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2   **Munro E (2013) "People just need to feel important, like someone is**

3   **listening": recognizing museums' community engagement**

4   **programmes as spaces of care,** *Geoforum*, **48, pp. 54-62.**

9

"People just need to feel important, like someone is listening": recognizing museums' community engagement programmes as spaces of care.

This paper examines the ways in which spaces of care are produced within museums. In particular, this paper investigates community engagement, a relatively underexplored facet of museum practice in the UK. Community engagement is often understood as a way for museums to engage with those individuals, groups and communities who do not or cannot regularly visit museums. Goals for community engagement programmes range from the short-term, for example the creation of a body of knowledge around an object from a museum's collection, through to the long-term, for example the cultivation of a relationship between local communities and the museums service. The paper draws upon a period of ethnographic research undertaken with Glasgow Museums – the city of Glasgow's municipal museum service. I use the example of community engagement as a means of interrogating the spaces of care produced within museums. I argue that museums are ideal places within which to create caring spaces and yet clear problems arise when the caring that is done within museums is not recognised as such. I also argue that ideas about women's ability to cultivate and sustain care relationships are reproduced in museum settings.

1. Introduction

Writing in the early 1990s, Hooper-Greenhill (1994: 1) provocatively argued that "the balance of power is shifting in museums, from those who care for objects to include, and often prioritise, those who care for people". Of course, museums have always been seen as places where objects are collected and cared for, and yet little attention has been paid to the ways in which museums might also function as places where *people* are cared for (for exceptions see Silverman 2002, 2010). Hooper-Greenhill's (1994) words are the ideal starting point for this paper, which draws together a range of relevant literatures from a variety of disciplines – including critical museum studies, geography, sociology and gender studies – in order to argue for the re-consideration of the museum as a space of care.

In recent work on the geographies of care, close attention has been paid to those unremarkable, everyday spaces that might facilitate care (Little 2012; Parr 2007, 2008). For example, Laws (2009) has focused on public parks as spaces of care, whilst Warner *et al* (forthcoming) have focused on cafés. Other research has investigated the caring that is done within institutions (particularly state institutions) and organizations (Askew 2011; Bondi and Fewell 2003; Conradson 2003a, 2003b; Darling 2011). Conradson (2003b) has written of a Bristol drop-in centre, illuminating the ways in which caring relationships are facilitated by, and expressed within, the space of the drop-in. This flourishing body of literature seeks to understand "the material and psycho-social dimensions of care" (Conradson 2003a: 451), and the physical and affective labours that are constitutive of caring relationships.

60   To date, geographers' engagements with museums have been

61   sporadic (for a summary see Geoghegan 2010). Geographers'

62   preoccupation with the materiality of museums means that there has been

63   relatively little commitment to understanding the museum as a forum for

64   communication. Recent work within critical museum studies regarding

65   museums' 'other' activities – those activities that fall outwith the practices

66   of collection, preservation and display, such as museum education,

67   community engagement and outreach – has, however, emphasized that

68   museums are important sites of social interaction (Crooke 2006; Silverman

69   2002; 2010). This body of work also interrogates museums' entanglement

70   within a variety of governmental agendas, particularly social policy agendas

71   pertaining to social inclusion, health and wellbeing (Ander *et al* 2011;

72   Chatterjee and Noble 2009; Sandell 2002).

73   This paper attempts two things: first, to advance the claim that

74   museums are spaces where caring is 'done', and second, to sketch out the

75   formations that care takes within museums, using one facet of museum

76   practice – community engagement – as exemplar. The focus of this paper

77   falls predominantly on the relationships that are forged within museums'

78   community engagement sessions, and the extent to which these could be

79   considered caring relationships. My discussion of these issues is empirically

80   centred on Glasgow Museums, the city of Glasgow's civic museum service[1].

81   The discussion that follows is structured into five sections. First, I

82   offer an introduction to the research project from which the bulk of this

83   material is taken. Second, I consider some of the ways in which

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[1] Somewhat confusingly, Glasgow Museums' collections are publicly owned, but Glasgow
Museums itself is part of an arms-length company (called Glasgow Life), that was created in
2007, in order to manage cultural services on behalf of Glasgow City Council.

84   geographers have sought to understand care, in a bid to draw attention to

85   the often-unusual, yet resolutely ordinary, spaces that may facilitate care.

86   The third section focuses upon community engagement in museums: I

87   outline the theory that underpins this particular form of community

88   engagement, and the UK policy landscape within which it is emplaced. The

89   fourth section draws on empirical material collected during my time

90   volunteering for Glasgow Museums, and is designed to give the reader

91   some idea of what community engagement entails; in this section, I

92   illuminate the sometimes-hectic nature of community engagement sessions

93   via a series of thickly descriptive ethnographic vignettes. I then turn to an

94   examination of the gendering of community engagement, arguing that like

95   within many broadly caring occupations, widely-held assumptions about

96   women's supposed innate ability to care serve to devalue the caring work

97   that is done in this context. I also consider the caring work of men in this

98   section, and illuminate the difficulties faced by men who do so-called

99   women's work (Lewis and Simpson 2007). In the concluding section, I

100   reflect more broadly on museums – and community engagement settings in

101   particular – as caring environments.

102

103   **2. Glasgow Museums and the Curious project**

104   This paper draws on a 15-month period of ethnographic research conducted

105   as part of a project concerning the implementation of social inclusion within

106   Glasgow Museums. Between spring 2010 and spring 2011, I volunteered

107   with Glasgow Museums on a community engagement project entitled

108   Curious[2]. Curious had a broadly four-part structure, consisting of: a training

109   programme for museum volunteers working with issues of cultural diversity,

110   a community exhibition, a conference for museum professionals concerned

111   with community engagement and a schools programme themed around

112   citizenship. I volunteered primarily on the training programme, and also

113   interviewed a cross-section of Glasgow Museums staff as part of my

114   ethnography[3].

