Clara Shield:

Welcome to the Practising Mindful Practice podcast series. Practising Mindful Practice is a resource for heritage professionals exploring their working practice around the development of mental health and recovery programmes funded by the Baring Foundation.

Zoe Brown:

The series has been produced by Tyne & Wear Archives & Museums, or TWAM as we like to call it. I'm Zoe Brown, the outreach Officer for the Culture, Health and Communities team.

Clara Shield:

And I'm Clara Shield and I work alongside Zoe as lead for our health and wellbeing programme.

Zoe Brown:

Episode six, Legacies. What does that mean to your organisation and its stakeholders? In episode six, we will discuss the opportunities, potential and real life legacies that have come out of creative health projects. This includes social prescribing, other commissioned services and collaborative research. We will also explore supported volunteering and health professional placements within heritage settings.

James Mooney:

My name is James Mooney. I work for the national homeless charity Crisis and Crisis is an organisation that supports people experiencing homelessness. The charity helps directly members out of homelessness, so we support with support needs, housing, social changes that maybe need to solve that as well. So apart from the kind of practical support that the centres do, we also have a campaigning side. We do kind of work with government as well to look at best practice and what legislation can come in to support people. So we do both really. We do the practical hands-on stuff and we do the campaigning and that side of it as well.

Clara Shield:

There's definitely something when you think about the legacy of engagement and if you've had an opportunity to work with a group or an individual where you've really ignited an interest and a passion for heritage and history and it's finite because of project or funding or the length of time you can engage with that particular individual and then what happens next when there isn't the wraparound support to have these opportunities. So some of what we're talking about as part of these podcasts is about, well, what can be left behind? What can be ongoing as a result of this engagement for those who have found a real benefit for their wellbeing and for the skills and for the motivation, whatever it might be. So thinking about how travel to be able to access, like you say, it's all well and good saying our museums are always there, they're not going anywhere.

However, if travel to get there is the barrier, then that's something that needs to be acknowledged as part of what your offer is as a legacy to this kind of engagement. I know that one of the other things that organisations do, and we do it, is we find a time when a group might be already meeting, they're already making that journey, they're already going to that appointment or that particular session. So can you tag along as part of that, a session that involves someone from the museum coming out to the group with an object handling artefact box that they can bring so the group can experience that same thing, but perhaps in an environment that's more accessible and more comfortable in that they are where they are already are.

Zoe Brown:

Whether there's a way of, we've got a fundraising team, and I'm not saying that we could fundraise the cost of travel, I just don't think it would be a priority, but there's ways of aligning where maybe our fundraising team works with your fundraising team and they go to, well, here it will be Nexus, but they go to Nexus and they would you like to sponsor? I don't know, it could be something like 50 day tickets or I dunno, something where it's given to you, it's given to your organisation who's interested and whether you are going, right, well, we're just going to have a small meetup and you arrange we're going to meet at Monument and then we're going to go off to whichever, Laing Art Gallery or wherever, they know that they've got their ticket in advance. They don't have to pay any money. It's things like that.

I know we were doing in the museum cafes, we were doing this pay it forward thing. I don't know what's happened with that. People were able to pay extra

James Mooney:

Buy someone a coffee?

Zoe Brown:

And then buy someone a coffee or something, and buy someone a coffee or something like that. I know there's a local social enterprise nearby, a bakery, and I love that they have these little kind of cards where somebody, if they haven't got enough money, pick up a card, really discreet, give it to the person, they get a drink, a hot drink, they get a hot, some kind of savoury, and they get something sweet. It's really carefully done. They only can do so many a day because they're a business. But it's an acknowledgement. It's something that you would be able to tell your clients and it's just that other little welcome if that was available in certain places and things that you were talking about.

Where does somebody put a great big ruck sack, a sleeping bag, whatever, and we've got little lockers, they're really little. I don't think you'll be able to fit all that in. So it's considering, well wait a minute, if we're serious about this, how do we make sure that we've got certain types of hardware in place again and make it as welcoming as possible so that you can tell someone that they've got these big lockers. They've been specially put in because we work with them, we've worked with that museum and they've made sure that they've got that in. It's all these practicalities that you are always having to work with.

