Learning and doing oral history in higher education in the midst of the Covid-19 pandemic

by Verusca Calabria

Abstract: This article discusses the opportunities and challenges that arose from delivering the 'Hidden Memories of Mental Healthcare' heritage project remotely rather than in person in the midst of the pandemic. Postgraduate students in higher education were taught oral history methodology at a distance in order to collect oral history interviews remotely. This article seeks to highlight innovative and collaborative approaches to teaching oral history methodology to young people in higher education in order to generate primary source material and co-produce digital mental healthcare histories at a distance. It discusses how the project met its stated outcomes by pivoting to online delivery. It examines the practical and ethical challenges and the unexpected outcomes and rewards that arose from this process.

Keywords: Covid-19; young people; blended learning; co-production; remote interviewing

Introduction

This article discusses how an externally funded heritage project was delivered remotely due to the advent of Covid-19, in the context of higher education (HE). In January 2020 I was awarded a £10,000 grant from the National Lottery Heritage Fund (NLHF) to deliver the 'Hidden Memories of Mental Healthcare' project.[1] The project set out to explore and document the intangible heritage of Nottingham mental health provision, from its tradition of innovation in mental healthcare[2] to the impact of the closure of the old state mental hospitals and the transition to community care following the introduction of the 1990 National Health Service and Community Care Act.[3] The project aimed to engage collaboratively with older people with lived

experiences of mental ill health, their families and retired staff to co-produce their histories and a touring exhibition. The main objectives of the project were not only to document and reflect on participants' personal and collective community perspectives in relation to mental healthcare provision locally, but also to promote dialogue and knowledge exchange among communities of interest. A further aim of the project was to engage with postgraduate students in HE through a heritage placement to co-produce local histories of mental healthcare to help preserve and share the hidden heritage of Nottingham mental healthcare with the wider public.

The project arose from extensive consultation and research that I carried out between 2015 and 2019 as part of my PhD. In that study, I employed participatory action research (PAR) as the overall research design and oral history as the data collection method, qualitative methodologies which are both interpretative and grounded in the lived experiences of individuals. PAR is a collaborative model of research in communities that emphasises participation and action. It aims to improve practices and situations research participants find themselves in by searching for practical outcomes to bring about positive change.[4] By combining PAR with oral history, I was able to collaboratively explore the experiences during the transition from institutional to community care of mental health service users and professionals who gave and received care in the now closed mental hospitals in Nottinghamshire across a period of fifty years.[5] The research identified hidden positives of British institutional spaces for service users, perceived to be lost in current settings, shedding light on the impacts of deinstitutionalisation across a range of policy landscapes, disciplines and settings.[6] The oral histories bring to light the loss of the hospital communities as places of safety and belonging and a loss of heritage from the now closed and repurposed or demolished institutions.[7]

The participative phases of my PhD research prompted the funding bid for the 'Hidden Memories' project.[8] Former patients and retired medical and non-medical staff asked to develop

the findings into an exhibition about the legacy of the local mental hospitals as an attempt to counter the imposed amnesia around these hospitals as healthcare spaces and communities of belonging. To this end, I set up a partnership between my department (Social Work) and the History department at my institution to recruit students as part of a 100-hour compulsory placement in a heritage context to help co-produce histories of mental healthcare, one of the main outcomes of this new project.

Due to the advent of Covid-19 and subsequent lockdowns, the original plans set out for this Heritage-Lottery-funded project of organising a series of in-person reminiscence events and collecting oral histories, delivering archival skills and digital photography training sessions, and producing a touring exhibition had to be set aside. As project lead, I was tasked with finding a solution to deliver the project within the established time frames, and therefore remote interviewing became a necessity. The revised plan – training for postgraduate students to record remote oral history interviews and co-produce an online exhibition – was delivered entirely online to make it practical and achievable within the UK government restrictions on social contact and in-person meetings. Despite some challenges, by adapting the original programme of in-person heritage activities to suit the changed circumstances, the 'Hidden Memories' project not only managed to fulfil its stated aims and achieve its planned outcomes but also resulted in some unexpected positive outcomes.

This article adds to the ongoing debate in the Learning section of *Oral History* about engaging young people in heritage through oral history methodology.[9] The article first discusses how oral history was taught online through blended learning with the support of digital technology. It highlights innovative practices of undertaking remote collaborative research with postgraduate students to generate primary source material and co-produce digital heritage content in the midst of the pandemic. The article goes on to examine the challenges and the opportunities that

arose from adapting traditional (in-person) to remote oral history interviewing. The article highlights the difficulties encountered in engaging with older service users and the strategies employed to provide support at a distance to both narrators and student interviewers. Finally, the article discusses how digital technologies enabled the sharing of interpretative authority with those who came forward to take part in this project. It highlights the unexpected rewards that arose for all involved as a result of conducting remote oral history research and co-producing digital histories of mental healthcare during a public health crisis. It focusses on the impact of participating in this project for the young people and the narrators involved and the possibilities and opportunities afforded by remote interviewing in an HE context. It goes on to discuss the outcomes of creating digital heritage resources for the wider public and their relevance to current debates about treatment and care in the context of mental healthcare.

Teaching oral history remotely

In spring 2020, at the start of the restrictions imposed by the UK government on social contact, I designed and delivered a pilot online oral history methodology course via Microsoft Teams (MS). It was aimed at a group of five postgraduate students undertaking the MA in Museum and Heritage Development at Nottingham Trent University, who had no prior knowledge of oral history methodology. These students were taking part in a 100-hour compulsory placement in a heritage context to help co-produce digital mental healthcare histories. The course was delivered in a mixture of real time (synchronous) and off-line (asynchronous) sessions over the course of six three-hour-long live sessions. The main aim of the course was to equip students with sufficient knowledge on how to conduct oral history interviews at a distance and how to make them accessible to the public. It included teaching and learning some of the key theoretical, technical and ethical concepts around the practice of oral history, as well as the practical skills required to conduct interviews, transcription and audio editing to inform a digital

exhibition. The course also covered the key themes in the history of psychiatry and mental health policy and the principles and impacts of deinstitutionalisation. As a requirement of the placement on the 'Hidden Memories' project, students committed to take part in the oral history online course, conduct at least two remote oral history interviews, including the preparation of verbatim/part summary transcriptions and one soundbite per interview, and help to collect life documents. Students also agreed to invest a minimum of twenty hours of study time to complete all pre- and post-session individual and group activities to deepen their learning. The course was delivered in a blended learning format,[10] through remote online teaching.

