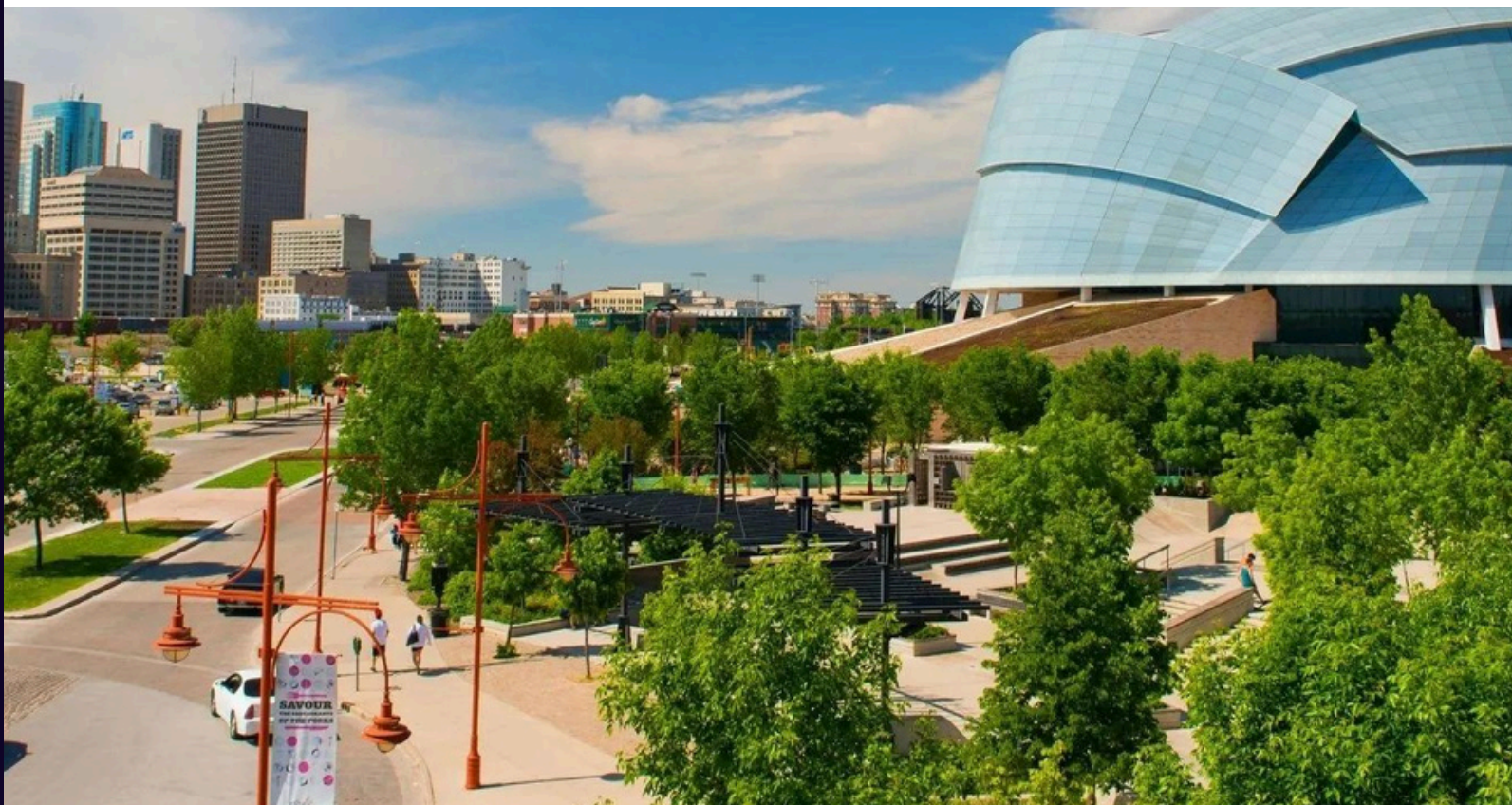


CO-DESIGN ACTIVITY REPORT

The 5th Metropolis Identities Summit
Winnipeg, MB, October 19 -21, 2022



Summit Presenters:

