

Research on the value of museums in dementia care: Valuing our assets using a mixed-method approach

Valuing our Assets: Multidisciplinary Methods, Myths and Meaning

MARCH Network Interdisciplinary Research Methods SIG

Wednesday 18th September 2019, Liverpool John Moores University

Kerry Wilson

ICC Head of Research & AHRC Leadership Fellow



#MARCHmethods



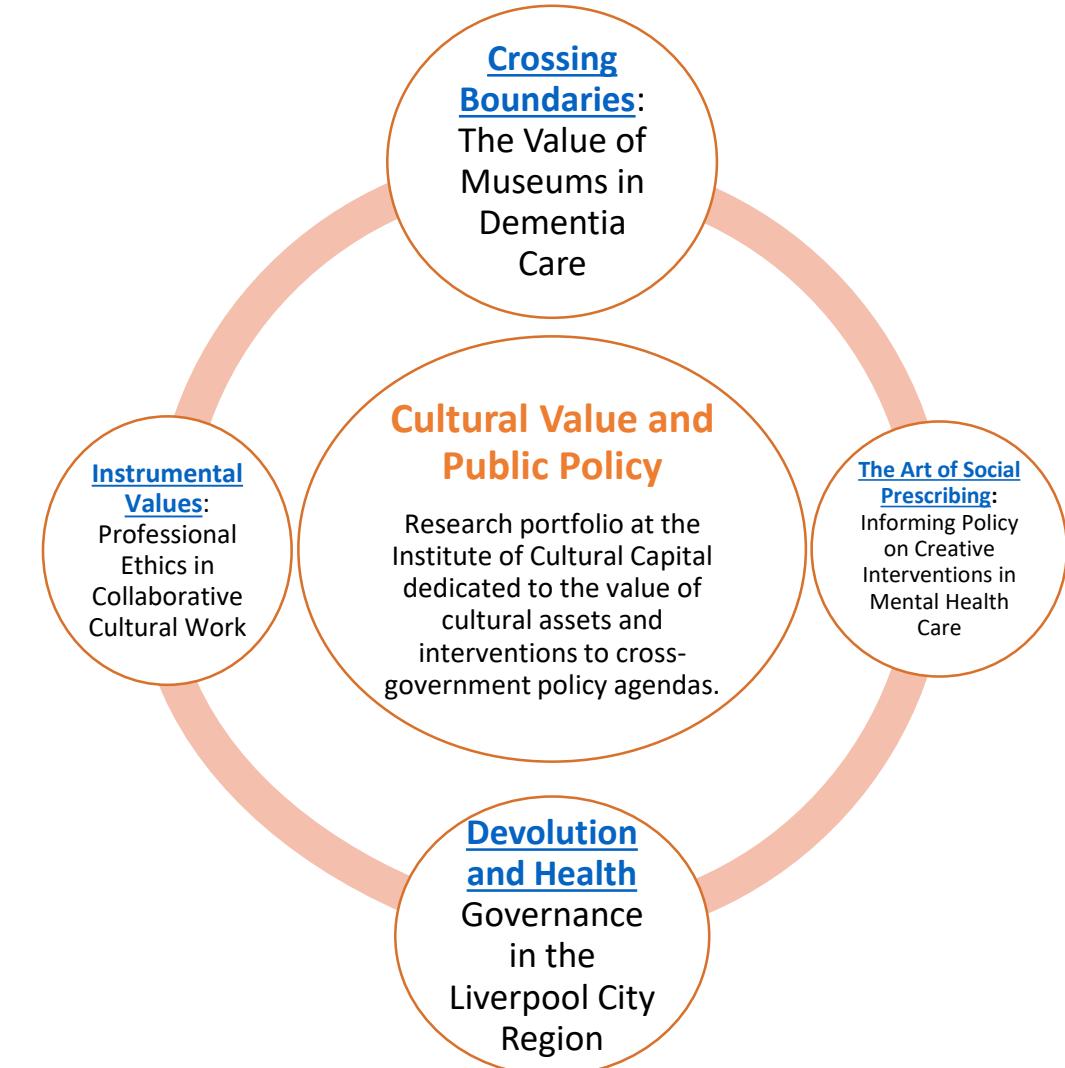
Arts & Humanities
Research Council



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Research at the Institute of Cultural Capital

- Researching the value of arts and culture in urban contexts, including:
 - Different forms of arts and cultural intervention;
 - Responses to and engagement with cross-government **public policy** agendas;
 - Collaborations with – and the added value generated for – other public services and professional organisations/sectors;
 - With a particular interest in **mental health and wellbeing** outcomes.
- We continue to undertake commissioned evaluation work, alongside research-council funded research, under a thematic structure including **Cultural value and public policy** and **Cultural assets and social value**.
- Reflecting trends in research council funding, two awards for example have been funded under a ‘public policy’ highlight notice:
 - ‘[The Art of Social Prescribing](#)’ (Wilson, 2014)
 - ‘[Instrumental Values](#): Professional ethics in collaborative cultural work’ (Wilson, 2017)



Why does cultural value in public policy matter?

