



**House of
Memories®**

**An Evaluation of *House of Memories*
Dementia Training Programme:
Northern Model**

October 2013



“ Well done for delivering such a very good day. I have had a fantastic day and can't wait to get started with what I have learnt from today.”

Sunderland delegate

“House of Memories has helped me understand dementia a lot more and I will be able to pass on my knowledge to the homes that I go into.”

Bury delegate

■ Foreword

The positive response to our first year of *House of Memories* dementia awareness training encouraged us to articulate an ambition to extend the reach of our programme beyond the Liverpool city region. Working with a fantastic team of health, social care and museum partners in Bury, Salford, Sunderland and Newcastle we identified a route map to wider participation. Our 'Northern' programme achieved high levels of engagement, demonstrating an innovative approach that is transferable to any town or city.

House of Memories continues to demonstrate the power of National Museums Liverpool and all museums to positively change people's lives. We believe in social justice and that all communities are entitled to benefit from the cultural offer on their doorstep, resonating with our drive to become dementia-friendly. We are extremely proud and delighted with the impact that *House of Memories* is having, both in Liverpool and further afield, and look forward to reaching more carers as we continue to expand the programme.

Carol Rogers
Executive Director, Education and Communities
National Museums Liverpool

I am wholly supportive of the *House of Memories*. It is an exceptional project. National Museums Liverpool provides an innovative training programme that is making a real difference for social care staff by helping them to connect with the people with dementia whom they support every day... It is fantastic that the cultural sector is involved in work on dementia; it is a great collaboration. Getting the medical profession to consider new and different approaches beyond pure medicine can be very powerful. This work is critically important in supporting our drive to create more dementia-friendly communities."

Norman Lamb MP
Minister of State for Care and Support

Misconceptions around dementia, such as 'it is part of getting older' and 'nothing can be done' are beginning to be exposed and slowly people are becoming aware of the scale of the problem posed by dementia. The work we do within health and social care will only go part of the way to tackling the issue of an ageing population and more people living with dementia. Programmes, such as the *House of Memories*, and the drive to create dementia friendly environments are absolutely integral. The assets of a community open the door to new ways of thinking about and improving health and wellbeing. The *House of Memories* project brings a new and innovative way of understanding some of the issues that people with dementia may experience and explores how existing institutions, such as museums, can play a central part in improving the lives of this growing number of people. After all, it makes perfect sense that the keeper of memories [museums] has a key role going forward.

Pat Jones-Greenhalgh
Executive Director
Bury Adult Care Services and ADASS Lead for Dementia

■ Acknowledgements

Thank you to everyone who has contributed to this evaluation through questionnaires, museum observations, interviews, and participating in *House of Memories* training. We would like to thank Kerry Wilson and Lauren Grindrod from the Institute for Cultural Capital for their work in carrying out this evaluation.

We would also like to thank our funding partners - Department of Health and Mi-More Independent.

A special thank you to our cultural partners, Salford Museum & Art Gallery, Bury Art Museum, Tyne & Wear Museums & Archives, and Sunderland Museum and Winter Gardens, our drama interpretation partner for the Northern Model, AFTA Thought, and the many arts and crafts practitioners that contributed to the delivery of *House of Memories* Northern Model.

Full version of report prepared by:
Kerry Wilson
Lauren Grindrod

Institute of Cultural Capital on behalf of National Museums Liverpool.



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■ INTRODUCTION

House of Memories

Funded by the Department of Health, *House of Memories* is a tailored dementia care training programme, which uses artistic interpretation, curatorship, museum education and reminiscence therapy techniques to raise awareness of the condition, and enable professional health services, carers and families to help those directly affected to live well with dementia.

Developed and led by National Museums Liverpool (NML), *House of Memories* was delivered to 1,200 participants during its initial phase at the Museum of Liverpool (January-March 2012). A further 20 sessions were delivered at the museum during 'phase 2' between October 2012 and March 2013, supported by Mi - More Independent, as part of the *dallas* initiative. To date more than 3,000 dementia care workers have participated in the programme.

The full-day session is delivered in collaboration with a drama partner to facilitate the morning segment using dramatic presentation and interactive discussion. The afternoon session then includes carousel taster activities led by museum and gallery staff, utilising available collections and dedicated *House of Memories* resources.

The Northern Model

House of Memories was extended across the North of England in February and March 2013, in association with Salford Museum and Art Gallery, Bury Art Museum and Tyne and Wear Archives & Museums.

Evaluation and methodology

The Institute of Cultural Capital (ICC) was commissioned by NML in February 2013 to evaluate the regional roll-out of *House of Memories*, considering the **transferability**, **adaptability** and **impact** of the existing model within and across the three separate and distinct museum and gallery services. This included impact upon active participants with reference to the care and support of individuals living with dementia; partner museum and gallery services; and on services and activities for older people in the regions.

The evaluation adopted a Realistic Evaluation approach (Pawson and Tilley, 1997), and considered in-depth the situated, region-specific contexts, mechanisms and outcomes throughout the roll-out process. Specific research methods included longitudinal pre and post training interviews with a stratified sample of participating health care professionals, and participant observation of *House of Memories* training in action.

Together, such methods create a discernible sense of the 'distance travelled' for participants in relation to the impact of the programme and their own professional development. For more information on the evaluation research methodology applied, please see appendix 1.

For more information on the programme, including the full evaluation report on its phase one delivery at the Museum of Liverpool, please see www.liverpoolmuseums.org.uk/houseofmemories

The Report

The report that follows summarises evaluation findings according to individual research phases, and then by key learning outcomes including:

- Museums and the Culture of Dementia Care
- Professional Cross-sector Development and Capacity Building
- *House of Memories*: Operational Strengths and Regional Consistency
- *House of Memories*: Strategic Advantages and Sector Leadership

The evaluation has identified a range of positive developmental impacts, including strategic leadership learning outcomes for NML in relation to national policy drivers, and a range of key operational learning outcomes for museums and gallery services seeking to develop their professional relationship with dementia care services within their regions, using *House of Memories* as an effective mediatory platform. Recommendations are made regarding any future roll-out and adaptation of the existing *House of Memories* model to ensure consistency in the quality of its delivery, and to maximize the future impact of the programme according to its identified operational and strategic strengths.