I adopted a flipped learning approach to the course design,[11] namely asking students to learn about new topics outside of the formal lecture settings by completing detailed step-by-step problem and inquiry-based activities, independently and in small groups, prior to attending scheduled sessions. An important consideration for ensuring success in flipped learning is to be mindful of students' possible resistance to new teaching methods.[12] For this reason, I ensured that students on their placement were prepared to embrace flipped learning by providing a clear outline of the rationale and making employability skills explicit in terms of what they stood to gain from this approach. I designed an online oral history methodology course manual outlining all pre- and post-session activities, hyperlinking key oral history methodology texts, supported by digital audio and video oral history extracts. I also prepared online break-out areas to guide students on how to complete the work. Research has shown that flipped learning supported by multimedia promotes inclusivity as it caters for different types of learners, including people with disabilities and those for whom English is a second language.[13] This was an important consideration as two students used English as a second language. In addition, this advance preparation meant that the live sessions were delivered in a highly interactive and practical manner. The advance preparation and the interactive sessions promoted independent learning

and developed students' employability skills, a key priority in the HE sector and a requirement of the compulsory placement as part of the Master's degree.[14]

Importantly, students demonstrated engagement in the higher-level cognitive thinking desired at their expected level of learning, evidenced by the knowledge and attributes revealed in the completed assessment tasks and when engaging with the taught materials during live sessions. The content of the completed flipped activities guided how I planned the interactive activities as part of the live lectures. At the start of each synchronous session, I incorporated an online quiz using MS Forms to test comprehension on key issues raised in the pre-session activities. This helped to identify any gaps in the students' learning and enabled subsequent tailoring of elements in future live sessions. I set up channels in a learning room on MS Teams to encourage collaborative working before and after sessions. For example, prior to the live session on the theory and practice of oral history interviewing, students were asked to read Hamilton's article 'On being a "good" interviewer'.[15] Students were asked to critically reflect on what makes a good oral history interviewer and what skills they needed in order to develop their oral history interviewing skills. Their reflections were posted in a general breakout room and used to encourage group discussion and mutual learning during the live sessions. Students clearly recognised the importance of understanding their own conscious and unconscious identifications with models of power and how these influence interviewing styles and techniques.[16] Examples of the students' reflections include a focus on the importance of being aware of their own positionalities and how these affect the relationship with their interviewees. They also highlighted the paramount importance of active listening through the process of subjugating their own agenda to the process of listening,[17] as well as the importance of empathy and rapport building in the oral history encounter.[18]

The blended learning approach, supported by flipped learning, ensured students' deeper

engagement with their learning through sequential and interlinked teaching and learning

material that was constructively aligned with the learning outcomes set out as part of the course.

The carefully planned activities that were to be completed in advance guided students to

develop critical thinking and analytical and problem-solving skills using Bloom's taxonomy, a

hierarchy of skills that can help prompt deeper thinking.[19] Importantly, recording the oral

histories remotely and helping to create digital content for the online exhibition helped the

students to develop general skills and attributes such as understanding and communicating with

audiences, community engagement, collaboration and evaluation skills, collection and

interpretation, which are central to the employability agenda nationally[20] and for which there is a

gap across the heritage sector.[21]

Doing oral history at a distance

Although 'oral historians have traditionally favoured the face-to-face interview and discouraged

remote interviewing',[22] I did not hesitate to venture into remote interviewing for the 'Hidden

Memories' project, having had positive experiences of conducting in-depth oral history

interviews via Skype for a past project pre-pandemic in which two key informants requested to

be interviewed at a distance. At that time, I was able to build sufficient rapport and prior

knowledge to conduct in-depth interviews, which informed a publication about the remarkable

history of an organisation that has provided vital social support for people in crisis for decades.[23]

In 2020, in the midst of the pandemic, Nottingham Trent University issued a policy for all

research interviews to be conducted remotely using MS Teams, a video conferencing and

educational tool, to ensure compliance with the UK government's advice to avoid unnecessary

social contact until further notice. The content of the live taught session on planning and

recording remote oral history interviews on MS Teams was influenced by advice on conducting

oral history interviews during the pandemic produced by the British Library oral history team in April 2020, and subsequently revised in May 2020.[24] Students were instructed in basic technical considerations to avert technical issues inherent with online interviewing. I revised the standard interviewer's checklist, which I have used in countless oral history trainings in the past, in order to fit the remote nature of the interview. For example, I asked interviewers to switch off all other devices and to connect to their router with an ethernet cable as opposed to connecting by wifi and to ask their interviewee to do the same if possible, and to turn off notifications both from their email and mobile phone. To deal with the poor quality of in-built microphones in personal computers, I purchased and distributed high-quality headsets with in-built microphones with the Heritage Lottery funds to produce better quality oral history interviews; interviewees were encouraged to do the same if they had access to this equipment.

There were advantages in recording the interviews using an institutional MS Teams account. These included data security as the recording was stored automatically on the institution's online data storage. This removed the need to ensure that interviewers had sufficient storage available on their personal computers, thus eliminating the danger of recording failure or loss due to lack of storage. The video option also gave the ability to create the semblance of an in-person encounter for those interviewees with access to a computer camera, which enabled interviewers to continue to rely on non-verbal cues when probing. Interviewers were reminded to ensure that the interviewees clearly described any documents, objects or non-verbal forms of expression they referred to during the interview. The main drawback of using this technology to record interviews is poor sound quality, as clicking sounds on the keyboard and paper shuffling can be picked up. Recording MP4 video files and converting these to MP3 audio files for transcription and editing causes further loss of quality according to archival standards. The student interviewers were encouraged to record the best quality interview possible by minimising external noise both in their own homes and in the homes of the interviewees.

