

## Touching Heritage

### Taking museum objects to healthcare settings



## Evaluation Report

YH-09-05360

## **Contents**

- 1. Introduction and Aims**
- 2. Object Selection**
- 3. Volunteer training**
- 4. Widening participation**
- 5. Volunteer Experiences and Feedback**
- 6. Participant responses**
- 7. Community curatorship**
- 8. Publicity and Dissemination**
- 9. Feedback**
- 10. Final Costs**
- 11. Conclusion and Recommendations**
- 12. Image gallery**

### **Enclosed:**

**Volunteer Training Manual**

**Touching Objects Film DVD**

**Expenditure sheets**

## **1. Introduction and Aims**

'Touching Heritage: Taking museum objects to healthcare' [*Touching Heritage*] was funded by a 'Your Heritage' grant from the Heritage Lottery Fund. The project began in June 2012 and built upon the results of a previous AHRC-funded project called 'Heritage in Hospitals' carried out by UCL Museums' researchers between 2008-11. This project took museum objects to bedsides in hospitals and healthcare settings and investigated whether handling objects contributed to patient wellbeing. Using quantitative and qualitative methods, 'Heritage in Hospitals' showed that handling museum objects enhanced patient wellbeing, reduced stress and improved the overall patient experience.

*Touching Heritage* built on and developed best practices from 'Heritage in Hospitals', broadening the access to objects associated with health and wellbeing to a larger, more diverse audience. The purpose of the project was three-fold: to bring heritage objects to people who would otherwise be excluded from participating in cultural activity; to bring objects out from UCL Museums' collections that otherwise would not be seen by the general public; and to train and support a team of student and community volunteers to deliver the programme.

The aims of *Touching Heritage* were to:

- Widen participation in learning about heritage and its connections to health and wellbeing by taking museum objects out of UCL Museums' collections into healthcare settings to communities otherwise excluded from cultural activities.
- To formulate a training programme, including a training manual and best practice guide, train student and community volunteers to carry out group and one-on-one object handling sessions within hospitals and other healthcare settings.
- To recruit, train, mentor and coordinate volunteers to run an object handling outreach programme in healthcare environments.
- To enhance sensory and learning experiences by touching and handling objects such as Egyptian amulets, archaeological artefacts, artworks, natural history and geological specimens and by discussing their factual, sensory and

emotional features (e.g. 'What do you think the object is made of?'; 'What does it feel like?'; 'How does it make you feel?').

- To explore and evaluate the benefits of close collaboration between museums and healthcare organizations.
- To hold a public exhibition at the Street Gallery in University College Hospital presenting the project and its outcomes to hospital, staff, patients and visitors

## **2. Object Selection**

Object-handling sessions were conducted with objects from University College London (UCL) Museums including the Petrie Museum of Egyptian Archaeology, the Grant Museum of Zoology, the UCL Art Museums, and Archaeology and Geology collections. Objects were selected for their connections with to health and wellbeing properties for the purpose of initiating content-driven communication in the participatory health promotion setting. Suitable objects comprised amulets, vessels for ointment, natural ingredients and tools for medicine preparation. Specific examples with health and wellbeing connections included a bronze figurine of Egyptian cat goddess, 'Bastet', fertility amulet and protector of women and an Agate mineral specimen once believed to give protection at sea, pleasant dreams and cure insomnia. Additionally, objects were selected for their tactile properties, their size (for ease of handling and transportation), and their suitability to be handled in clinical settings while maintaining good hygiene and infection control. Each object was individually packaged to conservation standards.

It was hoped that the range of objects chosen would stimulate tactile learning and create a multi-sensory experience involving visual, tactile, auditory and sometimes olfactory senses. Bespoke loan boxes were developed for the different contexts in which sessions were carried out. For example, participants in a teenage cancer ward took an interest in zoology and natural history objects whereas older adults in a residential care home engaged meaningfully with Sudanese and Egyptian archaeology. Furthermore objects that had been packaged in small groups were packaged individually in order to make up unique collections of six to eight objects to support individual preferences.

Participants were recruited by volunteers to participate in the project directly and through consultation with clinical and community support staff. Each session consisted of touch-led exploration of objects between the participants and facilitator who carried out semi-structured interviews with participants about their experiences of handling the objects. Dialogue from each session was recorded using a digital audio recorder. Each object was accompanied by a small information card with a

photograph of the object, an image which put the object into context and information about the objects' health and wellbeing properties that could be used during facilitation. Accurate records were kept of where objects had been in order to avoid participants seeing the same ones again unless they opted to.

### **3. Volunteer Training**

#### **What we did**

*Touching Heritage* recruited community and student volunteers to train in facilitation, engagement techniques and best practice protocols for delivering heritage-focused interventions in healthcare settings. Volunteers were recruited in two phases, reflecting the change of the Project Coordinator. The first phase took place from September 2012 to March 2013 and the second phase, from April to August 2013. A job description for the volunteers was developed and advertised within UCL Museums Blog and social media channels, university union websites and local community volunteering centres. Volunteers were offered in-depth training and ongoing mentoring as well as practical experience in participant and public engagement.