Akm Alamgir, PhD, MPhil, MBBS

Christen Kong MSW, RSW

Karen Kew, MABELLEarts Partner Organization

Context

On December 14, 2022 (10am – 3pm) Access Alliance hosted the HEAL Co-Create Session at Access Alliance College site. Attendees included experts in the field of expressive art therapy, community based participatory research, social workers, and those working alongside domestic violence survivors to support the development of the 12-week HEAL program. Participants were guided through a series of co-design activities and discussions. Data collected will be used to inform the HEAL Program Arc and contribute to expressive arts programming at Access Alliance and beyond. About the HEAL Project [click here](#)

Participants Profiles

Participants were selected based on their relevant experience and connection to the HEAL Project. Two participants are active HEAL Advisory Members, Izumi Sakamoto and Ruth Wilson. Four participants had extensive experience in art based facilitation as a community artist, art therapist and/or expressive art therapist. Additionally, many participants had experience working with the identified HEAL implementation groups. Organizations and institutions that were represented included:

- Barbra Schilfer Commemorative Clinic
- FLOURISH Collective, University of Toronto Scarborough Campus
- Factor-Inwentash Faculty of Social Work at the University of Toronto
- Ontario Expressive Arts Therapy Association (OEATA)

We acknowledge the wealth of knowledge and wisdom of individuals that were unable to attend the session and seek to gather learnings in other ways. We give gratitude to the collaborative sharing of each individual.

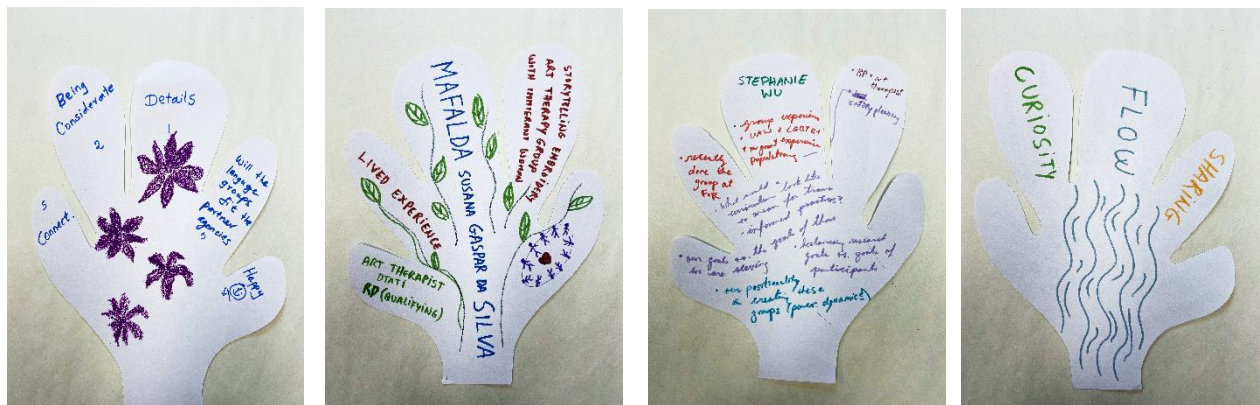


Photo: Images of the check in and check out activity creatively responded to by participants to learn more about each other.

*“What are possibilities for arts within the health care and settlement sector?
What does it look like empowerment through the arts?” - Participant*

Methodology

Co-Creation is the joint creation of stakeholders to identify a specific type of value based collaboration between providers and users. It involves discovering unique and collective perspectives about systems in which we live together. The HEAL Co-Create Session actively implements the principles of co-design including inclusivity, respect, participatory, iterative and outcome focused. Co-creation provides a space to be creative and share insights on existing live experiences to further the benefits of expressive arts for newcomers. The following method of data collection was implemented:

Co-design Agenda view [here](#). Participants were guided through the components of an expressive arts program arc by responding to question prompts (see chart below). Similar to “mind mapping”, radiating ideas from a central theme, participants shared their insights on flip chart paper and sticky notes. Following, a guided discussion was documented and used as raw data.

