



# Healthy Stories

Leapfrog Short Project

October 2016 - March 2017





# Healthy Stories

Translating Creative Engagement  
for Health Prevention



# Introduction

**How can tools help translate the results of engagement activities delivered independently of Leapfrog into data and insights that can inform policy and decision making in a reliable, rigorous but still efficient manner?**

The health intelligence unit of Blackburn with Darwen Unitary authority were running a series of five events, including a large Saturday afternoon event in Blackburn called Healthtalk, all of which were aimed to determine how people can adopt a healthier lifestyle. The long-term aim was to use prevention to reduce the resources needed to provide a good healthcare service. This short project focuses on how the results of this creative engagement can be translated and analyzed in a consistent manner to inform decision-making.

The need for more creative engagement activities is now widely accepted and we see really creative, innovative ways of engaging with citizens across all fields of the public sector. A ubiquitous problem remains though, what to do with the results of these creative engagement activities? These may be in non-traditional forms (drawings, sound, video) or the physical evidence of the engagement may be secondary to the way participants were talking about it, or there may be too much data. The danger is that real insights and outcomes of engagement events are not carried through the post-event reporting process.

We want to explore how we can help with a specific set of activities looking at healthy living and start exploring how we can create a new type of engagement tool based on analysis, synthesis and translation into a form that has value for policy makers and decision makers.

The aim here is to create tools that will have a tangible benefit to people engaging in creative engagement in health prevention. There is also a high likelihood that the outcomes of the project will be more widely applicable to other sectors

Tools in this analysis area represent a new type of tool for Leapfrog but also there appears to be little in the literature addressing this sort of tool. This offers us the opportunity to make a contribution to knowledge in this area. Also, as there is a strong demand for ways to help translate the results of creative engagement, tools in this area have the potential to be widely adopted.

# Changing Plans

Unfortunately, Healthtalk was cancelled due to low numbers of attendees and it was not rescheduled. Leapfrog continued to work with just one of the project partners Ben Pearson at Healthwatch, who had been involved in the planning for Healthtalk. Laura, the Research Associate on Leapfrog co-designed a number of tools with Ben for the project that would give provide insights to inform policy and decision making.

This report documents the process with some detail about the preparation for Healthtalk.



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# Using Target Control

Laura, a Leapfrog Research Associate attended one of the public health workshops being delivered by Mike Rawsterne from Public Health at Blackburn with Darwen, alongside Ben Pearson from Healthwatch and volunteer Karl. The workshop would feed into the large Healthtalk event and the data collected would feed into decision-making on any future cuts in public health.

The workshop was attended by 13 young people in years 9 and 10 at Darwen Aldridge Enterprise Studio school in Darwen. The workshop aim was to discover how young people prioritised key health topics, such as weight management, health and fitness, drugs and alcohol and sexual health. The young people worked in groups to use Leapfrog's Target Control tool to stick the terms into what they believed were the right levels of priority.

## Insights

- Target control worked well and the young people engaged with the activity, placing the stickers where they felt they belonged.
- In some of the groups, dominant participants would choose where to put the stickers and stick them down making it final before everyone else had an opportunity to discuss.
- There was a lot of conversation around the tables about why some of the topics were more important than others, which was not recorded because the tool and the structure of the workshop only allowed for the topics to be placed in the circles depending on how important they were.



Above: School pupils, teachers and Healthwatch volunteers discussing the Target Control



Above: Target Controls completed in the workshop

# Healthtalk Planning Workshop

Mike and Ben both attended a fast paced and productive creative session on Monday 21st November at Lancaster University. The focus of the session was to specifically see how Leapfrog could assist with the analysis of the data and come up with ideas for tools and techniques to enhance analysis so outcomes from the event are evidence based and impartial. One of the ways we approached this, was to ask Mike to map what he did before an event to prepare for the report, what he did during the event to prepare for the report and what he did after the event to prepare the report.

The need to record data that produces a narrative was recorded as one of the key aims of the analysis tool. The other aims included inclusivity, clarity for participants and facilitators, clarity that health affects people all the time and provides ownerships of decisions and representation of different people. Due to the lack of time, we acknowledged that some of these aims would be transferred to the next major Leapfrog research project, 'Rigorous Stories' rather than this short project, 'Healthy Stories'.

The plan for the activities to take place during the event had already been decided by the planning team for the event. The decision was to use Leapfrog's target control tool to help groups indicate how they felt about 36 health topics by placing them under three headings according to how important the services were to them. Both during and before the session, suggestions for were made for ways this activity could be improved, as well as additional activities to vary the data collected.