115   The Curious project was based at St Mungo's Museum of Religious

116   Life and Art – a venue located in Glasgow city centre, and administered by

117   Glasgow Museums – but involved collaboration with other groups around

118   the city, including local colleges and community groups. As a volunteer on

119   Curious, I helped to plan, implement and evaluate community engagement

120   sessions, wherein we sought to gather participants' input to the volunteer

121   training programme. I was encouraged to volunteer on the Curious

122   programme by the then-head of Glasgow Museums' Learning and Access

123   Department. My fellow facilitators were made aware of my status as

124   volunteer/researcher, and I was trained in the same way as other

125   volunteers. In the first community engagement session, I was introduced as

126   a volunteer researcher from the University of Edinburgh, however as

127   sessions progressed my status as researcher tended to fade into the

128   background. In keeping with university ethics guidelines, I was clear about

129   my dual role whilst volunteering on Curious; however, I often found myself

130   in situations similar to those outlined by Darling (2011) in his work on The

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[2] See Munro (2013) and Strachan and Mackey (2013) for further analysis of Curious.

[3] Throughout my time volunteering on the Curious project, I kept a research diary in which I recorded my observations. Both interview material and field notes/field vignettes appear in the empirical sections of this paper. All names are pseudonyms.

131 Talking Shop drop-in in Sheffield. Darling (2011: 409) writes of his

132 volunteer/researcher role, that "there were points at which reinstating this

133 position felt uncomfortable, points at which breaking out of the conversation

134 to clarify one's position would have undone the affective and emotional

135 work of care in these interactions".

136   Community engagement sessions are characterised by a high

137 degree of heterogeneity, and some – though by no means all – of the

138 participants engaged by Glasgow Museums could be considered vulnerable;

139 Curious recruited participants through local colleges, so college students

140 participated alongside English Speakers of Other Languages (hereafter,

141 ESOL) learners. Facilitators did not have access to detailed information

142 about individual participants[4], and so Glasgow Museums were uneasy about

143 allowing me to interview individual participants. I respected this decision on

144 their part and I too felt it was important not to encroach too much on the

145 personal 'space' of participants in sessions. However as sessions

146 progressed, the rapport I formed with some participants led to a high

147 degree of trust and intimacy. As a result of this, interactions with

148 participants are reported as field vignettes, reflecting the organic nature of

149 the relationships that evolved between myself and some of the participants

150 in sessions.

151   Of course the hybrid role that I played within sessions required

152 engagement with the debates articulated most coherently by feminist

153 geographers about the ways in which our presence as researchers may

154 impact on the research setting. This is of particular concern within

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[4] It is worth noting however that college staff were on hand throughout sessions, and they had access to the detailed profiles of participants.

ethnographic research, indeed O'Reilly (2009: 12) has written of the "participant-observer oxymoron", a neat phrase that aptly describes the tension between observing and creating ethnographic data through participation. Despite careful preparation, my dual role raised unexpected questions about my positionality, and about the way in which I might inhabit what Katz (1994: 67) has called "a space of *betweenness*". The concept of reflexivity has been discussed at length by geographers in recent years (Rose 1997), and its use advocated as a means of making visible the slippages and tensions that may arise as part of our immersion in the field. As should be clear from the empirical data presented, I attempt at all times to draw attention to my positionality, or to keep myself 'in view'; I do this in order to make clear that the encounters presented here are partial views, drawn from my time immersed within a complex, fast-paced and messy research environment.

3. Care, gender and museums: understanding the links

When thinking about care, I am drawn to Milligan and Wiles' (2010: 737) definition: they state that "care is the provision of practical and emotional support". The burgeoning of scholarship on care reminds us that we should be critical about the word 'care': some scholars find the language of care unhelpful, as it casts the 'recipient' of care in a passive role. This is particularly the case when thinking about the elderly and disabled (Milligan 2003). Milligan and Wiles (2010) also point out that some carers consider all care as work – whether they are paid for their care or not – whilst others find this definition distasteful, preferring to understand care as a gift, or something done out of altruism, friendship or love. To further complicate matters, care relationships are often understood as uni-directional (i.e. one

181 person cares for another), yet Wiles (2003) refutes this, arguing that care

182 relationships are co-produced. Furthermore, care is not always dyadic, but

183 rather, may be performed in networks (Milligan *et al* 2004; Milligan and

184 Wiles 2010), within groups (Laws 2009), and even across borders (Barnett

185 *et al* 2005; Yeates 2012). Engagement with these discussions makes care a

186 difficult term to use, and yet these debates also serve to emphasize how

187 complex and multifaceted caring relationships are, and opens the door to a

188 better understanding of the *spaces* that might facilitate care.

189   Recent work within geography has advanced our thinking as regards

190 the spatiality of care; Conradson (2003b: 509) suggests that one way to

191 understand individuals' experiences of care is to think through the

192 "subjectivities that emerge, or which are made possible, within a particular

193 […] space". Perhaps, then, caring spaces are best understood as those

194 spaces that support the emergence of more positive selves, and encourage

195 the crystallisation of these more positive selves. Understanding care in this

196 way forces us to pay attention to the social relationships – present at a

197 variety of scales – that constitute care, *alongside* the inescapable

198 materiality of the spaces within which care takes place.

199   Thinking geographically about care also requires thinking through the

200 ways in which proximity and distance might impact care. To this end,

201 Milligan and Wiles (2010) argue that there are clear differences between

202 caring *for* and caring *about*: where caring *for* implies a care relationship,

203 perhaps within an institutional or domestic setting, caring *about* refers more

204 broadly to an ontology of care, or a way of being informed by an ethic of

205 care (Popke 2006). As Conradson (2003b: 451) writes, "this is to frame

206 care as an ethic of encounter, or as a set of practices which shape human

207　geographies beyond the familiar sites of care provision". That is not to say

208　of course that caring for and caring about are mutually exclusive, rather,

209　these conceptual ideas help to underline the complexity of care, and allow

210　us to address the ways in which care might be 'done' in everyday situations

211　(Barnett *et al* 2005).

