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“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.

Keywords: museums; care; gender; community engagement; outreach
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.
To date, geographers’ engagements with museums have been sporadic (for a summary see Geoghegan 2010). Geographers’ preoccupation with the materiality of museums means that there has been relatively little commitment to understanding the museum as a forum for communication. Recent work within critical museum studies regarding museums’ ‘other’ activities – those activities that fall outwith the practices of collection, preservation and display, such as museum education, community engagement and outreach – has, however, emphasized that museums are important sites of social interaction (Crooke 2006; Silverman 2002; 2010). This body of work also interrogates museums’ entanglement within a variety of governmental agendas, particularly social policy agendas pertaining to social inclusion, health and wellbeing (Ander et al 2011; Chatterjee and Noble 2009; Sandell 2002).

This paper attempts two things: first, to advance the claim that museums are spaces where caring is ‘done’, and second, to sketch out the formations that care takes within museums, using one facet of museum practice – community engagement – as exemplar. The focus of this paper falls predominantly on the relationships that are forged within museums’ community engagement sessions, and the extent to which these could be considered caring relationships. My discussion of these issues is empirically centred on Glasgow Museums, the city of Glasgow’s civic museum service.

The discussion that follows is structured into five sections. First, I offer an introduction to the research project from which the bulk of this 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.
geographers have sought to understand care, in a bid to draw attention to the often-unusual, yet resolutely ordinary, spaces that may facilitate care. The third section focuses upon community engagement in museums: I outline the theory that underpins this particular form of community engagement, and the UK policy landscape within which it is emplaced. The fourth section draws on empirical material collected during my time volunteering for Glasgow Museums, and is designed to give the reader some idea of what community engagement entails; in this section, I illuminate the sometimes-hectic nature of community engagement sessions via a series of thickly descriptive ethnographic vignettes. I then turn to an examination of the gendering of community engagement, arguing that like within many broadly caring occupations, widely-held assumptions about women’s supposed innate ability to care serve to devalue the caring work that is done in this context. I also consider the caring work of men in this section, and illuminate the difficulties faced by men who do so-called women’s work (Lewis and Simpson 2007). In the concluding section, I reflect more broadly on museums – and community engagement settings in particular – as caring environments.

2. Glasgow Museums and the Curious project

This paper draws on a 15-month period of ethnographic research conducted as part of a project concerning the implementation of social inclusion within Glasgow Museums. Between spring 2010 and spring 2011, I volunteered with Glasgow Museums on a community engagement project entitled
Curious². Curious had a broadly four-part structure, consisting of: a training programme for museum volunteers working with issues of cultural diversity, a community exhibition, a conference for museum professionals concerned with community engagement and a schools programme themed around citizenship. I volunteered primarily on the training programme, and also interviewed a cross-section of Glasgow Museums staff as part of my ethnography³.

The Curious project was based at St Mungo’s Museum of Religious Life and Art – a venue located in Glasgow city centre, and administered by Glasgow Museums – but involved collaboration with other groups around the city, including local colleges and community groups. As a volunteer on Curious, I helped to plan, implement and evaluate community engagement sessions, wherein we sought to gather participants’ input to the volunteer training programme. I was encouraged to volunteer on the Curious programme by the then-head of Glasgow Museums’ Learning and Access Department. My fellow facilitators were made aware of my status as volunteer/researcher, and I was trained in the same way as other volunteers. In the first community engagement session, I was introduced as a volunteer researcher from the University of Edinburgh, however as sessions progressed my status as researcher tended to fade into the background. In keeping with university ethics guidelines, I was clear about my dual role whilst volunteering on Curious; however, I often found myself in situations similar to those outlined by Darling (2011) in his work on The

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.
Talking Shop drop-in in Sheffield. Darling (2011: 409) writes of his volunteer/researcher role, that “there were points at which reinstating this position felt uncomfortable, points at which breaking out of the conversation to clarify one’s position would have undone the affective and emotional work of care in these interactions”.