Crucially, volunteers were not required to have any pre-existing knowledge about the objects or museum collections, which opened the programme to a diverse range of people from different backgrounds. This meant that volunteers could gain the benefits of object-based learning and sessions could be a shared exploration between participants and volunteers.

The main attributes for volunteers in the programme were good communication skills (and a willingness to improve these over time), an interest in museums / heritage / cultural engagement and / or an interest in health and wellbeing. The volunteer training manual was produced and developed from best practice protocols for Heritage in Hospitals<sup>1</sup> (enclosed with Evaluation Report). Volunteers attended practical training before committing to the project. The one-day training session covered background information about heritage objects and their role in the larger field of arts-and-health interventions as well as best practice regarding object handling.

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<sup>1</sup> Erica E. Ander, Linda J. Thomson, Guy Noble, Usha Menon, Anne Lanceley & Helen J. Chatterjee (2012). *Heritage in Health: A guide to using museum collections in hospitals and other healthcare settings*. London: UCL. Accessed online at: <http://www.ucl.ac.uk/museums/research/touch/publications/heritage-in-health> on 11 June 2013.

### **Volunteer training involved:**

- Role-play, acting as both participant and facilitator to understand how sessions work.
- Object handling, packing and transporting training in order to understand basic preventative conservation for museum objects
- Approaching and engaging participants, particularly in healthcare settings
- Safeguarding participants when facilitating sessions and understanding appropriate responses to participant disclosure of information as well as dealing with potential emotional or behavioural issues.
- Safeguarding themselves both physically and emotionally through debriefing sessions with the coordinator and mutual support from other volunteers.
- Thinking creatively about how objects can stimulate wide ranges of interpretations from people from diverse backgrounds.

Once committed to the project, volunteers recruited in Phase 1 were also given training at University College Hospital's Voluntary Services department. After feedback, this training was not deemed necessary for subsequent volunteers; as we were able to incorporate subjects covered into the *Touching Heritage* training day. This shortened training time, and volunteers in phase 2 were able to start running sessions soon after training.

In June 2013, nine volunteers received additional accredited training in 'Safeguarding Vulnerable Adults' given by Leonard Cheshire Disability, thus continuing their professional development and adding to their CV.

### **Who were our volunteers?**

Volunteers who applied ranged from students on museum or heritage studies programmes, medicine or history courses as well as those on programmes not directly related to health or heritage. Additionally there was interest from older adults wishing to build their CV and give something back to their community.

Of the 46 volunteers trained to take part in the project 11 responded via Survey Monkey to the Diversity survey and a further 11 volunteer details were gathered from application material.

#### Gender

Of the 22 volunteers surveyed, 4 were male and 18 female.

#### Age range

Of the 22 volunteers surveyed, the largest age group (81%) was 18-24. This reflects the number of student volunteers involved in the project. The age ranges 25-34, 35-44 and 45-54 were all equally represented at 13% of the total.

Age range	18-24	25-34	35-44	45-54	55-64	65-74	75+
No. of volunteers	11	3	3	3	1	1	0

#### Ethnicity

Of the 22 volunteers surveyed, the following ethnic groups were

Ethnic group	White British	White America	White Swedish	White Mixed	Arab	Prefer not to say
No. of volunteers	7	1	1	1	4	8

#### Disability

Of the 22 volunteers surveyed, 11 responded to the question: 'Do you consider yourself to have a disability?' 10 volunteers responded 'no' and one responded 'yes,' choosing not to disclose the type of disability.

#### Socio-economic

Of the 22 volunteers surveyed, 11 responded to an enquiry into their working patterns. 6 respondents (54%) stated they were full-time students, 4 (36%) responded they were 'working 20-40 hours per week' and 1 was 'not employed and looking for work.'

Volunteers were supported and mentored throughout the programme by the coordinator. Volunteers gave feedback formally after training and completed evaluation forms after each session they ran. Additionally a feedback form was sent out near the end of the programme. Informal 'de-briefing' through face-to-face meeting or telephone conversation was available for all volunteers throughout the programme at all times. Volunteers leaving the programme were given 'exit interviews' to understand their reasons for leaving and what worked well and not so well for them during the programme.

### **What we learnt**

When working with volunteers, organisations need to be flexible and adaptive as volunteer commitments can change over time. At the same time, organisational structure and staff changes can affect volunteer commitment. In this project, volunteer commitment was impacted by various factors:

- Student volunteers need to work flexibly due to studying commitments and/or the end of their course of study so were often absent from volunteering for long periods.
- Community volunteers' interests and availabilities can change e.g. if they find full-time work or have to arrange child-care.
- Change in coordinator during February 2013.

