

CILIP Conference 2022

Liverpool Exhibition Centre, Kings Dock

7th – 8th July 2022

#cilipconf2022

When I attended the CILIP Conference 2022 my aim was to reconnect with the library and information profession. A long period of maternity leave followed immediately by covid lockdowns meant I hadn't been to an event since 2018, when I presented at and attended HLG Conference at Keele University. Back in 2018 I was feeling confident presenting to my peers, something I had been very anxious about doing all my life, but now after the pandemic I noticed that I had regressed to being anxious and out of my comfort zone even getting to and attending a conference. I knew I needed to reconnect with my profession, regain confidence, and find my sparkle again, so I was looking forward to CILIP.

The early start to travel to the station was a change of pace. It was nice to get up while my family was still asleep, have a cuppa and make my way to catch my train.

Arriving safely in Liverpool and finding the venue on the docks I registered and went to join the audience for the first keynote.

Day One Keynote: Sayf Al Ashqar

Sayf Al Ashqar, Secretary General of the Libraries from Mosul Library, Iraq, was the opening keynote speaker. He has travelled from Iraq to present his story of rebuilding the Central Library at the University of Mosul after severe damage to stock and the building by ISIS and then the Army.

Sayf spoke about how destroying the library was an ISIS tactic to destroy knowledge, to remove awareness from the population, so people followed them. The people lost their awareness. ISIS wanted to control the mind of the people.

While what happened to the Central Library in Mosul doesn't really compare to any struggles we face in the UK it highlighted to me how important libraries are for learning and democracy, how precious they are, and that they should be protected. With his massive force of will and determination, and support from the University of Mosul and from around the world, it still took Sayf a lot of time and a huge amount of effort to repair and reopen the library. We need to protect our libraries across sectors as repairing any damages or changes will be difficult.

Health literacy across sectors. With Ruth Carlyle, Pamela Berry, Jo Foster-Murdoch, Lindsey Southern

Ruth Carlyle introduced this session where speakers from a prison library, public libraries, and health libraries presented their perspectives on and experience with health literacy.

Ruth outlined work that has been done and is ongoing regarding health literacy. There are national tools developed by HEE and 8 pilot sites are testing local partnerships to support improvements. 3Q resources around preparing for a conversation and preparing for a digital conversation were launched at CILIP conference. Other toolkits and resources have been developed as well as a package of elearning www.e-lfh.org.uk/programmes/healthliteracy

Pamela Berry is a prison librarian and spoke about the health literacy challenges experienced by the prison population. 62% of people entering prison had literacy skills of an 11 year old. Other challenges for the prison community are

- Drug and alcohol addiction
- Learning disability or neurodiversity (making it difficult for them to engage)
- Medications
- Lack of access to the internet
- Lack of awareness of disease transmission
- Poor digital literacy

So there are multiple barriers to health and social care for the prison population.

How can we help?

- Support people who leave prison and re-enter society
- Reduce use of jargon and numbers as much as possible
- Use paper-based information
- Check and chunk technique for delivering information
- Give people more time
- Provide more options for delivering information than just internet

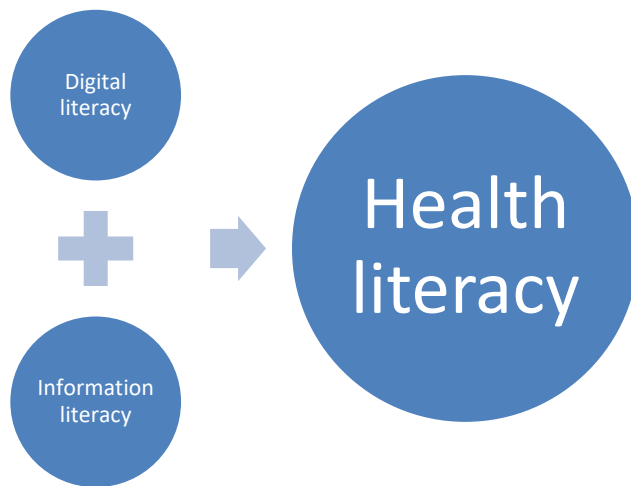
Jo Foster-Murdoch is from Norfolk Public Libraries and spoke about their digital health hub to deliver and connect information. I noted that the juxtaposition of this presentation immediately after the one regarding the prison population highlighted that the tools and information supplied to support health literacy are largely online, excluding a majority of the prison population.

Lindsey Southern highlighted the ways health libraries are important for health literacy because we already

- Have practical skills and training
- Familiar with the evidence and impact of health literacy
- Can use simplifying language to improve patient experience and outcomes

Patient information needs to be

- Easy to find
- Easy to understand
- Use simple language



Health literacy relies on having access to devices, information being easy to understand, and easy to find. It is important to remove unnecessary jargon and numbers.