Public health policy drivers

- ‘Fair Society, Healthy Lives’, a Strategic Review of Health Inequalities in England (Marmot et al, 2010) led to policy emphasis on **social determinants of health**;
- Acted as a major catalyst in strategic health promotion, **preventive measures and asset-based approaches**;
- Report recommends the active prioritisation of prevention through **integrated primary care, local authority and third sector services**, and the development of ‘healthy and sustainable places and communities’;
- Growing cross-government interest in arts and health ([APPG Creative Health](#) report)
- Subsequent developments in [cultural commissioning](#) from statutory health and social services;
- Other localised strategic movements including [Health in all Policies](#);
- Reconsideration of the [wider public health workforce](#) by Royal Society for Public Health.

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 – originally funded by Department of Health.
- Now operating at unprecedented (international) scale for a cultural intervention in health and social care.



“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 (2013)
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 delivery of Health and Social Care and Family Carers workshops at Museum of Liverpool.

Evaluation of *House of Memories* Northern Model

- Funding awarded from Department of Health (DoH) to develop regional ‘roll out’ with partner museum services including Salford Museum and Art Gallery, Bury Art Museum and Sunderland Museum and Winter Gardens in 2013.
- ICC commissioned to evaluate transferability, adaptability and impact of *House of Memories* including:
 - 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.
- Realistic Evaluation approach (Pawson and Tilley, 1997) was used, considering situated contexts, mechanisms and outcomes throughout the roll-out process.
- Research methods included participant observation and longitudinal pre and post training interviews with a stratified sample of participating health care professionals (30).

Contexts

Participant expectations

Pre-training interviews with participating dementia care workers from a range of services consistently revealed :

A desire to **improve the 'culture of care'** in relation to knowledge and awareness of dementia and its implications; support for families and carers; the quality of direct, interpersonal one-to-one care.

An interest in **creative, alternative approaches** to dementia care training that can be easily adapted and cascaded back in the workplace.

The museum offer

Specific objectives held by participating museums and galleries included:

- to build upon established experiences of and reputations in reminiscence work with the elderly within the context of dementia care;
- to develop new networks and partnerships with health care and voluntary sectors;
- to share learning and expertise with NML and other museum services to develop complementary, bespoke reminiscence resources;
- to promote the benefits of cultural engagement to dementia care.

Policy agendas

In a national context, relevant key policy agendas include the Prime Minister's Challenge on Dementia and associated strategy; Patients First and Foremost (Department of Health); preventive health agenda; localism and the Big Society.

Mechanisms

Content

The interpersonal and highly empathic skills of AFTA Thought team and museum staff.

The level of informed , authoritative content on dementia and its direct and indirect implications.

Use of a combination of highly creative, complementary methods and approaches including dramatic presentation, interactive discussion, reminiscence therapy techniques using museum collections and arts and crafts activities.

Delivery

Effective incorporation of in-house reminiscence tools, projects and staff expertise into House of Memories model.

Successful engagement of a range of regional stakeholders from health and social care services.

Development of bespoke House of Memories training resources that have reinforced the programme's unique value, and identifiable qualities. across the regions.

Effective promotion of the unique value of museums and galleries in dementia care under strong leadership and stewardship of NML.

Strategy

Strong policy awareness and lobbying from NML leadership team.

Relevance and timeliness of House of Memories intelligent, focused content, mission and values.

Effective cross-sector partnership working.

Outcomes

The culture of care

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, empathic , 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.

Evaluation of *House of Memories* in the Midlands

- Following success of Northern Model, DoH funded second regional programme in collaboration with Birmingham Museum and Gallery, Leicester Guildhall and Wollaton Hall, Nottingham in 2014.
- ICC commissioned to design and test the use of a pilot *House of Memories* impact measure and evaluation framework that captured:
 - The impact on participants' own sense of wellbeing as dementia carers;
 - The impact upon participants' values, behaviours and skills as dementia carers;
 - The wider impact within the Midlands with respect to the creation of dementia friendly communities.
- Methods included standardised measure of subjective wellbeing (adapted from WEMWBS) and professional learning (wrt National Dementia Strategy), followed by social return on investment (SROI) workshop to establish the 'cost benefit' of *House of Memories*.

