

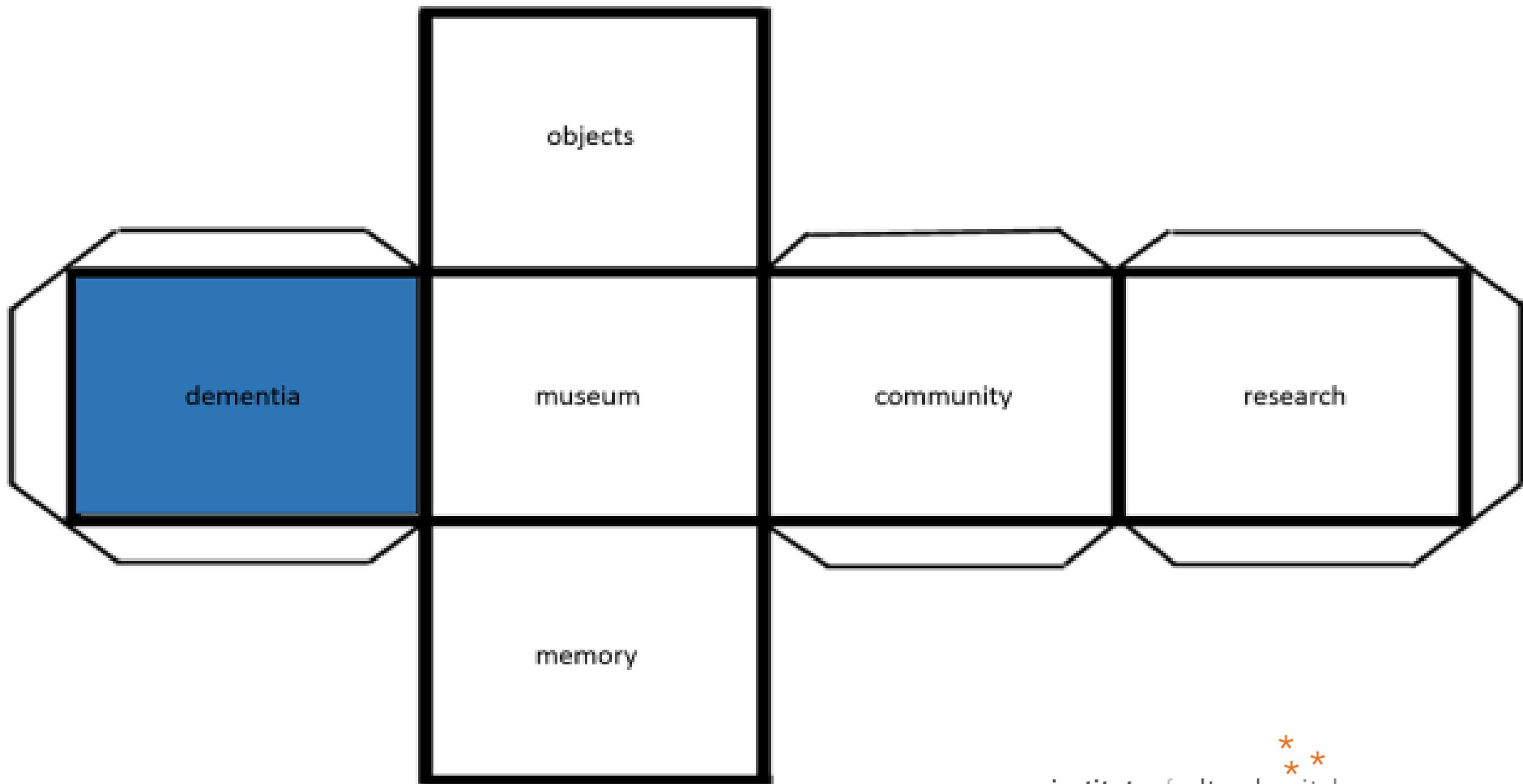
# House of Memories

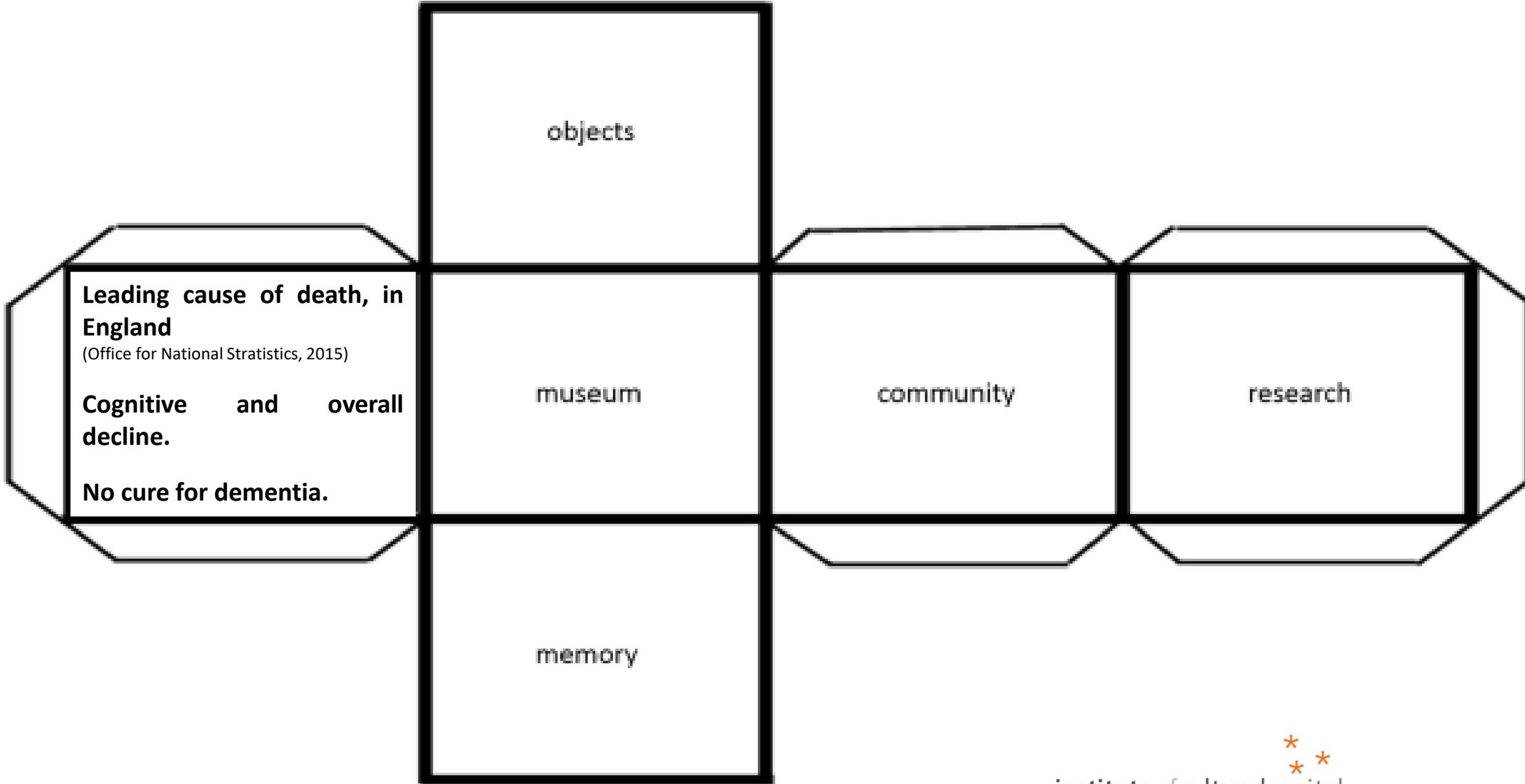
Scale and impact

Dr Kerry Wilson; Dr Rafaela Ganga & Gayle Whelan

Findings from the [Crossing Boundaries](#) research programme







**Leading cause of death, in England**

(Office for National Statistics, 2015)