James Mooney:

I think for the site champion role, one of the things that we did identify was travel and we were so grateful that actually Tyne & Wear Archives & Museums did approach Nexus and for that specific project we are able to give travel passes for people, but that's cause we knew that was going to be a barrier for people from, so it was almost like the first discussion was, well, how do we get people here? It's great that we've got the opportunity to do that. So for those members that are engaged in this specific project, there is that funding available for travel, which is fantastic. Crisis as an organisation, we can fund travel for people to come into our session. I think the point that you made about tagging on making the best use of that, so I know if someone's coming in an appointment for me and there might be a cooking session on at Crisis, well let's do it before the cooking session or after, so that we're making the best use of that funding for that travel for somebody.

I suppose my comment around the travel for people is more around when somebody's maybe like what's the continued offer for somebody? They come to Crisis, we support them to get their own property. Great. We engage them in the local community, fantastic. And then we are not a service for life for people. We have to have a start and an end because we can't help new people that come in if we have capacity and that sort of side of it. So I do think that having that practical, what is continued to be available for that person, that again is practical. How could you fund everybody's travel that can come in? You can, you essentially, one of the things that we did look at was bicycles for people. So if we knew that if people were going to do a specific role, volunteer role or employment role, a bicycle is a really practical solution for that person. It's super healthy, it's free travel. Once you've paid for the initial bike, there's the safety element. They need a helmet, they need a locker, they need to be safe to be able to ride the bike. But that's a really good solution for people because then it's travel forever for that person. Is it within the range of how long it would take for somebody to cycle? So I do think there are creative solutions for people out there.

Angela Kennedy:

My name is Angela Kennedy and I work with organisations and leaders to create contexts where people can heal and flourish. I think the legacy question is the hardest one because generally these things survive on short-term funds and often just when you gain some traction, you’re then often back to square one or the landscape changes or the priorities change. So I think the legacy has to be as best created as you go along. Sometimes it's tangible product to artefacts, writing something up as you go along. I mean now it's a bit easier. You can put it on a website somewhere, ask other people to hold it and it is in a collection, other people to use it, capture things on film, capture the process on film, and then that also becomes a way of capturing the story.

I think the legacy is not just of the art, but of the learning and of the experiences. So if we take the experience of staff through Covid, for example, and how we've managed to use some arts to capture what that was like given that now we just don't want to talk about it. So one of the few things that we've got there is during one of the lockdowns, the healthcare staff all came to talk about their experiences with some playback actors and kind of these playback forum actors kind of playback in dramatic ways, the stories that they hear and then that reflexive process when you're sharing it, whether it is meant to be healing. But we made a film from that as well. So that has captured what it was really like for staff that they were living in a caravan on their drive, that they were furloughed and then suddenly everything was different after a few months.

So they were told to get back to work and feeling really scared. There was people who hadn't been physically touched for months on end in their personal life, but then had to do hands-on at work. There was staff whose colleagues had died, but they were having to keep on with the job. So I think sometimes the creative process is a legacy in itself, that it's a memoir, if you like, of what things were, for future generations. I think in my experience, apart from some of the artefacts where you've got that film or you've got that bit of art on the wall, the main thing is the networks. Because even when the formal networks get disbanded or people move on, those relationships continue and just who to, oh, I know somebody who can help me think about this or might want to work with me on that. And it's again, the connections between people and that kind of web of relationships and trust in other people and knowing how you work with each other. That's what often gets things done.

Joanne Charlton:

I'm Joanne Charlton. I run the Platinum programme, at Tyne & Wear Archives & Museums. I've just mentioned recently that it was 2015 was when I first started going into dementia wards with the museum boxes, and then since then the legacy has just carried on and now I hear from nurses and occupational therapists who just want to borrow the boxes. Some occupational therapists use a box and just use it with one participant who they know likes trains or something. Then they'll take the box that's got trains in and things like that. Another brilliant legacy is that from all of this, we realised that what would help us massively, and occupational therapy students massively, is that working together and them learning from us at student level and us learning from them. Like I've mentioned before now, the training is so popular for healthcare professionals that every two months we are doing the training and then as soon as it's finished, they all get it and want to embed heritage work in their care settings and they get in touch with me and say, can I borrow this box? Can I borrow that box? The boxes are really popular and all of the resources are going out. We need more resources.

Reece Watson:

My name's Reece Watson. I'm currently working as an occupational therapy assistant on the Fellside and Lowry Ward. However, my experience of working with the heritage boxes came when I was working as an activity facilitator and that was on Bede Ward at St. Nicholas Hospital. I think the first thing that brings to mind is from, because I've done two projects with Clara now, but the first one we did have a lot of engagement and then that was very much along Roman history and the history of the North East. We had patients that were attending every week for, I would say it was about five or six weeks of regular attenders. And what we did, we put together ideas of topics our patients were specifically interested in and we drafted in a local artist and to do a mural up on the wall on the ward, and that went all the way from Roman times history all the way through to ending up at the Millennium Bridge.