212　　　Many scholars have noted that care depends upon the commitment of

213　women (Finch 1987; James 1992; Ungerson 1990) and a concern with the

214　gendered nature of care runs through this paper. James (1992) points out

215　that women are understood as naturally able to care, due to their role as

216　child-bearers and their association with the sphere of social reproduction.

217　Feminist geographers have highlighted the ways in which essentialized

218　assumptions about women's ability to care can serve to obscure and

219　devalue their caring work, whether that be within the home or within

220　institutional settings. As Halford and Leonard (2006) have argued, the

221　essentialized assumptions that normalize the gendering of care are

222　continually produced and reproduced across a variety of spaces. Lewis and

223　Simpson (2007) point out that the association of women with caring roles

224　may Other those men employed in the caring professions, as well as those

225　men who care for children, parents and relatives outside of institutional

226　settings. I show in the empirical section of this paper that ideas about

227　women's innate ability to care can serve to devalue the hard work that goes

228　into cultivating and maintaining relationships within community engagement

229　settings.

230　　　The role and purpose of the museum has undergone significant

231　reformulation over the last twenty years or so; increasingly, museums are

232　positioned as "agents of social change" within policy (Department for

233 Culture, Media and Sport 2000: i). From the 1990s, museums began to trial

234 audience development strategies that were explicitly aimed at opening-up

235 their collections and cultivating new audiences – a move that was

236 necessitated by a combination of factors including deep cuts to public

237 funding for museums (Hewison 1995).

238   Since New Labour's incorporation of the social inclusion agenda into

239 numerous areas of social policy in the late 1990s, social inclusion has

240 become a key policy concept structuring the work of museums. Social

241 inclusion – at its most basic level – requires museums to ensure that they

242 are accessible to as many social groups as possible, and that they work to

243 attract diverse audiences. Tlili *et al* (2007: 269) have argued that New

244 Labour successfully reframed the role of the museum in society, from a

245 "repository of self-sufficient cultural artefacts oriented towards a ritualized

246 connoisseur gaze" to that of a public service similar to the health or

247 education sectors. Throughout the 1990s and 2000s, there was a period of

248 capacity-building within museums, the result of which is most evident in the

249 expansion of museums' learning and outreach/community engagement

250 departments (Hein 2006).

251   Feminist museologists have noted that contemporaneously museums

252 are largely staffed by women (Levin 2010), and that, in particular, women

253 make up the majority of those employed in museum learning, and

254 outreach/community engagement (Downs 1994; Miller 1994). Hein (2010)

255 points out however that only a small percentage of those employed in

256 managerial and research positions are women, as is the case in many of the

257 formal care industries. Schwartzer (2010: 17) writes that women are

258 popularly understood as particularly suited to public-facing work within

259   museums because they are seen to "encourage collaboration, consensus

260   and community […] and are defined by their capacity to care about people".

261

262   **4. Community engagement in Glasgow Museums**

263   The discursive framing of museum workers as engaging in forms of care is

264   important for my purposes here, as I seek to argue that museums, and

265   community engagement settings in particular, function as spaces of care. In

266   recent years, community engagement has become an important strategy by

267   which public and private institutions seek to strengthen links with local

268   communities, and enable change within those communities. Community

269   engagement has been criticized in recent years from a range of viewpoints.

270   Some commentators suggest that it's use is advocated as a means of

271   developing and empowering communities, thereby ameliorating the

272   disconnections between the state and local communities in the era of 'roll-

273   back' neoliberalism (Cruikshank 1993, 1999; MacLeavy 2009). Others have

274   suggested that community engagement relies on a reductive understanding

275   of the word 'community', as many engagement projects fail to take into

276   account the fluid, dynamic nature of communities, preferring instead to

277   understand them as fixed in time and space (Joseph 2002). Despite these

278   critiques, community engagement remains popular, and represents an

279   aperture through which to view the valorization of 'the local' as a site for

280   intervention within many western democracies.

281   Community engagement in museums has been afforded rather less

282   attention than other forms of community engagement, such as the

283   engagement done by state institutions – such as the education, health and

284   security sectors – yet it can be seen as part of the wider shift in emphasis

285   outlined above. Community engagement in Glasgow Museums is defined as

286   anything that brings about "the sustained involvement of local communities

287   in museum activities" (Glasgow Museums 2010: 3). In practical terms it

288   usually entails the museums service working with small groups of

289   individuals who do not or cannot use museums. Regardless of the

290   provenance of these groups[5], most engagement sessions will require

291   participants to engage in a set of activities (including for example, story-

292   telling and reminiscence, arts and crafts, research and so on), often working

293   alone but sometimes working collaboratively with other participants and

294   museum staff. Community engagement sessions are overseen by museum

295   staff, who are on hand to ensure the smooth running of sessions. These

296   staff are trained in public-facing work and, due to the nature of many

297   community engagement schemes, they are also liable to be trained in

298   working with individuals, groups and communities who may be understood

299   as vulnerable or excluded. Museums' community engagement programmes

300   are highly contextual, as Tlili (2008) has pointed out; each museum service

301   will tailor their community engagement schemes in order to best address

302   pressing issues for local populations.

303   Glasgow Museums is the UK's largest municipal museums service

304   outside of London. Glasgow Museums' Learning and Access department –

305   which handles Learning and education, access, social inclusion, and

306   outreach/community engagement – is one of the largest in the UK (Dodd *et*

307   *al* 2002). Glasgow Museums was quick to incorporate social inclusion into

308   their working practice in the years after the Labour government made it a

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[5] In the case of Glasgow Museums, for example, they may range from young offenders to elderly care-home residents

309 key strand of cultural policy, and yet their commitment to what might

310 broadly be called social inclusion pre-dates the enshrining of the inclusion

311 agenda in policy; Glasgow Museums has had a museum education post

312 since the 1940s, and since 1990, has had a museum dedicated to outreach

313 and community engagement – the Open Museum.

