



HOW CAN ARTS-BASED PRACTICES SUPPORT THE DESIGN AND IMPLEMENTATION OF RELATIONAL COMMUNITY ENGAGEMENT PROCESSES RELATED TO HEALTH IN LOWER AND MIDDLE-INCOME COUNTRIES? A REVIEW.

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This review was carried out during a period of time that the World Health Organisation (WHO) was supporting primary research for community engagement informed by complexity and relationality. This review benefited from contributions from WHO staff and consultants who were part of this project namely **Asiya Odugleh-Kolev** and **Katthyana Genevieve Aparicio Reyes**.

Many thanks also go to:

Professor Katrina Wyatt, Professor of Relational Health, University of Exeter Medical School

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Table of Contents

Introduction.....	2
Method summary.....	12
Comics.....	18
Drawing / Painting	27
Music-making.....	33
Participatory Video.....	41
Photovoice.....	51
Theatre.....	58
Common Benefits of PABR.....	69
Recommendations for Best Practice.....	75
Appendix 1: Search Strategies.....	85
Appendix 2: PRISMA diagram.....	121
Appendix 3: Data Extraction Table.....	121



Introduction

The concept of relational community engagement

Within the field of global health research, the role of community engagement is becoming increasingly acknowledged. As the limitations of traditional 'top-down' approaches across multiple health programmes and service delivery models and mechanisms have become exposed and accentuated in the COVID-19 pandemic, the interface between health research and community engagement practice has come under growing scrutiny. Health researchers and community engagement practitioners have begun to explore what counts as evidence for community engagement. This includes exploring the intentional and systematic integration of the lived experiences and needs of diverse yet interdependent communities so that "learning and doing" becomes a collective and transparently negotiated endeavour that positively impacts health and well-being.

Understanding how and why community engagement works and how the conditions for meaningful engagement are created, requires a conceptual lens that challenges a dominant paradigm in global health discourse that can be characterised as linear, transactional and project managed. Traditional engagement between health services and programmes and the geographical communities they serve has emphasised information provision as a means of behaviour change. An approach that relies on pre-determined messaging and communicating of risk which in turn frames the efforts of health researchers to understanding implementation bottle-necks with the goal of increasing uptake of services and technical interventions. Such practices are not only ineffective and unsustainable for deepening community engagement but are frequently carry troublingly colonial overtones when consultants from the Global North aim to 'educate' communities in the Global South. This may also help explain why so many interventions aimed at impacting health behaviours have no effect and widen, rather than reduce inequalities.

Effective community engagement aims to bypass such hierarchies by stimulating what Wilson has termed "ensemble awareness" (Wilson 2019), that is the recognition of the self as part of a larger system, an interconnected whole (Wilson 2019). Through the practice of "deep democracy" (Wilson 2019) individuals move from a position of isolation (the "I") to one that recognises human interconnectedness and their membership of the whole (the "we"). This transformative awareness of the larger system or social field that holds them allows individuals to accept responsibility for the whole and act in its best interest (Wilson 2019). The primary concern becomes the nature and quality of the relationship between national and local governments and their respective populations as experienced through service provision and delivery across multiple inter-related sectors.



The role of a given change agent (i.e. the one connecting the system so it sees and feels itself) much as in community engagement work is no longer one of investigation but the facilitation and activation of self-organizing properties towards the expression of a common purpose which is inherent in nature. Facilitators are not tasked with straightforwardly addressing whatever issues they deem the community to have. Instead, their role is to encourage the exploration

of issues and possible solutions within a given community (Wilson 2019). In this way, community engagement is not just an approach to solving a discrete problem but an “ongoing overarching orientation” (Johnston and Lane 2018) that places people and their experiences at the heart of change (Johnston and Lane 2018, Wilson 2019). The World Health Organisation’s definition of community engagement is very helpful in this regard. Community engagement is defined as “a process of developing and maintaining relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive and sustainable health impact and outcomes” (WHO [In process]). This places relationships, and not individuals, as the central unit of change. It recognises the need to move focus away from individual action and on to systemic relational connections (WHO [In process]). The fluid nature of these connections means change is a constantly emerging process. As a result, relational community engagement is not project-bound, but ongoing. It is a process that

attempts to move towards what Johnston calls “mutual positive regard” between stakeholders, through which meaning and shared understanding are co-created (Johnston and Lane 2018).

Relational community engagement in healthcare

Health systems, services and programmes are inherently relational, consisting of multiple connections between providers, policymakers and the public as well as between sectors and nations. However, current health systems are based on an almost exclusively top-down paradigm that fails to acknowledge the heterogeneity of populations (Burgess, Osborne et al. 2021). As healthcare becomes increasingly complex, we need to change, and more specifically nuance, our approach. With populations becoming more informed about their own health and practitioners increasingly removed from the communities in which they work, the power of knowledge has been superseded by the ability to work with and through others (Odugleh-Kolev and Parrish-Sprowl 2018). This “soft power” is based on an ability to move away from the notion of “power over” to one of “power with” (Sloman 2012). In relational community engagement, power is not imposed from above but distributed amongst everyone, recognising that “every interaction is an intervention” (Parrish-Sprowl, Parrish-Sprowl, Alajlouni, 2020, p 11). In a world where the largest determinants of health and well-being are political, socioeconomic, and cultural as opposed to disease processes, this approach reflects this interdisciplinary view. By focussing on the impact that the relationships between healthcare professionals and communities have on each group we can empower communities to address the aspects of health which fall outside of the biomedical model and which require culturally competent and sustainable answers. To achieve this requires true participation rather than mere tokenism, a process which begins only once power is delegated to, or developed within, the community itself (Brunton, Thomas et al. 2017).

Participatory arts-based research

Engaging with deep and nuanced aspects of systemic relational connection in communities requires the creation of a “fertile space” (Wilson 2019) where members feel safe to engage fully. A way of achieving this which is growing in popularity is participatory arts-based research (PABR), a community engagement process that uses artistic methods as a way of gathering data or affecting change. Leavy defines this as “art making as a way of knowing” (Leavy 2018). PABR methods span a large array of approaches, from narrative-based methods (journaling, storytelling) to visual (photovoice, comic-drawing, painting, participatory video), musical (music-making, singing) and performative (theatre, dance). Within PABR, a range of different methods may be used to give voice to multiple perspectives and ways of knowing. PABR signifies an alternative form of knowledge acquisition: one that recognises embodied knowing as core to our experience of the world (Dutra Gonçalves and Hayashi 2021). PABR seeks to engage with the “social field” (Dutra Gonçalves and Hayashi 2021), that is the sensory and relational qualities of a system.





Through the arts, PABR seeks to combine the commonly studied third-person perspective of scientific method with that of the second-person (inter-relational) and first-person (personal) in recognition of the fact that boundaries between individuals and systems are porous and inter-related (Dutra Gonçalves and Hayashi 2021). The process-orientated nature of art production helps to blur the line of expert and non-expert, facilitating the conceptual move from 'us' and 'them' to one of an interconnected whole that lies at the heart of relational community engagement (Berman and LeBaron 2019).

By combining the democratising effects of participatory work with art as a way of knowing, PABR allows for the creation of a "sphere of belonging" (Nunn 2020), a supportive and inclusive environment within which predominant ways of knowing can be safely challenged. The abstraction that art provides protects members within this sphere and allows them to critique and challenge their beliefs. In this way, PABR allows investigators to fulfil the key task of the community-engagement facilitator, which is to "create a space

where the community can learn from each other and organize themselves, and then let go” (Wilson 2019). The ability to step outside of our everyday lives and the need to embrace the ambiguity, contradiction and co-existence of ideas inherent to creativity allows the development of new modes of relationality, a complex and polyvocal landscape that disrupts previously held assumptions (Berman and LeBaron 2019, Bunn, Kalinga et al. 2020, Nunn 2020). The nature of art production is also always relational, with the final product being the result of its creator(s), its audience and the wider social context in which it was made (Cooke, Duara et al. 2019). Speaking of film-making, Alisa Lebow notes that “the ‘I’ is always social, always already in relation” (Lebow 2012). The end product of film is the result of the relationship between the maker(s) and subject(s), as well as the relationship between the film-maker(s), film and audience. The inherently relational nature of art-making means it is well suited to bringing the details of such relationships to the surface, and making the intangible visible.



Analysing the field of participatory arts-based research

Despite the increase in PABR and a growing number of resources for facilitating participatory arts-based methodologies, there is currently only limited sharing of insights on how to do PARB across studies. This review aims to address this by providing an overview of how various arts-based methods are able to support transformative relational community engagement processes, and therefore the reorientation and recalibration of service delivery towards people-centredness and promoting health. It seeks to analyse current uses of participatory arts-based methodologies within community engagement approaches to health and marginalised populations in lower and middle-income countries (LMICs). The decision to focus on LMICs was made primarily due to time and resource constraints of the researching team, and due to the increasing interest in utilising PABR within the context of international development (Ware and Dunphy 2019).

This is not a systematic literature review. Rather the aim of the document is to analyse the benefits and challenges of individual arts-based engagement methodologies, as well as of PABR generally. It is hoped that this will help future researchers to assess which methodology best suits their project aims, as well as helping them to avoid common pitfalls of their chosen approach. Our analysis has also generated some recommendations for best practice, which we again hope will influence community engagement research and practice going forward and address some of the limitations of PABR in the current literature.

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Method summary

Objectives

The objective of this rapid review is to map and examine the use of participatory arts-based methodologies in designing and delivering relational community engagement projects related to health in lower and middle-income countries (LMICs). The decision to focus on LMICs was made to accommodate the time and resource constraints of the small research team, in order to keep the quantity of papers being reviewed to a manageable amount.

