

The Network Newsletter: tackling social exclusion in libraries, museums, archives and galleries

Number 198, August 2017

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The Network's Website is at www.seapn.org.uk and includes information on courses, good practice, specific socially excluded groups, as well as the newsletter archive.

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Continuing apologies!

As I mentioned in the previous Newsletter, work on the Arts Council England paper on equality & diversity and public libraries has taken over, so I apologise for being a bit slow to pick up some of the items.

Did you see ...?

Teen Librarian Monthly Newsletter

The August 2017 issue¹ from Matt Imrie looks at:

“[...] some resources to help librarians and libraries take a stand against fascism. Apart from an excellent twitter-sourced list of books for younger readers that contain antifascist/nazi [sic] themes, I have included books for slightly older readers and several films that may be interesting for adult viewers as well as older teens.” [p1]

There is also a very useful list of online resources, and of organisations.

Library Journal

The online issue for 1 Nov 2017² includes the very interesting round-up article, “Reference as Resistance – Reference 2018”, subtitled “How librarians and publishers are using facts to fight back against the flood of misinformation”.

The article opens with:

“These days, just being a reader, let alone working in libraries, can feel radical. Lies from the Trump administration are so routine [...] that librarians’ habit of insisting upon sourced facts and providing them for free to the public can seem revolutionary.

Politics has always been part of library work. Recently, librarians nationwide rallied behind the Institute of Museum and Library Services (IMLS) when its budget was slated for obliteration. These national-level actions are necessary and affect the millions of Americans who depend upon library services and whose tax dollars pay for them. But librarians are also going the extra mile in their local systems and branches, aiding and becoming activists and combating the problem of ‘fake news’ by creating and curating reference materials and programs. Publishers and vendors, too, are stepping up with works that help patrons oppose the forces that keep them misinformed and economically disadvantaged.”

¹ Available to download as a pdf (512.58 kb) from:

<https://teenlibrarianblog.files.wordpress.com/2017/08/tlm-antifa.pdf>.

² See: Henrietta Verma “Reference as Resistance – Reference 2018”,

<http://reviews.libraryjournal.com/2017/11/reference/reference-as-resistance-reference-2018/>.

The article then focuses on four areas:

- “Librarian Activists for Immigrants”, which outlines the work of ‘Libraries Serve Refugees’³
- “Protest Books”: this section begins “With American society so economically polarized, books that describe social conditions can be powerful calls to activism.” It goes on to mention a handful of titles and topics that are currently popular in the US (eg *Impeachment: a citizen’s guide*⁴)
- “Fake News”, which outlines work being developed by US libraries, for example: “It’s important for libraries to start viewing fake news in the context of our broader digital inclusion work,’ says Jeff Lambert, digital literacy coordinator, Queens Library, Jamaica, NY. ‘We should be talking about this with patrons in the same breath as phishing, malware, and spam ... with the same focus on skills and tactics for avoiding those threats Identifying and evaluating malicious disinformation are now essential skills for anyone who wants to get online, and librarians need to incorporate those learning outcomes into their classes.”
- “Unearthing the Facts”, which reports very briefly on a Central Georgia Libraries Un-conference “Grow Local: Cultivating a Culture of Professional Development in Central Georgia Libraries” held in July 2017. The article concludes with: “Whether their activism involves helping refugees, producing literature that informs readers about civil rights and processes, or assists patrons and fellow librarians in finding accurate news, librarians, publishers, and vendors are discovering many different ways to be active during this trying time for information professionals.”

Finally, there is an interview with Jolene Cole, one of the organisers of the unconference, about what librarians can do to combat fake news.

This work links to CILIP’s campaign, “Facts Matter”⁵.

Health & Wellbeing issues – Libraries, Museums, Archives and Cultural and Heritage Organisations

Museums on prescription: a guide to working with older people

This new guide⁶ draws on recommendations from the AHRC “Museums on Prescription” project which ran from 2014-2017.

³ See: <https://refugeelibraries.org/>. (This is also included in the resources on The Network’s website, “How can the cultural sector support refugees?”, <http://www.seapn.org.uk/post/how-can-the-cultural-sector-support-refugees/>.)

⁴ See: Cass R Sunstein. *Impeachment: a citizen’s guide*. Harvard University Press, 2017, <http://www.hup.harvard.edu/catalog.php?isbn=9780674983793>.

⁵ See: <https://archive.cilip.org.uk/advocacy-awards/advocacy-campaigns/facts-matter>.