**Cognitive and overall decline.**

**No cure for dementia.**

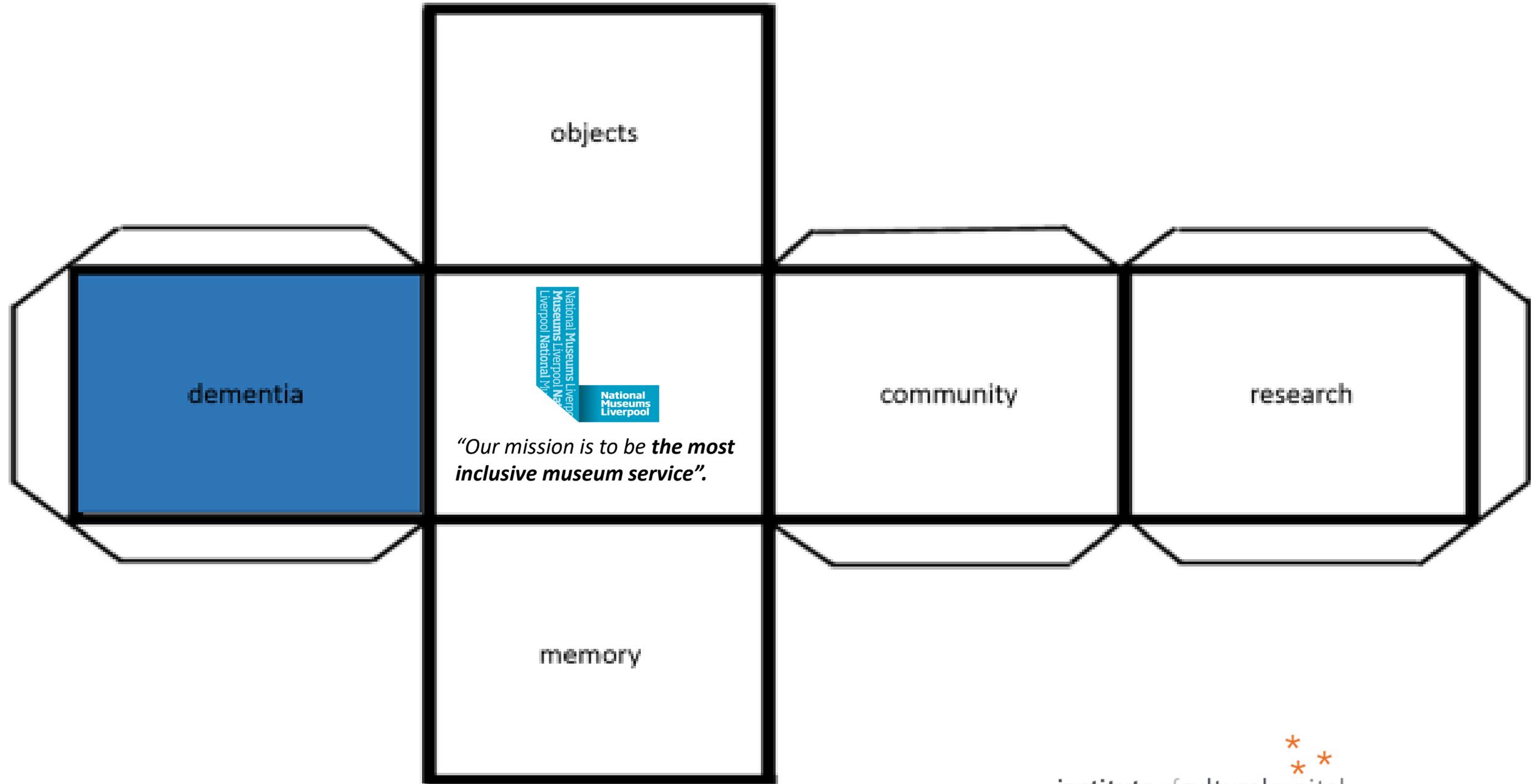
objects

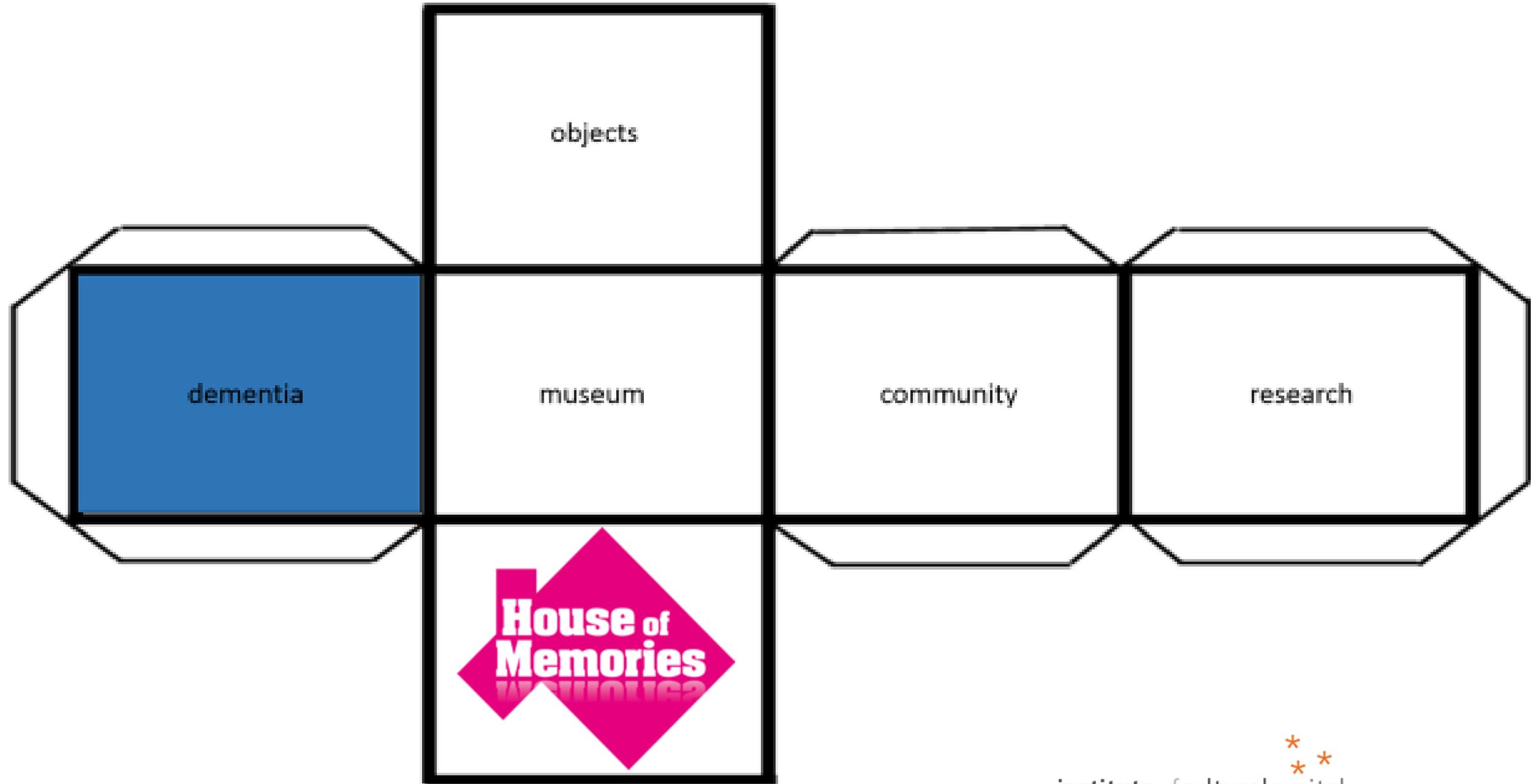
museum

community

research

memory





objects

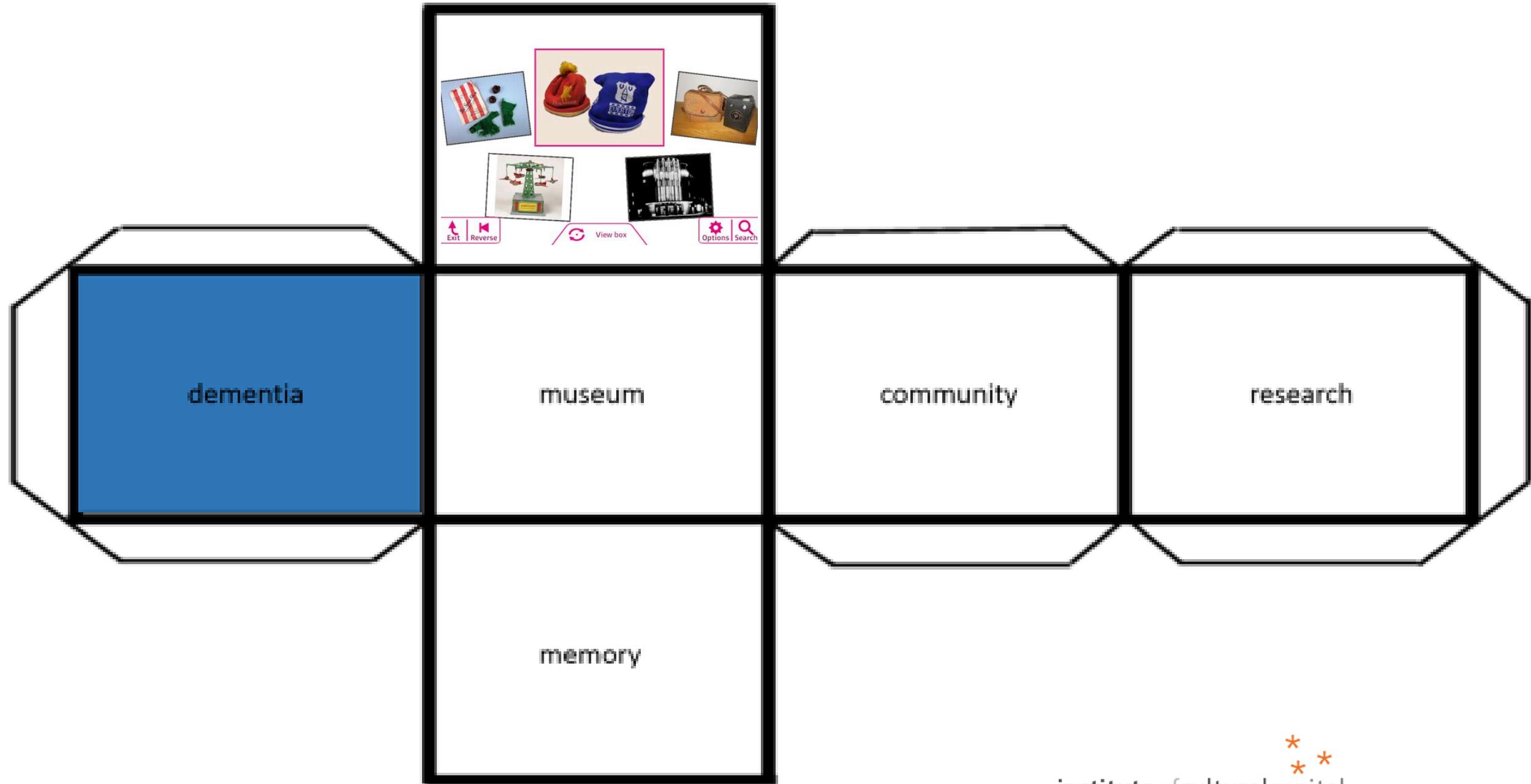
dementia

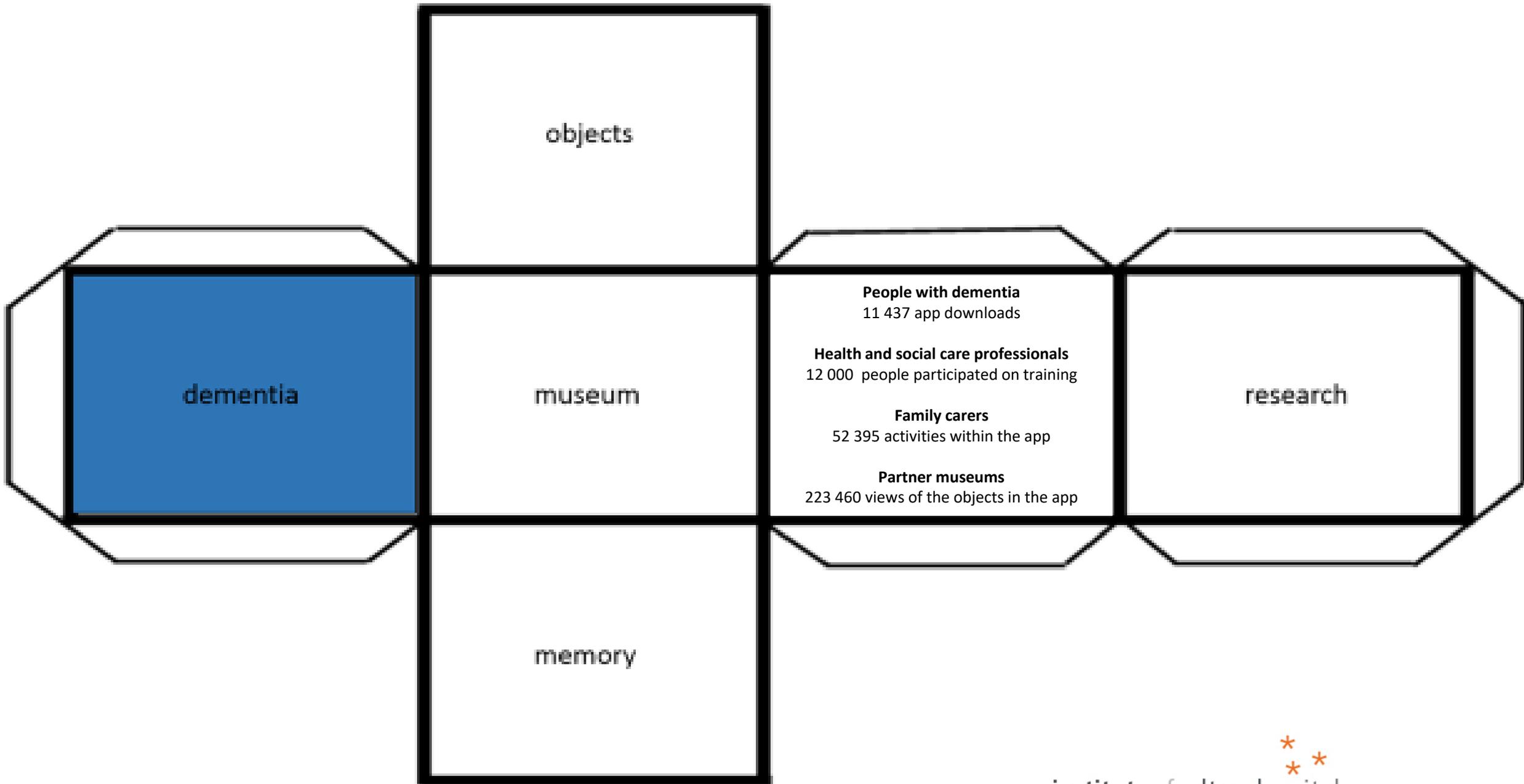
museum

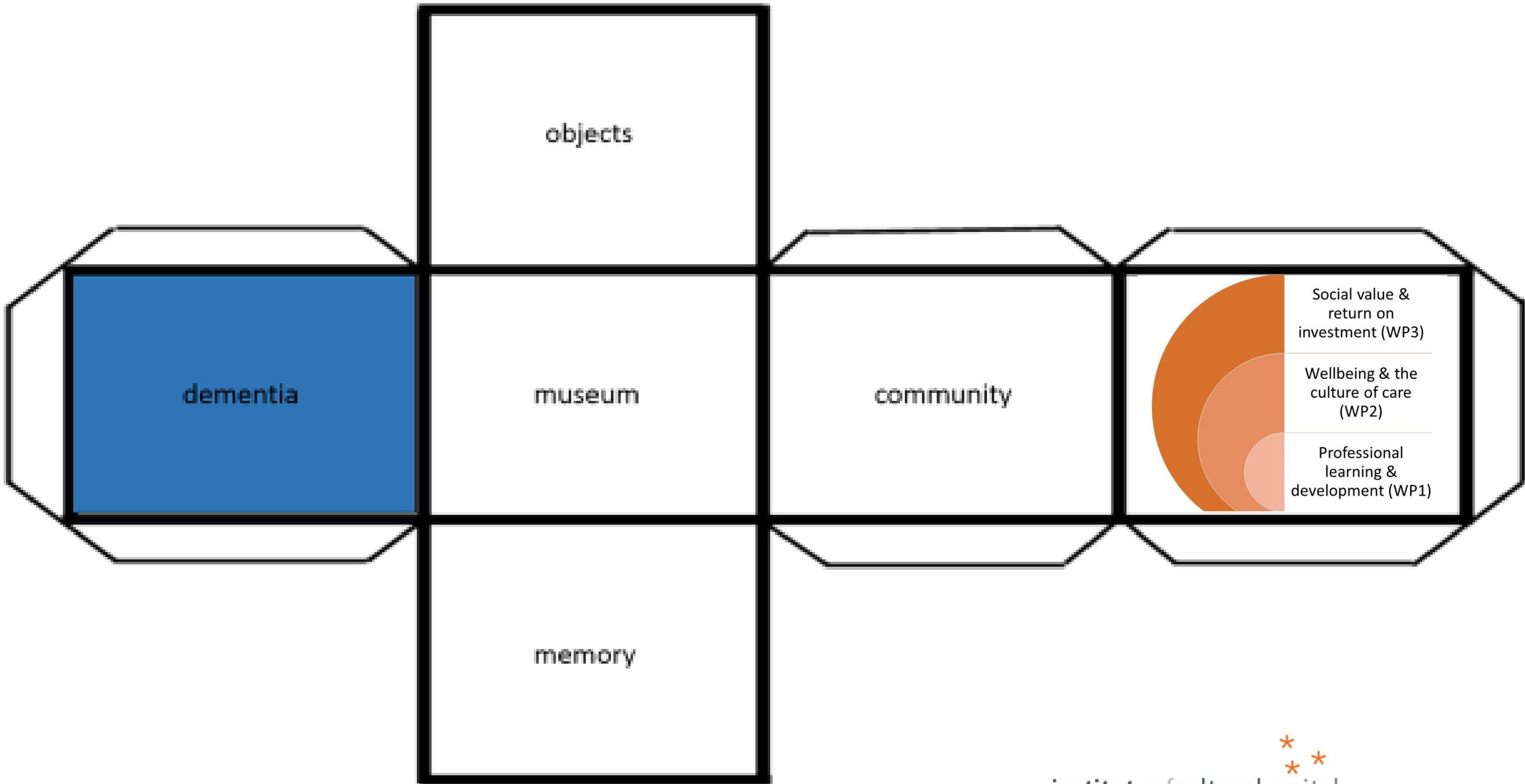
community

research

**House of  
Memories**







# WP 1 - National Standard Professional Outcomes

Professional Learning & Development

## Health and Social Care Model

Qualitative **pre and post training interview** data show:

