

Research, Impact and the Value of House of Memories

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Museum of Liverpool



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Introducing House of Memories

- Dementia care training programme developed for health and social care workers by National Museums Liverpool (NML) in 2012
- Now includes Family Carers programme launched in 2016
- Workshop including character-based documentary films, interactive facilitation, museum and gallery tours, reminiscence therapy and museum education activities
- Supplemented by branded training resources, including the My House of Memories app, which can be used remotely in a variety of care contexts
- Aims to support and enable participating carers to help people with dementia (PWD) to 'live well' with the condition – funded by Department of Health
- 12,000+ health service, housing and social care workers have now participated in the training nationally



“We want to see a House of Memories in every town and city. Our ambition is fuelled by a strong desire to continue to support the exceptional workforce that cares for the growing number of people living with dementia in the UK.”

Carol Rogers

Executive Director, Education and Visitors NML



Genesis & development of the *Crossing Boundaries* study

- ICC commissioned by National Museums Liverpool to evaluate:
 - House of Memories [Northern Model](#) 2013
 - House of Memories in the [Midlands](#) 2014
 - Pilot House of Memories [Train the Trainer](#) Programme 2016
- Received funding to research impact of programme on more longitudinal basis and launched *Crossing Boundaries* in 2016
 - Evaluation of House of Memories [Family Carers](#) Awareness Day 2017
- Research now reporting on annual basis covering regular (monthly) delivery of Health and Social Care and Family Carers workshops at Museum of Liverpool.

Identifying our research stakeholders

Influencers

- Policy makers (e.g. Department of Health)
- Members of Parliament
- Advocates and campaigners (e.g. Alzheimer's Society)
- Professional bodies (e.g. Royal College of General Practitioners)
- Professional media

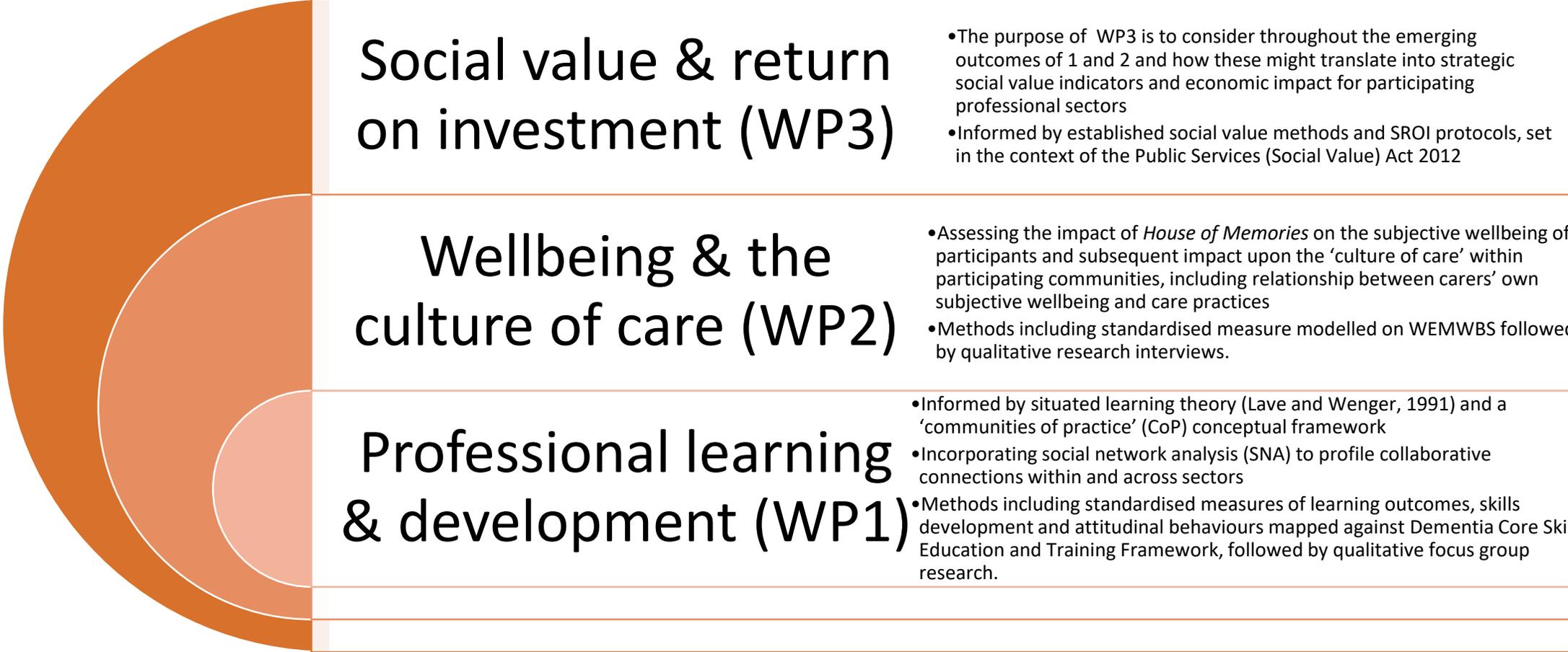
Community of Interest

- Museum professionals
- Arts and cultural organizations
- Cultural researchers
- Arts funding bodies and cultural commissioners