Topics	Questions
Guidelines	<ul style="list-style-type: none"> • What are common guidelines implemented in previous group programs? • What are activities to engage participants in guidelines creation? • What are the protocols and/or process to address triggers in the group?
Check in / Check out	<ul style="list-style-type: none"> • What are examples of check in and check out activities during group programs? • Why is it important to have consistent opening and closing activities?
Part I Building Safety & Security	<ul style="list-style-type: none"> • What are activities implemented to share about safety and security? (themes can include trust building, team work, group cohesion etc.) • What are examples of movement (somatic) activities that can be used to engage participants in building safety and security?
Part II Identity, Culture, and Community	<ul style="list-style-type: none"> • How have you explored identity, culture and community when conducting expressive arts programs? • What are examples of activities to explore the topics to engage participants? • What are promising and best practices to be culturally sensitive when discussing participant’s culture, community or identity?
Part III Towards Resilience, Hope and Future	<ul style="list-style-type: none"> • How have you engaged participants in group programming on topics including resilience, hope and future? • What are example activities to help participants through visual arts and journaling? • What are promising practices you have used to introduce the themes in Part III?
Closing the program	<ul style="list-style-type: none"> • What are effective practices when putting together a celebratory art showcase for participants and their community? • What are best practices when discussing “goodbyes” and the ending of a program? • What are ceremonies and rituals implemented that have helped prepared participants to end the program and to continue beyond?
Special Considerations	<ul style="list-style-type: none"> • What are special considerations when considering the diversity in implementation groups? Especially for women living in shelters and LGBTQ+ newcomer populations • What are considerations when working with implementations groups of different languages? How are interpreters integrated if so?

Thematic Analysis Approach

The Research Fellow, Project Coordinator, and placement students synthesized the data collected in January 2023. For raw data responses. The thematic analysis approach is outlined below.

Step 1. Data (sticky notes and facilitator notes) were collected flip chart paper and collectively read by team.

Step 2. All raw data was transcribed and responses were grouped together based on theme, topics and relevance.

Step 3. Overarching themes, topics, program considerations, and art activities were identified for the session arc.

Step 4. The Research Fellow, Project Coordinator and placement students engaged in thoughtful discussions on each subgroup identified. Themes, art-based activity examples and questions were extracted that were relevant to the expected outcomes of the HEAL project.

Step 5. Summaries for each part of the program arc were finalized and this report was produced to share findings and implications for the HEAL project.

“The diverse experiences of newcomer women should be at the center when developing community and expressive arts programming” - Participant



Photo: Co-design session, Access Alliance College, showing participants responding to a prompt question provided by facilitators.

Findings

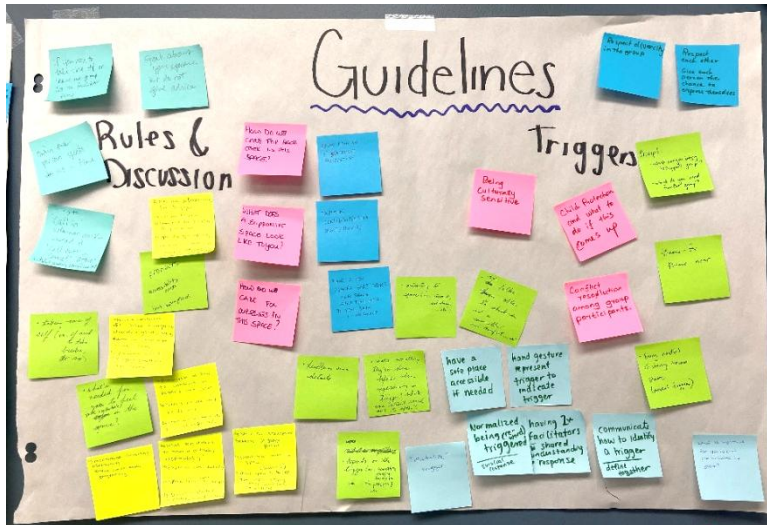


Photo: Co-design session, showing participant responses on sticky notes to a prompt question.

Guidelines

A common practice in group programs, especially in expressive art therapy groups, is establishing guidelines at the beginning of the program. This ensures a shared understanding of boundaries and expectations for participants and facilitators. It offers an opportunity to collaboratively think through how we are engaging with one another. Group guidelines will be accessible and available at all program sessions to reinforce this collective agreement.

