DESIGN4 HEALTH

Extract of the
**Proceedings of the 3rd European
Conference on Design4Health**
Sheffield 13-16th July 2015

Editor: Kirsty Christer

ISBN: 978-1-84387-385-3

Sheffield Hallam University | Art and Design Research Centre

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ACADEMIC HEALTH SCIENCE NETWORK

Exploring the role and impact of Art and Design education to facilitate Healthcare initiatives

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Abstract

This paper addresses how Manchester School of Art embraces community engagement to develop innovative projects in response to sensitive healthcare issues. The paper explores the challenges and opportunities for undergraduate art and design students to enhance the wellbeing of individual service users and the wider community.

Exploring the theories that underpin the development of creative healthcare activities (White, 2009) the paper addresses the methods employed to prepare students working in Mental Health and Dementia in the Manchester area. Referencing Robert Zehner's six studio teaching models (Zehner, 2009, cited in Lynas et al, 2013) the paper will explore how students research, explore and develop creative interventions that benefit healthcare. The impact these experiences have upon service users and students are explored, and future scope identified.

In advancing creative interventions between healthcare and art and design education, "a multi-sector dialogue" (White, 2009:76) is increasingly important. The paper will identify future scope for participatory projects where art and design can support healthcare and society, and will address how reflection upon these interventions can develop one's own practice (Lynas et al, 2013).

This paper will:

- Illustrate how Manchester School of Art became involved in healthcare initiatives.
- Highlight the methods employed to facilitate, collaborate and deliver creative interventions within the healthcare environment.
- Demonstrate and understand the value of these activities to benefit healthcare.
- Highlight the importance of reflective practice and the impact this has on personal practice.
- Offer opportunities that support and advance these creative interventions within an undergraduate curriculum.

Keywords: Healthcare initiatives; Creative interventions; Art and Design Education; Social responsibility

Context

The World Health Organization defines an Age Friendly city through eight separate aspects, including external space, housing, transportation and social inclusion. Manchester's role as an age-friendly city has developed through the establishment of Valuing Older People in 2003. Manchester's ten-year Ageing Strategy (2009) helped to promote, visualise and implement strategies that developed an age–friendly city. In 2012, Valuing Older People (VOP) published 'Keeping the Spotlight on older people,' highlighting five objectives that enable older people to have a voice. Research evidenced that,

> "One of the major issues facing Manchester is the loneliness and isolation of older people. Loneliness causes high levels of emotional distress." (Manchester Community Central, no date: online)

In response, VOP is presently collaborating on a range of projects that will tackle community issues including befriending, mentoring and community networking (Manchester Community Central, no date).

At Manchester School of Art, we are keen to explore and challenge such boundaries, engaging in debate around socially sensitive issues and healthcare. We believe that hands-on experience with social design is an integral part of a student's development, helping them to explore skills and recognize the scope of these skills (Fry *et al*, 2003: 122). Furthermore, it enables students to place themselves within their practice and within the world at large (Doyle and Smith, 1999, cited in INFED, no date). As Sanneke Duijf comments,

> "Socially responsive design is about using social situations as a starting point of an investigation. Rather than being locked in the design studio you need to get your hands dirty in the field." (Duijf, cited in Jones *et al*, 2012: 44)

The purpose of this paper is to:

- Illustrate how Manchester School of Art became involved in healthcare initiatives.

- Highlight the methods employed to facilitate, collaborate and deliver creative healthcare interventions.

- Demonstrate the value of these activities to enhance wellbeing.

- Address the importance of reflective practice, and highlight the impact this has on personal practice.

Offer opportunities that support and advance these creative interventions within an undergraduate curriculum.

Manchester School of Art's Postgraduate Design Lab, under the leadership of Helen Felcey has assured its place to facilitate, participate and promote socially responsible projects, coordinating networks, engaging in debate and collaborating with Manchester City Council. Socially responsible projects have largely been the domain of the postgraduate curriculum, partly due to the flexibility of their academic timetable in contrast to the more structured routine of an undergraduate experience. However, increasing numbers of undergraduates are voicing desire to engage with external facing projects that endorse mental health, rehabilitation and intergenerational work. With appropriate academic support we believe these projects stimulate and challenge the undergraduate experience and enhance the wellbeing across the City. This was the rationale for the following Case Study.