314   The Open Museum was founded in order to "take the museums

315 service out to groups and individuals who may not normally use museums"

316 (Glasgow Museums 2010: ix). The Open Museum engages in a varied set of

317 activities, including: creating handling kits, and taking these out into local

318 communities; guiding groups in the creation of exhibitions; collaborating

319 with local communities in order to find innovative ways to interpret and

320 display objects; eliciting oral histories, and building up alternative, 'non-

321 expert' bodies of knowledge about the collection. The museum service also

322 works in partnership with organizations such as the National Health Service

323 (NHS), Her Majesty's Prison Service (HMPS) and social services, as well as

324 local community groups, charities, ethnic minority and faith groups, and so

325 on (Dodd *et al* 2002). As befits the museum without walls philosophy (see

326 Malraux 1967), community engagement projects may take place in a

327 museum, but they may also "take place in spaces where people […] meet

328 and gather – community centres, care homes, health centres, shopping

329 centres, festivals and prisons" (Glasgow Museums 2010: 4).

330   O'Neill (2002) has argued that it is useful to think of a series of

331 barriers that may prevent people from engaging with museums, and

332 identifies both physical and intellectual barriers to access. For O'Neill

333 (2002), physical barriers are those that can hinder potential visitors from

334 actually accessing the building, or in taking full advantage of displays and

exhibitions (for example, there may be little provision made for disabled visitors). Intellectual barriers include things like the general atmosphere of the museum (it may adopt a didactic, 'high-brow' tone, and fail to appeal to visitors and potential visitors from across the social spectrum), or insensitive exhibition design (interpretative labels might be pitched too high, assuming too much prior knowledge on the part of the visitor). Within Glasgow Museums, community engagement aims to remove as many of these barriers as possible by giving the public more control over how they interact with the museum's collections.

4.1 Community engagement as a space of care: the Curious project

During the planning sessions for Curious, the project team decided upon a series of activities that would facilitate discussions about 'culture'. These activities included worksheets, poster-creation, object-based learning, mapping, role-play and story-telling. On paper, the list of activities we had planned looked rather dry, and the planning sessions did little to prepare me for the hectic nature of facilitating. The following is adapted from my field diary and gives some sense of what happens during community engagement sessions, and outlines some of the tactics facilitators might employ in order to create safe, welcoming spaces for participants:

> *We arrived at the college at 8.45am, and met in the café – the team*
> *consisted of Jenny (project leader) and myself, Alison, Laura, and*
> *David (facilitators). The project leader distributed the materials we*
> *would need – including worksheets, coloured pens, blu-tack, and*
> *digital cameras. We then took off to our respective 'classrooms'. Each*

15

361   *community engagement group consisted of 10-12 participants – one*

362   *was a group of young Glaswegian college students studying Events*

363   *Management, another was a group of English Speakers of Other*

364   *Languages (ESOL) students and the last group was a mixture of the*

365   *two. As Jenny and I waited for the participants to arrive, we ran*

366   *through what we planned to do. We had decided to do a round of*

367   *introductions, and play some ice-breaker games, then lay down a set*

368   *of ground rules for the day. Then we would introduce object-based*

369   *learning – getting people to talk about an object they had with them,*

370   *and what it meant to them, whether it said something about their*

371   *'identity'. We would then ask them to photograph the object, and*

372   *write an interpretative label to go along with it. Then, we would use*

373   *these objects to get people thinking about 'culture' – the objects*

374   *were a mix of 'high culture' and 'low culture' objects – before doing a*

375   *few mind-mapping exercises around the theme of culture. The*

376   *session started slowly, but eventually, the participants began to*

377   *warm up, and they began to chat about themselves, 'their' cultures,*

378   *and 'other' cultures that they had experienced. Facilitating this*

379   *discussion was fun, but tiring; at first, it was hard to encourage*

380   *people to talk and to listen, but by the end of the session, I felt like*

381   *so many people were clamouring to talk that I had to ask some*

382   *people to hang on whilst I spoke to others. A large part of the session*

383   *entailed facilitating discussion in groups – ranging from the whole*

384   *class, to groups of 3-4 – but we also spent a lot of time speaking to*

385   *individuals, listening to them and generally just being friendly.*

386

387 Community engagement sessions, then, were supposed to be 'inclusive'

388 spaces, or places where participants would feel safe, welcome, and able to

389 talk and listen without fear of reprisal, and yet it seemed obvious to me that

390 the sessions were not always just 'inclusive', but also acted – at times – as

391 spaces of care. As Conradson (2003a) articulates, the psycho-social

392 elements of caring spaces rely on the emotional cues that we pick up from

393 others, and so it was imperative that facilitators remained approachable and

394 attentive during sessions:

395 *The atmosphere in sessions is difficult to explain, but easy to sense.*

396 *To me, it feels warm and friendly, and the participants seem to thrive*

397 *on this feeling of positive regard. By the end of the session today, I*

398 *felt like even the quietest members of the group were more*

399 *comfortable talking and joining in the activities. On the way out of*

400 *the college, I mused to Jenny that it was difficult to pin down just*

401 *what made a 'good' session, and she agreed: "You know instinctively*

402 *if it's good or bad, I think. Being friendly – that's the most important*

403 *thing"*

404 Jenny was not the only member of staff who identified being friendly as the

405 most important thing that facilitators in sessions; this suggests that a

406 general caring 'demeanour' is key to the creation of caring relationships and

407 spaces. This understanding of the nature of community engagement

408 sessions draws my work close to some of scholarship concerning drop-ins

409 and other institutional spaces, where a generalized ethic of care on the part

410 of staff is understood as enabling change in the users of the space (Askew

411 2009; Conradson 2003b; Darling 2011). Simply being friendly does not

412 necessarily beget an ethic of care in the strictest sense of the term,

413 however, I am sensitive to McDowell's (2004) argument that we can

414 understand an ethic of care as a worldview predicated on obligation,

415 reciprocity and trust – all characteristic of the community engagement

416 sessions I volunteered in.