- Improved cognitive and emotional understanding of dementia and its implications;
- Improved capacity to establish greater sense of connection with people with dementia;
- Enhanced professional conscientiousness.

**Quantitative** data show positive outcomes against [National Dementia Strategy](#):

- Improved capacity to help reduce the stigma of dementia;
- Enhanced understanding of own role in improving standards in dementia care;
- Commitment to improving dementia care environment.

## Acute Care Train the Trainer Model

Following similar positive outcomes using a measure of subjective wellbeing, **qualitative data** show the relationship between the programme's creative content and attitudinal shifts:

- *The whole concept of the films, with regards to making staff aware of how people with dementia and their carers felt... although we know they were actors they did it so well and based on real-life cases... if you see something visually it's more powerful;*
- *Once people started using the app, it was really quite exciting because you could see that people were getting engaged... and they were using the app in the way that it's supposed to be used, as a communication tool and an engagement tool with each other... We just had to keep reminding people to think about how it could work in their care contexts... but it really worked and you could see people getting it.*

## Health & Social Care Model

**Quantitative data** show positive outcomes relating to the subjective wellbeing\* of participating health and social care workers:

- Showing **interest** in new approaches to dementia care;
- Feeling **optimistic** about dementia care;
- Feeling **good about self** as a dementia carer;
- Feeling **cheerful** in role as a dementia carer;
- Feeling more **confident** as a dementia carer.

\*Wellbeing **indicators** adapted from **Warwick-Edinburgh Mental Wellbeing Scale**.

## Acute Care Train the Trainer Model

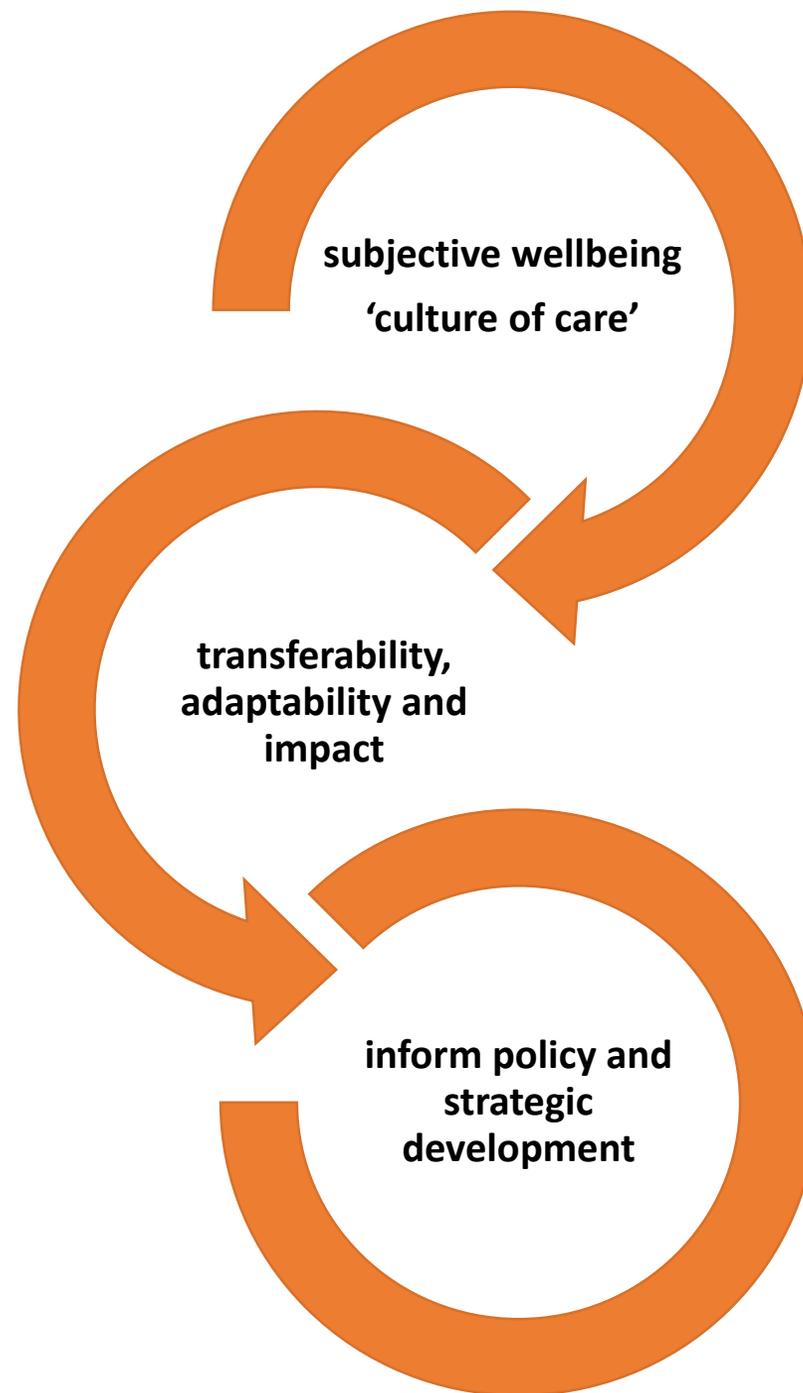
**Quantitative** data show significant outcomes against [Dementia Core Skills Education and Training Framework](#) (Tier 2):