Summary of notable responses:

- **“Respect each other, give each person the chance to express themselves.”** Guidelines can include respect, attentive listening, and confidentiality.
- **“Taking care of self, e.g., if need to take breaks, do so.”** Allow for participants to take breaks for self-care when necessary without requesting permission from the facilitator. This can reinforce autonomy and reinforce self-care during sessions as needed.
- **“Orienting to the space, locating doors and exits”** and **“If you need to take time off or leave the group, let the facilitator know.”** Allow time for participants to orient to the space to feel comfortable.
- **“What’s needed for you to feel more comfortable in this space?”** Recommended to have a discussion with participants on what they need to feel comfortable and safe in the group as well as their expectations for the group.
- **“Child protection and what to do if this comes up.”** Facilitators recommended to develop a strategy/procedure to address difficult situations that may arise, including circumstances involving as child protection, conflict resolution, overwhelming distress and crisis intervention etc.
- **“Aim of group is not to eliminate triggers, but to learn together how to manage triggers (e.g. difficult and overwhelming emotions and feelings).”** Guide participants in defining what a “trigger” is and collectively co-creating how the group will respond if it arises during or following the program. This may include practicing grounding exercises to ease back into a session.
- **“Speaker from an “I” statement perspective”** and **“Try to “call in” whenever possible instead of “call out”** It is important for facilitators and participants are mindful of how they share, using “I” statements and language that is encouraging can enhance group bonding and alliances among all members.
- **“Ensure participants understand post program boundaries with other participants and confidentiality policies.”** Confidentiality during and post program is crucial to foster and maintain healthy relationships.

Part I: Building Safety & Security

Part I of the program is focused on safety and security within the group. Building trust, safety and security among participants and facilitators is essential to supporting participants in their healing journey. Co-creating a safe environment promotes a sense of belonging that can enhance meaningful participation in the program. Using movement (e.g. Somatic resources) is an approach that recognizes that trauma lives in the body. Equipping participants with self-regulating and enhancing those that exist contributes to safety and security. **Summary** of example activities:

- **“Mindfulness with objects/clays.”** Making use of objects to guide participants through mindfulness engages participants in kinesthetic and sensory modal responses.
- **“Humming – navigating space, creates a collective piece”, “Deep sigh”, and “Synch. Breathing.”** Humming can make aware participants individual voice while being part of a collective, this can reinforce both self and collective self-regulation through sound making.
- **“Tapping/patting,” “Wiping”, “Hug Activity,” “Shaking things,” and “Massage chest –bring in an object.”** Simple movements and/or gestures can be utilized.
- **“Yoga,” “Tai Chi exercises – let out stiff energy,” “Cooking,” Start movement and pass it along” and “Finger painting.”** These are example of other movement based activities.
- **“Mirroring movement (would introduce later in group and depending on group),” and “Mimicking (later on).”** Mirroring can be incorporated later in the program to enhance trust among participants.



Photo: Co-design session, showing participant responses on sticky notes to a prompt question.

Part III: Towards Resilience, Hope and Future

Part III draws attention to resilience, hope, and the future. This part of the arc involves reflection of the previous weeks while planning for “what’s next!”

“Futures can bring uncertainty for some people, but imagining futures is also important for bringing hope.” - Participant

Summary of notable responses:

- **“Photo-voicing,” “An art show,” and “Collective poem.”** The group will decide what collective art piece they would like to work towards, can begin brainstorming and creation in the 6th session.
- **“Take an artwork or plant with them.”** Prepare art pieces that participants can bring home following the end of the program as a memento to continue the growth that has happened over the 12-sessions.
- **“Titling each other’s artworks.”** Titling each other art pieces provides a platform for discussion and appreciation, this can occur at any stage in the art-making process.
- **“Create an artwork representing three things you have received from this group that you would like to take with you.”** Engage in a ending wrap up activity that prompts participants to identify and reflect on a learning, memory or something they have received from the group.
- **“I was, I am, I could be’ bridge drawing activity” and “Artwork that represents what are you hopes and dreams for your better life.”** Engage in discussion and activities that reflect on the future.