Community engagement sessions are characterised by a high degree of heterogeneity, and some – though by no means all – of the participants engaged by Glasgow Museums could be considered vulnerable; Curious recruited participants through local colleges, so college students participated alongside English Speakers of Other Languages (hereafter, ESOL) learners. Facilitators did not have access to detailed information about individual participants, and so Glasgow Museums were uneasy about allowing me to interview individual participants. I respected this decision on their part and I too felt it was important not to encroach too much on the personal ‘space’ of participants in sessions. However as sessions progressed, the rapport I formed with some participants led to a high degree of trust and intimacy. As a result of this, interactions with participants are reported as field vignettes, reflecting the organic nature of the relationships that evolved between myself and some of the participants in sessions.

Of course the hybrid role that I played within sessions required engagement with the debates articulated most coherently by feminist geographers about the ways in which our presence as researchers may 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
person cares for another), yet Wiles (2003) refutes this, arguing that care relationships are co-produced. Furthermore, care is not always dyadic, but rather, may be performed in networks (Milligan et al 2004; Milligan and Wiles 2010), within groups (Laws 2009), and even across borders (Barnett et al 2005; Yeates 2012). Engagement with these discussions makes care a difficult term to use, and yet these debates also serve to emphasize how complex and multifaceted caring relationships are, and opens the door to a better understanding of the spaces that might facilitate care.

Recent work within geography has advanced our thinking as regards the spatiality of care; Conradson (2003b: 509) suggests that one way to understand individuals’ experiences of care is to think through the “subjectivities that emerge, or which are made possible, within a particular [...] space”. Perhaps, then, caring spaces are best understood as those spaces that support the emergence of more positive selves, and encourage the crystallisation of these more positive selves. Understanding care in this way forces us to pay attention to the social relationships – present at a variety of scales – that constitute care, alongside the inescapable materiality of the spaces within which care takes place.

Thinking geographically about care also requires thinking through the ways in which proximity and distance might impact care. To this end, Milligan and Wiles (2010) argue that there are clear differences between caring for and caring about: where caring for implies a care relationship, perhaps within an institutional or domestic setting, caring about refers more broadly to an ontology of care, or a way of being informed by an ethic of care (Popke 2006). As Conradson (2003b: 451) writes, “this is to frame care as an ethic of encounter, or as a set of practices which shape human
geographies beyond the familiar sites of care provision”. That is not to say of course that caring for and caring about are mutually exclusive, rather, these conceptual ideas help to underline the complexity of care, and allow us to address the ways in which care might be ‘done’ in everyday situations (Barnett et al 2005).

Many scholars have noted that care depends upon the commitment of women (Finch 1987; James 1992; Ungerson 1990) and a concern with the gendered nature of care runs through this paper. James (1992) points out that women are understood as naturally able to care, due to their role as child-bearers and their association with the sphere of social reproduction. Feminist geographers have highlighted the ways in which essentialized assumptions about women’s ability to care can serve to obscure and devalue their caring work, whether that be within the home or within institutional settings. As Halford and Leonard (2006) have argued, the essentialized assumptions that normalize the gendering of care are continually produced and reproduced across a variety of spaces. Lewis and Simpson (2007) point out that the association of women with caring roles may Other those men employed in the caring professions, as well as those men who care for children, parents and relatives outside of institutional settings. I show in the empirical section of this paper that ideas about women’s innate ability to care can serve to devalue the hard work that goes into cultivating and maintaining relationships within community engagement settings.

The role and purpose of the museum has undergone significant reformulation over the last twenty years or so; increasingly, museums are positioned as “agents of social change” within policy (Department for
Culture, Media and Sport 2000: i). From the 1990s, museums began to trial audience development strategies that were explicitly aimed at opening-up their collections and cultivating new audiences – a move that was necessitated by a combination of factors including deep cuts to public funding for museums (Hewison 1995).

Since New Labour’s incorporation of the social inclusion agenda into numerous areas of social policy in the late 1990s, social inclusion has become a key policy concept structuring the work of museums. Social inclusion – at its most basic level – requires museums to ensure that they are accessible to as many social groups as possible, and that they work to attract diverse audiences. Tili et al (2007: 269) have argued that New Labour successfully reframed the role of the museum in society, from a “repository of self-sufficient cultural artefacts oriented towards a ritualized connoisseur gaze” to that of a public service similar to the health or education sectors. Throughout the 1990s and 2000s, there was a period of capacity-building within museums, the result of which is most evident in the expansion of museums’ learning and outreach/community engagement departments (Hein 2006).