417   It was important that facilitators were able to move between large

418 and small groups of participants; the large groups were usually boisterous

419 and fun, but when the participants broke into smaller groups, or a facilitator

420 approached an individual and encouraged them to talk one-on-one, the

421 conversation was often more intimate. This affective shift between large

422 and small groups, and individuals, highlights the ways in which individuals'

423 experiences of community engagement differed, and the effect that

424 different group formations could have on individuals' experiences within

425 sessions. This suggests that many different kinds of relationships are being

426 forged side-by-side in sessions, creating what Conradson (2003a: 518) has

427 called "spaces of care plural":

428   *Cara summed up why she enjoyed today's session, saying that it is*

429   *often assumed that young people don't think about cultural difference*

430   *or the tensions that can arise as a result of cultural difference. She*

431   *said she enjoyed the session as she found the group setting itself a*

432   *useful way of thinking through and talking about difference. Another*

433   *girl, Lesley, told me that she felt she was forming friendships within*

434   *the group, with people that she had previously thought she had*

435   *nothing in common with; Lesley emphasised that she valued the*

436   *conversations she had had with other participants more than the*

437   *group setting itself, which made her nervous at times. So clearly,*

438   *some of the participants enjoy the sessions because they feel at*

439   *home in the group atmosphere, which is noisy and energetic, whilst*

440   *others enjoy talking one on one with facilitators or with other*

441   *participants. It is interesting to note the differences in the way*

442   *participants 'use' or come to value the sessions.*

443

444   Alison – a fellow facilitator, with considerable experience of community

445   engagement – had prepared me for the ways in which relationships could

446   change dependent on context; in a meeting prior to beginning my

447   volunteering, she suggested that a positive atmosphere was key to

448   managing large groups. She offered me advice on how to manage the

449   often-intimate nature of one-on-one conversations:

450   "You will find people will go way off topic. They'll forget a bit about

451   the object or topic we're discussing and tell you a story about

452   something that happened when they were wee or whatever. You will

453   find that some of them recount really happy memories, about

454   Granny's *jeely pan*[6] or whatever, but some of them are about sad

455   times. It's hard to keep up the enthusiasm throughout and it's really

456   hard to be sympathetic the whole time too."

457

458   A key practice within community engagement is encouraging individuals to

459   talk about themselves - to tell stories. Stories can be seen as explanatory

460   categories by which individuals make sense of their lives. Life stories are

461   often presented as a series of 'episodes', wherein individuals disclose

462   important life events, before organizing these into a narrative (MacIntyre

463   1981). The psychotherapies – diverse as they are – rely on this act of self-

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[6] In Scots, a metal pail with a handle, used for making jam.

464 disclosure, and this has led some commentators to suggest that community

465 engagement within museums could be considered therapeutic (Silverman

466 2002, 2010). The telling of stories may also lead to a sense of catharsis for

467 the storyteller, and many scholars have argued that the encouragement to

468 describe past experiences can become an opportunity for reframing

469 narratives (McAdams 1993; Ricoeur 1992; Taylor 1989). Birch and Miller

470 (2000) suggest that this may help people to reach different understandings

471 of the past. Museums represent excellent locations for this kind of informal

472 therapeutic work because they are ostensibly 'safe' spaces, located outside

473 of the formal therapeutic system and the often-problematic power

474 structures which characterise traditional therapeutic interventions (see Laws

475 2009). Research also emphasizes that museums are excellent locations for

476 reminiscence; objects help individuals to tell their stories by acting as

477 'props' (Chatterjee *et al* 2008, 2009; Chatterjee and Noble 2009; Phillips

478 2008).

479   It was common for community engagement practitioners to

480 emphasize that the facilitator's role is to look-after, care for, or support

481 participants whilst they told their stories:

482   *Jenny told me that many of the participants that she had worked with*

483   *could be considered vulnerable; for Jenny, community engagement*

484   *sessions could lift people out of their daily routine: "just doing*

485   *something different is so good for you". She also noted that*

486   *community engagement sessions offered people an outlet, where*

487   *they could just talk – about banal, everyday things, but also about*

488   *things that were bothering them. She told me that often, participants'*

489   *spirits were lifted by recounting happy memories, and that recounting*

490   *unhappy memories often served some purpose as well in that*

491   *participants professed to feeling better once they'd got things 'off*

492   *their chest'. She also noted that participants sometimes asked*

493   *facilitators for advice about a range of things: from English*

494   *pronunciation to advice on how to deal with noisy neighbours. Most of*

495   *the time though, "people just need to feel important, like someone is*

496   *listening".*

497

498   Community engagement facilitators suggested that proximity often

499   facilitated a shift towards a caring relationship. Jenny – a member of

500   curatorial staff – noted that the amount of time she spent with a given

501   individual or group had a bearing on the relationships that were forged,

502   stating: "there are some that pass in and out without me really noticing.

503   But with the ones that are around for a while, you can't help but start to

504   care about them". What is clear from many of the conversations I had with

505   members of staff involved in community engagement – and from my own

506   time working on the *Curious* project – is that the deepening of care

507   relationships had the potential to cause trouble for facilitators, who were

508   simply not trained in how to manage care relationships. Helen, a senior

509   member of staff with extensive experience of community engagement, told

510   me before I began work on *Curious*:

511   Once you enter into this kind of relationship, where you have

512   responsibilities, it can be really hard because you want to do right by

513   people all of the time, but the revolving-door nature of a lot of

514   community engagement kind of works against that. People are

515   different day in day out, and often just as you've developed […] a

516   relationship, it all ends.

517 Helen suggests that the large numbers of people that practitioners are

518 expected to work with, and the quick turnover of community engagement

519 programmes precludes stable relationships with participants, and that this

520 can negatively impact both practitioners and participants. Research

521 suggests that patterns of care provision within the formal care industries

522 may also preclude proximity and sustained engagement, with recent critical

523 work on the UK National Health Service (NHS) noting that high staff

524 turnover is a particular problem (Currie and Carr-Hill 2012). Yet this is not

525 the only thing that complicated the progression of care relationships in

526 engagement settings. As Milligan and Wiles (2010) articulate, much of the

527 literature on care assumes that proximity and sustained engagement with

528 individuals begets a caring relationship and a sense of responsibility, yet

529 these literatures often fail to account for the fluid nature of identity.