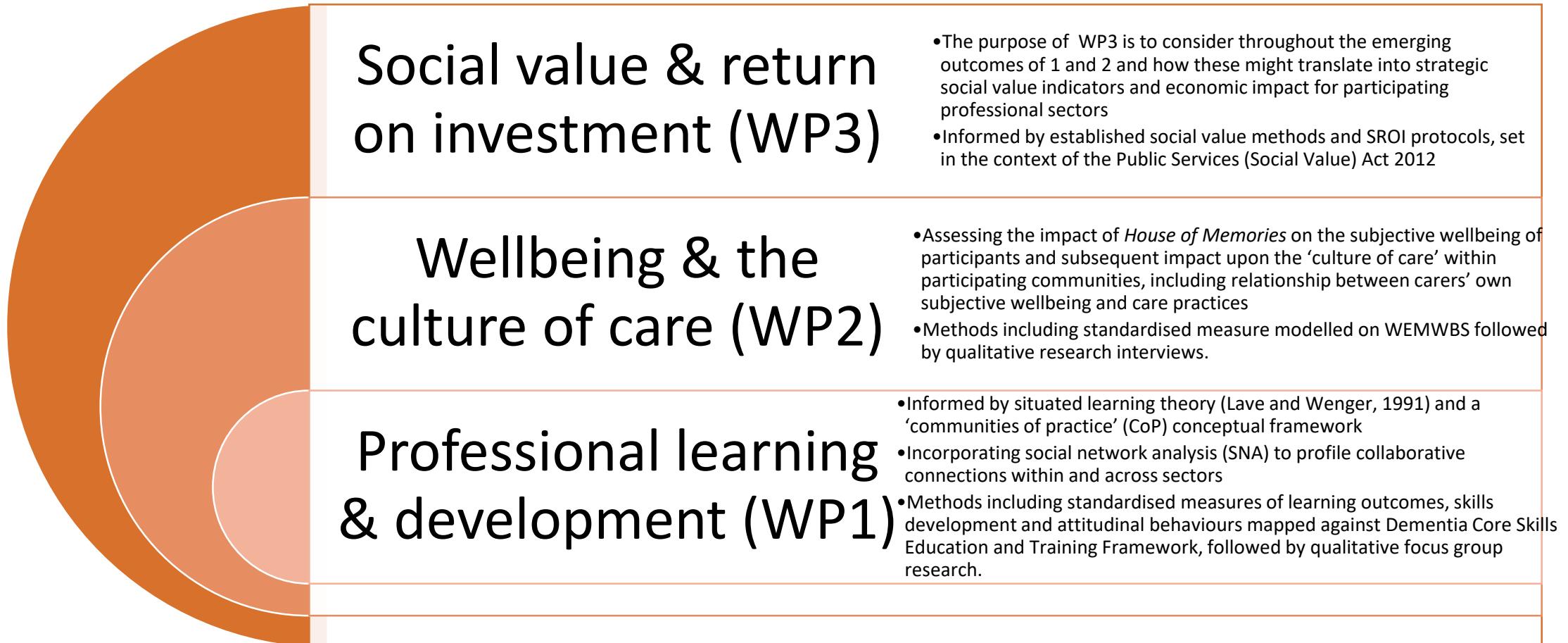
Evaluation of *House of Memories* Pilot Train the Trainer Programme

- The Pilot *House of Memories* Train the Trainer Programme, commissioned by Health Education England, was designed to meet **Tier 2 objectives** as defined by the national Dementia Core Skills Education and Training Framework.
- Delivered in partnership with four NHS trust and health service organisations across the North West, to over 100 health care professionals via a **cascaded train the trainer model**. Partners included the Countess of Chester NHS Foundation Trust; Wirral University Teaching Hospital NHS Foundation Trust; Christie NHS Foundation Trust, Manchester; and PSS Community Health (person shaped support), Liverpool.
- Evaluation designed to:
 - evidence how the training programme meets tier 2 competencies for staff working in health care settings that have daily contact with people living with dementia and their carers;
 - test the use of a standardised measure that maps learning outcomes of the programme against the Dementia Core Skills Education and Training Framework;
 - evidence the impact of the programme on participants' own sense of wellbeing as health professionals working in the context of dementia care;
 - develop the evidence-base on the wider impact and social value of *House of Memories* across the whole health economy.
- Research methods included participant observation of workshops, including one delivered by NML and two by volunteer facilitators; a standardised, quantitative measure of Tier 2 learning outcomes; qualitative research interviews with facilitators; and social return on investment (SROI) analysis.