We came up with some ideas that could support the analysis of the data. These included the use of photographs in the report document, taking the information to other groups to see what they think, making it more accessible to the public, making it more visual. More specifically, we discussed a tool to make a one page infographic summary of data or an event, photographs of people holding up the data and a structure of prompts to build a narrative or case study.

## Workshop Insights

- The most significant insight here was that Mike wanted to gather data that could be fed into a narrative about the people who use health provision. This would cover where they have come from, how they arrived at where they are now and where they are going.
- It became clear to us that even though our focus was on supporting the analysis of the data, it would be difficult to decide how to analyse it without firm decisions on the form of the activities taking place.
- If the aim was to use the data to communicate a narrative for the people who use health provision, the activities would have to be structured to collect rich data on narrative.



Above: Discussing Healthtalk in the workshop

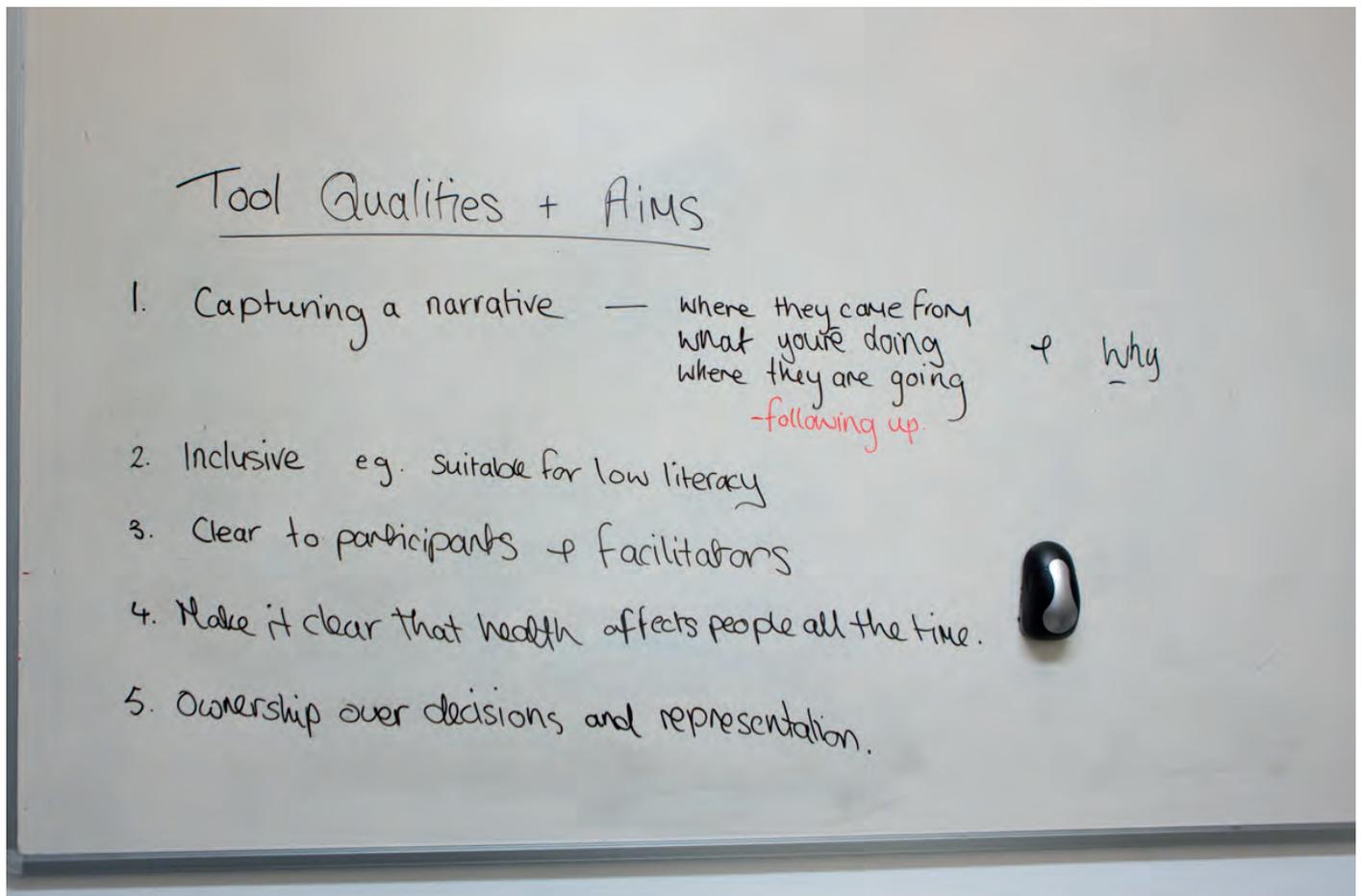


Above: Looking through the Target Controls Mike brought to the workshop

# Tool Qualities & Aims

Throughout the workshop, we made a list on the whiteboard of qualities that the tool would have in order to be useful.