- More aware of dementia and its implications;
- Able to communicate, behave and interact more effectively as a health professional providing dementia care;
- Enhanced understanding of the principles of person-centred dementia care;
- More conscious of the role of families and carers as partners in dementia care;
- More mindful of the health and wellbeing of all those affected by dementia;
- Greater understanding of supporting people to live well with dementia and promoting independence.

# WP 2 - Wellbeing and the Culture of Care

Informal Care & Cultural Practices

## Wellbeing and Culture of Care (WP2) Research design



- **Survey questionnaire** – baseline and follow-up – including 2 subjective **wellbeing evaluation scales** (adapted WEMWBS and 12 item Zarit Burden Interview);
- **Smiley-face Assessment Scales** – baseline and follow-up.
- **Participant Observation** of each session;
- **Semi-structured Interview** with partner museums.
- **Social Return on Investment (SROI)**.

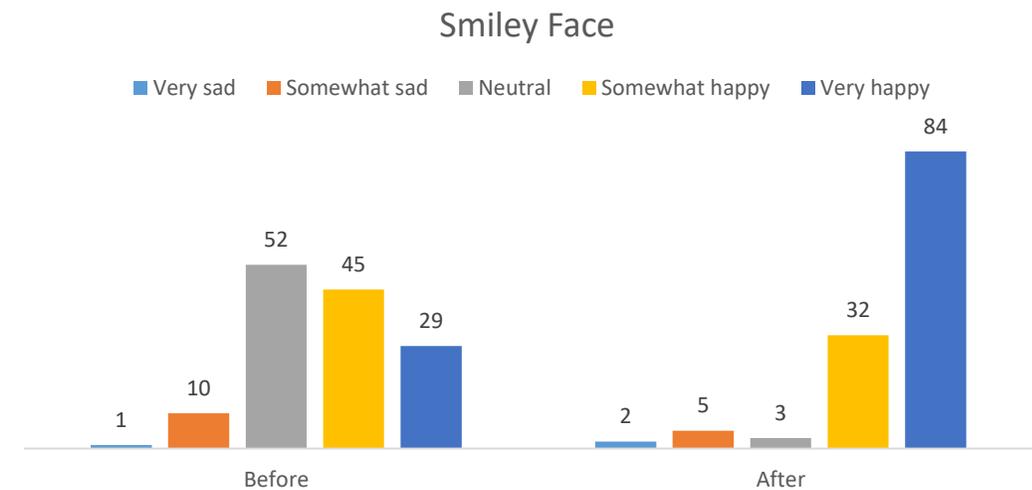
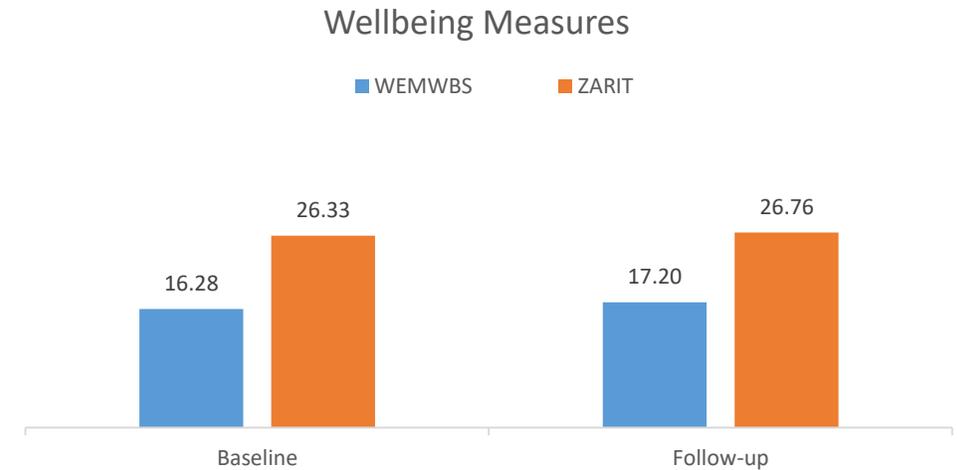
# Impact on family carers

## Sociodemographic:

- almost **70%** 50 years old or more;
- **91%** female;
- **85%** white;
- **60%** employed by others.