Iterative process & identifying our research stakeholders

Influencers	Community of Interest	Beneficiaries
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Museum professionals• Arts and cultural organizations• Cultural policy research field and funding bodies• Arts funders and cultural commissioners	<ul style="list-style-type: none">• Care professions• Families and carers• People with dementia• Health and social care services• Community organizations

Crossing Boundaries research framework



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**.

Impact on family carers

Sociodemographic:

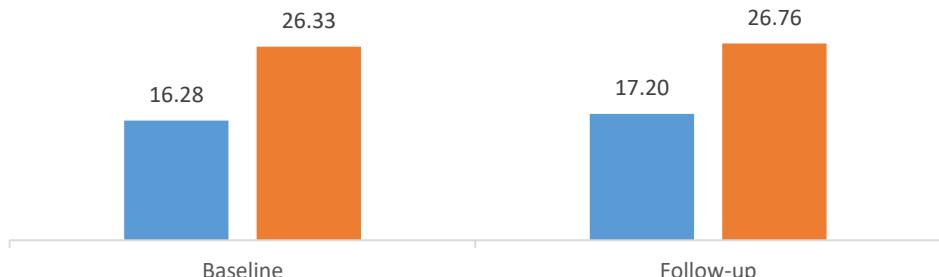
- almost **70%** 50 years old or more;
- **91%** female;
- **85%** white;
- **60%** employed by others.

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.

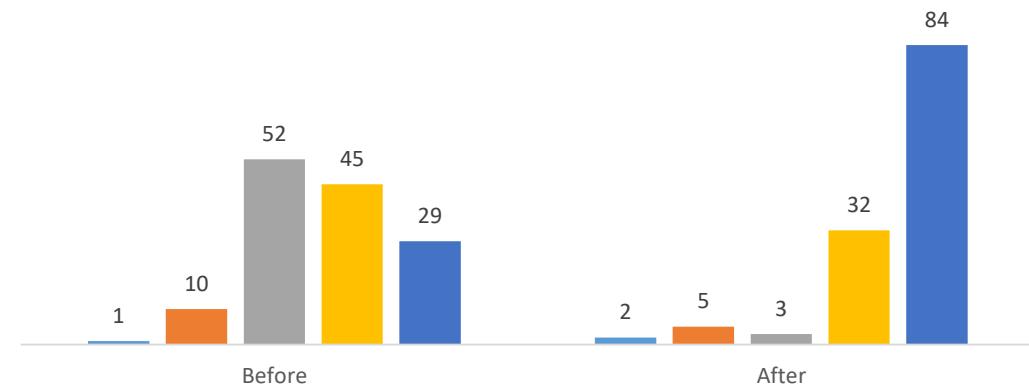
Wellbeing Measures

■ WEMWBS ■ ZARIT



Smiley Face

■ Very sad ■ Somewhat sad ■ Neutral ■ Somewhat happy ■ Very happy



“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”

Communicating research to multiple stakeholders

- Edited evaluation reports published by NML
- Full research reports
- Book chapters in professional press
- Academic journal articles
- Numerous presentations at academic and professional conferences
- Contributions to sector consultations e.g. Arts Council England strategy on health and wellbeing
- Dedicated [project website](#)
- Regularly share updates, reports etc. via social media

Contribution to public policy: 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.

Not as easy as it sounds...

- The **collaboration** with NML developed over six year period, enabled by their organisational values as a national museums group but also the enthusiasm, leadership and support of the brilliant HoM team.
- Although HoM operating at scale, difficult to replicate (statistically) in our research affecting **rigour of the research**:
 - Small sample sizes in independent evaluations;
 - Challenges with access and response rates across full programme (e.g. GDPR).
- Also challenges in sustaining this work in terms of **research resources**:
 - Relatively **small grant commissions** – cultural assets lucky to have any evaluation funding;
 - Retaining **institutional support** from host universities against other competing priorities;
 - Impact on **emotional investment** of researchers.

Any questions? Any time...

k.m.wilson@lmu.ac.uk |  @KWilsonWA8

www.iccliverpool.ac.uk

www.houseofmemories.co.uk