- Capturing a narrative, where they came from, what they're doing and where they are going and why.
- Inclusive, eg. suitable for low literacy.
- Clear to participants and facilitators.
- Make it clear that health affects people all the time.
- Ownership over decisions and representation.



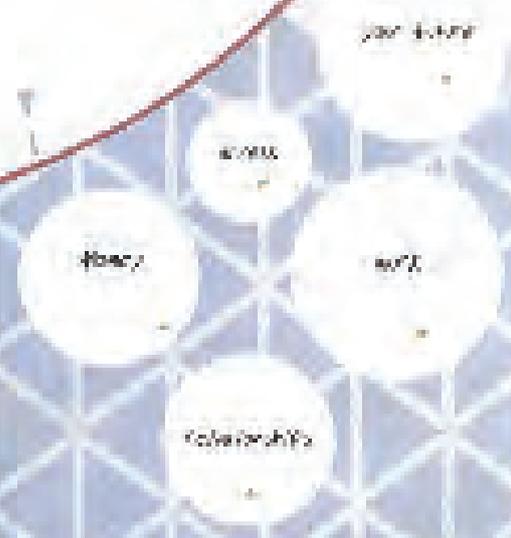
Above: Tool qualities and aims which were written on the board throughout the workshop

# Make a Change to Make a Difference



Some of these services will have to be cut. Which do you think are essential and which do you think we could reduce or possibly use altogether?

Which factors influence your choice?



# Capturing the Reasons

Target Control tool was used by Healthwatch and Public Health a number of times for participants to decide how important they think different health services and issues are to them.

**Young people stuck the issues on stickers into the three concentric circles depending how important they felt they were but the reasons and conversations behind the positioning was not being recorded.**

To tackle this, Laura and Ben from Healthwatch decided to add a layer of tracing paper over the target controls for comments to be written on top to capture the reasons why. Ben also decided to use Post-it notes so that the decisions final decision could be changed, rather than one person dominating and sticking the decision down permanently.

## Insights

- The tracing paper add-on worked well and was quick to do, collecting comments that would otherwise not be gathered.
- The problem was that the post-its overlapped and therefore not all could be read without taking it apart.
- Ben was looking for an activity where the data would be validated and sorted in another workshop with either the same group of people or a different group.

# Priorities Target Control



Discuss where to plot the priorities on the target.

Write them on Post-it notes and place on the target.

Why were the Post-its plotted where they are?



# Co-Design

In a meeting in January, we looked at completed tools from workshops and discussed how a next step might be to ask the young people to analyse the results in another workshop with another tool. This would carry on the conversation about health with the young people.