After the session on planning and conducting remote oral history interviews, students were asked to conduct a mock remote interview and to post their observations and reflections in the learning room, for example what went well, what did not, what they wished they had done differently. They were encouraged to listen to their mock interview to help them reflect on their interviewing skills. Their individual responses helped to identify areas of improvement in their oral history interviewing skills before starting to record interviews for the 'Hidden Memories' project, which in turn helped me to shape individual mentoring sessions.

Students were alerted to the main ethical issues to consider when interviewing remotely, such as the difficulties of building rapport, gaining consent at a distance and problems around participants potentially finding it difficult to talk for long periods of time in a remote interview, resulting in the need for more frequent breaks. These issues were overcome through careful considerations and by investing significant time in supporting participants at a distance through several prior and follow-up phone calls. To help build rapport, trust and common ground at a distance and to ensure that informed consent was sought, I set up preliminary telephone meetings with individual participants to fully explain the purpose and uses of the research. This provided opportunities for them to ask questions about the research and to raise any possible concerns, including the need for any clarifications.

At this stage I was able to gather basic information and details about the person's involvement in mental healthcare, which I relayed to the students. Each student interviewer was asked to follow up with another call to the interviewee to ensure that they could also build some common ground before conducting the oral history interview. Participants were asked to complete their participation agreement form, including giving informed consent prior to the interview either

online or via a hard copy sent to participants in the post with a pre-stamped envelope. All nineteen participants opted to complete the interview consent and memorabilia forms online.

Strategies to provide support at a distance

I recognised from the outset the possibility that participants in the project could become upset when reflecting on experiences of past and present models of mental healthcare and that conducting interviews online would make it more difficult to know if this situation would occur. To this end, telephone debriefs were arranged with each participant within two weeks of the interview to follow up and check whether narrators needed any emotional or psychological support. The value of these telephone conversations became apparent during the exchanges that occurred between the project team and the narrators who came forward to share their memories remotely. The project helped the narrators cope with the anxiety and confinement of lockdown by enabling them to give their time and connect with others.[25] They reported that regular remote contact helped reduce feelings of isolation, reflecting similar reports of the value of social contact at a distance created through remote oral history projects conducted in the midst of the pandemic.[26] As the British Library oral history team has recognised, the interview may be a coping mechanism for the interviewee to help them to process their experiences of the pandemic.[27]

Providing support structures for oral history interviewers undertaking interviews during crises is another central consideration to help them to cope with the emotional burden that this kind of work involves. Anna Kaplan refers to projects dealing with traumatic subject matter which developed emotional care initiatives to support the wellbeing of interviewers.[28] For the 'Hidden Memories' project, in addition to regular communication with the interviewees before and after the interviews, I planned regular debriefs with the student interviewers to check on their

wellbeing and provide individual mentoring. A body of literature has engaged with the teaching of oral history for undergraduate students in HE, such as teaching oral history methodology to inspire student civic engagement and political activism internationally.[29] More recently, a section of a special issue of *Oral History Review* has focussed on the implications of Covid-19 for the oral history field, including teaching and conducting oral history interviews in the midst of the pandemic.[30] Sloan, writing about doing oral history during the pandemic, reflected that the process can provide much needed human contact as well as being a tool for documenting both the unfolding crisis and the lived experiences of Covid-19.[31] It can serve as 'an emotional outlet for the people living through it', which applies to both narrators and oral historians alike.[32] An unexpected positive outcome of undertaking the project remotely during the course of subsequent lockdowns was that it helped support student wellbeing through meaningful structured activities and routine and by providing them with someone to talk to at regular intervals during a time of great uncertainty about their future. One of the international student interviewers, who was unable to travel home due to the restrictions put in place by the UK government, wrote a blog for the project. He reflected on the positive impact that taking part had had on his own mental health and on his understanding of others experiencing mental ill health. It helped him to reduce his own stigma towards mental ill health: 'The project has changed my way of approaching mental health problems by normalising and accepting them, and empathising with people with mental health problems and their family members'.[33]

Prior to Covid-19, UK universities experienced dramatic increases in the number of students seeking mental health support.[34] The advent of the Covid-19 pandemic has severely affected students' emotional, social and educational experiences, and there has been a doubling in demand for mental health services in HE.[35] Recent research into the student experience during the first Covid-19 lockdown in the UK and thereafter has indicated that improving online learning will have the most direct impact on students' future wellbeing, engagement and motivation.[36]

International students often lack local support systems and have been found to have been at much higher risk of poor mental health during the pandemic.[37]

First in-person meeting of the project team at the site of the old Mapperley Hospital after the first lockdown was lifted, August 2020. Photo: Verusca Calabria.