In *Touching Heritage*, a combination of these factors meant that two rounds of volunteer recruitment took place. The first recruitment phase took place in July 2012. 42 expressions of interest were received which resulted in 27 volunteers.

A change in project coordinator between February and March 2013 impacted volunteer commitment. During the five week gap between coordinators, there was a drop off in volunteers meaning that applications were opened once again. During the second phase, 20 expressions of interest were given, and 19 volunteers were trained to carry out sessions. Across the entire project, 46 volunteers were trained to carry out object handling. However, at any one time there were approximately 12 'active' volunteers because volunteer commitments changed across the programme and some volunteers stopped their placement.

## 4. Widening Participation

### What we did

The project coordinator organised sessions within hospitals and healthcare centres by contacting the appropriate centre manager, activities manager or similar.

Generally, each volunteer ran one session per week, usually with at least one other volunteer partner or occasionally with the project coordinator. As volunteer skills and confidence grew, they were able to run sessions single-handedly, and some ran more than one per week, depending on commitments. Sessions took place either at hospital bedsides or within day rooms of healthcare centres. This meant that volunteers gained experience both in one-on-one facilitation and in group work.

A broad range of partner health organisations participated in this project. In line with the project aims, *Touching Heritage* extended access to UCL Museums' collections by running over 100 workshops at a variety of community healthcare settings including UCLH Foundation Trust Hospital. In total, over 500 participants were reached through object handling sessions at the following settings:

- *University College London Hospital – in Teenage Cancer, gynaecological oncology, stroke rehabilitation, acute elderly and oncology wards.*

Building on our previous partnership work, volunteers visited wards on the hospital from October 2012 to April 2013 inclusive. Ward staff introduced volunteers to patients who they thought might benefit from a heritage-in-health activity, and volunteers also went around wards offering the activity. Additionally, sessions were held in at UCH in the largest Teenage Cancer Trust Unit in the country. In total, 121 participants interacted with *Touching Heritage* at the UCH site.

- *Bridgeside Lodge Care Centre*

This residential care home provides long-term and rehabilitation care for residents including older adults and those with dementia. Regular sessions reached 73 participants, some returning for more than one session. One volunteer, committed to this centre and time slot and was able to develop her skills working with this group of participants.

- *Gwyneth Morgan Day Centre (Leonard Cheshire Disability)*

Weekly sessions on Tuesday mornings were held at the Gwyneth Morgan Centre between May and July 2013. This centre provides day care services for older adults and elderly frail. Regular sessions enabled volunteers to develop their skills facilitating with this particular group of clients and supportive relationships developed during the heritage-in-health activities. Participants benefited from a regular and sustained set of sessions.

- *Randall Close Day Centre (Leonard Cheshire Disability)*

Weekly sessions on Thursday mornings were held at the Randall Close Day Centre. Randall Close provides services for disabled and older adults. As with the Gwyneth Morgan Centre, the regular and sustained series of sessions enabled relationships to develop and volunteers to hone their skills with these clients, some of whom had visual impairment and learning disabilities.

- *Age UK Camden*

Through working with AgeUK Camden we were able to reach a broad range of participants with different backgrounds including those with dementia and with English as a Second Language. Sessions were run in day centres within the London Borough of Camden and Islington and at Tavis House, the central hub for AgeUK. We focussed our activities on the 'Dementia Befriending' service and ran sessions with clients and their volunteer carers. By working with carers and clients together we were able to enhance carer wellbeing, which is a recognised area of need within the care sector.

- *Terry Waite House and Hamara Ghar Sheltered Housing (Newham New Deal Partnership) and Ruscoe Road Sheltered Housing (London Borough of Newham)*

The project enabled UCL Museums to reach clients in the London Borough of Newham, in line with UCL's aims for working with communities in this part of London. Newham is an area with high levels of need and deprivation and around 80 per cent of homeless households in temporary accommodation are black and minority ethnic (BME). Working with Newham New Deal Partnership and the

London Borough of Newham, we have run over 10 sessions in sheltered housing centres which care for the elderly as well as those with mental health problems and physical disabilities, or those with English as a Second Language.

### **What we learnt**

We learnt that excellent relationships need to be maintained between healthcare staff and coordinator/volunteers to enable the sessions to run smoothly, be appreciated and have the maximum impact. At the same time, healthcare staff are often extremely busy so volunteers needed to have a 'can-do' attitude which could sometimes be challenging in certain care situations.

We learnt that centres quickly got used to our activity coming every week, and relationships developed between volunteers and participants. Participants greatly appreciated the social as well as the heritage learning aspect of our activity.