This rapid review aims to answer the questions:

- How do various arts-based methods support transformative relational processes in community engagement?
- What challenges to transformative relational processes exist within each arts-based method?
- What are the resulting recommendations for best practice for future research?

A rapid review format was selected due to its ability to streamline methods and provide evidence in a source-efficient manner (Garritty, Gartlehner et al. 2021).

Search strategy

To identify relevant literature the following databases were searched: Embase, Global Health, MEDLINE, PsycINFO and the Web of Science platform using a combination of database subject headings and free text words that described LMICs and participatory arts. We also

simultaneously searched the EBSCO databases; Bibliography of Asian Studies, Art Full Text (H.W. Wilson), Atla Religion Database, British Education Index, Business Source Premier, CINAHL, Communication & Mass Media Complete, Criminal Justice Abstracts, GreenFILE, MLA International Bibliography, Social Work Abstracts, SPORTDiscus, Child Development & Adolescent Studies, Education Resources Information Centre and Education Abstracts (H.W. Wilson) using text words only to identify literature from other disciplines. We added broad healthcare terms to PsycINFO, Web of Science and the EBSCO database searches to limit the searches to studies that used arts-based methods to address healthcare issues. The searches were not limited by language or date.

Searches were undertaken in two rounds. The initial search had taken place in 2018 for the PhD literature review of one member of the research team. In the interest of time, data from this search was screened and analysed whilst a modified second search was completed on 10th August 2021 to identify more recent papers. Within the second search we only reviewed papers published from 2019. Both searches were completed by an Information Specialist from the University of Leeds.

To identify case studies, we also searched websites and community engagement networks such as the Mesh Community Engagement Network (Network 2021). We contacted researchers in the field and drew on interviews with them regarding their work. We also sourced case studies from our personal files. Full details of our grey literature search methods can be found in the appendix.

Details of search strategies are available in the appendix. The search results were de-duplicated using EndNote X9 software and screened in Excel.

Data selection and extraction

Due to the time and resource constraints mentioned above, the following decisions were made regarding the inclusion criteria. Studies included must contain an arts-based intervention which is focussed on community engagement, within which the community has actively participated in the development of the intervention. The intervention must be focussed locally (i.e. not an international project). Initially this review focussed on projects which were explicitly health-related. However following discussion with the team and WHO it was felt that projects which dealt with stigma around marginalised groups (e.g. LGBT, people living with HIV and AIDS), or aimed to tackle issues around marginalisation, diversity and equity are also key to the practice of relational community engagement. These studies were therefore included for analysis.

Studies excluded were those in which arts-based methods were not participatory. The definition of this varied between methods. For example, within the theatre methodology studies which did not involve participants in the design of the theatre piece (either through interview or workshop collaboration), and where participants merely performed an independently written play for a community were excluded.

Within music-making, the design of the intervention was frequently pre-determined, but participants were required to actively engage with the intervention in the form of singing or playing instruments. Studies which utilised more than one methodology within the same intervention were also excluded. This allowed for a greater understanding of the uses, benefits and challenges of each individual arts-based method. Screening was not limited by date.

Results

The database searches identified 1950 records and 2888 records respectively, once duplicates were removed a total of 1556 records were screened by title and abstract. Studies were divided per arts-based methodology. We screened the full texts of 319 articles and analysed a total of 160 papers. There were 9 records identified within the grey literature. Table 1 details the number of articles included for review for each methodology after screening. Case studies stemmed from database searches and grey literature as detailed above.

Arts-based method	Number of published articles included in analysis	Number of grey literature articles included in analysis	Assigned researcher
Comics	0	8	JM
Drawing / painting	8	0	KM
Music-making	15	1	PC
Participatory video	16	0	NJ
Photovoice	90	0	ACH
Theatre	22	0	KM

The majority of studies included came from lower and middle-income countries. However, for methodologies where the number of studies was small and where particularly pertinent examples were identified in high-income countries (or where the country of study could not be identified in the paper) these were also included in order to enrich the analysis of the method. Examples include a small number of studies in the USA for comics and music-making.

Each methodology was assigned to a single researcher and papers underwent single data extraction with no second review. They proceeded to analyse papers within this methodology and utilised the following extraction categories: focus of the intervention, methodology of the intervention, population studied, what outcomes were measured and how this data was collected, as well as how the methodology supported transformative relational processes and what potential challenges the approach faced in supporting transformative relational processes.

Researchers discussed their findings over the course of a workshop, in order to identify common themes amongst methodologies. These discussions generated the reflections on common benefits within PABR methods and recommendations for practice going forward.

Limitations of review methodology

The rapid review methodology used was more limited than that would be found in a systematic review, leading to less comprehensive capture of all papers of relevance to the study question. There is also the broader question of who determines what is and isn't an arts-based approach. We recognise that as authors from the UK we inevitably proceed from a Euro-centric point of view.

While our understanding of what arts-based practices are reflects the understanding found in most of the literature, this merely highlights that most practitioners in the field hail from the Global North, not that this understanding is objectively the right one. Indeed, we acknowledge that what constitutes "art" can vary hugely in other circles such as indigenous cultures, who often embrace creative and embodied forms of knowledge as a part of the everyday (Chilisa 2019). Further limitations include that papers were screened and analysed by a single researcher and there was no assessment of study quality, which results in an increased risk of selection bias and errors.

We only analysed papers published in the English language, and our use of predominantly published academic work makes our review vulnerable to publication bias. Due to our focus on healthcare topics we will have missed a large proportion of relevant literature on the use of participatory arts outside of this field. We also searched for LMICs and therefore will have missed the majority of relevant articles based in the Global North. The majority of papers we analysed only studied one arts-based approach. Therefore, we have presented few insights into how multiple approaches can be combined in one research design or how they may complement or challenge each other.

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Comics

Comics are graphic stories often presented through story boards of pictures with limited or no text and colourful depictions of characters and settings. In recent years they have been adopted as an arts-based tool to support the communication of health-based messages on a variety of diseases including TB, HIV, Malaria, congenital problems such as cystic fibrosis, and injuries such as limb-loss, burns and scarring (Araya, Pena et al. 2021). Comics tend to be targeted toward younger participants usually older children and teenagers aged from around 7-21 years (Mamela 2016, Surbhi and Anand 2019), although there are examples with adult participants (Dicks 2014, Araya, Pena et al. 2021). They are utilised in health communication across both the Global North and South, but this summary will focus on LMICs only. In some circles the use of comics within health care is known as graphic pathographies (Green 2010). However, in this analysis we will not utilise this terminology and rather consider all forms of comic-based interventions.

Within health literature comics are often utilized as awareness raising materials within a larger KAP (knowledge, attitudes, and practice) studies. Alternative uses of comics include having the participant involved in the creation of stories and characters, again in the middle of two KAP survey points (Cicero, Giuliano et al. 2020). A final usage of comics which ties more closely to the theme of relational community engagement is co-design of the comic characters, theme, and narratives (Mamela 2016, Uyoga 2021). This approach is more commonly known as Grassroots comic creation and is especially popular across India and other parts of Southeast Asia (India 2008). However, the published literature on Grassroots comics is more limited than that for comics used within KAP studies. Grassroot comic reports, resources and evaluations are often found in the grey literature, and many are stored on the MESH community engagement platform (Mamela 2016, Iqbal 2019, Uyoga 2021).

A note on evaluation

Grassroot comic interventions tend to ask participants if they enjoyed the process of co-design (Dicks 2014, Iqbal 2019), and these types of discussion can infer some details on the strength and nature of the relationship developed. For example, exploring taboo health topics such as menstruation (Surbhi and Anand 2019) in a comic suggests that participants felt safe and supported within the intervention.

However, those studies which focus on comics as an awareness raising tool, to increase KAP scores, rarely consider the specific reasons why participants (dis)liked or (dis)engaged with the comics (Sinha, Patel et al. 2011, Cicero, Giuliano et al. 2020). Additionally, there is limited discussion within the literature of when and where comics are appropriate tools. They are used to communicate information on a wide range of health challenges from TB to epilepsy to burns, but within this analysis we did not find publications which specifically discussed the rationale for utilising comics over another arts-based method.

Potential benefits of using comics in community engagement processes

The reading of comics is suggested to improve engagement with the health challenge in question as participants, particularly children, can overcome language and literacy barriers (Green 2010, Sinha, Patel et al. 2011). Through reading comics, some studies suggest that participants can also develop a strong sense of empathy for sufferers of health challenge in question due to their engagement and relationship with the comic characters (Sinha, Patel et al. 2011, Araya, Pena et al. 2021). In Grassroots comics, participants are actively encouraged to explore the health challenge from their own perspective and create stories and characters which depict their own lived experiences (Dicks 2014, Uyoga 2021). Here participants are part of the evolution of the

comic and can shape the stories based on their lived experiences (Iqbal 2019, Surbhi and Anand 2019).

The use of external facilitators to co-develop comics is considered a key benefit of comic approaches, in terms of engaging with young participants. Children can open-up within the co-design sessions and discuss topics that they may not have previously felt comfortable talking about with teachers or parents (Surbhi and Anand 2019). This gives participants a sense of control within the process as well as being active members of the co-design collaboration.

Potential challenges of using comics in community engagement processes

Comics are not always utilised in a relational community engagement process. For example, in KAP-based surveys comics are used as awareness raising material only. Here their benefit to participants is less obvious. Participants are often asked to complete a baseline survey regarding their existing KAP on a particular health challenge. They are then asked to engage with comics in some way, usually simply reading an existing comic which contains stories around the focal health challenge, and then to repeat the KAP survey (Leung et al., 2018, Sinha et al., 2011, Obare, 2013). These types of study are looking for changes in KAP scores which can then be attributed to comic engagement. There are mixed findings from this type of study, although some KAP gains are reported (Sinha et al., 2011) results are often confounded by the fact that studies do not include a control group with no access to comics (Leung et al., 2018).