■ Executive Summary of Findings

The value of *House of Memories* for the dementia care sector

The impact of *House of Memories* as a professional development intervention (and intermediary function between health service and beneficiary) should not be underestimated.

The true added value for both sectors in the *House of Memories* example is clear – museums can make a real contribution to the dementia care strategy in meeting self-defined training needs and requirements at a regional level, actively demonstrating their instrumental impact. The dementia care sector can furthermore enhance its own core professional skills base by working with museums, using creative, cost-effective methods that represent collaborative working and joined-up approaches.

Such ‘joined-up’ approaches are hallmarks of current national dementia care and health service strategy and debate, particularly in relation to preventive agendas, early-stage diagnoses and treatment, and sustainable services. Advocated by all three main political parties in the UK, the preventive agenda is a leading public health priority, with other commentators from specific services making similar campaigns, including recommendations for a ‘truly integrated and holistic prevention agenda for the NHS’ (Beaumont, 2012) and a sustainable social care system that makes ‘prevention and early intervention work for older people’ (Age Concern, 2009).

Culture of Care

The House of Memories programme:

- Significantly improved levels of understanding of dementia, including complexities in how dementia is presented and implications for those directly affected along with families and carers alike.
- Enhanced capacity for considered, empathetic, interpersonal care that is responsive to individual circumstance.
- Improved professional conscientiousness on individual and collective bases.
- Openness to creative, inclusive, alternative approaches to care that are responsive to individual needs.

Cultural engagement

- Improved awareness and understanding of the value of museums and galleries to dementia care practice.
- Increased visits to museums and galleries in a professional context.
- Evidence of use of *House of Memories* resources in work (dementia care) settings.
- Enhanced appreciation and respect for cultural and creative practice in dementia care.

Professional practice

- Evidence of ongoing discussion and knowledge exchange - on value of *House of Memories* within and across a range of health and social care services.
- A willingness to improve and align professional practice at grassroots level with national policy and strategy.

BEFORE THE TRAINING

Who did we interview?

Pre-training interviews were held with a stratified sample of delegates scheduled to attend *House of Memories* in Salford, Bury and Sunderland during February and March 2013.

Each represented a range of organisations and services including private independent care sectors, National Health Service (NHS) hospitals, charities including Age UK and Alzheimer's Society, plus local government and voluntary sector organisations providing nursing and residential care. Participating organisations therefore represent the full range of dementia care interventions and support services, providing strategic advocacy, training and professional development opportunities alongside direct care services.

Interviews were designed to capture delegates' expectations of the programme within the context of their own professional practice and responsibilities, and prior experience of working with arts and cultural organisations.

Expectations and motivation

Data shows that delegates were keen to network with new, 'like-minded' colleagues, and to embrace training that offers more creative, inclusive methods rather than those conventionally used within the health care sector:

"The whole thing (House of Memories) triggers my curiosity because normally I get emails saying we can offer free training blah blah blah, and you know it's just having people standing in front of me saying this about dementia and that about dementia... so the fact it's in a different setting... the fact that it is going to be something a bit different may well actually help my staff take something more away from it".

(Bury Art Museum delegate)

Delegates were also actively seeking to embed more empathic and intuitive professional care cultures within their organisations and work places. This desire is born out of a perceived tension between national dementia care policy and grassroots capacity to deliver, including:

- inconsistencies in standards of care within and across private sector and local authority care provision
- inconsistencies in standards of care between dedicated dementia care services and other more general service provision, or acute care settings for the elderly that will naturally and inadvertently incur dementia care requirements and responsibilities
- a perceived lack of synergy between different services, resulting in a need for residential care workers, for example, to over-compensate for the lack of cross-sector communication.

Linked to the preference for more creative training approaches described above, austerity measures are also prompting a desire for more inclusive, cost-effective training opportunities that can be readily cascaded back in the workplace:

"...for my self-interest it will be to continue my own professional development... but also to see (if) it's something that I could take on board, take away with me and implement... elements within the workplace; (my) current workplace."

(Salford delegate)

"...myself and the other colleagues who are attending are going to be delivering some dementia awareness ourselves, a short session as part of our induction programme for new staff and volunteers so we want to learn as much as we possibly can... so we can give real-life examples... we're hoping that we're going to learn more about the condition."

(Bury delegate)

The concept of 'holistic care' was referenced by delegates as a core training need, with the perception that *House of Memories* would fulfil this objective:

"...when I saw this I thought I'd jump on that opportunity because that's something that I'm really very much interested in... you can meet sort of the basic needs of somebody (with) regards to nutrition and personal care but holistically there's more to a human being than that. You have got the educational needs, spiritual needs, the need to be needed sometimes."

(Salford delegate)

"...(dementia) can present itself in so many different ways... anything I can do to help demystify it and help people (with) coping strategies... my role is from the carer's perspective... if I can help the carer understand what the person they're looking after may be experiencing then that's all good really."

(Bury delegate)

Experience of working with the cultural sector

There was limited direct experience of working with arts and cultural organisations in a dementia care context amongst pre-training interviewees, but high levels of awareness of the role and value of arts and culture (e.g. music and dance therapy) and of the reminiscence and cultural heritage value of museums as “ideally placed” resources.

Most interviewees had heard about different arts and cultural interventions from colleagues or by reading about them, so all were very open to the experience and there was little if any scepticism about the role of museums in dementia care. Motivations for attending seemed to be consistent across the full range of participating services and levels of practice, with holistic training approaches viewed as the most cost-effective method for (potentially) improving the ‘culture of care’ as a recurring priority:

“...within the organisation as that knowledge trickles down it would educate the workforce into appreciating another dimension into better care, basically.”

(Salford delegate)



HOUSE OF MEMORIES TRAINING IN ACTION

Observing the participants

The second phase of evaluation fieldwork involved participant observation of all regional *House of Memories* sessions. This enabled evaluators to develop an in-depth, practical understanding of *House of Memories* in action.