So it was a big mix, quite a big mural, which also brightens up the ward as well because the wall can look quite clinical at times and the patients were over the moon that they had that input and when they would be discharged, that's still there and that's a part of the project. It's still up on the wall now. So not only has it brought some nice colour to the wall, there's meaning because it's a lot of inputs from patients as well.

So the plan was to build our own box, which would be when I was working on Bede Ward. So that would be patients would pick items to go into this heritage box based on themes that they're interested in. So it tended to be like engineering, music, sport. Can you remember, was there anything transport? Yeah, unfortunately I'll not be there to finish that project because I've moved onto a different role, but I'll definitely be back onto the ward to have a look at the project when it's finished.

And I think the idea is for that to just be an ongoing project where yes, patients will move on, but the items still be there and then there'll be patients who'll be adding to the box continuously to keep that up to date with the interest of the patients on the ward at the time. I did have emails from quite a few activity facilitators. I was asking, oh, can we get Clara in? What's the crack with the sessions? So word must have spread about it and a lot more of my colleagues from other wards were keen to engage in the sessions. In terms of legacy for more clinical staff, it's very busy on the ward the majority of the time, so they might not necessarily know too much about what goes on in the sessions, but I don't think it went unnoticed how many patients were attending the sessions. They would see the wards are a bit more calm and the patients are engaging.

So I think that's a big plus for them. You do struggle as an activity facilitator sometimes to engage patients. They might say, oh, I'm bored, there's nothing to do. But actually getting them to engage, it's still difficult. It's still difficult. So I think when the other activity facilitators, that's when the wards heard about it and heard all the patients engage and well, they were really keen to get them in because like I say, it's good to continuously always be changing the activities that you offer and having that external, a different facing, it's all good like, oh, Reece's here to do a group, but when Clara is in, you'll get interest from people, oh, who's this? And then they'll come along and then get to know her, then engage in the session. I think just having a different face as well, doing a group that you wouldn't normally have on the ward is always a big positive for patients. And I also went on to do my heritage box training, so that was an afternoon of training, which allowed me to, then I could get the boxes out from the museum myself and then facilitate the sessions on the ward for patients.

Alisdair Cameron:

Alistair Cameron, the day job is co-director of ReCoCo. ReCoCo stands for Recovery College Collective. We sit predominantly in mental health as an organisation. We are run by people with lived experience. That includes myself as co-director and other members of staff. There's lots of things are peer produced. We also interpret mental health broadly, so that covers people who've maybe never had a diagnosis to people who've been in services for umpteen years and acknowledges all of the crossovers. So there's a lot of people who've also got drug and alcohol issues. Also, a lot of people these days who are acquiring diagnoses around neurodiversity, lots of people with chronic pain and physical health problems as well. So yeah, it's being able to deal with people in the round.

Zoe Brown:

When you're co-creating a project, involve as many of the hierarchy of staff as possible because that's going to mean it's going to be more embedded and more sustained.

Alisdair Cameron:

You want a complete cross section because there'll be some people who, well, we know this, in any case, some people will go, I'm all over this. And then a couple months later say, oh yeah, I forgot to do it. I mean, I'm guilty as anybody for doing that sort of thing. Yeah, I'll do that. Oh did I say would do that? So yeah, a cross section, but also people who serve different functions and will be present at different times of day as well, just because it means that there's a greater chance of it permeating the culture of the ward.

Zoe Brown:

So as a heritage worker, we need to be thinking not only about the time that we're there and facilitating a project, we need to be thinking about what happens afterwards and what we're leaving behind and how people can still continue to carry on with whatever that theme is that we've been working on.

Alisdair Cameron:

Absolutely.

Zoe Brown:

And the staff and the patients themselves.

Alisdair Cameron:

And I think a big chunk of that is if you get, I dunno, there could be the domestics or the admins or the catering staff or whatever, you get some of them interested. Then again, it helps fuel those casual conversations, those topics about things, which makes it easier to then do the heritage or culture related work. People have already, it's already a topic of conversation, it's already something active. If you get the staff side enthused, they'll bring their enthusiasm to the workplace.

