

Working together

An evaluation of
reminiscence work involving
museums and care settings
in Cambridgeshire



Overview of the Key Memories and Wide Skies projects

Key Memories involved five museums and used a theme of *My First Home*. This was a multi-faceted project which included:

- the development of a reminiscence resource for each museum
- each museum developing a partnership with a care setting
- the delivery of five reminiscence sessions using the museum resource
- the development of a reminiscence resource for the care partners to use and keep in the care setting
- intergenerational reminiscence work with care settings and residents of new communities
- collecting oral history extracts from a small sample identified during reminiscence sessions
- a touring exhibition for museums and care settings which took the form of two interactive 1950's style kitchen cabinets filled with objects.

This process was supported with a series of training days for volunteers, museum and care staff. Key Memories laid the foundations of structured reminiscence work in the



county. *Wide Skies* is an ongoing project involving nine museums in two cluster groups which aims to enable museum volunteers to improve learning and education provision via informal and formal activities. The delivery of reminiscence sessions and the provision of training and resources to enable this is an element of *Wide Skies'* work. Two table top sized dressing table resources filled with objects have been developed for use during reminiscence sessions.

The success of the *Key Memories* cabinet informed the interactive style of the new resources while the contents were collected in response to care workers requests during training. *Wide Skies* continues to build upon the reminiscence work initiated by *Key Memories* and so could be seen as a legacy of that project.



Evaluation Findings

From the museum perspective:

The evaluation showed that reminiscence was viewed as a way of raising the profile of the museums in the community due to their access to resources, staff knowledge and their interest in people's stories. Enabling people to connect to their memories was seen to be of particular importance to small local museums.

'Museums should be selling themselves as centres for reminiscence. People should be able to come in and refresh memories, 'look at this', 'I remember that...' MUSEUM WORKER

Most staff and volunteers found reminiscence work rewarding and a way of understanding different audiences.

'For me it has been a real eye opener, and a really useful education as well... but it's made me more aware of the audiences who come to the museum and the physical difficulties they face.' MUSEUM WORKER

Creative reminiscence work has included sessions combined with afternoon tea parties with old china and cakes and the use of the 1950's interactive kitchen cabinet displays which proved popular in care settings and continue to be used regularly. Partnership working was also developed with Mental Health Trainers from Cambridgeshire and Peterborough NHS Foundation Trust who used a cabinet during staff training.

'It had an immediate response because of how it looked and it reminded them of a piece of their own furniture.'

'Inspired idea, and the whole thing was brilliantly run' MUSEUM WORKER

Sometimes the delivery of sessions proved difficult; some volunteers and staff not used to people in care settings or working with people with dementia found the work upsetting, not all memories recalled were good ones and some people felt concerned about their role (often those more interested in oral history). The observation of sessions showed that museum workers exhibited high levels of skill when reminiscence is done well but undervalued their contribution. Interviews showed that some people experienced difficulty starting and maintaining conversations with groups they saw as challenging due to their level of need or ability, however sessions were also seen as upbeat and enjoyable.

Key Facts

All five Key Memories museums found and worked with a care partner.

At least five sessions were delivered by four museums.

All five museums recruited volunteers to deliver their sessions and develop museum resources made up of new objects and items from their collections.

Four museums from the Key Memories project still carry out reminiscence sessions, although there has been no ongoing contact between museums and the care settings they worked with in the project.

One museum has integrated reminiscence and memory into its outreach events and exhibitions.

One museum is now actively collecting items for reminiscence work and has changed its collecting policy.

The need for a skilled lead person to co-ordinate, recruit and work with less experienced volunteers was shown along with the importance of informal debriefing after each session so that feelings of museum workers, both positive and negative, could be expressed and were not ignored. The need to recruit the right type of volunteers who are prepared to work with people with more advanced dementia was also expressed.