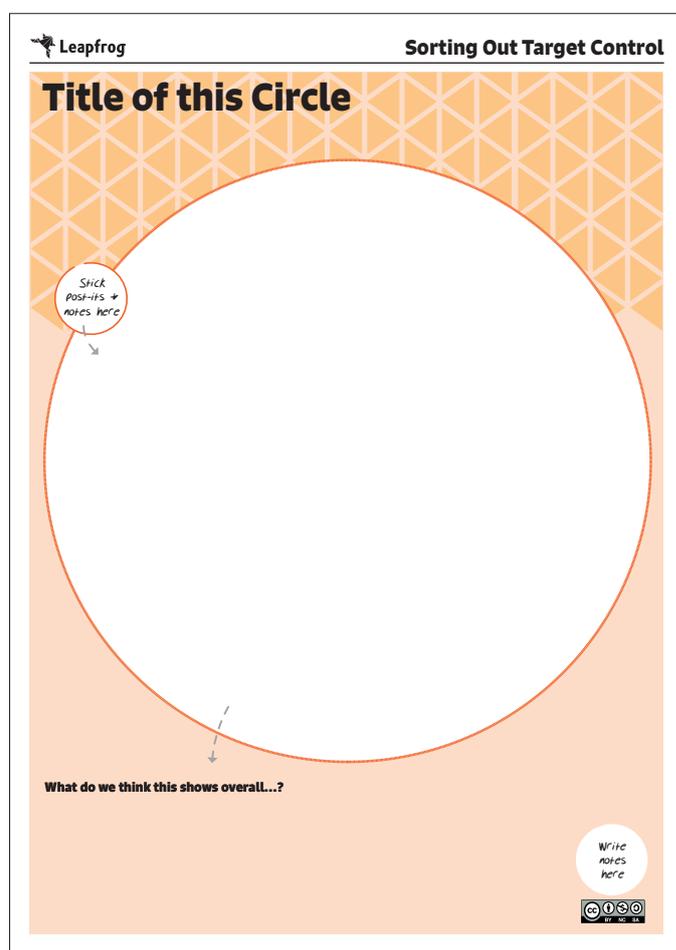
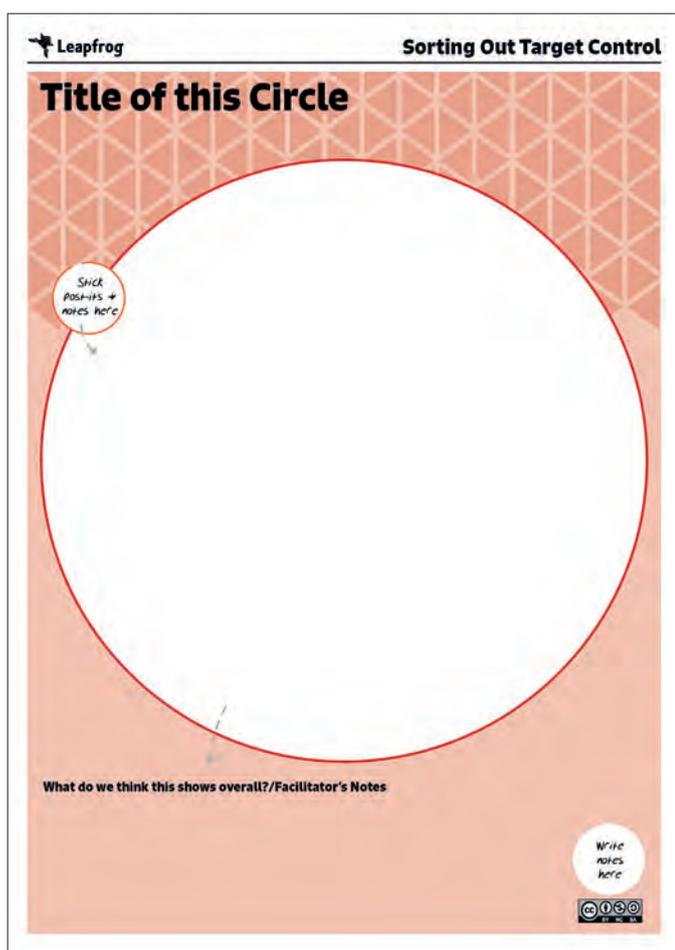
## Ideas

**Sorting Out Target Control** - Together we came up with an idea for a tool that would allow the young people to separate the Post-its out across the sheets and present the information back.

**Personally Important** - We also came up with an idea for a tool that collects the individuals response, which could be folded up and put into a postbox to keep the response secret.

**Facilitator Notes Sheet** - A sheet for facilitators to capture notes would be useful to accompany the tools.

We talked about how we might transfer the tracing paper comments to the new tools but were not able to reach a solution.



# Tools

## Title of this Circle

*Stick  
post-its +  
notes here*



**What do we think this shows overall...?**

*Write  
notes  
here*



# Tools

 Leapfrog	<b>Facilitator's Notes</b>
<b>Date and name of workshop:</b>	
<b>Tool/activity being observed:</b>	
<b>Group being observed:</b>	
<b>Observations:</b>	
<b>Anything particularly standing out:</b>	
<b>Useful Quotes:</b>	

Above: Facilitator note sheet

**Me:**

**What's personally important to me:**

*Draw yourself or write your name*

**Why?**

*Fold-up and hand in*

**Leapfrog**

CC BY NC SA

Above: Personally Important tool

# Initial Trial

Healthwatch trialled the new tools in some initial trials.

The Personally Important tool was trialled by Healthwatch and Public Health on a children's ward in a hospital with children aged 6 to 7 and with a group of older people at a lunch group.

The older people used Target Control to prioritise health issues from a list, as part of new Healthtalk events and Personally Important. The children used Storyboard Contract and Personally Important to communicate how they felt about their situation.

## Insights

- Personally Important was useful when participants were in hospital beds, which meant it was not possible to have conversations around a table.
- All of the children filled in the tool with writing but two of the adults drew themselves. They had the option to stay anonymous by just putting in their age.
- The Personally Important tool worked great exactly how it was.
- Four volunteer facilitators said having the tool made it easier for them to facilitate.