Case Study

The number of people with dementia in Manchester is over 4000, expected to rise to 5000 by 2029 (Manchester City Council, 2009). Dementia costs the UK economy £24 billion a year, expected to rise to £59.4 billion by 2050 (Alzheimer's Research UK, no date). It is easy to see that systems and finances are overstretched, and that new strategies that align healthcare, education and communities to facilitate a "multi- sector dialogue" (White, 2009: 76) need addressing. The Case Study partnered second year undergraduates with Manchester City Council initiatives, providing a platform for students to collaborate and develop professional skills around sensitive issues of mental health and dementia.

Second year undergraduates are creative individuals, willing to engage in exploration and risk taking; they lack the inhibition of a newcomer to higher education or the intensive focus levelled at them in their final academic year; They are ready to "thrive on the challenge of new experiences" (Sayer *et al* 2006:158). Practitioners addressing healthcare issues were presented to demonstrate the potential impact that students could have on wider community issues, through facilitating interventions that evoked reminiscence (Meineck, 2013) , designing objects to facilitate touch (Browett, 2014), or creating online experiences such as Anne Basting's 'Time Slips' project (Basting, no date).

However, undergraduates are less aware of social design at this stage in their creative studies, and methodologies that enable them to understand context are needed. As a result, they become skilled and informed to confidently create and deliver interventions that enhance wellbeing. Using Zehner's six teaching models (Zehner, 2009 cited in Lynas *et al* 2013), staff devised a range of activities that would enhance students' understanding of their skills, acknowledge the sensitivity of social issues, and provide them with the tools to coordinate and interact with service users, care providers and families.

Staff designed and facilitated sessions that engaged students in site visits, contextual research, material handling, healthcare overviews and cross-disciplinary discussion. Throughout these experiences, the lecturer's role moved fluidly between tutor and mentor in response to student and situational demands. The activities collectively created a series of experiences in

> "concrete learning…, reflective observation…, and active experimentation." (Infed, no date: online)

Workshops focused on code of conduct, exploring student awareness of themselves and others, directing and practicing appropriate forms of communication and interaction with service users. Supported by staff on initial site visits, students returned alone to shadow healthcare staff and become familiar in their environment. This knowledge helped to inform the development of appropriate creative interventions for the service users.

Staff devised sessions (Figure 1) that explored interactive approaches to support students as they developed appropriate healthcare interventions, including:

- **Materials**: Facilitating workshops that explored fabric, photographs, paper, confectionery and air dried clay provided a rich source of investigation. As the students learned through "sense experiences" *(*Infed, no date: online) they were able to reflect, evaluate and select appropriate materials for healthcare interventions.

- **Group dynamic**: Creating individual, small and large group work enabled students to become aware of their own comfort and discomfort in a variety of situations. Once the activity had begun, individual students were asked to anonymously role-play a personality such as comic, disruptor, wanderer and silent participant. How the others in the group responded to and re-integrated these personalities helped prepare them for unfamiliar healthcare scenarios.

- **Duration**: Students experienced and appreciated the relevance of time management, using this learning to develop timely workshops appropriate to age and skill.

- **Environment**: Unfamiliar external situations can be highly stressful, and aligning appropriate workshops to the environment was crucial; developing a trusting environment was pivotal to the success of the service users' interaction with the workshop.

- **Activity**: From solo activities to teamwork, students explored how to work with group dynamics, levels of mobility and dexterity that encourage inclusivity in their selected healthcare environment.

Figure 1: Examples of workshops to explore material, group dynamics, approaches

Case study feedback was collated through formal and informal methods, enabling students to comment on the process, teaching, interactions and personal learning. It was important to develop a trusting environment, and students needed to be brave enough to initiate conversation, learn to listen, to respond appropriately and empathically. They needed to develop their academic skills, critically analyse their research and apply this to their interventions.

Their interventions were sensitive, appropriate and beneficial to the service users and carers alike. (Figure 2). It was noted how their interventions quickly focused on addressing

> "the emotions, cognitive powers, thoughts and memories, the surviving 'self' of the patient, to stimulate these and bring them to the fore." (Sacks, 2011:372-3)
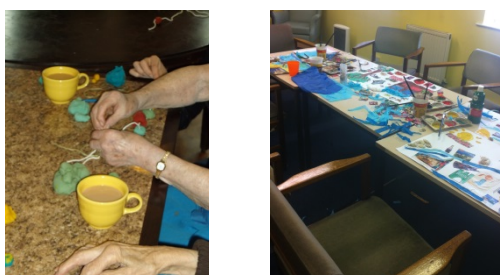

Figure 2: Examples of Creative Interventions within Healthcare environments

Pitching the ability level of service users was challenging, and students reflected upon each workshop, refining it to create challenging future interventions whilst maintaining a trusting environment. During situational difficulties students learned to respond rather than react. It requires delicate handling to extricate yourself from an awkward situation with a service user; to do so without confrontation is a commendable skill.