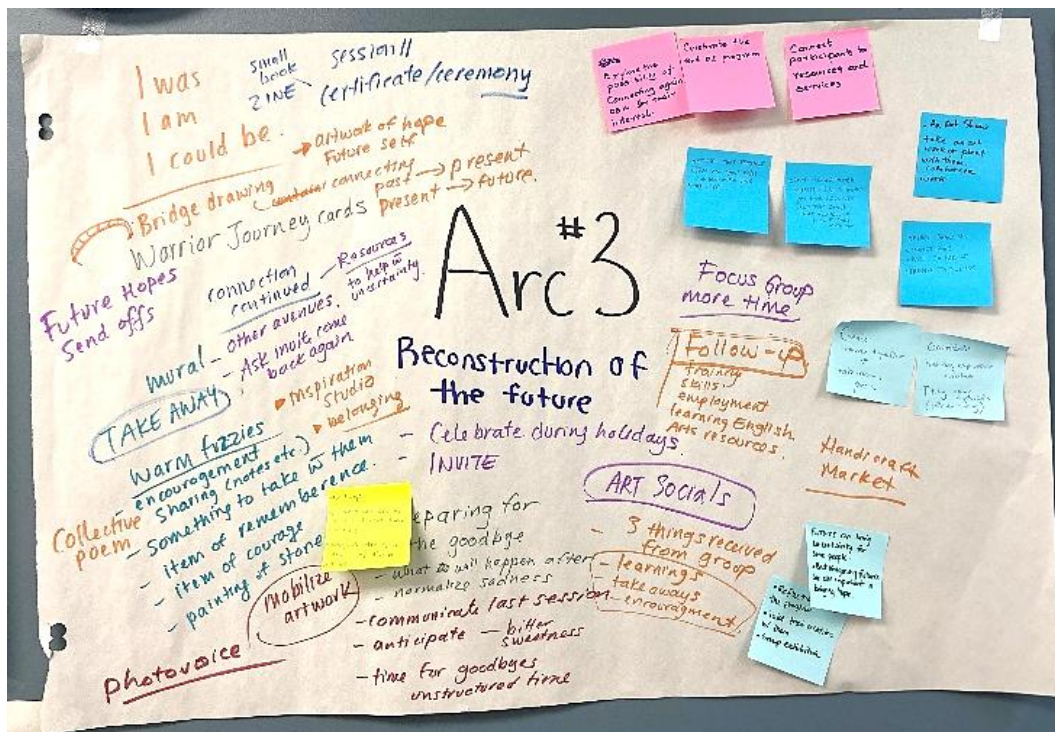


Photo: Co-design session, showing participant responses on sticky notes to a prompt question.

Closing Session

The 12 and final session is dedicated to a culminating art event, this consists of an art showcase, celebration, food and the gathering of community. The culminating event will be organized by participants, with support from facilitator team, to reflect what is meaningful to them.

Summary of notable responses:

- **“Follow up: training skills, employment, learning English, art resources.”** Encourage and assist participants in accessing external resources and/referrals including training, employment services, housing support, childcare, language services, and art resources etc.
- **“Session certificate.”** Recommendation to provide a certification at the end of the program. This can be paired with a ceremonial celebration to highlight the personal achievements of each participant.
- **“Time for goodbye, unstructured time.”** Allow for unstructured time where participants can say their goodbyes and make arrangements to stay connected.
- **“Continued connections... invite to come back.”** Explore the possibility of connecting again and allow participants to connect with each other. The HEAL team will notify participants of social gatherings following the end of the program.

Special Considerations

The HEAL project has identified six distinct newcomer women groups: Arabic, Bengali, Daria/Farsi, and Amharic and Tigrinya newcomer women speaking, LGBTQ+ newcomers and newcomer women living in shelters. Therefore, it is crucial that modifications to the HEAL arc are implemented to ensure the program is meeting the unique needs of each implementation group. **Summary** of notable responses:

- **“Retention considerations”** and **“Activities may need to change – no long term project.”** Due to the transient nature of women living in shelter, the HEAL program may need to be shortened to account for the many transitions that may occur.
- **“Workshop style – drop in.”** Consider a drop-in program for women living in shelters.
- **“May affect reporting – daily evaluation.”** Consider daily evaluations for women living in shelters as they may not attend all sessions to ensure feedback is being documented from participants that attend.
- **“During screening inquire about language preference, do not assume.”** Ensure language interpretations are provided as needed, do not make assumptions about participant’s language fluency.
- **“Having 2+ facilitator with shared understanding to response.”** Sessions should have at least two facilitators for the safety and security of participants as well as attending to logistics of each session.
- **“The ability for women to choose which art media they want to use to express themselves – what they like and feel comfortable to use.”** Allow participants to choose their art medium by providing a variety of art materials, this can reinforce autonomy.