Striking 'headline' features of the programme recorded in observation data include:

- the quality of the drama component in terms of informed content, empathic delivery and methods of engaging participants
- the immediate impact on participants in relation to improved dementia care knowledge and awareness and enhanced professional conscientiousness
- the emerging development of a holistic shared notion of care via reminiscence therapy techniques and active cultural participation.



CASE STUDIES

Northern Model cultural partners

Salford Museum and Art Gallery - 25 February 2013

Context

The Salford session benefited from taking place in a museum service with considerable experience in reminiscence work (e.g. Memories Matter project and various spin-off activities), which was reflected in the organisational culture of the museum, and the skills and qualities of museum staff.

Approximately one third of delegates had visited the museum before, encouraging a relaxed, comfortable atmosphere. There was a lively buzz amongst participants for much of the day, only slowing down a little towards the end, which is to be expected at a full-day event, especially with four individual 'carousel' activities during a busy afternoon session.



Dementia awareness

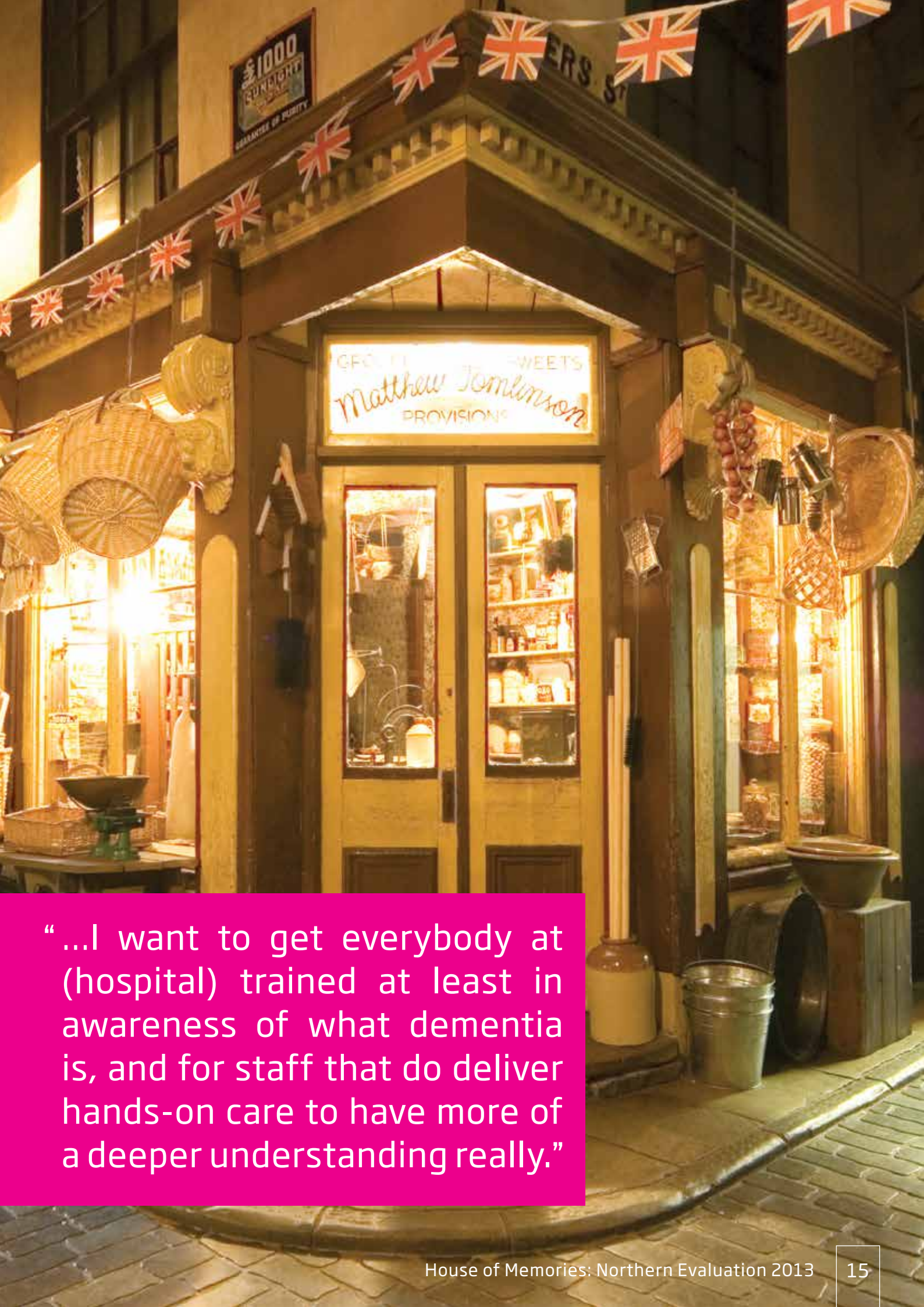
The drama interpretation session took place in a lecture theatre, which was much more formal than other regional settings. Delegates were however fully attentive and responsive, engaging in conversation by responding to facilitator questions, with more delegates participating as the session progressed. Responses became much more emotive as delegates began to engage with the personal stories of the characters, with a clear cognitive and emotional understanding of the value of museums in helping to meet the person with dementia 'where they are', and the role of *House of Memories* as a low-cost 'social prescription'.

Activities

Of the carousel activities in Salford, those with interactive reminiscence qualities had the most impact upon participants, and reinforced the importance of museum staff skills in facilitating the session.

- The Memories Matter session using museum collections was particularly impactful (e.g. 'handling boxes' relating to the seaside or weddings). The items resonated strongly with delegates, and the facilitator emphasised the importance of relationship building and empathic dialogue. The facilitator was extremely engaging and the whole session demonstrated the unique value of the museum.
- The next session about the *House of Memories* toolkit similarly reflected the importance of curated objects and space, although this was less obvious to delegates. This was the only activity where delegates were encouraged to chat with one another.
- The third session involved an interactive arts-based workshop (recreating the seaside). This was again facilitated to a high standard, with some reminiscence qualities and all delegates fully engaged. Arguably however this session could take place in any setting, so the unique value of the museum/gallery was not immediately obvious.
- The fourth activity involved a reconstructed Victorian street (Lark Hill Place), which provided an enjoyable distraction, but prompted some queries concerning suitability for people with dementia (e.g. physical limitations such as low light).