Remote interviewing for narrators

One of the major challenges the 'Hidden Memories' project faced was to connect with older service users remotely. The project was promoted through social media, the local press and through existing networks of service users, carers and retired staff I had built during my PhD studies. Although carers and retired professionals came forward to share their memories of the transition from institutional to community care, we were unable to reach out to former patients. I had originally intended to do outreach work in a local day centre, a project partner that was closed during the pandemic but otherwise provides social support to people with long-term mental health problems. This is likely due to these older service users, who would have remembered the transition from institutional care to the community care model, experiencing higher levels of ill health since day services were closed during the pandemic. This was likely compounded by the difficulty of participating in a heritage project at a distance for older service

users, as they may not have had either digital access at home or the ability to use digital technology. The pandemic is having a disproportionately detrimental impact on people who were already disadvantaged by structural inequalities before it began.[38] Older people with psychiatric disabilities are at an increased risk of digital exclusion due to lack of access to technology, knowledge of how to use it and the barriers caused by mental illness.[39] In contrast, Anna Kaplan has pointed out that the assumption that face-to-face interviewing is accessible to all is ableist, as it does not take into account those individuals and groups who need to be interviewed at a distance due to health reasons or those who prefer being interviewed remotely.[40] Similarly, oral history researchers may also prefer remote interviewing as it affords flexibility for those with caring responsibilities who may not be able to travel as freely as those without dependents. Moreover, it makes it possible to conduct interviews from further afield, as Ruth Mather explained when discussing the necessity of conducting oral history interviews online with participants from around the world about the emotions associated with the ownership and use of lace objects.[41] Remote interviewing also reduces the carbon footprint; funders are beginning to require a demonstrable effort to reduce the environmental impact of travel in response to the climate crisis.[42]

One of the advantages of conducting remote interviews was the ability to interview Graham Machin, former chair of a local day centre and also a mental health carer and campaigner, who had relocated to Scotland at the cusp of the pandemic. Graham played a crucial role in campaigning for better access to mental healthcare in Nottingham for people with serious long-term mental health conditions. His insights helped to identify the hidden legacy of Middle Street Resource Centre, a day centre that for fifty years has been supporting mental health recovery and preventing relapse into mental health crisis for hundreds of people with mental illness living in and around Nottingham. The centre has been offering vital psycho-social support since the

1990s during a time in which investment in mental health community services and support structures has steadily been reduced.

The 'Hidden Memories' project had been conceptualised to engage collaboratively with the public to co-produce local histories of mental healthcare. Through sustained contact, albeit at a distance, the project team was able to form genuine connections with participants and fostered community collaborations, which in turn enabled the sharing of authority to achieve co-production.[43] The frequency of these remote conversations helped to rally the interviewees to help the project team build a community archive of photographs and life documents through their own extended contacts in the absence of the ability to access archives. These life documents went on to inform the digital exhibition. Examples include two of the historical images included in this article: a newspaper advert to recruit nurses from 1966 in which an interviewee is featured and a photograph of female nurses playing football at Mapperley Hospital in the early 1970s as part of a fundraising event. In addition, interviewees were involved in the co-production of the exhibition by helping to select the content from their own contributions that best represented their experiences. While the idea of sharing interpretative authority with the public in the context of the production of cultural heritage is not new,[44] digital technologies enable possibilities for decentring authority through co-production with the public.[45] The co-produced exhibition is organised across three themes: memories of care in the mental hospital,[46] transition from hospital to community care[47] and experiences of early community care.[48] Despite the absence of service user voices, the oral history contributions made by former staff and carers who were either responsible for or witnessed the closure of the mental hospitals in Nottingham and the introduction of community-based care shed light on some of the complexities of deinstitutionalisation. For instance, some retired nurses felt that the closure of the hospital was innovative; others disagreed as they witnessed people with serious long-term mental health conditions neglected in the community. Some carers highlighted that their

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involvement in the mental health system became more problematic during the transition to the new model, for example on account of the lack of involvement of mental health carers in care planning.
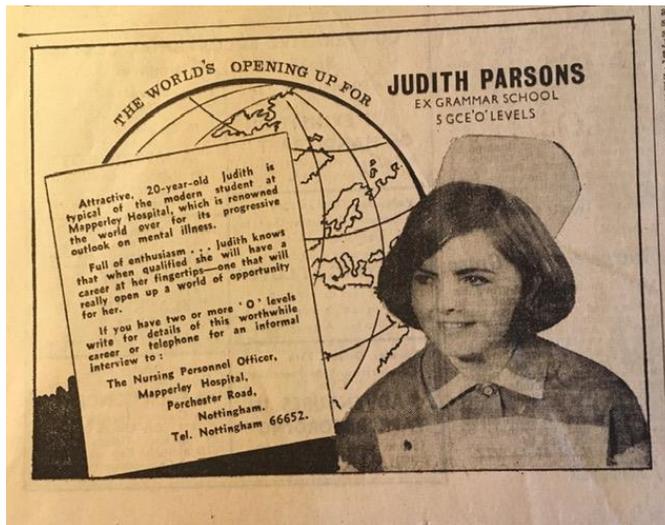
Newspaper advert to recruit nurses to work at Mapperley Hospital, 1966, featuring Judith Estrop. Photo: courtesy of Judith Estrop.

The need to innovate in how researchers and practitioners engage with oral history in teaching, research and public engagement has become inevitable for those who want to be part of the emerging field of co-production of public history and heritage work. This is evident in the field of the social history of madness.[49] As the historians of psychiatry Rob Ellis (UK) and Catharine Coleborne (Australia) have argued, understanding that neither the treatment for people with long-term mental ill health nor their health outcomes have materially improved since deinstitutionalisation not only 'helps us demonstrate the relevance of our discipline to current debates about treatment and care', but also 'to understand our place in newer and more creative forms of engagement'.[50]

Outcomes and opportunities

Despite some of the drawbacks encountered, by responding to unexpected events and seeking alternative methods of delivery the project significantly expanded its original scope. Nineteen oral history interviews were recorded remotely, and a project website hosting a digital exhibition was produced, alongside the creation of a community archive of photographs, which is deposited at Nottingham Central Library.

The project website, which hosts a blog and a permanent co-produced digital exhibition showcasing histories of Nottingham mental healthcare, has created unique situated knowledge of key actors,[51] who continue to be largely ignored in the history of mental healthcare. These perspectives help to counter the vilification of psychiatric inpatient care and provide an opportunity for those who dedicated their life's work to caring for others to reflect on the value of their roles in supporting people with ongoing mental ill health.