Feminist museologists have noted that contemporaneously museums are largely staffed by women (Levin 2010), and that, in particular, women make up the majority of those employed in museum learning, and outreach/community engagement (Downs 1994; Miller 1994). Hein (2010) points out however that only a small percentage of those employed in managerial and research positions are women, as is the case in many of the formal care industries. Schwartzer (2010: 17) writes that women are popularly understood as particularly suited to public-facing work within
museums because they are seen to “encourage collaboration, consensus and community [...] and are defined by their capacity to care about people”.

4. Community engagement in Glasgow Museums

The discursive framing of museum workers as engaging in forms of care is important for my purposes here, as I seek to argue that museums, and community engagement settings in particular, function as spaces of care. In recent years, community engagement has become an important strategy by which public and private institutions seek to strengthen links with local communities, and enable change within those communities. Community engagement has been criticized in recent years from a range of viewpoints. Some commentators suggest that it’s use is advocated as a means of developing and empowering communities, thereby ameliorating the disconnections between the state and local communities in the era of ‘roll-back’ neoliberalism (Cruikshank 1993, 1999; MacLeavy 2009). Others have suggested that community engagement relies on a reductive understanding of the word ‘community’, as many engagement projects fail to take into account the fluid, dynamic nature of communities, preferring instead to understand them as fixed in time and space (Joseph 2002). Despite these critiques, community engagement remains popular, and represents an aperture through which to view the valorization of ‘the local’ as a site for intervention within many western democracies.

Community engagement in museums has been afforded rather less attention than other forms of community engagement, such as the engagement done by state institutions – such as the education, health and security sectors – yet it can be seen as part of the wider shift in emphasis
outlined above. Community engagement in Glasgow Museums is defined as anything that brings about “the sustained involvement of local communities in museum activities” (Glasgow Museums 2010: 3). In practical terms it usually entails the museums service working with small groups of individuals who do not or cannot use museums. Regardless of the provenance of these groups\(^5\), most engagement sessions will require participants to engage in a set of activities (including for example, story-telling and reminiscence, arts and crafts, research and so on), often working alone but sometimes working collaboratively with other participants and museum staff. Community engagement sessions are overseen by museum staff, who are on hand to ensure the smooth running of sessions. These staff are trained in public-facing work and, due to the nature of many community engagement schemes, they are also liable to be trained in working with individuals, groups and communities who may be understood as vulnerable or excluded. Museums’ community engagement programmes are highly contextual, as Tlili (2008) has pointed out; each museum service will tailor their community engagement schemes in order to best address pressing issues for local populations.

Glasgow Museums is the UK’s largest municipal museums service outside of London. Glasgow Museums’ Learning and Access department – which handles Learning and education, access, social inclusion, and outreach/community engagement – is one of the largest in the UK (Dodd et al 2002). Glasgow Museums was quick to incorporate social inclusion into their working practice in the years after the Labour government made it a

\(^5\) In the case of Glasgow Museums, for example, they may range from young offenders to elderly care-home residents
key strand of cultural policy, and yet their commitment to what might broadly be called social inclusion pre-dates the enshrining of the inclusion agenda in policy; Glasgow Museums has had a museum education post since the 1940s, and since 1990, has had a museum dedicated to outreach and community engagement – the Open Museum.

The Open Museum was founded in order to “take the museums service out to groups and individuals who may not normally use museums” (Glasgow Museums 2010: ix). The Open Museum engages in a varied set of activities, including: creating handling kits, and taking these out into local communities; guiding groups in the creation of exhibitions; collaborating with local communities in order to find innovative ways to interpret and display objects; eliciting oral histories, and building up alternative, ‘non-expert’ bodies of knowledge about the collection. The museum service also works in partnership with organizations such as the National Health Service (NHS), Her Majesty’s Prison Service (HMPS) and social services, as well as local community groups, charities, ethnic minority and faith groups, and so on (Dodd et al 2002). As befits the museum without walls philosophy (see Malraux 1967), community engagement projects may take place in a museum, but they may also “take place in spaces where people [...] meet and gather – community centres, care homes, health centres, shopping centres, festivals and prisons” (Glasgow Museums 2010: 4).

