

## Community Engagement and User Involvement in Teaching and Research Seminar series.

### Public health Walk: A methodology for taking students into their communities of practice.

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City University London students are undertaking public health walks in their communities of practice in the first term of nurse training. On their walks in public spaces students observe and reflect on the healthiness of the community. In the above seminar an outline of how this has been done and what the students gained from public health walking was presented as part of the story of how the walks were developed. Thoughts about how to make best use of the opportunity to engage with the community and mix with service users in public spaces was discussed.

#### **S12 End of Year One Evaluation**

##### **What was the best part of year one in the university?**

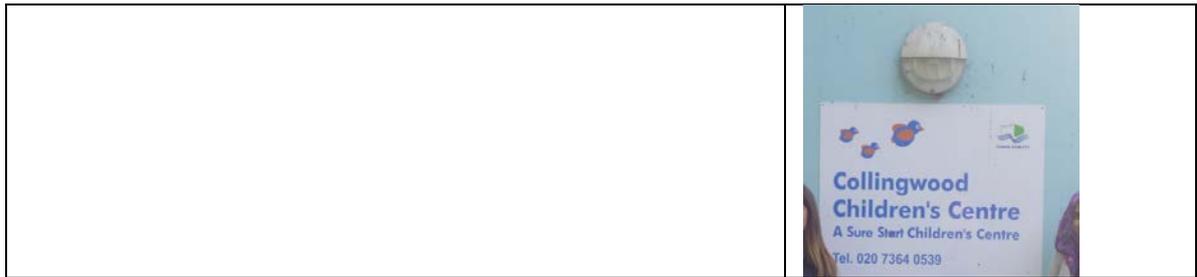
**Answers:** Meeting people from different cultures, Ability to look around London, Great placements, new friends, simulated practise, **Public Health Walk**, Smooth running programme, Biology module.

#### Observation and reflection to form a compelling theme

Undergraduates on the [CUL nursing degree](#) were put into small groups to walk together for a couple of hours in a zone near the hospitals where they will train. During their walk they wandered in public areas and observed (see, hear, smell, touch, taste) in the context of 'relating social sciences to healthy communities'; in their assignments students gave an account of their walks. They were given a reflective framework of note taking, basic and deep reflection. In their assignments a number offered a basic reflection that they were anxious about what they may find in the community which led to an appreciation of what was good on the walk. Deeper reflection on what they observed was presented in themes such as:

- The observer and the observed
- Relief from stress in inner cities
- Interventions: are they fit for purpose?
- The message signs convey
- Smoking regulation and behaviour
- Substance use and addiction
- Regeneration and decay





On their walks, students were encouraged to talk to (not interview) people. On their walks students asked those they met where to find a cup of tea or where to go in the area to see something interesting. The students reported conversations initiated by those watching them pass. Friendly interest was expressed in what they were doing, a group of young people from different cultural backgrounds.

## Travelling to our methodology

The stepping stones which led to the public health walk include

- Research experience with service users
- Teaching on the locality project
- Public health publications the 21<sup>st</sup> century

A Service user involvement research project in which practitioners and service users worked together to develop an evaluation of services.

- Banongo E., Davies J., Godin P., et al. (2006) Engaging service users in the evaluation and development of forensic mental health care services. A peer reviewed report to the funders: The Department of Health's Forensic Mental Health R&D Programme

conceptualised in the theoretical framework of Habermas and communicative action in which the difference between the lifeworld and the systemworld was key.

- Godin, P., Davies, J., Heyman, B., Reynolds, L., Simpson, A. & Floyd, M. (2007) [Opening communicative space: A Habermasian understanding of a user led participatory research project](#), *Forensic Psychiatry & Psychology*. 18 (4), 452-469.

underpinning an awareness that there is not always a right answer.

- Godin, P. & Davies, J. (2010) 'On a scale of 1-5, how satisfied are you with the forensic mental healthcare services you receive?' In: M. Coffey and R. Byrt (Eds) *Forensic Mental Health Nursing: Ethics, Debates, Dilemmas*. London, Quay books.

- Teaching on the locality project (a module in the last curriculum)

Finding out about the community of practice is a traditional task in the nursing curriculum. In 2007 the students at CUL produced a 'locality project'. The module had been designed at a time when the easiest way to find out about an area was to go there. The best were written by those who went to see the locality; they brought back photographs on their phones of signs for zumba classes in churches. However with easy access to online reports some weaker students felt that they could find something much better than anything they could write themselves. When asked to revise and resubmit assignments, some students were generally surprised at the suggestion they should visit the area. To coin a phrase, the locality project had become 'an invitation to [academic misconduct](#)'.