## **5. Volunteer Experiences and Feedback**

Feedback from volunteers was gathered in the following ways:

- Volunteer training evaluations – feedback was requested on training for phase 2
- Volunteer session evaluations – forms completed for every object handling session for each volunteer to reflect and to feedback.
- Online ‘Survey Monkey’ feedback gathered from volunteers at end of project

### **What we learnt**

The most cited skill that volunteers expected to gain at the beginning of the project was increased communication skills, and skills in working with vulnerable people. When asked to report on what they expected to gain personally from the project, results showed that working with museums and working with healthcare audiences were most reported. Another reported expectation was a reduction in anxiety within healthcare settings. After running sessions, volunteer evaluations revealed development in communication skills, particularly in creative engagement. Evaluation forms demonstrated that volunteers who shared imaginative interpretations around objects found sessions more satisfying than those who used objects in more linear pedagogic ways. The following is an excerpt from a transcript of a session at a day centre for older adults between one volunteer and two participants:

Volunteer (V): Ok, I like this object it is a carved marble and quite pretty.

Would you like to have a hold of it?

Participant (P): Oh hello. Lovely colour. Looks like a big toe.

P: Oh look at that. A thumb.

P: A thumb yes.

P: *Laughs.* A thumb.

P: You could have a scratch with that one.

P: Marble is it?

V: Yes, marble.

P: We've figured out it is a thumb.

P: Iceland or Greenland I think this is from.

V: Well actually this is from the Hellenistic period, during the reign of Alexander the Great. So it's a Greek marble statue, or a piece of one. Take it out and thumb a lift with that. For hitchhiking purposes. (Transcription of day centre session, January 2013)

Reflexivity, as a research and professional development skill is a clear and important benefit of volunteering in the *Touching Heritage* programme. It is also a skill that can be used in other professional and research environments. Reflexive practice is an emergent area of arts-health research. In any arts-health intervention, reflexivity is an important research skill and data collection focus that requires an appreciation and understanding of the dual concepts of health and wellbeing outcomes and arts-skill development.

In the following excerpt, we see the volunteer developing skills in reflexivity. This assisted in volunteers own understanding and professional satisfaction with their skills in object handling. By creating an open and supportive atmosphere, handling sessions enabled both volunteers and participants to feel comfortable sharing imaginative, symbolic or personal interpretations. This passage is taken from a volunteer evaluation form, created after carrying out an object handling session at a care home for older adults:

With the same female participant as above, with the dog tooth rock, she immediately declared that it looked like a man's face. Both the staff member and I looked bemused, and tried our hardest to ascertain why to her it looked like a man's face (and not as you'd expect like dog's teeth, or ice, or something else other than a man's face!). She also kept putting it to the left hand side of the matt, which I found interesting. I came to the conclusion later that the dog tooth rock had reminded her of a significant event which she had had with a man of importance (for example buying a pet dog with her husband?). Very interesting indeed. (Volunteer evaluation form, September 2012)

As shown in this example, session evaluation is an important point when volunteers experienced deeper level thinking. This suggests that reflection is an

important process for skill development. In order to capitalise on these learning outcomes, volunteers initially facilitated no more than one session per week to allow time and space for consolidation of learning.

At the end of the project, interviews and an online survey using 'Survey Monkey' were held with volunteers to gather feedback. Out of the 12 active volunteers at the end of the project, 8 responded via 'Survey Monkey' and 4 interviews were held either on the telephone or face-to-face. When asked about their experiences of the programme, volunteers reported that:

- All volunteers preferred working one-on-one.
- Volunteers preferred working in hospitals to healthcare centres as they could always work one-on-one.
- Regular weekly sessions at healthcare centres were good for developing relationships but could become routine.
- Working with more experienced partners improved confidence and facilitation skills.
- Working in pairs was a good way to offload and debrief after challenging sessions.
- Good relations with care staff was crucial for positive sessions.
- Care staff needed to be aware that volunteers were not carers and give the activity adequate space and support.
- Evaluation forms were a successful way to track facilitation challenges and skills.

When asked to report any skills they had developed, volunteers stated the following:

- Increased confidence working with older people
- Reduction of anxiety in hospitals
- Increased communication skills
- Improvement in flexibility in challenging situations.
- Increased confidence working in healthcare settings
- Increased confidence working with those from other cultures

Volunteers were asked whether there was anything they would improve to the programme. They stated the following:

- To increase the number of objects available as participants were seeing the same things.
- To develop the programme to tailor each session more effectively to each participants' needs, especially for those with disabilities.
- To 'match' skilled and unskilled volunteers in order to skill share more effectively.
- To work further with museum staff to learn more about the industry and help with future career path.
- To run sessions in cultural centres as well as healthcare settings to broaden the audience.
- To allow participants to bring their own objects to share (this was trialled in June 2013, see 'Community Curatorship.')
- To offer more training as volunteers increase their skills.

When asked 'What went well in Touching Heritage?,' volunteers responded:

"Generally the staff at places knew to expect us and pre-warned the people we were working with."

"The variety of places to visit"

"Being able to touch the objects"

"Patients were able to be as involved/hands-on with the objects as they pleased. The project was invaluable for hospital patients with little access to other activities."