Comic-based studies can also be resource intensive. The use of external facilitators to co-develop storylines and characters, plus illustrators to bring these ideas to life, and the need for these to all be age and context specific is time consuming and costly (Obare 2013). The Grassroots approach where participants take control of all creative processes is cheaper and more sustainable, there are online templates and support packages to facilitate this approach without the need for external personnel to be hired. However, there are concerns of the accuracy and specificity of the health-based information communicated within these outputs (Iqbal 2019). They may not be suitable for wider circulation beyond the focal community which created them.

How can the use of comics support transformative relational processes?

The way comics are utilised has a huge impact on their ability to support a transformative relational processes of community engagement. The co-design of characters and stories allows a much stronger relational process to occur (Dicks 2014) than in interventions which utilise comics as part of a KAP study.

Where participants are involved in comic development, interventions tend to reveal more positive feedback in terms of participant engagement as they enjoy the connection with characters. The resulting comics may also be circulated to a wider subset of the participants community, thus sharing locally created stories and characters around the focal health issue.

Grassroots comics appear to have more grounding in relational community engagement and interventions using this approach tend to justify the selection of this method as crucial to developing dialogue on the health topic and uncovering knowledges held within the community (Mamela 2016, Iqubal 2019, Surbhi and Anand 2019, Uyoga 2021). Discussions of Grassroots comic interventions suggest that participants become an active part of a knowledge transfer process with the research team, facilitating the development of stories and outputs that reflect their lives of that community (Iqubal 2019, Uyoga 2021).

Case Study: Supporting Evidence-Based Policy: a longitudinal study of AMR risk behaviours among livestock keeping communities in India and Kenya.

This project, by the Royal Veterinary College, engaged livestock-keeping households in Indian subsistence dairy farming communities and rural Kenyan pastoralist communities. Both communities had previously been involved in research on animal health which yielded long-term datasets on disease transmission risks and particularly antimicrobial resistance (AMR). The new project worked with 10-14-year-old children to co-design comics which depicted AMR



challenges within these livestock-keeping communities, in an attempt to minimise AMR transmission and spread. Illustrators were recruited in-country and went through several stages of comic designs which were reviewed by the children in focus group discussions. This process helped foster good relationships between the children and illustrators allowing the nuances of each community to be portrayed in the final comics.

Once comics were completed, they were disseminated at the local level and received positively by both communities. Other organisations then requested copies and over 5000 have now been distributed, far beyond the anticipated 300 copies per region. This extended dissemination speaks to the need to consider wider metrics of evaluating the success of arts-based interventions.

Unlike other comic studies in the literature, this project did not attempt a knowledge or survey-based evaluation of the comics impact but instead looked at the reach of the comics, numbers produced and engagement and enjoyment of those reading them. This holistic assessment of the impact of comics gives the community freedom to express their own engagement with the final resource rather than focusing on responding to a survey. However, the research team also noted concerns around the unexpected scale-up of dissemination.

This project provides an excellent example of community engagement because all designs, characters, plots, and activities were assessed by children in focus group discussions allowing the creative process to be owned by the participants. Resulting comics were specific to each location in terms of both style and storylines. In India, where comics are commonplace, the design was highly stylised, like the popular Japanese anime comics, and included high-action storylines. In rural Kenya comics are less common, the children preferred a more realistic interpretation of characters and a focus on situations which were directly relatable.

However, the research team reflected that the specificity of comics which resulted from the strong relational process of their development, could hinder scale-up of the project. In Kenya, areas far beyond the original location of the project asked to have copies of the comics for distribution during World Antimicrobial Awareness Week 2019. Researchers worried that the stories and characters may not have been as contextually appropriate to these new audiences, which included urban settings where children may not have been so closely connected to agricultural situations.

Researchers commented that a longer-term evaluation of knowledge and practice would, in this case, have helped to understand if these scalability challenges were indeed a problem. This anecdote emphasises the specificity of comics, and the need to invest in specialised facilitators to capture and develop appropriate stories and images. The take-home message from this study was that locally based illustrators were able to create meaningful connections with children which allowed them to translate lived experiences into the comic stories and characters which ultimately increased engagement and enjoyment with these outputs



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Painting/Drawing



Drawing and painting are arts-based methodologies which can take various forms and are often utilised as a starting point for further conversation. Techniques can range from free-form drawing (Wood, Wilson et al. 2021) to Chinese brush painting (Xiu, He et al. 2020) and specific methods such as graphic family sculpting, in which individuals and their standing within a family are represented visually with a circle (Koen 2020). They can be used as an intervention in themselves, such as attempting to improve mental health

(Xiu, He et al. 2020). However they are most commonly utilised as a means of gathering insight (Kalina 2020, Koen 2020, van der Riet, Jitsacorn et al. 2020, Wood, Wilson et al. 2021) or to produce educational tools (Mitchell, Chege et al. 2016). In most studies the drawings themselves are not analysed but used as a prompt for participants to explore their perception of the topic at hand (Kalina 2020, Koen 2020, van der Riet, Jitsacorn et al. 2020, Wood, Wilson et al. 2021). Only one study identified in this data set analysed drawings themselves in order to identify key themes around the topic of safety through children's eyes (Khan 2015, Mitchell, Chege et al. 2016). Drawing and painting are mainly used with children and adolescents due to the accessibility of the method (Koen 2020, van der Riet, Jitsacorn et al. 2020) although they have also been used with adults ranging from middle-aged (Xiu, He et al. 2020, Wood, Wilson et al. 2021) to elderly (Kalina 2020).

A note on evaluation

Few papers explicitly consider the impact of drawing/painting methodologies on the quality of relationships between the project team and community or within the community, though some reference the fact that participants enjoyed the technique and experienced increased positive emotions during the intervention (Koen 2020, Xiu, He et al. 2020).

Potential benefits of using drawing / painting in community engagement processes

Drawing and painting are considered a flexible approach that can be tailored to the culture and context of each situation (Khan 2015). They tend to be low-cost methodologies, which means they can be easily adapted to a range of projects (Mitchell, Chege et al. 2016).

Potential challenges of using drawing/painting in community engagement processes

As with other methodologies, a common challenge in drawing/painting is the latent power dynamic between researchers and the community. The setting in which these methods take place can inadvertently perpetuate pre-existing power dynamics, such as Koen's study assessing family dynamics which took place within a classroom (Koen 2020). In such spaces the researcher risks becoming enmeshed within the "pre-existing landscape of power within the school" (Gallagher 2008), where adults are seen to hold authority over children. Timelines of projects may also mean a deep engagement with such power dynamics is not possible, leaving them largely unaddressed (Mathias, Pillai et al. 2020).

Mathias et al. reflected in-depth on the impact of inherent power dynamics between researchers and the community, describing an incident where an abstract for a conference paper was submitted without seeking the prior consent of their 'experts by experience' (Mathias, Pillai et al. 2020). When researchers sought permission retroactively it was made clear by the community that they considered all public and paid presentations to be solely the researchers' responsibility, as the study was their full-time job.

This highlights the difficulty in creating a fully collaborative project when there remain latent perceptions of hierarchy between researchers (formally employed, funded and therefore ultimately in charge) and participants. The same study also considers the challenges of limited literacy and education in building a truly participatory project. Despite the visual method supposedly increasing accessibility for this group, members initially felt they had no expertise to offer and therefore felt unqualified and unwilling to engage with the power relations in a way that would allow for true co-production (Mathias, Pillai et al. 2020).

While visual methods are more accessible for low-literacy participants, some methods also require written elements to support the interpretation of visual media, which could marginalise these groups again (Koen 2020). Furthermore, with a medium which is so open to interpretation there is a risk that themes are lost or misunderstood, with audiences (including researchers) interpreting the art created differently to what the creator intended to convey (Koen 2020, Wood, Wilson et al. 2021). Though in general these methods are low resource intensity, specific techniques such as graphic family sculpting do require proper training, which could result in the method becoming unsustainable for a community (Koen 2020).

There are also ethical considerations around re-using visual data for educational tools that intend to have a wide distribution, such as re-using childrens' drawings in the creation of an educational video tool distributed to NGOs and community leaders. In these instances not

seeking explicit consent could undermine relationships built between project managers and the community (Mitchell, Chege et al. 2016). Of course this issue is not inevitable if drawings are kept within the research team, but an important consideration if not.

How can drawing/painting support transformative relational processes?

Specific techniques can be used to ensure interventions are contextually valid (Mathias, Pillai et al. 2020) and in line with cultural beliefs (Xiu, He et al. 2020). As a result they are often viewed as able to provide a supportive, personal environment which is able to engage participants on a spiritual level and take a social approach to topics that have suffered at the hands of individualism, such as mental health (Mathias, Pillai et al. 2020, Xiu, He et al. 2020).

The visual nature of drawing and painting makes it an accessible method for children (van der Riet, Jitsacorn et al. 2020), as well as those who have low levels of literacy (Koen 2020, Mathias, Pillai et al. 2020). As a result it doesn't preclude them from engaging with studies as 'experts by experience' (Mathias, Pillai et al. 2020) and this co-production in studies strengthens social capital and citizenship, increases engagement and embodies local concerns (Mathias, Pillai et al. 2020).