“...I want to get everybody at (hospital) trained at least in awareness of what dementia is, and for staff that do deliver hands-on care to have more of a deeper understanding really.”



Bury Art Museum - 11 March 2013

Context

The session at Bury Art Museum included an introduction from the Executive Director of Bury Adult Care Services, highlighting the region's dementia care agenda. It is estimated that there are currently 2,100 diagnosed cases in the region, which will rise to 3,000 by 2015. The local health authority has policy objectives including the creation of dementia friendly pubs, clubs and wider dementia friendly communities. This presentation received a positive response from delegates, who seemed very interested in learning about the council's intentions.



The afternoon session was split into three workshop activities; clay relief with artist Marjan Wouda, miniature teapots and memory poems with 'arthur+martha' and Bury's *House of Memories* loans boxes. Marjan's workshop involved participants making a collage in clay (relief) or paper in response to a museum object. They worked in pairs adding detail as memories of a place in time were explored. Arthur+martha's session was very popular, based around two easy, enjoyable exercises - making a large-scale installation of miniature teapots, and writing memory poems whilst eating sweets. The latter part proved to be a very powerful way of accessing memories and was commented on by many of the participants. During the loans box session the delegates were shown objects from the loans boxes which generated a lot of discussion and highlighted the impact that simple objects and images can have on individual's memory. The group were also shown the *House of Memories* tool kit and given an explanation of what it included and shown the details of how to book the loans boxes or indeed make a visit to the museum.

Dementia awareness

The Bury drama session required a little more input from the lead facilitator to engage participants in discussion, although participants became more engaged as the dramatic pieces became more emotionally involving. Energy levels varied throughout the day, with notable differences where activities seemed to become more or less relevant to participants (e.g. presentation on local dementia strategy).

Activities

Researcher field notes imply that the *House of Memories* toolkit session was the most productive in terms of chat and interaction. The two creativity workshops that centred on childhood memories were enjoyable. It seems to have been more problematic in this case to 'sell' the unique value of the gallery space compared to the two museum venues.

Tyne & Wear Archives & Museums (Sunderland Museum & Winter Gardens) - 20 and 21 March 2013



Context

A feature of Tyne & Wear Archives and Museums' original expression of interest to NML was previous organisational participation in dementia and reminiscence training, engagement with collaborative research on dementia, and experience of working with a range of health and social service partners.

Dementia awareness

The drama interpretation session during the first event in Sunderland was an incredibly charged experience. Many participants commented on the familiarity of the dramatic pieces and scenarios being presented, and were willing and happy to share own experiences, both professional and personal. A number of participants were visibly moved by the experience. The facilitation skills of the dramatic interpretation lead were particularly impressive during this session, including high levels of empathy and visible respect for participants and their contributions.

Along with the more intimate physical space, this cohort seemed to include a greater concentration of 'frontline' (residential) care workers, who could more readily identify with and respond to the narrative and characterisation.

Activities

Carousel activities demonstrated a strong culture of reminiscence work within the museum (e.g. references to Your Story Matters project during memory suitcase/ Box of Delights session).

The craft exercise, although enjoyed by some participants, lost a little momentum with regards to reminiscence work, and again could have taken place anywhere and was not dependent on a museum setting.

The researcher felt that more could be done to utilise the collections and exhibitions that have strong local relevance, and would connect with the narrative (e.g. pitmen and shipbuilding exhibitions within the museum and the dramatic piece about care home resident trying to leave for work every morning at 5am). Participant involvement and spirits remained high however.

On balance, Sunderland provided the most congenial and potentially rewarding 'cultural heritage' environment of the three regional venues.

■ AFTER THE TRAINING

Interviews

Emerging impact indicators were explored further during 'follow-on' post-training interviews with evaluation participants, at approximate four-week intervals after individual *House of Memories* sessions. Post-training interviews also considered the extent to which *House of Memories* was being cascaded, applied and embedded back in the workplace, using a 'critical incident' approach.

Reaction from carers

Post-training interviews revealed for the first time a discernible difference between different types of dementia care workers, with a particular emphasis on 'frontline' care givers and their reaction to the programme. This group was very emotive in the way that they expressed their reflections and feedback.

The drama interpretation session is at the root of the most powerful connections with the programme, with one Sunderland delegate observing that she had learnt more about dementia in the first hour of the programme than she had in five years of 'on the job' training. The interpersonal characteristics of the Sunderland session in particular seemed to have resonated powerfully with participants in terms of how this translates into connecting with those people with dementia that are being cared for:

"I loved every single minute of it to be honest; I thought it was a brilliant day."
(Bury delegate)

"When we both came back... we were buzzing; we had big smiles on our faces because we enjoyed it so much."
(Bury delegate)

"It's about caring for them and the life they once had, as well as caring for the condition and the effect it has on them."
(Sunderland delegate)

Other organisations

Other participant groups – for example those working in ‘arm’s length’ organisations with a training function – were much more pragmatic in their appreciation of the programme.

Although less sentimental in their appraisal, comments reinforce the validity of the drama session and the trust placed in *House of Memories* as a reliable training programme. One participant for example commented on the level of detail underpinning the morning session and expressed an interest in having a written resource for future reference:

“... some of the things that were said in the morning, a lot of the facilitators’ statements started with ‘our research has shown’ and I would have liked to have seen that research referenced somewhere, obviously not when she was talking, but perhaps if there was some literature that you could produce, which summarised what was said in the morning, it would be interesting to see that literature mentioned”.

(Salford delegate)

Activities

The majority of post-training interviewees spoke favourably on the carousel activities. The most positively reviewed were:

- those with an explicit reminiscence quality
- memory suitcase activities that involved handling and talking about objects
- working through the *House of Memories* toolkit.

The opportunity to talk as a group with other participants was especially welcomed, giving some indication of how the activities might translate to the workplace and be re-enacted with colleagues/carers and those being cared for.