Beneficiaries

- Care professions
- Families and carers
- People with dementia
- Health and social care services
- Community organizations

Crossing Boundaries research framework



Social value & return on investment (WP3)

- The purpose of WP3 is to consider throughout the emerging outcomes of 1 and 2 and how these might translate into strategic social value indicators and economic impact for participating professional sectors
- Informed by established social value methods and SROI protocols, set in the context of the Public Services (Social Value) Act 2012

Wellbeing & the culture of care (WP2)

- Assessing the impact of *House of Memories* on the subjective wellbeing of participants and subsequent impact upon the 'culture of care' within participating communities, including relationship between carers' own subjective wellbeing and care practices
- Methods including standardised measure modelled on WEMWBS followed by qualitative research interviews.

Professional learning & development (WP1)

- Informed by situated learning theory (Lave and Wenger, 1991) and a 'communities of practice' (CoP) conceptual framework
- Incorporating social network analysis (SNA) to profile collaborative connections within and across sectors
- Methods including standardised measures of learning outcomes, skills development and attitudinal behaviours mapped against Dementia Core Skills Education and Training Framework, followed by qualitative focus group research.

Professional learning & development (WP1)

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

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.

Wellbeing and the culture of care (WP2)

Health and 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

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.”

Social value & return on investment (WP3)

Health and Social Care Model

- 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'.
- Outcomes were grouped according to three themes including dementia awareness; improved care standards; and professional development.
- 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

- Key outcomes were thematically grouped according to dementia awareness; improved care standards; and living well with dementia.
- Success of programme also defined by strong partnership working between NML, commissioners and partner health services, developed over a period of time preceding delivery of the programme.
- This enabled confidence and trust in the pilot as a museums-led health care training intervention, especially for those health care staff being trained to deliver the programme and continue to use relevant museum resources in their own professional settings.
- 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**.

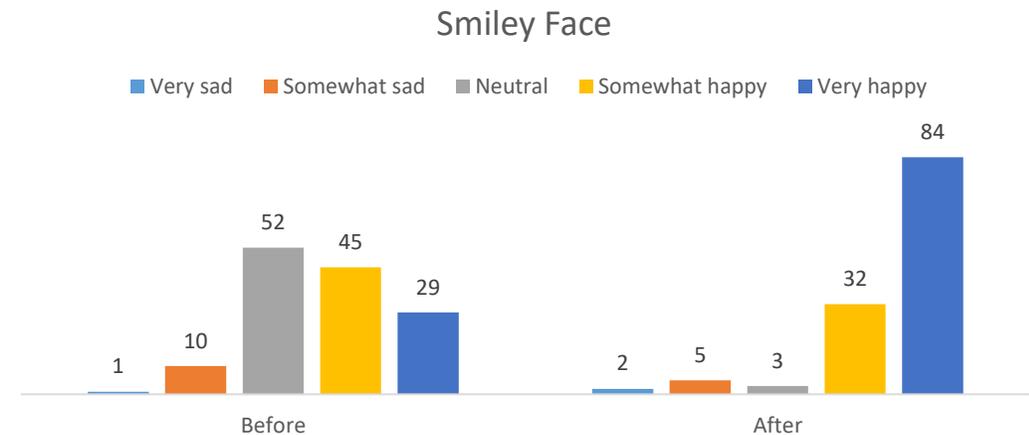
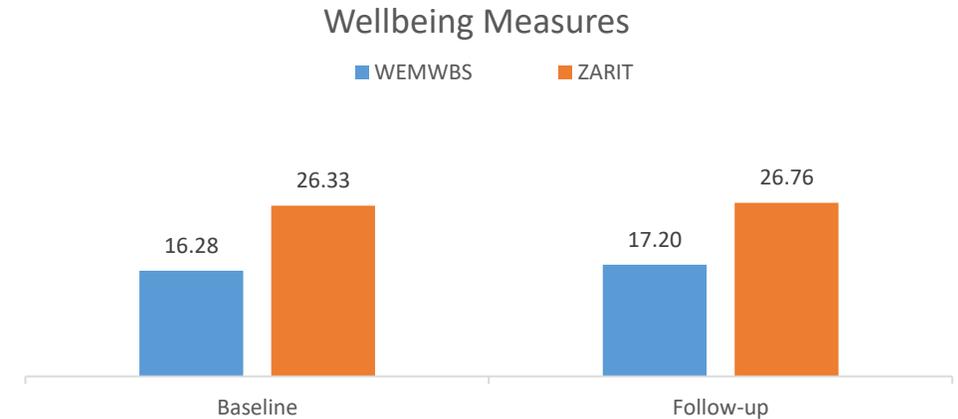
Family Carers Awareness Day research 2017

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.