The 'Hidden Memories' project has helped to make the local community's intangible heritage of mental healthcare available to a wide range of people. While the remote and digital nature of the project likely discouraged older people with long-term mental health conditions from coming forward, the inclusion of narratives and experiences of carers and retired medical and non-medical staff, who have largely been left out of existing accounts, nonetheless contributes considerably to our understanding of the heritage of psychiatric institutions by moving away from 'authorised heritage discourse'.[52] Historiographies of mental healthcare and psychiatric institutions have tended to focus on buildings, hierarchies and legislation. The growing interest in intangible heritage since the cultural turn of the 1980s, which signalled the 'democratisation' of heritage,[53] has therefore resulted in opportunities to create a multi-vocal representation of the past. A participatory approach to the cultural heritage of past models of care, grounded in local concerns and interests, can help to reconceptualise the intangible heritage of institutions by allowing for the emergence of multiple, parallel, contradictory and often contested narratives. In

turn, these can redress imbalances in the historiography of psychiatry where certain accounts of the past continue to be held up as being more valid than others.[54] The process of revealing the often hidden histories of mental healthcare practices over time also aids critical engagement with contemporary care policy and practices, highlighting continuities and discontinuities in psychiatric systems such as an enduring reliance on compulsion and coercion despite changes of form and means. It helps to document the sustained underinvestment in long-term therapeutic community-type services and support structures in the mental health system since the advent of deinstitutionalisation.[55]
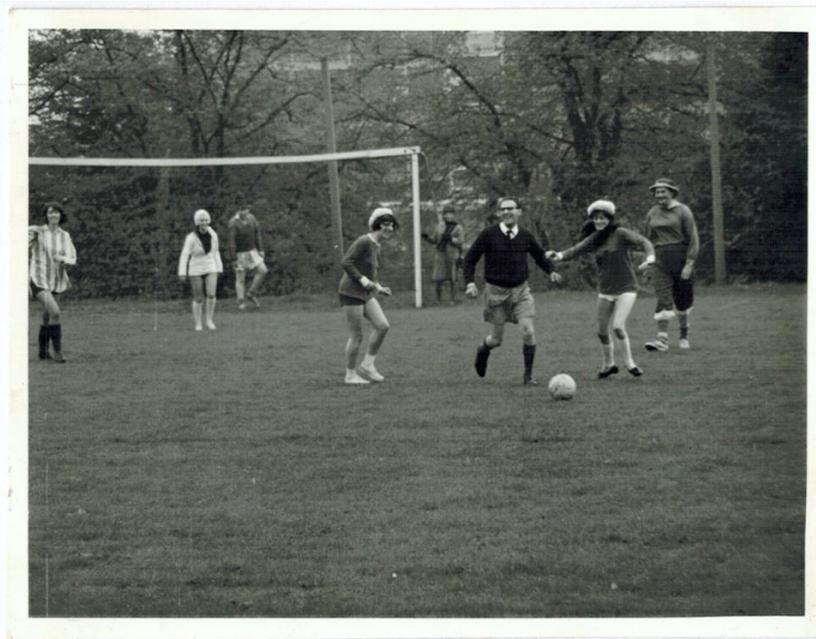
Charity football game event, Mapperley Hospital, 1971. Photo: courtesy of Kate Holmes.

Another significant achievement has been the digital exhibition and other resources on the project's website becoming part of the curriculum across different disciplines and different institutions. For instance, the digital resources have been embedded in three undergraduate degree courses (Health and Social Care, Social Work and Education) at Nottingham Trent University. The resources are also being utilised to study the social history of institutions on the undergraduate courses in History at Huddersfield University and Geography at Lincoln

University.[56] The exhibition has attracted interest from international mental health service users and allied professionals interested in the heritage of mental healthcare.[57] These openly accessible educational resources help students from diverse backgrounds and with different learning styles to understand first-hand experiences of the public, whose voices, involvement and co-production have become increasingly important in the design and delivery of health and social care services.[58] These resources further enhance the students' learning experience by providing alternative, cross-disciplinary perspectives from traditional research which tends to exclude the voices of unrepresented groups.

A key learning outcome from the remote teaching of oral history with the intention of co-producing primary sources of digital history for public engagement has been to embrace a more inclusive approach to the student experience, which has been shown to increase students' academic achievement. Although devising a blended learning approach through digital means to teach oral history at a distance required a substantial amount of work in the planning stage on my part, it helped to enhance the student learning and employment prospects during a time of great uncertainty. Taking part in this project as interviewers helped remove barriers to success for young people seeking a career in heritage by helping them to learn new skills in oral history, digital audio editing and transcription, as well as encouraging them to develop other transferable employability skills. The students gained a considerable range of highly sought after applied digital skills, along with experience in co-designing an online audio-visual resource, which has since supported their career in the heritage sector. Following their involvement in this project, one of the placement students secured a short-term research assistant post in an academic institution. Subsequently, she went on to work as a freelance museum professional to produce oral histories for a national museum on behalf of a heritage organisation in Scotland. Another student secured a paid internship in a heritage organisation in their country of origin, which was made possible thanks to their involvement on this project.

To explore the hidden legacy of Middle Street Resource Centre that emerged from this project and to remedy the absence of engagement from service users, I repurposed some of the under-spent budget (with permission from the funder) to run a consultation event in July 2021. The fifty users, staff, volunteers and local residents who attended expressed a strong need to preserve and celebrate the heritage of the Centre over the last half century. The findings from the consultation resulted in a new, larger funding application to document the legacy of the Centre, which will continue to utilise oral history to explore and document mental health histories. The 'Fifty Years of Middle Street Resource Centre' heritage project has now secured £98,000 from NLHF to create cross-discipline (Social Work and History) paid internships to harness the talent of undergraduate students in Health and Social Care and postgraduate students on the MA in Museum and Heritage Development, who will co-produce the social history of the Centre with service users, staff, volunteers and local residents.[59]

Conclusion

This article has highlighted the learning opportunities that arose for young people when teaching and collecting oral histories for the purpose of public engagement during the Covid-19 pandemic. It has shown how embracing uncertainty produced not only some expected challenges but also unexpected opportunities and rewards. Working collaboratively with postgraduate students and the public to produce digital resources in the context of mental healthcare heritage aligns with current developments not only in public history but also in museum and heritage development. Conducting the project entirely remotely created some challenges as the project team was unable to attract interest from older service users. However, an in-person consultation with service users which subsequently took place has now helped to secure funding for a new project to document the legacy of a local day centre across a period of

fifty years before it is lost. Moreover, the postgraduate students were able to share interpretative authority by co-producing the oral histories with those who came forward to share their memories with painstaking care. Through extensive remote contact with interviewees, the young people were able to negotiate the content of their contributions and to source historical images to be used for the digital exhibition.