- Activities from 20<sup>th</sup> century curriculum to visit areas with a wheelchair/blindfold were dropped because of health and safety concerns.
- Students may seek a right answer to the question as their pre-university education consists of learning packages of information that they are required to reproduce in exams. Their experience before university is of the systems world, not the life world. We want them to engage in communicative action. Much of their previous experience has been [transmissive learning](#) [based on the transmission model of learning]. We want them to engage in different sorts of learning so that they can manage real situations where the answer is not known.
- We used to have several cohorts of nurses and the locality project was taught every term. One very hot spell in the summer the students agreed we'd walk from Whitechapel to Mile End. My tour was supplemented by the students saying what they saw/thought/knew as we went. Hot classrooms have driven us out of West Smithfield to learn in Postman's Park. Cold weather has driven us to the Booth poverty maps, and even Saxon hut on the Museum of London. While at West Smithfield the local museum provided groups of tickets to [Doctors, Dissection and Resurrection Men](#) where I reflected upon the benefits of autopsy – seeing for one's self.

- Public health publications the 21<sup>st</sup> century

- Publications around 2010 drawing attention to the geography of health inequalities. What can be seen in public spaces which help understand this geography?

[Fair Society, Healthy Lives](#)

[Healthy Lives Healthy People](#)

## Healthy Communities and the concept of walkability

### Healthy communities ... walkability ?

*The availability of amenity space can facilitate physical activity by encourage people to go outside and walk thereby increasing people's physical activity rate and sense of general wellbeing*

The King's Fund (2009)



Clapton Pond, featuring a wooden bridge over the duck pond. A council gardener can be seen on the pathway

For the 2012 curriculum I was asked to work to the title 'Relating social sciences to healthy communities'. I met with those interested in developing a module with this title and we agreed that something around social determinants of health and health inequalities would be appropriate. We agreed that it was important for students to go out into the community and see for themselves. Adapting the concept of a public health walk was agreed and put forward to the [NMC](#).

The NMC commended the public health walk.

To develop the work one of the first challenges was clarifying what healthy communities are. The term may have been used first in the 1980s by [WHO](#), and the concept is linked to walkability and active transport. It is associated with urban planning and green spaces.

#### Which way to walk?

Like a number of public health initiatives, walking for health seems to be a plan designed by the advantaged for the good of the disadvantaged. While some live in leafy suburbs where walking may be a pleasure, this is not the case for everyone who is advised to take exercise. [Judith Green](#)'s work on active transport explores different perspectives of active transport: for example in her 2008 paper ['Walk this way': Public health and the social organization of walking](#)

When health visitors arrive in a new area they 'walk the patch' ([Bryar 2012](#)). In her chapter on 'The Community Dimension' in a book on health visiting she included different ways to approach to finding out about the neighbourhood. She refers to the quaint definition of a neighbourhood as "the maximum walking distance for a woman with a pram" - said to be the NewTowns planner's rule of thumb and cited by the [Young Foundation](#).

In America a nurse may explore the area with a [‘windshield survey’](#) examples of which can be watched on line. Watching the change in the world progressing out of London is interesting - but not a practical activity for students.

- We want to encourage active transport and community engagement.
- Not all students have a car
- Only on a Sunday morning is a windshield survey possible in some parts of London.



Bryar suggests that students develop their own guided walks looking at examples of historic public health walks.

There are some excellent guided walks available in London. I have been on many of them. For example the walks to celebrate John Snow’s bicentenary . It would be great if students went on some of these walks in preparation for their own walks. There are also some good captured public health walks online: for example London behind the scenes. While these make great preparation to understand the social science of public health, the assignment needs to do something other than ask students to reproduce a guided walk. There are a few iconic places and some facts about them. The students need something that they can do which is original work. Above I have mentioned transmissive learning. The challenge of organising guided walks is the guide tells the guided what they ought to see. After being on many guided walks, is how to deal with the constructions of others that you might want to challenge. For example:

Northampton Square entry in the Islington Health and Medicine Trails says:

'In 1678 one of the first private 'madhouses' was opened here in the Old Northampton Manor House. Many were concerned about the poor conditions of these private institutions; people were often placed in them by their families and then forgotten. Closed in 1803, the site has since been used as a school and a church. It is currently a student campus for City University'

In an enthusiasm for guided walks some of us put together some ‘augmented reality walks’ around Whitechapel. We started in the canteen on the 5<sup>th</sup> floor of the hospital and walked to Liverpool Street Station. We arrived in the hospital with cameras and recording devices and were challenged by security guards in flak jackets – a difficult situation. We had great fun putting the material together.



These clips are available online for you to watch. They take you to the iconic places in East London and tell you more or less what you can find on guides.

<http://www.youtube.com/watch?v=rTd2msHIWpQ>

Truman Brewery <http://youtu.be/PztQqQZaoAs>

The Hospital <http://youtu.be/ZwYkOlajMEQ>

Library <http://youtu.be/I6FV503N7UE>

Mosque <http://youtu.be/sumMJwwQ7Ik>

Adler Street Park <http://youtu.be/QuT8cnYwiEo>

Synagogue, Sandy's Row [http://youtu.be/8\\_r3gZHvMEI](http://youtu.be/8_r3gZHvMEI)

Spitalfields Market <http://youtu.be/77fFyDFMHHo>

While the walks provide a historic map of public health, they do not provide an answer to the assignment which asks students to observe and reflect. But if '*chance favours only the prepared mind*' (Pasteur 1854) then participating in walks may help.