530   Sandra noted that the relationships forged within sessions were

531 extremely complex, and that proximity and sustained engagement did not

532 necessarily beget stable relationships:

533   *She noted that sometimes, "you just get a 'click'" suggesting that the*

534   *progression of care relationships was not always smooth, but*

535   *sometimes relied on a moment of shared understanding, an eventual*

536   *gaining of trust, or simply two complementary personalities coming*

537   *together.*

538 In this way, Sandra highlights that the relationships forged between

539 community engagement facilitators and participants are highly dynamic,

and that beginning to care is a two-way process, rather than just the transmission of care from an active care-giver to a passive care-recipient.

Whilst many of the community engagement practitioners quoted above emphasised that proximity and sustained engagement did indeed have a bearing on the ways in which relationships developed, many of them also suggested that the relationships forged within sessions were fragile and unstable. I saw this first-hand during the sessions I worked in:

> *There was a sullen atmosphere about the group today. The team went in as usual, and yet it seemed to me like it was hard to pick up from where we left off last week. I suppose I should expect this, as we only see the participants for a morning a week, but over the past few weeks I felt I had personally worked so hard to get some of the less-interested girls to start thinking about the issues at stake, and I felt like we had some good conversations. This week they were back to being incommunicative and disruptive.*

Participants were justifiably hurt when facilitators forgot their names or where they were from, or overlooked small details about their lives. However, these transgressions were hardly surprising given the high workload of facilitators, and the fact that community engagement sessions met relatively infrequently, for short periods of time, and were characterised by high rates of absence and participant turnover. Kerry – a member of curatorial staff – notes that even relatively stable relationships could be exposed as fragile assemblages, stating "sometimes, it's like one step forward, two steps back". Kerry suggests that disruption to the pattern of care, could cause the relationships being cultivated to change course, to

566 regress, or in extreme cases, to fail. Understandably, perhaps, those

567 individuals involved in care relationships may expect caring encounters to

568 follow a pattern, and any spatial or temporal deviation from that pattern

569 can lead to feelings of confusion, anxiety and anger (Bowlby 2012).

570

571 *4.2 Community engagement as 'women's work'?*

572 Thus far, this paper has focused on community engagement sessions as

573 spaces of care, and has sought to outline some of the tactics that staff

574 might employ to bring about and manage broadly caring relationships in

575 sessions. Whilst a concern with gender runs through this paper, in this

576 section I examine the ways in which community engagement – and

577 Learning and Access more generally – might have become gendered within

578 Glasgow Museums.

579 The museum is often understood as the quintessential Enlightenment

580 institution, concerned with the discovery and display of scientific truth

581 (Hooper-Greenhill 1992). This understanding of the museum – as

582 inseparable from the development of Western science – has led some

583 authors to argue that the project of museology (like the project of science)

584 is underpinned by a set of androcentric assumptions (Hein 2010; Kourany

585 2010). Levin (2010) notes that the *Wunderkammern* – the cabinets of

586 curiosity understood as precursors to the museum – were associated with

587 wealthy men; she contends that the exclusivity of the cabinet was an

588 essential facet of its character, particularly given that the contents of these

589 cabinets were frequently risqué or erotic. Bennett (1995), in his

590 examination of the disciplinary museum, argues that attempts by 19th

591 century reformers to open up the museum to the working-classes also had

592   a gendered dimension, as they were largely designed to draw working men

593   away from alcohol and other 'vices'.

594   Museums were male-dominated spaces – in terms of their staff and

595   visitor profiles – until the 20th century, with Levin (2010: 7) noting that in

596   the 20th century "the profession of museum work became more feminized

597   as segments of the profession moved from a privileged male domain to part

598   of the educative role associated with females", drawing museum education

599   in line with the female-dominated formal education sector. Levin (2010)

600   notes that women dominate museum outreach departments because these

601   departments require workers who are capable of dealing with vulnerable,

602   marginalized and excluded populations, and women – seen as 'naturally'

603   caring – are understood as best placed to do this.

604   During my time volunteering within Glasgow Museums, I worked

605   predominantly with women[7] on a project overseen by a female member of

606   staff. To me – a visiting researcher – the gender imbalance in the Learning

607   and Access department was striking. Gary – a male museum manager –

608   suggested that within Glasgow Museums, community engagement relied in

609   large part on the innate capacity of women to care:

610   EM: And why are there so many women in the Learning and Access

611   department? I mean, I can't help but notice that there are so many?

612   Gary: [interrupting] Well, there's no doubt that women are just

613   better at that stuff, at looking after people, at making people talk.

614   Gary makes it clear here that not only does community engagement

615   function as a space where caring is 'done', it is also seen as the domain of

616   women, and is dependent on a set of feminized skills. Wolkowitz (2006,

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[7] As noted in earlier in the paper, there was one male volunteer on the Curious 'team'

617   2012) argues that women still dominate the caring professions and those

618   spheres of employment that require body-work and affective labour more

619   generally. This is likely because essentialised ideas about women's ability to

620   cultivate and manage relationships, and to nurture and care, remain

621   pervasive. Gilligan (1982) for example, suggests that relationships, care

622   and responsibility are understood as central to women's identities, and

623   Lewis and Simpson (2007: 3) suggest that "these stereotypes have

624   undoubtedly contributed to the association of care in organizations with

625   femininity, whereby such activities are seen as the 'natural' domain of

626   women". Yet the discussion around whether or not women are naturally

627   able to care remains a contested one, with recent work challenging the idea

628   that caring skills are entirely learned (Fausto-Sterling 2003).