O’Neill (2002) has argued that it is useful to think of a series of barriers that may prevent people from engaging with museums, and identifies both physical and intellectual barriers to access. For O’Neill (2002), physical barriers are those that can hinder potential visitors from 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
community engagement group consisted of 10-12 participants – one was a group of young Glaswegian college students studying Events Management, another was a group of English Speakers of Other Languages (ESOL) students and the last group was a mixture of the two. As Jenny and I waited for the participants to arrive, we ran through what we planned to do. We had decided to do a round of introductions, and play some ice-breaker games, then lay down a set of ground rules for the day. Then we would introduce object-based learning – getting people to talk about an object they had with them, and what it meant to them, whether it said something about their 'identity'. We would then ask them to photograph the object, and write an interpretative label to go along with it. Then, we would use these objects to get people thinking about ‘culture’ – the objects were a mix of 'high culture' and 'low culture' objects – before doing a few mind-mapping exercises around the theme of culture. The session started slowly, but eventually, the participants began to warm up, and they began to chat about themselves, ‘their’ cultures, and ‘other’ cultures that they had experienced. Facilitating this discussion was fun, but tiring; at first, it was hard to encourage people to talk and to listen, but by the end of the session, I felt like so many people were clamouring to talk that I had to ask some people to hang on whilst I spoke to others. A large part of the session entailed facilitating discussion in groups – ranging from the whole class, to groups of 3-4 – but we also spent a lot of time speaking to individuals, listening to them and generally just being friendly.
Community engagement sessions, then, were supposed to be ‘inclusive’ spaces, or places where participants would feel safe, welcome, and able to talk and listen without fear of reprisal, and yet it seemed obvious to me that the sessions were not always just ‘inclusive’, but also acted – at times – as spaces of care. As Conradson (2003a) articulates, the psycho-social elements of caring spaces rely on the emotional cues that we pick up from others, and so it was imperative that facilitators remained approachable and attentive during sessions:

*The atmosphere in sessions is difficult to explain, but easy to sense. To me, it feels warm and friendly, and the participants seem to thrive on this feeling of positive regard. By the end of the session today, I felt like even the quietest members of the group were more comfortable talking and joining in the activities. On the way out of the college, I mused to Jenny that it was difficult to pin down just what made a ‘good’ session, and she agreed: “You know instinctively if it’s good or bad, I think. Being friendly – that’s the most important thing”*

Jenny was not the only member of staff who identified being friendly as the most important thing that facilitators in sessions; this suggests that a general caring ‘demeanour’ is key to the creation of caring relationships and spaces. This understanding of the nature of community engagement sessions draws my work close to some of scholarship concerning drop-ins and other institutional spaces, where a generalized ethic of care on the part of staff is understood as enabling change in the users of the space (Askew 2009; Conradson 2003b; Darling 2011). Simply being friendly does not necessarily beget an ethic of care in the strictest sense of the term,
however, I am sensitive to McDowell’s (2004) argument that we can understand an ethic of care as a worldview predicated on obligation, reciprocity and trust – all characteristic of the community engagement sessions I volunteered in.

It was important that facilitators were able to move between large and small groups of participants; the large groups were usually boisterous and fun, but when the participants broke into smaller groups, or a facilitator approached an individual and encouraged them to talk one-on-one, the conversation was often more intimate. This affective shift between large and small groups, and individuals, highlights the ways in which individuals’ experiences of community engagement differed, and the effect that different group formations could have on individuals’ experiences within sessions. This suggests that many different kinds of relationships are being forged side-by-side in sessions, creating what Conradson (2003a: 518) has called “spaces of care plural”:

> Cara summed up why she enjoyed today’s session, saying that it is often assumed that young people don’t think about cultural difference or the tensions that can arise as a result of cultural difference. She said she enjoyed the session as she found the group setting itself a useful way of thinking through and talking about difference. Another girl, Lesley, told me that she felt she was forming friendships within the group, with people that she had previously thought she had nothing in common with; Lesley emphasised that she valued the conversations she had had with other participants more than the group setting itself, which made her nervous at times. So clearly, some of the participants enjoy the sessions because they feel at
home in the group atmosphere, which is noisy and energetic, whilst others enjoy talking one on one with facilitators or with other participants. It is interesting to note the differences in the way participants ‘use’ or come to value the sessions.