Through digital engagement, the 'Hidden Memories' project achieved the NLHF compulsory outcome, 'a wider range of people will be involved with heritage',[60] including engaging with young people who developed skills and greater wellbeing. The digital exhibition enabled wider participation from the general public and special interest groups, both locally and beyond. The unique digital resources about the social history of mental healthcare are enhancing the learning process for undergraduate students across a range of disciplines and settings. Importantly, young people's civic engagement through oral history had the effect of destigmatising mental illness and the care associated with it.

The adoption of a blended learning approach enabled this project to contribute to the emerging field of co-production of mental health histories. Several academic and community-based public history and heritage initiatives have engaged with the social and cultural history of former psychiatric hospitals across England, Scotland and Wales, highlighting the contested histories of psychiatry, institutions and mental healthcare. [61] Moving to more flexible learning environments also engaged innovative approaches to public engagement, collaboration and co-production, including the bringing together of historical enquiry with community arts activities such as digital heritage outputs. Participatory approaches to researching the past of mental healthcare have direct relevance to current mental health practice. These efforts help to illuminate the complexities of institutional psychiatric care practices, affording a more nuanced intellectual exploration that challenges an unhelpful negative–positive demarcation between the

past and the present. Not only can the multiple representations of personal and collective accounts of past models of care redress the historical record but they can also bear on current policy.

By devising a new model of remote delivery, the 'Hidden Memories of Mental Healthcare' project not only 'successfully pivoted to a fully online programme' but also 'demonstrated the creative and impactful nature of online delivery and its potential for training in community-based heritage projects that plan to document their own histories'.[62] The need for extensive contact with interviewees to build rapport from a distance had the effect of providing much needed informal social support for all involved during a time of enforced social distancing. Furthermore, providing opportunities for students to meaningfully engage at a distance through blended learning helped reduce isolation and improve their wellbeing during a time of unprecedented crisis in the mental health of university students. The students not only successfully completed their placements but were inspired by their increased understanding and experience of the value of preserving intangible heritage, leading them to pursue oral history for work and personal projects.

This article makes an important contribution to academic instructors who engage with oral history in their teaching and learning practice. It shows the potential afforded by developing innovative blended learning models of teaching and by conducting remote interviewing in an HE context. While doing oral history remotely is not without its problems, innovating practices of oral history teaching and research can help widen (digital) dissemination of the histories of under-represented groups, while also affording opportunities for civic engagement. In turn, this can improve outcomes for young people in HE, who stand to make considerable gains in terms of employability skills highly sought after in the heritage sector. Under recent proposals by the Office for Students, the independent regulator for HE in England, universities are under

increased pressure to build 'work-like' experience into the curriculum in order to enhance

student outcomes, and any universities seen to be offering poor-quality courses will face tough

regulatory action.[63] One obvious challenge when attempting to achieve these outcomes is to

source the required number of placements to match student demand and to commit sufficient

staffing resources to manage and supervise placements. The pandemic required new and

creative approaches to adapting traditional ways of doing oral history. The 'Hidden Memories'

project has shown that teaching and doing oral history remotely with students in HE embeds

and enhances graduate employment, and that hybrid, community-based heritage placements

would go some way to easing the pressures universities face in providing work experience for

students.

Acknowledgements

NOTES

1 The Hidden Memories of Nottingham Mental Healthcare [web page]. Accessed online at www.mentalhealthcarememories.co.uk, 10 March 2022.

2 Shulamit Ramon, *Psychiatry in Britain: Meaning and Policy*, Abingdon: Routledge, 2018.

3 House of Commons, The National Health Service and Community Care Act, London: HMSO, 1990.

4 Sharlene Nagy Hesse-Biber and Patricia Leavy, *The Practice of Qualitative Research*, London: Sage, 2010.

5 For a full discussion of the similarities and differences between PAR and oral history and how these methodologies were combined in my PhD research, see Verusca Calabria and Di Bailey, 'Participatory action research and oral history as natural allies in mental health research', *Qualitative Research Journal*, 2021. Accessed online at https://journals.sagepub.com/doi/10.1177/14687941211039963, 31 May 2021.

6 Verusca Calabria, 'With care in the community, everything goes: coproducing oral histories to re-examine the provision of care in mental hospitals', *Oral History*, vol 50, no 1, pp 93-103; Verusca Calabria, Di Bailey and Graham Bowpitt, 'More than bricks and mortar: meaningful care practices in the old state mental hospitals', in Rob Ellis, Sarah Kendall and Steven J Taylor (eds), *Voices in the History of Madness: Patient and Practitioner Perspectives,* Cham, Switzerland: Palgrave Macmillan, 2021.

7 Verusca Calabria, 'An exploration of the function of nostalgia in oral histories of institutional care', in Rebecca Wynter, Rob Ellis and Jennifer Wallis (eds), *Anniversaries, Memory and Mental Health in International Historical Perspective: Faith in Reform*, London: Palgrave Macmillan, 2022 forthcoming.

8 Calabria and Bailey, 2021.

9 Kate Melvin, '"You live the moment with the person telling your story": young people and oral history in National Lottery Heritage Fund projects', *Oral History*, vol 49, no 2, 2021, pp 122-27.