“The project connected older people at risk of social isolation (referred through health services, local authorities, adult social care and third-sector organisations) with partner museums in London and Kent, and researched the processes, practices, value and impact of social prescription schemes with specific reference to museums (including galleries).

The museums involved in the project were:

- British Museum
- Canterbury Museums and Galleries
- Central Saint Martins Museum and Study Collection
- Maidstone Museum & Bently Art Gallery
- The Postal Museum
- Tunbridge Wells Museums Art Gallery
- UCL Museums and Collections” [p3]

The guide is divided into sections – these include:

- Before you begin – this includes, for example, ‘Get to know the audience’; ‘Look again at your museum’; ‘Common barriers facing older people in museums’; ‘Engaging everyone in your museum’; ‘Legacy’
- Developing your prescription – including ‘Regularity’; ‘Recruitment’; ‘Communicating’; drawing up the sessions’ content; ‘Involving everyone’; ‘Group dynamics’; ‘Your wellbeing’
- Evaluation – which is a bit thin, and refers to the project website (only there don’t seem to be any evaluation resources there ...)
- Further information about the Museums on Prescription project.

This is a very useful step-by-step guide to starting a social prescribing piece of work – recommended.⁷

Health & Wellbeing issues – Other Agencies

Transforming health ...

This report⁸ from The Young Foundation, which was published in July 2017, calls for a move from treating illness to ‘Health creation’:

⁶ Dean Veall *et al.* *Museums on prescription: a guide to working with older people.* UCL/Canterbury Christ Church University/ National Alliance for Museums, Health and Wellbeing, 2017. Available to download as a pdf (3130 kb) from: <https://culturehealthresearch.files.wordpress.com/2017/10/mopguide.pdf>.

⁷ Source: email from Nicky Boyd to gem@jiscmail.ac.uk, 31 Oct 2017.

⁸ Alan Chen *and* Tony May. *Transforming health: shifting our health systems from illness treatment and prevention to health creation.* The Young Foundation, 2017.

“It is time to take the onus of our own health, as citizens, off the shoulders of health practitioners onto that of our communities of which health practitioners are one important group amongst many.” [p8]

Its starting-point is that, whilst there is much to celebrate about the NHS, nevertheless there are issues which the NHS cannot resolve, particularly those related to disparities in health as a result of growing inequality. To support this argument, it cites a Canadian report on public health:

“Those with very low incomes ... often lack resources and access to nutritious food, adequate housing, safe walking paths and working conditions, which can impact negatively on their health ... Generally, the degree to which people feel they have control over their circumstances is related to how healthy they are. Increased exposure to stress, as well as a lack of resources, skills, social support and connection to the community can contribute to less healthy coping skills and poorer health behaviours such as smoking, over-consumption of alcohol and less healthy eating habits.”⁹

Therefore, the research paper calls for “[...] the development of community-based health creation systems to complement the vital roles the NHS plays.” [p5]

“Health creation isn’t about ‘doing health to people’, nor is it about telling them what to do in order to be healthy and prevent disease. It’s about empowerment and fostering community agency. Health creation is about walking alongside people with humility and at their pace to discover the realities of their lives in relation to their health. Using a health creation approach means working with them to generate new ideas that they will drive to create better health. It’s radical because it isn’t easy or straightforward, but it’s important and necessary. We believe that with the right support and facilitation, the answers to our health crisis lie with communities themselves.” [p3]

This would involve moving away from the welfare, NHS-based system towards a ‘health creation system’ that would include community services (such as health promotion; self-managed care; early intervention; e-health); community asset-based health (eg groups, clubs and societies; community-led health

Available to download as a pdf (350.72 kb) from: <https://youngfoundation.org/wp-content/uploads/2017/07/Transforming-health.pdf>.

⁹ *The Chief Public Health Officer's report on the state of public health in Canada 2008: addressing health inequalities*. Government of Canada, 2008. Available as a web-document, <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/report-on-state-public-health-canada-2008.html>; and to download as a pdf (3610 kb) from:

<https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/cphorsphc-respcacsp/2008/fr-rc/pdf/CPHO-Report-e.pdf>. The quotation is taken from Chapter 4, see: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/report-on-state-public-health-canada-2008/chapter-4a.html>.

prevention, well-being and social support services; movements and advocacy for health); and action on social determinants (eg housing, employment, food).