Alison – a fellow facilitator, with considerable experience of community engagement – had prepared me for the ways in which relationships could change dependent on context; in a meeting prior to beginning my volunteering, she suggested that a positive atmosphere was key to managing large groups. She offered me advice on how to manage the often-intimate nature of one-on-one conversations:

“You will find people will go way off topic. They’ll forget a bit about the object or topic we’re discussing and tell you a story about something that happened when they were wee or whatever. You will find that some of them recount really happy memories, about Granny’s jeely pan\textsuperscript{6} or whatever, but some of them are about sad times. It’s hard to keep up the enthusiasm throughout and it’s really hard to be sympathetic the whole time too.”

A key practice within community engagement is encouraging individuals to talk about themselves - to tell stories. Stories can be seen as explanatory categories by which individuals make sense of their lives. Life stories are often presented as a series of ‘episodes’, wherein individuals disclose important life events, before organizing these into a narrative (MacIntyre 1981). The psychotherapies – diverse as they are – rely on this act of self-

\textsuperscript{6} In Scots, a metal pail with a handle, used for making jam.
disclosure, and this has led some commentators to suggest that community engagement within museums could be considered therapeutic (Silverman 2002, 2010). The telling of stories may also lead to a sense of catharsis for the storyteller, and many scholars have argued that the encouragement to describe past experiences can become an opportunity for reframing narratives (McAdams 1993; Ricoeur 1992; Taylor 1989). Birch and Miller (2000) suggest that this may help people to reach different understandings of the past. Museums represent excellent locations for this kind of informal therapeutic work because they are ostensibly ‘safe’ spaces, located outside of the formal therapeutic system and the often-problematic power structures which characterise traditional therapeutic interventions (see Laws 2009). Research also emphasizes that museums are excellent locations for reminiscence; objects help individuals to tell their stories by acting as ‘props’ (Chatterjee et al 2008, 2009; Chatterjee and Noble 2009; Phillips 2008).

It was common for community engagement practitioners to emphasize that the facilitator’s role is to look-after, care for, or support participants whilst they told their stories:

Jenny told me that many of the participants that she had worked with could be considered vulnerable; for Jenny, community engagement sessions could lift people out of their daily routine: “just doing something different is so good for you”. She also noted that community engagement sessions offered people an outlet, where they could just talk – about banal, everyday things, but also about things that were bothering them. She told me that often, participants’ spirits were lifted by recounting happy memories, and that recounting
unhappy memories often served some purpose as well in that participants professed to feeling better once they’d got things ‘off their chest’. She also noted that participants sometimes asked facilitators for advice about a range of things: from English pronunciation to advice on how to deal with noisy neighbours. Most of the time though, “people just need to feel important, like someone is listening”.

Community engagement facilitators suggested that proximity often facilitated a shift towards a caring relationship. Jenny – a member of curatorial staff – noted that the amount of time she spent with a given individual or group had a bearing on the relationships that were forged, stating: “there are some that pass in and out without me really noticing. But with the ones that are around for a while, you can’t help but start to care about them”. What is clear from many of the conversations I had with members of staff involved in community engagement – and from my own time working on the Curious project – is that the deepening of care relationships had the potential to cause trouble for facilitators, who were simply not trained in how to manage care relationships. Helen, a senior member of staff with extensive experience of community engagement, told me before I began work on Curious:

Once you enter into this kind of relationship, where you have responsibilities, it can be really hard because you want to do right by people all of the time, but the revolving-door nature of a lot of community engagement kind of works against that. People are
different day in day out, and often just as you’ve developed [...] a relationship, it all ends.

Helen suggests that the large numbers of people that practitioners are expected to work with, and the quick turnover of community engagement programmes precludes stable relationships with participants, and that this can negatively impact both practitioners and participants. Research suggests that patterns of care provision within the formal care industries may also preclude proximity and sustained engagement, with recent critical work on the UK National Health Service (NHS) noting that high staff turnover is a particular problem (Currie and Carr-Hill 2012). Yet this is not the only thing that complicated the progression of care relationships in engagement settings. As Milligan and Wiles (2010) articulate, much of the literature on care assumes that proximity and sustained engagement with individuals begets a caring relationship and a sense of responsibility, yet these literatures often fail to account for the fluid nature of identity.

