 'the healing-place of the soul'¹⁰. The wording suggests an understanding of libraries having a health promoting role, in addition to the quality of health information that they may have contained.

Research into literacy, a known contributor to life expectancy in developing countries¹¹, might indicate how the processes involved work. In the 1990's literacy was seen as a prerequisite for development, partly because of the skills involved, but mainly because it was felt to allow individuals to use their minds in new ways. More recently it has been suggested that the approach used to develop literacy is of greater importance.



Sustainable learning is developed through promotion of literacy in ways that encourage awareness, exploration and discussion, creating 'stepping stones to heightened awareness'¹².

Recognise the genetic determinants of culture

The need to engage in the process of learning and expressing 'cultural literacy' is genetically driven. Expressing wellbeing, 'fitness'¹³, through 'costly' cultural activity is the human equivalent of a peacock's tail¹⁴.

Viewed in this way the outcomes of WTYL PDSA appear to support John Hubley's, holistic concept of health literacy¹⁵. This focuses on cognitive skill development.

1. Consideration of the cognitive elements of understanding health issues
2. Interpretation of health information
3. Application to making informed decisions about health
4. Life skills, like communication, assertiveness and negotiation, required to carry out decisions

Value difference in styles of learning

With regard to engagement of ethnic minorities in use of public libraries the issues surrounding cognitive learning may have particular significance. The ethos of British culture is strongly linked to reasoning and the development of the 'individual' rights and responsibilities that came with the protestant revolution¹⁶.

This fundamental part of British ethnic identity contrasts strongly with other ethnic traditions, Middle Eastern and Asian cultures for example, place trust in the reliability of relationships and oral tradition over and above literacy and print¹⁷. Many cultures learn in groups and value commitment to family and community above all. These differences in learning styles have been found to influence drop-out from higher education by minority communities in the United States of America.¹⁸

In line with the national WTYL programme, the programme in Hillingdon did result in positive engagement with minority communities. The programme supported the view¹⁹ that it is important to actively welcome communities as well as individuals, sharing in learning and valuing the contribution their experience brings. The PDSA cycle helped develop understanding of the issues surrounding engagement of minority communities in western cultural approaches to learning, with implications for both health literacy and community cohesion.

PDSA Cycles:

PDSA Cycles involve trying out improvements in working practice based on asking three key questions:

1. What are we trying to accomplish?
2. How will we know changes are improvements?
3. What changes would result in an improvement?

Work in the Hillingdon WYTL programme began with mapping common strategic objectives, for example: Health goals in the libraries 'Framework for the Future'¹ agenda and 'Choosing Health', goals and local health strategies.

Subsequently the following steps were taken with each of the 5 libraries:

1. Outline briefing / staff training: focussing on issues affecting minority group use of libraries
2. Identification of improvements that might be valued by minority groups
3. Development of plans to make improvements
4. Implementation of changes
5. Reflection on outcomes and related evidence

The results of the WTYL programme in Hillingdon encourage:

- Use of PDSA cycles to develop engagement between service and communities
- Active planning to engage with communities as groups as well as individuals
- Valuing community skills and culture
- Engaging with people as people, not on the basis of disease
- Use of a broad range of disciplines to inform health literacy
- Recognition of the links between learning style, culture, cohesion and wellbeing in programme planning

The evidence reviewed highlighted the need for formal research that further explores the relationship between health and culture

Team work across services and communities was central to the Hillingdon WYTL project.

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