Conclusion

The HEAL Co-Create Session is a concrete example co-design as an approach for community based participant action research (CBPAR). Based on discussions, see overarching recommendations below:

- Developing a program arc with flexible art-based activities allows for the expressive art therapist bring their own expertise and experience to each group. It also each art activity to be tailored to each distinct implementation group to meet their needs and comfortability with each art modality.
- Movement body based activity (e.g. Somatic) are useful during each session to help build a toolkit of self-regulation tools for participants that do not need additional materials.
- Adopting a strength based and trauma informed lens throughout the facilitation and program process is necessary to ensure the safety and security of participants.
- Center the diverse and unique experiences of newcomer women in developing and implementing the program will better inform the development of the HEAL arc and art-based activities.
- Plan and strategize referral pathways for participants during sessions and following the end of the program to ensure continues care is being provided that is appropriate the arising needs of participants.



Photo: Co-design session, showing participant responses on sticky notes to a prompt question.

For more information, please connect with our Program Coordinator, Christen Kong (ckong@accessalliance.ca) and Research Fellow, Oeishi Faruquzzaman (ofaruquzzaman@accessalliance.ca).

Gratitude to all the participants and their willingness to share their lived experiences, knowledge and wisdom with us to support the HEAL Project.

Acknowledgements

HEAL Project Team

Akm Alamgir, HEAL Research Lead
Access Alliance, Director of Organizational Learning and Knowledge

Christen Kong, HEAL Project Coordinator
Health Promoter – Mental Health

Oeishi Faruquzzaman, HEAL Research Fellow

HEAL Co-Create Session Participants

Faten Toubasi
Arabic speaking visual and textile artists

Izumi Sakamoto
Associate Social Work professor at the Factor-Inwentash Faculty of Social Work
HEAL Advisory Committee Member

Kayla Chambers
Shelter worker, Ontario Expressive Arts Therapy Association
Somatic Expressive Arts Therapist

Mafalda Susana Gaspar Da Silva
Qualifying Art Therapist

Mehdia Hassan
FLOURISH Team Member
PhD Student Department of Social Justice Education

Ruth Wilson
Community Based Participatory Research, University of Toronto
HEAL Advisory Committee Member

Stephanie Wu
Art Therapist & Registered Psychotherapist

Suvetha Krishnapillai
FLOURISH Research Cluster Coordinator

Shankari Balendra
Case Manager, Barbra Schlifer Commemorative Clinic



Context On October 21, 2022 (3:15 - 4:30 PM), Akm Alamgir, HEAL research lead, Christen Kong, HEAL project coordinator, and Karen Kew, partner organization (MABELLEarts) presented at [The 5th Metropolis Identities Summit](#), Winnipeg, Manitoba. The session (I2) titled: [“Designing Expressive Arts Therapy Interventions for Selected Newcomer Populations at Risk or Experiencing GenderBased Domestic Violence”](#) presented to 35 - 40 participants from across Canada. Attendees included experts on gender-based violence, artists, healthcare service providers, researchers, policy related roles, and immigration and resettlement providers. The presenters engaged participants by integrating sticky note prompts throughout the presentation to collect knowledge and wisdom from their expertise and lived experiences.

Sessions participants responded to the following questions:

1. What would you like to learn more about in relation to art-based practice, newcomers, and mental health? What knowledge would benefit your practice in your respective field?
2. What other stakeholders or organizations would be helpful when developing the HEAL Program and Research Design?
3. What is one question, word, or sentence you are leaving this session with? What would have liked us to speak about during our session?

Purpose: This sticky note activity is a concrete example of how the HEAL Project is using co-design as an approach for Community Based Participatory Action Research (CBPAR). Research fellow, Oeishi Faruquzzaman and project coordinator, Christen Kong led three placement students, from the University of Toronto and York University, to conduct a thematic analysis on October 26th, 2022 at Access Alliance.

*“Beautiful work. Your charisma, passion, and the amazing program was my favourite at Metropolis. I’m inspired with hope and positive energy. Let’s connect”
– Session participant*

“Presenters were very charismatic, fun informative, and helped share a lot of info in a digestible way.” – Session participant

Thematic Analysis Approach

Step 1. Data (sticky notes) were collected on a bulletin board and read by each team member to increase familiarity with the responses from participants. Harnessing our research fellow and placement students mitigated biases as they did not attend the presentation session.