Sandra noted that the relationships forged within sessions were extremely complex, and that proximity and sustained engagement did not necessarily beget stable relationships:

She noted that sometimes, “you just get a ‘click’” suggesting that the progression of care relationships was not always smooth, but sometimes relied on a moment of shared understanding, an eventual gaining of trust, or simply two complementary personalities coming together.

In this way, Sandra highlights that the relationships forged between 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
regress, or in extreme cases, to fail. Understandably, perhaps, those individuals involved in care relationships may expect caring encounters to follow a pattern, and any spatial or temporal deviation from that pattern can lead to feelings of confusion, anxiety and anger (Bowlby 2012).

4.2 Community engagement as ‘women’s work’?

Thus far, this paper has focused on community engagement sessions as spaces of care, and has sought to outline some of the tactics that staff might employ to bring about and manage broadly caring relationships in sessions. Whilst a concern with gender runs through this paper, in this section I examine the ways in which community engagement – and Learning and Access more generally – might have become gendered within Glasgow Museums.

The museum is often understood as the quintessential Enlightenment institution, concerned with the discovery and display of scientific truth (Hooper-Greenhill 1992). This understanding of the museum – as inseparable from the development of Western science – has led some authors to argue that the project of museology (like the project of science) is underpinned by a set of androcentric assumptions (Hein 2010; Kourany 2010). Levin (2010) notes that the Wunderkammern – the cabinets of curiosity understood as precursors to the museum – were associated with wealthy men; she contends that the exclusivity of the cabinet was an essential facet of its character, particularly given that the contents of these cabinets were frequently risqué or erotic. Bennett (1995), in his examination of the disciplinary museum, argues that attempts by 19th century reformers to open up the museum to the working-classes also had
a gendered dimension, as they were largely designed to draw working men away from alcohol and other ‘vices’.

Museums were male-dominated spaces – in terms of their staff and visitor profiles – until the 20th century, with Levin (2010: 7) noting that in the 20th century “the profession of museum work became more feminized as segments of the profession moved from a privileged male domain to part of the educative role associated with females”, drawing museum education in line with the female-dominated formal education sector. Levin (2010) notes that women dominate museum outreach departments because these departments require workers who are capable of dealing with vulnerable, marginalized and excluded populations, and women – seen as ‘naturally’ caring – are understood as best placed to do this.

During my time volunteering within Glasgow Museums, I worked predominantly with women7 on a project overseen by a female member of staff. To me – a visiting researcher – the gender imbalance in the Learning and Access department was striking. Gary – a male museum manager – suggested that within Glasgow Museums, community engagement relied in large part on the innate capacity of women to care:

EM: And why are there so many women in the Learning and Access department? I mean, I can’t help but notice that there are so many?

Gary: [interrupting] Well, there’s no doubt that women are just better at that stuff, at looking after people, at making people talk.

Gary makes it clear here that not only does community engagement function as a space where caring is ‘done’, it is also seen as the domain of women, and is dependent on a set of feminized skills. Wolkowitz (2006, 7)

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7 As noted in earlier in the paper, there was one male volunteer on the Curious ‘team’
2012) argues that women still dominate the caring professions and those spheres of employment that require body-work and affective labour more generally. This is likely because essentialised ideas about women’s ability to cultivate and manage relationships, and to nurture and care, remain pervasive. Gilligan (1982) for example, suggests that relationships, care and responsibility are understood as central to women’s identities, and Lewis and Simpson (2007: 3) suggest that “these stereotypes have undoubtedly contributed to the association of care in organizations with femininity, whereby such activities are seen as the ‘natural’ domain of women”. Yet the discussion around whether or not women are naturally able to care remains a contested one, with recent work challenging the idea that caring skills are entirely learned (Fausto-Sterling 2003).