## Dementia, Museums and Memory Activities:

- **53%** care for their parents;
- **17%** cohabitation;
- **86%** caring for 1-5 years;
- **52%** care for someone in moderate stage of dementia;
- An average of **12h** per week of caring;
- **75%** never used an iPad for memory or reminiscence activities;
- **60%** were not aware of any digital resource;
- Agree memory or reminiscence activities in museums or galleries are important, but **91%** had never participated before HoM.



***“Knowing that carers are just as important as those with dementia”***

***“To know you're not alone. Meeting people who understand. Help is out there! House of Memories - very informative”***

***“Wish I had known about House of Memories when my Mum was alive”***

# Findings

- Dementia awareness
  - Almost all (91%) of the delegates had **never used a museum for memory or reminiscence activities**, and the majority of carers (75%) never used an *iPad* for the same purpose before *House of Memories Family Carers Awareness Day*.
- Recognition of informal carers' importance
  - knowing that informal carers are just as important as those with dementia authorised them to also **be care receivers**, contributing to **restore their feelings of self-worth**. Museum staff and *House of Memories* staff contribute significantly to **improving informal carers confidence**, by providing them with tools that would help them to cope with the conditions, in a warm, supportive, interactive, and informative environment.
- Subjective wellbeing
  - care managers, which tend to report lower levels of stress compared with care providers, however their **ZBI scores** show they are **at risk of depression**. Smiley-face assessment scales show **respondents' moods were notably enhanced** because of the *House of Memories* experience.

# Impact on national museum partnerships

*“I think the Liverpool model was a really good focus. **It provided a structure for us to start our journey** [...] We have done other national partnerships and they have been great – [...] - I'd say **NML has been possibly one of the best**, because of their approach. The openness. [...] I think it is just the down to earth **warm sincerity** that this partnership runs on. I think that is why people feel they want to do their best to deliver what we need to deliver. [...] **People feel they are part of a good team**”*  
(Leicester - The New Walk Museum and Art Gallery).

*“...it's a very good leverage to continue to work with much wider audiences [...] I think they are a really **great team to work with** [...] it's very clear that they **are not only committed but really understand the audience they are working with...** that makes everything much more easier”* (London - British Museum).

*“It is great that they came back to us as part of this family carer model. It's much more geographically spread across the country now, so **it's good to be asked to be part of something that is quite high profile** now, and received a lot of attention nationally. [...] Actually, trying to underline the importance of social interventions and what cultural spaces can offer. **It has been quite helpful** for that... **Just that awareness and advocacy of being a national programme that is really high profile**”*  
(Salford Museum and Art Gallery).

# WP 3 - Contribution to national policy objectives

Social Value and Return on Investment

The social return on investment (SROI) process involves identifying changes that have occurred as a direct result of the training programme. The analysis uses a combination of **qualitative, quantitative** and **financial** proxy information to estimate the return on investment, typically expressed as: **‘for every £1 invested, £x of social value is created’**.

- **Health and Social Care Model**

These outcomes translated into an **SROI ratio of £1: £8.66** (up to one year after House of Memories) and **£1: £44.68** (forecast SROI up to eight years after House of Memories).

- **Acute Care Train the Trainer Model**

In return for an investment of £19,800 to train a total of 112 healthcare professionals in Tier 2 dementia awareness and core skills, a total of £357,599 of social value was created, returning an **SROI ratio of £1: £19.06**.

- **Family Carers Awareness Day**

The research found that more than £1m was generated in social value over a five-year period: **SROI ratio of £1: £18.73** was generated covering a projected five-year period.

## National policy drivers

### [Culture White Paper](#) (DCMS, 2016)

“...develop and promote the contribution of the cultural sectors to improving health and wellbeing”

“...move to a position...where the relationship between commissioners and the cultural sectors is much more collaborative”

### [Health in All Policies](#) (LGA, 2016)

“...a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas”

“...a whole system approach in which individuals, organisations and communities work together to identify and pool their capacity, skills, knowledge, connections, assets and resources”

## House of Memories: value and impact

- Offers a unique, evidence-based perspective on the **contribution of cultural sectors to health and social care standards and professional practice**, alongside support for informal carers.
- Provides a model for effective cross-sector collaborative working between cultural sectors and statutory health and social care commissioners.
- Actively demonstrates the value of cultural sectors (and cultural policy) to cross-government decision-making in public health agendas.
- Positions museums as important, integrated community assets, adding value to statutory and voluntary services and providing direct support to community members.

# House of Memories

## Scale and impact

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institute of cultural capital

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