From the health and social care worker perspective

Reminiscence activity was valued and care staff expressed a desire for museums to play a role in facilitating reminiscence alongside the reminiscence care settings deliver themselves. Museums were seen to offer an unbiased view of the older people participating and expert knowledge of historical objects which care staff, particularly new or younger staff, felt they did not have.

'Volunteers come in as fresh faces; this can be a benefit as they provide something different for residents, some of whom may not receive visitors.' CARE WORKER

Museums were seen as providers of resources and facilitated reminiscence sessions. Care staff can play an important role in supporting museum reminiscence work by assisting in sessions, advising on numbers of residents, topics to avoid, and the ability levels of participants. Having a good working relationship between museums and the care setting was seen as integral to the smooth running of sessions. Problems arose when care staff did not understand what reminiscence work entails, the role the museum would play and brought too many people to sessions.

Museum delivered reminiscence was seen as different to reminiscence delivered in-house by care staff. Museum involvement was seen to 'lift the atmosphere' and add to the social occasion.

One care home felt that their inclusion in the Key



Memories Project had helped them receive an additional star rating received during an inspection at the time.

From the older person's perspective

The evaluation noted the positive reactions of older people reminiscing, such as people receiving attention, having contact with other people, appearing to feel valued and improved body language.

'The information we found out was really interesting, when people start telling you their stories, their eyes light up, it's very rewarding, it's lovely' MUSEUM WORKER

The findings of the mapping exercises provide additional information on the impact of reminiscence activity on the well-being and mood of older people.

Dementia Care Mapping results.

The first two case studies observed using DCM involved museum workers and residents from two residential homes working with the dressing table resources from *Wide Skies*. The third case study observed a museum worker reminiscing with day centre users looking at a basket of museum objects.

Case study 1 Four residents (two men and two women) were mapped for about one hour and codes were taken at 5 minute intervals. All participants experienced often high levels (+5) of well-being and engagement as a result of the reminiscence activity. The highest well-being levels were observed when objects triggered past life memories and this was experienced at several points during the session. Museum workers exhibited good levels of skill when working with residents, one man with quite traumatic memories was able to recall positive memories when looking at and handling objects with the



museum worker. People told anecdotes from their past, there was evidence of laughter, smiling and articulation (interaction with others). Care Home staff later commented that residents had commented positively about the session later in the day.

Case Study 2 Three ladies within a larger group were observed during the reminiscence session and codes were taken at 5 minute intervals. This mapping showed neutral (+1) considerable (+3) or high levels (+5) of well-being throughout although there were fewer +5 codes than in Case Study 1. A negative code (-1) was noted for participants showing disengagement (withdrawn and out of contact) and anxiety, but these were only coded for short periods of time, such as one time frame of 5 minutes. During the session there was evidence of engagement with objects; trying on hats and jewellery and rummaging in a 1950's handbag. There was also evidence that reminiscing was not sustained partly because the seating arrangement (chairs turned away from the group) prohibited continued engagement.

Case Study 3 Four people with dementia (three women and one man) attending a day centre were mapped for one hour and ten minutes while reminiscing in a museum worker led session. Codes were taken at 5 minute intervals. Museum objects prompted a range of responses; discussion, pleasure in recalling memories and listening to each other. Two people in particular scored +3 and +5 codes. One lady struggled with direct questions which she may have found testing; another lady responded with rhythmic, repetitive phrases and sing song language while engaging with the objects, both highlighting the specific individual needs of some people with dementia. The museum worker leading the session found working with a group with particular needs whom she had not met before challenging. While day centre staff were in the session, more detailed planning beforehand may have helped them play a more supportive role. However, the well-being of group members was noted by day centre staff:

'...for those moments, those people are sharing of themselves and being listened to, which can only be wonderful and beneficial.'

What we can learn from the mapping exercise

Development points

- Museum objects can be used to aid the recall of positive memories about a person's life. When recalling their



own life memories well-being indicators tend to rise. This approach supports current strategies which emphasise the importance of valuing a person's life history.