Step 2. By using discussion-based critical thinking, the team collaboratively began to develop initial codes informed by the data collected. In total, the team coded 75+ sticky notes into 7 distinct categories, see left column of Figure 1.1.

Steps 3. Following the creation of codes (as categories), the team engaged in thoughtful discussion on how the themes can inform the development of the HEAL program, outcomes, and deliverables. We noticed themes were heavily related to service providers and research evaluation. There were many overlapping ideas, the students used small symbols to show similar responses or topics.

Step 4. Following the discussion, overarching themes were identified (Figure 1.1). Research fellow and students critically analyzed and produced brief summaries for each coded theme, see right column of Table 1.1.

Steps 6. Sticky notes were transcribed (Table 1.1). Greater insights were drawn following transcription by Oeishi and students, see “Findings” section. Overall this co-design activity collected a wealth of knowledge on the gaps and potential innovations in the area of mental health, newcomer, and art-based activities to improve the mental well-being of newcomer women at risk and/or experiencing domestic violence.



*“Made me rethink new possibilities of the GBV program and ideas. Art can bring happiness to the community “let’s do this””
– Session participant*



Findings

Five themes were identified through the co-design data analysis activity that includes: 1) Implementation (of ArtBased Practices) requires field staff's capacity to build, 2)

Measurement of Impact (of Art-Based Activities), 3) Building an Evidence-Based Practice, 4) Ensuring Access/Accessibility of Programing, and 5) Sustainability for Participants and Service Providers.

1) Implementation (of Art-Based Practices) requires field staff's capacity to build (Arts as Wellbeing & Arts as Therapy)

Responses showcased many parallel thoughts reporting on the lack of available resources, training, or support for healthcare service providers to integrate art into their respective practices (e.g. group counseling, gender-based violence programs, one-on-one counseling). Many were interested in learning how art can be an alternative or complementary modality to improve the mental health of their clients but did not know how to begin.

Many respondent asked specific questions concerning examples of effective expressive arts therapy sessions, activities, and program plans. Others wanted to gain knowledge on training or courses to increase their capacity to deliver art-based activities. Some wondered if the lack of art therapy registration or recognition is a barrier to implementing art-based activities.

A vast number of respondents were found interested in art-based practices as a modality to increase mental well-being suggesting the desire to implement while highlighting capacity building gap for non-art therapists to engage their clients in art modalities. Further, the responses also showcase the yearning for more information on the role of community artists as an option for art integration within the settlement and/or healthcare services. It is clear the need for greater capacity training opportunities for service providers such as a toolkit, learning modules, and workshops on how to effectively implement expressive arts programs, this is a key deliverable part of the HEAL Project.

2) Measurement of Impact (of Art-Based Activities)

The "research" theme in Table 1.1, clearly depicts many participants' interest in how art-based approaches are measured for their efficacy and positive outcomes. The responses suggested the need for suitable evaluations that can capture the nature of art-based practices and the impacts it has at all levels of society (e.g. participants, communities, public policy, etc.). Some respondents wondered how statistical quantitative evidence would be gathered from using art as a form to improve mental well-being. The HEAL project is using art-based evaluations in combination with quantitative surveys to measure the efficacy of the project to contribute to the growing knowledge of art-based practices as a beneficial approach to improving mental well-being.

3) Building an Evidence-Based Practice

Many participants inquired about the impact of expressive arts therapy for women who are affected by gender-based violence including how it provided a benefit to program users and how it can address issues such as trauma. Some responses reflected the desire to gain knowledge on why expressive arts as a modality is most beneficial and effective compared to other known therapies including narrative, dialectical behavioral therapy, cognitive behavioral therapy, etc. The responses suggest that there is a great need to expand the body of evidence, academically and related to expressive arts therapy, and ensure this evidence is being communicated to all relevant stakeholders.

4) Ensuring Access/Accessibility of Programming

Many participants had inquiries about how art-based programming is conducive to newcomer populations relating to accessibility, efficacy in improving mental health, trauma-informed practice, etc. In particular, respondents focused on the importance of cultural safety as a valuable component to inform each art modality. A notable response states “Non-western approaches to mental health are really supportive to newcomers’ mental health” emphasizing the need to mitigate western-centric perspectives when working alongside newcomer participants. The HEAL Project strives to share the ability of Access Alliance to provide culturally appropriate, trauma-informed, and creative programming to meet the cultural needs of participants by engaging them in art-based activities that are meaningful to them.