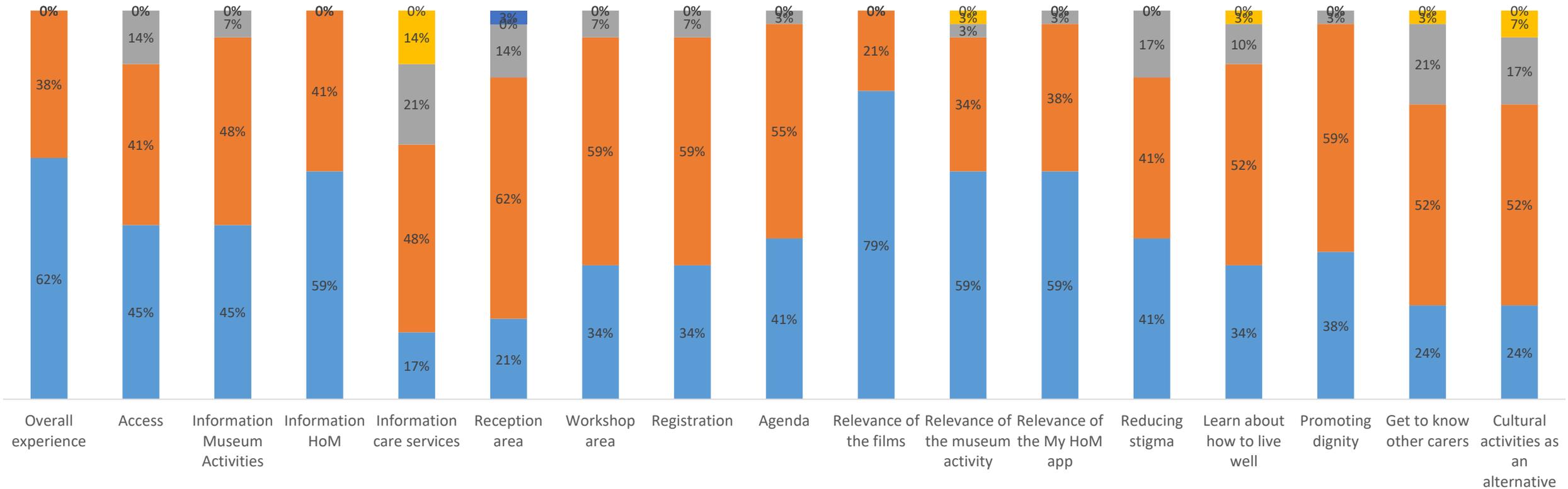
“Knowing that carers are just as important as those with dementia”

“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”

Evaluation highlights – family carer model

■ Extremely positive
 ■ Positive
 ■ Neutral
 ■ Negative
 ■ Extremely negative



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).

Adapting & refining our research approach

- Introduction of additional *Crossing Boundaries* research methods and approaches to analyse the conditions and mechanisms that underpin the programme and contribute to its success:
 - Including **Social Network Analysis** to provide a visual representation of the extensive cross-sector collaborative infrastructure of the programme;
 - Qualitative follow-on research using **Critical Incident Analysis** of the ways in which the programme is being used and applied back in different care settings;
 - Contextualising our data using **theoretical frameworks** drawn from critical management studies (e.g. Communities of Practice; collaborative advantage).

Contribution to national policy objectives: influencing the influencers

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.

Communicating research to multiple stakeholders

- Edited evaluation reports published by NML (see print copies)
- Full research reports
- Book chapters in professional press
- Academic journal articles
- Numerous presentations at academic and professional conferences
- Dedicated [project website](#)
- Regularly share updates, reports etc. via social media

Building a research impact case study (ICS)

- Research Excellence Framework (REF) 2021
 - “The UK has been assessing the quality of its university research for three decades. Until recently, the evaluation process focused on the excellence of research from an academic perspective. In the latest round, completed in 2014, the UK included socioeconomic impact. This supplement highlights the myriad ways in which UK research benefits society at home and overseas.”
 - [REF 2014 impact case studies](#) “outline *changes and benefits to the UK economy, society, culture, public policy and services, health, the environment and quality of life* and impacts in these sectors beyond the UK”.
- Workshop funded by Research and Innovation Services at LJMU to help support development of *Crossing Boundaries* ICS.

Indicators of research impact

- How is Crossing Boundaries affecting change?
 - House of Memories **programme development** (operational changes; supporting funding applications)
 - Evidence and **advocacy** (research quoted in parliamentary debates)
 - Cross-sector **professional development** and practice (case studies for Cultural Commissioning Programme and Museums Association)
 - Culture and health **research practice** (sharing learning on evaluation research)
- More at the 'influence' than 'impact' stage
- A question of attribution – how do we continue to monitor impact of research?

Responses to the research and its potential impact

Group discussion on initial responses to the research

How useful is our current research to you?

Please take a few moments to think about how you might use the research and evidence we are producing in your own work:

1. Professional learning and development outcomes?
2. Wellbeing and the culture of care outcomes?
3. Social value and return on investment outcomes?

Developing a future research impact engagement strategy

Group discussions on:

- Other potential indicators of impact and how they can be captured
- Research dissemination, communication and engagement strategies
- Supporting the culture and health research field

Thank you!

www.iccliverpool.ac.uk

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institute of cultural capital