**Slide 1**

**Hand Carving Hand.**

Hands are meant for holding, for being held, for touching, exploring. They’re meant for sharing and for connection. They often show very clearly the life of the person they belong to and act as a second face while ours are covered with masks.

However, we’re living in a sanitised world, hands are loaded now, they need to be washed again and again. They’ve almost become representative of the spread of disease.

What I’m proposing to you is a design for a workshop, carried out with NHS staff, using the observational study of the hand of another as a starting point for discussion and connection between participants, while generating and aiding the creation of a commemorative artwork

Through the workshop I hope to facilitate a moment of calm, a little bubble of conversation, connection and an unusual level of intimacy and engagement. By Using the hand as a symbolic vessel, I'd like participants to re-establish or review their relationship with and view of their hands.

**Slide 2**

**The brief:**

To design a commemorative artwork for NHS staff and their families affected by Covid-19.

I have designed a workshop where participants get into pairs, are given a plaster ‘tablet’, carving tools and pencils, and asked to observationally draw then carve the hand of their partner into the plaster. The workshop also involves rolling out slabs of clay and imprinting the plaster tablet into them, making a tile showing the positive of the carving

This project has been very reliant on *primary research,* conducted during the trailing of the workshop and with NHS staff that I have got in touch with through friends and family. I have used the discussions I’ve had to design a proposal that facilitates a focus on appropriately representing NHS staff, tapping into collective memory using collective action.

Inspired by the work of Marcus Coates, Kersten Bergendal and Simeon Featherstone and each artist’s style of engaging with the public and creating work surrounding this principle.

The idea for the plaster bat method I’m using is inspired by Cylinder seals, used as signatures in Ancient Mesopotamia, by rolling a carved relief along a piece of wet clay, creating a positive impression of the design.

**Slide 3**

**Workshop development testing experimentation**

Started with a few ideas for a workshop but finalised one after a tutorial, ran it with NHS staff, realised I need to work on the engagement element of the workshop. During the second workshop I tried to focus more on the task and process, not the finished product. I found that a holistic approach encouraged the participants and myself to ‘be in the moment’, it not being essential to mention the finalised design in detail to participants

I collated the feedback of the participants, some conversations, and my own thoughts/analysis of each trial. Both workshop trials really helped me to refine the aim of the workshops and what they would generate. The workshop needs to run efficiently but not be without feeling or freedom.

I have created a time sheet, based on average times collected during workshop sessions, so I can get the most out of the workshop, if very little time needs to be spent on setting up and clearing away, more time is left for making and chatting.

I spoke to a participant of the first workshop trial who mentioned she would enjoy a task that did not require any direct portrayal of the covid experience but allowed her to work through any of those relevant feelings, in what felt like a safer way, using the symbol of the hand as a starting point – encompassing hard work and ware, but also connection and intimacy.

**Safeguarding for participants and workshop coordinators.**

Emma and I have discussed the possibility of using a facilitator with the appropriate training during the workshop, given that there is a significant chance that participants have suffered some Covid related trauma.

**Slide 4**

**Investigation project development testing material**

Why is it carved into plaster?

I believe that no matter the skill, or our preconceived notion of neatness, the task allows participants to create something delicate and subtle - the quality of line achieved would be unlikely if participants were to say, carve straight into the clay.

I have settled on a traditional rectangle shape, about the size to fit your average hand, but that also encourages participants to draw/carve right to the edges, I’ve also settled on a design that facilitates the least chipping or warping during drying - the tiles can be stacked in piles of 5 with a weight on top for drying.

After testing a few clays, I found that porcelain picks up the most detail from the plaster carving, this is one reason for this reason I have chosen to use it in the workshop.

Porcelain is also an extremely hard and durable material, with a very functional past, especially in the history of hospitals. It has another past too, that of finery and decadence and preciousness. Because of this duality, I think it is the perfect material for this project. Something can be strong AND delicate, just like our hands.

**Slide 5**

**Artwork Proposal**

Shown here is an initial drawing done early in the development process, I would like the tiles to be installed in a long successive line along the wall of a hospital corridor, creating a chain of hands.

I hope to convey the ethos of the workshop experience and overarching themes of my proposal in the installed piece, the hand tiles will become individual relics of the main focus during this project, the workshops, the engagement.

The difficulty is, is that the hospital environment has been designed by someone, what gives artists the right to try and change it? What I want to do is to Humanise the hospital environment, by adding the visual footprints (or handprints) of lots of members of staff, through the eyes of their colleagues.

I also like the idea of having clusters of tiles in some places along the wall, as shown here…

Ultimately, I would like the collection to grow, creating a chain of hands throughout the hospital that could be added to, if the workshop was carried out again.

**Slide 6**

Speculative installation/impact;

As The results of the workshop would be a collection of tiles, installation would involve grouting the tiles to the wall, both versatile in terms of placement and accommodating to the hospital setting. Acting as a unique point of reference for passers-by to follow as they make their way through the hospital.

I’d like the tiles to break up the visual character of the hospital, a sort of intervention into the space that allows both patients, visitors and especially staff, to focus on something different as they walk by.

I’d like the tiles to be slightly lower than eye level, to accommodate all sizes and levels of mobility.

CONCLUSION

Lastly, I’d like to say that the majority of this project would have been impossible without the help, cooperation and participation of the following people;

All the NHS staff who attend Duncan Hoosan’s evening session, and of course Duncan himself, Julie Constance, Helen Graham, Jake Dewsbury and Emily Lawson