Its engagement of children allows studies a richer understanding of intergenerational differences, as well as empowering young people to find solutions to the issues they face (Mitchell, Chege et al. 2016, Koen 2020). The abstraction of concepts that occurs in the drawing/painting process deepen relational understanding by allowing discussion of sensitive topics that may otherwise remain hidden, such as the intricacies of family life (Koen 2020) or the ways in which children feel unsafe in their living conditions (Mitchell, Chege et al. 2016).

Case study: More than Bricks and Mortar: Combating sexual violence using community-based intervention tools in informal settings

This Kenya-based study exploring the impact of housing and living conditions on risks of violence to children and family welfare included giving children the opportunity to draw places where they felt safe and unsafe. Alongside maps and photographs produced by the children these drawings helped to identify themes of “feeling not so safe”, which were used to create an 8-minute video tool entitled More Than Bricks and Mortar. The video formed part of a toolkit on utilising community participation to address children’s safety, security and housing. Within the toolkit, drawing, photovoice and mapping played a central role in order to approach sensitive topics, such as where and how sexual violence takes place. Information on ethical considerations, how to conduct focus group discussions and validation sessions and how to transform community-identified recommendations into sustainable social change formed the rest of the toolkit, alongside resources that can be utilised in the field (Khan 2015). An extension of the project used the More Than Bricks and Mortar video to stimulate discussion amongst the children of the community around solutions to issues presented, which were again depicted in the form of drawings. It was also presented to adults within the community, prioritising the issues raised with key policymakers (Mitchell, Chege et al. 2016).

This project represents an excellent example of relational community engagement as its iterative nature allowed for more sustained and deeper engagement with issues raised, while efforts to retain the same children throughout the study emphasise how the relationship with them specifically was prioritised. It also attempted to be as collaborative as possible, including seeking the children’s input on editing decisions of the video itself. Finally, the development of a cost-effective toolkit makes it a sustainable use of drawing which can easily be applied to other initiatives.

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Music Making

'Music-making' in health interventions, be that communal choral sessions, community song-writing workshops or being given the opportunity to engage with music as part of an audience, is one of the most participatory of participatory arts practices. The activities described in the literature are generally focussed on the genuine co-production with participants of positive health outcomes, the impact on individual participants then being used to inform broader methodological innovation or policy change. There is often a very strong therapeutic element at work in PABR that uses music as part of its methodology. This is, perhaps, to be expected given the very well-established literature on the role of music therapy as a mainstream clinical practice (see for example the journal *Music and Medicine*, now in its thirteenth year). The most common areas where forms of music therapy tend to be used is in supporting people with forms of dementia (Solé 2014; van Besouw et al. 2015; Deana et al. 2019) depression (Sun 2012; Fancourt 2019; Sanfilippo et al. 2020; or trauma (Vaudreuila 2019). Typical outcomes described in the literature is the slowing down of the symptoms of dementia (Deana et al. 2019) or the speeding up of recovery from trauma (Vaudreuila 2019).



A note on evaluation



Of all the PABR approaches discussed in this study, music-focussed interventions are amongst some of the most robustly evaluated we see. This is related to the fact that Music Therapy is a well-established clinical intervention with clear protocols and practitioners who have been specifically trained in this practice. The literature frequently reports results with comparison to control groups who have not undertaken the intervention, for example (Fancourt 2019; Sanfilippo

(2020). This is noticeably lacking in a lot of the literature on other forms of PABR. At the same time, we also see some of the tensions and opportunities for evaluation reported with regard to other PABR discussed in our study. Music-making interventions provide a rich area for both methodological innovation and the complex engagement with arts-based health interventions, which are not capturable through quantitative analysis or randomised control trials (Raw 2014). Projects frequently use focus group discussion and interviews to capture more qualitative evaluation data. This invariably comes from discussion with participants.

And yet, within the current literature this process is not generally led by the participants, nor is there any evidence of how participants themselves might evaluate the overall success or failure of an intervention. There is also no evidence here of how participants themselves might shape future interventions, taking ownership of planning and implementation of future projects that they themselves would find valuable. There is additionally no evidence of how interventions might be held accountable to participants themselves in a meaningful way. All of these are increasingly seen as potentially important dimensions of participatory interventions in the broader literature and are clearly applicable to music-making interventions as well (Bastable et al. 2021). That being said, while current examples are lacking, the absence of these aspects of participation are not inherent to the methodology itself and could be incorporated into future work.

Potential benefits of using music-making

In music-making interventions, typically participants will be exposed to a form of music practice, most often singing, as this is frequently seen as a particularly accessible way for non-musicians to be able to make music. In some cases, where, for example, a participant is in the late stages of dementia and does not have the capacity to sing, the therapy might involve simply listening to music (Giulio et al. 2012). However, even in this case, the participatory impulse was still central to the intervention, with participants being able to make choices about the type of music they could listen to. In LMICs there is a strong element of public health messaging built into music-making interventions that can support broader public health goals, be that preventing post-natal depression (Fancourt 2019) or supporting COVID-19 vaccine roll out (Mushibwe 2021). There is also a trend in the literature to see music-making as a flexible methodology that can go beyond the usual parameters of Music Therapy, to have benefits for both personal wellbeing and wider community resilience.

A community music intervention that took place in a Palestinian refugee camp in South Lebanon, for example, highlighted the ways in which a community choir's work emphasised how music can not only generally support health promotion but can also support participants sense of 'belonging' and the value of their 'voice' per se, as well as helping to keep young people in touch with their Palestinian culture (Ruud 2012).

Potential challenges of using music-making

It is also important to strike a note of caution given the explicitly therapeutic approach of many music-making interventions. The fact that some of the literature suggests the straightforward transferability of a therapeutic intervention into a context where therapy is something of an after-thought is potentially of concern. Ruud presents a fascinating study of the wide-ranging potential of community singing for her target community, suggesting that there is little need to create silos between therapeutic and non-therapeutic interventions. Although this approach to music-making could be beneficial, there is no discussion here of the value of the specific expertise that a music therapist might bring to an intervention, and the challenges a team might face that does not have access to this expertise (Ruud 2012).

How can the use of music-making support transformative relational processes?

The music-making interventions described in the literature are all inherently relational in nature. In most cases, an intervention is generated by an external agency. However, they can only ever be realised through the active and meaningful engagement of the target audience.

This we see, for example, even in the dementia project mentioned above (Giulio et al. 2012). If people do not wish to sing they do not tend to take part. There is also good potential for sustainability for such interventions. This is, on the one hand, to do with the ease of putting together a choir, for example, if people are interested in taking part (Sanfilippo 2020).

There are very little resources that are absolutely required other than someone (generally the project facilitator) to act as the leader and organiser. Consequently, if an organisation on the ground is interested in developing music-making as part of its health/development repertoire then it requires very little further equipment. Moreover, (and reasonably uniquely within PABR interventions) there is a strong emphasis in the literature on looking to make music-making interventions self-sustaining by helping participants themselves to see the wider value of singing/playing a musical instrument for their personal wellbeing (Fancourt 2019; Sanfilippo 2020).

Case Study: Life-Saving Lullabies: Reducing adolescent maternal and neonatal deaths in Zambia

Project Reference: AH/T011947/1

This project, led by David Swann, in partnership with Barry Doyle and James Reid and running between February 2020 and March 2021 explored the potential of lullabies as a way of enhancing maternal health in Zambia. The aim of this project was to 'to define, develop and deliver a zero-cost, innovation strategy that is responsive to current maternal child health needs', and was supported by St John Zambia and the Ministry of Health.

The project was set up in direct response to the clear strategic objectives of all the agencies involved, thereby helping to ensure sustainability of project activities and learning in the longer term. St John volunteers collectively developed a series of lullabies designed to impart key information in order to promote maternal health to young mothers. The lullabies were all rapidly developed in co-production workshops with the research team and drew on local singing traditions, in order to ensure that the material produced was appropriate and would be taken up by pregnant adolescents and young mothers. The young women were then introduced to the lullabies, via performances at their local health facility.

The methodology used in this study encouraged a re-orientation of the relationship between new mothers and their babies in a way which was sustainable and culturally competent. By hearing, and ultimately themselves learning to sing the lullabies, the young women involved reported having a better relationship with their newborn, as well as having a better understanding of neo- and postnatal issues. It was even reported that by the information relayed in the lullabies had helped several mother avoid particular life-threatening behaviours, and so considered the project to have saved their lives.

The lullabies project was considered to be a particularly low-resource and flexible approach to PABR. It has subsequently been adapted, for example, to support public health messaging in Zambia around COVID-19. (For further information on this case study, go to <https://www.hud.ac.uk/news/2020/may/life-saving-lullabies-by-african-women/>)

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Participatory Video

Participatory Video (PV) is an arts-based methodology where a group or community are engaged in the process of making a film. Films made by participants often focus on voicing concerns about issues affecting the local community and/or expressing group creativity (Lunch and Lunch 2006). Within PV projects, researchers take on a facilitator role; supporting participants to express their own opinions on and generate potential solutions to local issues using video-making methods. Participants are trained to shoot and edit their own footage and often encouraged to organise showcasing events where people from local communities can view the films made during the project.

In recent years, PV has been used as a tool in public health research, often to develop locally appropriate educational resources (Clabots and Dolphin 1992, Chávez, Israel et al. 2004, Blumenstock, Gupta et al. 2015, Green 2015, Ntuulo-Mutanda 2016, Harou. A 2017, Park, Kulbok et al. 2017, Ghimire and Devkota 2020) or as a prompt for behaviour change (Stewart, Riecken et al. 2008, Sharma, Reimer-Kirkham et al. 2011, Koniz-Booher 2013, Warren, Knight et al. 2013, Acosta, Cooper et al. 2014, Green 2015, Poureslami, Shum et al. 2016, Ghimire and Devkota 2020). Target audiences vary widely; PV projects across LMIC's focus on a wide variety of health topics from sexual health to nutrition.