Taken-for-granted ideas about women’s innate capacity to care, however, undoubtedly obscure the fact that caring is a skill, and, like any other skill, requires hard work and practice. Sandra noted that it often seemed as though the time and effort she put into being a good community engagement practitioner went unnoticed:

It irritates me that people don’t understand how hard this work is to do, how much of my time and energy it takes to learn and then do it. It is as though they think ‘Well, she must already be good at it because she’s here, and y’know, she’s a woman’!

Sandra makes it clear that caring – especially in this context – is not something that comes naturally, but rather, is something that she has to learn and practise. Sandra emphasises that her colleagues – particularly those in senior management positions – do not understand the complex nature of community engagement work. The myriad practices that
constitute care are often invisible from the outside of the care relationship, hence the work that is done to cultivate and maintain that relationship is devalued; Askew (2009) writes that this is a hallmark of the care that is done within organizational settings in particular. Sandra’s sentiments were repeated by other interviewees, and she gives an insight into the way that female employees within Learning and Access feel about the continued under-valuing of their work.

Several of the practitioners I worked with spoke of attempting to live up to the ideal of the ‘perfect’ community engagement practitioner. Jenny suggested that her struggle to live up to this ideal was akin to the struggle “to look like the women in fashion magazines”: it was an impossible task, and she was always falling short of the benchmark. Jenny’s words struck a chord, as within community engagement settings I had felt similarly under pressure to be a ‘natural’ community engagement practitioner:

*It’s just assumed that we’re good at the difficult bits of community engagement, but at the same time, we are good at it, and we know it, the staff at the College know it, and I am sure that the people back at St Mungo’s know it too. And so the gendered nature of this work is tightly bound up with ideas of competence and professionalism – I have to always play up to the ‘benchmark’ image of the naturally caring worker because I would feel out of place otherwise, or I’d feel like I’d failed, that I was incompetent, that I was unprofessional. I know that caring is not entirely innate, it’s learned and practised and hard to do, yet I’m still always working to this benchmark of the ideal, ‘natural’ carer – I’m making it worse! At the core of it all though is the fact that caring is part of the job, we*
are here to support people, and if you want to keep your spot you
have to be good at it. It is only in these small groups of women that I
feel ‘safe’, by that I mean, comfortable talking about the difficulty of
the job, and of playing the role of the caring facilitator, and the
process of learning and internalizing the ability to look after the
participants within sessions. The parochialism of some of the (male)
staff at the college where we work – "Here come the girls!", "It’s the
Glasgow Museums girls again!", "Morning girls! – doesn’t really get to
me, because I feel safe and secure in our group, and I self-identify as
one of ‘the girls’.

It was recognised by many members of staff that the continuing
devaluation of caring work within Glasgow Museums was problematic.
Catherine, a member of Learning and Access staff, told me that the stresses
and strains of community engagement were poorly understood, and that
consequently, training for staff was lacking; whilst community engagement
staff are often trained in how to ‘do’ community engagement – as in, they
would be skilled at facilitating object handling, at eliciting oral histories, and
designing workshops and activities – they were rarely trained in how to
manage the relationships that were often forged as part of these activities.
Alison told me that she had benefited from a training course she had
attended that was concerned with eliciting oral histories from community
engagement participants. This course was run by a psychologist, who had
offered some training in how to deal with the relationships that could form
between museum workers and the visitors that they invited to tell their
stories. Alison was unusual in this respect, as most of the community
engagement practitioners I spoke to said that they had not received any
training in how to deal with the often-emotional nature of community
engagement work.

Catherine – a member of Learning and Access staff – further outlined
some of the problems she had experienced when working within community
engagement:

*Catherine became a little tearful when she told me that she had
recently returned from a period of sick leave. She said she had found
herself unable to ‘switch off’ from work, and found that her work was
negatively affecting her home life. Upon her return she had
transferred into a new post, where she found it easier to separate
home and work. She told me that there is an increasing incidence of
mental health problems amongst staff, particularly with stress and
overwork. She pointed out that some museum venues had worse
reputations than others, in that they asked their workers to do too
much, or to do things they weren’t trained for. Some museum venues
also had remits that meant they tackled particularly difficult social
problems, and worked with particularly vulnerable groups: Catherine
emphasises that people working in these venues needed more
training, and more support. Again, she emphasised that the caring
component of much community engagement work is poorly-
understood.*