Clara Shield:

And that's been again, something that I've noticed on the wards where I've chatted to the activity coordinator who I was liaising with and going in and arranging the sessions with. And then when I've approached for some feedback, it's all of the stuff that happened after I left. If you go every week, it's the days in between where patients will then remember and talk again about the objects that I might have taken in or the topics of conversation, and then ask somebody to look on the internet and print off an image because they'd like to have that in their room because they're really inspired by that talk about the Egyptians, that's happened frequently and ascertaining that feedback from the staff, whoever they are, who just happened to have been in the room and talking to that patient at that time. And definitely some of my workshops that I've delivered, everyone sort of will come in to the room and hover about for a bit and then contribute to, especially if you're doing object handling and it does inspire some memories. And then you do get the domestic saying, oh, my grandma had this in her house. And then that starts a conversation and that conversation I am sure happens out after the session and continues on. So it's about trying to capture that, isn't it? One of the other things we're interested in is capturing all of these softer outcomes that are a bit hard to prove in the clinical sense.

Joe:

So I'm Joe and I work for Recovery Connections. I work for a treatment centre in Gateshead, supporting people with substance misuse issues.

Zoe Brown:

I know that there's been at least two people who've been to Oak Trees have ended up doing, I was supported volunteering actually the museum because they were so interested. They just wanted to do something else and we were very, very flexible with it so that if they weren't able to come in that day, that wasn't a big, big deal. We didn't want pressure or stress on anyone, so they could just come in and pick it up as they wanted and it was like one day a week or something like that, and I think those people have ended up going on. Well, one of them ended up going on to college. So that idea of hope and progressing, but also if people do relapse, they don't turn up. They've not been very well, do you know that you're not going to get any stress from us about it? It's all right, we'll understand and you can volunteer and do that kind of. So I think I hope that we've got a good understanding of people who are in recovery and what that entails.

Joe:

Yeah, we talked about that with Ben, about setting up some kind of accredited programme, which an element of that would be volunteering and there could be any kind of gallery attendant or whatever. There was loads of different roles we were looking at that people could volunteer at. But yeah, stuff's great. I think a lot of our staff go on to volunteer for our service, which is great. But yeah, there's more out there than just, I think in recovery, some of the best work you can do in recovery is outside of recovery in the kind of normal world, because it’s easy to be in a little bubble. My life is just going to meetings and that's it. And then you forget that there's actually loads of other stuff out there.

Clara Shield:

And you've got that thing about the six month looming that you’re working towards this point. And I think all of us who work in any organisation where you are helping people, however it's finite. There's a point. And so what do you offer then? And you don't want to just let people potentially relapse or to find themselves in a crisis because that's been an anchor for them. So some of the volunteering programmes from some of the other contributors who have those or are thinking about embedding those in their practice have recognised that that's a really, really good way to channel some of this interest that's been borne out of these programmes and for something to continue. So there's not that end.

Joe:

Yeah, for sure. I think there's a question you had about the legacies and stuff of the work we're doing, and that's basically it. It's people to go off and sustain their recoveries in the community.

Occupational Therapy Lead CNTW:

So I'm an occupational therapist and my job is I am the clinical lead for the inpatient occupational therapy team. So that is the occupational therapist who work on the acute adult wards, the rehab adult wards, and the older people's wards. I hope we're very much, we are establishing and reminding everyone and keeping on the agenda the relationship that our trust has with TWAM, that there's a relationship, a very valued relationship, and we want to keep, that's part of the heritage that I see, we want to keep that going. I also think you've helped us, not just clinicians, but patients think about history again. I think so many, for a lot of us it's like, oh yeah, history. That's what we did at school, didn't we? And it stops becoming part of adult lives unless you have a certain interest or you might have a certain interest, but then you kind of have an acute relapse in your mental health and you forget that you have that interest.

You're reminding patients of different things that they can think about and be educated about and learn about. That's a bit of the legacy as well that we as clinicians have got in our heads. Now, let's start thinking about history again and really valuing it. I'm from a family, a lot of my family are kind of historians and always, so it's kind of very much part of me to think about history and where we come from and how we all evolve and change. But it's so important. I don't know how many of our patients actually have that opened up in their heads. So it's lovely to think about that we can help them think about history again. And it's like I've said before, it's helping patients think about themselves, of being able to be a student, of being able to learn something, of being able to study something. They've been able to retain facts again. And the other thing that's very much in my mind going forward, that kind of working with the museums has very much reminded me of, like I said before, it's about external agencies coming onto our wards and we need to get back to that way of working on our wards, that it's not just for patients and employed clinicians, that we need the outside world to be part of the wards again.

Zoe Brown:

We'd like to thank all the contributors to this episode of The Practising Mindful Practice podcast series.