Of the studies found for this review, there was a lack of standardised terminology. The term 'participatory video' is sometimes used to describe interventions which would not be considered to be PV in the above definition, for example; studies might suggest that their video-making process is participatory because the content is guided by focus-group feedback from the target demographic. Though this involves a level of participation for community members, PV specifically asks that participants take an active role in developing and disseminating their own videos.

Of the studies that were classed as PV, the papers often focussed on reporting health outcomes and rarely described the process of the intervention in explicit detail. A standardised, robust means of measuring and reporting on PV in health projects would allow researchers to assess the value of this type of intervention.

A note on evaluation

In relation to the intervention itself, studies report on the feedback from participants either from direct questioning (through interviews and focus groups) or observations from researchers. Most studies focused on the health outcomes resulting from the intervention, taking feedback from audiences as well as KAP surveys from communities to determine the potential impact of the intervention on the target health issue. One study looking at childcare in India, for example, noted an increase in nurturing behaviours after the video intervention (Granger et, al 2017).

There are, currently, no studies that look at the long-term impacts of a PV intervention. The role of PV projects, often, is to provide initial insights into complex health issues that can later lead to more effective interventions and more focussed research projects.

Potential benefits of using participatory video in community engagement processes

Participants in PV projects are encouraged to take control of what they create and advocate for change themselves rather than through intermediaries/ facilitators (Willis, Frewin et al. 2014). PV methodologies are generally viewed as a positive means for co-production of knowledge and prompts for positive social change (Milne, Mitchell et al. 2012). The design of PV aims to diminish traditional hierarchies between researchers and participants and, if used correctly, can create spaces of learning and transformation for participants and researchers (Kindon 2003). PV can play a significant role in supporting and amplifying the voices of marginalised communities (Jiang and Kobylinska 2020).

Participants generally seemed to enjoy taking part in PV studies, described feelings of empowerment and an ability to control their own messaging as well as having built skills in video-making (Acosta, Cooper et al. 2014, Willis, Frewin et al. 2014, Blumenstock, Gupta et al. 2015, Peters, Zweekhorst et al. 2016, Cooke, Shrestha et al. 2020).

Potential challenges of using participatory video in community engagement processes#

The most common challenge discussed in PV is the equipment required to conduct a video project (Clabots and Dolphin 1992, Warren 2014, Willis, Frewin et al. 2014, Blumenstock, Gupta et al. 2015, Warren CM 2016, Harou. A 2017). The cost of equipment, the time needed to teach participants and the need for reliable power sources all present challenges, particularly in low-income settings. These resources, though, are only needed in the initial video-making phase of PV research. Once videos are produced, there are considerably fewer resources needed.

One PV project, based in Tanzania, reflects on using financial compensation as a means to recognise the contribution of its participants. The authors reflect on the tension between the views of researchers and participants; researchers saw participants as volunteers, where participants saw themselves as paid staff requiring a salary (Pfeiffer 2013). Ultimately, this attempt at equalising the power balance through financial means became a point of regular conflict between participants and researchers and did not help to reduce power imbalances.

Project health topics are identified by researchers who are often outside of the study community, projects are then shaped by methods of co-production but are ultimately guided by the research team's aims. In the first phases of PV studies, participants are asked to co-produce videos with researchers and take control over their own messaging (Pfeiffer 2013, Acosta, Cooper et al. 2014, Warren 2014, Willis, Frewin et al. 2014, Peters, Zweekhorst et al. 2016, Dougherty 2017, Park, Kulbok et al. 2017, Cooke, Shrestha et al. 2020). This level of engagement then reduces as the videos produced are disseminated as educational health-promotion tools. Members of a community might be consulted on the acceptability of the videos, or the health messages they remember (Cooke, Shrestha et al. 2020, Ghimire and Devkota 2020) but are no longer active co-producers.



While the aims of PV are laudable, it is important that researchers are mindful of their often liberal assumptions of the power dynamics of the study population; often individual or grass-roots 'empowerment' projects do not reflect the political environment of the study (Walsh 2016). Furthermore, terms such as 'empowerment' and 'giving voice' could be considered patronising to participant communities and do not reflect the co-produced nature of the method (Cooke, Dennison et al. 2018). Critical analysis of any PV in health study should consider these complex issues, alongside the inherent conflict between target-driven health research and exploratory research methods.

How can participatory video support transformative relational processes?

PV methodologies are a means for co-producing knowledge and prompting positive social change (Milne, Mitchell et al. 2012). PV aims to diminish traditional hierarchies between researchers and participants; creating spaces of learning and transformation for participants and researchers (Kindon 2003). PV in health projects have varying degrees of collaboration between communities and health researchers (Brunton, Thomas et al. 2017).

One example is in the work of Waite and Conn's 2011 study focusing on sexual health in rural Uganda from the perspective of young women. The paper discusses the power (im)balance between researchers and participants being reduced through the shared experience of learning about the camera equipment; as neither party was confident with the equipment at the outset, the experience of learning together created a moment of bonding and feelings of equality (Waite and Conn 2011).

Case Study: What is 'antimicrobial resistance' and why should anyone make films about it? Using 'participatory video' to advocate for community-led change in public health

The Community Arts Against Antibiotic Resistance in Nepal project (CARAN) ran between 2018–2019 across two communities in Kathmandu: in one urban (Madhyapur Thimi) and one peri-urban (Chandragiri Municipality) location. Each iteration of the project included a one-week series of workshops that introduced the key issues in AMR (antimicrobial resistance) as set out in the WHO guidelines, through various arts-based interactive exercises. Each exercise was designed to allow community members to reflect on the issues of AMR from their own, local perspective. Each exercise was designed to allow community members to perspective. Alongside these exercises, participants were trained in film-making. Each workshop group produced three videos, making a combined total of six films that engaged with issues related to AMR from the community perspective. These films were showcased at local events where community members and multiple policy-makers were in attendance. Showcasing events were designed to highlight the project outcomes and start community dialogues on how this project might be taken forwards in the future.

This article highlights the use of PV as an effective communication tool, especially in relaying nuanced messages on complex health issues like AMR; “ Seeing images of local people with whom many members of the audience could identify was considered to be a particularly powerful and effective means of communicating a complex topic like AMR.” Audience members felt impressed by the participants who made the films, mostly for being able to move outside of their own daily lives to consider the bigger issue of AMR and how to communicate that to the community.

Feedback suggested that the incorporation of community members to the development of videos generated a feeling of shared ownership for the wider community. The Mayor of Chandragiri reflected that the project was able to 'mobilize the local people' as both producers and consumers of the films, thereby promoting a sense of 'ownership' of the project outcomes.

Although audience members were interested in learning about AMR and the WHO guidance on best practices, most of the feedback session time was spent focused on the specific contextual factors presented in the films and the need for these to be considered when seeking to address AMR by both members of the community and policy-makers. The article summarises that:

"...the audience at the showcasing events did not recognize the knowledge hierarchy we find at work in the feedback from participants or in many of the public health-related PV projects discussed earlier in this article. Both the 'official' knowledge of the health care experts and the local contextual knowledge presented by community participants were equally valued."

This case study illustrates the role of PV in health research as a means to bring issues and potential solutions to the surface, rather than bring about behaviour change on its own. The project described gave participants the opportunity to relay messages they felt were relevant to their own community, providing insights for researchers and policymakers in planning effective interventions in the future.

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Photovoice

Photovoice provides a specific process by which qualitative data (often health or international development related) can be collected from communities. The process is usually used for marginalised communities and involves multiple steps. These include making contact with the community and having initial meetings about what the process will entail and what areas they feel should be explored. This process may also include talking with community leaders to find appropriate candidates. From there participants are mentored and supported on how to take photographs safely (e.g. how to acquire consent) and how the subject of the photographs should relate to the studied intervention. Participants are provided with cameras or mobile phones and the pictures taken are later used to direct the subject of further interviews or focus groups with the participants.

A note on evaluation



Many of these studies have taken place relatively recently (most within the last 3 years) and as such, little follow up has been undertaken to what impact this research has had. The studies themselves often offer very little information on the effect the intervention has had on health or service uptake, though many focus on the qualitative experiences of the participants

Potential benefits of using photovoice in community engagement processes

One of the benefits of the Photovoice methodology is that it is a standardised approach. Its repeatability allows data from different studies to be better compared and thus a more accurate understanding of the method's utility, benefits and drawbacks can be drawn. With other arts-based approaches to community engagement (e.g. theatre, comics etc.), there is often variation in how data is collected, what data is collected (quantitative data regarding specific health outcomes within the community or qualitative insights that only members of the community can provide) and the degree to which the community studied is involved in the design and implementation of the intervention.

Potential challenges of using photovoice in community engagement processes

There are however problems with this approach, the most obvious being that the marginalised communities this method is best suited to survey are often difficult to access. This can limit the amount of data that can be collected and create responder bias. There is also the real risk of this method being fundamentally extractive to the communities this approach tries to serve. Although initially designed so that participants can advocate for change in their environment (Milne and Muir 2020) often the research results in outside groups taking knowledge from the communities to generate theoretical frameworks for further study. However when used as a way to empower community members (Mtuy, Mepukori et al. 2021) and not simply an information extraction exercise, participants can themselves advocate for change within their community.

How can photovoice support transformative relational processes?