"The basic principle of offering a moment to think about something else and use your hands to explore something precious. Huge learning opportunity for the handlers."

"One-to one or very small group work. The object handling as a gentle way in to conversations, reminiscence etc."

"Really loved the enthusiasm and passion behind the project, was organised really well and I felt well prepared and supported taking part in the project."

"People gained skills i.e. the volunteers. Patients were positively distracted."

"Speaking with patients about what they thought objects were. Getting patients to have a different focus (other than hospitals) for a while."

"The concept is worthwhile for participants and facilitators."

When asked 'what could have been done better in Touching Heritage,' volunteers responded:

"Sporadic participants - some places seemed to have too many participants for us to handle and others had too few."

"a. the training- far too long and irrelevant b. the choice of artefacts c. lack of information- we were not supposed to talk too much about the artefacts, but people wanted information."

"Although generally very safe, at times I was nervous about an object falling from the hands of an individual but I didn't think it appropriate to suddenly remove it from them."

"Expanding the project and fulfilling its full potential, as a potential mentoring opportunity for both handlers and participants."

"Not enough objects."

"Traveling too far to collect the objects regularly. Not having a quiet space to meet sometimes."

"Lack of long-term funding to secure a PT post dedicated to running, communicating wider and expanding the project"

"When there was not enough mix in the bags given - good to have a variety of objects for a range of interests."

Other comments:

"Such a great program and I'm so pleased to have contributed. Do hope it continues!"

"I would like to see more use of "common day" artefacts that encourage people to reminisce +/- or share their cultural interpretation of these artefacts, e.g. a teapot from the 1940s might bring about memories of rationing by people from the UK but might foster conversations about tea ceremonies by someone from Japan."

"Still interested in work in UCLH or some other one-to-one situations. Unfortunately work got in the way and I wasn't able to commit enough time to take part which was a shame."

"Great idea, proven through research and it works with wide ranging benefits for patients, staff, students and the general volunteering public. UCL

“Museums and Hospitals should seek funding for a dedicated PT person to manage the project to ensure its continued success.”

“BL-H<sup>2</sup> ran the project very well and I enjoyed working with her. I met many interesting people and enjoyed being part of this worthwhile project.”

An innovative aspect of the project was the way volunteers were encouraged to use their interpersonal skills in facilitation. A balance between sharing personal perspectives of objects, encouraging creative responses, and giving information was believed to be the best way to avoid an overly pedagogic approach. Additionally the use of personal communication skills was a way to help safeguard against anxiety, which many volunteers felt at the beginning of the programme. By creating this openness within the design of the project, volunteers were empowered to be themselves and work on an individual-to-individual basis. Empowering volunteers was believed to be the best way for volunteers to individualise their sessions, develop skills as facilitators and improve overall volunteer satisfaction. As volunteers' skillsets and experience grew, different personal styles of facilitation emerged.

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<sup>2</sup> Betsy Lewis-Holmes, Project Coordinator, March – July 2013. Nic Vogelpoel was the previous project coordinator, July 2012 – February 2013.

## 6. Participant Comments

Although this project did not set out to analyse participant comments, recorded sessions revealed that object handling was a valuable learning and social experience. The following shows a range of comments gathered from recorded sessions. They have been categorised to show the kind of effects object handling had on participants.

<p>Reflexivity</p>	<p>Now this is where my mind goes blank. I don't know these things, like this.</p> <p>I feel as if my stomach is... well, you know I was feeling quite panicky, and now I feel like relaxing. You know what I mean? I know it's stupid after ten minutes, but there is definitely something in it. What is it again?</p> <p>You see, I didn't go to school. I've never seen stuff like this before. I don't know. Now I've seen these, I realise I do know things about the world.</p> <p>Yes. I remember what I remember and I forget all the things I want to forget.</p> <p>It's been ages since I've been to a museum.</p> <p><i>Laughs</i></p> <p>Thought they might keep me, so I got out of there quick smart.</p>
<p>Transference of facilitation / Autonomy</p>	<p>On the sea front, you're more likely to find things like that. Because they would have washed up. Thousands of years old.</p> <p>There's stripes in it, like two bananas. Can you see that? Have a look.</p> <p>Carnivore, yes. It's very light headed, like being a drunk. <i>(laughs)</i>. We all sing together now. It's amazing because some of these things can be like tonne weights when you pick them up. <i>(to the puma)</i> Have you been away a long time? Yes they are amazing. Put them away safely, you wouldn't want a big footed..</p> <p>It looks like it could be joined, but it's not, it's natural. See, that's the neck. Part of a cave. That's from millions of years of water coming down through the caves. Human beings might not have been on this earth when this was made.</p> <p>Yes. That is what happens when people keep touching it, I expect. Oh yes, this is what happens. If people keep touching it. Over the course of time. Not many people know that, but the more you handle it, the more you wear it. That's why they say – Do not touch.</p>