Working with museums and cultural organisations

There is evidence of enhanced levels of awareness and appreciation of the role and value of museums in dementia care strategy and practice:

“...I have always enjoyed museums as an educational resource... I now have a heightened awareness of the value of museums as a resource in the area of dementia.”

(Bury delegate)

“I think that (museums) are a valuable resource... in terms of the materials that people have available in collections... the knowledge that curators have and I think that’s a resource we could use much more.”

(Salford delegate)

Some interviewees upheld the observations made above concerning the relevance and appropriateness of other craft-based activities:

“Somehow the ‘hands on’ craft sessions didn’t seem to fit the rest of the day. Not sure if it was explained, how these experiences could be repeated with people with dementia - perhaps it was implied.”

(Bury delegate)

“I’ve done the (craft) activity before and I didn’t really understand how it fit in with the rest of the course, especially as the lady obviously didn’t work at the museum.”

(Sunderland delegate)

House of Memories in the work place

When asked if and how *House of Memories* had been applied in the workplace in the weeks that had followed the individual sessions, the majority of interviewees had at least actively promoted *House of Memories* or recommended the programme to colleagues and/or other relevant organisations.

The next most frequent or popular activity had been discussing or reflecting upon the day with colleagues.

Interestingly 12 interviewees had visited a different museum or gallery for professional purposes (either with colleagues, carers or clients with dementia) and 8 had revisited their *House of Memories* venue. Please see table 1 for a summary of activities by number of participants.

Activity	No. of participants
Revisited HoM museum/gallery	8
Visited another museum/gallery	12
Use of museum resources (e.g. memory suitcase loans)	2
Shared HoM toolkit/resources	8
Promoted/recommended HoM	20
Use of HoM resources (e.g. memory tree)	4
Discussed/reflected upon HoM with colleagues	16

Table 1 - application of *House of Memories* in the workplace

Meeting expectations

All post-training interviewees explained that their expectations of the programme had been met or exceeded. If we revisit participants' motivations for attending as outlined in the pre-training interview summary above, it is possible to see even at these early stages, that professional conscientiousness amongst participants (on individual and collective scales) has been enhanced.

The 'culture of care' is beginning to be transformed for both advisory and frontline participating dementia care services:

"...it's made me think about what I do... I (run) courses and one of the first sessions is about dementia and defining dementia... how we can approach dementia care and looking at life... through the person who actually has dementia... a lot of the issues that were covered in the morning to be honest."

(Salford delegate)



"...they (colleagues) were amazed that we enjoyed it that much... when we started telling people what we had done... It's like you're working here but sometimes you need to hear from someone else... talk about things and it hits you doesn't it... you say 'oh why don't you try this' and people say 'oh well I never thought of that'... so that's what we are doing (now), trying different things."

(Bury delegate)

■ KEY OUTCOMES

Museums and the Culture of Dementia Care

Pre-training interviews revealed an explicit, consistent desire across all participating (dementia specialist and non-specialist) services to improve the 'culture of care' within their organisations and regions. This included:

- levels of dementia knowledge and awareness amongst all staff
- attitudes towards those directly affected by the condition and their families and carers
- a clear objective to ultimately enhance professional standards of care.

These objectives resonate strongly with current national policy drivers concerning dementia care and professional health services more generally. The Prime Minister's Challenge On Dementia (Department of Health, March 2012) prioritises improved diagnosis rates; improved standards in hospitals, homes and domiciliary care; improved information provision for people with dementia and their carers; and better support for carers. More recent health care policy directives identify a 'culture of compassion' as a marker of success in NHS reform (Patients First and Foremost, Department of Health, March 2013).

Impact of *House of Memories*

House of Memories has had a profound impact in relation to the 'culture of care' across the three regions, which can be directly attributed to the strong empathic qualities and personal resonance inherent in the programme's content, design and delivery. The evaluation has revealed:

- a demonstrable shift in participants' cognitive and emotional understanding of dementia and its implications for those directly affected and carers alike
- an enhanced capacity for participants to consider and assess their own attitudes and performance, including 'quickness to judge' in care situations
- a more responsive, appropriate care relationship rather than over-use of reactive, 'textbook' methods.

More significantly in relation to participants' self-defined motivation to attend *House of Memories*, and within the context of national care policy drivers, participants are now actively taking time to consider and reflect on collective practice in the workplace and providing a more supportive environment for colleagues drawing upon *House of Memories* in an active 'frontline leadership' capacity.

This is achieved via the powerful empathic qualities of the programme - balanced with informed content and sophisticated delivery - and the way these readily translate into learning outcomes for professional dementia care practice.

Dementia awareness

Many participants commented on the quality of the drama interpretation session in terms of the level of detailed information on dementia and the creative, engaging way in which this was presented.

The balance between medical information and 'real life' stories (presented theatrically) give the session high levels of authenticity, which furthermore encourage high engagement and appreciation amongst participants.

The characterisation in the dramatic pieces – 'real people with real accents, people like us' – was particularly effective. The session is also facilitated by the lead drama practitioner to a very high standard, using a well-pitched balance of interpersonal engagement with participants, and informed authority on dementia and its implications.

There appears to be very high levels of trust placed in *House of Memories* through this combination of content, personal skills and creative intervention, with the drama session valued equally across all three regional venues.

Museum activities

This is similarly represented in the museum-based activities undertaken during the afternoon session of *House of Memories*.

Participants place a high degree of trust in museums as welcoming, inspiring public places, and were appreciative of the reflective time 'away from' their immediate professional care environment, in a more stimulating, creative space.

Activities that draw heavily upon reminiscence therapy techniques were particularly impactful, and reinforced personal resonance, particularly in terms of encouraging participants to see the 'real person' behind dementia, and establish a more empathetic connection in a care context.

The professional skills of museum staff in facilitating these creative sessions were also important, again to maintain momentum from the morning session and to keep participants engaged, but also in emphasising the unique contribution of museums, their collections and the people who work in them in relation to reminiscence techniques and dementia care.

Opportunities for Professional Cross-sector Development and Capacity Building

There are a number of professional value learning outcomes emerging from the evaluation, which have direct policy and practice implications for mutually beneficial cross-sector professional development and capacity building.