All of the tools will be trialled in the next week in seven events. These groups include young people, asylum seekers and homeless people.

## Facilitator's Note Sheet

The facilitator's notes sheet has worked really well and Healthwatch has taken ideas from it to capture other pieces of engagement. It helps capture qualitative data such as the conversations had after the tools has been completed or the body language of the group filling it in. It provides information to back up the tool.

“Up until this point we hadn't thought about it much.”

It could be improved with the following:

- Being more visual, less writing in a list
- Using symbols and circles
- Including “number of people engaged with”



# Tool Handover Evaluation

## **Best part of the co-design process and working on this project**

Finding challenges and barriers when using the Target Control to gather information, such as not missing things, including more structure and building in narrative and then going through the process to solve these. We also explored how to include participants further in the analysis of data from workshops.

## **Most challenging part of the co-design process and working on this project**

The cancellation of the Healthwatch event after putting time and effort into it and changes for Healthwatch such as time and resources available.

## **How have the tools been used?**

The new tools have already been used between 60 and 70 times with people of different ages with different abilities in various settings. This includes Healthtalk activities and with children on a hospital ward.

The tools have been used by skilled facilitators and non-skilled facilitators, which makes them fully inclusive for whoever delivering the activity because they are easy to understand and give people confidence.

## **The impact the new tools have made**

“We’re able to build a stronger narrative and have more specific and truthful findings because we can involve people further into the process.”

Healthwatch plan to continue to use the tools and the process of involving people pre and post engagement.

“As an organisation we have learnt more through this process about how we can make this process as reflective as possible.”

## **The effect (positive and negative) that the tools have had on engagement**

There is now a broader range of tools and ways for people to contribute their views and experiences, which makes them more inclusive.

With these tools, as well as others, the time and resource to print the tools and carry all the materials to a workshop can be a challenge.

## **Sharing and Adaptation of the Tools**

The tools have been shared with Mike Rawsterne, colleagues at Healthwatch, volunteers, young people and schools. The tools are a blank canvas for people to adapt themselves by filling them in in different ways.

### **Would things be different without Leapfrog's involvement?**

“It would have been more difficult to have gathered the information and get participants interested and motivated to share their views and experiences. Using the tools and working with Leapfrog creates a structure where things can be easily measured”

Ben thinks there are times when flipchart paper works fine but if something needs to be measured, like in the case of Healthtalk, then Leapfrog tools provide provide a structure, a starting point and help develop facilitation and the questions to be asked.



Opposite: A group use the Sorting Out Target Control tool and Personally Important to discuss health and wellbeing priorities



# Ben's Thoughts on the Project

by Ben Pearson, Healthwatch, Blackburn with Darwen

Healthwatch Blackburn with Darwen have been working in partnership with Leapfrog to co-design new tools to improve the quality and depth of information we gather, allowing us to build a clearer narrative when influencing change.

Having used Leapfrog tools for some time with great success we still identified several barriers to analysing findings, the new tools have allowed us to overcome this. We have used the new tools with various groups including on Royal Blackburn Hospital's Children's Ward and an older peoples group.

Information that in the past has perhaps been missed is now captured, tools are fully inclusive allowing people of different ages and abilities to share their views in a variety of environments.

The tools are easy to use and allow volunteers both old and young to use them when facilitating workshops.

We are excited to continue using these tools on new projects over the coming year.

# Next Steps

Ben felt that the organisation had benefitted from these tools, remarking that they opened new opportunities to be reflective and involve people in data analysis as well as collection. They will be continuing to do this in on-going practice.

Healthwatch will continue to incorporate the tools into forth-coming projects and will publish a report with Healthtalk at Public Health in Blackburn in July 2017.

This project has been successful in creating tools that efficiently collect more reliable and rigorous data. Due to the time-frame and changes during the project, we were unable to explore how the data is then included in a report for the purpose of this project. However, project evaluation later this year will seek to understand how the tools benefitted the project report and insights from this project will be carried through to the next project 'Rigorous Stories'.

# Special thanks to...

Ben Pearson and the team at Healthwatch, Blackburn with Darwen for co-designing, testing and feeding back on the tools.

Mike Rawsterne and Ken Barnsley from Public Health at Blackburn with Darwen Council for their input, initiating the project and testing the tools.

# This project was delivered by Leapfrog at ImaginationLancaster, Lancaster University.

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The Leapfrog project is funded by AHRC Connected Communities.

For more information about Leapfrog, visit <http://leapfrog.tools/>