Reflecting on this session I started to think about how we can support health literacy in my organisation by providing training on awareness of health literacy and promoting the e-learning and toolkits that are available. Perhaps we can link with the forensic services at the Newsam Centre and in York at Clifton House, and in the community, to raise awareness of providing information in print as well as online. A lot of the tools and information increasingly is online, and as digital literacy is important to enable health literacy this feels counter-intuitive for some communities or individuals. We could also link with public libraries about support for the prison community.

This session felt like a sharing of issues and asking for answers when I would have liked to have been given some of the answers! Health literacy is bound to be an enduring topic as it feels we are just at the beginning of making a difference.

Trust and psychological safety at work – a fishbowl conversation

Psychological safety is being able to show oneself at work without negative consequences. Opinions are respected, it is safe to speak up, the team has permission for candour. Psychological safety is not about being nice all the time or avoiding conflict, rather it is having permission to speak up regardless of position or role and having a commitment to excellence. It is also central to knowledge management as trust is needed to share learnings.

Psychological safety could be achieved by: -

- Having a team member with part of their role being to challenge leadership (on behalf of the team/another member of the team if needed)
- Show willingness to apologise openly/publicly
- Repair mistakes, don't throw people under the bus
- Make it feel safe to own up to errors & they will get help
- Have a safe space for issues to be raised

- Lessons learned to reflect on actions / incidents not review what went wrong
- Agree team rules/values together to foster respect
- Listen to understand
- Feel listened to
- Wellbeing action plans
- Be responsible for our own psychological safety
- Integrity
- Support when things go wrong, not blaming
- “This is what I need to feel safe” “if you’re feeling unsafe what can I do?”

This session had me considering my leadership and also my management style. I’ve experienced feeling unsafe to speak up and also feeling safe to speak up and I appreciate the difference that makes to my work, confidence, and overall mental health. I want my team to feel safe speaking up to me and that I have their backs if ever mistakes are made. I have been reflecting on my experiences of feeling safe and what contributed to that, and strategies I could try in my team to foster psychological safety. I considered things like an online pin board e.g. Idea Boardz which is anonymous and you can add issues for my attention there, clear boundaries, leaving rank at the door and having my team’s back.

Day Two Keynote: Professor Jacqueline McGlade

Professor Jacqueline McGlade spoke about sustainability and libraries. She covered the history of the observation of nature, from chronometers, exploration, finding artefacts and acquiring things. Knowledge was kept and hoarded. Then poetry about nature came about and nature almanacs were created. In the present we are moving to open science and open data. People are falling into echo chambers – there is too much information, true and false (climate denial). We have to enter conversations about climate and nature in a different way.

There is growing planetary awareness of climate issues e.g. turning away from plastics. The conversation needs to be about connection, belonging, and human resilience.

Storytelling can be used to make connections. Professor McGlade shared the Corona Mood Barometer, showing global mood over time and links to local and global events, particularly the coronavirus pandemic <https://www.weiblyzard.com/corona-mood-barometer/>. We are in a period of reimagining our world, and seeing the environmental effects of the near stoppage of worlds economies, and the meaning of work afterwards.

Work – gives voice, significance, purpose, and responsibility. Professor McGlade reported the start of a social shift “I want to tackle climate change. I want to do my bit”

The coronavirus pandemic required us to trust scientists. This affected the thinking – we trust scientists to help with covid, perhaps we should trust them on climate change.

Reimagining belonging – make new spaces for belonging to make it better for feeling like they belong and to share their data and knowledge.

I was expecting this keynote to be difficult and pessimistic but it actually was the opposite. The feeling when I left the auditorium was positive and I came away with a feeling that we have an opportunity to reimagine how we work, how we live, and the ways that we feel we belong, to see what we could do, and to make it happen. What is important to us now may not be entirely what was important to us pre-COVID and we can make new spaces and new ways of being, for the benefit of ourselves and the climate.

Renewal and growth of information professionals in healthcare

Learning and wellbeing space is increasingly important post COVID (Louise Goswami).

Being on wards is where you deliver the best value (HEE) and for every £1 invested in libraries there is £2.40 return to the organisation (Value Proposition: the gift of time). Let us take the heavy lifting of finding evidence and free up clinicians to put the evidence into practice.

On average a primary care appointment is 9 minutes and 52 seconds, so keep presentations to around that time.

We need to grow capacity and appropriately compensate staff for the level they are working at. The Knowledge for Healthcare policies and reports can help with this. I'm grateful to HEE for producing those papers as I would struggle a lot to find time and resources to produce something in that vein myself. I realise I could use them more often and I will reflect on that, and how they can help me lead my library team.

Reflections

I really valued the opportunity to attend CILIP 2022, and thank you to YOHLNet for awarding me a bursary. I did feel out of practice attending conferences and extremely tired at the end of each day. There was a lot to take in!

I took a lot from the keynotes, which were both unexpectedly hopeful. I came back from Liverpool with ideas for my own service which I am going to firm up with the team, and with a much-strengthened connection to the wider library and information profession.

Since the conference, I've been reflecting on the discussions and what I learned; there is a lot to process (writing this has helped) and I have more confidence in my skills and leadership and more aware of the opportunities to develop my team and service.