During pre-training interviews, participants demonstrated an appreciation for national, strategic developments in dementia care (including policy directives such as the Prime Minister's Challenge On Dementia), indicating that it is 'becoming easier to talk about' dementia, and that the condition is beginning to be 'demystified' at a certain level.

There are real concerns, however, regarding a certain disconnect between national policy statements, and capacity to deliver dementia care 'on the ground' within the context of local authority funding cuts and other financial vulnerabilities.

"...(we're) coming up to the fourth year of the dementia strategy... unfortunately (this has) coincided with the austerity basis that we've got and to be honest I've not seen that much progress in what's happening in terms of dementia care. I think that is because the local authorities do not have the funds or resources... some providers are obviously better than others, so I don't think there is standard size care throughout all."

(Salford delegate)

"More people are suddenly waking up and smelling the coffee and realising 1 in 4 people over 65 are going to have this illness but probably we need to do more than we actually are and for people who are diagnosed, to actually treat them a little bit better and realise they are a person and not a lump of wood."

(Salford delegate)

With this in mind, when asked about reasons for attending *House of Memories*, participants demonstrated a curiosity and interest in:

- alternative, creative approaches to dementia care training, that would be more likely to fulfil the 'culture of care' objectives described above (as compared to more conventional health sector-led training interventions)
- more cost effective solutions via cascaded learning and 'free' use of other local resources such as museums.

The value of *House of Memories* for dementia care sector

In other value and impact studies relating to social, health and education outcomes for museum and cultural sector projects, the instrumental value is often contested due to problems with attribution and 'proving' that health outcomes are a direct result of the cultural intervention alone (Galloway, 2008). There are concerns that prioritising instrumental impact in some way de-values the core professional identity and characteristics of cultural and creative sectors (Newman and McLean, 2004; West and Smith, 2005).

House of Memories overcomes this challenge by relying solely upon the cultural assets and unique professional skills of museums, in demonstrating their value and impact upon another professional group. Such a focus on cross-sector professional capacity building within a health care context alleviates the problem of attempts to prove that cultural activity has a direct, attributable impact upon health and wellbeing.

Professional development

House of Memories has a high impact in relation to professional development, both in relation to the on-going practice of individual participants, and the extent to which the training is now being embedded and cascaded back within employing organisations. This includes:

- museum visits with colleagues following *House of Memories* training amongst care home managers and frontline staff
- the sharing of learning and experiences across different organisations and services
- the active recommendation of *House of Memories* within and across organisations and services, demonstrating additional demand
- the use of museum resources (e.g. memory suitcases).

Those participating organisations that do not provide direct care (e.g. with a training function) are also more actively engaged with the museums sector and appreciative of reminiscence therapy techniques.

There are real opportunities for museums to become regional dementia care 'community of practice' hubs using *House of Memories* as a highly effective and engaging intervention.

Other policy agendas including localism and the Big Society (although now less prevalent in public policy rhetoric) are linked to increased expectations and political incentives to collaborate across the full range of publicly-funded services and organisations.

House of Memories provides a powerful museums-led example of how this can be achieved within the context of a critical national health priority.

■ FUTURE RECOMMENDATIONS

Operational Strengths and Regional Consistency

The following recommendations are made regarding the future roll-out of *House of Memories* within participating museums and galleries.

It is especially important for participating museums/galleries to ensure a high degree of synergy between the morning drama-based dementia-awareness session and museums-based activities in the afternoon, in order to sustain momentum and levels of participant engagement.

It is also important to link arts-based activities more directly with reminiscence techniques, and that carousel activities explicitly connect more with museum collections and exhibitions (e.g. miners' story in Sunderland).

The rationale behind this is to promote the unique value of museums and galleries throughout the *House of Memories* experience. In considering any future roll-out of *House of Memories*, capitalising on the dramatic narratives, a bespoke programme working in collaboration with industrial heritage and working museums may be particularly effective.



STRATEGIC ADVANTAGES AND SECTOR LEADERSHIP

Accreditation

Given the mutually beneficial professional development opportunities for both collaborating sectors (museums and dementia care/health services) it is recommended that NML explore routes to accreditation. The programme to date has had phenomenal success in relation to the volume of participants within a relatively short space of time – accreditation would give the programme a badge of authority in terms of the quality of its content and delivery.

- For participating museum and gallery staff this could for example include continuing professional development (CPD) recognition via professional bodies such as the Museums Association, or the development of CPD module awards in association with Museum Studies/Heritage Management departments within higher education institutions (HEIs), which would have the added potential for income generation.
- For dementia care/health sector workers, options such as vocational qualifications via the Qualifications and Credit Framework (QCF) have already been raised (mentioned during Bury event).

Cultural value and policy implications

NML should actively cite and promote the policy-relevant added value of *House of Memories* in future funding applications and in generating political support, particularly within the context of the 'culture of care' and contribution to public policy priorities such as the preventive health agenda.

Similarly NML can make an active contribution to the current cultural value debate in the UK, particularly in a collaborative cross-sector context, helping to reframe the instrumental impact challenge in a professional development capacity.

Context

The authors wish to acknowledge that NML, alongside many other museum and heritage organisations in the UK and beyond, has a long tradition of successful reminiscence work and relevant projects. The practices and outcomes described in this report may therefore seem familiar to many museum professionals.

The purpose of the independent evaluation however was to consider alone the value and impact of House and Memories within and across the three participating regions. The report therefore should complement existing research on reminiscence techniques within museums, and be of interest to health and social care practitioners curious about contemporary, collaborative approaches to dementia care involving museums and cultural heritage organisations.





Caring
is fun
friendly
inclusive
musical
helpful

To still be
recognised
as a
human
being!