Creativity	<p>The shape of it reminds me of a dolphin. Coming out of the water.</p> <p>Green isn't it? Like mould.</p> <p>NV: Mould. (<i>laughs</i>)</p> <p>Still, it does look like mould. It's got a glassy look about it, doesn't it? Like its had a machine on it.</p> <p>NV: What does it feel like?</p> <p>Better than a mouldy wall. Looks like glass.</p>
Education / Understanding	<p>We'll have to find out who made it. Look it up on the internet. Google it. Swedish or something. Maybe Langley or Longely. Or Norwegian.</p> <p>Oh I didn't think I'd get interested in a piece of rock but I am. Very</p> <p>Very interesting. I never thought I'd be interested in anything like this.</p> <p>Never thought you'd be able to hold something like this. Like an antique.</p>
Environmental	<p>Being in this place you lose all sense of where you are really.</p> <p>No. No, I've never been to one. The problem with me is that I get very frightened going to strange places. I can't go too far out. If someone came with me and brought me back. I live in Kilburn you see. I like the museum coming to me. Very good.</p>
Tactile	<p>You wouldn't think so because of the colour. Keep that in your pocket. It's very nice and sturdy, I like it. I think people don't necessarily value the tactile experience and they should.</p>
Happiness	<p>Couldn't tell you. Just to look at. I was thinking of putting it on my windowsill. It's very nice when you just look at it like that. I like that a lot. It makes me feel a little bit happier. I like it.</p>

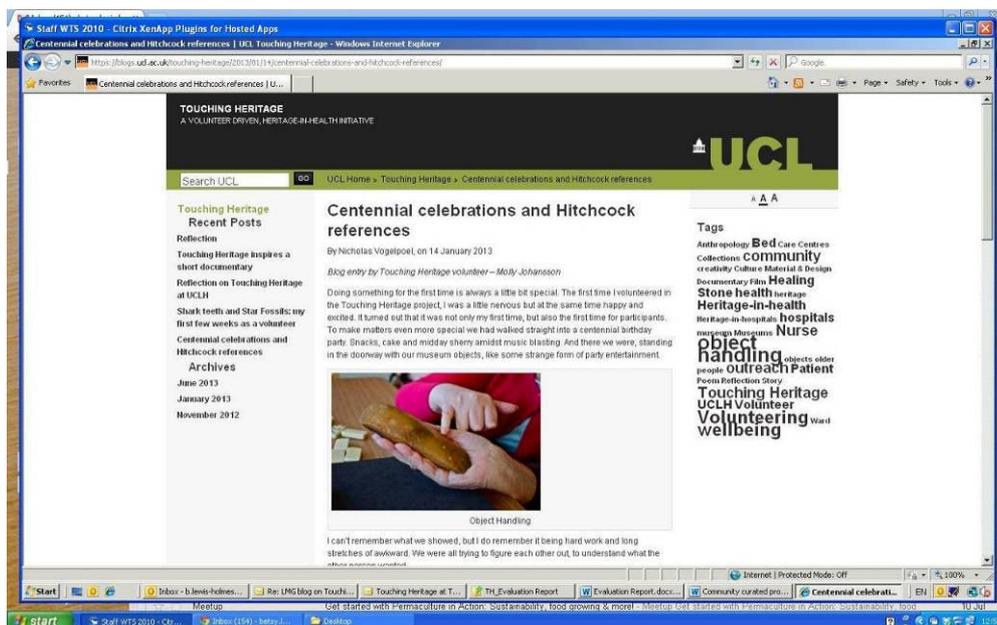
## 7. Community Curatorship

Working with volunteers on an outreach project means that they have a responsibility to present the project to the wider public. In order for the project to be successful, volunteers need to feel empowered to take on this responsibility. This is important in order to allow each individual to develop their skills with confidence, whilst offering guidance and support. Volunteers were encouraged to take ownership of the project in the following ways:

- *Publishing through the volunteer-led blog*

In order for volunteers to feel valued, respected and empowered, it is important that they are able to have a voice and be listened to. The volunteer-led blog was a way for volunteers to share their experiences and describe the project in their own words. It acted as a space to promote the project and as a forum for skill-sharing between volunteers.

<http://blogs.ucl.ac.uk/touching-heritage/>



- *Running off-shoot projects*

One volunteer devised and implemented an off-shoot project at two sheltered housing centres in Newham. On June 27, a session was held at a sheltered housing centre, where residents had been invited to bring in their own objects to share with facilitators. This was planned as a reminiscence activity to trial how non-museum objects could be used in heritage-in-health activities. The seven older men and women who took part in this first session brought objects with them which ranged

from family photos, medals from the Second World War, a selection of prints of photos sourced from local council archives, a nineteenth century seaman's diary, and a painted walking cane a participant fashioned from the wood of a Ghanaian mangrove.