629   Taken-for-granted ideas about women's innate capacity to care,

630   however, undoubtedly obscure the fact that caring is a skill, and, like any

631   other skill, requires hard work and practice. Sandra noted that it often

632   seemed as though the time and effort she put into being a good community

633   engagement practitioner went unnoticed:

634   It irritates me that people don't understand how hard this work is to

635   do, how much of my time and energy it takes to learn and then do it.

636   It is as though they think 'Well, she must already be good at it

637   because she's here, and y'know, she's a woman'!

638   Sandra makes it clear that caring – especially in this context – is not

639   something that comes naturally, but rather, is something that she has to

640   learn and practise. Sandra emphasises that her colleagues – particularly

641   those in senior management positions – do not understand the complex

642   nature of community engagement work. The myriad practices that

643   constitute care are often invisible from the outside of the care relationship,

644   hence the work that is done to cultivate and maintain that relationship is

645   devalued; Askew (2009) writes that this is a hallmark of the care that is

646   done within organizational settings in particular. Sandra's sentiments were

647   repeated by other interviewees, and she gives an insight into the way that

648   female employees within Learning and Access feel about the continued

649   under-valuing of their work.

650   Several of the practitioners I worked with spoke of attempting to live

651   up to the ideal of the 'perfect' community engagement practitioner. Jenny

652   suggested that her struggle to live up to this ideal was akin to the struggle

653   "to look like the women in fashion magazines": it was an impossible task,

654   and she was always falling short of the benchmark. Jenny's words struck a

655   chord, as within community engagement settings I had felt similarly under

656   pressure to be a 'natural' community engagement practitioner:

657   *It's just assumed that we're good at the difficult bits of community*

658   *engagement, but at the same time, we are good at it, and we know*

659   *it, the staff at the College know it, and I am sure that the people*

660   *back at St Mungo's know it too. And so the gendered nature of this*

661   *work is tightly bound up with ideas of competence and*

662   *professionalism – I have to always play up to the 'benchmark' image*

663   *of the naturally caring worker because I would feel out of place*

664   *otherwise, or I'd feel like I'd failed, that I was incompetent, that I*

665   *was unprofessional. I know that caring is not entirely innate, it's*

666   *learned and practised and hard to do, yet I'm still always working to*

667   *this benchmark of the ideal, 'natural' carer – I'm making it worse! At*

668   *the core of it all though is the fact that caring is part of the job, we*

669   *are here to support people, and if you want to keep your spot you*

670   *have to be good at it. It is only in these small groups of women that I*

671   *feel 'safe', by that I mean, comfortable talking about the difficulty of*

672   *the job, and of playing the role of the caring facilitator, and the*

673   *process of learning and internalizing the ability to look after the*

674   *participants within sessions. The parochialism of some of the (male)*

675   *staff at the college where we work – "Here come the girls!", "It's the*

676   *Glasgow Museums girls again!", "Morning girls! – doesn't really get to*

677   *me, because I feel safe and secure in our group, and I self-identify as*

678   *one of 'the girls'.*

679

680   It was recognised by many members of staff that the continuing

681   devaluation of caring work within Glasgow Museums was problematic.

682   Catherine, a member of Learning and Access staff, told me that the stresses

683   and strains of community engagement were poorly understood, and that

684   consequently, training for staff was lacking; whilst community engagement

685   staff are often trained in how to 'do' community engagement – as in, they

686   would be skilled at facilitating object handling, at eliciting oral histories, and

687   designing workshops and activities – they were rarely trained in how to

688   manage the relationships that were often forged as part of these activities.

689   Alison told me that she had benefited from a training course she had

690   attended that was concerned with eliciting oral histories from community

691   engagement participants. This course was run by a psychologist, who had

692   offered some training in how to deal with the relationships that could form

693   between museum workers and the visitors that they invited to tell their

694   stories. Alison was unusual in this respect, as most of the community

695 engagement practitioners I spoke to said that they had not received any

696 training in how to deal with the often-emotional nature of community

697 engagement work.

698   Catherine – a member of Learning and Access staff – further outlined

699 some of the problems she had experienced when working within community

700 engagement:

701 *Catherine became a little tearful when she told me that she had*

702 *recently returned from a period of sick leave. She said she had found*

703 *herself unable to 'switch off' from work, and found that her work was*

704 *negatively affecting her home life. Upon her return she had*

705 *transferred into a new post, where she found it easier to separate*

706 *home and work. She told me that there is an increasing incidence of*

707 *mental health problems amongst staff, particularly with stress and*

708 *overwork. She pointed out that some museum venues had worse*

709 *reputations than others, in that they asked their workers to do too*

710 *much, or to do things they weren't trained for. Some museum venues*

711 *also had remits that meant they tackled particularly difficult social*

712 *problems, and worked with particularly vulnerable groups: Catherine*

713 *emphasises that people working in these venues needed more*

714 *training, and more support. Again, she emphasised that the caring*

715 *component of much community engagement work is poorly-*

716 *understood.*

717

718 The idea that the affective component of community engagement

719 relationships was invisible and often devalued (and that this could lead to

720 serious problems) was a common viewpoint across the female members of

staff that I spoke to, but it was by no means a universal one. Lewis and Simpson (2007: 3) suggest that an understanding of gender as potentially performative allows us to consider the ways in which individuals might draw on gendered norms in order to "secure a sense of self". Bernadette suggested that working within community engagement afforded her with opportunities to care, and that in her previous job as a social worker, she had felt as though these opportunities were becoming fewer. Bernadette drew on gendered conceptions of women as naturally able to care in order to secure her sense of self:

> *Bernadette suggested that she left social work because she felt the opportunities to care were becoming more sporadic. She felt drawn to Glasgow Museums because she wanted to care "like I cared when social work was about caring". Bernadette told me that she thought women were best-placed to do caring work, suggesting that: "being a woman, you've got a lot of attributes that you can put out there, and I'm proud of that".*

In this respect, Bernadette was drawing explicitly on a gendered idea of difference, using this as a device for explaining her position within Glasgow Museums and the relationship she cultivated with her work.