"Everything that
is here!"
Lily May

happiness
wrapped up
in loving care

in those times
people living with a
dementia can come
to share their ideas
from the joy with
their friends and
family or
colleagues

■ APPENDIX 1

Evaluation research methodology

In order to fully understand the transferability and adaptability of the existing model, and its relative impact upon participants, it is vital to establish and consider the situated contexts within which the project is being delivered and undertaken at any given time. As such, the Realistic Evaluation approach (Pawson and Tilley, 1997) was adopted. Realistic Evaluation works towards establishing an unequivocal 'causal relationship between a programme and its outcome', facilitated by an underpinning theory as to why a programme causes a 'measured change'. This underpinning theory is defined by the identification of CMOs:

- Context (precise circumstances of programme)
- Mechanism (precise way in which the programme works)
- Outcome (specific outcomes of above).

This specific approach regards the context in which the programme takes place as the most important factor, as this greatly influences whether or not a mechanism can/will work, and the extent to which it can be applied and adapted elsewhere. An entirely qualitative approach was used during research fieldwork, in order to capture the nuanced experiences and 'distance travelled' for participants as the roll-out phase progressed.

Establishing context

An initial profile of participating museum and gallery services (including websites and original applications to NML), health care participants and any relevant, available regional demographic data (for instance concerning ageing population) was undertaken. Preliminary interviews (30 in total) were also undertaken with a stratified sample of participating health service/dementia care personnel ahead of (and in some cases during) *House of Memories* training events in each of the three regions, to gauge existing levels of experience and interest in creative approaches to dementia care and expectations from the programme. Other contextual factors to consider at this stage include the 'readiness' of participating services to fully engage with targeted, creative interventions such as *House of Memories*. This may include its fit with the organisation's mission, values and strategic aims, and other related examples of organisational culture including education, community and outreach programmes.

Profiling effective mechanisms to success

In order to fully consider the mechanisms of the programme and their impact as the regional roll-out progressed, the research team fully participated in the live *House of Memories* sessions in an observational capacity. This enabled the detailed, objective consideration of the extent to which participants actively engaged with practical elements of the programme, and their responsiveness to it. An observation framework was prepared to enable the systematic collection of data, and a comparative analysis of the three regional sessions. The compatibility of existing *House of Memories* methods, and the extent to which they are adapted, was considered in this context. Researchers also work with programme facilitators to unobtrusively collect 'snapshot' feedback from participants regarding their impressions of the programme in situ (e.g. 'diary room' style video recordings at Salford session).

Identifying specific outcomes

Follow-up interviews were undertaken with participants consulted during the 'context' phase of the research, at four week intervals after delivery of the programme in the three regions. Re-interviewing the same sample(s) where possible facilitated a longitudinal assessment of the distance travelled for a selection of participants. In order to fully consider the specific outcomes of the programme, follow-up interviews included a critical incident structure, whereby interviewees were asked to give examples (where applicable) of how they had applied or used *House of Memories* and its learning outcomes, or how specific elements of the programme have impacted upon them, their practice, confidence and behaviour. The incremental, linear investigative process of 'context > mechanisms > outcomes' has enabled the development of a clear 'cause and effect' narrative concerning the learning outcomes of the regional roll-out process, and the impact of the *House of Memories* initiative outside its native Liverpool.



■ PRE-TRAINING INTERVIEW QUESTIONS

Introduction

Interviewer to briefly describe:

- aims and objectives of the evaluation
- purpose of the pre-training interviews
- interviews are being conducted on a confidential basis, and with approval will be recorded for use by the evaluation team only (for transcription and data analysis purposes)
- anonymous verbatim quotations may be used in the final report, but will only be attributed to regional cohorts, not individual participants
- interviews will last approx. 20 minutes, and will include a short list of pre-prepared questions as follows.

Section 1 - about you

Please could you tell me a little about your current role? For example:

- the type of work you undertake in relation to dementia care
- your employing organisation
- the client groups that you work with (e.g. people with dementia; families of)
- physical locations and settings (e.g. residential; care home/centre; hospital; medical centre)
- geographical areas that your work covers.

How long have you worked in the health/social care sector (cumulatively), and in what type of roles?

Have you experienced any significant changes or challenges during your professional time in the health/social care sector, especially with reference to dementia care?

Section 2 - working with the cultural sector

Do you have any prior experience of working with cultural organisations such as museums and galleries, with reference to the roles previously described?

Do you know if your current organisation has any prior experience of working with cultural organisations such as museums and galleries?

Have you ever come across or heard about other examples of such partnership working, for example from colleagues/associates in other organisations, by reading about it in professional publications or online?

Section 3 - your participation in *House of Memories*

How did you find out about the *House of Memories* programme in (region)?

What are your current perceptions of dementia care training within museums?
For example, what might museums offer? What do you think the training will involve?

What are your main reasons for wishing to participate in the *House of Memories* programme at (name gallery/museum)?

What are your expectations of the day itself? For example how the day will run, what will be achieved in terms of learning and skills.

What do you think the main challenges of the day will be?

What do you think the main opportunities of the day will be?

Are there any other comments you would like to make at this stage?



PARTICIPANT OBSERVATION CHECKLIST

CONTEXTUAL NOTES	OPERATIONAL NOTES	CONTENT NOTES
The organisation: Information & communication - availability and access to information on participating museum and gallery services, including signage and branding; brochures and marketing materials (collect examples); other activities taking place on day of event; staff presence and availability. Physical space - reception area and organisation of other spaces; ease of navigation; type of visible collections and exhibits.	Event organisation: Total number of delegates on day Ease and flow of registration process Use and appropriateness of available space Ease and flow of carousel activities	Introductory sessions [am]: Level of delegate participation and engagement Type and nature of questions asked e.g. seeking clarity; prompting discussion
		Aftathought performance 1&2 [am]: Level of delegate participation and engagement Type and nature of questions asked e.g. seeking clarity; prompting discussion Individual and collective responses (e.g. intellectual; emotional); atmosphere in room
The local area: Information & communication - type and volume of available information on local area, e.g. for local authority funded museums and galleries this could include information on other local service providers and activities. Physical space - location of museum/gallery in relation to other organisations and amenities (describe); accessibility in relation to transport; quality of nearby outdoor space.	Information & communication: Programme details; clarity of agenda and what day will entail House of Memories materials NML visibility & branding Local museum/gallery visibility & branding	Aftathought performance 3 and wrap [am]: Level of delegate participation and engagement Type and nature of questions asked e.g. seeking clarity; prompting discussion Individual and collective responses (e.g. intellectual; emotional); atmosphere in room
Delegate profile: Type and range of organisations represented Roles and responsibilities represented Any unobtrusive demographic observations e.g. male : female ratio	Networking and social space: Morning tea & coffee delegate interaction Lunch delegate interaction Delegate interaction moving between sessions Delegate informal interaction with delivery team Delegate interaction with film crew/static camera	Carousel taster sessions e.g. HoM toolkit; Storyboxes; local collections [pm]. NB be clear which session is being observed and described Level of delegate participation and engagement Type and nature of questions asked e.g. seeking clarity; prompting discussion Individual and collective responses (e.g. intellectual; emotional); atmosphere in room
List any other relevant information or alternative observations made here:		