Working in small groups of two to three participants to one facilitator participants were encouraged to share their stories by asking questions such as:

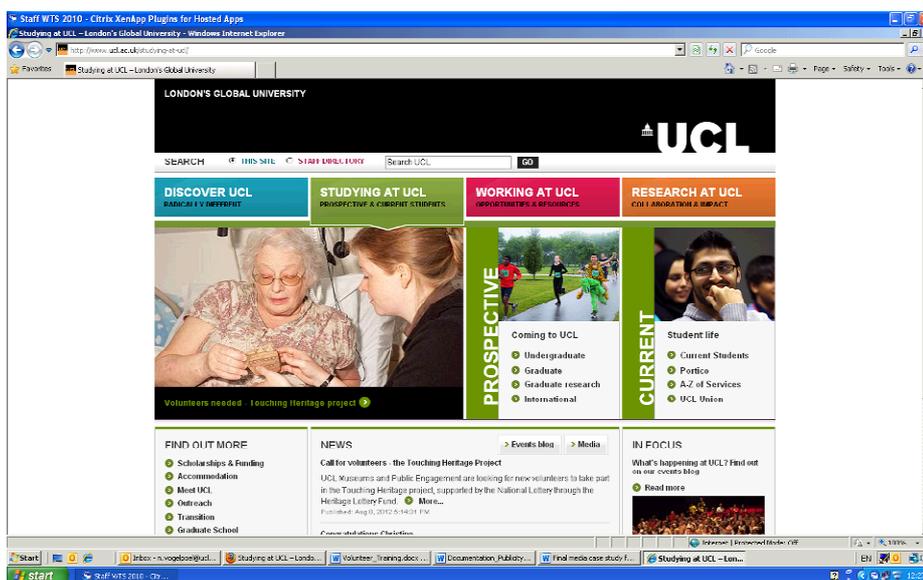
- Why have you brought this object in to show?
  - How long have you owned it?
  - Do you often share this object with others?
  - Where do you keep the object at home?
  - What do you find interesting about this object?
  - What does this object symbolise for you?
  - Does this object bring back memories?
  - Are there relationships associated with the object? (I.e. was the object a gift?)
- 
- *Skill sharing*

Some of our volunteers came to the project with extensive experience in arts facilitation, and some with none at all. By matching these volunteers we were able to further encourage skill sharing. By responding to volunteer feedback we could offer a tailored mentoring programme that supported and valued our volunteers. Informal support and information was also given to volunteers who were looking for work in the museums and heritage sector.

## 8. Publicity and Dissemination

- The coordinator presented at the 'Colour My Wellbeing' conference, organised by Applied Arts & Health at the University of Northampton in April 2013.
- In August 2012, the project was featured on UCL's main homepage, with links to information for potential volunteers on the project. A screen capture and link to the associated article is below.

<https://www.ucl.ac.uk/news/news-articles/1208/080812-Touching-Heritage-Project-Volunteers>



- The project was presented as a case study on the National Alliance for Arts, Health and Wellbeing website in September 2012:  
<http://www.artshealthandwellbeing.org.uk/node/1690>
- On November 15 2012, the project coordinator presented at 'Museums Showoff' – a unique public stand-up event for all those interested or working in museums, thus raising the profile of the project to London-based museum staff and enthusiasts. <http://scienceshowoff.wordpress.com/2012/10/23/museums4/>
- Project Coordinator gave a presentation at the Margaret Butterworth Care Home Forum during Autumn 2012.

- The *Touching Heritage* exhibition took place at University College Hospital's Street Gallery between March and June 2013 (See Image Gallery).
- In April 2013 the project coordinator spoke at the *International Conference on the Inclusive Museum*. This conference and associated journal investigates the future of museums, and how they can become more inclusive. The paper was well received by relevant academics, curators, museum and public administrators, cultural policy makers and research students. An article is under submission for the peer-reviewed journal.
- In June 2013 the project team presented at the *Culture, Health & Wellbeing International Conference, Bristol*.
- In June 2013 a short film was directed and produced by Medical Illustrator and Anthropology student Sasha Andrews. This film, entitled 'Touching Objects' is available on our web site, and a copy enclosed with this Evaluation report

<http://www.ucl.ac.uk/museums/research/touch/touchingobjects>

## 9. Feedback

### Centre Evaluation forms

Most centres reported that the project was “Better than expected.”

Please comment on the project:

“The project was excellent and brought the service users together experiencing new things.”

“Patients enjoyed engaging in the project. They found the objects and the discussions around them very interesting.”

“I was happily surprised at how engaging the session was not only for the service users but also for the volunteer befrienders and myself. The facilitators really knew how to engage with the service users and coped with lots of questions about the items that were shown at the session. We all felt really privileged to be able to hold the artefacts and enjoyed the discussion that they prompted. A really fascinating and enjoyable session, thank you.”