10 Blended learning is an approach to learning that combines different delivery methods – online and face to face – supported by technology, and caters to different styles of learning. Jen-Her Wu, Robert D Tennyson and Tzyh-Leah Hsia, 'A study of student satisfaction in a blended e-learning system environment', *Computers & Education*, vol 55, no 1, 2010, pp 155-64.

11 John Bergmann, Jerry Overmyer and Brett Wilie, 'The flipped class: what it is and what it is not', *The Daily Riff,* 2013, 9.

12 Julie Schell, 'Student resistance to flipped classrooms', Turn to your neighbour: the official peer instruction blog, 2012. Accessed online at https://peerinstruction.wordpress.com/2012/03/02/peer-instruction-and-student-resistance-to-interactive-pedagogy, 20 February 2022.

13 Maureen J Lage, Glenn Platt and Michael Tregalia, 'Inverting the classroom: a gateway to creating an inclusive learning environment', *Journal of Economic Education*, vol 31, no 1, 2000, pp 30-43. Accessed online at https://doi.org/10.1080/00220480009596759, 15 February 2022; Clyde Freeman Herreid and Nancy A Schiller, 'Case studies and the flipped classroom', *Journal of College and Science Teaching*, vol 42, no 5, 2013, pp 62-66.

14 Stuart Norton and Roger Dalrymple, 'Enhancing graduate employability: context perspective and compendium precis', in *Enhancing Graduate Employability: A Case Study Compendium*, York: Advance HE, 2020, p 3.

15 Carrie Hamilton, 'On being a good interviewer: ethics, empathy and the politics of oral history', *Oral History,* vol 36, no 2, 2008, pp 35-43.

16 Hamilton, 2008.

17 Kathryn Anderson and Dana C Jack, 'Learning to listen: interview techniques and analyses', in Rob Perks and Alistair Thomson, *The Oral History Reader*, Abingdon: Routledge, 1998, pp 129-42.

18 Valerie Yow, *Recording Oral History: A Guide for the Humanities and Social Sciences*, London: Rowman & Littlefield, 2014, pp 96-100.

19 David R Krathwohl, 'A revision of Bloom's taxonomy: an overview', *Theory Into Practice*, vol 41, no 4, 2002, pp 212-18.

20 Doug Cole and Maureen Tibby, *Defining and Developing Your Approach to Employability: A Framework for Higher Education Institutions*, York: Higher Education Academy, 2013.

21 Creative Cultural Skills, English Heritage, *The Historic Environment and Cultural Heritage Skills Survey*, 2013. Accessed online at https://historicengland.org.uk/content/heritage-counts/pub/2013/historic-environment-cultural-heritage-skills-survey-pdf, 15 April, 2022.

22 Charlie Morgan, Rob Perks, Mary Stewart and Camille Johnston, 'Advice on remote oral history interviewing during the Covid-19 pandemic', 2020. Accessed online at www.ohs.org.uk/covid-19-remote-recording, 11 April 2022.

23 Verusca Calabria and Luke Roberts, *St Martins of Tours: A Brief History, 1920-2016*, London: Avenue Design, 2016.

24 Morgan et al, 2022.

25 Padmini Broomfield, *Hidden Memories of Mental Health Care*, Evaluation Report, April 2021, p 4. Accessed online at https://static1.squarespace.com/static/5ef1d20e912a0603ba667f90/t/607eac9b50d6090ae8ac4eb9/1618914470796/Hidden+Memories+Evaluation+Report.pdf, 20 April, 2022.

26 Examples are cited in Anna F Kaplan, 'Cultivating supports while venturing into interviewing during COVID-19', *Oral History Review*, vol 47, no 2, 2020, pp 218-19.

27 Morgan et al, 2022.

28 Kaplan, 2020, pp 219-20.

29 Abby Mills, Stephen Schechter, Shannon Lederer and Robert Naeher, 'Global stories of citizenship: oral history as historical inquiry and civic engagement', *Oral History Review*, vol 38, no 1, 2019, pp 34-62. Other examples include Gregory Zieren, who explored the complexities of teaching oral history in an intergenerational context in Tennessee: Gregory Zieren, 'Negotiating between generations: a decade of experience teaching oral history', *Oral History Review,* vol 38, no 1, 2019, pp 158-74. Leyla Neyzi evaluated the transformative societal effects of teaching oral history to undergraduate students in Turkey: Leyla Neyzi, 'National education meets critical pedagogy: teaching oral history in Turkey', *Oral History Review*, vol 46, no 2, 2020, pp 380-400.

30 The Oral History Review vol 47, no. 2 (2020).

31 Stephen M Sloan, '"Behind the 'curve": COVID-19, infodemic, and oral history', *Oral History Review*, vol 47, no 2, 2020, p 194.

32 Sloan, 2020, p 195.

33 Federico Arguinarena Diaz, 'My experience of volunteering for this project' [blog post]. Accessed online at www.mentalhealthcarememories.co.uk/blog/my-experience-o-volunteering, 19 April 2022.

34 Craig Thorley, 'Not by degrees: improving student mental health in the UK's universities', The Progressive Policy Think Tank, 2019. Accessed online at www.ippr.org/publications/not-by-degrees, 29 March 2022.

35 Office for National Statistics, 'Coronavirus and the impact on students in higher education in England: September to December 2020', 2021. Accessed online at www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/coronavirusandtheimpactonstudentsinhighereducationinenglandseptembertodecember2020/2020-12-21, 3 June 2022.

36 Pearson and Wonkhe, 2020. 'The expectation gap: students' experience of learning during Covid-19 and their expectations for next year'. Accessed online at https://wonkhe.com/blogs/the-expectation-gap-students-experience-of-learning-during-covid-19-and-their-expectations-for-next-year/ 11 June 2022.

37 Liia Kivelä, Joanne Mouthaan, Willem van der Does and Niki Antypa, 'Student mental health during the COVID-19 pandemic: are international students more affected?' *Journal of American College Health*, 2022, pp 1-9. Accessed online at https://doi.org/10.1080/07448481.2022.2037616, 29 March 2022.