■ POST-TRAINING INTERVIEW QUESTIONS

Introduction

Interviewer to briefly describe:

- aims and objectives of the evaluation
- purpose of the post-training interviews
- interviews are being conducted on a confidential basis, and with approval will be recorded for use by the evaluation team only (for transcription and data analysis purposes)
- anonymous verbatim quotations may be used in the final report, but will only be attributed to regional cohorts, not individual participants
- interviews will last approx. 20 minutes, and will include a short list of pre-prepared questions as follows.

NB establish if interviewed prior to HoM event, briefly run through section A if not Section A - about you

Please could you tell me a little about your current role? For example:

- the type of work you undertake in relation to dementia care
- your employing organisation
- the client groups that you work with (e.g. people with dementia; families of)
- physical locations and settings (e.g. residential; care home/centre; hospital; medical centre)
- geographical areas that your work covers.

How long have you worked in the health/social care sector [cumulatively], and in what type of roles?

Have you experienced any significant changes or challenges during your professional time in the health/social care sector, especially with reference to dementia care?

Section 1 - your participation in *House of Memories*

Reflecting on your day at [museum/gallery], what were the highlights of *House of Memories* for you? [list up to 3]

Did you find any aspects of the day particularly challenging or less beneficial? [list up to 3]

Were your expectations of the day met?

Have your perceptions of the role and value of museums and galleries changed at all?

Section 2 - *House of Memories* and your workplace

Have you used or applied any aspects of the *House of Memories* training back in your workplace?

If 'yes' – ask for brief description of activity including:

- Who else was involved?
- When or how soon after HoM event?
- What impact has this had in the workplace (e.g. on colleagues, residents/patients, the organisation as a whole)?

Has *House of Memories* made you think or feel differently about your own practice?

Have you chatted about or discussed *House of Memories* with other colleagues, or family and friends?

Would you recommend *House of Memories* to other people in your profession or sector?

Are there any other comments you would like to make?



■ APPENDIX 2

Questionnaires - Northern Model

In addition to the independent evaluation undertaken by the Institute of Cultural Capital, *House of Memories* participants completed pre-training and post-training questionnaires.

This has enabled us to gather a range of quantitative demographic data and qualitative information, and to track shifts in perceptions and attitudes following the training. We have also compared the responses in relation to the four geographic areas (including Liverpool).

Demographic findings:

- Gender: participants in the four areas were predominantly female, with slightly larger cohorts of males in Liverpool and Bury.
- Age: The spread of participants was largely the same, with delegates ranging from 18-75+, and most participants in the 45-54 age range. Liverpool and Bury had a few more participants in the older brackets of 65 upwards.
- Ethnic origin: The large majority of participants attending categorised their ethnic origin as White British. There was a wider range of ethnic origins recorded in Bury and Salford.

Museums

- Approximately 50% of the participants across the four regions had attended a museum in the past 12 months. A wide range of museums and galleries were recorded, with most people carrying out visit in their own time. A much smaller proportion had visited for professional reasons.

Professional background

- Participants came from across the health and social care sector, with only a few people coming from outside of this sector. In Liverpool and Salford, these were divided fairly evenly between the local authority, NHS, private and voluntary sector. There was a significantly higher number of workers from the private sector in Sunderland and in Bury.
- Those attending the training came from a wide variety of settings including hospitals, nursing homes, residential care, sheltered accommodation, community, day care and museums. Community settings were best represented in Salford and Liverpool, while nursing homes were well-represented in Sunderland and Bury. Sunderland was also attended by lots of participants from residential care settings.
- Approximately three-quarters of participants had some experience of working with memory activities with people living with dementia prior to the training.

Shifts in perception following House of Memories training:

The relevance and power of memory activities

- Memory activities can improve a person's life, living with dementia
- Memory activities can help reduce feelings of distress, humiliation or fear for people living with dementia
- Memory activities can increase self-esteem and confidence for people with dementia
- Memory activities can help you to build more effective relationships with people living with dementia.

In all of the above premises and across the four geographical locations, there was a significant increase in the *strength of feeling*, with participants moving from *neutral* to *agree* and from *agree* to *strongly agree*.

In some instances there is also an increase in the number of people that *strongly disagree* with the premises - in most cases this appears to be due to participant error as it is inconsistent with the rest of the feedback.

Ability to carry out memory activities

- I have the necessary skills to deliver memory activities in my care setting
- I have access to appropriate resources to deliver memory activities in my care setting
- I have access to appropriate knowledge to deliver memory activities in my care setting.

Following the *House of Memories* training, there was a significant increase in the number of participants that felt they had the skills to deliver memory activities, with a very small proportion remaining neutral or disagreeing.

There were big upward shifts in the number of participants that felt they had the appropriate knowledge to deliver memory activities, with a tiny proportion disagreeing.

In considering the resources needed to deliver memory activities within the care setting, the majority of participants felt better equipped following the training. A small proportion reported that they were neutral or disagreed that they had access to appropriate resource.

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Items from the collections of *House of Memories* cultural partners: Salford Museum and Art Gallery, page 7, page 15, page 22; Tyne & Wear Archives and Museum, page 11; Bury Art Museum, page 32.



In the style of
**"MY FAIR
LADY"**

two-way shirtwaists
inspired by the
successful musical play



**OUR
TOTS**

C



WEEKLY



**WASHES
Springfield**