5) Sustainability for Participants and Service Providers

Participants provided a diverse range of prospective organizations and individuals that are valuable to the development of the HEAL project including settlement services, art organizations, organizations supporting survivors of violence, housing, and children’s aid society, etc. The wide range of organizations recommended by participants speaks to the need for wide-reaching sustained support for survivors of GBV. It is recognized that improving the mental health of HEAL participants through the art program is only one piece of the puzzle and needs to be done in tandem with other support services. This theme speaks to the holistic approach that Access Alliance is taking when implementing the HEAL program.



Implications for the HEAL Project

The HEAL Project is working alongside an inter-sectoral team of healthcare providers, art-based facilitators, and settlement workers to develop tangible deliverables to increase the capacity of practitioners working with newcomers or those at risk and/or experiencing domestic violence to improve the promotion of mental well-being. The HEAL Project seeks to use the knowledge gained from the six implementation programs to produce practical art-based evaluation tools to increase evidence for the benefits and efficacy of expressive arts within the healthcare and settlement sector. By doing this, the HEAL Project is actively contributing to the growing evidence resources to increase the use of art as an alternative form of therapy and maintain well-being. Ultimately, through the various knowledge mobilization products, community members and practitioners can continue using the materials learned during the HEAL Program in their daily lives.



“Building a healing-based program that is accessible and inclusive, person-centered - a great takeaway!” – Session Participant

Figure 1.1 Overarching themes derived from thematic analysis

- 1) Implementation (of Art-Based Practices) requires field staff’s capacity to build
- 2) Measurement of Impact of Art-Based Activities
- 3) Building an Evidence-Based Practice
- 4) Ensuring Access/Accessibility of Programming
- 5) Sustainability for Participants and Service Providers

Figure 1.2 Themes and Summary of Responses

Art Sessions: Many practitioners report limited knowledge of art-based activities and how to facilitate them in both group and individual therapy settings. There is a strong desire to gain deeper understanding of the impact art-based modalities can have on improving mental health outcomes, along with guidance on how these approaches can be effectively integrated into existing practices or professional fields. Additionally, practitioners are seeking more concrete examples of best or promising art-based practices that can be applied in real-world therapeutic and community-based contexts.

Facilitation: There is strong interest in adapting promising art-based practices within participants' own agencies, alongside a desire to build internal capacity among staff. This includes incorporating art-based approaches into existing services and providing training opportunities that equip staff with the skills and confidence to effectively use art-based practices in their work.

Mental Health: There is growing interest in understanding whether art is an effective approach to improving mental health, with many seeking stronger evidence that explains how and why art-based modalities contribute to increased mental wellbeing. Art is also viewed as a valuable approach for addressing trauma, particularly in ways that support healing beyond traditional talk-based interventions. Additionally, art is recognized as a means of enhancing cultural competence by offering alternatives to predominantly Western models of care, making it especially relevant for healthcare and settlement agencies working with diverse communities.

Research & Evaluation: There is significant interest in how data can be effectively collected from art-based practices, particularly in ways that capture both qualitative and quantitative outcomes. Practitioners are seeking statistical evidence that demonstrates the benefits of art-based approaches for clients, as well as clearer understanding of the measurable outcomes associated with using art as a treatment method. Beyond individual impact, there is also a desire to explore the multi-level effects of art-based practices, including their influence on participants' wellbeing, community connection and resilience, and broader implications for systems change and public policy.

Questions for consideration: Cultural relevance and sensitivity are essential when implementing art-based practices, as approaches must reflect participants' lived experiences, values, and cultural contexts. Common barriers include reliance on Western frameworks, limited cultural representation, and lack of practitioner training, which can reduce accessibility and effectiveness.

Suggested Partnerships: ECRC (Elmwood Community Resource Centre), settlement organizations and individuals, arts-based stakeholders, newcomer organizations, Indigenous agencies and community centres, educational institutions, the police department, housing and shelter services, and the Children's Aid Society.

More information contact: research@accessalliance.ca