The “fundamental pillars” of health creation are:

- “Control over the circumstances of our own lives
- Contact with other people that is meaningful and constructive
- Confidence to see ourselves as an asset, to be in a position to take actions and responsibility and to have a positive and collective impact on those around us.” [p6]

However:

“[...] we also believe that these pillars are unlikely to materialise spontaneously within communities, particularly those which already suffer from inequalities in health and wellbeing. In such places they will only do so with the full involvement and engagement of the institutions, organisations and structures which make up the current system of health, social care and civic society. This is both challenging [...] and encouraging, since it points to what we can do practically to make this change happen.” [p7]

The report concludes with a set of questions which the Foundation sees as a starting-point:

- “How can policy be used to devolve decision making and resources to the community level, recognising and building upon the agency of people and communities?
- How can commissioning, procurement, and contracting practice drive different behaviours amongst health professionals and ways of working across boundaries to support health creation systems?
- How do we change current incentive mechanisms for health workers (e.g. GP contracts) so that they can be used to encourage health creation as well as health promotion and treatment?
- How can organisations and agencies review and audit their activities to determine the extent to which they foster health creation in their communities?
- What skills and leadership are necessary to move and drive health creation systems, and how do we foster these in our institutions, services and organisations?
- How can we effect a transfer of resources not just from health treatment to illness prevention but beyond this to health creation systems?
- What governance arrangements are necessary for health creation systems and how can these be established in a way which genuinely reflects the transfer of control towards communities?
- What are the ways in which we can challenge a systemic culture of risk aversion to maximise our potential for creativity and innovation?” [p7]

Whilst this report is obviously focused on health, the questions and approach are issues that may well affect our work too, especially where we are developing approaches to wellbeing.¹⁰

Neurodiversity issues – Other Agencies

NEURODIVERSITY IS A GIFT IN DISGUISE – Let's think outside the box!!

Lauren Duncan contacted John Vincent to see if it was possible to write a piece for the Newsletter, drawing attention to the work of ASPIeRATIONS – this is it:

ASPIeRATIONS is determined to make a difference by celebrating difference. We aim to change the perception of Asperger Syndrome (AS) so that society can move towards becoming part of a more diverse world. Society should welcome neuro-diversity and help talented individuals on the autism spectrum lead fulfilling lives. All individuals should be integrated into society and given the opportunities to flourish. We believe that the unique thinking patterns associated with AS are “gifts in disguise” and can encourage diverse thoughts that generate innovative ideas. If we can encourage people with AS to openly discuss their “dis-order”, other individuals will be inspired to openly talk about their “invisible difficulties” – AS-related or not.

We have discovered many exciting ways to spread awareness about neurodiversity. For instance, our ASPIeRATION Campaign Campus initiative is run by a large group of inspired volunteer students at UCL, who hold events to promote third-way thinking within universities. This campaign is expanding to other universities with the aim of increasing networking opportunities for all those involved. With the increasing technology available, we anticipate that we can rapidly communicate the benefits of neurodiversity via social media and forums. By targeting people in this way, we can have a significant impact which will translate to the next generation at all stages of their development.

Against the backdrop of the increasing importance of inclusion, we hope that diversity can be promoted in all areas of society. The cultural sector (libraries, museums, archives, cultural heritage organisations) is widely visited by people across all ages; so spreading awareness through this sector is a key way to engage with all types of people and to drive public reform. It is crucial to inspire society to accept and welcome neurodiversity.

ASPIeRATIONS wants to break down barriers to discrimination and it is paramount that inclusive practice in the heritage and cultural sector is

¹⁰ Source: *Latest news from The Young Foundation*, 17 Aug 2017.

promoted. The next generation need to include – not exclude – those with a difference. Thinking unconventionally and from new perspectives is what leads to new ideas. People with AS who are given the opportunity to share their ideas may make ground-breaking discoveries – and, who knows, their discoveries may be taught about and displayed in museums, libraries, archives and other settings in years to come!

ASPIeRATIONS

- Changing the face of Asperger Syndrome from disability to a celebrated difference
- Moving together to a diverse, inclusive working world that welcomes neuro-diversity.

If you would like to explore further how you can get involved, please contact me at: lauren.duncan.14@ucl.ac.uk.

Lauren Duncan
Intern for ASPIeRATIONS

Abbreviations and acronyms

AHRC = Arts and Humanities Research Council
CILIP = CILIP – the library and information association
UCL = University College London

This Newsletter was compiled by John Vincent, and all items are written by him, unless otherwise stated. Please send any comments or items for the next issue to:

John Vincent
Wisteria Cottage
Nadderwater
Exeter EX4 2JQ

Tel/fax: 01392 256045
E-mail: john@nadder.org.uk

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