It is difficult to assess the learning from socially responsible projects as it requires a slower pace, developing empathic skills of listening, trusting, engaging and responding to client needs. It can be difficult for students to

> "overcome the inherent problems of a slow-moving traditional hierarchy in a fast-moving virtual economy." (Lesser and Storck, 2001, cited in INFED , no date: online)

However, the impact for the students' academic progression was long lasting and diverse; approaching their final academic year, students reflected and used their experiences to guide, direct and question their practice. One student embedded and extended the knowledge into her final year Contextual essay, whilst another used her 'Tactility Workshops' to inform a series of wearable objects that facilitated touch. Another focused on Special Educational Needs (SEN), promoting understanding of SEN in primary schools, and producing puzzles to encourage engagement for children with learning difficulties across Autism and Visual Impairment.

Future Development

Changing demands of the student: Undergraduate hands-on project work with sensitive healthcare issues can have a positive impact on Healthcare, Education and the City. Undergraduates recognize that collaborations, social awareness, and lateral thinking can address wider community issues, create employability opportunities and enhance their practice. Encouraging students to be aware of themselves and of themselves acting in the world is vital (Tremmel, 1993) for them to develop meaningful responses to sensitive social issues.

Role of the Tutor: The tutor must be flexible and responsive to the changing demands of the student as they test and equip themselves for community and healthcare interactions. Preparing students for this breadth of skill is a challenge; it requires risk taking for both staff and students, often allowing pre-planned activities or "situational control" (Schon, 1983: 69) to give way to "structured spontaneity" (Fry *et al*, 2003: 94).

Using staff research to enhance the curriculum and engage students takes courage but can be motivating (Jenkins *et al*, 2003). Students have expectations, and bring prior knowledge and experience that influences the project and personal development. The tutor must take time to understand the student's aptitudes, personality and aspirations in order to prepare them for the demands of the project. It is a challenge for staff to work with the students in this new terrain, becoming

> "… joint experimenters and artists in the laboratory of practice" (Tremmel, 1993: 440).

Role of Higher Education: Art and Design has an integral role within healthcare, and in preparing students for delivering creative interventions that embrace social responsibility; Education is indeed more than

> "than attaining prescribed learning outcomes; it is concerned with the whole person, with their physical, mental and psychological development." (Doyle and Smith, 1999, cited in INFED, no date: online)

Engaging students in healthcare interventions provides such a means of development, but embedding subject specific skills, transferable skills and social responsibility into the curriculum takes courage as this Case Study has demonstrated.

To sustain these interventions, the following factors need consideration:

- Creating an undergraduate timetable that is flexible enough to accommodate the timescale of citywide initiatives.

- Developing the roles of staff beyond their subject specialisms; Staff need support and time to research new approaches that respond to these changing student demands.

- Aligning staff research (addressing social design issues) within the curriculum to enhance staff motivation and the student experience.

- Extending a network that facilitates dialogue between communities, healthcare and education to enrich an already thriving curriculum, and promote healthcare issues to a wider audience.

Manchester School of Art recognises its important role within the city, both as an academic institution and as a promoter of healthcare and social design issues. Acknowledging that

> "Design should bring about social development and [it] can act as a force for change" (Duijf, cited in Jones *et al*, 2012: 44)

is easy to say, but difficult to implement. At Manchester School of Art, we facilitate discussion, contributing to citywide initiatives that embrace and enhance healthcare, developing meaningful creative interventions using a **hands-on approach**. Arts & Healthcare projects have enabled students to **engage** in healthcare issues, develop new opportunities for **employment** and networking, expand their **personal growth** and develop their academic practice. Developing subject specific and transferable skills develops **reflective and critical analysis**; their ability to frame questions, problem solve and pursue appropriate methodologies and interventions are academically enhanced. Their experience has impacted positively on their **academic learning** and informed their career aspirations.

I believe one of the fundamental roles of Art and Design should be to improve people's lives and healthcare outcomes. This case study celebrates the benefits and highlights the challenges of achieving this aim.

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