Male community engagement practitioners often spoke of the ways in which participants in sessions reacted to their 'maleness' in this female-dominated arena, with some male practitioners suggesting that often, participants in sessions clearly felt less comfortable with a male facilitator than with a female one, again, reminding us that participants bring their own norms, values and assumptions to sessions. Men often spoke of feeling Othered by their dissimilarity to the normalized Learning and Access

747 worker, with David – a curator – quipping "Sometimes, I feel like the fat

748 guy at the gym!" emphasising how out-of-place he felt within the female-

749 dominated sphere of museum learning. David's words have a dual meaning

750 however, in that he also emphasises the physical disjuncture between

751 himself and other (female) Learning and Access workers. Similarly, Gary –

752 the museum manager quoted earlier – suggested that he would look and

753 feel out of place in community engagement settings. He told me, more than

754 once during his interview, that he felt he would be "quite intimidating" in

755 community engagement situations. Gary's concern in part echoes

756 Wolkowitz's (2012) assertion that the male body is often understood as out

757 of place in caring situations, due to the long association of women with

758 care, and men with discipline.

759   Gary did not do any community engagement work in his current post

760 and he drew on the trope of the 'naturally' caring female more than once in

761 his interview, suggesting that women dominated museum Learning because

762 of their innate skills. Like Gary, David suggested that he was not

763 particularly good at the caring facet of community engagement, but he

764 emphasised that he was learning to be a better community engagement

765 facilitator:

766   *He told me he never felt fully comfortable in caring situations, but*

767   *that he was getting better with practice. He didn't understand caring*

768   *as something you were either good at, or bad at (dependent on your*

769   *'essential' nature), he saw it as a skill that could be learned, practised*

770   *and improved upon – much like any other skill. He told me that he*

771   *was much better at community engagement now than he was when*

772   *he started, because he had honed his skills over several years. David*

emphasised that he often forgot to 'put the smile on', or to afford equal importance to his words and his actions or performance. Crucially, he did not attribute his lack of skill to his gender, but to his inexperience. This was in contrast to some of the other interviewees, who saw being male as a disadvantage in terms of how well they could be expected to care.

Other male members of staff, whilst perhaps drawing on gendered norms to an extent, saw their gender – their Otherness – as a strength. I discussed the feminization of museum learning with Hector, a Learning and Access curator who did a lot of public-facing work. Hector recognized that museum learning was a female-dominated arena, but did not see his maleness as a problem:

> The way that [the department] is, it informs a lot of what I do but it doesn't make me who I am. I have to work in this department, but I like to think I put my own spin on it […] I think I approach things a little differently, and I do honestly believe that variety is the spice of life in that respect.

Much like Bernadette – the Learning Assistant quoted above – Hector draws on gendered norms in order to secure a distinctive working identity. He does not see caring as something essential to women, and valorizes the variety inherent in the caring practices of museum staff.

Conclusions

In addressing community engagement as a facet of museum practice, my intention was threefold. First, I sought to shed some light on community

32

799 engagement as a facet of museum practice, and have given the reader

800 some idea of what actually goes on within community engagement

801 situations; community engagement is an important part of contemporary

802 museum practice, and one that is under-explored not just within geography,

803 but across those disciplines that have critically engaged with the idea of the

804 museum. Second, my examination of community engagement is designed

805 to spark debate about the often surprising spaces that can facilitate care,

806 and the ways in which affective labour might animate the most unexpected

807 of spaces. My examination of the practice of care in this paper is designed

808 to show how ordinary people might 'do' care – how they might sense when

809 it is needed, and what form it should take. Third, I seek to illuminate the

810 ways in which care remains a gendered practice; to this end, I also want to

811 add my thoughts to the body of feminist-influenced scholarship concerning

812 the museum and recent changes in museum theory and practice.

813   It is clear from the material presented in this paper that community

814 engagement sessions function as spaces of care. Community engagement is

815 designed primarily to take the museum experience to those people who

816 cannot or do not visit museums. Many of the individuals, groups and

817 communities approached under the auspices of community engagement

818 could be considered vulnerable, hence it is important that community

819 engagement sessions – regardless of where they are held – are safe spaces,

820 where people feel they are free to talk, to listen, and, as Jenny suggests

821 above, to do something that lifts them out of their daily routine. It was

822 evident from the community engagement sessions I worked in that sessions

823 provided important opportunities for sociability, and were spaces where

824 individuals could find someone to talk to, and who would listen – regardless

825   of what topic was under discussion. And yet my discussion of the

826   progression of caring relationships shows that even the seemingly durable

827   relationships forged within this context can be exposed as fragile

828   assemblages, reminding us that caring is a dynamic process.

829   The Learning and Access department of Glasgow Museums is

830   predominantly staffed by women, and there was no doubt that care in this

831   context was explicitly gendered. Female members of staff found that often,

832   their caring work went unseen and was consequently unrewarded and

833   under-valued, simply because it was assumed that women were naturally

834   predisposed to caring. At times, female members of staff drew on these

835   stereotypes in order to secure a sense of self. At other times, however, they

836   sought to make visible the means by which these stereotypes were

837   constructed, and actively resisted them. Feminist museologists have

838   emphasised that the role of women in museums is an area where there has

839   been relatively little critical enquiry, and I seek to align myself with the

840   body of work that has sought to investigate the place of women both within

841   museums' systems of representation, and within their staffing profiles.

842   The material presented here has also drawn attention to the changing

843   role of the museum in contemporary society. Critical museologists have

844   argued that over the last fifteen years or so the museum has been drawn

845   into debates about the health and wellbeing of the public. My examination

846   of community engagement raises questions about what happens when

847   public museums are positioned as institutions with social responsibilities,

848   with a role to play in creating and sustaining a healthy, happy population.

849   Community engagement can be seen as one such tool that museums might

850   use in order to align themselves with this shift in emphasis. Feminist

851 museologists argue that it is just this shift in emphasis that has brought to

852 light the need to pay attention to the changing role of women in the

853 museum workforce.

854

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