“It raised more interest in museum objects among our elderly beneficiaries than I expected.”

In what ways do you think participants benefit from the Touching Heritage sessions?

“It helped them (elderly) to relive memories, share memories and experiences, meet people and learn about objects.”

“An opportunity to engage with a cultural activity, some service users have not been able to access museums and exhibition. The service not only brought the museum to them but was enhanced by being able to hold the artefacts and engage other senses that would not normally be engaged. It gave an opportunity to converse with other people which is really important when housebound. It gave service users an opportunity to discuss their knowledge and experiences.”

Do you think participants enjoy these sessions? If so, to what extent compared with other activities you run?

“Participants enjoyed it immensely, it was different from what they are used to.”

“I definitely feel these sessions are enjoyable for the participants; many do not

engage with any other activities and so the experience was unique for them.”  
“The service users really enjoyed the sessions and the way they are run. The volunteers are organised and know what they are talking about which is great.”

Have you noticed any significant differences in the health and wellbeing of participants involved in the project over the days/weeks following their participation?

“Feedback from the volunteer befriender was that this was something that was discussed after the event and remembered. It gave them a lot to discuss which led to conversations on different subjects that hadn't been discussed before - this was good as some bfrienders have visited participants for a number of years.”

In what ways, if any, has the project influenced the way you and your staff work, or how the centre or service is run on a day-to-day basis?

“It brought excitement, and something different from what we usually do with our beneficiaries. It raised staff interest in museum objects.”

“The project enabled us to learn more about our beneficiaries and their experiences. For volunteers, the project helped us to understand how well they can work as a team.”

“The project attracted more people, some of our beneficiaries brought their friends and neighbours.”

“Some clients have an interest in ancient artefacts which has been highlighted by these sessions.”

“Just seeing people interact, discuss and have interests in new things is amazing.”

“People who normally come to the centre like to socialise but this has added new interests.”

## 10. Final Costs

Project Coordinator Salary	£35,115.59
Travel costs for project coordinator and project team	£3,052.96
Travel for volunteers	£76.90
Subsistence for volunteers and hospitality for focus groups	£305.65
Exhibition costs	£3,363.20
Volunteer expenses and equipment	£1,471.36

<b>Total spent:</b>	<b>£43,385.66</b>
Amount requested from HLF	£48,500.00
Difference:	£5,114.34

Exhibition costs were not initially reflected in the budget, but due to staff changes this needed to be adjusted.

The budget difference includes the final instalment to be received. The difference will be reflected in salaries to be charged after the date of this report.

Please see enclosed official account sheets for itemised expenditure. All costs over £100 are highlighted with a description.

## 11. **Conclusion and Recommendations**

As per its aims, *Touching Heritage* widened participation in learning about heritage and its connections to health and wellbeing through this outreach programme, which targeted isolated and excluded members of the community by training volunteers to run object handling sessions in hospitals and healthcare settings.

The project completed all of its aims. It is notable that the project exceeded its target of 100-150 participants, reaching 500 people in total. This reflects the enthusiasm and need for activities within the care sector. The training programme was formulated and a training manual produced. The number of volunteers recruited to the programme exceeded the original target, reflecting the change in coordinator and unexpected volunteer drop-offs.

The project has the following recommendations for future similar schemes:

- Creating a clear role description for volunteers is crucial
- Working with existing museum volunteer/internship programmes would be a good way to develop the project and recruit.
- DBS (what used to be CRB) application lead-time needs to be built into project plans.
- An inclusive volunteering programme needs a dedicated member of staff to mentor and support unskilled volunteers.
- Delegating set tasks to dedicated volunteers gives skill development, increased responsibility and engagement with the project.

12. Image Gallery



Object handling with puma skull at Teenage Cancer Ward, University College Hospital, 05/11/13



Object handling session with malachite (above), Egyptian stone pot (below) and flint scraper (left) at University College Hospital, 09/01/13





**Object handling with rose quartz (left and below) at sheltered housing centre in the London Borough of Newham, 17/01/13**



**Object handling with flint scraper, axe head and pot sherd (left and below) at Bridgeside Lodge Care Centre, 8/11/12**





**Object handling at Bridgeside Lodge Care Centre,  
14/11/12**



**Object handling  
(left and below) at  
an AgeUK coffee  
morning, 14/11/12**





**Installing the Touching Heritage Exhibition at the Street Gallery, University College Hospital, 14/03/13**



**Touching Heritage Exhibition 15/03/13 – 17/04/13**



**Community Curatorship at a sheltered housing centre in the London Borough of Newham, participants bringing their own heritage objects**



**Lee brought Victorian photographs and her relative's diary whilst in the Navy, 27/06/13**



**David brought a walking stick he had carved out of mangrove wood from his native Ghana, 27/06/13**



**Fred brought a dynamo flashlight he had owned since childhood, 27/06/13**