The idea that the affective component of community engagement
relationships was invisible and often devalued (and that this could lead to
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
worker, with David – a curator – quipping “Sometimes, I feel like the fat
guy at the gym!” emphasising how out-of-place he felt within the female-
dominated sphere of museum learning. David’s words have a dual meaning
however, in that he also emphasises the physical disjuncture between
himself and other (female) Learning and Access workers. Similarly, Gary –
the museum manager quoted earlier – suggested that he would look and
feel out of place in community engagement settings. He told me, more than
once during his interview, that he felt he would be “quite intimidating” in
community engagement situations. Gary’s concern in part echoes
Wolkowitz’s (2012) assertion that the male body is often understood as out
of place in caring situations, due to the long association of women with
care, and men with discipline.

Gary did not do any community engagement work in his current post
and he drew on the trope of the ‘naturally’ caring female more than once in
his interview, suggesting that women dominated museum Learning because
of their innate skills. Like Gary, David suggested that he was not
particularly good at the caring facet of community engagement, but he
emphasised that he was learning to be a better community engagement
facilitator:

He told me he never felt fully comfortable in caring situations, but
that he was getting better with practice. He didn’t understand caring
as something you were either good at, or bad at (dependent on your
‘essential’ nature), he saw it as a skill that could be learned, practised
and improved upon – much like any other skill. He told me that he
was much better at community engagement now than he was when
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
inexperienced. 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
engagement as a facet of museum practice, and have given the reader
some idea of what actually goes on within community engagement
situations; community engagement is an important part of contemporary
museum practice, and one that is under-explored not just within geography,
but across those disciplines that have critically engaged with the idea of the
museum. Second, my examination of community engagement is designed
to spark debate about the often surprising spaces that can facilitate care,
and the ways in which affective labour might animate the most unexpected
of spaces. My examination of the practice of care in this paper is designed
to show how ordinary people might ‘do’ care – how they might sense when
it is needed, and what form it should take. Third, I seek to illuminate the
ways in which care remains a gendered practice; to this end, I also want to
add my thoughts to the body of feminist-influenced scholarship concerning
the museum and recent changes in museum theory and practice.

It is clear from the material presented in this paper that community
engagement sessions function as spaces of care. Community engagement is
designed primarily to take the museum experience to those people who
cannot or do not visit museums. Many of the individuals, groups and
communities approached under the auspices of community engagement
could be considered vulnerable, hence it is important that community
engagement sessions – regardless of where they are held – are safe spaces,
where people feel they are free to talk, to listen, and, as Jenny suggests
above, to do something that lifts them out of their daily routine. It was
evident from the community engagement sessions I worked in that sessions
provided important opportunities for sociability, and were spaces where
individuals could find someone to talk to, and who would listen – regardless
of what topic was under discussion. And yet my discussion of the
progression of caring relationships shows that even the seemingly durable
relationships forged within this context can be exposed as fragile
assemblages, reminding us that caring is a dynamic process.

The Learning and Access department of Glasgow Museums is
predominantly staffed by women, and there was no doubt that care in this
context was explicitly gendered. Female members of staff found that often,
their caring work went unseen and was consequently unrewarded and
under-valued, simply because it was assumed that women were naturally
predisposed to caring. At times, female members of staff drew on these
stereotypes in order to secure a sense of self. At other times, however, they
sought to make visible the means by which these stereotypes were
constructed, and actively resisted them. Feminist museologists have
emphasised that the role of women in museums is an area where there has
been relatively little critical enquiry, and I seek to align myself with the
body of work that has sought to investigate the place of women both within
museums’ systems of representation, and within their staffing profiles.

The material presented here has also drawn attention to the changing
role of the museum in contemporary society. Critical museologists have
argued that over the last fifteen years or so the museum has been drawn
into debates about the health and wellbeing of the public. My examination
of community engagement raises questions about what happens when
public museums are positioned as institutions with social responsibilities,
with a role to play in creating and sustaining a healthy, happy population.
Community engagement can be seen as one such tool that museums might
use in order to align themselves with this shift in emphasis. Feminist
museologists argue that it is just this shift in emphasis that has brought to light the need to pay attention to the changing role of women in the museum workforce.

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