This method is often selected for its ability to engage and empower community members: it ensures that the project is community led (the subjects discussed are chosen by the participants and the photographs often depict their immediate environment and/or concepts that have great importance to them). The fact that the photographs can present perspectives from marginalised communities can make it a useful tool in acquiring data that was previously hidden (Bhakta, Fisher et al. 2019). As well as providing data from the perspectives of marginalised communities, using photographs in this way gives a vocabulary to explore complex issues despite a lack of professional experience and/or training (Gaidhane, Holding et al. 2020) and thus break down hierarchies usually present between researchers and participants (Haenssger, Charoenboon et al. 2020).



Case study: Using photovoice to understand the context of cervical cancer screening for underserved communities in rural India

This paper by Adsul et al. attempts to assess barriers to accessing cervical screening amongst women in underserved communities in Mysore, India. The uptake of cervical cancer screening in India is only around 30%, and the paper seeks to further understanding of the social and cultural factors within disadvantaged communities which contribute to this. Conducted in partnership with Public Health Research Institute of India (PHRII) the study recruited Anganwadi workers, being women who work within government-funded pre-school childcare facilities. It was felt that the trust placed in these women by local mothers made Anganwadi workers more aware of, and able to capture, experiences within the community.

In the first phase of the project 14 participants spent two days in training on the photovoice method and were then provided with a digital camera and asked to document their everyday reality. The project followed an iterative cycle of collecting and discussing the photographs in individual interviews over the course of a month, culminating in a group discussion at the end of the four weeks. The second phase involved participants curating community displays which divided the photos into 13 distinct themes. The display was viewed by several hundred community members, including health workers and medical providers.

The study highlights how photovoice is able to support relational transformative processes in the way it centred the affected community (women from disadvantaged communities) in the research. The iterative and in-depth nature of photovoice allowed for a rich understanding of contextual factors despite the relatively small number of participants. Furthermore, the use of images produced encouraged discussion amongst the women and between them and other community members through displays. This increased the capacity for dialogue within the community and facilitated a re-orientation of individuals' relationship with the topic, such as women hearing stories of survival which challenged their assumptions that cancer is always fatal (Adsul, Nayaka et al. 2020).

As a case study, Adsul et al.'s work also highlights one of the main drawbacks to the photovoice approach in that improving health outcomes is often contingent on other factors. The intervention did improve the knowledge and change attitudes of participants who can theoretically advocate for change within their community (Adsul, Nayaka et al. 2020). However this quite individualised approach for health advocacy, as often promoted by photovoice, is often at odds to the organised and systematic approach that is required to address health inequalities. This, however is not an inherent characteristic of the approach as seen in the work of Mtuy et al. where photovoice was used in combination with a trachoma ("the commonest infectious cause of blindness worldwide") advocacy workshop to assess the efficacy of the workshop (Mtuy, Mepukori et al. 2021). This approach of combining health education delivery with participatory evaluation mitigates the potentially extractive nature of the approach by considering explicitly how the use of photovoice can aid better health outcomes in the community.

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Theatre

Theatre was one of the more prevalent choices of arts-based methods found in this review. The use of theatre for social change was traditionally interventionist, focussed on the 'downward dissemination of messages' to a community (Brahma, Pavarala et al. 2019). However, a critique of such transactional forms of community engagement has resulted in a move towards more participatory forms. Whilst it is far from the only approach the most famous and widely adopted system is that of "Theatre of the Oppressed" (Plastow 2014). Developed by Augusto Boal, Theatre of the Oppressed (TO) encompasses a range of techniques including Forum Theatre, Newspaper Theatre and Invisible Theatre (Brahma, Pavarala et al. 2019). All techniques aim to address "oppression" by empowering the oppressed community to develop critical thinking skills and providing them with a platform to rehearse choices which address the oppressive conditions they face (Brahma, Pavarala et al. 2019).

Commonly TO will begin with the performance of short, scripted sketches which are based on actual issues faced by the participants. These issues can be identified via interviews (Bonatti, Borba et al. 2019) or within workshops and meetings with the community (Chivandikwa, Gadama et al. 2020, Kusumo, Hendrartini et al. 2020). The sketches are often performed by members of the community themselves. Key to TO is the facilitator or "Joker", a role usually played by an experienced member of the team who has connections to the community represented in the audience. The Joker works to break the hierarchy between the actors and audience and guide discussions stimulated by the play (Brahma, Pavarala et al. 2019). When a particular situation of oppression is being performed the narrative will stop abruptly at key points of decision, with the next step left deliberately unclear.

The Joker encourages spectators to analyse the situation and postulate possible solutions, often inviting them onto the stage to take on the role of any character in the play. This transforms spectators into what Boal termed 'spect-actors' (Boal 1979), and the play becomes a safe space in which to challenge oppressive systems and structures and 'rehearse for a revolution' (Boal 1979).

Theatre is usually utilised with an adult population and with large audiences, targeting entire villages or even several communities in the form of a travelling drama (Morrison and Arjyal 2021). The most common use of theatre was as an intervention itself to address health issues such as diabetes (Kusumo, Hendrartini et al. 2020, Morrison and Arjyal 2021), sexual health (Chamberlain, Chillery et al. 1995, Mabala and Allen 2002, Kafewo 2008, Sohail 2010) and nutrition (He, Morales et al. 2016). It is also frequently used to explore and address stigma through identifying and challenging societal norms (Brahma, Pavarala et al. 2019, Chivandikwa, Gadama et al. 2020) and professional cultures, particularly in healthcare (Honikman, Field et al. 2020, Infanti, Zbikowski et al. 2020, Singh, Kalra et al. 2020), as well as engineering collaboration between communities and marginalised groups such as those living with HIV (Jaganath, Mulenga et al. 2014) or who were LGBT (Logie, Dias et al. 2019). Projects lasted a varied length of time, ranging from a 4hr workshop (Infanti, Zbikowski et al. 2020) to a 5-week programme developed in several stages (Jaganath, Mulenga et al. 2014).

A note on evaluation

Like many of the PABR approaches in this review the evaluation of theatre-focussed interventions was variable. Few studies reported the use of a control group, making it difficult to assess the causality of any behaviour or attitude changes. Whilst most studies established reasonably clear aims many had vague methods of evaluation including assessing children's drawings of a "balanced meal" to calculate their knowledge of nutrition (He, Morales et al. 2016) or calculating simply how many performances were given (Sohail 2010). Most studies utilised qualitative evaluation data in the form of semi-structured interviews and focus groups that mainly took place directly following the intervention. Although this does not allow us to assess the longevity of any changes it does provide key insights into the way in which relationships within the community are impacted, as discussed above. There was some description of how participants themselves evaluated interventions in terms of engagement, with references to the method as fun, engaging and empowering (Kafewo 2008, Pleasant, de Quadros et al. 2015, Chivandikwa, Gadama et al. 2020, Infanti, Zbikowski et al. 2020). However there was no evidence of how communities might take ownership of or further develop projects, or how the outcomes of projects could be held accountable to the community itself. There was also no discussion of the relationship between the intervention deliverers and the participants, and no assessment of possible negative side effects of the intervention, an omission which only one study recognised explicitly (Feuchte, Neufeld et al. 2020). Some expressed concern around small sample sizes and a lack of generalisability or statistical power (Jaganath, Mulenga et al. 2014, Parent, Ehrlich et al. 2017, Feuchte, Neufeld et al. 2020, Singh, Kalra et al. 2020). This highlights the need for a new evaluative paradigm for community engagement work, which is often still held to the markers of validity used for biomedical perspectives (Mathias, Nagesh et al. 2021).

Potential benefits of using theatre in community engagement processes

Due to our selection criteria for this review, the theatre interventions identified were all participatory as participants were required to actively engage with the process. The level of engagement did vary between projects, with some incorporating active community participation throughout each stage from conceptualisation of the play to delivery (Kafewo 2008, Jaganath, Mulenga et al. 2014). Others utilised actors for the development and performance of the piece, involving community members only at each end of the process in the forms of interviews to inform key themes and as (mostly active) audience members of the finished performance (Mabala and Allen 2002, Morrison and Arjyal 2021).

Potential challenges of using theatre in community engagement processes

Theatre can present significant challenges around sustainability, as it is often a time and resource-intensive intervention. Theatre of the Oppressed, in particular, requires a highly-trained facilitator to act as “The Joker”, without whom it cannot operate properly. Pragmatic considerations in the form of rehearsal and performance space, availability of actors and audience members and the cost of delivery make it a method which requires possibly significant levels of funding and buy-in from stakeholders (Kafewo 2008, Infanti, Zbikowski et al. 2020). As a result it is a largely episodic form of engagement, leaving it open to criticism that its utility may be short-lived and ephemeral (Johnston and Lane 2018). This limitation is recognised by many of the current studies who recognise their inability to report on lasting changes over time (Alencastro, Silva et al. 2020, Singh, Kalra et al. 2020) or even whether there have been any behavioural changes at

all (Chamberlain, Chillery et al. 1995, Jaganath, Mulenga et al. 2014, Parent, Ehrlich et al. 2017, Feuchte, Neufeld et al. 2020). Where individual behaviour changes have taken place there is still an acknowledgement of theatre's inability to address systemic factors which can hinder such behaviours, such as Underwood's study which conceded that whilst knowledge of nutrition may have increased within the community the intervention was not able to improve their access to meat, fish and eggs (Underwood, Broaddus et al. 2017). The same can be said of hierarchy and stigma which, while muted in the performance space, continue to exist in full force within the wider societal context (Mabala and Allen 2002, Parent, Ehrlich et al. 2017). Many studies reflected that attitudinal changes without correlating changes in service delivery or social practice calls into question the ability of theatre interventions to truly benefit the target community (Mabala and Allen 2002, Infanti, Zbikowski et al. 2020, Kusumo, Hendrartini et al. 2020, Morrison and Arjyal 2021).