## Transitions

### Transitions in public health

"Old" Public Health	"New" Public Health
Sewerage	Inner city deprivation
Public hygiene	Inequalities in health
Control of infectious diseases	Diversity and competition
Science and medicine	Multi-agency approach

While the guided walk had some good points, the list of reasons against was getting longer than the list for. It's all very well admiring the bell foundry, but what about the overflowing bins? What about what we see that aren't part of the iconic trail. Thanks to Alison Macfarlane most of our students have a grasp of the upstream and downstream of old and new public health. CUL linked [Rayner and Lang \(2012\)](#) are amongst those who point to old and new public health as one of several transitions. Those TV talks on the Victorian lavatories are great, but you'll be hard pressed to use one when you are out on your walk. A visit to the soho pump reminds us that safe water is something we take for granted. Pointing out deprivation, health inequalities and diversity would not be good as street theatre (to take us back to communicative action and a reference at the end of the seminar about [Paulo Freire](#)). Whereas the theatre of the oppressed can disperse when the authorities approach, I fretted that our students would be in Altab Ali Park with an augmented reality App announcing to all that this was the scene of race riots.

At this point, colleagues in the [Learning Development Centre](#) recommended I speak to those in CASS who had been successfully sending students out to walk for some years.

## Dérive – adaptations

At City University's CASS business School [students undertake derives](#) as part of undergraduate and MBA programmes. In French dérive means [drift](#). As a methodology for exploring an area the dérive was established by Debord in a post war Paris when culture meant opera and oilpaints. Debord came from Paris and dérivé in Paris. One definition of the derive is 'a tool for getting lost in familiar places'. Now that rings a bell! In sociology C Wright Mills says of sociological imagination 'making the familiar strange'. The idea of getting students to see spaces with a new perspective is real social science.

I read some psychogeography.

*'When William Harvey, (1600s) practising as a surgeon in St Bartholomew's Hospital, walked through the streets he noticed that the hoses of the fire engines spouted water like blood from a cut artery'* [Ackroyd \(2000 :1\)](#)

Chapter on Autopsy and place by Iain Sinclair in [Lud Heat](#)

"a technique of rapid passage through varied ambiances. Dérives involve playful-constructive behaviour and awareness of psychogeographical effects, and are thus quite different from the classical notions of journey or stroll."  
(Debord, 1958)

The CASS/Chester model of the dérive promised much (Holtham & Owen (2007) :

- Disrupt transmissive learning
- Deal with ill-structured problems
- Chance and the prepared mind
- Observe: the need to notice
- The benefit of walking about

Angela Dove took me on a dérive of West Smithfield and kept asking me 'how do you know that'. It was great. We got into corners I don't know. We got to the Goldsmiths Hall that is in an old board school. We talked about the graveyards that make up the public parks in central London where people eat their lunch in the summer. Yes, this is the way forward, I thought.

The first year the students dérivé. Some said they liked to dérive. Others preferred to call it a public health walk. We have agreed to call it a public health walk. What use is that fancy French word for drifting?

In our modification of the walk we wanted to emphasise 'public' and 'health' and maybe even 'public health'

Like other clinicians, student nurses need the skills of

- Observation
  - 5 senses
  - Autopsy
- Reflection
  - How do you feel?
  - What does that mean?
- Team work
- Communication



Photograph from students work

#### Examples from student assignments

Another outstanding feature was the multitude of small law firms. Their signs denoted that their main area of business was immigration, which suggests that despite the apparent multicultural confidence of the area, there is instability and insecurity surrounding many people's ability to stay in the country. Insecurity, particularly around financial and legal status, is known to have very damaging psychological effects (Burchell, 1994), to which could be added feelings of low self-esteem and low value generated by the notion that one might not be welcome in the country in which one is living. Although I am aware of issues surrounding immigration, I hadn't previously considered the legal facilities available. In view of the plethora of law firms, I felt disappointed in myself for not having previously given it more thought. ...This walk was an eye-opening experience.

The above student explains how what is anticipated isn't seen. Through the walk, immigration is presented in a different light – law firms specialising in residency (gap includes social science and self esteem) there is reflection on own learning and the benefit of the walk.



**Fig 7**



**Fig 8**

Completing the [walk] helped me to recognise that I held preconceived notions about the deprived nature of the area which were not entirely accurate. However, I wanted to avoid 'confirmation bias' (Nickerson, 1998) ... We also observed two council blocks located next to each other, one of which was being refurbished (Fig. 7), while the other looked rather dilapidated with wires dangling and exposed (Fig. 8). The builders working on the renovations mentioned that improvements were planned for many of the buildings in the area, which could be important as improvements to an area's physical environment can have a significant uplifting effect on an area's [sense of community] (Orford, 2008: 181-203) and health (Rhodes, 2005 & Farmer, 1999).

## Conclusion

The public health walks get students out into their communities and their observations and reflections make purposeful themes. However they fear preparation as a form of contamination. Generally the work presented in class, or even in drafts, is better than the final assignments. Something of the life and systems world is still tripping us up. In CASS they encourage students to take risks with their presentations. Less of a nursing approach. The [6C](#) for nurses include courage, but it is not something that translates easily to assessed assignments.