- The sensory nature of objects should always be valued; their tactile nature, sounds they make, any smell they may have, and their shiny colours. These can be used as points of engagement.
- A relaxed approach, allowing people time to look, touch, handle, try on and use is important.
- 'Mimicking' or demonstrating how objects were used can support the accessing of memories.
- All people should be involved and where people have a high level of need they are given one-to-one or one-to-two support within this group. It is important to recognise that some people will need more support than others. Care staff can help to engage more reserved participants and people with specific needs.
- Practical aspects of the session require attention: the arrangement of chairs so that people can see each other and hear what is going on and the removal or reduction of background noise such as radio or television.
- Joint planning between museum and care staff before sessions can help everyone play a clear role in facilitating reminiscing.

**DCM for this evaluation was used as an observational mapping exercise. Normally people are observed over a 6 hour period. For this evaluation observations were made for much shorter periods of time during the case studies. Consequently the results shown in the report should not be regarded as clinical proof but as additional supporting data to consider when looking at the impact of reminiscence work."*



Working Together: areas of consideration for museums and care settings

The evaluation showed a desire on all sides to work together. The following suggest guidelines for working practice:

Museum-led reminiscence activity can have valuable outcomes for museums, care settings and the older people participating therefore good reminiscence work should be encouraged.

Differentiation needs to be made between reminiscence and oral history particularly if museums have a history of engaging in the latter so that everyone is aware of the purpose of reminiscence work.

A shared understanding of the nature of reminiscence work, its therapeutic values and the roles that museums and care setting partners should play in the delivery process is crucial to successful partnership working. Delivering within care settings to people with a high level of need required skill, time and resources and the case studies show how important attention to detail is. Therefore, museums should consider this before embarking on a reminiscence session.

Building and maintaining good working relationships is important. This could be achieved by developing, ongoing clear communication channels, and understanding each others particular needs and objectives. Increased information, providing opportunities for partners to learn together by joint training, museums helping care partners

to develop their own resources and including everyone (museum and care workers) in debriefing time following sessions are possible ways of achieving this. Asking older participants what they enjoyed about the session can also help partners to plan and deliver good reminiscence work. Many factors can contribute to successful reminiscence work however the practicalities of working (seating, space, noise levels) should be discussed together so that all partners are working to the same end; creating a worthwhile experience for older participants.

Training is important to the delivery of reminiscence work and projects of this type, to provide the basic skills which will then be built upon by the actual delivery process.

Staff commitment is crucial to sustained and successful reminiscence work. From the museum perspective this can involve recruiting and supporting volunteers who may have little or no experience in this work. This can be time consuming and requires skill which some smaller museums may find hard to maintain. Full consideration of the time inputted by voluntary and part-time staff is important. From the care setting perspective, the commitment of staff to support and work alongside visiting museums is important, requiring time and a willingness to be involved.

Key Facts: *Costing a reminiscence session.*

Interviews with five museums showed that the main organiser of reminiscence sessions spent 4.25 hours per session organising, travelling time, setting up, delivering the session and clearing up afterwards. Assistant volunteers spent 2.5 hours per session. In monetary terms this was estimated to come to a total of £95 per session for the organiser and £16.50 for assistants.

Marketing of the resources and service available was identified as an important issue for small museums. CMAP has developed a leaflet outlining museum reminiscence provision in the county.

Reminiscence work is costly in terms of delivery time and the continued provision of resources. A sustainable business model devised by all partners for delivering reminiscence work should be investigated further if reminiscence work is to be funded and continued in the longer term.



*A full evaluation report was produced by
Amanda Burke, Clare Pastorius and
Juni West. For this report go to:
www.sharemuseumseast.org.uk > Resources*

*For more information contact:
Beverley Hoff
Cambridgeshire Museums Advisory Partnership
beverley.hoff@cambridgeshire.gov.uk*