How can the use of theatre support transformative relational processes?

Theatre provides a platform for a community to come together where societal norms are attenuated and members are able to push the boundaries of what is culturally acceptable (Chamberlain, Chillery et al. 1995). The performance space is often seen as separate from the community and this creation of an 'intellectually safe distance' (Parent, Ehrlich et al. 2017) allows participants to play with gender norms and hierarchies, as well as discussing subjects which are normally taboo (Mabala and Allen 2002). This can help to flatten hierarchies and overcome generation gaps, facilitating an increased understanding amongst its members (Mabala and Allen 2002, Bang 2015, Singh, Kalra et al. 2020). The necessity for co-operation and the act of working towards a common goal (i.e. a performance piece) creates an increased sense of collective agency and trust, improving the capacity to enter into dialogue with one another (Underwood, Broaddus et al. 2017, Chivandikwa, Gadama et al. 2020, Feuchte, Neufeld et al. 2020, Infanti, Zbikowski et al. 2020). The democratic space that is created allows for a critical re-evaluation of individuals' relationship to each other and to the collective. This can result in fundamental re-orientations of these relationships, empowering marginalised groups to enter into a dialogue with their oppressors (Brahma, Pavarala et al. 2019) and forging greater connections between non-stigmatised and stigmatised members of a community. Logie reports how for some participants a workshop focussed on issues experienced by the LGBT community was their first known engagement with this group, resulting in a breakdown of their "othering" and building new relationships in both a conceptual sense and a real sense as several participants expressed wanting to pursue friendships with LGBT people (Logie, Dias et al. 2019).

Even as theatre creates a space that encourages critical thinking, it holds its participants in a way which is culturally appropriate. As the performances are crafted by the experiences of the community interventions take place within a shared understanding, ensuring that they fulfil the aim of “talking with” rather than “talking at” (WHO [In process]). By seeing their own situations reflected communities can engage with issues based on an accurate truth, rather than a perception brought to them by outsiders. Not only does this increase meaningful engagement but it allows for the magnification of issues which may otherwise remain hidden. In this way theatre allows the exploration of nuances in relationships that can only be identified by those couched within them (Mabala and Allen 2002, Kafewo 2008, Parent, Ehrlich et al. 2017).

Case study: This Is My Story: participatory performance for HIV and AIDS education at the University of Malawi

A collaborative project between researchers from the University of California and the University of Malawi, This Is My Story utilised the PACED (Process and Collaboration for Empowerment and Discussion) approach to create a performance which would empower people living with HIV and AIDS (PLWHA) and stimulate community dialogue about HIV and AIDS. Over the course of 5 weeks, drama students collaborated with adult PLWHA from the community in workshops which utilised methods from Theatre of the Oppressed to explore sources of power within oppressive situations. While the paper does not detail which specific exercises were used, the focus of each stage of the PACED approach was on relational aspects such as building trust

between participants, discussing the complex reality surrounding HIV/AIDS and encouraging participants to formulate key issues themselves. Themes from the workshops were used to create a performance which was delivered to the community. Unusually for this type of study, evaluation took place one year after the performance rather than directly following it. Semi-structured interviews with student participants, PLWHA participants and student audience members assessed knowledge of HIV and AIDS, perceptions of HIV risk and stigma against PLWHA. Key findings were an increase in personal, relational and collective empowerment, with the majority of student participants noting an increased sense of leadership. The potential for these students to become peer leaders in HIV prevention could contribute to significant social change. The performance also provoked discussion with most audience members discussing key themes in the play with family or friends. The theme of 'equality' was most discussed, as PLWHA and drama students working together promoted an environment of equality which the authors felt supported the use of this methodology in reducing stigma and discrimination. The sustained collaboration between drama students and PLWHA encouraged the latter to share their stories with the community, and afforded student participants insight into the stigma and discrimination surrounding HIV, as well as the possibility of having a normal quality of life following diagnosis.

This *Is My Story* is a particularly powerful example of theatre in PABR due to the level of collaboration with the community, the delayed evaluation of the intervention suggesting a sustained impact on attitudes and the capacity for participants to critically analyse and alter their relationships to both individuals and social norms (Jaganath, Mulenga et al. 2014).

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Common Benefits of PABR

Further to our analyses of individual arts-based practices there were several common themes regarding the benefits of PABR methods. Following the WHO's vision for the potential outcomes of embracing relationality and complexity these have been subdivided into benefits at the macro, meso and micro levels (WHO [In process]):

Macro

- PABR can illuminate the hidden, addresses taboo and undermines social norms
- PABR has the potential to work well in changing attitudes towards stigmatised groups
- PABR creates a productive environment, i.e. encouraging an increased sense of connection

Most methodologies acknowledged the ability of arts-based practices to challenge societal norms and draw awareness to aspects of society which would otherwise remain hidden to project leaders, either because they are considered taboo or they are such an implicit part of the community's world-view that they are not explicitly stated in traditional research methods such as interviews. This was particularly true for approaches which require participants to help create a world, such as participatory video and theatre.



By creating art embedded in their lived experience participants placed their reality at the centre of the narrative. This allows researchers an insight into issues which are removed from the propaganda of a society's official narrative, or the presumptions of outsiders. The resulting relationship between researcher/change agent and community is therefore improved as it is founded on a more realistic understanding of the issues the community faces and the many societal layers which contribute to them.

The ability to explore the taboo is a testament to art's ability to create a space in which a community's "conventional rules and relations are placed on hold, or at least tempered" (Nunn 2020). Freedom from such conventions allows for dominant narratives to be challenged in a socially acceptable way. As a result, PABR is able to redress relational power dynamics within nations and communities by privileging and amplifying marginalised voices and facilitating them in authoring their own identities and experiences (Leavy 2018, Nunn 2020). By bringing these previously unheard or suppressed voices to the fore, arts-based practices expose other members of the community to a new narrative that often challenges their previous beliefs. Many studies in methodologies such as theatre also noted the associated status change of marginalised groups' involvement in these projects, as they became seen by the 'mainstream' community as a source of knowledge and insight.

This speaks to PABRs' ability to influence the relationships between subsections of a community, restructuring them in a way that flows organically from the community itself rather than being imposed by change agents.

While PABRs' ability to create a unique space was acknowledged across methods, there was discussion amongst the researching team whether this could be considered a 'safe' space. Many studies took place in spaces which may not necessarily be considered 'safe' by the participants. The role of hierarchy and social norms in such spaces outside of the study period may impact how participants view it even within the study, for instance young people who have felt intimidated by authority figures may not feel safe in spaces such as classrooms. We concluded that whilst the space created within PABR may not always feel 'safe' it is almost always productive, encouraging an increased sense of connection, community and dialogue as we see next.

Meso

- PABR can involve those affected by a problem in its assessment/ solution
- PABR potentially offers increased accessibility to interventions e.g. comics to overcome literacy barriers
- PABR can engender an increased sense of community (particularly theatre and participatory video)
- PABR can be tailored to different contexts / needs



As an emerging field PABR has been lauded as a more flexible and grounded approach to research, taking its data and initiatives from the community it is seeking to serve. It has been presented by some as an answer to the increasing call to decolonialise research, following the criticism that global health frequently involves institutions from high-income countries conducting research amongst “subjects” in colonised countries (Mathias, Nagesh et al. 2021). By viewing the community as “human participants and not mere objects of research” (Mathias, Nagesh et al. 2021) it aims to address historical assumptions about “the exotic “other”” (Berman and LeBaron 2019) and place communities in charge of their own narratives. These aims are supported in the literature, which frequently refers to the ability of arts-based processes to place the community at the heart of both raising and answering key questions in the project.

The co-produced nature of PABR results in an extremely flexible approach that can mould to the needs and interests of the participants. Not only does this result in increased individual engagement (as seen on the micro level) but it also represents an opportunity to create an approach which is not merely culturally competent but “culturally ‘compelling’” (Bunn, Kalinga et al. 2020), resulting in greater and more long-standing whole community engagement.

The experiential nature of arts-based processes blur distinctions between the insider/outsider and the expert/non-expert by recognising individuals as expert by experience (Berman and LeBaron 2019). This new definition of expertise increases the accessibility of projects to individuals who may consider themselves (or be considered) not educated or high status enough to engage with traditional research. The embodied learning of arts-based practice also makes it attractive for communities with low literacy levels, who may struggle to engage with traditional written media (Bunn, Kalinga et al. 2020).

This is particularly noted in visual methodologies such as comics or drawing/painting, which are able to engage groups that may otherwise be discounted from projects due to their literacy levels, such as young children. Increased accessibility allows for the inclusion of a broader range of perspectives, increasing the potential impact of research. It could also significantly impact the way in which research is evaluated going forward, which we will explore within our recommendations for future practice.

Micro

- Increases empathy and insight for participants
- Encourages critical thinking
- Considered stimulating and creative by participants
- Increased sense of realism and relevance for participants - more embedded in their experience of the world

Alongside an increased sense of dialogue within the community many studies comment on the benefits of artistic practices for individual participants. The imagination and play encouraged by artistic forms further allows participants to think outside of their everyday lives and everyday roles. PABRs' ability to create a reflective and democratic space encourages individuals to analyse societal norms critically and allows them to gain insight into experiences which stigma normally precludes them from engaging with. By framing issues within the worldview of the community, participants felt that the intervention was much more relevant to them and directly applicable to their lives. Overall, while the analysis of participants' experiences of PABR is still lacking in most studies, those which comment on it report a greater sense of individual ownership and control. This reflects some of the key potential outcomes highlighted by the WHO of embracing relationality in community engagement, evidencing PABRs capability of supporting such transformative processes (WHO [In process]).