38 Clara Bambra, Ryan Riordan, John Ford and Fiona Matthews, 'The COVID-19 pandemic and health inequalities', *Journal of Epidemiology and Community Health*, vol 74, no 11, 2020, pp 964-68; Michael Marmot, 'Health equity in England: the Marmot review 10 years on', *British Medical Journal*, vol 368, no 8235, 2020. Accessed online at https://doi.org/10.1136/bmj.m693, 11 April 2022.

39 Ben Greer, Dan Robotham, Sara Simblett, Hannah Curtis, Helena Griffiths and Til Wykes, 'Digital exclusion among mental health service users: qualitative investigation', *Journal of Medical Internet Research*, vol 21, no 1, 2019, p e11696. Accessed online at https://doi.org/10.2196/11696, 29 March 2022.

40 Kaplan, 2020, p 219.

41 The interviews are part of a project exploring the meanings of lace, from the raw materials to its eventual disposal. Ruth Mather, 'Making (and) meaning in oral histories of lace', online seminar presentation, Nottingham Trent University Oral History Network, 28 April 2022.

42 An example is the Wellcome Trust grant funding carbon footprint offset policy for travel. See Wellcome Trust, 'Carbon offset policy for travel' [web page]. Accessed online at https://wellcome.org/grant-funding/guidance/carbon-offset-policy-travel, 22 April 2022.

43 Co-production aims to break down the barriers between 'experts' and 'the public' by changing the hierarchical positions of power between them. See Jeff Oliver, Jackson Armstrong, Elisabeth Curtis, Neal Curtis and Jo Vergunst, 'Exploring co-production in community heritage research: reflections from the Bennachie Landscapes Project', *Journal of Community Archaeology & Heritage*, 2021. Accessed online at https://doi.org/10.1080/20518196.2021.2014659, 15 April 2022.

44 Karen Wall, 'Who needs experts? Counter-mapping cultural heritage', *Leisure*, vol 42, no 1, 2018, p 125.

45 Benjamin Filene, 'Letting go? Sharing historical authority in a user-generated world author(s)', *History News*, vol 66, no 4, 2011, p 9.

46 Exhibition page on the theme of care in the mental hospital: Hidden Memories of Mental Healthcare, 'Memories of care in the mental hospital' [web page]. Accessed online at www.mentalhealthcarememories.co.uk/care-in-the-mental-hospital, 22 April 2022.

47 Exhibition page on the theme of transition from hospital to community care: Hidden Memories of Mental Healthcare, 'Transition from hospital to community care' [web page]. Accessed online at www.mentalhealthcarememories.co.uk/transition-from-hospital-to-community-care, 22 April 2022.

48 Exhibition page on the theme of experiences of early community care: Hidden Memories of Mental Healthcare, 'Experiences of early community care' [web page]. Accessed online at www.mentalhealthcarememories.co.uk/experiences-of-early-community-care, 22 April 2022.

49 Rob Ellis and Catharine Coleborne, 'Co-producing madness: international perspectives on the public histories of mental illness', *History Australia,* vol 19, no 1, 2022, pp 133-50.

50 Ellis and Coleborne, 2022, p 12.

51 Alexandra Bacopoulos-Viau and Aude Fauvel, 'The patient's turn Roy Porter and psychiatry's tales, thirty years on', *Medical History*, vol 60, no 1, 2016, pp 1-18.

52 Laurajane Smith, *The Uses of Heritage*, Abingdon: Routledge, 2006.

53 Jannelle Warren-Findley, 'Rethinking heritage theory and practice: the US experience', *International Journal of Heritage Studies*, vol 19, no 4, 2013, pp 380-83.

54 Kerry Davies, '"Silent and censured travellers"? Patients' narratives and patients' voices: perspectives on the history of mental illness since 1948', *Social History of Medicine*, vol 14, no 2, 2001, pp 267-92.

55 For critical reviews of deinstitutionalisation and of contemporary care policy and practices, see Barbara Taylor, 'The demise of the asylum in late twentieth-century Britain: a personal history', *Transactions of the Royal Historical Society*, vol 21, 2011, pp 193-215; Barbara Taylor, *The Last Asylum:*

A Memoir of Madness in our Times, London: Penguin, 2015; Helen Spandler, '*Asylum*: a magazine for democratic psychiatry in England', in Tom Burns and John Foot (eds), *Basaglia's International Legacy: From Asylum to Community*, New York: Oxford University Press, 2020, pp 205-26.

56 Calabria and Bailey, 2021.

57 Broomfield, 2021.

58 The principle of patients' and the public's involvement in the design and evaluation of services runs across all major contemporary legislations and policies in health and social care, such as the Care Act 2014 and the NHS Long-Term Plan 2019.

59 'Fifty Years of Middle Street Resource Centre: the legacy of wellbeing in the community' [press release]. Accessed online at www.ntu.ac.uk/about-us/news/news-articles/2022/05/heritage-project-to-mark-50-years-of-beeston-mental-health-support-centre, 29 May 2022.

60 National Lottery Heritage Fund, 'Digital guidance for projects' [web page]. Accessed online at www.heritagefund.org.uk/funding/good-practice-guidance/digital-guidance-projects#:~:text=Digital%20helps%20projects%20of%20all,more%20people%20with%20UK%20heritage, 22 April 2022.

61 An example of these projects is the 'Crichton Royal Hospital Oral History Project', Scotland. See 'Oral History Project – If these walls could speak' [web page]. Accessed online at www.crichton.co.uk/projects/oral-history-project, 5 April 2022.

62 Broomfield, 2021, p 5.

63 Office for Students, 'Student outcomes and teaching excellence', 20 January 2022. Accessed online at www.officeforstudents.org.uk/publications/student-outcomes-and-teaching-excellence-consultations/student-outcomes, 28 April 2022.

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