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Recommendations for Best Practice

As we have seen many of the qualities of participatory arts-based research make it an excellent way of supporting transformative relational processes within community engagement work. However, there are also some key aspects which need careful consideration in work going forward. We have divided these into four categories: exploitation vs collaboration, extraction vs intervention, resource intensity and evidence base and methods of evaluation. The aim of these discussion points is not to disparage individual methodologies or discourage change agents from utilising PABR going forward. Rather, they are ways in which we are able to improve practice in the field even further, so that PABR may become a more robust, evidence-based and sustainable way of working with communities. In this way we feel that PABR can become a crucial way of evaluating the embodied aspect of community engagement and the social field in the same way that randomised controlled trials have been utilised to assess quantitative aspects of this work.



Exploitation vs collaboration

The spectrum of exploitation to collaboration should be carefully considered within methodology design, how data that is collected is used to serve the community and sustainability of an intervention.

Within the studies analysed in this review, collaboration can be found along a spectrum, from the cursorily collaborative (i.e. comic-drawing, which often presents pre-made comics to communities) to the truly participatory (i.e. members of a community are included in the writing and production of a theatrical piece from the outset). In line with the concept that “true participation only begins once power is delegated or developed” (Brunton, Thomas et al. 2017) researchers should reflect on where their chosen method falls along this spectrum. The current literature contains little critical reflection by authors on how their chosen methodology is truly participatory. We recommend that going forward studies explain this explicitly within their method summary, to ensure that efforts at participation are grounded in this sharing of power, and not merely tokenistic.

Studies which utilise methods to gather data from a community but do not address how this will be used to aid that community also run the risk of becoming exploitative. If the ultimate aim of community engagement is to serve the population we are working with, then this end goal should be kept in focus throughout the design and delivery of the project. We therefore recommend that future work which focusses on the collection of data in the first instance (such as often seen in photovoice) details how this information will be used to benefit its participants.

Sustainability of a project is another key consideration for researchers. If a project or intervention is not created to be sustainable beyond a funding life-cycle, this could be considered exploitative, in that it is not empowering communities to address their own issues. In this way it risks perpetuating colonialist overtones of a community being utilised when useful to the researchers and abandoned thereafter (Nunn 2020). We consider this issue further when analysing the resource intensity of different methods.

Extraction vs intervention

Researchers should consider how suited a methodology is for extracting data from a community and/or as part of a health intervention. This will allow them to identify where it is best placed in their research design and to what extent it is able to influence wider societal norms.

Within the many methodologies of PABR some approaches are inherently more suited to the extraction of data than the creation of an intervention. These particularly include methods such as photovoice, participatory video and drawing / painting, which often provide an insight into participants' worldview without seeking to influence this in any way. While at first glance extraction may seem the same as exploitation due to the one-way sharing of resources from community to change agent, extractive methods are not incompatible with relational community engagement if due consideration is given to where they fall within the overall research design. As discussed above, if extraction of data is the aim of a project then methods such as photovoice may be best suited to it, as long as researchers consider how this data will then be utilised to serve the community studied. This may require the combination of several arts-based approaches within one study, an area which we were unfortunately unable to explore in this review but which has the potential to be very effective.

Amongst methodologies more suited to active intervention, such as theatre and music-making, PABR still faces challenges in its limitations to fully address the issues of hierarchy, marginalisation and stigma within a community. Those who are most marginalised in a community may be least capable of engaging due to financial or social pressures, thereby excluding precisely the most vulnerable from the intervention (Nunn 2020). This is apparent in approaches which often require congregation in one central space, such as theatre, where the poorest community members may not be able to travel there. Whilst PABR seeks to be a democratising approach, it holds the potential to reproduce problematic power dynamics that are at play outside of the intervention. This can be reflected in the pervasive power of taboo, which may be minimised but not eliminated (Bunn, Kalinga et al. 2020) or the inherent power imbalance accorded to researchers by way of their being the funded and often governmentally supported half of the collaboration (Nunn 2020).

It also often cannot address the wider political landscape in which the project takes place and may have only limited control over factors affecting a community issue (entrenched gender norms, financial pressures, geographical factors etc). Whilst it is an approach that encourages reflection and engagement there are often significant challenges to translating this into actual change, which could become disheartening for participants (Nunn 2020).



Key, then, is researchers' consideration of exactly which relationships their project seeks to interact with and/or influence. If the aim of a project is to reduce stigma amongst one community this will require a very different intervention approach than if the focus is on improving the management of a chronic health condition. The former may focus on relationality between communities, stigmatised people, social norms and governmental policies. In contrast the latter will need to address not only the relationship between the community and their health provider but also relationality between health services and how they develop the capacity to deliver care.

This reiterates the need for researchers to consider how the products of their collaboration will be accessible and meaningful to community partners (Springs, Rofeberg et al. 2019), which we explore here under evaluation.

Resource intensity

Resource intensity plays a key role in the sustainability and accessibility of any methodology and is therefore a key aspect of PABR project design.

Resource intensity can be defined as the quantity of resource needed for a method in terms of equipment, space (both physical such as hired venues and conceptual in terms of fitting projects into the lives of participants) and time (that of change agents and participants). Requirements vary between and within methodologies. For example, photovoice tend to be less resource intensive than theatre in that it often does not require a specific space in which to take place and is more malleable to participants' everyday lives. However within theatre resource intensity varies hugely, ranging from a one-off workshop event to a long-running series of workshops and several final performances which may require specially trained facilitators.

It should be noted that the process of any PABR also requires constant reflexivity to avoid the interests of researchers being served over that of the community, which has the potential to be further time and resource-consuming.

The resource intensity of a method can impact the accessibility of community engagement work as methods which require a lot of participants' time and even money (for travel etc) risk excluding marginalised groups who cannot afford to invest. It also directly impacts the sustainability of health interventions. Methods with greater resource intensity are more reliant on the extra funding and resources brought in by a research team, and at higher risk of becoming unsustainable once these teams leave and communities are asked to manage the strain themselves. This is crucial as most studies acknowledged the need for frequent and sustained engagement in order to ensure that the community engagement was truly relational and not merely episodic.

Moving forward we suggest that researchers tailor the resource intensity of a project to the community's capacity as part of the project design. This increases the opportunity for relational community engagement to become truly empowering, as communities are encouraged to affect change within the capacities they have.



Evidence base and method of evaluation

Inconsistency within, and frequently absence of, evaluation of PABR methods in the current literature has resulted in a distinct lack of an evidence base for its effectiveness. We suggest that PABRs unique approach to community engagement calls for a new paradigm in how it is assessed.

A current challenge to the widespread adoption of PABR is a lack of evidence base, with the majority of research in the field of low quality by traditional standards (Ware and Dunphy 2019). A systematic review by Ware and Dunphy found that most studies which claimed to be participatory were merely applying more traditional qualitative approaches, and the majority of approaches had “significant shortcomings related to method, data collection, analysis processes, and support findings from data” (Ware and Dunphy 2019). In our review of current literature we commonly found a lack of control group, lack of clear measure of outcomes and lack of explicit consideration of strengths and limitations of the project design, including very little assessment of participants’ experience of methods.

The challenge of measuring behaviour change and the frequent use of self-reported data in these instances can raise questions around validity of research (Mitchell, Cooke et al. 2019), with few study designs capable of producing the kind of evidence accepted by the medical or policy-making communities (Bunn, Kalinga et al. 2020).



Common aspects of PABR such as small sample sizes and difficult to measure outcomes mean that traditionally quantitative measures are often inappropriate. Currently most studies which attempt evaluation do so via qualitative methods such as focus groups and semi-structured interviews of participants. Even in such cases there are few examples of long-term measures that allow researchers to determine the sustainability of interventions and their ongoing impact within communities.

However, while current PABR frequently does not adhere to a more mainstream medical understanding of effectiveness (e.g. with the inclusion of control groups), we suggest that the unique approach of PABR to community engagement requires a new paradigm in the way its outcomes are assessed. As Mathias notes, there are multiple ways in which researchers can be held accountable. Rather than falling short, it is unlikely that the outcomes of relational community engagement are best assessed by the values of the biomedical evidence ladder, which prioritises large and multi-site studies that often strip away nuance (Mathias, Nagesh et al. 2021). In order to assess the efficacy of methods which seek to strengthen and deepen relationships we must instead devise ways of evaluating those relationships themselves.

Authors such as Patricia Wilson have proposed five core “indicators of validity” which focus on exactly this, including “democratic validity” (to what extent is PABR truly co-created?), “outcome validity” (can we see growing awareness of an issue’s complexity?), “catalytic validity” (did the PABR process result in ongoing learning and action by participants?) and “dialogic validity” (what is the quality of mutual understanding developed between change agents and participants?) (Wilson 2021). Others such as Mitchell et al. proposed evaluation of community engagement according to the underlying values and principles of clarity, creativity, evidence-led, equity, interdisciplinarity, sustainability and flexibility (Mitchell, Cooke et al. 2019).

The aim of this review is not to champion one evaluative tool over another, but in providing an overview of the field. We suggest that there is a need to analyse and standardise how PABR work is assessed moving forward. This will allow us to hold participatory arts-based research to the same high ethical and efficacy standards we have for other research methods. Furthermore, we hope that such a conversation will counteract the currently fractured nature of the field, encouraging the sharing of insights and the emergence of a vibrant community that is able to share and co-develop best practice techniques. By learning together, we are able to harness PABRs' many strengths and fully realise its capabilities as a tool for understanding the relationality and complexities of our communities.



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